BlueCross BlueShield Arizona

Excluded Drugs List Medications

Your benefit plan does not cover all medications. Your benefit plan may exclude coverage for medications with one or more principal ingredients that are already available in greater/lesser strengths and/or combinations. Your plan may also exclude medications that only modify the dosage form (tablet, capsule, liquid, suspension, extended release, tamper resistant) for a medication that is already available in a common dosage form.

Coverage for these EDL medications is only available if your plan opts out of this list. The only plans that may choose to provide coverage are large employer plans with an open benefit design. Most plans do not provide coverage. If your plan does not cover these medications and you use them, you will have to pay the full cost of the medication. BCBSAZ may update and add to this list at any time.

For each excluded medication, we have also provided examples of alternative options. Any alternatives are subject to normal plan requirements including utilization management and medical necessity. Alternatives are also subject to member cost share requirements such as copayments or coinsurance. Some alternatives may not be covered due to other plan limitations (i.e., because the alternative is available over the counter). If you are currently taking, or have been prescribed, one of these non-covered medications, talk to your prescriber about whether one of the alternatives would work for you.

Be sure to review the *Pharmacy Benefit* section for benefit-specific exclusions and *What is Not Covered* in your benefit book for general exclusions and limitations that apply to all benefits.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlue℠ to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

Excluded Drugs List

Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants 3
Analgesics - Anti-Inflammatory 4
Analgesics - Nonnarcotic 5
Analgesics - Opioid 5
Antianxiety Agents 7
Antidepressants 7
Antidiabetics 8
Antiemetics 9
Antifungals 10
Antihistamines 10
Antihyperlipidemics 10
Antihypertensives 11
Anti-Infective Agents - Misc. 12
Antineoplastics And Adjunctive Therapies 12
Antiparkinson And Related Therapy Agents 12
Antipsychotics/Antimanic Agents 12
Beta Blockers 12
Cardiovascular Agents - Misc. 12
Cephalosporins 14
Contraceptives 14
Corticosteroids 15
Cough/Cold/Allergy 15
Dermatologicals 16
Diuretics 20
Endocrine And Metabolic Agents - Misc. 21
Estrogens 21
Gastrointestinal Agents - Misc. 22
Genitourinary Agents - Miscellaneous 22
Gout Agents 22
Hematopoietic Agents 22
Hypnotics/Sedatives/Sleep Disorder Agents 22
Laxatives 23
Migraine Products 23
Minerals & Electrolytes 24
Miscellaneous Therapeutic Classes 24
Musculoskeletal Therapy Agents 24
Nasal Agents - Systemic And Topical 25
Neuromuscular Agents 25
Ophthalmic Agents 25
Psychotherapeutic And Neurological Agents - Misc. 26
Tetracyclines 26
Thyroid Agents 27
Ulcer Drugs/Antispasmodics/Anticholinergics 28
Urinary Antispasmodics 30
Vaginal And Related Products 30

