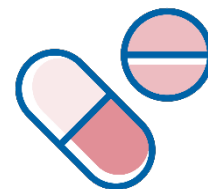


Commonly prescribed drugs CarePlus will cover in 2024



The commonly prescribed drug list is a quick reference guide for drugs in select therapeutic categories that will not be covered in 2024 and their available formulary alternatives. This is not an all-inclusive list.

Drugs in the formulary alternatives category are the most affordable for CarePlus-covered patients, who must pay the full retail price for nonformulary drugs.

Drug category	Nonformulary (not covered)	Formulary alternatives
ALLERGY – NASAL		
Nasal antihistamine / anti-inflammatory steroid combo	azelastine-fluticasone, Beconase AQ, Dymista, Patanase, Xhance, Zetonna	fluticasone propionate (T2), ipratropium bromide (T2), azelastine 0.1% (T2), flunisolide (T3), mometasone (T4)
ASTHMA / COPD		
Beta-adrenergic agents, inhaled, short acting	Proair, Proventil HFA, Xopenex	albuterol sulfate HFA (T3), Ventolin HFA (T3), levalbuterol tartrate (T4)
Beta-adrenergic agents, inhaled, long acting	Serevent Diskus	Striverdi Respimat (T3)
Glucocorticoids, inhaled, long acting	Asmanex, Flovent, Pulmicort, Qvar RediHaler	Arnuity Ellipta (T3)
Anticholinergics, inhaled, long acting	Incruse Ellipta, tiotropium bromide, Tudorza Pressair	Spiriva (T3)
Combo, inhaled	Advair Diskus, AirDuo, Anoro Ellipta, budesonide-formoterol, Duaklir Pressair, Dulera, fluticasone furoate-vilanterol	Advair HFA (T3), Breo Ellipta (T3), Breztri Aerosphere (T3), fluticasone propionate-salmeterol (T3), Stiolto Respimat (T3), Symbicort (T3), Trelegy Ellipta (T3), Wixela Inhub (T3), Bevespi Aerosphere (T4), Combivent Respimat (T4)
CARDIOLOGY – BLOOD THINNERS		
Anticoagulants, coumarin type		warfarin (T1), Jantoven (T1)
Direct oral anticoagulants	Savaysa, Pradaxa	Eliquis (T3), Xarelto (T3), dabigatran etexilate (T4)



Drug category	Nonformulary (not covered)	Formulary alternatives
CARDIOLOGY – HYPERTENSION AGENTS		
Ace inhibitor-thiazide	Accuretic, Lotensin, Vaseretic, Zestoretic	enalapril-hctz (T1), fosinopril-hctz (T1), lisinopril-hctz (T1), quinapril-hctz (T1), benazepril-hctz (T2), captopril-hctz (T3)
Alpha/beta-adrenergic blocking agents	Coreg, Coreg CR	carvedilol (T1), labetalol (T2)
Angiotensin receptor antagonist-thiazide diuretic combo	Atacand HCT, Avalide, Benicar HCT, Diovan HCT, Edarbyclor, Hyzaar, Micardis HCT	candesartan-hctz (T1), irbesartan-hctz (T1), losartan-hctz (T1), olmesartan-hctz (T1), valsartan-hctz (T1), telmisartan-hctz (T3)
Antihypertensives, ace inhibitors	Accupril, Altace, Epaned, Lotensin, Qbrelis, Vasotec, Zestril	benazepril (T1), enalapril (T1), fosinopril (T1), lisinopril (T1), moexipril (T1), quinapril (T1), ramipril (T1), trandolapril (T1), perindopril erbumine (T2), captopril (T3)
Antihypertensives, angiotensin receptor antagonists	Atacand, Avapro, Benicar, Cozaar, Diovan, Edarbi, Micardis	irbesartan (T1), losartan (T1), olmesartan (T1), valsartan (T1), telmisartan (T1), candesartan (T2)
CARDIOLOGY – HYPERTENSION / HEART FAILURE		
Beta-adrenergic blocking agents	Betapace/Betapace AF, betaxolol, Brevibloc, Bystolic, Corgard, Inderal, InnoPran XL, Kapsargo Sprinkle, Lopressor, pindolol, Sotylize, Tenormin, Toprol XL	acebutolol (T1), atenolol (T1), metoprolol succinate (T1), metoprolol tartrate (T1), bisoprolol fumarate (T2), propranolol (T2), sotalol (T2), nadolol (T3), nebivolol (T3), timolol maleate (T4)
Renin inhibitor, direct	Tekturna	aliskiren (T4)
CHOLESTEROL		
Antihyperlipidemic - HMGCOA reductase inhibitors (statins)	Altoprev, Crestor, Ezallor Sprinkle, Lescol XL, Lipitor, Livalo, Zocor	atorvastatin (T1), lovastatin (T1), pravastatin (T1), rosuvastatin (T1), simvastatin (T1), Zypitamag (T3), fluvastatin (T4)



