

The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full 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 following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

| Drug Class | Excluded Medications | Preferred Alternatives |
|--|--|---|
| AUTONOMIC & CENTRAL NERVOUS SYSTEM Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA | clonidine |
| Anti-Migraine Therapy | SUMAVEL DOSEPRO | sumatriptan injection |
| Antiparkinsonism Agents | GOCOVRI ER, OSMOLEX ER | amantadine capsules, amantadine tablets, amantadine oral solution |
| | XADAGO | rasagiline, selegiline |
| Beta Interferons for Multiple Sclerosis | EXTAVIA | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE |
| Calcitonin Gene-Related Peptide Antagonists | AJOVY | AIMOVIG, EMGALITY |
| Duchenne Muscular Dystrophy (DMD) Agents | EMFLAZA | prednisone solution, prednisone tablets |
| | EXONDYS 51 | No alternatives recommended |
| Long-Acting Opioid Oral Analgesics | EMBEDA, OXYCODONE ER | hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN |
| Narcotic Analgesics | BUTRANS | BELBUCA |
| Narcotic Antagonists | EVZIO | naloxone syringes, NARCAN NASAL SPRAY |
| Neuropathic Agents | LYRICA CR | gabapentin, GRALISE, LYRICA |
| Transmucosal Fentanyl Analgesics | ABSTRAL, FENTORA, LAZANDA | fentanyl citrate lozenges |
| CARDIOVASCULAR Anticoagulants | PRADAXA, SAVAYSA | ELIQUIS, XARELTO |
| HMG & Cholesterol Inhibitor Combinations | ALTOPREV, ZYPITAMAG | atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO |
| PCSK9 Inhibitors | REPATHA | PRALUENT |
| DERMATOLOGICAL Oral Agents for Rosacea | DOXYCYCLINE 40 MG CAPSULES | ORACEA |
| Topical Acne/Antibiotic Combinations | AKTIPAK, VELTIN | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ACANYA, ONEXTON |
| Topical Agents for Actinic Keratosis | FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO |
| Topical Antifungals | LULICONAZOLE | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole |
| Topical Antiviral Agents | XERESE CREAM | acyclovir capsules, acyclovir tablets, famciclovir tablets, valacyclovir tablets, ZOVIRAX CREAM |
| Topical Corticosteroids | TOPICORT SPRAY, VERDESO FOAM | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment |
| Miscellaneous Topical Dermatological Agents | ALCORTIN A | hydrocortisone, mupirocin |