CURRENT AS OF 4/18/2024

Drug	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants	
Adhd Agent - Selective Alpha Adrenergic Agonists**	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	QL (2 tablets per day); Alternative Options (alternative: clonidine hcl ER tab 12hour 0.1mg)
Amphetamines**	
dextroamphetamine sulfate oral solution 5 mg/5ml	QL (60mg per day); Alternative Options (alternative: dextroamphetamine tab 5mg)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Alternative Options (Alternative: generic dextroamphetamine sulfate 5mg and/or 10mg tablets)
PROCENTRA ORAL SOLUTION 5 MG/5ML	QL (60mg per day); Alternative Options (alternative: dextroamphetamine tab 5mg)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Alternative Options (alternative: Zenzedi (dextroamphetamine sulfate) tab 5mg or 10mg)
Stimulants - Misc.**	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	QL (1 tablet per day); Alternative Options (alternative: methylphenidate hcl tab osmotic release 18mg); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG	QL (1 tablet per day); Alternative Options (alternative: methylphenidate hcl tab osmotic release 27mg); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	QL (1 tablet per day); Alternative Options (alternative: methylphenidate hcl tab osmotic release 36mg); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG	QL (1 tablet per day); Alternative Options (alternative: methylphenidate hcl tab osmotic release 54mg); AL (Min 6 Years)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	Alternative Options (alternative: methylphenidate hcl tab osmotic release 36mg)
methylphenidate hcl er (osm) oral tablet extended release 72 mg	QL (1 tablet per day); Alternative Options (alternative: methylphenidate hcl tab osmotic release 36mg); AL (Min 6 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Alternative Options (alternative: methylphenidate oral solution 10mg/5ml)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG	Alternative Options (Alternative: methylphenidate hcl osmotic release tablets)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	QL (1 tablet per day); Alternative Options (Alternative: methylphenidate hcl osmotic release tablets); AL (Min 6 Years)
Analgesics - Anti-Inflammatory	
Antirheumatic Antimetabolites**	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Alternative Options (alternative: methotrexate injection)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Alternative Options (alternative: methotrexate injection)
Nonsteroidal Anti-Inflammatory Agent Combinations**	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	Alternative Options (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG	Alternative Options (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg)
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	Alternative Options (alternative: naproxen DR or EC tab 500mg plus esomeprazole magnesium DR cap 20mg)
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**	
diclofenac potassium oral capsule 25 mg	Alternative Options (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg)
diclofenac potassium oral tablet 25 mg	Alternative Options (alternative: diclofenac tab 75mg)
fenoprofen calcium oral capsule 200 mg, 400 mg	Alternative Options (alternative: fenoprofen tab 600mg)
INDOCIN RECTAL SUPPOSITORY 50 MG	Alternative Options (alternative: indomethacin cap 25mg or 50mg)
indomethacin rectal suppository 50 mg	Alternative Options (alternative: indomethacin cap 25 mg or 50 mg)
ketoprofen oral capsule 50 mg	Alternative Options (alternative: Ketoprofen 25mg cap)
LOFENA ORAL TABLET 25 MG	Alternative Options (alternative: diclofenac tab 75mg)
meloxicam oral capsule 5 mg	Alternative Options (alternative: meloxicam tab 7.5mg or 15mg)
meloxicam oral suspension 7.5 mg/5ml	Alternative Options (alternative: meloxicam tab 7.5mg or 15mg)
NALFON ORAL CAPSULE 400 MG	Alternative Options (alternative: fenoprofen tab 600mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
NAPROSYN ORAL SUSPENSION 125 MG/5ML	Alternative Options (alternative: naproxen tab 250mg or naproxen (OTC))
naproxen oral suspension 125 mg/5ml	Alternative Options (alternative: naproxen tab 250mg or naproxen (OTC))
RELAFEN DS ORAL TABLET 1000 MG	Alternative Options (alternative: nabumetone 500mg or 750mg)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	QL (10 bottles per month); Alternative Options (alternative: ketorolac tab 10mg); AL (Min 18 Years)
ZIPSOR ORAL CAPSULE 25 MG	Alternative Options (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg)
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Alternative Options (alternative: diclofenac potassium tab 50mg or diclofenac sodium DR tab 50mg)
Analgesics - Nonnarcotic	
Analgesics-Sedatives**	
ALLZITAL ORAL TABLET 25-325 MG	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
BUPAP ORAL TABLET 50-300 MG	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
butalbital-acetaminophen oral capsule 50-300 mg	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
butalbital-acetaminophen oral tablet 50-300 mg	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
Analgesics - Opioid	
Codeine Combinations**	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	Alternative Options (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	Alternative Options (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg)
Hydrocodone Combinations**	
hydrocodone-ibuprofen oral tablet 10-200 mg	QL (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); Alternative Options (alternative: hydrocodone-ibuprofen 7.5-200mg)
Opioid Agonists**	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	QL (1 tablet per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); AL (Min 18 Years)
OXAYDO ORAL TABLET 5 MG	QL (6 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); Alternative Options (alternative: oxycodone tab 5mg)
OXAYDO ORAL TABLET 7.5 MG	QL (4 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); Alternative Options (alternative: oxycodone tab 5mg)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	PA; Alternative Options (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg	Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); AL (Min 18 Years)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 200 mg	Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); AL (Min 18 Years)
tramadol hcl (er biphasic) oral capsule extended release 24 hour 300 mg	QL (1 tablet per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); AL (Min 18 Years)
tramadol hcl oral tablet 25 mg	Alternative Options (Alternative: Tramadol 50mg tab)
Opioid Combinations	
APADAZ ORAL TABLET 4.08-325 MG	QL (3 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 4.08325mg)
APADAZ ORAL TABLET 6.12-325 MG	QL (3 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 6.12325mg)
APADAZ ORAL TABLET 8.16-325 MG	QL (3 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 8.16325mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
oxycodone-acetaminophen oral solution 10-300 mg/5ml	QL (20 ml per day); Alternative Options (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	QL (4 tablets per day); Alternative Options (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg)
PROLATE ORAL SOLUTION 10-300 MG/5ML	QL (20 ml per day); Alternative Options (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	QL (4 tablets per day); Alternative Options (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg)
Tramadol Combinations**	
SEGLENTIS ORAL TABLET 56-44 MG	Alternative Options (alternative: Celecoxib 50mg, 100mg, or 200mg AND Tramadol 50mg)
Antianxiety Agents	
Benzodiazepines**	
ATIVAN ORAL TABLET 0.5 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); Alternative Options (alternative: lorazepam tab 0.5mg); AL (Min 18 Years)
ATIVAN ORAL TABLET 1 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); Alternative Options (alternative: lorazepam tab 1mg); AL (Min 18 Years)
ATIVAN ORAL TABLET 2 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); Alternative Options (alternative: lorazepam tab 2mg); AL (Min 18 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG	QL (max 2 fills in 25 days); Alternative Options (alternative: lorazepam (various strengths))
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG	Alternative Options (alternative: lorazepam (various strengths))
Antidepressants	
Antidepressant - Miscellaneous Combinations**	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Alternative Options (alternative: Dextromethorphan HBR (OTC) and bupropion HCL SR 100mg ER 12 HR)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Antidepressants - Misc.**	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	Alternative Options (alternative: bupropion hcl ER tab 24hour 300mg); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	QL (1 tablet per day); Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg); AL (Min 18 Years)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	QL (3 tablets per day); Alternative Options (alternative: bupropion hcl XL tab 150mg or 300mg)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	QL (45 tablets per month); Alternative Options (alternative: bupropion hcl XL tab 150mg or 300mg)
Selective Serotonin Reuptake Inhibitors (Ssris)**	
citalopram hydrobromide oral capsule 30 mg	Alternative Options (alternative: citalopram tab 10mg or 20mg)
