

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2020 – Part 1

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Texas (BCBSTX) member plans may experience changes to the pharmacy network as of Jan. 1, 2020. Some may move to a new pharmacy network and some may have changes to the pharmacies participating within the network. BCBSTX sent letters to the impacted members to alert them.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, ask your patient for their preferred in-network pharmacy to update your records.

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSTX drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective Jan. 1, 2020, are outlined below.**

- Visit the Member Services website to preview January 2020 drug lists.
- The final lists will be available on both the member services website and Pharmacy Program section of our provider website closer to the Jan. 1 effective date.

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the Jan. 1 effective date.

Please Note: If you have patients with an individual benefit plan offered on/off the Texas Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our *Member Services website*.

Drug List Updates (Revisions/Exclusions) - As of Jan. 1, 2020

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic, Multi-T	ier Basic, Enhanced, M	Multi-Tier Enhanced Drug	List Revisions
EXJADE (deferasirox tab for oral susp 125 mg) EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	Generic equivalent available to their doctor or pharmac medication(s) available for	ble. Members should talk ist about other



Drug List Updates (Revisions/Exclusions) - As of Jan. 1, 2020

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic, Multi-T	ier Basic, Enhanced, I	Multi-Tier Enhanced Drug	List Revisions
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism	Generic equivalent availar to their doctor or pharmac medication(s) available fo	ist about other
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	Generic equivalent availar to their doctor or pharmac medication(s) available fo	ist about other r their condition.
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	Generic equivalent availar to their doctor or pharmac medication(s) available fo	ist about other
SIMPONI (golimumab subcutaneous soln auto- injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto- injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	Generic equivalent availar to their doctor or pharmac medication(s) available fo	ist about other r their condition.
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	Generic equivalent availar to their doctor or pharmac medication(s) available fo	ist about other r their condition.
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	Generic equivalent availar to their doctor or pharmac medication(s) available fo	ist about other



Drug L		s/Exclusions) – As of Jan. Basic Drug List Revisions	
Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should take to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	Generic equivalent availal to their doctor or pharmac medication(s) available fo	ist about other
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should tal to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 12-3 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	medication(s) available for their condition. Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	



Basic Annual, Multi-Tier		ced Annual, Multi-Tier Enl	nanced Annual Drug List
Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
ADCIRCA (tadalafil tab 20 mg (pah))	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ALBENZA (albendazole tab 200 mg)	Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%))	Hormone Replacement Therapy	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other
ANDROGEL (testosterone td gel 40.5 mg/2.5 gm (1.62%)) ANDROGEL PUMP	Hormone Replacement Therapy Hormone	Generic equivalent available to their doctor or pharmac medication(s) available for Generic equivalent available	ist about other r their condition.
(testosterone td gel 20.25 mg/act (1.62%)) CANASA (mesalamine	Replacement Therapy Ulcerative Colitis,	to their doctor or pharmac medication(s) available for Generic equivalent available	ist about other r their condition.
suppos 1000 mg)	Crohn's Disease	to their doctor or pharmac medication(s) available for	ist about other r their condition.
CIALIS (tadalafil tab 2.5 mg)	Benign Prostatic Hyperplasia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CIALIS (tadalafil tab 5 mg)	Benign Prostatic Hyperplasia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CIALIS (tadalafil tab 10 mg)	Erectile Dysfunction	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CIALIS (tadalafil tab 20 mg)	Erectile Dysfunction	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other
CORTIFOAM (hydrocortisone acetate rectal foam 10% (90 mg/dose))	Ulcerative Proctitis	hydrocortisone enema	
EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 ml (1:1000))	Anaphylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 125 mg)	Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload	Generic equivalent availal to their doctor or pharmac medication(s) available for	ist about other
EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	



Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic Annual, Multi-Tier Revisions (cont.)		ced Annual, Multi-Tier Enh	nanced Annual Drug List
FINACEA (azelaic acid gel 15%)	Acne/Rosacea	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition	
NUEDEXTA (dextromethorphan hbr- quinidine sulfate cap 20- 10 mg)	Pseudobulbar Affect	Please talk to your doctor or pharmacist about oth medication(s) available for your condition.	
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base))	Malaria	Generic equivalent available. Members should tall to their doctor or pharmacist about other medication(s) available for their condition.	
SABRIL (vigabatrin tab 500 mg)	Partial Seizures	Generic equivalent available. Members should tall to their doctor or pharmacist about other medication(s) available for their condition.	
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism		
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	Generic equivalent availal to their doctor or pharmac medication(s) available fo	ist about other r their condition.
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	Generic equivalent availal to their doctor or pharmac medication(s) available fo	ist about other r their condition.
SIMPONI (golimumab subcutaneous soln auto- injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto- injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira



Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic Annual, Multi-Tier	_	ced Annual, Multi-Tier Enh	nanced Annual Drug List
Revisions (cont.)			,
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
TARCEVA (erlotinib hcl tab 25 mg (base	Cancer	Generic equivalent availat to their doctor or pharmac	
equivalent))		medication(s) available for	
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	Generic equivalent availal to their doctor or pharmac medication(s) available for	ble. Members should talk ist about other r their condition.
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other r their condition.
VIRAMUNE (nevirapine susp 50 mg/5 ml)	HIV	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other r their condition.
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZYTIGA (abiraterone acetate tab 250 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
		Basic Annual Drug List Re	
ASACOL HD (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other
COLCRYS (colchicine tab 0.6 mg)	Gout	medication(s) available for	Mitigare
ELIDEL (pimecrolimus cream 1%)	Atopic Dermatitis	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other
FARESTON (toremifene citrate tab 60 mg (base equivalent))	Cancer	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other
GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml)	Infertility	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance



Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic Annual and Multi-	_	q List Revisions (cont.)	
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome	, ,	Trulance
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent availate to their doctor or pharmace medication(s) available for	cist about other
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent availate to their doctor or pharmace medication(s) available fo	cist about other
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 12-3 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
		, , , , , , , , , , , , , , , , , , , ,	
Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
	Performance and Per	formance Select Drug Lis	
AMOXICILLIN/CLAVUL ANATE POTASSIUM ER (amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg)	Infections	Please talk to your doctor medication(s) available fo	or pharmacist about other or your condition.
DILTIAZEM HCL ER (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DILT-XR (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DOXEPIN HCL (doxepin hcl cap 150 mg)	Depression, Anxiety	doxepin 50 mg capsule, doxepin 100 mg capsule	
FLUPHENAZINE HCL (fluphenazine hcl tab 1 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 2.5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
		ect Drug List Revisions (co	ont.)
FLUPHENAZINE HCL (fluphenazine hcl tab 10 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLURBIPROFEN SODIUM (flurbiprofen sodium ophth soln 0.03%)	Ophthalmic Pain	diclofenac ophth soln, ketorolac ophth soln	
ISOSORBIDE DINITRATE (isosorbide dinitrate tab 30 mg)	Angina	isosorbide dinitrate tab (10 mg, 20 mg), isosorbide mononitrate ER tab	
MEXILETINE HCL (mexiletine hcl cap 150 mg)	Arrhythmia	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
MEXILETINE HCL (mexiletine hcl cap 200 mg)	Arrhythmia	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
MEXILETINE HCL (mexiletine hcl cap 250 mg)	Arrhythmia	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
NADOLOL/BENDROFL UMETHIAZIDE (nadolol & bendroflumethiazide tab 40-5 mg)	Hypertension	metoprolol tablet, nadolol tablet, hydrochlorothiazide tablet	
OXAZEPAM (oxazepam cap 10 mg)	Anxiety	lorazepam tablet, temazepam capsule	
PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Ophthalmic Inflammatory Conditions	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 300 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	



