

USC Trojan Care EPO Plan - Excluded Drugs*

All current USC Network Medical Plan members will have Plan coverage for any Excluded drug below, from January 1 through March 31, 2018.

Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

Over the Counter alternatives are not covered by the Plan (100% paid by Patient). In addition to the list of excluded drugs listed below, please refer to the Outpatient Prescription Drug Exclusion list in the Summary Plan Description book.

Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Abilify	Tablet		Generic covered
Absorica	Capsule		Generic Accutane covered
Abstral	Tab Subl		Fentanyl Lozenge
Acanya	Gel		Clindamycin/Benzoyl Peroxide 1.2%/5%
Accolate	Tablet		Generic covered
Accuaine	Kit		Lidocaine 5% ointment
Acetamin-Caff-Dihydrocodeine	Capsule, Tablet		Hydrocodone/Acetaminophen 5/325, 7.5/325, or 10/325
Aciphex	Tablet Delayed Release		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Aciphex Sprinkle	Capsule Sprinkle		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Acticlate	Tablet		Doxycycline hyclate or monohydrate tab/cap
Actiq	Lozenge on a Handle		Fentanyl Lozenge
Active-Pac	Kit		Gabapentin + Lidocaine Patches
Actonel	Tablet		Generic covered
Actos	Tablet		Generic covered
Adapalene	All Forms		Over the Counter: Differin 0.1% Gel - Not Covered by the Plan
Adderall	Tablet		Generic covered
Adderall XR	Capsule Extended Release 24 Hour		Generic covered
Adlyxin	Pen Injctr		Victoza or Trulicity
Adrenaclick	Solution Auto-injector		Epinephrine injection
Adzenys Xr-Odt	Tab Rap Bp	Grandfathered	Methylphenidate, methylphenidate CD/ER, dexmethylphenidate, dextroamphetamine amphetamine/dextroamphetamine, amphetamine/dextroamphetamine SR combination
Aerospan	Aerosol Solution, Hfa Aer Ad	Grandfathered	Asmanex HFA, Asmanex Twisthaler, Pulmicort, Qvar
Aflexeryl-Lc	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Aflexeryl-Mc	Adh. Patch		Over the Counter: Capsaicin, lidocaine, or menthol patches - Not Covered by the Plan
Airduo Resplick	Aer Powder Inhaler		Advair, Breo Ellipta, or Dulera
Alcortin A Gel	Gel (Gram), Gel Packet		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Aleveer	Adh. Patch		Over the Counter: Capsaicin, lidocaine, or menthol patches - Not Covered by the Plan
Alle vess Patch	Adh. Patch		Over the Counter: Capsaicin, lidocaine, or menthol patches - Not Covered by the Plan
Allzital	Tablet		Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Almotriptan Malate	Tablet	Grandfathered	Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Alogliptin	Tablet	Grandfathered	Januvia or Tradjenta
Alogliptin-Metformin	Tablet	Grandfathered	Janumet/XR or Jentadueto
Alogliptin-Pioglitazone	Tablet	Grandfathered	Januvia or Tradjenta Plus pioglitazone
Alomide	Solution		Cromolyn ophthalmic drops
Aloquin	Gel (Gram)		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Altabax	Ointment		Mupirocin ointment
Altprev	Tab ER 24H		Atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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Alvesco	Hfa Aer Ad	Grandfathered	Asmanex HFA, Asmanex Twisthaler, Pulmicort, Qvar
Alzair	Spray		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Amcinonide	Lotion		Betamethasone diprop augmented 0.05% lotion
Amrix	Cap ER 24H		Cyclobenzaprine 5mg or 10mg
Anafranil	Capsule		Generic covered
Antara	Capsule	Grandfathered	Fenofibrate micronized 67mg or 134mg or Fenofibrate 48mg or 145mg
Apexicon E	Ointment		Hydrocortisone
Apidra, Apidra Solostar	Vial, Insulin Pen	Grandfathered	Humalog
Aplenzin	Tablet Extended Release 24 Hour	Grandfathered	Bupropion XL
Aptensio XR	Csbp 40-60	Grandfathered	Mixed amphetamine salts (Adderall), methylphenidate (ER, LA, CD)
Arava	Tablet		Generic covered
Armonair Respiclick	Aer Powder Inhaler		Asmanex HFA, Asmanex Twisthaler, Pulmicort, Qvar
Arthrotec 50, 75	Tablet Delayed Release		Diclofenac with misoprostol separately
Asacol HD	Tablet Delayed Release	Grandfathered	Lialda or Apriso
Astero	Gel W/Pump		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Atacand	Tablet		Losartan, irbesartan, or valsartan
Atacand HCT	Tablet		Losartan/HCTZ, irbesartan/HCTZ, or valsartan/HCTZ
Auvi-Q	Auto Injct		Generic Epinephrine injection
Avalide	Tablet		Generic covered
Avapro	Tablet		Generic covered
Avar	Foam		Sulfacetamide sodium/sulfur cream, liquid or cleanser
Avar Cleanser	Emulsion		Generic covered
Avar LS Cleanser (sulfur 2%/ sulfacetamide 10%)	Liquid		Sulfacetamide sodium 9%/sulfur 4.5% liquid
Avar-e Emollient	Cream		Sulfacetamide sodium/sulfur cream, liquid or cleanser
Avidoxy Dk	Kit		Doxycycline hyclate or monohydrate tab/cap or minocycline capsules
Azor	Tablet		Amlodipine with either losartan, irbesartan or valsartan
B-Donna	Tablet		Dicyclomine or hyoscyamine
Basaglar Kwikpen U-100	Insulin Pen	Grandfathered	Lantus
Beconase Aq	Spray		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Belbuca	Film	Grandfathered	Morphine IR/ER tablets or other Generic analgesics
Belladonna-Phenobarbital Elixir, Tab	Elixir, Tablet		Dicyclomine or hyoscyamine
Benicar	Tablet	Grandfathered	Losartan, irbesartan, or valsartan
Benicar HCT	Tablet	Grandfathered	Losartan/HCTZ, irbesartan/HCTZ, or valsartan/HCTZ
Bensal Hp	Oint. (G)		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Benzaclin	Gel W/Pump		Clindamycin/Benzoyl Peroxide 1.2%/5%
Bepreve	Drops		Azelastine or olopatidine ophthalmic
Betamethasone Valerate	Foam		Triamcinolone 0.1% spray