fluoxetine hcl oral capsule delayed release 90 mg	QL (5 capsules per month); Alternative Options (alternative: fluoxetine cap 20mg x3/day or fluoxetine tab 20mg x3/day)
sertraline hcl oral capsule 150 mg, 200 mg	Alternative Options (alternative: sertraline tab 50mg)
Antidiabetics	
Biguanides**	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	QL (2 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	QL (4 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	QL (2 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	QL (4 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	QL (2 tablets per day); Alternative Options (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	QL (4 tablets per day); Alternative Options (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs)
metformin hcl oral tablet 625 mg	Alternative Options (alternative: metformin tab 500mg, 850mg, or 1000mg)
Diabetic Other**	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Alternative Options (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Alternative Options (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	Alternative Options (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose)
Sulfonylurea-Thiazolidinedione Combinations**	
DUETACT ORAL TABLET 30-2 MG	Alternative Options (alternative: glimepiride tab 2mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
DUETACT ORAL TABLET 30-4 MG	Alternative Options (alternative: glimepiride tab 4mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
pioglitazone hcl-glimepiride oral tablet 30-2 mg	Alternative Options (alternative: glimepiride tab 2mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
pioglitazone hcl-glimepiride oral tablet 30-4 mg	Alternative Options (alternative: glimepiride tab 4mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
Antiemetics	
5-Ht3 Receptor Antagonists**	
ondansetron hcl oral tablet 24 mg	Alternative Options (alternative: ondansetron tab 8mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Antiemetics - Miscellaneous**	
MARINOL ORAL CAPSULE 2.5 MG	QL (3 capsules per day); Alternative Options (alternative: dronabinol cap 2.5mg, 5mg, or 10mg)
Antifungals	
Triazoles**	
tolsura oral capsule 65 mg	QL (4 capsules per day); Alternative Options (alternative: itraconazole cap 100mg); AL (Min 18 Years)
Antihistamines	
Antihistamines - Ethanolamines**	
carbinoxamine maleate oral tablet 6 mg	Alternative Options (alternative: carbinoxamine maleate tab 4mg)
RYVENT ORAL TABLET 6 MG	Alternative Options (alternative: carbinoxamine maleate tab 4mg)
Antihyperlipidemics	
Fibric Acid Derivatives**	
fenofibrate micronized oral capsule 43 mg, 90 mg	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
fenofibrate oral capsule 150 mg, 50 mg	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
fenofibrate oral tablet 120 mg	QL (1 tablet per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
fenofibrate oral tablet 40 mg, 54 mg	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
FENOGLIDE ORAL TABLET 120 MG	QL (1 tablet per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
FENOGLIDE ORAL TABLET 40 MG	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
TRICOR ORAL TABLET 145 MG	QL (1 tablet per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
TRICOR ORAL TABLET 48 MG	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
Hmg Coa Reductase Inhibitors**	
flolipid oral suspension 20 mg/5ml	Alternative Options (alternative: simvastatin tab 20mg)
flolipid oral suspension 40 mg/5ml	Alternative Options (alternative: simvastatin tab 40mg)
Antihypertensives	
Ace Inhibitor & Calcium Channel Blocker Combinations**	
PRESTALIA ORAL TABLET 14-10 MG	Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 10mg); AL (Min 18 Years)
PRESTALIA ORAL TABLET 3.5-2.5 MG	QL (1 tablet per day); Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 2.5mg); AL (Min 18 Years)
PRESTALIA ORAL TABLET 7-5 MG	Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 5mg); AL (Min 18 Years)
Ace Inhibitors**	
EPANED ORAL SOLUTION 1 MG/ML	Alternative Options (alternative: Enalapril tab (various strengths))
Angiotensin Ii Receptor Antagonists**	
valsartan oral solution 4 mg/ml	Alternative Options (alternative: valsartan tab (various strengths))
Antiadrenergics - Centrally Acting**	
clonidine hcl er oral tablet extended release 24 hour 0.17 mg	Alternative Options (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	Alternative Options (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Anti-Infective Agents - Misc.	
Urinary Anti-Infectives**	
nitrofurantoin oral suspension 50 mg/5ml	DS (30 day supply max); Alternative Options (Alternatives: nitrofurantoin macrocrystalline cap 25mg, 50mg or 100mg (generics for MACRODANTIN))
Antineoplastics And Adjunctive Therapies	
Antiandrogens**	
EULEXIN ORAL CAPSULE 125 MG	DS (30 day supply max); Alternative Options (alternative: flutamide 125mg cap)
Antiparkinson And Related Therapy Agents	
Antiparkinson Monoamine Oxidase Inhibitors**	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	QL (2 tablets per day); Alternative Options (alternative: selegiline hcl cap 5mg or selegiline hcl tab 5mg)
Antipsychotics/Antimanic Agents	
Phenothiazines**	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Alternative Options (alternative: chlorpromazine hcl tab 25mg)
Beta Blockers	
Beta Blockers Non-Selective**	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 120mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 160mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 60mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 80mg)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 120mg)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 80mg)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 120mg)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 80mg)
Cardiovascular Agents - Misc.	
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**	
amlodipine-atorvastatin oral tablet 10-10 mg	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
amlodipine-atorvastatin oral tablet 10-20 mg	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg)
amlodipine-atorvastatin oral tablet 10-40 mg	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 40mg)
amlodipine-atorvastatin oral tablet 10-80 mg	QL (1 tablet per day); Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 80mg)
amlodipine-atorvastatin oral tablet 2.5-10 mg	Alternative Options (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 10mg)
amlodipine-atorvastatin oral tablet 2.5-20 mg	Alternative Options (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 20mg)
amlodipine-atorvastatin oral tablet 2.5-40 mg	Alternative Options (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 40mg)
amlodipine-atorvastatin oral tablet 5-10 mg	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg)
amlodipine-atorvastatin oral tablet 5-20 mg	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg)
amlodipine-atorvastatin oral tablet 5-40 mg	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg)
amlodipine-atorvastatin oral tablet 5-80 mg	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg)
CADUET ORAL TABLET 10-10 MG	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg)
CADUET ORAL TABLET 10-20 MG, 10-40 MG	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg)
CADUET ORAL TABLET 10-80 MG	QL (1 tablet per day); Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg)
CADUET ORAL TABLET 5-10 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg)
CADUET ORAL TABLET 5-20 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
CADUET ORAL TABLET 5-40 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg)
CADUET ORAL TABLET 5-80 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg)
Cardiovascular Anti-Inflammatory/Immune Modulators**	
LODOCO ORAL TABLET 0.5 MG	Alternative Options (Alternative: colchicine 0.6mg capsule)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**	
LIQREV ORAL SUSPENSION 10 MG/ML	DS (30 day supply max); Alternative Options (alternative: sildenafil citrate suspension 10mg/ml (generic for Revatio))
Cephalosporins	
Cephalosporins - 1St Generation**	
cephalexin oral capsule 750 mg	Alternative Options (alternative: cephalexin cap 250mg plus cephalexin cap 500mg)
Contraceptives	
Combination Contraceptives - Oral**	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	QL (28 tablets per month); Alternative Options (alternative: Vienva tab 0.1mg-20mcg); F
BEYAZ ORAL TABLET 3-0.02-0.451 MG	QL (28 tablets per month); Alternative Options (alternative: drospiren-eth estrad-levomefol tab 3-0.02-0.451mg, Safyral tab 3-0.03-0.451mg, Tydemy tab 3-0.03-0.451mg); F
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	QL (28 tablets per month); Alternative Options (alternative: Vienva tab 0.1mg-20mcg); F
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	QL (28 tablets per month); Alternative Options (alternative: Vienva tab 0.1mg-20mcg); F
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per month); Alternative Options (alternative: norethin ace-eth estrad-fe chew tab 1mg-20mcg(24), Mibelas 24 FE tab 1mg-20mcg(24), Charlotte 24 FE tab 1mg-20mcg(24), norethin ace-eth estrad FE 24 tab 1/20, Aurovela 24 1/20, Blisovi 24 1/20, Hailey 24 1/20, Junel FE 24 1/20, Larin 24 FE 1/20, Microgestin 24 1/20, Tarina 24 FE 1/20); F