	Balanced D	rug List Revision	
Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
MUPIROCIN (mupirocin calcium cream 2%)	Topical Anti- Infective	mupirocin ointment	
Performance	Annual and Performa	ance Select Annual Drug I	ist Revisions
AMOXICILLIN/CLAVUL ANATE POTASSIUM ER (amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg)	Infections		r or pharmacist about other
CIPROFLOXACIN ER (ciprofloxacin- ciprofloxacin hcl tab er 24hr 500 mg (base eq))	Infections	Please talk to your doctor medication(s) available fo	r or pharmacist about other or your condition.
CIPROFLOXACIN ER (ciprofloxacin- ciprofloxacin hcl tab er 24hr 1000 mg (base eq))	Infections	medication(s) available fo	r or pharmacist about other or your condition.
DILTIAZEM HCL ER (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DILT-XR (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DOXEPIN HCL (doxepin hcl cap 150 mg)	Depression, Anxiety	doxepin 50 mg capsule, doxepin 100 mg capsule	
FLUPHENAZINE HCL (fluphenazine hcl tab 1 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 2.5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 10 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLURBIPROFEN SODIUM (flurbiprofen sodium ophth soln 0.03%)	Ophthalmic Pain	diclofenac ophth soln, ketorolac ophth soln	
HYDROCODONE BITARTRATE/AC ETAMINOPHEN (hydrocodone- acetaminophen tab 2.5- 325 mg)	Pain	hydrocodone- acetaminophen tablet 5- 325 Mg, hydrocodone- acetaminophen tablet 5- 300 Mg	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	The state of the s	Annual Drug List Revision	ns (cont.)
ISOSORBIDE DINITRATE (isosorbide dinitrate tab 30 mg)	Angina	isosorbide dinitrate tab (10 mg, 20 mg), isosorbide mononitrate ER tab	
MEXILETINE HCL (mexiletine hcl cap 150 mg)	Arrhythmia	Please talk to your doctor medication(s) available for	or pharmacist about other ryour condition.
MEXILETINE HCL (mexiletine hcl cap 200 mg)	Arrhythmia	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
MEXILETINE HCL (mexiletine hcl cap 250 mg)	Arrhythmia	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
MOEXIPRIL/HYDROCH LOROTHIAZIDE (moexipril- hydrochlorothiazide tab 7.5-12.5 mg)	Hypertension	benazepril/hydrochloroth iazide tablet, enalapril/hydrochlorothia zide tablet, lisinopril/hydrochlorothia zide tablet	
MOEXIPRIL/HYDROCH LOROTHIAZIDE (moexipril- hydrochlorothiazide tab 15-12.5 mg)	Hypertension	benazepril/hydrochloroth iazide tablet, enalapril/hydrochlorothia zide tablet, lisinopril/hydrochlorothia zide tablet	
MOEXIPRIL/HYDROCH LOROTHIAZIDE (moexipril- hydrochlorothiazide tab 15-25 mg)	Hypertension	benazepril/hydrochloroth iazide tablet, enalapril/hydrochlorothia zide tablet, lisinopril/hydrochlorothia zide tablet	
NADOLOL/BENDROFL UMETHIAZIDE (nadolol & bendroflumethiazide tab 40-5 mg)	Hypertension	metoprolol tablet, nadolol tablet, hydrochlorothiazide tablet	
NEOMYCIN/POLYMYXI N/GRAMIC IDIN (neomycin-polymy- gramicid op sol 1.75- 10000-0.025 mg-unt- mg/ml)	Ophthalmic Infections	erythromycin ophth oint 5 mg/gm, polymyxin B- trimethoprim ophth soln 10000 Unit/MI-0.1%	
OXAZEPAM (oxazepam cap 10 mg)	Anxiety	lorazepam tablet, temazepam capsule	
PIMOZIDE (pimozide tab 1 mg) PIMOZIDE (pimozide	Tourette's Syndrome Tourette's Syndrome	medication(s) available for	or pharmacist about other ryour condition. or pharmacist about other
rab 2 mg) PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Ophthalmic Inflammatory Conditions	medication(s) available for your condition. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and		Annual Drug List Revisior	ns (cont.)
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml)	Cough & Cold	Please talk to your doctor or pharmacist about oth medication(s) available for your condition.	
PROMETHAZINE VC/CODEINE (promethazine- phenylephrine-codeine syrup 6.25-5-10 mg/5 ml)	Cough & Cold	Please talk to your doctor or pharmacist about othe medication(s) available for your condition.	
PROMETHAZINE/PHEN YLEPHRINE (promethazine & phenylephrine syrup 6.25-5 mg/5 ml)	Cough & Cold	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
PROMETHAZINE/PHEN YLEPHRINE/CODEINE (promethazine- phenylephrine-codeine syrup 6.25-5-10 mg/5 ml)	Cough & Cold	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
SULFACETAMIDE SODIUM/PRED NISOLONE SODIUM PHOSPHATE (sulfacetamide sodium- prednisolone ophth soln 10-0.23 (0.25)%)	Ophthalmic Infections/Inflammati on	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections	Please talk to your doctor medication(s) available for	or pharmacist about other ryour condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 300 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
VERDROCET (hydrocodone- acetaminophen tab 2.5- 325 mg)	Pain	hydrocodone- acetaminophen tablet 5- 325 Mg, hydrocodone- acetaminophen tablet 5- 300 Mg	
	Porformance Ann.	ial Drug Liet Povicione	
NORTRIPTYLINE HCL (nortriptyline hcl soln 10 mg/5 ml)	Depression	amitriptyline tablet, desipramine tablet, nortriptyline capsule	
NUEDEXTA (dextromethorphan hbr- quinidine sulfate cap 20- 10 mg)	Pseudobulbar Affect	Please talk to your doctor medication(s) available for	or pharmacist about other r your condition.