Drug category	Nonformulary (not covered)	Formulary alternatives
CHOLESTEROL		
Lipotropics	Antara, Evkeeza, Fenoglide, Fibricor, icosapent ethyl, Juxtapid, Leqvio, Lopid, Lovaza, Niaspan ER, Praluent, Tricor, Trilipix, Zetia	ezetimibe (T1), gemfibrozil (T1), fenofibrate tablet (54mg, 160mg) (T2), fenofibrate micronized (67mg, 134mg, 200mg) (T3), fenofibrate nanocrystallized (48mg, 145mg) (T3), fenofibric acid (35mg, 105mg) (T3), Nexletol (T3), Nexlizet (T3), niacin (T3), Niacor (T3), Repatha (T3), Vascepa (T3), fenofibrate micronized (43mg, 130mg) (T4), Lipofen (T4), omega-3 acid ethyl esters (T4)
DIABETES		
Preferred Diabetic Supplies		BD syringes / pen needles (T1), HTL (Droplet) syringes / pen needles (T1)
GLP-1 receptor agonists* *Pharmacies must enter diagnosis code for a medically accepted indication when processing a claim for a GLP-1 receptor agonist.	Byetta	Mounjaro (T3), Ozempic (T3), Rybelsus (T3), Trulicity (T3), Victoza 2-Pak (T3), Victoza 3-Pak (T3), Bydureon BCise (T4)
Long-acting insulin & GLP-1 combo		Soliqua 100/33 (T3), Xultophy 100/3.6 (T3)
Antihyperglycemic, biguanide type	Glumetza, metformin ER (gastric or osmotic), Riomet/Riomet ER	metformin / metformin ER (T1)
DPP-4 inhibitors	alogliptin, Nesina, Onglyza	Januvia (T3), saxagliptin (T3), Tradjenta (T3)
Antihyperglycemic, insulin-release stimulant type	Amaryl, Glucotrol XL, Glynase	glimepiride (T1), glipizide (T1), glyburide (T2), nateglinide (T3), repaglinide (T3)
DPP-4 inhibitor, biguanide combo	alogliptin-metformin, Kazano, Kombiglyze XR	Janumet / Janumet XR (T3), Jentaduetto / Jentaduetto XR (T3), Glyxambi (T3)
Thiazolidinedione (PPARG agonist)	Actos	pioglitazone (T1)
SGLT2 inhibitor, biguanide combo	Segluromet	Invokamet / Invokamet XR (T3), Synjardy / Synjardy XR (T3), Xigduo XR (T4)
SGLT2 inhibitor	Inpefa, Steglatro	Invokana (T3), Jardiance (T3), Farxiga (T4)
SGLT2 inhibitor, DPP-4 inhibitor, biguanide combo		Trijardy XR (T3)