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
YAZ ORAL TABLET 3-0.02 MG	QL (28 tablets per month); Alternative Options (alternative: drospirenone-ethinyl estradiol tab 3-0.02mg, Jasmiel tab 3-0.02mg, Lo-Zumandimine tab 3-0.02mg, Nikki tab 3-0.02mg, Loryna tab 3-0.02mg); F
Corticosteroids	
Glucocorticosteroids**	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Alternative Options (alternative: hydrocortisone tab)
dexabliss oral tablet therapy pack 1.5 mg (39)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
HEMADY ORAL TABLET 20 MG	Alternative Options (alternative: dexamethasone tab (various strengths))
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
prednisolone oral tablet 5 mg	Alternative Options (alternative: prednisolone solution 25mg/5ml, Medrol 32mg, methylpred 32mg, prednisolone solution 20mg/5ml)
RAYOS ORAL TABLET DELAYED RELEASE 1 MG	Alternative Options (alternative: prednisone tab 1mg)
RAYOS ORAL TABLET DELAYED RELEASE 2 MG	Alternative Options (alternative: prednisone tab 1mg or 2.5mg)
RAYOS ORAL TABLET DELAYED RELEASE 5 MG	Alternative Options (alternative: prednisone tab 5mg)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
Cough/Cold/Allergy	
Antitussive - Nonnarcotic**	
benzonatate oral capsule 150 mg	Alternative Options (alternative: benzonatate cap 100mg or benzonatate cap 200mg)
Opioid Antitussive-Antihistamine**	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Alternative Options (alternative: codeine sulfate tab 60mg plus chlorpheniramine (OTC))

