

2020 Express Scripts National Preferred Formulary For Mohawk Industries, Inc.

KEY

[INJ] - Injectable Drug
[SP] - Specialty Drug on
Mohawk's Specialty
Drug Exclusion List
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] [SP]
AFSTYLA [INJ] [SP]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization
solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
APRISO
ARALAST NP [INJ]
ARIKAYCE [SP]
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTEDO [SP]

AVONEX [INJ]

AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BARACLUDE SOLUTION
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
BREGO ELLIPTA
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/
acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CABOMETYX
CARAC
CARAFATE SUSPENSION
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX

chlorthalidone
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

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.

PLEASE NOTE: Specialty drugs are generally high-cost drugs used to treat certain chronic, complex conditions and require specialized handling and/or administration. Specialty drugs are dispensed from a limited or exclusive specialty pharmacy. Some specialty medications are not covered under the Express Scripts prescription plan (see Specialty Drug Exclusion List).

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] [SP]
DYANAVEL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
ELOCATE [INJ]
EMGALITY [INJ]
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCLUSA
EPIDIOLEX [SP]
EPIDUO FORTE
epinephrine
auto-injector
(by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA [SP]
erythromycin
eye ointment
ESBRIET
escitalopram
esomeprazole
magnesium
delayed-release
estradiol
estradiol patches

estradiol/norethindrone
acetate
ESTRING
eszopiclone
EUFLEXXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
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
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
GILOTRIF

GLASSIA [INJ]
gimepiride
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

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

(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.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2020 THROUGH DECEMBER 31, 2020. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

J

JANUMET, JANUMET XR
 JANUVIA
 JARDIANCE
 JENTADUETO
 JENTADUETO XR
 JIVI [INJ] [SP]
 JULUCA
 junel
 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 [SP]
 losartan
 losartan/hctz
 LOTEMAX
 LOTEMAX SM
 lovastatin
 LUMIGAN
 LUPANETA [INJ]
 LUPRON DEPOT 3.75 MG,
 11.25 MG [INJ]
 LUPRON
 DEPOT-PED [INJ]

M

MAYZENT [SP]
 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
 neomycin/polymyxin/
 hydrocortisone
 ear solution
 NEXIUM PACKETS
 niacin ext-release
 nifedipine ext-release
 nitrofurantoin
 macrocrystal
 NITYR
 NIVESTYM [INJ] [SP]
 NORDITROPIN [INJ]
 nortriptyline
 NOVAREL [INJ]
 NOVOEIGHT [INJ]
 NOVOFINE AUTOSHIELD
 NEEDLES
 NOVOFINE NEEDLES
 NOVOTWIST NEEDLES
 NUCALA [INJ] [SP]
 NUCYNTA, NUCYNTA ER
 NUEDEXTA
 nystatin
 nystatin topical

O

ODACTRA
 OFEV
 ofloxacin
 olanzapine
 olmesartan
 olmesartan/hctz

olopatadine eye solution
 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
 (NDCs starting
 with 00024) [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
 PROCIT [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
 QVAR REDIHALER

R

rabeprazole
 delayed-release
 RAGWITEK
 raloxifene
 ramipril
 ranitidine
 RASUVO [INJ]
 REBIF [INJ]
 RECTIV
 RELISTOR [INJ]
 RELISTOR TABLETS
 REMICADE [INJ]
 REPATHA (NDCs starting
 with 55513) [INJ]
 RESTASIS
 RETACRIT [INJ] [SP]
 REVLMID
 RHOPRESSA
 risperidone
 rizatriptan
 ropinirole
 rosuvastatin
 RUBRACA [SP]
 RUCONEST [INJ]

S

SAVELLA
 SEGLUROMET
 SEREVUENT 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] [SP]
 sulfamethoxazole/
 trimethoprim
 sumatriptan
 SUNOSI
 SUPREP
 SUTENT
 SYMBICORT
 SYMFI
 SYMFI LO
 SYMJEPi [INJ]
 SYMLINPEN [INJ]
 SYMPROIC
 SYNJARDY, SYNJARDY XR

T

TACLONEX SUSPENSION
 tacrolimus topical
 tadalafil
 TALZENNA [SP]
 tamoxifen
 tamsulosin ext-release
 TASIGNA
 TAYTULLA
 TAZORAC GEL
 TAZORAC 0.05% CREAM
 TECFIDERA
 TEKTURNA HCT
 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
 TRADJENTA
 tramadol
 TRAVATAN Z
 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] [SP]

U

UCERIS FOAM
 UDENYCA [INJ] [SP]
 UPTRAVI [SP]

V

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

W

warfarin

X

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

Y

YONSA [SP]
 YUPELRI
 yuvafem

Z

ZARXIO [INJ] [SP]
 ZENPEP
 ZEPATIER
 zolpidem
 zolpidem ext-release
 ZOMIG NASAL
 ZTLIDO
 ZUBSOLV
 ZYLET
 ZYTIGA 500 MG

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The excluded medications shown below are not covered on the Mohawk Industries, Inc. 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](https://www.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.