Drug ¹	Drug Class/Condition	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
	Used For	, ,	, ,
		ect Drug List Exclusions	
AKYNZEO (netupitant-	Nausea/Vomiting	Please talk to your doctor or pharmacist about oth	
palonosetron cap 300-		medication(s) available for	r your condition.
0.5 mg)	0		Ta
AMITIZA (lubiprostone	Opioid Induced		Symproic, Trulance
cap 8 mcg)	Constipation,		
	Chronic Idiopathic Constipation		
AMITIZA (lubiprostone	Opioid Induced		Symproic, Trulance
cap 24 mcg)	Constipation,		Symptole, Trailance
cap 24 meg)	Chronic Idiopathic		
	Constipation		
DELZICOL (mesalamine	Ulcerative Colitis	There is a generic equiva	lent available. Please talk
cap dr 400 mg)		to your doctor or pharmac	
1 3/		medication(s) available for	
ERYPED 400	Anti-Infective	There is a generic equiva	lent available. Please talk
(erythromycin		to your doctor or pharmac	
ethylsuccinate for susp		medication(s) available for	r your condition.
400 mg/5 ml)			
EXJADE (deferasirox	Iron Overload		lent available. Please talk
tab for oral susp 125		to your doctor or pharmacist about other	
mg)		medication(s) available for your condition.	
EXJADE (deferasirox	Iron Overload		lent available. Please talk
tab for oral susp 250		to your doctor or pharmacist about other medication(s) available for your condition.	
mg) EXJADE (deferasirox	Iron Overload		
tab for oral susp 500	IIOII Overioau	There is a generic equivalent available. Please tal to your doctor or pharmacist about other	
mg)		medication(s) available for	
folic acid-pyridoxine-	Vitamin/Supplement		
cyanocobalamin tab 2.5-		medication(s) available fo	
25-2 mg			
JENTADUETO	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab 2.5-500 mg)			
JENTADUETO	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab 2.5-850 mg)	District		In the second second
JENTADUETO	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab 2.5-1000 mg)	Dichetee		Janum et Janum et VD
JENTADUETO XR	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl tab sr 24hr 2.5-1000 mg)			Kombiglyze XR
JENTADUETO XR	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl	Dianetes		Kombiglyze XR
tab sr 24hr 5-1000 mg)			1 tomorgry20 Att
LETAIRIS (ambrisentan	Pulmonary Arterial	There is a generic equiva	lent available. Please talk
tab 5 mg)	Hypertension	to your doctor or pharmacist about other medication(s) available for your condition.	
	7,5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Balanced, Performance,	and Performance Sel	ect Drug List Exclusions (cont.)
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please tall to your doctor or pharmacist about other medication(s) available for your condition.	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
LOTEMAX (loteprednol etabonate ophth susp 0.5%)	Ophthalmic Inflammatory Conditions	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other r your condition.
MESTINON (pyridostigmine bromide syrup 60 mg/5 ml)	Myasthenia Gravis	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other
MOVANTIK (naloxegol oxalate tab 12.5 mg (base equivalent))	Opioid Induced Constipation		Symproic
MOVANTIK (naloxegol oxalate tab 25 mg (base equivalent))	Opioid Induced Constipation		Symproic
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 125 mg/ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA CLICKJECT (abatacept subcutaneous soln auto- injector 125 mg/ml)	Rheumatoid Arthritis		Enbrel, Humira
REVATIO (sildenafil citrate for suspension 10 mg/ml)	Pulmonary Arterial Hypertension	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Balanced, Performance,	and Performance Sele	ect Drug List Exclusions (cont.)
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
SIMPONI (golimumab subcutaneous soln auto- injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto- injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SUPRAX (cefixime cap 400 mg)	Infections	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other r your condition.
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other r your condition.
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRACLEER (bosentan tab 62.5 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRACLEER (bosentan tab 125 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRADJENTA (linagliptin tab 5 mg)	Diabetes		Januvia, Onglyza