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Dermatologicals	
Acne Antibiotics**	
ACZONE EXTERNAL GEL 5 %, 7.5 %	Alternative Options (alternative: dapsone gel 5% or 7.5%)
CLEOCIN-T EXTERNAL LOTION 1 %	Alternative Options (alternative: clindamycin phosphate lotion 1%)
CLINDAGEL EXTERNAL GEL 1 %	Alternative Options (alternative: clindamycin phosphate gel 1%)
KLARON EXTERNAL LOTION 10 %	Alternative Options (alternative: sulfacetamide sodium lotion 10% (acne))
Acne Combinations**	
ACANYA EXTERNAL GEL 1.2-2.5 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%)
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%)
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Alternative Options (Alternative : clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
clindamycin-tretinoin external gel 1.2-0.025 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
EPIDUO EXTERNAL GEL 0.1-2.5 %	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
NEUAC EXTERNAL GEL 1.2-5 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
ONEXTON EXTERNAL GEL 1.2-3.75 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
TWYNEO EXTERNAL CREAM 0.1-3 %	Alternative Options (alternative: tretinoin plus benzoyl peroxide (OTC) taken separately)
VELTIN EXTERNAL GEL 1.2-0.025 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
ZIANA EXTERNAL GEL 1.2-0.025 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
Acne Products	
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Alternative Options (alternative: Amnesteem, Claravis, isotretinoin, Myorisan, or Zenatane)
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Alternative Options (alternative: accutane, amnesteem, claravis, isotretinoin, myorisan, or zenatane caps (various strengths))
ARAZLO EXTERNAL LOTION 0.045 %	Alternative Options (alternative: tazarotene cream 0.1%)
ATRALIN EXTERNAL GEL 0.05 %	Alternative Options (alternative: tretinoin gel 0.05%)
AVITA EXTERNAL CREAM 0.025 %	Alternative Options (alternative: tretinoin cream 0.025%)
AZELEX EXTERNAL CREAM 20 %	Alternative Options (alternative: azelaic acid gel 15%)
FABIOR EXTERNAL FOAM 0.1 %	Alternative Options (alternative: tazarotene cream 0.1%)
RETIN-A EXTERNAL CREAM 0.025 %	Alternative Options (alternative: tretinoin cream 0.025%)
RETIN-A EXTERNAL CREAM 0.05 %	Alternative Options (alternative: tretinoin cream 0.05%)
RETIN-A EXTERNAL CREAM 0.1 %	Alternative Options (alternative: tretinoin cream 0.1%)
RETIN-A EXTERNAL GEL 0.01 %	Alternative Options (alternative: tretinoin gel 0.1%)
RETIN-A EXTERNAL GEL 0.025 %	Alternative Options (alternative: tretinoin gel 0.025%)
RETIN-A MICRO EXTERNAL GEL 0.04 %	Alternative Options (alternative: tretinoin gel 0.04%)
RETIN-A MICRO EXTERNAL GEL 0.1 %	Alternative Options (alternative: tretinoin gel 0.1%)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	Alternative Options (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%)
tazarotene external foam 0.1 %	Alternative Options (alternative: tazarotene cream 0.1%)
tretinoin microsphere external gel 0.08 %	Alternative Options (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%)
tretinoin microsphere pump external gel 0.08 %	Alternative Options (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Antibiotic Steroid Combinations - Topical**	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Alternative Options (alternative: neomycin-bacitracin-polymyxin ointment plus fluocinonide ointment 0.05%)
Antibiotics - Topical**	
mupirocin calcium external cream 2 %	Alternative Options (alternative: mupirocin ointment 2%)
Antipsoriatics**	
calcipotriene external foam 0.005 %	QL (80gm per month); Alternative Options (alternatives: calcipotriene 0.005% cream or solution); AL (Min 18 Years)
SORILUX EXTERNAL FOAM 0.005 %	QL (80gm per month); Alternative Options (alternatives: calcipotriene 0.005% cream or solution); AL (Min 18 Years)
Corticosteroids - Topical**	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	Alternative Options (alternative: clobetasol spray 0.05%); AL (Min 18 Years)
DESOWEN EXTERNAL CREAM 0.05 %	Alternative Options (alternative: desonide cream 0.05%)
desoximetasone external liquid 0.25 %	Alternative Options (alternative: desoximetasone ointment 0.25%)
desoximetasone external ointment 0.05 %	Alternative Options (alternative: desoximetasone ointment 0.25%)
halobetasol propionate external foam 0.05 %	Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
HALOG EXTERNAL CREAM 0.1 %	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
HALOG EXTERNAL OINTMENT 0.1 %	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
HALOG EXTERNAL SOLUTION 0.1 %	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
hydrocortisone butyr lipo base external cream 0.1 %	Alternative Options (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%)
IMPOYZ EXTERNAL CREAM 0.025 %	Alternative Options (alternative: clobetasol propionate cream 0.05%)
LEXETTE EXTERNAL FOAM 0.05 %	Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Alternative Options (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%)
SYNALAR EXTERNAL CREAM 0.025 %	Alternative Options (alternative: fluocinolone acetonide cream 0.025%)
SYNALAR EXTERNAL OINTMENT 0.025 %	Alternative Options (alternative: fluocinolone acetonide ointment 0.025%)
SYNALAR EXTERNAL SOLUTION 0.01 %	Alternative Options (alternative: fluocinolone acetonide solution 0.01% or fluocinonide cream 0.05%)
TOPICORT EXTERNAL OINTMENT 0.05 %	Alternative Options (alternative: desoximetasone ointment 0.25%)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	Alternative Options (alternative: desoximetasone ointment 0.25%)
triamcinolone acetonide external ointment 0.05 %	Alternative Options (alternative: triamcinolone acetonide cream 0.025%)
ULTRAVATE EXTERNAL LOTION 0.05 %	QL (2 ml per day); Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
VANOS EXTERNAL CREAM 0.1 %	Alternative Options (alternative: fluocinonide cream 0.05%)
VERDESO EXTERNAL FOAM 0.05 %	Alternative Options (alternative: desonide cream 0.05%)
Imidazole-Related Antifungals - Topical**	
ketoconazole external foam 2 %	Alternative Options (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%)
KETODAN EXTERNAL FOAM 2 %	Alternative Options (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%)
luliconazole external cream 1 %	QL (6gm per month); DS (30 day supply max); Alternative Options (alternative: clotrimazole cream 1%); AL (Min 18 Years)
LUZU EXTERNAL CREAM 1 %	QL (6gm per month); DS (30 day supply max); Alternative Options (alternative: clotrimazole cream 1%); AL (Min 18 Years)
OXISTAT EXTERNAL LOTION 1 %	Alternative Options (alternative: oxiconazole cream 1%)
Immunomodulators Imidazoquinolinamines - Topical**	
imiquimod external cream 3.75 %	Alternative Options (alternative: imiquimod cream 5%)
imiquimod pump external cream 3.75 %	Alternative Options (alternative: imiquimod cream 5%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
ZYCLARA EXTERNAL CREAM 3.75 %	Alternative Options (alternative: imiquimod cream 5%)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %	Alternative Options (alternative: imiquimod cream 5%)
Rosacea Agents**	
doxycycline oral capsule delayed release 40 mg	QL (1 capsule per day); Alternative Options (alternative: doxycycline hyclate tab 20mg); AL (Min 9 Years)
FINACEA EXTERNAL FOAM 15 %	Alternative Options (alternative: azelaic acid gel 15%)
METROCREAM EXTERNAL CREAM 0.75 %	Alternative Options (alternative: metronidazole cream 0.75%)
METROGEL EXTERNAL GEL 1 %	QL (1x 45gm tube or 1x 60gm tube per month); Alternative Options (alternative: metronidazole gel 1%); AL (Min 16 Years)
METROLOTION EXTERNAL LOTION 0.75 %	Alternative Options (alternative: metronidazole lotion 0.75%)
NORITATE EXTERNAL CREAM 1 %	Alternative Options (alternative: metronidazole cream 0.75%)
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	QL (1 capsule per day); Alternative Options (alternative: doxycycline hyclate tab 20mg); AL (Min 9 Years)
Topical Steroid Combinations**	
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Alternative Options (alternative: Tazorac (tazarotene) plus halobetasol)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Alternative Options (alternative: calcipotriene cream 0.005% plus betamethasone dipropionate cream 0.05%)
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Alternative Options (alternative: calcipotriene/betamethasone dispropionate external ointment 0.005-0.064)
Diuretics	
Loop Diuretics**	
SOAANZ ORAL TABLET 40 MG, 60 MG	Alternative Options (alternative: Torsemide 5mg, 10mg, 20mg or 100mg)
SOAANZ TABLET 20 MG ORAL	Alternative Options (alternative: Torsemide 5mg, 10mg, 20mg or 100mg)
Potassium Sparing Diuretics**	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Alternative Options (alternative: spironolactone tab 25mg)
spironolactone oral suspension 25 mg/5ml	Alternative Options (alternative: spironolactone tab 25mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Endocrine And Metabolic Agents - Misc.	
Bisphosphonates**	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 2000unit)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 5000unit)
risedronate sodium oral tablet delayed release 35 mg	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
Urea Cycle Disorder - Agents**	
BUPHENYL ORAL POWDER 3 GM/TSP	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
BUPHENYL ORAL TABLET 500 MG	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
PHEBURANE ORAL PELLET 483 MG/GM	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
Estrogens	
Estrogen & Progestin**	
BIJUVA ORAL CAPSULE 0.5-100 MG	Alternative Options (alternative: progesterone cap 100mg and estradiol cap 0.5mg)
BIJUVA ORAL CAPSULE 1-100 MG	Alternative Options (alternative: progesterone micronized cap 100mg plus estradiol 1mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Gastrointestinal Agents - Misc.	
Gallstone Solubilizing Agents**	
RELTONE ORAL CAPSULE 200 MG, 400 MG	Alternative Options (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg)
ursodiol oral capsule 200 mg, 400 mg	Alternative Options (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg)
Gastrointestinal Stimulants**	
GIMOTI NASAL SOLUTION 15 MG/ACT	DS (30 day supply max); Alternative Options (alternative: metoclopramide ODT, solution or tab)
Genitourinary Agents - Miscellaneous	
Prostatic Hypertrophy Agent Combinations**	
ENTADFI ORAL CAPSULE 5-5 MG	Alternative Options (alternative: finasteride tab and tadalafil tab taken separately)
Gout Agents	
Gout Agents**	
allopurinol oral tablet 200 mg	Alternative Options (alternative: allopurinol tab 100mg or 300mg)