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Betapace	Tablet		Generic covered
Betapace AF	Tablet		Generic covered
Bevespi Aerosphere	Hfa Aer Ad	Grandfathered	Stiolto
Binosto	Tablet Eff		Alendronate, calcitonin-salmon, ibandronate, risedronate, Forteo
Budesonide	Suspension		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Butalbital-acetaminophen-caffeine	Tablet	Grandfathered	Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Bydureon & Bydureon Pen	Vial, Pen Injctr	Grandfathered	Victoza or Trulicity
Byetta	Pen Injctr	Grandfathered	Victoza or Trulicity
Cafergot	Tablet		Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Cambia	Powder Pack	Grandfathered	Diclofenac, sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Captracin	Adh. Patch		Over the Counter: Capsaicin, lidocaine, or menthol patches - Not Covered by the Plan
Carac	Cream		Fluorouracil 5% cream, 2% solution or 5% solution
Carbatrol	Capsule Extended Release 12 Hour		Generic covered
Cardizem	Tablet		Generic covered
Cardizem CD	Tablet		Generic covered
Cardizem LA	Tablet		Generic covered
Carisoprodol **250mg tablet only**	Tablet		Carisoprodol 350mg
Carospir	Oral Susp		Spirolactone tablets
Celexa	Tablet		Generic covered
Cetirizine HCl	All Forms		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Chlorzoxazone **250mg tablet only**	Tablet		Chlorzoxazone 500mg
Ciclopirox Gel	Gel		Ciclopirox cream
Ciclopirox Olamine	Suspension		Ciclopirox cream
Ciclopirox Shampoo	Shampoo		Ketoconazole shampoo
Ciferex	Capsule		Folic acid, cholecalciferol (Vitamin D3)
Cifrazol	Capsule		Folic acid, cholecalciferol (Vitamin D3)
Cimzia and Cimzia Syringes	Kit, Syringe Kit	Grandfathered	Humira
Clarinex	All Forms		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Climara	Patch Weekly		Generic covered
Clindacin Etz	Kit		Clindamycin 1% swabs
Clindacin Pac	Kit		Clindamycin 1% solution
Clindagel	Gel		Clindamycin 1% gel
Clindamycin Phos-Benzoyl Perox ***1%/5%****	Gel		Clindamycin/Benzoyl Peroxide 1.2%/5%
Clindamycin Phos-Tretinoin	Gel		Clindamycin 1% gel with tretinoin 0.025% gel
Clindamycin Phosphate	Foam		Clindamycin 1% gel, lotion or solution
Clindamycin-Benzoyl Peroxide 1%/5%	Gel W/Pump		Clindamycin/Benzoyl Peroxide 1.2%/5%
Clobetasol Propionate	Liquid		Clobetasol foam

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Clobex	Spray		Clobetasol foam
Clocortolone Pivalate	Cream		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Clotrimazole-Betamethasone	All Forms		Clotrimazole 1% with a topical steroid (i.e. hydrocortisone)
Cmx	Adh. Patch		Over the Counter: Capsaicin, lidocaine, or menthol patches - Not Covered by the Plan
Colazal	Capsule		Generic covered
ConZip	Capsule Extended Release 24 Hour		Generic covered
Cordran Lotion	Lotion		Betamethasone diprop augmented 0.05% lotion or triamcinolone 0.01% lotion
Cordran Tape	Tape		Betamethasone diprop augmented 0.05% cream or flucinonide 0.05% cream
Coreg	Tablet		Generic covered
Coreg CR	Capsule Extended Release 24 Hour	Grandfathered	Carvediol tablet
Cozaar	Tablet		Generic covered
Crestor	Tablet		Generic covered
Cyclobenzaprine HCl ***7.5mg***	Tablet		Cyclobenzaprine 5mg or 10mg
Cymbalta	Capsule Delayed Release Particles		Generic covered
Daklinza	Tablet	Grandfathered	Harvoni or Eplusa (dependant on genotype)
Darifenacin ER	Tablet Extended Release 24 Hour	Grandfathered	Oxybutynin IR/ER, tolterodine IR/ER, or trospium IR/ER
Daxbia	Capsule		Cephalexin 250 or 500mg capsules
Delzicol	Cap(Drtab)	Grandfathered	Lialda or Apriso or balsalazide
Demerol	Tablet		Generic covered
Dermacinrx Cinlone-I Cpi	Kit Ss-Crm		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Dermacinrx Clorhexacin	Kit		Mupirocin 2% ointment
Dermacinrx Lexitral	Cmb Sol Cr		Diclofenac 1% gel
Dermacinrx Phn Pak	Kit Pat-Cr		Lidocaine 5% patches which requires clinical prior authorization
Dermacinrx Prizopak	Kit		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Dermacinrx Purefolix	Tablet		Folic acid, cholecalciferol (Vitamin D3)
Dermacinrx Silapak	Kit		Triamcinolone 0.1% cream
Dermacinrx Silazone	Kit		Triamcinolone 0.1% cream
Dermacinrx Surgical Pharmapak	Kit		Mupirocin 2% ointment
Dermacinrx Therazole Pak	Combo. Pkg		Clotrimazole 1% with a topical steroid
Dermacinrx Zrm Pak	Kit Pat-Cr		Lidocaine 5% patches which requires clinical prior authorization
Dermapak Plus	Kit		Tretinoin (0.025%, 0.05%, or 0.1%) cream or (0.01%, 0.025%) gel
Dermasilkrx Sds	Kit		Triamcinolone 0.1% cream
Dermasorb Hc	Cmb Cln Lt		Hydrocortisone 1% or 2.5% lotion
Dermasorb Ta	Cream (G)		Triamcinolone 0.1% cream
Dermasorb Xm	Cream (G)		Over the Counter: Urea products - Not Covered by the Plan
Dermawerx Sds	Kit		Triamcinolone 0.1% cream
Dermawerx Surgical Plus Pak	Kit		Mupirocin 2% ointment