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Balanced, Performance,	and Performance Sel	ect Drug List Exclusions (cont.)
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis		Enbrel, Humira
		ce Select Drug List Exclus	
CUPRIMINE (penicillamine cap 250 mg)	Wilson's Disease	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
RELISTOR (methylnaltrexone bromide inj 8 mg/0.4 ml (20 mg/ml))	Opioid Induced Constipation		Symproic
RELISTOR (methylnaltrexone bromide inj 12 mg/0.6 ml (20 mg/ml))	Opioid Induced Constipation		Symproic
RELISTOR (methylnaltrexone bromide tab 150 mg)	Opioid Induced Constipation		Symproic
		•	
	Balanced Dru	ug List Exclusions	
FLUOXETINE HYDROCHLORIDE (fluoxetine hcl tab 60 mg)	Depression	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
TEKTURNA (aliskiren fumarate tab 150 mg (base equivalent))	Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TEKTURNA (aliskiren fumarate tab 300 mg (base equivalent))	Hypertension	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
Dorformence	Annual and Darfarma	noo Coloot Annual Drug Li	et Evolucione
ADCIRCA (tadalafil tab 20 mg (pah))	Pulmonary Arterial Hypertension	There is a generic equival to your doctor or pharmac	ent available. Please talk ist about other
AKYNZEO (netupitant- palonosetron cap 300- 0.5 mg)	Nausea/Vomiting	medication(s) available for your condition. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ALBENZA (albendazole tab 200 mg)	Infections	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
AMICAR (aminocaproic acid tab 500 mg)	Hemorrhage; Hyperfibrinolysis	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	d Performance Select	Annual Drug List Exclusion	ons (cont.)
AMICAR (aminocaproic acid tab 1000 mg)	Hemorrhage; Hyperfibrinolysis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
AMITIZA (lubiprostone cap 8 mcg)	Opioid Induced Constipation, Chronic Idiopathic Constipation		Symproic, Trulance
AMITIZA (lubiprostone cap 24 mcg)	Opioid Induced Constipation, Chronic Idiopathic Constipation		Symproic, Trulance
amlodipine besylate- atorvastatin calcium tab 2.5-10 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 2.5-20 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 2.5-40 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 5-10 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 5-20 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 5-40 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 5-80 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 10-10 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 10-20 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 10-40 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
amlodipine besylate- atorvastatin calcium tab 10-80 mg	Hypertension	amlodipine tablet, atorvastatin tablet	
AMPYRA (dalfampridine tab er 12hr 10 mg)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%))	Hormone Replacement Therapy	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and		Annual Drug List Exclusion	ons (cont.)
ANDROGEL (testosterone td gel 40.5	Hormone Replacement Therapy	There is a generic equivalent available. Please talk to your doctor or pharmacist about other	
mg/2.5 gm (1.62%)) ANDROGEL PUMP (testosterone td gel	Hormone Replacement	medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other	
20.25 mg/act (1.62%)) ASACOL HD (mesalamine tab delayed release 800 mg)	Therapy Ulcerative Colitis	medication(s) available for There is a generic equival to your doctor or pharmac medication(s) available for	ent available. Please talk ist about other
butalbital- acetaminophen-caffeine cap 50-325-40 mg	Headache	butalbital/acetaminophe n/caffeine 50-325-40 Mg tablet	
CANASA (mesalamine suppos 1000 mg)	Ulcerative Colitis, Crohn's Disease	There is a generic equival to your doctor or pharmac medication(s) available fol	ist about other
CETROTIDE (cetrorelix acetate for inj kit 0.25 mg)	Infertility	ganirelix	
CIALIS (tadalafil tab 2.5 mg)	Benign Prostatic Hyperplasia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CIALIS (tadalafil tab 5 mg)	Benign Prostatic Hyperplasia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CIALIS (tadalafil tab 10 mg)	Erectile Dysfunction	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CIALIS (tadalafil tab 20 mg)	Erectile Dysfunction	There is a generic equival to your doctor or pharmac medication(s) available for	ent available. Please talk ist about other
COLCRYS (colchicine tab 0.6 mg)	Gout		MITIGARE (colchicine cap 0.6 mg)
CRINONE (progesterone vaginal gel 4%)	Infertility	progesterone capsules,	Endometrin vaginal insert
CRINONE (progesterone vaginal gel 8%)	Infertility	progesterone capsules,	Endometrin vaginal insert
DELZICOL (mesalamine cap dr 400 mg)	Ulcerative Colitis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
DESVENLAFAXINE ER (desvenlafaxine fumarate tab sr 24hr 50 mg (base equiv))	Depression	desvenlafaxine ER tablet (generic Pristiq)	
DESVENLAFAXINE ER (desvenlafaxine fumarate tab sr 24hr 100 mg (base equiv))	Depression	desvenlafaxine ER tablet (generic Pristiq)	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	d Performance Select	Annual Drug List Exclusio	ns (cont.)
DESVENLAFAXINE ER (desvenlafaxine tab er 24hr 50 mg)	Depression	desvenlafaxine ER tablet (generic Pristiq)	
DESVENLAFAXINE ER (desvenlafaxine tab er 24hr 100 mg)	Depression	desvenlafaxine ER tablet (generic Pristiq)	
DESVENLAFAXINE ER (desvenlafaxine tab sr 24hr 50 mg)	Depression	desvenlafaxine ER tablet (generic Pristiq)	
DESVENLAFAXINE ER (desvenlafaxine tab sr 24hr 100 mg)	Depression	desvenlafaxine ER tablet (generic Pristiq)	
DIHYDROERGOTAMIN E MESYLATE (dihydroergotamine mesylate nasal spray 4 mg/ml)	Migraine	sumatriptan nasal, sumatriptan tablet,	
ERYPED 400 (erythromycin ethylsuccinate for susp 400 mg/5 ml)	Infections	There is a generic equivalent available. Please tall to your doctor or pharmacist about other medication(s) available for your condition.	
EURAX (crotamiton lotion 10%)	Scabies	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
EXJADE (deferasirox tab for oral susp 125 mg)	Iron Overload	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	There is a generic equivale to your doctor or pharmace medication(s) available for	ent available. Please talk ist about other
FARESTON (toremifene citrate tab 60 mg (base equivalent))	Cancer	There is a generic equivale to your doctor or pharmace medication(s) available for	ent available. Please talk ist about other
fenofibrate tab 40 mg	Hypercholesterolemi a	fenofibrate tablet 48 mg, gemfibrozil tablet	
fenofibrate tab 120 mg	Hypercholesterolemi a	fenofibrate 145 mg tablet, gemfibrozil tablet	
FINACEA (azelaic acid foam 15%)	Acne/Rosacea	azelaic acid gel 15% (generic Finacea gel)	" " " " " " " " " " " " " " " " " " " "
FINACEA (azelaic acid gel 15%)	Acne/Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
FLUOXETINE (fluoxetine hcl (pmdd) cap 10 mg)	Premenstrual Dysphoric Disorder	fluoxetine capsule (generic Prozac)	
FLUOXETINE (fluoxetine hcl (pmdd) cap 20 mg)	Premenstrual Dysphoric Disorder	fluoxetine capsule (generic Prozac)	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	d Performance Select	Annual Drug List Exclusion	ons (cont.)
fluvastatin sodium cap	Hypercholesterolemi	atorvastatin tablet,	
20 mg	а	rosuvastatin tablet,	
		simvastatin tablet	
fluvastatin sodium cap	Hypercholesterolemi	atorvastatin tablet,	
40 mg	а	rosuvastatin tablet,	
		simvastatin tablet	
fluvastatin sodium tab er	Hypercholesterolemi	atorvastatin tablet,	
24 hr 80 mg	а	rosuvastatin tablet,	
		simvastatin tablet	
fluvastatin sodium tab sr	Hypercholesterolemi	atorvastatin tablet,	
24 hr 80 mg	а	rosuvastatin tablet,	
		simvastatin tablet	
folic acid-pyridoxine-	Vitamin/Supplement		or pharmacist about other
cyanocobalamin tab 2.5-25-2 mg		medication(s) available for	r your condition.
GANIRELIX ACETATE	Infertility	There is a generic equival	ent available. Please talk
(ganirelix acetate inj 250		to your doctor or pharmac	ist about other
mcg/0.5 ml)		medication(s) available for	
JENTADUETO	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab 2.5-500 mg)			
JENTADUETO	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab 2.5-850 mg)			
JENTADUETO	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab 2.5-1000 mg)			
JENTADUETO XR	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab sr 24hr 2.5-1000 mg)			
JENTADUETO XR	Diabetes		Janumet, Janumet XR,
(linagliptin-metformin hcl			Kombiglyze XR
tab sr 24hr 5-1000 mg)			
LETAIRIS (ambrisentan	Pulmonary Arterial	There is a generic equival	ent available. Please talk
tab 5 mg)	Hypertension	to your doctor or pharmac	ist about other
		medication(s) available for	r your condition.
LETAIRIS (ambrisentan	Pulmonary Arterial	There is a generic equival	lent available. Please talk
tab 10 mg)	Hypertension	to your doctor or pharmac	ist about other
		medication(s) available for	r your condition.
LEVITRA (vardenafil hcl	Erectile Dysfunction	There is a generic equival	lent available. Please talk
tab 2.5 mg)		to your doctor or pharmac	
		medication(s) available for	
LEVITRA (vardenafil hcl	Erectile Dysfunction	There is a generic equival	
tab 5 mg)		to your doctor or pharmacist about other	
		medication(s) available for	r your condition.
LEVITRA (vardenafil hcl	Erectile Dysfunction	There is a generic equival	
tab 10 mg)		to your doctor or pharmacist about other	
	medication(s) available for your condition		
LEVITRA (vardenafil hcl	Erectile Dysfunction	There is a generic equival	
tab 20 mg)		to your doctor or pharmac	
. ,		medication(s) available for	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and		Annual Drug List Exclusion	ons (cont.)
LINZESS (linaclotide	Irritable Bowel		Trulance
cap 72 mcg)	Syndrome		
LINZESS (linaclotide	Irritable Bowel		Trulance
cap 145 mcg)	Syndrome		
LINZESS (linaclotide	Irritable Bowel		Trulance
cap 290 mcg)	Syndrome		
LOTEMAX (loteprednol	Ophthalmic	There is a generic equival	ent available. Please talk
etabonate ophth susp	Inflammatory	to your doctor or pharmac	ist about other
0.5%)	Conditions	medication(s) available fo	r your condition.
MESTINON	Myasthenia Gravis	There is a generic equival	lent available. Please talk
(pyridostigmine bromide		to your doctor or pharmac	ist about other
syrup 60 mg/5 ml)		medication(s) available fo	r your condition.
METAXALONE	Muscle Relaxant	cyclobenzaprine tablet,	
(metaxalone tab 400		methocarbamol tablet,	
mg)		tizanidine tablet	
Metaxalone tab 800 mg	Muscle Relaxant	cyclobenzaprine tablet,	
		methocarbamol tablet,	
		tizanidine tablet	
MINIVELLE (estradiol td	Menopause	There is a generic equival	
patch twice weekly	Symptoms	to your doctor or pharmac	
0.025 mg/24hr)		medication(s) available fo	
MINIVELLE (estradiol td	Menopause	There is a generic equival	
patch twice weekly	Symptoms	to your doctor or pharmac	
0.0375 mg/24hr)		medication(s) available fo	
MINIVELLE (estradiol td	Menopause	There is a generic equival	
patch twice weekly 0.05	Symptoms	to your doctor or pharmac	
mg/24hr)		medication(s) available fo	
MINIVELLE (estradiol td	Menopause	There is a generic equival	
patch twice weekly	Symptoms	to your doctor or pharmac	
0.075 mg/24hr)		medication(s) available fo	
MINIVELLE (estradiol td	Menopause	There is a generic equival	
patch twice weekly 0.1	Symptoms	to your doctor or pharmac	
mg/24hr)	0.1.111.11	medication(s) available fo	
MOVANTIK (naloxegol	Opioid Induced		Symproic
oxalate tab 12.5 mg	Constipation		
(base equivalent))	Onioid Indicased		Cymproio
MOVANTIK (naloxegol	Opioid Induced		Symproic
oxalate tab 25 mg (base	Constipation		
equivalent)) MYNATAL ADVANCE	Prenatal Vitamin		PRENATAL+FE TAB
(*prenatal vit w/ dss-iron	FICHAIAI VIIAIIIII		
carbonyl-fa tab 90-1			29-1MG, PRENATAL PLUS TAB 27-1MG, SE-
mg***)			NATAL 19
MYNATAL PLUS	Prenatal Vitamin		PRENATAL+FE TAB
(*prenatal vit w/ fe	i iciiatai vitaiiiiii		29-1MG, PRENATAL
fumarate-fa tab 65-1			PLUS TAB 27-1MG, SE-
mg***)			NATAL 20