colchicine oral capsule 0.6 mg	Alternative Options (alternative: colchicine 0.6mg tablet)
MITIGARE ORAL CAPSULE 0.6 MG	Alternative Options (alternative: colchicine 0.6mg tablet)
Hematopoietic Agents	
Amino Acids**	
ENDARI ORAL PACKET 5 GM	Alternative Options (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC))
Hemoglobin S (Hbs) Polymerization Inhibitors**	
OXBRYTA ORAL TABLET 300 MG	DS (30 day supply max); Alternative Options (alternative: Oxbryta tab 500mg or soluble tab 300mg)
Hypnotics/Sedatives/Sleep Disorder Agents	
Hypnotics - Tricyclic Agents**	
doxepin hcl oral tablet 3 mg	QL (1 tablet per day); Alternative Options (alternative: doxepin cap 10mg); AL (Min 18 Years)
SILENOR ORAL TABLET 3 MG, 6 MG	QL (1 tablet per day); Alternative Options (alternative: doxepin cap 10mg); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Non-Benzodiazepine - Gaba-Receptor Modulators**	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG	Alternative Options (alternative: zolpidem tartrate tab 10mg); AL (Min 18 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	Alternative Options (alternative: zolpidem tartrate tab 5mg); AL (Min 18 Years)
zolpidem tartrate oral capsule 7.5 mg	Alternative Options (alternative: zolpidem tartrate tab 5mg or 10mg)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Alternative Options (alternative: zolpidem tartrate tab 5mg); AL (Min 18 Years)
Laxatives	
Laxatives - Miscellaneous**	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Alternative Options (alternative: lactulose oral solution)
lactulose oral packet 10 gm	Alternative Options (alternative: lactulose oral solution)
Migraine Products	
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**	
ELYXYB ORAL SOLUTION 120 MG/4.8ML	DS (30 day supply max); Alternative Options (alternative: Celecoxib 50mg, 100mg, 200mg, or 400mg)
Migraine Products - Nsaids**	
CAMBIA ORAL PACKET 50 MG	Alternative Options (alternative: diclofenac potassium tab 50mg or 75mg)
diclofenac potassium(migraine) oral packet 50 mg	Alternative Options (alternative: diclofenac potassium tab 50mg or 75mg)
Selective Serotonin Agonist-Nsaid Combinations**	
sumatriptan-naproxen sodium oral tablet 85-500 mg	Alternative Options (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg)
TREXIMET ORAL TABLET 85-500 MG	Alternative Options (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg)
Selective Serotonin Agonists 5-Ht(1)**	
FROVA ORAL TABLET 2.5 MG	QL (20 tablets per month); Alternative Options (alternative: frovatriptan succinate tab 2.5mg)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	Alternative Options (alternative: sumatriptan succinate tab 25mg)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	QL (20 pens per month); Alternative Options (alternative: sumatriptan succinate injection 4mg/0.5ml); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Minerals & Electrolytes	
Potassium**	
POKONZA ORAL PACKET 10 MEQ	Alternative Options (Alternatives: potassium chloride oral packet 20 meq (generic) and potassium chloride oral solution 20 meq/15ml (10%))
Miscellaneous Therapeutic Classes	
Chelating Agents**	
CUPRIMINE ORAL CAPSULE 250 MG	Alternative Options (alternative: Depen Titra (penicillamine) tab 250mg)
penicillamine oral capsule 250 mg	Alternative Options (alternative: Depen Titra (penicillamine) tab 250mg)
Musculoskeletal Therapy Agents	
Central Muscle Relaxants**	
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg); AL (Min 18 Years)
baclofen oral solution 10 mg/5ml	QL (40ml per day); Alternative Options (alternative: baclofen tab)
baclofen oral solution 5 mg/5ml	QL (80ml per day); Alternative Options (alternative: baclofen tab)
baclofen oral suspension 25 mg/5ml	Alternative Options (alternative: Baclofen tab 10mg or 20mg)
carisoprodol oral tablet 250 mg	QL (4 tablets per day); DS (21 day supply max); Alternative Options (alternative: carisoprodol tab 350mg)
chlorzoxazone oral tablet 250 mg	QL (4 tablets per day); Alternative Options (alternative: chlorzoxazone tab 500mg); AL (Min 18 Years)
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg); AL (Min 18 Years)
cyclobenzaprine hcl oral tablet 7.5 mg	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg)
FEXMID ORAL TABLET 7.5 MG	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg)
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	Alternative Options (alternative: Baclofen tab 10mg or 20mg)
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	DS (30 day supply max); Alternative Options (alternative: Baclofen tab 10mg or 20mg)
methocarbamol oral tablet 1000 mg	Alternative Options (alternative: methocarbamol 500mg or 750mg tab)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
OZOBAX DS ORAL SOLUTION 10 MG/5ML	QL (40ml per day); Alternative Options (alternative: baclofen tab)
OZOBAX ORAL SOLUTION 5 MG/5ML	QL (80ml per day); Alternative Options (alternative: baclofen tab)
SOMA ORAL TABLET 250 MG	QL (4 tablets per day); DS (21 day supply max); Alternative Options (alternative: carisoprodol tab 350mg)
Muscle Relaxant Combinations**	
NORGESIC ORAL TABLET 25-385-30 MG	Alternative Options (alternative: Orphenadrin tab plus aspirin (OTC) and caffeine (OTC))
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	PA; Alternative Options (alternative: Orphenadrin tab plus aspirin (OTC) and caffeine (OTC))
Nasal Agents - Systemic And Topical	
Nasal Steroids**	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Alternative Options (alternative: Flonase Allergy Relief (fluticasone propionate) nasal suspension 50 mcg/act (OTC) or goodsense nasoflow (fluticasone propionate) nasal suspension 50 mcg/act (OTC))
Neuromuscular Agents	
Benzathiazoles**	
RILUTEK ORAL TABLET 50 MG	Alternative Options (alternative: riluzole tab 50mg)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Alternative Options (alternative: riluzole tab 50mg)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Alternative Options (alternative: riluzole tab 50mg)
Ophthalmic Agents	
Beta-Blockers - Ophthalmic**	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Alternative Options (alternative: timolol maleate ophthalmic solution 0.25%)
BETIMOL OPHTHALMIC SOLUTION 0.5 %	Alternative Options (alternative: timolol maleate ophthalmic solution 0.5%)
Ophthalmic Steroids**	
loteprednol etabonate ophthalmic suspension 0.2 %	Alternative Options (Alternative: loteprednol gel 0.5%, loteprednol suspension 0.5%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
Prostaglandins - Ophthalmic**	
IYUZEH OPHTHALMIC SOLUTION 0.005 %	Alternative Options (Alternative: latanoprost ophthalmic solution 0.005 %)
XALATAN OPHTHALMIC SOLUTION 0.005 %	Alternative Options (alternative: latanoprost ophthalmic solution 0.005%)
Psychotherapeutic And Neurological Agents - Misc.	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**	
gabapentin (once-daily) oral tablet 300 mg, 600 mg	Alternative Options (Alternative: Gabapentin cap 300mg); AL (Min 18 Years)
GRALISE ORAL TABLET 300 MG	Alternative Options (alternative: gabapentin cap 300mg); AL (Min 18 Years)
GRALISE ORAL TABLET 600 MG	Alternative Options (alternative: gabapentin tab 600mg); AL (Min 18 Years)
Restless Leg Syndrome (Rls) Agents**	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Alternative Options (alternative: gabapentin cap 300mg); AL (Min 18 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Alternative Options (alternative: gabapentin tab 600mg); AL (Min 18 Years)
Vasomotor Symptom Agents - Ssris**	
BRISDELLE ORAL CAPSULE 7.5 MG	Alternative Options (alternative: paroxetine tab 10mg)
paroxetine mesylate oral capsule 7.5 mg	Alternative Options (alternative: paroxetine tab 10mg)
Tetracyclines	
Tetracyclines**	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	QL (2 tablets per day); Alternative Options (alternative: doxycycline hyclate DR tab 100mg)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	Alternative Options (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg)
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	Alternative Options (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg)
DORYX ORAL TABLET DELAYED RELEASE 50 MG	Alternative Options (alternative: doxycycline hyclate cap 50mg)
doxycycline hyclate oral tablet 150 mg	Alternative Options (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg)
doxycycline hyclate oral tablet 50 mg	Alternative Options (alternative: doxycycline hyclate tab 20mg or cap 50mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
doxycycline hyclate oral tablet 75 mg	Alternative Options (alternative: doxycycline hyclate cap 50mg)
doxycycline hyclate oral tablet delayed release 150 mg	QL (2 tablets per day); Alternative Options (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg)
doxycycline hyclate oral tablet delayed release 200 mg	Alternative Options (alternative: doxycycline hyclate DR tab 100mg)
doxycycline hyclate oral tablet delayed release 50 mg	Alternative Options (alternative: doxycycline hyclate tab 20mg or cap 50mg)
doxycycline hyclate oral tablet delayed release 80 mg	QL (2 tablets per day); Alternative Options (alternative: doxycycline hyclate cap 50mg)
doxycycline monohydrate oral capsule 150 mg	QL (2 capsules per day); Alternative Options (alternative: doxycycline monohydrate cap or tab (various strengths))
doxycycline monohydrate oral capsule 75 mg	Alternative Options (alternative: doxycycline monohydrate cap or tab (various strengths))
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	Alternative Options (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg)
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	QL (1 tablet per day); Alternative Options (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); AL (Min 12 Years)
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	QL (1 tablet per day); Alternative Options (alternative: minocycline hcl cap 50mg, 75mg, 100mg); AL (Min 12 Years)
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG	QL (1 tablet per day); Alternative Options (alternative: minocycline hcl cap 50mg, 75mg, 100mg); AL (Min 12 Years)
TARGADOX ORAL TABLET 50 MG	Alternative Options (alternative: doxycycline hyclate tab 20mg or cap 50mg)
tetracycline hcl oral tablet 250 mg, 500 mg	DS (30 day supply max); Alternative Options (Alternative: Tetracycline capsules)
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Alternative Options (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg)
Thyroid Agents	
Thyroid Hormones*	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Alternative Options (alternative: levothyroxine tab (various strengths))