Drug category	Nonformulary (not covered)	Formulary alternatives
DIABETES		
Insulins	Admelog, Admelog SoloStar U-100, Afrezza, Apidra, Basaglar, insulin aspart, insulin glargine, insulin lispro pen, Levemir, Semglee	Fiasp vial (T2), Humalog U-100 vial (T2), Humulin U-100 vial (T2), insulin lispro vial (T2), Lantus U-100 vial (T2), Novolin U-100 vial (T2), Novolog U-100 vial (T2), Tresiba U-100 vial (T2), Fiasp FlexTouch (T3), Fiasp Penfill (T3), Humalog KwikPen (T3), Humulin KwikPen (T3), Lantus SoloStar (T3), Lyumjev (T3), Novolin FlexPen (T3), Novolog FlexPen (T3), Toujeo Max SoloStar (T3), Tresiba FlexTouch (T3), Humulin R U-500 (T5)
GASTROINTESTINAL DISEASE		
Proton-pump inhibitors	Dexilant, dexlansoprazole, Nexium, omeprazole-sodium bicarbonate, Prevacid, Prilosec, Protonix	omeprazole (T1), pantoprazole (T1), lansoprazole (T2), esomeprazole magnesium (T3), rabeprazole (T3)
GENITOURINARY		
Overactive bladder agents, beta-3 adrenergic agonists		Myrbetriq (T3), Gemtesa (T4)
Urinary tract antispasmodic, M(3) selective antagonist	Vesicare	solifenacin (T2), darifenacin (T4)
Urinary tract antispasmodic, anti-incontinence agent	Detrol / Detrol LA, Ditropan XL, Oxytrol, Toviaz, trospium	oxybutynin chloride (T2), fesoterodine (T3), tolterodine (T4)
MENTAL HEALTH		
Antipsychotic, atypical, dopamine, serotonin antagonists	Clozaril, Geodon, Invega, Latuda, Risperdal, Rykindo, Saphris, Seroquel / Seroquel XR, Zyprexa	risperidone tablet (T1), lurasidone (T2), quetiapine fumarate tablet (T2), clozapine tablet (T3), olanzapine (T3), ziprasidone hcl (T3), asenapine maleate (T4), Invega Sustenna (39mg/0.25mL) (T4), paliperidone (T4), Invega Sustenna (T5), Invega Trinza (T5), Risperdal Consta (T5)
Antipsychotic, atypical, D3/D2 partial AG-5HT mixed		Vraylar (T5)



Drug category	Nonformulary (not covered)	Formulary alternatives
MENTAL HEALTH		
Antipsychotic, atypical, D2 partial agonist/5HT mixed	Abilify, Abilify MyCite	aripiprazole tablet (T3), Rexulti (T4), Abilify Asimtufii (T5), Abilify Maintena (T5), Aristada (T5)
SSRIs	Celexa, fluvoxamine capsule, Lexapro, Paxil / Paxil CR, Pexeva, Prozac, Zoloft	citalopram tablet (T1), escitalopram oxalate (T1), fluoxetine capsule (T1), paroxetine HCl tablet (T1), sertraline tablet (T1), fluvoxamine tablet (T2)
Serotonin-2 antagonist/reuptake inhibitors (SARIs)		trazodone (T1)
SNRIs	Cymbalta, Effexor XR, Pristiq	duloxetine (T2), venlafaxine (T2), desvenlafaxine succinate (T3), Fetzima (T4)
SSRI-serotonin receptor modulator antidepressants		Trintellix (T4)
MIGRAINE		
Calcitonin gene-related peptide (CGRP) inhibitors	Ajovy, Nurtec ODT, Vyepti	Ubrelvy (T3), Aimovig Autoinjector (T4), Emgality (T4), Qulipta (T4)
Antimigraine preparations	almotriptan, eletriptan, Imitrex, Relpax, Reyvow, zolmitriptan	sumatriptan tablet (T1), rizatriptan tablet (T1), naratriptan tablet (T2), sumatriptan injection (T4), sumatriptan spray (T4), dihydroergotamine injection (T5), dihydroergotamine spray (T5)
MULTIPLE SCLEROSIS		
Multiple Sclerosis agents	Aubagio, Avonex, Bafiertam, Extavia, Gilenya, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tecfidera, Zeposia	dimethyl fumarate (T4), fingolimod (T4), teriflunomide (T4), Betaseron (T5), Copaxone (T5), glatiramer (T5), Glatopa (T5), Kesimpta Pen (T5), Vumerity (T5)
OPHTHALMOLOGY		
Eye antihistamines	bepotastine besilate, Bepreve, epinastine	olopatadine (T2), azelastine (T2), Zerviate (T4)