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	d Performance Select	Annual Drug List Exclusion	ons (cont.)
MYNATAL ULTRACAPLET (*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***)	Prenatal Vitamin		PRENATAL+FE TAB 29-1MG, PRENATAL PLUS TAB 27-1MG, SE- NATAL 21
MYNATAL-Z (*prenatal vit w/ fe fumarate-fa tab 65-1 mg***)	Prenatal Vitamin		PRENATAL+FE TAB 29-1MG, PRENATAL PLUS TAB 27-1MG, SE- NATAL 22
Mupirocin calcium cream 2%	Topical Anti- Infective	mupirocin ointment 2%	
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
ONFI (clobazam suspension 2.5 mg/ml)	Seizures	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
ONFI (clobazam tab 10 mg)	Seizures	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other
ONFI (clobazam tab 20 mg)	Seizures	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 125 mg/ml)	Rheumatoid Arthritis		Enbrel, Humira



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	Performance Select	Annual Drug List Exclu	sions (cont.)
ORENCIA CLICKJECT	Rheumatoid Arthritis		Enbrel, Humira
(abatacept			
subcutaneous soln auto-			
injector 125 mg/ml)			
OVIDREL	Infertility		Novarel, Pregnyl
(choriogonadotropin alfa			
inj 250 mcg/0.5 ml)			
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab er	Disease; Restless		
24hr 0.375 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab er	Disease; Restless		
24hr 0.75 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab sr	Disease; Restless		
24hr 0.375 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab sr	Disease; Restless		
24hr 0.75 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab sr	Disease; Restless		
24hr 1.5 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab sr	Disease; Restless	prampozoio tabiot	
24hr 2.25 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab sr	Disease; Restless	prampozoio tabiot	
24hr 3 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab sr	Disease; Restless		
24hr 3.75 mg	Legs Syndrome		
pramipexole	Parkinson's	pramipexole tablet	
dihydrochloride tab sr	Disease; Restless		
24hr 4.5 mg	Legs Syndrome		
prednisolone sod phos	Inflammatory	prednisone tablet,	
orally disintegr tab 10	Conditions	prednisolone oral	
mg (base eq)		solution	
prednisolone sod phos	Inflammatory	prednisone tablet,	
orally disintegr tab 15	Conditions	prednisolone oral	
mg (base eq)	23	solution	
prednisolone sod phos	Inflammatory	prednisone tablet,	
orally disintegr tab 30	Conditions	prednisolone oral	
mg (base eq)	2 3	solution	
PREVIDENT RINSE	Fluoride Dental		valent available. Please talk
(sodium fluoride rinse	Rinse	to your doctor or pharm	
0.2%)		medication(s) available	
PRIMAQUINE	Malaria		valent available. Please talk
PHOSPHATE	ivialalia	to your doctor or pharm	
(primaquine phosphate		medication(s) available	
		medication(s) available	Tor your condition.
tab 26.3 mg (15 mg			



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	Performance Select	Annual Drug List Exclusion	ons (cont.)
RANEXA (ranolazine tab er 12hr 500 mg)	Angina	There is a generic equivalent available. Please tal to your doctor or pharmacist about other medication(s) available for your condition.	
RANEXA (ranolazine tab er 12hr 1000 mg)	Angina	There is a generic equivalent available. Please to your doctor or pharmacist about other medication(s) available for your condition.	
RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 12.5 mg/0.25 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 15 mg/0.3 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 17.5 mg/0.35 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 20 mg/0.4 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 22.5 mg/0.45 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 25 mg/0.5 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 27.5 mg/0.55 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RASUVO (methotrexate soln pf auto-injector 30 mg/0.6 ml)	Rheumatoid Arthritis	methotrexate tablet, methotrexate injection	OTREXUP
RENAGEL (sevelamer hcl tab 800 mg)	Hyperphosphatemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
REVATIO (sildenafil citrate for suspension 10 mg/ml)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please tall to your doctor or pharmacist about other medication(s) available for your condition.	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	Parkinson's Disease; Restless Legs Syndrome	ropinirole tablet	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	Parkinson's Disease; Restless Legs Syndrome	ropinirole tablet	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	Parkinson's Disease; Restless Legs Syndrome	ropinirole tablet	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	Performance Select	Annual Drug List Exclusion	ons (cont.)
ropinirole hydrochloride	Parkinson's	ropinirole tablet	
tab er 24hr 8 mg (base	Disease; Restless	·	
equivalent)	Legs Syndrome		
ropinirole hydrochloride	Parkinson's	ropinirole tablet	
tab er 24hr 12 mg (base	Disease; Restless		
equivalent)	Legs Syndrome		
ropinirole hydrochloride	Parkinson's	ropinirole tablet	
tab sr 24hr 2 mg (base	Disease; Restless		
equivalent)	Legs Syndrome		
ropinirole hydrochloride	Parkinson's	ropinirole tablet	
tab sr 24hr 4 mg (base	Disease; Restless		
equivalent)	Legs Syndrome		
ropinirole hydrochloride	Parkinson's	ropinirole tablet	
tab sr 24hr 6 mg (base	Disease; Restless		
equivalent)	Legs Syndrome		
ropinirole hydrochloride	Parkinson's	ropinirole tablet	
tab sr 24hr 8 mg (base	Disease; Restless		
equivalent)	Legs Syndrome		
ropinirole hydrochloride	Parkinson's	ropinirole tablet	
tab sr 24hr 12 mg (base	Disease; Restless		
equivalent)	Legs Syndrome		
SABRIL (vigabatrin tab	Partial Seizures	There is a generic equivalent available. Please talk	
500 mg)		to your doctor or pharmacist about other	
		medication(s) available for	r your condition.
SAVAYSA (edoxaban	Thrombotic Event		ELIQUIS tablet,
tosylate tab 15 mg (base	Prophylaxis		XARELTO tablet
equivalent))			
SAVAYSA (edoxaban	Thrombotic Event		ELIQUIS tablet,
tosylate tab 30 mg (base	Prophylaxis		XARELTO tablet
equivalent))			
SAVAYSA (edoxaban	Thrombotic Event		ELIQUIS tablet,
tosylate tab 60 mg (base	Prophylaxis		XARELTO tablet
equivalent))			
SENSIPAR (cinacalcet	Hyperparathyroidism	There is a generic equival	ent available. Please talk
hcl tab 30 mg (base		to your doctor or pharmac	ist about other
equiv))		medication(s) available for	r your condition.
SENSIPAR (cinacalcet	Hyperparathyroidism	There is a generic equival	ent available. Please talk
hcl tab 60 mg (base		to your doctor or pharmac	
equiv))		medication(s) available for	
SENSIPAR (cinacalcet	Hyperparathyroidism	There is a generic equival	
hcl tab 90 mg (base		to your doctor or pharmac	
equiv))		medication(s) available for	
SIMPONI (golimumab	Rheumatoid	, ,	Enbrel, Humira
subcutaneous soln auto-	Arthritis, Psoriatic		
injector 50 mg/0.5 ml)	Arthritis, Ankylosing		
,	Spondylitis,		
	Ulcerative Colitis		