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Alternative Options (alternative: Ermeza oral solution 150mcg/5ml)
Ulcer Drugs/Antispasmodics/Anticholinergics	
Proton Pump Inhibitor-Antacid Combinations**	
cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg	Alternative Options (alternative: omeprazole DR cap 20mg); AL (Min 18 Years)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	Alternative Options (alternative: omeprazole DR cap 20mg); AL (Min 18 Years)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	Alternative Options (alternative: omeprazole DR cap 40mg); AL (Min 18 Years)
omeprazole-sodium bicarbonate oral packet 20-1680 mg	Alternative Options (alternative: omeprazole DR cap 20mg); AL (Min 18 Years)
omeprazole-sodium bicarbonate oral packet 40-1680 mg	Alternative Options (alternative: omeprazole DR cap 40mg); AL (Min 18 Years)
ZEGERID ORAL CAPSULE 20-1100 MG	Alternative Options (alternative: omeprazole DR cap 20mg); AL (Min 18 Years)
ZEGERID ORAL CAPSULE 40-1100 MG	Alternative Options (alternative: omeprazole DR cap 40mg); AL (Min 18 Years)
ZEGERID ORAL PACKET 20-1680 MG	Alternative Options (alternative: omeprazole DR cap 20mg); AL (Min 18 Years)
ZEGERID ORAL PACKET 40-1680 MG	Alternative Options (alternative: omeprazole DR cap 40mg); AL (Min 18 Years)
Proton Pump Inhibitors**	
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	Alternative Options (alternative: rabeprazole sodium EC tab 20mg)
esomeprazole magnesium oral packet 10 mg, 20 mg	Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
esomeprazole magnesium oral packet 40 mg	QL (2 packets per day); Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG	QL (4 capsules per day); Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG	QL (4 capsules per day); Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	QL (2 capsules per day); Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
NEXIUM ORAL PACKET 40 MG	QL (2 packets per day); Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
pantoprazole sodium oral packet 40 mg	QL (6 packets per day); Alternative Options (alternative: pantoprazole sodium EC tab 40mg)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Alternative Options (alternative: lansoprazole DR cap 30mg)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	Alternative Options (alternative: lansoprazole DR cap 15mg)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	Alternative Options (alternative: lansoprazole DR cap 30mg)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Alternative Options (alternative: omeprazole DR cap 10mg)
PROTONIX ORAL PACKET 40 MG	QL (6 packets per day); Alternative Options (alternative: pantoprazole sodium EC tab 40mg)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	QL (3 tablets per day); Alternative Options (alternative: pantoprazole sodium EC tab 20mg)
PROTONIX ORAL TABLET DELAYED RELEASE 40 MG	QL (6 tablets per day); Alternative Options (alternative: pantoprazole sodium EC tab 40mg)
rabeprazole sodium oral capsule sprinkle 10 mg	Alternative Options (alternative: rabeprazole sodium EC tab 20mg)
Quaternary Anticholinergics**	
GLYCATE ORAL TABLET 1.5 MG	Alternative Options (Alternative: Glycopyrrolate 1mg or 2mg)
glycopyrrolate oral tablet 1.5 mg	Alternative Options (Alternative: Glycopyrrolate 1mg or 2mg)
Ulcer Anti-Infective W/ Bismuth Combinations**	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	Alternative Options (alternative: bismuth chew 262mg (OTC), metronidazole tab 250mg, plus tetracycline cap 250mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Drug	Notes
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Alternative Options (alternative: bismuth chew 262mg (OTC), metronidazole tab 250mg, plus tetracycline cap 250mg)
PYLERA ORAL CAPSULE 140-125-125 MG	Alternative Options (alternative: bismuth chew 262mg (OTC), metronidazole tab 250mg, plus tetracycline cap 250mg)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	QL (8 capsules per day)
Urinary Antispasmodics	
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	Alternative Options (alternative: tolterodine tartrate tab 2mg)
DETROL ORAL TABLET 1 MG	Alternative Options (alternative: tolterodine tartrate tab 1mg)
DETROL ORAL TABLET 2 MG	Alternative Options (alternative: tolterodine tartrate tab 2mg)
GELNIQUE TRANSDERMAL GEL 10 %	Alternative Options (alternative: oxybutynin chloride tab 5mg)
oxybutynin chloride oral tablet 2.5 mg	Alternative Options (alternative: oxybutynin tab 5mg)
Vaginal And Related Products	
Vaginal Estrogens**	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Alternative Options (alternative: Estrace (estradiol) vaginal cream 0.01%)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Alternative Options (alternative: Estrace (estradiol) vaginal cream 0.01%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you arecurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice beforethese exclusions become effective for your plan.