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|--|--|
| DIABETES Blood Glucose Meters & Test Strips | ABBOTT (FREESTYLE, PRECISION), BAYER (BREEZE, CONTOUR), NATIONAL MEDICAL (ADVOCATE), OMNIS HEALTH (EMBRACE, VICTORY), ROCHE (ACCU-CHEK), TRIVIDIA (TRUETEST, TRUETRACK), UNISTRIP ALL OTHER METERS & STRIPS THAT ARE NOT LIFESCAN BRAND | LIFESCAN (ONETOUCH) |
| Dipeptidyl Peptidase-4 Inhibitors & Combinations | ALOGLIPTIN, NESINA, ONGLYZA | JANUVIA, TRADJENTA |
| | ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR | JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR |
| Glucagon-Like Peptide-1 Agonists | ADLYXIN, TANZEUM, VICTOZA | BYDUREON, BYETTA, OZEMPIC, TRULICITY |
| Insulins | NOVOLIN | HUMULIN |
| | ADMELOG, APIDRA, FIASP, NOVOLOG | HUMALOG |
| EAR/NOSE Nasal Steroids | BECONASE AQ, OMNARIS, ZETONNA | budesonide, flunisolide, fluticasone, mometasone, QNASL |
| Otic Fluoroquinolone Antibiotics | CETRAXAL | ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL |
| ENDOCRINE (OTHER) Combination Patches | CLIMARA PRO | COMBIPATCH |
| Estrogen and Estrogen Modifiers for Vaginal Symptoms | FEMRING | estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS |
| Gonadotropin Releasing Hormone (GnRH) Agonists (for Central Precocious Puberty) | LUPRON DEPOT-PED | TRIPTODUR |
| Growth Hormones | HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON | GENOTROPIN, NORDITROPIN FLEXPRO |
| Somatostatin Analogs | SANDOSTATIN LAR DEPOT, SIGNIFOR LAR | SOMATULINE DEPOT |
| Topical Estrogen Gels | ESTROGEL | DIVIGEL |
| GASTROINTESTINAL Corticosteroids (Rectal Formulations) | CORTIFOAM | hydrocortisone enema, UCERIS FOAM |
| Inflammatory Bowel Agents | DELZICOL, DIPENTUM | balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, APRISO, PENTASA |
| Pancreatic Enzymes | PANCREAZE, PERTZYE | CREON, ZENPEP |
| Proton Pump Inhibitors | ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION | esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS |
| HEMATOLOGICAL Erythropoiesis-Stimulating Agents | ARANESP, EPOGEN, MIRCERA | PROCRIT |
| Factor VIII Recombinant Products | ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE | ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ |
| Granulocyte Colony Stimulating Factors | NEUPOGEN | GRANIX, ZARXIO |
| HEPATITIS Hepatitis C | DAKLINZA, MAVYRET, OLYSIO, SOVALDI | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |
| HIV Antiretrovirals | ATRIPLA | BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFI, SYMFI LO, TRIUMEQ |
| MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy | COLCHICINE | COLCRYS, MITIGARE |
| | DUZALLO, ZURAMPIC | allopurinol, probenecid |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES | fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen |
| OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility) | GANIRELIX ACETATE | CETROTIDE |

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|--|---|---|
| OBSTETRICAL & GYNECOLOGICAL (continued) Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonists (for Endometriosis) | ORLISSA | LUPRON DEPOT, SYNAREL, ZOLADEX |
| Human Chorionic Gonadotropin | CHORIONIC GONADOTROPIN, PREGNYL | NOVAREL, OVIDREL |
| Ovulatory Stimulants (Follitropins) | BRAVELLE, FOLLISTIM AQ | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT |
| Vaginal Progestones | ENDOMETRIN | CRINONE 8% GEL |
| OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers) | TIMOPTIC OCUDOSE | betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins) | ZIOPTAN | bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z |
| Ophthalmic Anti-Allergic | ALOCRI, ALOMIDE, EMADINE | azelastine drops, cromolyn drops, olopatadine drops, ALLEX, BEPREVE, PAZEO |
| Ophthalmic Anti-Inflammatory | FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD | dexamethasone drops, fluorometholone drops, prednisolone drops, LOTEMAX |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | ACUVAIL, NEVANAC | bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA |
| OSTEOARTHRITIS Hyaluronic Acid Derivatives | DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, VISCO-3 | EUFLEXXA, MONOVISC, ORTHOVISC |
| RENAL DISEASE Phosphate Binders | FOSRENOL POWDER PACKETS, RENAGEL | lanthanum, sevelamer carbonate, PHOSLYRA, VELPHORO |
| RESPIRATORY Epinephrine Auto-Injector Systems | AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE) | EPINEPHRINE AUTO-INJECTOR (BY MYLAN), EPIPEN, EPIPEN JR |
| Long-Acting Beta Agonist Nebulized | BROVANA | PERFORMIST |
| Pulmonary Anti-Inflammatory Inhalers | ALVESCO | ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR |
| Short-Acting Beta ₂ -Agonist Inhalers | LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA | PROAIR HFA/RESPICLICK, VENTOLIN HFA |
| UROLOGICAL Erectile Dysfunction Oral Agents | LEVITRA, STAXYN | sildenafil, CIALIS |
| WEIGHT LOSS Weight Loss Agents | CONTRAVE ER, QSYMIA | benzphetamine, diethylpropion, phentermine |
| MISCELLANEOUS AGENTS | ENDARI | Over-the-Counter glutamine powder or tablets |
| | HYDROXYPROGESTERONE 1,250 MG/5 ML | hydroxyprogesterone caproate 250 mg/ml (single dose vial) |
| | SIKLOS | DROXIA |
| | MEBOLIC, OMNIVEX, XYZBAC, ZYVIT | Over-the-Counter multivitamin combination plus folic acid |
| | NOCTIVA | desmopressin tablets |
| Hereditary Angioedema | BERINERT | RUCONEST |

