

Value-Driven Medication Management Program

2024 Drug Exclusion List

Our Value-Driven Medication Management Program focuses on optimizing drug therapy by prioritizing well-established, lower-cost medications that deliver equivalent or superior clinical outcomes compared to their more expensive counterparts. By excluding certain high-cost brand-name and generic drugs when a therapeutically comparable and lower cost generic is available, as well as newly introduced medications that offer no additional benefits over existing options, we ensure that your members receive the most essential and impactful treatments at the lowest cost.

ABILIFY DONNATAL NIFEREX ECOZA AKLIEF NITRO-BID NUTRASEB ALREX **EEMT ALTOPREV ENSTILAR ORACEA EPANED** AMYTAL **OSCIMIN ANTARA EZALLOR PLEXION ANUSOL FERIVA POLYTRIM ARESTIN FEXMID PRILOSEC AVENOVA HEMMOREX RYALTRIS AZASITE HYLAGUARD SERNIVO AZELEX** K-PHOS SOTRADECOL **BENZEPRO KAMDOY** SSKI **BRYHALI KARBINAL SULCONAZOLE CAROSPIR** KRISTALOSE SULFACLEANSE **SYNERDERM CILOXAN** LANSOPRAZOLE CIPRO HC LEVSIN/SL **URIBEL CLINDESSE LORZONE URO-MP CORTIFOAM LOTEMAX** VILAMIT **XELODA** CORTISPORIN LOTEMAX SM CYCLOSET MINOCYCLINE **XENAZINE** DEBACTEROL NAFTIN **XIMINO DENAVIR NEO-SYNALAR** ZOMIG **DENTA NICOTROL**

This document is not intended to be a complete list of medications and devices, and not all medications and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan. This list is subject to change at any time.

If you have additional questions, please call customer service at 800-759-3203.