OPEN Drug List; Last revision date:04/18/2024 To search for a drug use control + f

Index

ABSORICA 17
ABSORICA LD 17
ACANYA 16
ACIPHEX 28
ACZONE 16
adapalene-benzoyl peroxide 16
ALKINDI SPRINKLE 15
allopurinol 22
ALLZITAL 5
amlodipine-atorvastatin 12, 13
amoxicill-clarithro-lansopraz 30
AMRIX 24
APADAZ 6
APLENZIN 8
ARAZLO 17
ATELVIA 21
ATIVAN 7
ATRALIN 17
AUVELITY 7
AVITA 17
AZELEX 17
baclofen 24
BALCOLTRA 14
benzonatate 15
BETIMOL 25
BEYAZ 14
BIJUVA 21
BINOSTO 21
bis subcit-metronid-tetracyc 29
bismuth/metronidaz/tetracyclin 30
BRISDELLE 26
BUPAP 5
BUPHENYL 21
bupropion hcl er (xl) 8
butalbital-acetaminophen 5
butalbital-apap-caff-cod 5
CADUET 13, 14
calcipotriene 18
CAMBIA 23
carbinoxamine maleate 10
carisoprodol 24
CAROSPIR 20
cephalexin 14
chlorpromazine hcl 12
chlorzoxazone 24
citalopram hydrobromide 8
CLEOCIN-T 16
CLINDAGEL 16
clindamycin phos-benzoyl perox 16
clindamycin-tretinoin 16
CLOBEX SPRAY 18
clonidine hcl er 11
colchicine 22
CONCERTA 3
CONZIP 5, 6
CUPRIMINE 24
cvs omeprazole-sod bicarbonate 28
cyclobenzaprine hcl 24
cyclobenzaprine hcl er 24
DESOWEN 18
desoximetasone 18
DETROL 30
DETROL LA 30
dexabliss 15
dexamethasone 15
dextroamphetamine sulfate 3
diclofenac potassium 4
diclofenac potassium(migraine) 23
DORYX 26
DORYX MPC 26
doxepin hcl 22
doxycycline 20
doxycycline hyclate 26, 27
doxycycline monohydrate 27
DUETACT 9
DUOBRII 20
EDLUAR 23
ELYXYB 23
ENDARI 22
ENSTILAR 20
ENTADFI 22
EPANED 11
EPIDUO 16
EPIDUO FORTE 16
esomeprazole magnesium 28
EULEXIN 12
FABIOR 17
fenofibrate 10
fenofibrate micronized 10
FENOGLIDE 10
fenoprofen calcium 4
FEXMID 24
FINACEA 20
FIORICET/CODEINE 5
FLEQSUVY 24
flolipid 11
fluoxetine hcl 8
FORFIVO XL 8
FOSAMAX PLUS D 21
FROVA 23
gabapentin (once-daily) 26
GELNIQUE 30
GIMOTI 22
GLUMETZA 8
GLYCATE 29
glycopyrrolate 29
GRALISE 26
GVOKE HYPOPEN 1-PACK 9
GVOKE HYPOPEN 2-PACK 9
GVOKE PFS 9
halobetasol propionate 18
HALOG 18
HEMADY 15
HIDEX 6-DAY 15
HORIZANT 26
hydrocodone-ibuprofen 5
hydrocortisone butyr lipo base 18
imiquimod 19
imiquimod pump 19
IMPOYZ 18
IMVEXXY MAINTENANCE PACK 30
IMVEXXY STARTER PACK 30
INDERAL LA 12
INDERAL XL 12
INDOCIN 4
indomethacin 4
INNOPRAN XL 12
IYUZEH 26
JOYEAUX 14
KAPVAY 3
ketoconazole 19
KETODAN 19
ketoprofen 4
KLARON 16
KRISTALOSE 23
lactulose 23
levonorgest-eth estradiol-iron 14
LEXETTE 18
LIPOFEN 10
LIQREV 14
LOCOID LIPOCREAM 19
LODOCO 14
LOFENA 4
LOREEV XR 7
loteprednol etabonate 25
luliconazole 19
LUZU 19
LYVISPAH 24
MARINOL 10
meloxicam 4
metformin hcl 9
metformin hcl er (mod) 8, 9
metformin hcl er (osm) 9
methocarbamol 24
methylphenidate hcl er (osm) 3
METROCREAM 20
METROGEL 20
METROLOTION 20
MINASTRIN 24 FE 14
minocycline hcl er 27
MINOLIRA 27
MITIGARE 22
mupirocin calcium 18
NALFON 4
NAPROSYN 5
naproxen 5
naproxen-esomeprazole mg 4
NEO-SYNALAR 18
NEUAC 16
NEXICLON XR 11
NEXIUM 29
NEXIUM 24HR CLEAR MINIS 28
nitrofurantoin 12
NORGESIC 25
NORITATE 20
omeprazole-sodium bicarbonate 28
ondansetron hcl 9

ONEXTON 16
ONZETRA XSAIL 23
ORACEA 20
orphenadrine-aspirin-caffeine 25
OTREXUP 4
OXAYDO 6
OXBRYTA 22
OXISTAT 19
oxybutynin chloride 30
oxycodone-acetaminophen 7
OZOBAX 25
OZOBAX DS 25
pantoprazole sodium 29
paroxetine mesylate 26
penicillamine 24
PHEBURANE 21
pioglitazone hcl-glimepiride 9
POKONZA 24
prednisolone 15
PRESTALIA 11
PREVACID 29
PREVACID SOLUTAB 29
PRILOSEC 29
PROCENTRA 3
PROLATE 7
PROTONIX 29
PYLERA 30
QUILLIVANT XR 3
rabeprazole sodium 29
RASUVO 4
RAYOS 15
RELAFEN DS 5
RELEXXII 3, 4
RELTONE 22
RETIN-A 17
RETIN-A MICRO 17
RETIN-A MICRO PUMP 17
RILUTEK 25
risedronate sodium 21
ROXYBOND 6
RYVENT 10
SEGLENTIS 7
sertraline hcl 8
SILENOR 22
SOAANZ 20
SOMA 25
SORILUX 18
spironolactone 20
SPRIX 5
sumatriptan-naproxen sodium 23
SYNALAR 19
TAPERDEX 12-DAY 15
TAPERDEX 6-DAY 15
TAPERDEX 7-DAY 15
TARGADOX 27
tazarotene 17
TEGLUTIK 25
tetracycline hcl 27
THYQUIDITY 27
TIGLUTIK 25
TIROSINT-SOL 28
tolsura 10
TOPICORT 19
TOPICORT SPRAY 19
tramadol hcl 6
tramadol hcl (er biphasic) 6
tretinoin microsphere 17
tretinoin microsphere pump 17
TREXIMET 23
triamcinolone acetonide 19
TRICOR 11
TUXARIN ER 15
TWYNEO 16
ULTRAVATE 19
ursodiol 22
valsartan 11
VANOS 19
VELTIN 16
VERDESO 19
VIMOVO 4
WELLBUTRIN XL 8
WYNZORA 20
XALATAN 26
XHANCE 25
XIMINO 27
YAZ 15
ZEGERID 28
ZELAPAR 12
ZEMBRACE SYMTOUCH 23
ZENZEDI 3
ZIANA 17
ZIPSOR 5
zolpidem tartrate 23
ZORVOLEX 5
ZYCLARA 20
ZYCLARA PUMP 20

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hólǫ díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة .للتحدث مع مترجم اتصل ب .877-475-4799

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona について ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799
[تماس حاصل نمایید.

Assyrian:
[illegible] Blue Cross Blue Shield of Arizona، [illegible]
[illegible] 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

BlueCross BlueShield of Arizona