Drug category	Nonformulary (not covered)	Formulary alternatives
OPHTHALMOLOGY		
Ophthalmic antibiotics	AzaSite, Besivance, Ocuflax, Tobrex, Vigamox, Zymaxid	ciprofloxacin HCl (T1), polymyxin B sulf-trimethoprim (T1), AK-Poly-Bac (T2), bacitracin-polymyxin B (T2), erythromycin (T2), Gentak (T2), gentamicin (T2), neomycin-bacitracin-polymyxin (T2), neomycin-polymyxin-gramicidin (T2), Neo-Polycin (T2), ofloxacin (T2), Polycin (T2), tobramycin (T2), bacitracin (T3), gatifloxacin (T3), moxifloxacin (T3), Ciloxan (T4)
Miotics and other intraocular pressure reducers	Alphagan P 0.15%, Azopt, Betimol, Betoptic S, Cosopt, Durysta, Istalol, lopicine, Timoptic, Travatan Z, Trusopt, Xalatan, Xelpros, Zioptan (PF)	brimonidine (T1), carteolol (T1), dorzolamide (T1), dorzolamide-timolol (T1), latanoprost (T1), levobunolol (T1), timolol maleate (T1), betaxolol (T2), Alphagan P 0.1% (T3), apraclonidine (T3), Combigan (T3), Lumigan (T3), Rhopressa (T3), Rocklatan (T3), travoprost (T3), Simbrinza (T4), Vyzulta (T4)
Eye anti-inflammatory agents	Alrex, bromfenac, BromSite, difluprednate, Durezol, Flarex, Inveltys, Ozurdex, Pred Forte, Pred Mild, Prolensa	dexamethasone sodium phosphate (T2), diclofenac sodium (T2), flurbiprofen sodium (T2), ketorolac (T2), prednisolone sodium phosphate (T2), Eysuvis (T3), fluorometholone (T3), Ilevro (T3), prednisolone acetate (T3), Lotemax SM (T4)
OSTEOPOROSIS		
Bone resorption inhibitors / Bone formation stimulating agents	Actonel, Boniva, Evista, Fosamax	alendronate (T1), ibandronate (T2), raloxifene (T2), risedronate (T3), Prolia (T4), Forteo (T5), Tymlos (T5)
RHEUMATOID ARTHRITIS / PSORIASIS		
Anti-inflammatory, phosphodiesterase-4 (PDE4) inhibitors		Otezla (T5)
Antipsoriatic agents, systemic	Ilumya, Siliq, Taltz, Tremfya	acitretin (T4), methoxsalen (T4), Cosentyx (T5), Skyrizi (T5)



Drug category	Nonformulary (not covered)	Formulary alternatives
RHEUMATOID ARTHRITIS / PSORIASIS		
Human interleukin 12/23 (IL 12-23) inhibitors, MAB		Stelara (T5)
Anti-inflammatory tumor necrosis factor inhibitors	Avsola, Cimzia, Inflectra, infliximab, Renflexis, Simponi	Cyltezo (T5), Enbrel (T5), Humira (T5), Hyrimoz (T5)
Interleukin-6 (IL-6) receptor inhibitors	Actemra	Kevzara (T5)
Janus Kinase (JAK) inhibitors	Olumiant, Xeljanz / Xeljanz XR	Rinvoq (T5)

Formulary IDs: 24502, 24503, 24504, 24505, 24506 (Plus-5 MAPD)

For prescription drug information for CarePlus-covered patients, please visit

www.CarePlusHealthPlans.com/DrugList to access a comprehensive prescription drug guide. The comprehensive prescription drug guide will display every covered drug's tier placement and any restrictions that may apply. If you have questions, please call **1-866-315-7587**,

Monday – Friday, 8 a.m. – 8 p.m., Eastern time.



119302FL1122 GCHLCKUEN

H1019_PHAPrvdr5CPrescribedRXList2024