



EXCLUDED DRUG LIST

4/15/16

The following drugs are excluded from coverage as of the date on this list.* We will update the list frequently, but it is subject to change at any time.

Adynovate	Duexis+	Keveyis	Portrazza	Tresiba+
Adzencys XR+	Empliciti	Mircera	Praluent+	Uptravi
Alecensa	Genvoya+	Ninlaro	Purixan	Varubi+
Belbuca+	Harvoni+	Nucala	Red Algae+	Vimovo+
Bendeka	Idelvion+	Nuwiq	Resveratrol+	Veltassa+
Coagadex	Imlygic	Odefsey+	Sernivo+	Vraylar+
Cotellic	Jublia+	Onivyde	Strensiq	Yondelis
Daklinza+	Kanuma	Oracea+ **	Tagrisso	Zembrace+
Darzalex	Kerydin+	Otiprio+	Technivie+	Zepatier+

Providers or members may request a formulary exception:

- **Providers:** To request a formulary exception for a drug with a “+” following the name, please contact Health Care Services at 800-950-5387 or fax to 800-610-5685. Providers can request a formulary exception for the other listed drugs by calling 800-237-2767.
- **Members:** Members can request a formulary exception by contacting the Customer Service number on the back of their I.D. card. Formulary exceptions cannot be considered without required documentation from the member’s health care provider.

*Your pharmacy benefit also may not cover certain categories of drugs, such as those for weight loss or drugs to treat sexual dysfunction. Please check your plan materials for more details about coverage for a specific drug category.

**Both brand and generic are excluded.