

MESSA Choices with 3-Tier Rx and MESSA ABC with 3-Tier Rx

List of drugs not covered by MESSA Choices with 3-Tier Rx and MESSA ABC with 3-Tier RX

To help keep the cost of your plan down, some expensive prescription drugs are not covered. These excluded drugs have preferred alternatives with similar effectiveness, quality and safety, but at a fraction of the cost to you and your plan.

All over the counter (OTC) medications are not covered with the exception of the Affordable Care Act (ACA) mandated OTC medications.

If you fill a prescription for an excluded drug, you'll pay the full retail price.

If you're currently using one of the excluded drugs, please ask your doctor to write you a prescription for one of the following preferred alternatives. We encourage you to talk to your doctor to find the right drug therapies that your health plan covers.

This list is current as of April 9, 2019. It is subject to change without notice. If you have a question about a drug that isn't covered and doesn't appear on this list, call MESSA Member Services at 800.336.0013.

| Drug Class: Anti-infectives | | |
|-----------------------------|---|--|
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Antifungals | Tolsura™ | Sporanox® |
| Antivirals | Viekira Pak™, Viekira XR™ | Epclusa®, Zepatier™ |
| Antiretrovirals | Crixivan®, Rescriptor®, Trizivir®, Videx®/EC, Viracept®, Zerit® | Go to bcbsm.com for a complete list of covered alternatives. Members should discuss treatment options with their doctors. |

| Drug Class: Anti-infectives (cont.) | | |
|--|---|--|
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Cephalosporins | Daxbia™ | Keflex® |
| Tetracyclines | Acticlate®, Targadox™, Ximino™ | Monodox®, Minocin®, tetracycline |
| Drug Class: Cardiovascular, hypertension, cholesterol | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Beta-blockers and combinations | Kaspargo™ Sprinkle | Toprol®, Toprol® XL |
| | metoprolol succinate/HCTZ tablet ¹ | Dutoprol®, Lopressor® HCT |
| Lipid-lowering agents | Altoprev®, Ezallor™, Nikita™, Zypitamag™ | Crestor®, Lescol®, Lescol® XL, Lipitor®, Mevacor®, Pravachol®, Zocor® |
| Drug Class: Central nervous system | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| CNS stimulants | Cotempla XR-ODT™, Mydayis™ | Adderall XR®*, Metadate CD®*, Methylin® solution/chewable tablet *can be opened and sprinkled on applesauce |
| | Evekeo ODT™ | Adderall XR®, Concerta®, Focalin®/XR Metadate CD®, Methylin®, Strattera® |

Drug Class: Central nervous system (cont.)

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|--|---|---|
| Migraine therapy | acetaminophen/caffeine/dihydrocodone, Allzital [®] , butalbital/acetaminophen 300mg, Midrin/Prodrin (HMO only), Vanatol LQ, Vanatol S | Esgic [®] , Fiorinal [®] , Phrenilin [®] (butalbital/acetaminophen 325mg) |
| | Ajovy [®] | Aimovig [®] , Emgality [®] |
| | Tosymra [™] | generic triptan (such as Imitrex [®] /nasal spray, Maxalt [®] , Maxalt MLT [®] , Zomig [®] , Zomig ZMT [®]) |
| Narcotics | Arymo [™] ER, MorphaBond [™] ER, Troxyca [®] ER, Vantrela [™] ER, Xtampza [™] ER | Butrans [®] , Duragesic [®] , Exalgo [®] , methadone, MS Contin [®] |
| | Oxaydo [®] , Roxybond [™] | Dilaudid [®] , morphine sulfate immediate-release, oxycodone immediate-release |
| Narcotic antagonists and withdrawal management | Evzio [®] | naloxone injection, Narcan [®] nasal spray |
| Narcotic and analgesic combinations | Apadaz [™] benzhydrocodone/acetaminophen ¹ | Norco [®] , Vicodin [®] , Vicoprofen [®] |
| | Nalocet, Primlev [™] | Percocet [®] , Percodan [®] |

Drug Class: Central nervous system (cont.)

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|--|--|--|
| Nonsteroidal antiinflammatory drugs (NSAIDs) | Cambia® | Generic oral NSAID (such as Anaprox®, Indocin®, Lodine®, Mobic®, Motrin® (Rx only), Naprosyn®, Voltaren®, Voltaren® XR); Generic triptan (such as Imitrex®, Maxalt®, Maxalt MLT®, Zomig®, Zomig ZMT®) |
| | Duexis® | Motrin® (Rx only) plus Pepcid® |
| | Naprelan®, Qmiiz™ ODT | Generic oral NSAID (such as Anaprox®, Indocin®, Lodine®, Mobic®, Motrin® (Rx only), Naprosyn®, Voltaren®, Voltaren® XR) |
| | Vimovo® | naproxen (Naprosyn® or Anaprox®) plus a generic proton pump inhibitor (Aciphex® tablet, Nexium® capsule, Prilosec® capsule, Prevacid® capsule, Protonix® tablet) |
| Parkinsons disease and related disorders | Gocovri™, Osmolex ER™ | Symmetrel® |
| Salicylates | Durlaza® | Ecotrin® (generic aspirin) |
| | Yosprala™ | Ecotrin® (generic aspirin) plus Prilosec® capsule |
| | Brand name drug for the following product (HMO only): salsalate (such as Disalcid®) | Generic product is covered |
| Sedative and hypnotics | Zolpimist™ | Ambien®, Lunesta®, Desyrel®, Sonata® |
| Skeletal muscle relaxants | chlorzoxazone 250mg | chlorzoxazone 500mg (Parafon Forte DSC®) |