Indication Based Management

| Drug Class | Nonpreferred Medications | Preferred Alternatives |
|---------------------------------|---|--|
| INFLAMMATORY CONDITIONS‡ | All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a Nonpreferred medication. | ACTEMRA, COSENTYX, ENBREL, HUMIRA, INFLECTRA, OTEZLA, REMICADE, RENFLEXIS, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), STELARA SC, TREMFYA*, XELJANZ, XELJANZ XR |

‡ Please note that product placement for treatment for Inflammatory Conditions are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

* This medication may be subject to step therapy.

Continued

Excluded Medications/Products at a Glance

| | | |
|---|---|--------------------------------|
| ABBOTT (FREESTYLE, PRECISION) | FENTORA | PRADAXA |
| ABILIFY^ | FIASP | PRED MILD |
| ABSTRAL | FLAREX | PREGNLY |
| ACIPHEX^ | FLUOROURACIL 0.5% CREAM | PREVACID^, PREVACID SOLUTAB^ |
| ACIPHEX SPRINKLE | FML FORTE, FML S.O.P. | PRIOLESC SUSPENSION |
| ACUVAIL | FOLLISTIM AQ | PRISTIQ^ |
| ADCIRCA^ | FOSRENOL CHEWABLE TABLETS^ | PROTONIX^ |
| ADDERALL^ | FOSRENOL POWDER PACKETS | PROTONIX SUSPENSION |
| ADLYXIN | GANIRELIX ACETATE | PROVENTIL HFA |
| ADMELOG | GEL-ONE | PROVIGIL^ |
| AJOVY | GELSYN-3 | PROZAC^ |
| AKTIPAK | GENVISC 850 | PULMICORT RESPULES^ |
| ALCORTIN A | GLEEVEC^ | QSYMIA |
| ALOCRIL | GLUCOPHAGE^, GLUCOPHAGE XR^ | RECOMBINATE |
| ALOGLIPTIN | GLUMETZA^ | RENAGEL |
| ALOGLIPTIN/METFORMIN | GOCOVRI ER | REPATHA |
| ALOMIDE | HUMATROPE | ROCHE (ACCU-CHEK) |
| ALTOPREV | HYALGAN | SAIZEN, SAIZENPREP |
| ALVESCO | HYDROXYPROGESTERONE 1,250 MG/5 ML | SANDOSTATIN LAR DEPOT |
| ANDROGEL 1%^ | HYMOVIS | SAVAYA |
| ANUSOL-HC^ | IMIQUIMOD 3.75% CREAM PUMP | SEROQUEL^, SEROQUEL XR^ |
| APIDRA | IMITREX^ | SIGNIFOR LAR |
| ARANESP | INDERAL LA^ | SIKLOS |
| ARIMIDEX^ | INTUNIV^ | SINGULAIR^ |
| ASACOL HD^ | ISTALOL^ | SOVALDI |
| ATACAND^, ATACAND HCT^ | KAZANO | STAXYN |
| ATRIPLA | KEPPRA^, KEPPRA XR^ | STRATTERA^ |
| AUVI-Q | KOMBIGLYZE XR | SUMAVEL DOSEPRO |
| AVALIDE^, AVAPRO^ | LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^ | SUPARTZ FX |
| AVODART^ | LAZANDA | SYNVISC, SYNVISC-ONE |
| AZOR^ | LEVALBUTEROL HFA | TANZEUM |
