



Prescription Drug Exclusions PIC Individual Plan

***Products: IIR10006 / IIR10079 / IIR10080 / IIR10081/
IIR10112 / IIR10113 / IIR10114 / IIR10122***

The following medications are excluded from the pharmacy benefit:

Antidepressants-Misc.

bupropion HBr SR	APLENZIN
bupropion SR	WELLBUTRIN SR, BUDEPRION SR
bupropion XL	WELLBUTRIN XL, BUDEPRION XL
bupropion	WELLBUTRIN
desvenlafaxine	PRISTIQ
duloxetine	CYMBALTA
trazodone	DESYREL
maprotiline	LUDIOMIL
mirtazapine	REMERON
mirtazapine orally disintegrating tab	REMERON SOLTABS
nefazodone	SERZONE
venlafaxine	EFFEXOR
venlafaxine sustained release capsules	EFFEXOR XR
venlafaxine sustained release tablets	VENLAFAXINE ER
vilazodone	VIIBRYD

Antidepressants-MAOI's.

isocarboxazid	MARPLAN
phenelzine	NARDIL
tranylcypromine	PARNATE

Antipsychotics- Benzisoxazoles

iloperidone	FANAPT
paliperidone palmitate	INVEGA SUSTENNA
paliperidone sustained release tab	INVEGA
lurasidone	LATUDA
risperidone	RISPERDAL
risperidone orally disintegrating tab	RISPERDAL M-TAB
risperidone injectable	RISPERDAL CONSTA
ziprasidone	GEODON

Antipsychotics- Butyrophenones

haloperidol	HALDOL
haloperidol decanoate	HALDOL DECANOATE

Antipsychotics- Dibenzoxazepines

asenapine	SAPHRIS
clozapine	CLOZARIL
clozapine ODT	FAZACLO
loxapine	LOXITANE

Antipsychotics- Dihydroindolones

molindone	MOBAN
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Antipsychotics - Diphenylbutylpiperadine Derivatives

pimozide	ORAP
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Antipsychotics- Phenothiazines

chlorpromazine	THORAZINE
perphenazine	TRILAFON
perphenazine/amitriptyline	DUO-VIL
thioridazine	MELLARIL
fluphenazine	PROLIXIN
trifluoperazine	STELAZINE

Antipsychotics- Thioxanthenes

thiothixene	NAVANE
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Antipsychotics- Thienbenzodiazepines

quetiapine	SEROQUEL
quetiapine sustained release	SEROQUEL XR
olanzapine	ZYPREXA
olanzapine orally disintegrating tab	ZYPREXA ZYDIS
olanzapine/fluoxetine	SYMBYAX

Antipsychotics - Quinolinone Derivatives

aripiprazole	ABILIFY, ABILIFY DISCMELT
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Cerebral Stimulants

amphetamine mixture	ADDERALL
amphetamine mixture extended release	ADDERALL XR
atomoxetine	STRATTERA
dexmethylphenidate	FOCALIN
dexmethylphenidate SR	FOCALIN XR
dextroamphetamine	DEXEDRINE

dextroamphetamine soln	PROCENTRA
lisdexamfetamine	VYVANSE
methamphetamine	DESOXYN
methylphenidate	METHYLIN, RITALIN
methylphenidate extended release	CONCERTA
	METADATE CD, METHYLIN ER,
methylphenidate sustained release	RITALIN SR, RITALIN LA
methylphenidate patch	DAYTRANA

Antimanic Agents

carbamazepine ER	EQUETRO
lithium carbonate extended release	LITHOBID
lithium carbonate	ESKALITH
lithium citrate soln	LITHIUM CITRATE

Psychotherapeutics- misc.

ergoloid mesylates	HYDERGINE
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Antidementia Agents

donepezil	ARICEPT
donepezil orally disintegrating tab	ARICEPT ODT
galantamine	RAZADYNE
galantamine SR	RAZADYNE ER
memantine	NAMENDA
rivastigmine	EXELON
rivastigmine patch	EXELON PATCH
selegiline patch	EMSAM
tacrine	COGNEX

Substance Abuse Agents

acamprosate	CAMPRAL
buprenorphine	SUBUTEX
buprenorphine/naloxone sl film, sl tab.	SUBOXONE
disulfiram	ANTABUSE
methadone	METHADOSE
naltrexone extended release inj.	VIVITROL
naltrexone tab	REVIA

Disclaimer

The medications on this list are subject to change pursuant to the Formulary/PDL management activities of Presbyterian Insurance Company, Inc. This list is not all-inclusive nor does it imply a guarantee of coverage.

Please be sure a prescription drug benefit is part of your specific coverage before consulting this list. If you do not know which list is correct, please contact the Presbyterian Customer Service Center at (505) 923-6980 or 1-800-923-6980, Monday through Friday from 7:00 a.m. to 6:00 p.m. TTY users may call 1-877-298-7407.

Coverage for some drugs may be limited to specific dosage forms and/or strengths. Your benefit design determines what is covered for you and what your copayment will be. Please refer to your benefit materials for your specific coverage information.