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Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES Antibiotics	DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate dr
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
	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	XADAGO	rasagiline, selegiline
Antipsychotics (Oral)	ABILIFY MYCITE	aripiprazole tablets
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE 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 [SP], TECFIDERA
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	BUTRANS	buprenorphine patches, BELBUCA
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, pregabalin
Tardive Dyskinesia Therapy	INGREZZA	AUSTEDO [SP]
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
CARDIOVASCULAR ACE Inhibitors	EPANED	enalapril
	QBRELIS	lisinopril
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO

Drug Class	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR (continued) Beta Blockers & Combinations	KAPSPARGO SPRINKLE	metoprolol succinate
	DUTOPROL, METOPROLOL SUCCINATE/HCTZ ER	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate ER plus hydrochlorothiazide
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	PRALUENT (NDCs starting with 72733), REPATHA (NDCs starting with 72511)	PRALUENT (NDCs starting with 00024), REPATHA (NDCs starting with 55513)
DERMATOLOGICAL Oral Agents for Acne	MINOLIRA	minocycline ER
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Rosacea Agents (Topical)	RHOFADE	MIRVASO
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON
Topical Agents for Actinic Keratosis	FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antifungals	LULICONAZOLE	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
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
	LIDOCAINE/TETRACAINE	lidocaine cream, lidocaine/prilocaine cream
DIABETES Blood Glucose Meters & Test Strips	BAYER (BREEZE, CONTOUR) NATIONAL MEDICAL (ADVOCATE) OMNIS HEALTH (EMBRACE, VICTORY) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) UNISTRIP 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 LISPRO, NOVOLOG	HUMALOG
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
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
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT

Drug Class	Excluded Medications	Preferred Alternatives	
ENDOCRINE (OTHER) (continued) Topical Estrogen Gels	ESTROGEL	DIVIGEL	
GASTROINTESTINAL Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS	
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS	
	Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
	Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine delayed release, sulfasalazine, APRISO, 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 [SP]	
Factor VIII Recombinant Products	NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE [SP], AFSTYLA [SP], ELOCTATE, JIVI [SP], KOGENATE FS, KOVALTRY, NOVOEIGHT	
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN	NIVESTYM [SP], ZARXIO [SP]	
Thrombocytopenia Agents	MULPLETA	DOPTELET [SP]	
HEPATITIS Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER	
HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	ATRIPLA, DELSTRIGO, SYMTUZA	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ	
	COMPLERA	ODEFSEY	
	PIFELTRO	efavirenz, EDURANT	
	PREZCOBIX	atazanavir, ritonavir, KALETRA TABLETS, PREZISTA	
	STRIBILD	BIKTARVY, GENVOYA	
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE	COLCRYS, MITIGARE	
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DUZALLO, ZURAMPIC	allopurinol, probenecid	
	FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES	fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen	
	TIVORBEX, VIVLODEX, ZORVOLEX	diclofenac sodium, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam	
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	ZIPSOR	diclofenac potassium, diclofenac sodium	
	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES	
OBSTETRICAL & GYNECOLOGICAL Human Chorionic Gonadotropin	PENNSAID	diclofenac sodium topical, FLECTOR PATCHES	
	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL	
	Bravelle, Follistim AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT	
Ovulatory Stimulants (Follitropins)	ENDOMETRIN	CRINONE 8% GEL	
Vaginal Progesterones	ONCOLOGY Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO [SP]
Multiple Myeloma Agents	XPOVIO	DARZALEX [SP], KYPROLIS, NINLARO [SP], POMALYST, REVLIMID, THALOMID, VELCADE	
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN	

Drug Class	Excluded Medications	Preferred Alternatives
OPHTHALMIC (continued) Antiglaucoma Drugs (Ophthalmic Prostaglandins)	XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
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, prednisolone drops, INVELTYS, LOTEMAX
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
OSTEOPOROSIS Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS [SP]
RENAL DISEASE 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 [SP], NUCALA [SP]
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	STIOLTO RESPIMAT	ANORO ELLIPTA, BEVESPI AEROSPHERE
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA, LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
WEIGHT LOSS Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	SIKLOS	DROXIA
	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST
Immunosuppressant Agents	XATMEP	methotrexate
Metabolic Agents	ORFADIN	NITYR
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATTRO	No alternatives recommended
Potassium Binders	VELTASSA	LOKELMA

Indication Based Management

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, 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.