| BAYER (BREEZE, CONTOUR) | LEVITRA | TESTIM^ |
| BECONASE AQ | LEXAPRO^ | TIKOSYN^ |
| BENICAR^, BENICAR HCT^ | LIBRAX^ | TIMOPTIC OCUDOSE |
| BERINERT | LIDODERM^ | TOBI SOLUTION^ |
| BRAVELLE | LIPITOR^ | TOPAMAX^ |
| BRISDELLE^ | LOESTRIN^, LOESTRIN FE^ | TOPICORT SPRAY |
| BROVANA | LOTREL^ | TRIBENZOR^ |
| BUPAP^ | LOVENOX^ | TRICOR^ |
| BUTRANS | LUCEMYRA | TRILEPTAL^ |
| CELEBREX^ | LULICONAZOLE | TRIVIDIA (TRUETEST, TRUETRACK) |
| CELEXA^ | LUNESTA^ | UNISTRIP |
| CETRAXAL | LUPRON DEPOT-PED | UROXATRAL^ |
| CHORIONIC GONADOTROPIN | LYRICA CR | VAGIFEM^ |
| CLIMARA PRO | MAVYRET | VALIUM^ |
| COLCHICINE | MAXALT^, MAXALT MLT^ | VALTREX^ |
| CONTRACE ER | MAXIDEX | VELTIN |
| COREG^ | MEBOLIC | VERDESO FOAM |
| CORTIFOAM | MICARDIS^, MICARDIS HCT^ | VIAGRA^ |
| COSOPT^ | MINASTRIN 24 FE^ | VICTOZA |
| COZAAR^, HYZAAR^ | MIRCERA | VISCO-3 |
| CRESTOR^ | NALFON CAPSULES | VIVELLE-DOT^ |
| CYMBALTA^ | NAMENDA XR^ | VOGELXO^ |
| CYTOMEL^ | NASONEX^ | VYTORIN^ |
| DAKLINZA | NATIONAL MEDICAL (ADVOCATE) | WELLBUTRIN SR^ |
| DELZICOL | NESINA | XADAGO |
| DETROL^, DETROL LA^ | NEUPOGEN | XALATAN^ |
| DIOVAN^, DIOVAN HCT^ | NEURONTIN^ | XANAX^, XANAX XR^ |
| DIPENTUM | NEVANAC | XENAZINE^ |
| DOXYCYCLINE 40 MG CAPSULES | NOCTIVA | XERESE CREAM |
| DUROLANE | NORCO^ | XOPENEX HFA |
| DUZALLO | NORVASC^ | XYNTHA, XYNTHA SOLOFUSE |
| EFFEXOR XR^ | NOVOLIN | XYZBAC |
| ELOCTATE | NOVOLOG | YASMIN^ |
| EMADINE | NUTROPIN AQ NUSPIN | ZEGERID^ |
| EMBEDA | NUVIGIL^ | ZETIA^ |
| EMFLAZA | OLYSIO | ZETONNA |
| ENDARI | OMNARIS | ZIOPTAN |
| ENDOMETRIN | OMNIS HEALTH (EMBRACE, VICTORY) | ZOCOR^ |
| EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE) | OMNITROPE | ZOLOFT^ |
| EPOGEN | OMNIVEX | ZOMACTON |
| ESTROGEL | ONGLYZA | ZOMIG TABLETS^, ZOMIG ZMT^ |
| EVZIO | ORLISSA | ZONEGRAN^ |
| EXFORGE^, EXFORGE HCT^ | ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^ | ZURAMPIC |
| EXONDYS 51 | OSMOLEX ER | ZYCLARA |
| EXTAVIA | OXYCODONE ER | ZYFLO CR^ |
| FEMRING | PANCREAZE | ZYPITAMAG |
| FENOPROFEN CAPSULES | PERTZYE | ZYVIT |
| FENORTHO | PLAQUENIL^ | |
| | PLAVIX^ | |

^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.