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	d Performance Select	Annual Drug List Exclusion	ons (cont.)
SIMPONI (golimumab subcutaneous soln auto- injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SPORANOX (itraconazole oral soln 10 mg/ml)	Fungal Infections	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
STAXYN (vardenafil hcl orally disintegrating tab 10 mg)	Erectile Dysfunction	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv))	Opioid Agonist Dependence	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv))	Opioid Agonist Dependence	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv))	Opioid Agonist Dependence	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
SUBOXONE (buprenorphine hcl- naloxone hcl sl film 12-3 mg (base equiv))	Opioid Agonist Dependence	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
SUPRAX (cefixime cap 400 mg)	Anti-Infective	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other r your condition.
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
tizanidine hcl cap 2 mg (base equivalent)	Multiple Sclerosis	tizanidine tablet	



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	Performance Select	Annual Drug List Exclusion	ons (cont.)
tizanidine hcl cap 4 mg (base equivalent)	Multiple Sclerosis	tizanidine tablet	
tizanidine hcl cap 6 mg (base equivalent)	Multiple Sclerosis	tizanidine tablet	
TRACLEER (bosentan tab 62.5 mg)	Pulmonary Arterial Hypertension	There is a generic equival to your doctor or pharmac medication(s) available fo	ist about other r your condition.
TRACLEER (bosentan tab 125 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRADJENTA (linagliptin tab 5 mg)	Diabetes		Januvia, Onglyza
ULORIC (febuxostat tab 40 mg)	Gout	allopurinol tablet	
ULORIC (febuxostat tab 80 mg)	Gout	allopurinol tablet	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	Depression	venlafaxine ER capsule	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	Depression	venlafaxine ER capsule	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	Depression	venlafaxine ER capsule	
venlafaxine hcl tab sr 24hr 37.5 mg (base equivalent)	Depression	venlafaxine ER capsule	
venlafaxine hcl tab sr 24hr 75 mg (base equivalent)	Depression	venlafaxine ER capsule	
venlafaxine hcl tab sr 24hr 150 mg (base equivalent)	Depression	venlafaxine ER capsule	
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIRAMUNE (nevirapine susp 50 mg/5 ml)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	Hypercholesterolemi a	There is a generic equival to your doctor or pharmac medication(s) available for	ist about other
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis		Enbrel, Humira



Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1,2}	Preferred Brand Alternative(s) ^{1,2}
Performance Annual and	Performance Select	Annual Drug List Exclusion	ons (cont.)
ZYTIGA (abiraterone	Cancer	There is a generic equival	
acetate tab 250 mg)		to your doctor or pharmac	
σ,		medication(s) available for	
F	Performance Select Ai	nnual Drug List Exclusion	S
ACANYA (clindamycin	Acne	There is a generic equival	ent available. Please talk
phosphate-benzoyl		to your doctor or pharmac	
peroxide gel 1.2-2.5%)		medication(s) available for	
CUPRIMINE	Wilson's Disease	There is a generic equival	
(penicillamine cap 250		to your doctor or pharmac	
mg)		medication(s) available for	
ELIDEL (pimecrolimus	Atopic Dermatitis	There is a generic equival	
cream 1%)	7 ttopio Dermatitis	to your doctor or pharmac	
0104111 170)		medication(s) available for	
EPIPEN 2-PAK	Anaphylaxis	There is a generic equival	
(epinephrine solution	Aliapitylaxis	to your doctor or pharmac	
auto-injector 0.3 mg/0.3		medication(s) available for	
		Thedication(s) available for	your condition.
ml (1:1000)) RELISTOR	Onicial Indused		Cumanaia
	Opioid Induced		Symproic
(methylnaltrexone	Constipation		
bromide inj 8 mg/0.4 ml			
(20 mg/ml))			
RELISTOR	Opioid Induced		Symproic
(methylnaltrexone	Constipation		
bromide inj 12 mg/0.6 ml			
(20 mg/ml))			
RELISTOR	Opioid Induced		Symproic
(methylnaltrexone	Constipation		
bromide tab 150 mg)			
SOLODYN (minocycline	Acne	There is a generic equival	
hcl tab er 24hr 55 mg)		to your doctor or pharmac	ist about other
		medication(s) available for	
SOLODYN (minocycline	Acne	There is a generic equival	ent available. Please talk
hcl tab er 24hr 80 mg)		to your doctor or pharmac	
,		medication(s) available for	r your condition.
SOLODYN (minocycline	Acne	There is a generic equival	
hcl tab er 24hr 105 mg)		to your doctor or pharmac	
- - -		medication(s) available for	
sumatriptan-naproxen	Migraine	naproxen tablet,	
sodium tab 85-500 mg	g	sumatriptan tablet	
30 000g			
	Performance Annu	al Drug List Exclusions	
MIGRANAL	Migraines	dihydroergotamine	
(dihydroergotamine		injection, sumatriptan	
mesylate nasal spray 4		nasal, sumatriptan tablet	
mg/ml)			
1119/1111 <i>)</i>		1	

¹Third-party brand names are the property of their respective owner.
²This list is not all inclusive. Other medicines may be available in this drug class.



Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) - As of Jan. 1, 2020

The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g., 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2020. Members may pay more for these drugs.

