

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.

Non-Preferred to Preferred

DRUG CLASS	DRUG NAME	PREFERRED ALTERNATIVES
Antineoplastics	TRUQAP 160 MG TABLET	
	TRUQAP 200 MG TABLET	
	YONSA 125 MG TABLET	
Growth Hormones - Short Acting	OMNITROPE 10 MG/1.5 ML CRTG	
	OMNITROPE 5 MG/1.5 ML CRTG	
	OMNITROPE 5.8MG VIAL	
Hematological Agents	HAEGARDA 2,000 UNIT VIAL	
	HAEGARDA 3,000 UNIT VIAL	

Preferred to Non-Preferred

DRUG CLASS	DRUG NAME	PREFERRED ALTERNATIVES
Antimetotics	CINVANTI 130 MG/18 ML VIAL	FOSAPREPITANT DIMEGLUMINE
DPP4/SGLT2 Inhibitor Combination Products	STEGLUJAN 15-100 MG TABLET	GLYXAMBI
	STEGLUJAN 5-100 MG TABLET	
GLP-1 Agonist/Basal Insulin Combos	XULTOPHY 100 UNIT-3.6MG/ML PEN	SOLIQUA 100-33
Growth Hormones - Short Acting	NORDITROPIN FLEXPRO 10 MG/1.5 ML	GENOTROPIN, OMNITROPE
	NORDITROPIN FLEXPRO 15 MG/1.5 ML	
	NORDITROPIN FLEXPRO 30 MG/3 ML	
	NORDITROPIN FLEXPRO 5 MG/1.5 ML	

DRUG CLASS	DRUG NAME	PREFERRED ALTERNATIVES
Inflammatory Conditions	HYRIMOZ(CF) 10 MG/0.1 ML SYRNG	
	HYRIMOZ(CF) 20 MG/0.2 ML SYRNG	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)(CF),
	HYRIMOZ(CF) 40 MG/0.4 ML SYRNG	ADALIMUMAB-RYVK(CF),
	HYRIMOZ(CF) PEDI CROHN 80 MG	AUTOINJECT, CYLTEZO(CF),
	HYRIMOZ(CF) PEDI CROHN 80-40MG	SIMLANDI(CF) AUTOINJECTOR
	HYRIMOZ(CF) PEN 40 MG/0.4 ML	ADALIMUMAB-ADAZ(CF) PEN,
	HYRIMOZ(CF) PEN 80 MG/0.8 ML	ADALIMUMAB-ADB(M)(CF) PEN, ADALIMUMAB-RYVK(CF)
	HYRIMOZ(CF) PEN CROHN-UC 80 MG	AUTOINJECT, CYLTEZO(CF) PEN, SIMLADI(CF) AUTOINJECTOR
HYRIMOZ(CF) PEN PSORIA 80-40 MG		
Respiratory Agents	ZEMAIRA 1,000 MG VIAL	
	ZEMAIRA 4,000 MG VIAL	ARALAST NP, GLASSIA, PROLATIN C
	ZEMAIRA 5,000 MG VIAL	
SGLT2 Inhibitors	BRENZAVVY 20 MG TABLET	FARXIGA, JARDIANCE
	SEGLUROMET 2.5-1,000 MG TABLET	
	SEGLUROMET 2.5-500 MG TABLET	SYNJARDY, SYNJARDY XR,
	SEGLUROMET 7.5-1,000 MG TABLET	XIGDUO XR
	SEGLUROMET 7.5-500 MG TABLET	
	STEGLATRO 15 MG TABLET	FARXIGA, JARDIANCE
STEGLATRO 5 MG TABLET		



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