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Dermazone	Kit		Triamcinolone 0.1% cream
Dermazyl	Kit Pat-Cr		Lidocaine 5% patches which requires clinical prior authorization
Desloratadine	All Forms		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Desonide	Cream		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Desonide	Lotion		Triamcinolone 0.025% , betamethasone valerate 0.1% or hydrocortisone 2.5% lotion
Desonide	Ointment		Triamcinolone 0.025%, triamcinolone 0.1%, or prednicarbate 0.1% ointment
Desoximetasone 0.05%	Cream		Triamcinolone 0.1% or betamethasone valerate 0.1% cream
Desoximetasone 0.05%	Gel		Flucinonide 0.05% gel
Desoximetasone 0.05%	Ointment		Triamcinolone 0.1% , fluticasone 0.005%, betamethasone valerate 0.1% ointment
Desoximetasone 0.25%	Cream		Augmented betamethasone dipropionate 0.05% or flucinonide 0.05% cream
Desoximetasone 0.25%	Ointment		Triamcinolone 0.5% or betamethasone dipropionate 0.05% ointment
Desvenlafaxine ER (generic for Khedezla)	Tab ER	Grandfathered	Generic desvenlafaxine ER (equivalent to Pristiq)
Detrol	Tablet		Generic covered
Detrol LA	Capsule Extended Release 24 Hour		Generic covered
Dexilant	Capsule Delayed Release		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Dexmethylphenidate HCl ER	Capsule Extended Release 24 Hour	Grandfathered	Methylphenidate, methylphenidate CD/ER, dexmethylphenidate, dextroamphetamine amphetamine/dextroamphetamine, amphetamine/dextroamphetamine SR combination
Dexpak	Tablet Therapy Pack		Dexamethasone, methylprednisolone
Diclo Gel	Kit		Diclofenac 1% gel
Diclo Gel-Xrylix Sheet	Kit		Diclofenac 1% gel
Diclofenac Sodium	Drops		Diclofenac 1% gel
Diclofenac Sodium-Misoprostol	Tablet Delayed Release		Diclofenac with misoprostol separately
Diclotral	Cmb Sol Cr		Diclofenac 1% gel
Diclozor	Kit		Diclofenac 1% gel
Differin	All Forms		Over the Counter: Differin 0.1% gel - Not Covered by the Plan
Dilaudid	All Forms		Generic covered
Diovan	Tablet		Generic covered
Diovan HCT	Tablet		Generic covered
Dipentum	Capsule		Sulfasalazine, Lialda, Apriso, or balsalazide
Ditropan XL	Tablet Extended Release 24 Hour		Generic covered
Divigel	Gel	Grandfathered	Estradiol patch
Dm2	Cmbtabstrp		Regular Metformin ER (generic for Glucophage XR)
Dmt Suik	Kit		Dexamethasone
Dolophine	Tablet		Generic covered
Dolotranz	Kit		Lidocaine 5% ointment
Donnatal Elixir	Elixir	Grandfathered	Dicyclomine or hyoscyamine
Donnatal Tab	Tablet	Grandfathered	Dicyclomine or hyoscyamine

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Doryx	Tablet Delayed Release		Doxycycline hyclate or monohydrate tab/cap
Doxepin Hcl	Cream (G)		Over the Counter: diphenhydramine cream or hydrocortisone cream - Not Covered by the Plan
Ds Prep Pak	Kit Gel-Tw		Diclofenac 1% gel
Duexis	Tablet	Grandfathered	Ibuprofen with famotidine
Duloxetine Hcl ***40mg only***	Capsule Dr		Duloxetine 20, 30, or 60mg
Durachol	Capsule		Folic acid, cholecalciferol (Vitamin D3)
Durlaza	Cap Er 24H		Aspirin
Dutoprol	Tablet Extended Release 24 Hour	Grandfathered	Metoprolol succinate ER with Hydrochlorothiazide
Dyrenium	Capsule		Amiloride
E.E.S. Granules	Suspension Reconstituted		Erythromycin
Ecoza	Foam		Ciclopirox cream, ketoconazole cream, or econazole nitrate cream
Edarbi	All Forms	Grandfathered	Losartan, irbesartan, or valsartan
Edarbyclor	All Forms	Grandfathered	Losartan/HCTZ, irbesartan/HCTZ, or valsartan/HCTZ
Edluar	Tab Subl		Zolpidem IR tablet or eszopiclone
Effexor XR ***CAPSULES***	Capsule Extended Release 24 Hour	Grandfathered	Generic covered
Elavil	Tablet		Generic covered
Elenzapatch	Adh. Patch		Over the Counter: Lidocaine cream or patches or menthol patches - Not Covered by the Plan
Emadine	Drops		Azelastine or olopatidine ophthalmic
Enablex	Tablet Extended Release 24 Hour		Oxybutynin IR/ER, tolterodine IR/ER, or trospium IR/ER
Endoxcin	Adh. Patch		Over the Counter: Lidocaine Patches with Menthol - Not Covered by the Plan
Entty	Spray		Triamcinolone 0.1% spray
Eprosartan Mesylate	Tablet	Grandfathered	Losartan, irbesartan, or valsartan
EryPed 200, 400	Suspension Reconstituted		Erythromycin
Esomeprazole Magnesium	Capsule Delayed Release		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Estrace	Tablet		Generic covered
Estrogel	Gel Md Pmp	Grandfathered	Estradiol patch
Evamist	Solution		Estradiol patch
Evzio	Auto Injct	Grandfathered	Narcan
Exforge and Exforge HCT	Tablet		Generic covered
Extavia Kit	Kit, Vial		Avonex
Fanapt	Tablet	Grandfathered	Aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone or Latuda
Farxiga	Tablet	Grandfathered	Jardiance or Invokana
Fenofibrate, micronized **43mg/130mg only***	Capsule		Fenofibrate micronized 67mg or 134mg
Fentora	Tablet Eff	Grandfathered	Fentanyl Lozenge
Fexmid	Tablet		Cyclobenzaprine 5mg or 10mg
Fexofenadine HCl	All Forms		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Fioricet	Tablet	Grandfathered	Sumatriptan, rizatriptan, naratriptan, or zolmitriptan