[SP] Specialty Drug on Mohawk's Specialty Drug Exclusion List

Continued

Excluded Medications/Products at a Glance

ABILIFY [^]	DUROLANE	MAVRET	SINGULAIR [^]
ABILIFY MYCITE	DUTOPROL	MAXALT [^] , MAXALT MLT [^]	SITAVIG
ABSTRAL	DUZALLO	MAXIDEX	SOFOSBUVIR/VELPATASVIR
ACIPHEX [^]	EFFEXOR XR [^]	METOPROLOL SUCCINATE/HCTZ ER	SOVALDI
ACIPHEX SPRINKLE	ELIDEL [^]	MICARDIS [^] , MICARDIS HCT [^]	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
ACUVAIL	EMBEDA	MINASTRIN 24 FE [^]	SPRAVATO
ADCIRCA [^]	EMEND CAPSULES [^] , TRIFOLD PACK [^]	MINOLIRA	STIOLTO RESPIMAT
ADDERALL [^]	EMEND POWDER PACKETS	MIRCERA	STRATTERA [^]
ADLYXIN	EMFLAZA	MULPLETA	STRIBILD
ADMELOG	ENDOMETRIN	NALFON CAPSULES	STRIVERDI RESPIMAT
AKTIPAK	EPANED	NAMENDA XR [^]	SUBSYS
AKYNZEO CAPSULES	EPINEPHRINE AUTO-INJECTOR (BY IMPAX)	NASONEX [^]	SUMAVEL DOSEPRO
ALBUTEROL SULFATE HFA	EPOGEN	NATIONAL MEDICAL (ADVOCATE)	SUPARTZ FX
ALCORTIN A	ESTROGEL	NESINA	SYMITUZA
ALOCRIL	EVENITY	NEUPOGEN	SYNVISC, SYNVISC-ONE
ALOGLIPTIN	EVZIO	NEURONTIN [^]	TESTIM [^]
ALOGLIPTIN/METFORMIN	EXFORGE [^] , EXFORGE HCT [^]	NEVANAC	TIKOSYN [^]
ALOGLIPTIN/PIOGLITAZONE	EXJADE [^]	NOCTIVA	TIMOPTIC OCUDOSE
ALOMIDE	EXONDYS 51	NORCO [^]	TIVORBEX
ALTOPREV	EXTAVIA	NORVASC [^]	TOBI SOLUTION [^]
ALVESCO	EZALLOR SPRINKLE	NOVOLIN	TOLSURA
AMBIEN [^] , AMBIEN CR [^]	FEMRING	NOVOLOG	TOPAMAX [^]
AMPYRA [^]	FENOPROFEN CAPSULES	NUTROPIN AQ NUSPIN	TOPICORT SPRAY
AMRIX [^]	FENORTHO	NUVIGIL [^]	TOPIRAMATE ER CAPSULES
ANDROGEL 1% [^]	FENTANYL CITRATE BUCCAL TABLETS	NUVIQ	TRIBENZOR [^]
ANUSOL-HC [^]	FENTORA	OMNARIS	TRICOR [^]
APADAZ	FIASP	OMNIS HEALTH (EMBRACE, VICTORY)	TRILEPTAL [^]
APIDRA	FLUOROURACIL 0.5% CREAM	OMNITROPE	TRIVIDIA (TRUETEST, TRUETRACK)
ARANESP	FML FORTE, FML S.O.P.	ONGLYZA	TRIVISC
ARIMIDEX [^]	FOCALIN [^] , FOCALIN XR [^]	ONPATTRO	TUDORZA PRESSAIR
ASACOL HD [^]	FOLLISTIM AQ	ONZETRA XSAIL	UNISTRIP
ASPIRIN/OMEPRAZOLE DR	FOSRENOL CHEWABLE TABLETS [^]	ORFADIN	UROXATRAL [^]
ATACAND [^] , ATACAND HCT [^]	FOSRENOL POWDER PACKETS	ORTHO TRI-CYCLEN [^] , ORTHO TRI-CYCLEN LO [^]	VAGIFEM [^]
ATRIPLA	GANIRELIX ACETATE [^]	OSMOLEX ER	VALIUM [^]
AUBAGIO	GEL-ONE	OXYCODONE ER	VALTRES [^]
AUVI-Q	GELSYN-3	PANCREAZE	VELTASSA
AVALIDE [^] , AVAPRO [^]	GENVISC 850	PATADAY [^]	VELTIN
AVODART [^]	GLEEVEC [^]	PENNSAID	VERDESO FOAM
