

The excluded medications shown below are not covered. In most cases, if you fill a prescription for one of these drugs you will pay the full retail price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the preferred alternatives. Additional covered alternatives may be available so please consult with your doctor. As prescription plans vary, not all drugs listed as alternatives may be covered by your plan. Grandfathering will not be provided for any excluded medications.

For the most current listing of covered medications or if you have questions, please visit www.proactrx.com or call the ProAct Help Desk at 1-877-635-9545.

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
ANTIINFECTIVES		
Antivirals (Oral)	SITAVIG*, XERESE	acyclovir oral or cream, famciclovir, valacyclovir
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Miscellaneous Antidepressants	BUPROPION XL 450MG, FORFIVO XL	bupropion xl 150mg or 300mg
CARDIOVASCULAR		
Beta Blockers & Combinations	HEMANGEOL	propranolol solution
Diuretics	CAROSPIR	spironolactone
Fenofibrates	ANTARA	fenofibrate, fenofibric acid
DERMATOLOGICAL		
Agents for Hyperhidrosis	DRYSOL*, QBREXZA	Over-the-Counter aluminum chloride containing products
Oral Agents for Acne	ABSORICA LD	isotretinoin capsules
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES*, ORACEA	Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole
Rosacea Agents (Topical)	NORITATE	metronidazole
Topical Agents for Acne	FABIOR, TAZAROTENE FOAM*	tazarotene cream, tretinoin
Topical Antifungals	ECOZA*, ERTACZO, LULICONAZOLE*, SULCONAZOLE*, XOLEGEL*	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
Topical Corticosteroids	IMPEKLO*, HALOBETASOL 0.05% FOAM, IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, fluocinolone, halcinonide, halobetasol, mometasone, triamcinolone
Miscellaneous Topical Dermatological Agents	TAZORAC 0.05% CREAM	tazarotene 0.1% cream
	TAZORAC GEL	tazarotene 0.1% cream, tretinoin

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Miscellaneous Topical Dermatological Agents continued	VEREGEN	imiquimod 5% cream, podofilox solution
GASTROINTESTINAL		
Antiemetics (Oral)	BONJESTA	doxylamine-pyridoxine hcl
MUSCULOSKELETAL & RHEUMATOLOGY		
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	INDOCIN SUPPOSITORIES	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
	INDOCIN SUSPENSION	ibuprofen suspension, naproxen suspension

* Current 2022 exclusion in this class

MULTI-SOURCE BRAND EXCLUSIONS

The generic equivalents of the following brand-name medications are covered on the Advantage formulary: AFINITOR, AFINITOR DISPERZ, DUREZOL. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.



All ProAct trademarks and logos are owned by ProAct, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Please visit www.proactrx.com to learn more about us. ©2022 ProAct, Inc.