

The excluded medications shown below are not covered. In most cases, if you fill a prescription for one of these drugs you will pay the full retail 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 preferred alternatives. Additional covered alternatives may be available so please consult with your doctor. As prescription plans vary, not all drugs listed as alternatives may be covered by your plan. Grandfathering will not be provided for any excluded medications.

For the most current listing of covered medications or if you have questions, please visit www.proactrx.com or call the ProAct Help Desk at 1-877-635-9545.

Single-Source Brand Exclusions

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Antibiotic Agents – Other	SIVEXTRO	linezolid
Antiparkinsonism Agents	GOCOVRI ER*, OSMOLEX ER	amantadine capsules, amantadine oral solution, amantadine tablets
Botulinum Toxin Products	BOTOX	DYSPORE, MYOBLOC Migraine: AIMOVIG, AJOVY, EMGALITY, QULIPTA Hyperhidrosis" Over-the-Counter aluminum chloride containing products
	XEOMIN	DYSPORE, MYOBLOC
BRAF Inhibitors	BRAFTOVI	TAFINLAR, ZELBORAF
Central Nervous System Stimulants	DYANAVEL XR, XELSTRYM*	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE
	METHYLPHENIDATE ER 45 MG, 63 MG & 72 MG*, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER*	dexmethylphenidate er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
Cyclin-Dependent Kinase 4/6 Inhibitors	IBRANCE	KISOALI, VERZENIO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN*, STEGLUJAN	GLYXAMBI
Factor Deficiency Agents & Related Products	IXINITY, RIXUBIS	BENEFIX
	REBINYN	ALPROLIX, IDELVION

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI*, TRIPTODUR
Granulocyte Colony Stimulating Factors	FULPHILA, FYLNETRA*, NEULASTA*, NYVEPRIA*, ROLVEDON*, STIMUFEND*, UDENYCA*	ZIEXTENZO
	GRANIX*, NEUPOGEN*, RELEUKO*, ZARXIO	NIVESTYM
Growth Hormones	HUMATROPE*, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN*, SAIZEN*, SAIZENPREP*, SKYTROFA*, SOGROYA*, ZOMACTON*	GENOTROPIN, OMNITROPE
Helicobacter Pylori Agents	VOQUEZNA	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN	NOVAREL, OVIDREL
Inflammatory Conditions – Adalimumab Products	ADALIMUMAB-FKJP*, AMJEVITA (NDCs starting with 55513), AMJEVITA (NDCs starting with 72511)*, HADLIMA*, HULIO*, IDACIO*, YUFLYMA*, YUSIMRY*	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
Insulins	BASAGLAR TEMPO*, INSULIN DEGLUDEC*, INSULIN GLARGINE (by Winthrop)*, INSULIN GLARGINE-YFGN*, LANTUS*, LEVEMIR, REZVOGLAR*	SEMGLEE (YFGN), TOUJEO, TRESIBA
Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combination	XULTOPHY	SOLIQUA
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT*
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR*	ANORO ELLIPTA, STIOLTO RESPIMAT
MEK Inhibitors	MEKTOVI	COTELIC, MEKINIST
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450 MG*, FORFIVO XL*	bupropion xl 150 mg or 300 mg
Narcotic Analgesics & Combinations	OXAYDO, ROXYBOND*	oxycodone
Prenatal Vitamins	CITRANATAL, NATAL PNV*, PREGENNA*, TRINAZ*	generic prenatal vitamins
Prostate Cancer Agents	YONSA	abiraterone, XTANDI
Sedative-Hypnotic Agents	ZOLPIMIST	eszopiclone, zaleplon, zolpidem
Testosterone Products	KYZATREX*, NATESTO, TLANDO*	testosterone gel, testosterone solution, ANDRODERM PATCHES
Topical Antifungals	ECOZA*, ERTACZO*, LULICONAZOLE*, LUZU, OXISTAT LOTION*, SULCONAZOLE*, XOLEGEL*	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole

Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the Advantage Formulary. 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.

AUBAGIO	CARAFATE	KUVAN	TOVIAZ
BIDIL	KEVEYIS	LATUDA	

Excluded or Non Preferred to Preferred

DYSPORT	FENSOLVI*	INSULIN LISPRO (U100 KWIKPEN, JUNIOR KWIKPEN & MIX KWIKPEN)*	IDELVION	STRIVERDI RESPIMAT*
---------	-----------	---	----------	---------------------

Excluded to Non Preferred

PREGNYL

Preferred to Non Preferred

ENDOMETRIN

* Current 2023 exclusion in this class