

Excluded Drugs and Alternatives

Brand/Generic Tier	Excluded Drug	Alternative(s)
Brand	AMJEVITA INJ 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL	HUMIRA, HADLIMA, SIMLANDI
Brand	CELONTIN CAP 300 mg	Generic alternatives available.
Brand	ESTROGEL GEL	Generic alternatives available.
Brand	EXKIVITY CAP 40 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
Brand	FORTEO INJ 600 mcg/2.4 mL	Generic alternatives available.
Brand	INSULIN ASPA PROT FLEXPEN (70/30)	NOVOLIN 70/30, NOVOLOG MIX
Brand	INSULIN ASPA INJ 100 unit/mL	FIASP, NOVOLIN R, NOVOLOG
Brand	INSULIN ASPA PROT INJ (70/30)	NOVOLIN 70/30, NOVOLOG MIX
Brand	INSULIN ASPA FLEXPEN	FIASP, NOVOLIN R, NOVOLOG
Brand	INSULIN ASPA PENFILL	FIASP, NOVOLIN R, NOVOLOG
Brand	IRESSA TAB 250 mg	Generic alternatives available.
Brand	NORDITROPIN INJ 5 mg/1.5 mL, 10 mg/1.5 mL,15 mg/1.5 mL, 30 mg/3 mL	GENOTROPIN, OMNITROPE
Brand	OXANDROLONE TAB 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
Brand	PRADAXA CAP 110 mg	Generic alternatives available.
Brand	PREZISTA TAB 600 mg, 800 mg	Generic alternatives available.
Brand	RECTIV OIN 0.4%	Generic alternatives available.
Brand	SYMJEPI INJ 0.15 mg, 0.3 mg	AUVI-Q, epinephrine solution (generic EPIPEN)
Brand	VOTRIENT TAB 200 mg	Generic alternatives available.
Brand	VYVANSE CAP 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Generic alternatives available.
Brand	VYVANSE CHW 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Generic alternatives available.

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