

Alternative Covered Drugs

Your plan has a long list of covered drugs, but it doesn't cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of drugs that aren't covered and the alternative covered drug.

Talk with your doctor or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Cialis 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 1
Fluoxetine HCL Tablet	Fluoxetine Immediate Release Capsule – 2
Invokana	Farxiga – 3 Jardiance – 3
Invokamet and Invokamet XR	Synjardy and Synjardy XR – 3 Xigduo XR – 3
Kombiglyze and Kombiglyze XR	Janumet and Janumet XR – 3 Jentadueto and Jentadueto XR – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Movantik	Lactulose Solution – 2 Amitiza – 3 Relistor – 5
Nexium	Esomeprazole Magnesium (Generic Nexium) – 3 Lansoprazole 15mg and 30mg Capsule – 2 Omeprazole – 2 Pantoprazole Tablet – 1
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3
Onglyza	Januvia – 3 Tradjenta – 3
OxyContin	Xtampza XR – 3
Pradaxa	Eliquis – 3 Xarelto – 3
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3

Bold type = Brand name drug Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Qvar Redihaler	Arnuity – 3 Flovent – 3
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg – 2
Travatan Z	Latanoprost – 1 Lumigan – 3 Travoprost – 3
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 Belsomra – 3

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Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2020 and may be subject to change. Please refer to the drug list for details on drug coverage.

The drug list may change at any time. You will receive notice when necessary.