Members on the Basic Annual or Performance Annual Drug Lists will not have any of these generic drug revisions applied to their pharmacy benefits until their 2020 plan renewal date. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Multi-Tier Basic and Multi-Tier Enhanced Drug Lists		
7t lido gel 2%	amitriptylin tab 75 mg	
amitriptylin tab 100 mg	apap/codeine tab 300-60 mg	
atenol/chlor tab 100-25 mg	bethanechol tab 5 mg	
bumetanide tab 0.5 mg	bumetanide tab 1 mg	
carisoprodol tab 350 mg	chloroquine tab 500 mg	
chlorothiaz tab 500 mg	cimetidine tab 300 mg	
cimetidine tab 400 mg	clindamycin cap 75 mg	
cloraz dipot tab 3.75 mg	cloraz dipot tab 7.5 mg	
constulose sol 10 gm/15	diltiazem tab 90 mg	
diltiazem tab 120 mg	dipyridamole tab 25 mg	
dorzol/timol sol 22.3-6.8	doxepin hcl cap 25 mg	
estazolam tab 1 mg	estazolam tab 2 mg	
fluconazole sus 10 mg/ml	fluoxetine tab 10 mg	
fluphenazine tab 1 mg	fluphenazine tab 2.5 mg	
fluphenazine tab 5 mg	fluphenazine tab 10 mg	
flurbiprofen tab 100 mg	generlac sol 10 gm/15	
haloperidol con 2 mg/ml	hydroco/apap tab 10-325 mg	
hydrocod/ibu tab 7.5-200	hydroxychlor tab 200 mg	
ketoconazole tab 200 mg	ketoprofen cap 50 mg	
ketoprofen cap 75 mg	ketorolac tab 10 mg	
levo/liothyr tab 90 mg	levothyroxin tab 300 mcg	
lidocaine gel 2% jelly	lidocaine sol 4%	
medroxypr ac inj 150 mg/ml	methadose tab 40 mg	
methotrexate inj 25 mg/ml	methyldopa tab 500 mg	
metoclopram sol 5 mg/5 ml	minocycline cap 75 mg	
minocycline cap 100 mg	naproxen sod tab 275 mg	
naproxen sod tab 550 mg	nitroglycer cap 2.5 mg er	
nizatidine cap 150 mg	ofloxacin dro 0.3% op	
pentoxifylli tab 400 mg er	phenobarb tab 16.2 mg	
phenobarb tab 32.4 mg	polyeth glyc pow 3350 nf	
prazosin hcl cap 1 mg	prazosin hcl cap 2 mg	
proctozone cre -hc 2.5%	prometh vc sol plain	
prometh vc/ syp codeine	proparacaine sol 0.5% op	
propranolol tab 40 mg	propranolol tab 80 mg	
smz-tmp sus 200-40/5	tamoxifen tab 10 mg	
tamoxifen tab 20 mg	tropicamide sol 0.5% op	
tropicamide sol 1% op	zonisamide cap 25 mg	



Balanced, Performance, Performance Select Drug Lists		
acetaminophen w/ codeine tab 300-60 mg	amoxicillin & k clavulanate for susp 400-57 mg/5	
·	ml	
amoxicillin & k clavulanate for susp 600-42.9 mg/5	atenolol & chlorthalidone tab 100-25 mg	
ml		
bisoprolol fumarate tab 10 mg	bupropion hcl tab 75 mg	
carbinoxamine maleate soln 4 mg/5 ml	cefpodoxime proxetil for susp 50 mg/5 ml	
clindamycin hcl cap 75 mg	diclofenac sodium tab er 24hr 100 mg	
diclofenac sodium tab sr 24hr 100 mg	diltiazem hcl cap er 24hr 180 mg	
diltiazem hcl cap sr 24hr 180 mg	diltiazem hcl extended release beads cap er 24hr 180 mg	
diltiazem hcl extended release beads cap sr 24hr 180 mg	dipyridamole tab 25 mg	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	flecainide acetate tab 50 mg	
fluconazole for susp 10 mg/ml	flurbiprofen tab 100 mg	
fluvoxamine maleate tab 25 mg	fluvoxamine maleate tab 50 mg	
fluvoxamine maleate tab 100 mg	haloperidol lactate oral conc 2 mg/ml	
hydrocodone-acetaminophen tab 10-325 mg	hydrocodone-ibuprofen tab 7.5-200 mg	
isosorbide mononitrate tab er 24hr 120 mg	isosorbide mononitrate tab sr 24hr 120 mg	
lactulose (encephalopathy) solution 10 gm/15 ml	lactulose solution 10 gm/15 ml	
levetiracetam oral soln 100 mg/ml	levetiracetam tab 750 mg	
lidocaine hcl soln 4%	liothyronine sodium tab 5 mcg	
liothyronine sodium tab 25 mcg	lithium carbonate tab cr 300 mg	
lithium carbonate tab cr 450 mg	lithium carbonate tab er 300 mg	
lithium carbonate tab er 450 mg	metoclopramide hcl soln 5 mg/5 ml (10 mg/10 ml)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	metoprolol succinate tab sr 24hr 100 mg (tartrate equiv)	
mometasone furoate cream 0.1%	mometasone furoate solution 0.1% (lotion)	
nitroglycerin sl tab 0.4 mg	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	ofloxacin ophth soln 0.3%	
pentoxifylline tab cr 400 mg	pentoxifylline tab er 400 mg	
potassium chloride cap cr 10 meq	potassium chloride cap er 10 meq	
propafenone hcl tab 150 mg	propranolol hcl tab 40 mg	
quinapril-hydrochlorothiazide tab 10-12.5 mg	quinapril-hydrochlorothiazide tab 20-25 mg	
tamoxifen citrate tab 10 mg (base equivalent)	zonisamide cap 25 mg	
zonisamide cap 100 mg		

<u>DISPENSING LIMIT CHANGES</u>
The BCBSTX prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. Changes by drug list are listed on the charts below.



Effective Jan. 1, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
	ormance, Performance Select Drug Lists
Cablivi	,
Cablivi	58 kits per 365 days
Constipation Agents	, , ,
Movantik 12.5 mg	30 tablets per 30 days
Movantik 25 mg	30 tablets per 30 days
Relistor 150 mg	90 tablets per 30 days
Relistor 8 mg/0.4 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	60 vials per 30 days
Symproic 0.2 mg	30 tablets per 30 days
Zelnorm 6 mg	60 tablets per 30 days
Pacia Annual Enhanced Annual Parformen	ice Annual, Performance Select Annual Drug Lists
Alternative Dosage Form	ice Aimuai, Feriormanice Select Aimuai Drug Lists
Carafate suspension	1200 mL per 30 days
Naprosyn suspension	1800 mL per 30 days
Cablivi	
Cablivi	58 kits per 365 days
Constipation Agents	,
Amitiza 8 mcg	60 capsules per 30 days
Amitiza 24 mcg	60 capsules per 30 days
Linzess 72 mcg	30 capsules per 30 days
Linzess 145 mcg	30 capsules per 30 days
Linzess 290 mcg	30 capsules per 30 days
Motegrity 1 mg	30 tablets per 30 days
Motegrity 2 mg	30 tablets per 30 days
Movantik 12.5 mg	30 tablets per 30 days
Movantik 25 mg	30 tablets per 30 days
Relistor 150 mg	90 tablets per 30 days
Relistor 8 mg/0.4 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	60 vials per 30 days
Symproic 0.2 mg	30 tablets per 30 days
Trulance 3 mg	30 capsules per 30 days
Zelnorm 6 mg	60 tablets per 30 days
Glaucoma	
Rhopressa sol 0.02%	2.5 mL per 20 days
Nocturia	
Nocdurna 27.7 mcg	30 tablets per 30 days
Nocdurna 55.3 mcg	30 tablets per 30 days
Topical Lidocaine	
Pliaglis	100 grams per 30 days
Synera	4 patches per 28 days
Pacie Annual Enhanced Ann	ual, Performance Annual Drug Lists
Therapeutic Alternatives	uai, i eriorinance Annuai Drug Lists
Kenalog spray	189 grams per 90 days
3 -1/	1 9



