

Teacher Retirement System of Texas | General Plan Exclusion List

The following are excluded under both the medical plan benefit and prescription drug plan benefit:

- a) Benefits and coverage of treatments approved by the U.S. FDA under accelerated approval that are subject to confirmatory clinical benefit are not covered by this plan unless coverage is required under Federal or State mandate.
- b) Medications only dispensed in hospital packaging or institutional packaging/kits.
- c) Medications dispensed as samples from manufacturers, bridge programs, or free drug programs in order to obtain access to surpass plan edits, such as formulary coverage, prior authorization, or step therapy requirements.
- d) Drugs prescribed and dispensed for the treatment of excess body weight and for the sole purpose for maintenance of weight reduction, with an FDA indication for weight loss or for use in any program of weight reduction, weight loss, or dietary control, even if the Participant has a medical condition which might be helped by a reduction of excess body weight or maintenance of weight reduction and even though prescribed by a Physician or Other Provider. Examples include but are not limited to: **Saxenda, Wegovy, and Zepbound**.
- e) Any experimental/investigational services, treatments, drugs, biologics, biomedical tests, medical devices, or supplies.
- f) Other drugs prescribed, administered, or used in a way contrary to the medical necessity criteria established under applicable medical policies and guidelines of TRS' plan administrators.
- g) Any drug not yet approved by the U.S. Federal Drug Administration, including drug indication, population, or age parameters, and dosages used.
- h) The following drugs are excluded from coverage until full regulatory approval is received confirming clinical benefit:

• Acthar® Gel HP (repository corticotropin)	• Opzelura
• Aduhelm (aducanumab)	• Vtama
• Amondys-45 (casimersen)	• Zoryve
• Bylvay® (odevixibat)	• Amzeeq
• Exondys-51 (etepilrsen)	• Divigel
• Livmarli™ (vosoritide)	• Tazorac
• Qalsody (tofersen)	• Adbry
• Viltespo (vitolarsen)	• Cibinqo
• Vyondys-53 (etepilrsen)	• Apretude (excluded under prescription drug plan only)
• Voxzogo™ (vosoritide)	• Juxtapid
• Elevidys (delandistrogen moxeparvovec)	

This information is not a complete description of benefits. Call **844.367.6108** (TTY users: 800.716.3231) for more information.

To compare medication prices, please visit express-scripts.com/trsactivecare.

Express Scripts manages your prescription plan for TRS-ActiveCare