AZOR [^]	GLUCOPHAGE [^] , GLUCOPHAGE XR [^]	PERTZYE	VIAGRA [^]
BARACLUDE TABLETS [^]	GLUMETZA [^]	PIFELTRO	VICTOZA
BAYER (BREEZE, CONTOUR)	GOCOVRI ER	PIQRAY	VISCO-3
BECONASE AQ	GRANIX	PLAQUENIL [^]	VIVELLE-DOT [^]
BENICAR [^] , BENICAR HCT [^]	HUMATROPE	PLAVIX [^]	VIVLODEX
BENZHYDROCODONE/ACETAMINOPHEN	HYALGAN	PRADAXA	VYTORIN [^]
BERINERT	HYMOVIS	PRALUENT (NDCs starting with 72733)	WELLBUTRIN SR [^]
BRAVELLE	IMIQUIMOD 3.75% CREAM PUMP	PRAVACHOL [^]	XADAGO
BRISDELLE [^]	IMITREX [^]	PRED MILD	XALATAN [^]
BUPAP [^]	INDERAL LA [^]	PREGNYL	XANAX [^] , XANAX XR [^]
BUTRANS	INGREZZA	PREVACID [^] , PREVACID SOLUTAB [^]	XATMEP
CELEBREX [^]	INSULIN LISPRO	PREZCOBIX	XELPROS
CELEXA [^]	INTUNIV [^]	PRIOSEIC SUSPENSION	XENAZINE [^]
CETRAXAL	ISTALOL [^]	PRISTIQ [^]	XOPENEX HFA
CHORIONIC GONADOTROPIN	JADENU, JADENU SPRINKLE	PROLIA	XPOVIO
CIALIS [^]	KAPSPARGO SPRINKLE	PROTONIX [^]	XYNTHA, XYNTHA SOLOFUSE
CINQAIR	KAZANO	PROTONIX SUSPENSION	YASMIN [^]
CLIMARA PRO	KEPPRA [^] , KEPPRA XR [^]	PROVENTIL HFA	YOSPRALA DR
CLOCORTOLONE	KISQALI, KISQALI FEMARA CO-PACK	PROVIGIL [^]	ZAVESCA [^]
COLCHICINE	KOMBIGLYZE XR	PROZAC [^]	ZEGERID [^]
COMPLERA	LAMICTAL [^] , LAMICTAL ODT [^] , LAMICTAL XR [^]	PULMICORT RESPULES [^]	ZETIA [^]
COREG [^]	LAZANDA	QBRELIS	ZETONNA
CORTIFOAM	LEDIPASVIR/SOFOSBUVIR	QSYMIA	ZIOPTAN
COSOPT [^]	LEVALBUTEROL HFA	RABEPRAZOLE DR SPRINKLE	ZIPSOR
COZAAR [^] , HYZAAR [^]	LEXAPRO [^]	RAPAFLO [^]	ZOCOR [^]
CRESTOR [^]	LIBRAX [^]	RECOMBINATE	ZOLOFT [^]
CUPRIMINE [^]	LIDOCAINE/TETRACAINE	RELION NOVOLIN	ZOMACTON
CYMBALTA [^]	LIDODERM [^]	RENAGEL [^]	ZOMIG TABLETS [^] , ZOMIG ZMT [^]
CYTOMEL [^]	LIPITOR [^]	REPATHA (NDCs starting with 72511)	ZONEGRAN [^]
DELSTRIGO	LOESTRIN [^] , LOESTRIN FE [^]	RHOFAD	ZORVOLEX
DELZICOL [^]	LOTREL [^]	ROCHE (ACCU-CHEK)	ZURAMPIC
DETROL [^] , DETROL LA [^]	LOVENOX [^]	SAIZEN, SAIZENPREP	ZYCLARA
DICLOFENAC EPOLAMINE PATCHES	LUCEMYRA	SANDOSTATIN LAR DEPOT	ZYFLO CR [^]
DIOVAN [^] , DIOVAN HCT [^]	LULICONAZOLE	SAVAYSA	ZYTIGA 250 MG [^]
DIPENTUM	LUNESTA [^]	SEROQUEL [^] , SEROQUEL XR [^]	
DOXYCYCLINE 40 MG CAPSULES	LYRICA [^]	SIGNIFOR LAR	
DOXYCYCLINE HYCLATE DR 80 MG	LYRICA CR	SIKLOS	

[^] 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.

[SP] Specialty Drug on Mohawk's Specialty Drug Exclusion List