| Drug Class: Dermatology | | |
|---|---|---|
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Acne treatment | Absorica® | Claravis®, Myorisan®, Zenatane® |
| | Acticlate®, Coremino®, Minolira™, Seysara™, Solodyn® | Minocin®, Monodox®, Vibramycin® |
| | Aczone® 7.5%, Brevoxyl® (HMO only) | Differin®, Duac®, Benzaclin®, RetinA®, Tazorac® |
| | adapalene 0.1% solution | adapalene (Differin®) cream or gel |
| | Clindagel®, clindamycin 1% gel ¹ , Evoclin® | Cleocin-T® |
| | Onexton® (HMO only) | Benzaclin®, Duac® |
| | Retin-A Micro® | Atralin®, Avita®, Retin-A® |
| | Veltin®, Ziana® | Cleocin-T® plus generic topical tretinoin (Atralin®, Avita®, RetinA®) |
| Antipsoriatic and antiseborrheic (Treatment of Psoriasis) | Siliq™ | Cosentyx®, Humira®, Otezla®, Stelara® |
| Corticosteroids- medium potency | Cordran® 0.025% cream, Cordran® lotion (PPO only), Locoid® lotion, Sernivo™ | Aristocort®, Cutivate®, Diprosone®, Elocon®, Kenalog®, Locoid® cream/ointment/solution, Valisone® |
| Corticosteroids- high to very high potency | Impoyz™, Lexette™, Ultravate® lotion, Ultravate-X®, Vanos (HMO only) | Clobex®, Diprolene®, Lidex®, LidexE®, Ultravate® cream/ointment |
| Nonsteroidal anti- inflammatory drugs (NSAIDs) | Dithol, Licart™ | General oral NSAID (such as Mobic®, Motrin® (Rx only), Naprosyn®, Voltaren®, Voltaren XR®), Voltaren® topical gel |
| Topical anesthetics | lidocaine 5% ointment and 2% gel, Synera® | Emla® |
| | ZTlido™ | Lidoderm® |

| Drug Class: Dermatology (cont.) | | |
|---|--|---|
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Topical antibacterials | Centany [®] , Bactroban [®] Nasal | Bactroban [®] ointment |
| Topical antifungals | Jublia [®] , Kerydin [®] , Onmel [®] | Penlac [®] , Sporanox [®] , Lamisil [®] , GrisPeg [®] |
| Topical antineoplastic agents and immunomodulators | Carac [®] (HMO only), fluorouracil 0.5% cream ¹ (HMO only) | Tolak [®] |
| Drug Class: Diagnostic and other miscellaneous | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Chelating agents | Cuprimine [®] | Depen [®] |
| Drug Class: Endocrinology | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Corticosteroids | Dxevo, Hidex, LoCort, TaperDex, ZoDex, ZonaCort | Decadron [®] , DexPak [®] , DexPak [®] Jr. |
| Insulins | Admelog [®] , Apidra [®] , Apidra [®] Solostar [®] , Humulin [®] (all forms except U-500), Humulin [®] Mix, Humalog [®] (except Junior Kwikpen), Humalog [®] Mix | Novolin [®] ; 70/30 vial, Novolog [®] , Novolog [®] Mix |

Drug Class: Endocrinology (cont.)

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|---------------------------------|--|--|
| Non-insulin hypoglycemic agents | Byetta [®] , Bydureon [®] (all forms) | Ozempic [®] , Trulicity [®] , Victoza [®] |
| | Glumetza [®] | Glucophage [®] , Glucophage [®] XR |
| | alogliptin ¹ , Onglyza [®] , Nesina [®] | Januvia [®] , Tradjenta [®] |
| | alogliptin/metformin ¹ , Kazano [®] , Kombiglyze [®] | metformin (Glucophage [®] /XR) plus a DPP-4 inhibitor (Januvia [®] , Tradjenta [®]); Janumet [®] /XR, Jentadueto [®] /XR |
| | alogliptin/pioglitazone ¹ , Oseni [®] | a DPP-4 inhibitor (Januvia [®] , Tradjenta [®]) plus pioglitazone (Actos [®]) |
| Steglujan [®] | a DPP-4 inhibitor (Januvia [®] , Tradjenta [®]), plus a SGLT-2 inhibitor (Farxiga [®] , Invokana [®] , Jardiance [®]); Glyxambi [®] , Qtern [®] , | |