	inced Annual Drug Lists
Alternative Dosage Form	
Tiglutik	600 mL per 30 days
Amifampridine	
Firdapse	240 tablets per 30 days
Ruzurgi	300 tablets per 30 days
Arikayce	
Arikayce	235.2 mL per 28 days
Galafold	
Galafold capsules	14 capsules per 28 days
hATTR Amyloidosis Neuropathy	
Tegsedi 284 mg/1.5 mL syringe	6 mL per 28 days
Hyperhidrosis	
Qbrexza	30 pads per 30 days
Neurotrophic Keratitis	
Oxervate	56 vials per 56 days
Nuvigil/Provigil	
Nuvigil 50 mg	30 tablets per 30 days
Nuvigil 150 mg	30 tablets per 30 days
Nuvigil 200 mg	30 tablets per 30 days
Nuvigil 250 mg	30 tablets per 30 days
Provigil 100 mg	30 tablets per 30 days
Provigil 200 mg	60 tablets per 30 days
Oral PAH	
Uptravi 200 mcg titration bottle	140 tablets per 180 days
Orilissa	
Orilissa 150 mg	30 tablets per 30 days
Orilissa 200 mg	60 tablets per 30 days
SA Oncology	
Zykadia 150 mg capsule	90 capsules per 30 days
Vascepa	
Vascepa 0.5 g	240 capsules per 30 days
Vascepa 1 g	120 capsules per 30 days

¹Third-party brand names are the property of their respective owner.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Sept. 15, 2019**, the Tafamidis Prior Authorization (PA) program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drugs Vyndaqel and Vyndamax.
- Effective Jan. 1, 2020, the following changes will be applied:
 - The Opioid Induced Constipation PA program will change its name to: Constipation Agents. This PA program includes the same targeted medications and five new ones: Amitiza, Linzess, Motegrity, Trulance and Zelnorm. This program currently applies to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists. On Jan. 1, this program will be applied to the Performance and Performance Annual Drug Lists. Members impacted by this program change will be notified.
 - New target drugs, Rhopressa and Rocklatan, will be added to the Basic Annual and Enhanced Annual Drug Lists. These drugs are included in the Glaucoma ST program (formerly known as Ophthalmic Prostaglandins).

UTILIZATION MANAGEMENT PROGRAM CHANGES (cont.)

Several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans, upon renewal for most members. As a reminder, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply, Additionally, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

Members were notified about the PA standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2020

Drug Category	Targeted Medication(s) ¹	
Basic Annual and Enhanced Annual Drug Lists		
Fabry Disease	Galafold	
Hyperhidrosis	Qbrexza	
Orilissa	Orilissa	
Arikayce	Arikayce	
Amifampridine (previously known as Firdapse)	Firdapse, Ruzurgi*	
hATTR Amyloidosis Neuropathy	Tegsedi	
Neurotrophic Keratitis	Oxervate	
Vascepa	Vascepa	
Basic Annual, Enhanced Annual, Performance Annual and Performance Select Annual Drug Lists		
Alternative Dosage Form	Carafate suspension, Naprosyn suspension, Tiglutik*	
Human Fibrinogen Concentrate	Fibryga, RiaSTAP	
Procysbi	Procysbi	

¹Third-party brand names are the property of their respective owner.

^{*} Not all members may have been notified due to limited utilization.



Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2020

Drug Category	Targeted Medication(s) ¹	
Basic Annual, Enhanced Annual and Performance Annual Drug Lists		
Therapeutic Alternatives	Diflorasone ointment and cream, Dutoprol, Kenalog spray	
Basic Annual, Enhanced Annual, Performance Annual and Performance Select Annual Drug Lists		
Antifungal (Cresemba, Noxafil, Tolsura, Vfend)	Tolsura*	
Nocturia	Nocdurna	
Topical Lidocaine	Pliaglis, Synera	
Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists		
Therapeutic Alternatives	Mupirocin cream	

¹Third-party brand names are the property of their respective owner.

Per our usual process of member notification before implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit *bcbstx.com* and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSTX members with a group health plan, though some exceptions may apply.

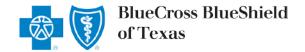
Letters will be sent in October to members who have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Norditropin Drug List Status Change Effective Jan. 1, 2020

Starting Jan. 1, 2020, Norditropin will become the preferred brand drug for treating growth hormone deficiencies on all group and individual plan BCBSTX drug lists. BCBSTX members who have prescription drug benefits administered by Prime Therapeutics may have a lower cost share for this drug.

Omnitrope will become a non-preferred brand drug on the open drug lists (Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists) and excluded on the managed drug lists (Balanced, Performance, Performance Annual, Performance Select, Performance Select Annual and Health Insurance Marketplace Drug Lists).

^{*} Not all members may have been notified due to limited utilization.



Norditropin Drug List Status Change Effective Jan. 1, 2020 (cont.)

As part of this drug list change, prior authorization (PA) will also be required for members filling a new prescription for Omnitrope to be considered for coverage.

Please Note:

- Members who have been approved through the Growth Hormone PA program to receive
 Omnitrope in 2019 will continue to pay their current member cost share (copay/coinsurance) for
 the duration of the PA approval. Once the member's authorization expires, the member will need
 to have a new PA request submitted for coverage consideration.
- If the member receives an approval for Omnitrope, the member will pay the applicable cost share for the drug, based on their benefits.
- Starting Jan. 1, 2020, if members who are currently approved to receive Omnitrope through the Growth Hormone PA, decide to switch to the preferred Norditropin product, they WILL NOT be subject to an additional PA review.
- Impacted members were notified on this change.

Select Prescription Drug Lists' Update Frequency Change – Final Implementation

As previously communicated throughout 2019, most of the prescription drug lists that were once updated annually Jan. 1, or plan renewal date, have moved to a quarterly update. For patients on these affected drug lists, the frequency change was implemented upon the patient's health insurance plan renewal/effective date starting on or after Apr 1, 2019 and continued throughout the remaining quarters of 2019 (on or after July 1, 2019, and Oct. 1, 2019). The final implementation will occur in the first quarter of 2020, on or after Jan. 1, 2020.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- Note: Some members moved to a quarterly update upon their health insurance plan's renewal/effective date that started on or after April 1, 2019, regardless of prescription drug list. However, some members will remain on an annual update. If your patients have any questions about their drug list, please advise them to contact the number on their member ID card. Members may also visit bcbstx.com and log in to BAM or MyPrime.com to view their specific drug list.
- **Note:** For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.
- Note: As of April 1, 2020, the Performance Select Annual Drug List will be retired. All members
 on this drug list will have moved to the quarterly Performance Select Drug List.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.