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Flolipid	Oral Susp		Atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
Flunisolide	Solution		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Fluocinonide ***0.1%***	Cream		Halobetasol propionate 0.05%, clobetasol cream or emollient cream
Fluoxetine HCl ***60mg***	Tablet	Grandfathered	Fluoxetine 10, 20, 40mg cap
Fluoxetine HCl ***90mg***	Capsule Delayed Release	Grandfathered	Fluoxetine 10, 20, 40mg cap
Flurandrenolide	Lotion		Betamethasone diprop augmented 0.05% lotion or triamcinolone 0.01% lotion
Fluticasone Propionate	Suspension		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Fluticasone-Salmeterol	Aer Powder Inhaler		Advair Diskus or HFA
Fluvastatin ER	Tablet Extended Release 24 Hour		Atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
Fluvastatin ER	Tab ER 24H		Atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
Fluvastatin Sodium	Capsule		Atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
FML	Ointment		Fluorometholone suspension, dexamethasone solution, or prednisolone acetate 1% suspension
Focalin	Tablet		Generic covered
Focalin XR	Capsule Extended Release 24 Hour	Grandfathered	Generic covered
Folixapure	Tablet		Folic acid, cholecalciferol (Vitamin D3)
Forfivo XI	Tab ER 24H	Grandfathered	Generic bupropion ER/XR
Fortamet	Tablet Extended Release 24 Hour		Regular Metformin ER
Fortesta	Gel Md Pmp		Axiron or Androgel
Fosrenol	All Forms		PhosLo or Renvela
Frovatriptan Succinate	Tablet	Grandfathered	Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Genotropin	Syringe, Cartridge	Grandfathered	Norditropin, Norditropin FlexPro, Norditropin Nordiflex, or Omnitrope
Gleevec	Tablet		Generic covered
Glucophage	Tablet		Generic covered
Glucophage XR	Tablet Extended Release 24 Hour		Generic covered
Glumetza	Tablet, 24 hour		Regular Metformin ER
Glycate	Tablet		Glycopyrrolate 1mg
Glycopyrrolate	Tablet		Glycopyrrolate 1mg
Gonitro	Powd Pack		Nitroglycerin SL tablets
Gralise	Tab ER 24H	Grandfathered	Gabapentin IR
Halog	Cream		Augmented betamethasone dipropionate 0.05% or flucinonide 0.05% cream
Horizant	Tablet ER		Gabapentin IR, ropinirole IR, or pramipexole IR
Humatrope	Vial, Cartridge	Grandfathered	Norditropin, Norditropin FlexPro, Norditropin Nordiflex, or Omnitrope
Hycet	Solution		Generic covered
Hycofenix	Solution		Over the Counter: Antitussive/Decongestant/Expectorant - Not Covered by the Plan
Hydrocodone-Acetaminophen **10/300**	Tablet		Hydrocodone/Acetaminophen 10mg/325mg
Hydrocodone-Acetaminophen **2.5/325**	Tablet		Alternative pain analgesic (i.e., hydrocodone/acetaminophen solution 7.5mg/325mg/15ml)
Hydrocodone-Acetaminophen **5/300**	Tablet		Hydrocodone/Acetaminophen 5mg/325mg

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Hydrocodone-Acetaminophen **7.5/300**	Tablet		Hydrocodone/Acetaminophen 7.5mg/325mg
Hydrocortisone absorbase	Oint. (G)		Hydrocortisone ointment
Hydrocortisone Butyr Lipo Base	Cream		Triamcinolone 0.1% or betamethasone valerate 0.1% cream
Hydrocortisone Butyrate	Cream		Triamcinolone 0.1% or betamethasone valerate 0.1% cream
Hydrocortisone Valerate	All Forms		Triamcinolone 0.1% or betamethasone valerate 0.1% cream
Hyzaar	Tablet		Generic covered
Incruse Ellipta	Aerosol Powder Breath Activated	Grandfathered	Spiriva
Intermezzo	Tab Subl	Grandfathered	Zolpidem IR tablet or eszopiclone
Intuniv	Tablet Extended Release 24 Hour		Generic covered
Iodoquinol-Hydrocortisone-Aloe	Gel (Gram)		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Irenka	Capsule Dr		Generic duloxetine 20, 30, 60mg
Iv Infusion Cpi	Kit		Lidocaine 5% ointment
Jalyn	Capsule		Dutasteride with Tamsulosin separately
Jublia	Solution		Ciclopirox liquid or terbinafine oral
Kadian	Cap ER Pel		Morphine IR/ER tablets
Kazano	Tablet	Grandfathered	Janumet/XR or Jentadueto
Keppra	Solution		Generic covered
Keppra XR	Tablet Extended Release 24 Hour		Generic covered
Keralac	Cream (G)		Over the Counter: Urea products - Not Covered by the Plan
Kerydin	Solution		Ciclopirox liquid or terbinafine oral
Ketoconazole	Foam		Ketoconazole cream or shampoo
Kevzara	Syringe		Humira or Actemra
Khedezla	Tab ER 24	Grandfathered	Generic desvenlafaxine ER (equivalent to Pristiq)
Klofensaid li	Drops		Diclofenac 1% gel
Kombiglyze XR	Tbmp 24Hr	Grandfathered	Janumet/XR or Jentadueto
Lamictal	All Forms		Generic covered
LamIctal ODT	Tablet Disintegrating		Generic covered
LamIctal XR	Tablet Extended Release 24 Hour		Generic covered
Lanoxin	Tablet		Generic covered
Lansoprazole	Capsule Delayed Release		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Lastacaft	Drops		Azelastine or olopatidine ophthalmic
Lazanda	Spray/Pump		Fentanyl Lozenge
Ldo Plus	Gel W/Pump		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Lenzapatch	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Lescol XI	Tab ER 24H		Atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
Levalbuterol Tartrate HFA	Hfa Aer Ad	Grandfathered	Ventolin HFA or ProAir HFA
Levemir, Flexpen, Flextouch	Vial, Pen	Grandfathered	Lantus

*This list may be amended and updated on a regular basis.

USC Trojan Care EPO Plan - Excluded Drugs*

All current USC Network Medical Plan members will have Plan coverage for any Excluded drug below, from January 1 through March 31, 2018.

Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

Over the Counter alternatives are not covered by the Plan (100% paid by Patient). In addition to the list of excluded drugs listed below, please refer to the Outpatient Prescription Drug Exclusion list in the Summary Plan Description book.

Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Levitra	Tablet	Grandfathered	Cialis, Viagra
Levocetirizine Dihydrochloride	All Forms		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Lidall	Adh. Patch		Over the Counter: Lidocaine Patches with Menthol - Not Covered by the Plan
Lidodextrapine	Adh. Patch		Over the Counter: Lidocaine Patches with Menthol - Not Covered by the Plan
Lidopac	Kit		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Lidopatch	Adh. Patch		Over the Counter: Lidocaine Patches with Menthol - Not Covered by the Plan
Lidorxkit	Cmb Ont Cr		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Lidotral	Cream (G)		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Lidotrans 5 Pak	Kit		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Lidovex	Cream (G)		Over the Counter: Lidocaine cream - Not Covered by the Plan
Lidozenpatch	Adh. Patch		Over the Counter: Lidocaine Patches with Menthol - Not Covered by the Plan
Lipitor	Tablet		Generic covered
Locoid lotion	Lotion		Betamethasone diprop augmented 0.05% lotion or triamcinolone 0.01% lotion
Locort	Tab Ds Pk		Dexamethasone or methylprednisolone
Loprox shampoo	Shampoo		Generic covered
Loratadine	All Forms		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Lorenza	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Lortab	All Forms		Hydrocodone/Acetaminophen 5/325, 7.5/325 or 10/325
Lortab ELIX	All Forms		Hydrocodone/Acetaminophen 7.5/325/15ml solution
Lorzone ***750mg only***	Tablet		Chlorzoxazone 500mg
Lumigan	Solution	Grandfathered	Latanoprost
Lunesta	Tablet		Generic covered
Luzu	Cream		Ciclopirox cream, ketoconazole cream, or econazole nitrate cream
Mac	Adh. Patch		Over the Counter: Lidocaine cream or patches, menthol or capsaicin patches - Not Covered by Plan
Macrochantin	Capsule		Generic covered
Me-Pb-Hyos Elixir, Tablet	Elixir, Tablet		Dicyclomine or hyoscyamine
Medrox	Adh. Patch		Over the Counter: Capsaicin, lidocaine, or menthol patches - Not Covered by the Plan
Menostar	Patch Weekly	Grandfathered	Estradiol patch
Menth-Caine	Kit Oint Sp		Over the Counter: Lidocaine cream or patches or menthol patches - Not Covered by the Plan
Metadate CD	Capsule Extended Release		Methylphenidate HCl ER capsule
Metadate ER	Tablet Extended Release		Methylphenidate HCl ER capsule
MetFORMIN HCl ER (MOD)	Tablet Extended Release 24 Hour	Grandfathered	Regular Metformin ER
MetFORMIN HCl ER (OSM)	Tablet Extended Release 24 Hour	Grandfathered	Regular Metformin ER
Methaver	Capsule		Over the Counter: (Folic Acid, B1, B2, B6, E, Zinc, Co-enzyme) - Not Covered by the Plan
Methylin	All Forms		Methylphenidate chewable tablets or solution
Mevacor	Tablet		Generic covered

USC Trojan Care EPO Plan - Excluded Drugs*

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Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Miacalcin	Solution		Alendronate, calcitonin-salmon, ibandronate, risedronate, Forteo
Miacalcin Nasal	Solution	Grandfathered	Alendronate, calcitonin-salmon, ibandronate, risedronate, Forteo
Micardis	Tablet		Generic covered
Migranow	Kit Gel-Tb		Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Millipred	Tablet		Dexamethasone, methylprednisolone, and prednisone
Minivelle	Patch Twice Weekly		Estradiol patch
Minocin	Capsule		Generic covered
Minocycline HCl ***TABS***	Tablet		Minocycline capsules
Mometasone Furoate	Suspension		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Morgidox	Kit		Doxycycline hyclate or monohydrate tab/cap or minocycline capsules
Morphine Sulfate ER **CAPSULES**	Capsule ER		Morphine IR/ER tablets
Motofen	Tablet		Diphenoxylate and atropine tabs
MS Contin	Tablet Extended Release		Generic covered
Mtx	Adh. Patch		Over the Counter: Lidocaine Patches with Menthol - Not Covered by the Plan
Myrbetriq	Tablet Extended Release 24 Hour	Grandfathered	Oxybutynin IR/ER, tolterodine IR/ER, or trospium IR/ER
Naftifine HCl	Cream		Ciclopirox cream, ketoconazole cream or econazole nitrate cream
Naftin	Gel		Ciclopirox cream, ketoconazole cream or econazole nitrate cream
Namenda XR	Capsule Extended Release 24 Hour	Grandfathered	Memantine tablets
Naprelan	Tbmp 24Hr		Generic naproxen
Napropak Cool	Kit		Generic naproxen
Naproxen Sodium CR, ER	Kit		Generic naproxen
Nasonex	Suspension		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Natesto	Gel Md Pmp	Grandfathered	Axiron or Androgel
Nesina	Tablet	Grandfathered	Januvia or Tradjenta
Neuac	Cmb Cr Gel		Clindamycin/Benzoyl Peroxide 1.2%/5%
Neulasta	All Forms	Grandfathered	Neupogen
Neurontin	All Forms		Generic covered
Neuvaxin	Adh. Patch		Over the Counter: Capsaicin, lidocaine, or menthol patches - Not Covered by the Plan
Nexium	All Forms		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Nilandron	Tablet		Generic covered
Norco	Tablet		Generic covered
Noritate	Cream (G)	Grandfathered	Metronidazole 0.75% cream
Norpramin	Tablet		Generic covered
Norvasc	Tablet		Generic covered
Novacort	Gel		Hydrocortisone cream, ointment
Novolin 70-30	Vial	Grandfathered	Humulin
Novolin N	Vial	Grandfathered	Humulin N

USC Trojan Care EPO Plan - Excluded Drugs*

All current USC Network Medical Plan members will have Plan coverage for any Excluded drug below, from January 1 through March 31, 2018.

Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

Over the Counter alternatives are not covered by the Plan (100% paid by Patient). In addition to the list of excluded drugs listed below, please refer to the Outpatient Prescription Drug Exclusion list in the Summary Plan Description book.

Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Novolin R	Vial	Grandfathered	Humulin R
Novolog, Cartridge and Flexpen	Vial, Cartridge, Insulin Pen	Grandfathered	Humalog
Novolog Mix 70-30, Flexpen	Vial, Pen	Grandfathered	Humalog
Noxifol-D3	Tablet		Folic acid, cholecalciferol (Vitamin D3)
Noxipak	Kit		Fluocinolone 0.01% cream
Nusurgepak	Kit		Mupirocin 2% ointment
Nutriarx	Kit		Triamcinolone 0.1% cream
Nutropin	Vial		Norditropin, Norditropin FlexPro, Norditropin Nordiflex, or Omnitrope
Nutropin Aq	Vial, Cartridge		Norditropin, Norditropin FlexPro, Norditropin Nordiflex, or Omnitrope
Nutropin Aq Nuspin	Pen Injctr		Norditropin, Norditropin FlexPro, Norditropin Nordiflex, or Omnitrope
Nuvigil	Tablet		Generic covered
Nyata	Cmb Gel Pd		Nystatin
Nystatin-Triamcinolone	All Forms		Triamcinolone 0.1% with Nystatin ointment separate products
Olepto	Tablet ER		Trazadone
Olux-E	Foam		Clobetasol foam
Olysio	Capsule	Grandfathered	Harvoni
Omeprazole-Sodium Bicarbonate	All Forms		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Omnaris	Spray/Pump		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Onexton	Gel		Clindamycin/Benzoyl Peroxide 1.2%/5%
Onglyza	Tablet	Grandfathered	Januvia or Tradjenta
Onsolis	Film		Fentanyl Lozenge
Onzetra Xsail	Aer Powder Nasal Delivery		Sumatriptan nasal spray or injection
Opsumit	Tablet	Grandfathered	Letaris or Tracleer
Oracea	Capsule Delayed Release	Grandfathered	Doxycycline 20mg twice a day
Ortho D	Capsule		Folic acid, cholecalciferol (Vitamin D3)
Oseni	Tablet	Grandfathered	Januvia or Tradjenta with pioglitazone
Oxiconazole Nitrate	Cream		Ciclopirox cream, ketoconazole cream or econazole nitrate cream
Oxistat	Lotion		Ciclopirox cream, ketoconazole cream or econazole nitrate cream
Oxycodone HCl ***CAPS***	Capsule		Oxycodone 5mg tablets
Oxytrol	Patch Twice Weekly		Oxybutynin IR/ER, tolterodine IR/ER, or trospium IR/ER
Pain Relief	Adh. Patch		Over the Counter: Capsaicin, lidocaine or menthol patches - Not Covered by the Plan
Paingo Kft	Cream (G)		Over the Counter: Lidocaine cream or patches or menthol patches - Not Covered by the Plan
Pamelor	Capsule		Generic covered
Pancreaze	Capsule Dr		Creon or Zenpap
Pataday	Solution		Azelastine or olopatidine ophthalmic
Paxil, Paxil CR	Tablet, ER 24HR		Generic covered
Pazeo	Drops		Azelastine or olopatidine ophthalmic

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USC Trojan Care EPO Plan - Excluded Drugs*

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Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

Over the Counter alternatives are not covered by the Plan (100% paid by Patient). In addition to the list of excluded drugs listed below, please refer to the Outpatient Prescription Drug Exclusion list in the Summary Plan Description book.

Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Pedipak	Kit Crm Lq		Ciclopirox
Pennsaid Drops	Drops, Pump	Grandfathered	Diclofenac 1% gel, Diclofenac 1.5% solution
Pertzye	Capsule Dr		Creon or Zenpap
Pexevea	Tablet	Grandfathered	Generic paroxetine
Phenohydro	Tablet		Dicyclomine or hyoscyamine
Plavix	Tablet		Clopidogrel, Brilenta, or Effient
Plexion	Liquid		Sulfacetamide sodium/sulfur cream, liquid or cleanser
Pradaxa	Capsule	Grandfathered	Clopidogrel, Eliquis, or Xarelto
Pred Forte	Suspension		Dexamethasone, prednisolone acetate, Durezol, or Lotemax
Pred Mild	Suspension		Dexamethasone, prednisolone acetate, Durezol, or Lotemax
Prestalia	Tablet		Benazepril/amlodipine
Prevacid	Capsule Delayed Release		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Prevacid SoluTab	Tablet Disintegrating		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Previdolrx Plus Analgesic Pak	Kit		Diclofenac tablet
Prilosec	All Forms		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Prilosec pack	All Forms		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Pristiq	Tablet Extended Release 24 Hour	Grandfathered	Generic covered
Promethazine-DM	Syrup		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Protonix	All Forms		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Proventil Hfa	Hfa Aer Ad	Grandfathered	Ventolin HFA or ProAir HFA
Provenza	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Prozac	Capsule		Generic covered
Prozac weekly	Capsule Delayed Release		Fluoxetine 10, 20, 40mg cap
Prudoxin	Cream (G)		Over the Counter: diphenhydramine cream or hydrocortisone cream - Not Covered by the Plan
Puroxcin	Adh. Patch		Over the Counter: Lidocaine Patches with Menthol - Not Covered by the Plan
Qnasl	Aerosol Solution		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Qnasl Children	Aerosol Solution		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Qroxin	Adh. Patch		Over the Counter: Lidocaine cream or patches, menthol or capsaicin patches - Not Covered by Plan
Qsymia	Cpmp 24Hr		Contrave, Belviq, or Saxenda
Quadrapax	Elixir		Dicyclomine or hyoscyamine
Quinja	Gel (Gram)		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Rabeprazole Sodium	Tablet Delayed Release		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Rayos	Tablet Dr		Prednisone immediate-release
Reciphexamine	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Reliever Patch	Adh. Patch		Over the Counter: Capsaicin, lidocaine or menthol patches - Not Covered by the Plan
Relistor	All Forms		Movantik

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USC Trojan Care EPO Plan - Excluded Drugs*

All current USC Network Medical Plan members will have Plan coverage for any Excluded drug below, from January 1 through March 31, 2018.

Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

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Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Relpax	Tablet	Grandfathered	Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Renovo	Adh. Patch		Over the Counter: Lidocaine cream or patches, menthol or capsaicin patches - Not Covered by Plan
Retin-A Micro Pump	Gel		Tretinoin (0.025%, 0.05%, or 0.1%) cream or (0.01%, 0.025%) gel
Revesta	Capsule		Folic acid, cholecalciferol (Vitamin D3)
Rhinocort Allergy	Suspension		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Rhinocort Aqua	Suspension		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Ritalin	Tablet		Generic covered
Ritalin LA	Capsule Extended Release 24 Hour		Generic covered
Ritalin LA 10mg	Capsule Extended Release 24 Hour		Methylphenidate 10mg SR
Rosadan Cream	Kit Cl-Crm		Metronidazole 0.75% cream
Rosadan Gel	Kit Cl-Gel		Metronidazole 0.75% gel
Roxicodone	Tablet		Generic covered
Roxifol-D	Tablet		Vitamin D, Folic Acid
Rozerem	Tablet	Grandfathered	Zolpidem IR tablet or eszopicolone
Rynoderm	Cream (G)		Over the Counter: Urea products - Not Covered by the Plan
Saizen	Vial, Cartridge		Norditropin, Norditropin FlexPro, Norditropin Nordiflex or Omnitrope
Saizen-Saizenprep	Cartridge		Norditropin, Norditropin FlexPro, Norditropin Nordiflex or Omnitrope
SanadermrX	Kit		Triamcinolone 0.1% cream
Seebri Neohaler	Cap W/Dev		Spiriva
Sernivo	Emulsion		Triamcinolone 0.1% spray
Silazone-li	Kit		Triamcinolone 0.1% cream
Silenor	Tablet	Grandfathered	Doxepin 10mg capsule or doxepin 10mg/ml concentrate
Simponi	Syringe, Pen Injector	Grandfathered	Enbrel
Sinelee	Adh. Patch		Over the Counter: Lidocaine cream or patches, menthol or capsaicin patches - Not Covered by Plan
Singulair	All Forms		Generic covered
Smartx Gaba-V Kit, Smartx Gabakit	Kit		Gabapentin + Lidocaine patches which requires clinical prior authorization
Sod Polysulfthionate-Folic Acid	Capsule		Folic Acid
Solaice	Adh. Patch		Over the Counter: Capsaicin, lidocaine or menthol patches - Not Covered by the Plan
Solodyn	Tablet Extended Release 24 Hour		Minocycline capsules
Solupak	Kt Oint Sp		Over the Counter: Lidocaine cream or patches, menthol patches - Not Covered by the Plan
Spritam	Tablet Disintegrating Soluble		Levetiracetam 100mg/ml solution
Staxyn	Tab Rapdis	Grandfathered	Cialis, Viagra
Stendra	Tablet		Cialis, Viagra
Subsys	Spray	Grandfathered	Fentanyl Lozenge
Sulfacetamide Sodium-Sulfur	Cream		Sulfacetamide sodium/sulfur cream, liquid or cleanser

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USC Trojan Care EPO Plan - Excluded Drugs*

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Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

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Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Sulfzix	Capsule		Folic Acid
Sumadan	Kit		Sulfacetamide sodium/sulfur cream, liquid or cleanser
Sumavel DosePro	Solution Jet-injector	Grandfathered	Sumatriptan nasal spray or injection
Sumaxin Cp	Kit		Sulfacetamide sodium/sulfur cream, liquid or cleanser
Sure Result Tac Pak	Kit		Triamcinolone 0.1% cream
Surmontil	Capsule		Generic covered
Symbicort	All Forms	Grandfathered	Advair, Breo Ellipta, or Dulera
Synerderm	Spray		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Synvexia	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Taltz	Auto Inject, Syringe	Grandfathered	Cosentyx
Tanzeum	Pen Injctr		Victoza or Trulicity
Technivie	Tablet	Grandfathered	Harvoni
TEGretol	All Forms		Generic covered
TEGretol XR	Tablet ER		Generic covered
Telmisartan-HCTZ	Tablet	Grandfathered	Losartan/HCTZ, irbesartan/HCTZ, or valsartan/HCTZ
Terbinafine HCl	Cream		Ciclopirox cream, ketoconazole cream, or econazole nitrate cream
Testim	Gel (Gram)	Grandfathered	Axiron or Androgel
Testosterone Gel	Gel (Gram), Packet, Pump	Grandfathered	Axiron or Androgel
Tetracycline HCl	Capsule		Doxycycline hyclate or monohydrate tab/cap or minocycline capsules
Tev-Tropin	Vial		Norditropin, Norditropin FlexPro, Norditropin Nordiflex, or Omnitrope
Ticanase	Kit		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Ticaspray	Kit		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Tirosint	Capsule	Grandfathered	Levothyroxine
Tivorbex	Capsule	Grandfathered	Generic naproxen or another Non-steroidal anti-inflammatory
Tizanidine HCl **CAPSULES**	Capsule		Tizanidine tablets
Tofranil	Tablet		Generic covered
Tofranil-PM	Capsule		Generic covered
Topamax	Tablet		Generic covered
Topamax ER	Capsule ER 24 Hour Sprinkle		Generic covered
Topamax Sprinkle	Capsule Sprinkle		Generic covered
Topicort	Liquid		Triamcinolone 0.1% spray
Toviaz	Tablet Extended Release 24 Hour	Grandfathered	Oxybutynin IR/ER, tolterodine IR/ER, or trospium IR/ER
Tramadol HCl ER ***CAP***	Capsule Extended Release 24 Hour	Grandfathered	Tramadol ER tab
Tresiba Flextouch U-100, U-200	Pen	Grandfathered	Lantus
Tretinoin ***0.05% gel***	Gel		Tretinoin (0.025%, 0.05%, or 0.1%) cream or (0.01%, 0.025%) gel
Trexall	Tablet		Methotrexate 2.5mg tablet
Treximet	Tablet	Grandfathered	Naproxen with sumatriptan

USC Trojan Care EPO Plan - Excluded Drugs*

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Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Trezip	Capsule		Hydrocodone/Acetaminophen 10/325
Tri-Sila	Kit		Triamcinolone 0.1% cream
Triamcinolone Acetonide **NASAL**	Aerosol		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Trianex	Ointment		Triamcinolone 0.1% , fluticasone 0.005% , betamethasone valerate 0.1% ointment
Tricor	Tablet	Grandfathered	Fenofibrate or fenofibric
Trileptal	All Forms		Generic covered
Trokendi XR	Capsule Extended Release 24 Hour	Grandfathered	Topiramate
Trulance	Tablet		Linzess
Tudorza Pressair	Aer Powder Inhaler	Grandfathered	Spiriva
Ultram	Tablet		Generic covered
Ultram ER	Tablet Extended Release 24 Hour		Generic covered
Ultravate	Lotion		Generic covered
Ultravate X	All Forms		Halobetasol propionate 0.05% cream or ointment
Ure-K	Cream (G)		Over the Counter: Urea products - Not Covered by the Plan
Urevaz	Cream (G)		Over the Counter: Urea products - Not Covered by the Plan
Uroxatral	Tablet Extended Release 24 Hour		Generic covered
Utibron Neohaler	Cap W/Dev		Stiolto
Utopic	Cream (G)		Over the Counter: Urea products - Not Covered by the Plan
Valcyte	Tablet		Generic covered
Valtrex	Tablet		Valacyclovir or Acyclovir
Vanoxide-HC	Lotion		Over the Counter: Benzoyl Peroxide and Hydrocortisone products - Not Covered by the Plan
Veltin	Gel (Gram)		Clindamycin 1% gel with tretinoin 0.025% gel
Venlafaxine HCl ER ***TABS***	Tablet Extended Release 24 Hour	Grandfathered	Venlafaxine IR/ER Capsules
Veramyst	Spray Susp		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Verdeso	Foam		Triamcinolone 0.1% spray
Verdrocet	Tablet		Alternative pain analgesic (i.e., hydrocodone/acetaminophen solution 7.5mg/325mg/15ml)
Veregen	Oint. (G)		Imiquimod 5% cream
Vesicare	Tablet	Grandfathered	Oxybutynin IR/ER, tolterodine IR/ER, or trospium IR/ER
Vicodin	Tablet		Hydrocodone/Acetaminophen 5/325
Vicodin ES	Tablet		Hydrocodone/Acetaminophen 7.5/325
Vicodin HP	Tablet		Hydrocodone/Acetaminophen 10mg/325mg
Vicoprofen	Tablet		Generic covered
Viekira Pak	Pack	Grandfathered	Harvoni
Vimovo	Tab Ir Dr	Grandfathered	Generic naproxen with omeprazole or pantoprazole
Vivelle-Dot	Patch Twice Weekly		Estradiol patch
Vivlodex	Capsule		Meloxicam or alternative non-steroidal anti-inflammatory
Vogelxo Gel	Gel (Gram), Packet, Pump		Axiron or Androgel