Drug Class: Gastrointestinal

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|-----------------------------------|--|--|
| Antidiarrheals and antispasmodics | Donnatal (HMO only), Donnatal Extentabs (HMO only) | Bentyl [®] , Levbid [®] , Levsin [®] , Librax [®] |
| | Brand name drugs for the following products (HMO only): hyoscyamine sulfate (such as Levbid [®] , Levsin [®]) | Generic products are covered (please refer to full Custom Drug List for complete list of covered products) |

Drug Class: Gastrointestinal (cont.)

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|---------------------------------------|---|--|
| Proton Pump Inhibitors (PPIs) | All PPIs (HMO only) | over-the-counter PPIs (such as Prilosec OTC [®] , Prevacid OTC [®]) |
| | Zegerid [®] | over-the-counter Zegerid OTC [™] |
| Topical anti-inflammatory agents | Brand name drugs for the following products (HMO only): <ul style="list-style-type: none"> hydrocortisone acetate (such as Proctosol[®]/-HC suppository) hydrocortisone/pramoxine (such as Analpram[®]-HC cream, Pramosome[®] cream) lidocaine/hydrocortisone (Anamantle[®] HC) | Generic products are covered (please refer to full Custom Drug List for complete list of covered products) |
| Ulcer therapy | Glycate [™] (glycopyrrolate 1.5mg) | Robinul [®] , Robinul Forte [®] (glycopyrrolate 1mg, 2mg) |
| Miscellaneous gastrointestinal agents | Relistor [®] injection, Trulance [®] | Amitiza [®] , Glycolax [®] , lactulose, Linzess [®] |

Drug Class: Obstetrics and gynecology

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|---------------------------------------|---|--|
| Infertility treatment | ganirelix acetate ¹ (single-source brand only) | generic ganirelix acetate, Cetrotide [®] |
| Vaginal anti-infective and antifungal | Solosec [™] | Cleocin [®] vaginal cream, Flagyl [®] , Metrogel [®] -Vaginal |

| Drug Class: Ophthalmology | | |
|---|---|---|
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Ophthalmic anti-inflammatory agents | Bromsite™ | Acular®, Bromday®, Voltaren®, Xibrom® |
| Drug Class: Otic and nasal preparations | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Nasal preparations | All nasal steroids (HMO only) | over-the-counter nasal steroids (such as Flonase OTC®, Nasacort Allergy 24 HR®, Nasonex OTC®) |
| | Xhance™ | Astelin®, Flonase® |
| Otic preparations | Cetraxal® (single-source brand only) | ciprofloxacin 0.2% dropperette |
| Drug Class: Respiratory, cough and cold | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Antihistamines | All non-sedating antihistamines (HMO only) | over-the-counter non-sedating antihistamines (such as Claritin® OTC, Zyrtec® OTC) |
| | Ryvent™, Ryclora™ | Atarax®, Benadryl® (Rx only), Claritin®, Histex PD®, Tavist®, Vistaril®, Xyzal®, Zyrtec® |
| Antitussives | hydrocodone-guaifenesin solution ¹ | Hycodan® |
| Epinephrine | Auvi-Q®, EpiPen®, EpiPen® Jr | epinephrine 0.15mg and 0.3mg auto-injector |
| Inhaled beta-agonists | albuterol sulfate HFA ¹ | ProAir® HFA, Ventolin® HFA |
| Inhaled steroids | Alvesco® | Arnuity® Ellipta®, Flovent® HFA, Flovent® Diskus, Pulmicort®, Flexhaler®, Pulmicort® solution, Qvar® Redihaler® |

Drug Class: Respiratory, cough and cold (cont.)

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|---|--------------------|---|
| Inhaled steroid and beta agonist combinations | AirDuo™ Respiclick | Advair® HFA, Breo® Ellipta®, Dulera®, fluticasone propionate/salmeterol, Symbicort® |

Drug Class: Urology

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|------------------------|---------------|---|
| Urinary antispasmodics | Oxytrol® | Detrol®, Detrol LA®, Ditropan®, Ditropan® XL, Enablex®, Sanctura®, Sanctura® XR |

Drug Class: Vitamins and supplements

| Drug Subclass | Excluded Drug | Preferred Alternatives |
|-----------------------|---|--|
| Potassium replacement | Brand name drugs for the following products (HMO only): potassium chloride (such as Klor-Con®, KLyte®, K-Sol®, Micro-K®, K-Dur®) | Generic products are covered (please refer to full Custom Drug List for complete list of covered products) |
| Vitamins and minerals | Brand name drugs for the following products (HMO only): Oral dental products (such as Prevident®) | Generic products are covered (please refer to full Custom Drug List for complete list of covered products) |