*This list may be amended and updated on a regular basis.

USC Trojan Care EPO Plan - Excluded Drugs*

All current USC Network Medical Plan members will have Plan coverage for any Excluded drug below, from January 1 through March 31, 2018.

Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

Over the Counter alternatives are not covered by the Plan (100% paid by Patient). In addition to the list of excluded drugs listed below, please refer to the Outpatient Prescription Drug Exclusion list in the Summary Plan Description book.

Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Voltaren	Gel		Generic covered
Vopac Mds	Kit		Diclofenac 1% gel or 1.5% solution
Wellbutrin SR	Tablet Extended Release 12 Hour		Generic covered
Wellbutrin XL	Tablet Extended Release 24 Hour		Generic covered
Whytederm Surgipak	Kit		Mupirocin 2% ointment
Whytederm Tdpak	Kit		Triamcinolone 0.1% cream
Whytederm Trilasil Pak	Kit		Triamcinolone 0.1% cream
Wound Debridement-Lidocaine	Kit		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Xalatan	Solution		Generic covered
Xigduo Xr	Tab Bp 24H	Grandfathered	Invokamet or Synjardy
Xiidra	Solution		Over the Counter: Ophthalmic lubricants Not Covered by Plan
Xilapak	Kit		Triamcinolone 0.025%, hydrocortisone 2.5%, or fluocinolone 0.01% cream
Xodol	Tablet		Hydrocodone/Acetaminophen 5/325, 7.5/325 or 10/325
Xolegel	Gel		Ketoconazole cream or shampoo
Xopenex Hfa	Hfa Aer Ad	Grandfathered	Ventolin HFA or ProAir HFA
Xryliderm	Kit		Over the Counter: Lidocaine cream or patches - Not Covered by the Plan
Xrylix	Kit		Diclofenac 1% gel
Xylon	Tablet		Hydrocodone/Acetaminophen 5/325, 7.5/325 or 10/325 or Nonsteroidal Product
Xyzal	All Forms		Over the Counter: Alavert, Allegra, Claritin, Xytal, or Zyrtec - Not Covered by the Plan
Yosprala	Tab Ir Dr		Aspirin EC 81 mg with omeprazole 40mg or Aspirin EC 325mg with omeprazole 40mg
Zamicet	Solution		Hydrocodone/Acetaminophen 7.5mg-325mg/15ml
Zavara	Capsule		Folic acid, cholecalciferol (Vitamin D3)
Zecuity	Patch Ioph		Sumatriptan, rizatriptan, naratriptan, or zolmitriptan
Zegerid	All Forms		Omeprazole 10/20/40mg, pantoprazole 20/40mg
Zembrace Symtouch	Pen Injctr		Sumatriptan injection or nasal spray
Zepatier	Tablet	Grandfathered	Harvoni
Zeruvia	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Zetonna	Hfa Aer Ad		Over the Counter: Flonase, Nasacort, Rhinocort - Not Covered by the Plan
Ziana	Gel		Clindamycin 1% gel with tretinoin 0.025% gel
Zileuton Er	Tbmp 12Hr		Montelukast
Zim'S Max-Freeze	Adh. Patch		Over the Counter: Lidocaine patches with menthol - Not Covered by the Plan
Zioptan	Droperette	Grandfathered	latanoprost, Travatan Z
Zipsor	Capsule	Grandfathered	Generic diclofenac tablet
Zocor	Tablet		Generic covered
Zolate	Capsule		Folic acid, cholecalciferol (Vitamin D3)
Zoloft	Tablet		Generic covered
Zolpidem Tartrate	Tablet Sublingual	Grandfathered	Zolpidem IR tablet or eszopicolone

*This list may be amended and updated on a regular basis.

USC Trojan Care EPO Plan - Excluded Drugs*

All current USC Network Medical Plan members will have Plan coverage for any Excluded drug below, from January 1 through March 31, 2018.

Excluded drugs below that are identified as "Grandfathered" will be covered for the term of treatment for any USC Network Medical Plan member currently filling these medications in 2017.

Over the Counter alternatives are not covered by the Plan (100% paid by Patient). In addition to the list of excluded drugs listed below, please refer to the Outpatient Prescription Drug Exclusion list in the Summary Plan Description book.

Excluded Drug Name	Dosage Form	Grandfathered	Possible Alternatives
Zolpidem Tartrate ER	Tablet Extended Release	Grandfathered	Zolpidem IR tablet or eszopicolone
Zolpimist	Spray/Pump		Zolpidem IR tablet or eszopicolone
Zomacton	Vial		Norditropin, Norditropin FlexPro, Norditropin Nordiflex, or Omnitrope
Zonacort	Tab Ds Pk		Dexamethasone or methylprednisolone
Zonalon	Cream (G)		Over the Counter: diphenhydramine cream or hydrocortisone cream - Not Covered by the Plan
Zonegran	Capsule		Generic covered
Zorvolex	Capsule		Generic diclofenac tablet
Zovirax	Cream		Acyclovir Ointment
Zuplenz	Film		Ondansetron ODT
Zyclara	All Forms		Imiquimod 5% cream
Zyflo	Tablet		Montelukast
Zyflo CR	Tbmp 12Hr		Montelukast