

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. 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
Anticonvulsants	TOPIRAMATE ER CAPSULES~	topiramate tablets, QUDEXY XR
Anti-Migraine Therapy	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	XADAGO	rasagiline, selegiline
Antipsychotics (Oral)	ABILIFY MYCITE	aripiprazole tablets
Beta Interferons for Multiple Sclerosis	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	EMBEDA, OPANA ER, OXYCODONE ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	BUTRANS	BELBUCA
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, GRALISE, LYRICA
Tardive Dyskinesia Therapy	INGREZZA~	tetrabenazine, AUSTEDO
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA	fentanyl citrate lozenges
CARDIOVASCULAR Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Beta Blockers & Combinations	KAPSPARGO SPRINKLE	metoprolol succinate
	DUTOPROL~, METOPROLOL SUCCINATE/HCTZ ER~	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate ER plus hydrochlorothiazide
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ZYPITAMAG	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	PRALUENT (NDCs starting with 72733), REPATHA	PRALUENT (NDCs starting with 00024)
DERMATOLOGICAL Oral Agents for Acne	MINOLIRA	minocycline ER
Oral Agents for Rosacea	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Topical Acne	PLIXDA	adapalene
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 Corticosteroids	CLOCORTOLONE~	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment

~ Medications will be excluded beginning 07/01/2019.

Continued

Drug Class	Excluded Medications	Preferred Alternatives
DERMATOLOGICAL (continued) Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
	LIDOCAINE/TETRACAINE~	lidocaine cream, lidocaine/prilocaine cream
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
	ALOGLIPTIN/PIOGLITAZONE~	pioglitazone plus JANUVIA or TRADJENTA
Glucagon-Like Peptide-1 Agonists	ADLYXIN, TANZEUM, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
Insulins	NOVOLIN	HUMULIN
	ADMELOG, APIDRA, FIASP, INSULIN LISPRO, 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
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, RETACRIT
Factor VIII Recombinant Products	ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Granulocyte Colony Stimulating Factors	NEUPOGEN, NIVESTYM	GRANIX, ZARXIO
HEPATITIS Hepatitis C	DAKLINZA, LEDIPASVIR/SOFOSBUVIR, MAVYRET, OLYSIO, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV Antiretrovirals	ATRIPLA, DELSTRIGO, SYMTUZA	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
	COMPLERA~	ODEFSEY
	PIFELTRO	efavirenz, nevirapine ER, EDURANT, INTELENCE, RESCRIPTOR
	PREZCOBIX~	atazanavir, ritonavir, KALETRA TABLETS, PREZISTA
	STRIBILD~	BIKTARVY, GENVOYA
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
	QMIIZ ODT, ZORVOLEX~	diclofenac, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, piroxicam
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCH	FLECTOR PATCH

~ Medications will be excluded beginning 07/01/2019.

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Drug Class	Excluded Medications	Preferred Alternatives
OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	GANIRELIX ACETATE	CETROTIDE
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 Progesterones	ENDOMETRIN	CRINONE 8% GEL
ONCOLOGY	KISQALI~, KISQALI FEMARA CO-PACK~	IBRANCE, VERZENIO
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE, EMADINE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, prednisolone drops, INVELTYS, 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, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL DISEASE Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY IMPAX)	epinephrine auto-injector 0.30 mg (by Mylan), EPINEPHRINE AUTO-INJECTOR 0.15 MG (BY MYLAN), EPIPEN, EPIPEN JR
Immunological Agents for Asthma	CINQAIR~	FASENRA, NUCALA, DUPIXENT
Long-Acting Beta Agonist Nebulized	BROVANA	PERFORMIST
Long-Acting Muscarinic Antagonist Inhalers	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT~	INCRUSE ELLIPTA, TUDORZA PRESSAIR
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	STIOLTO RESPIMAT~	ANORO ELLIPTA, BEVESPI AEROSPHERE
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA, LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
WEIGHT LOSS Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	SIKLOS	DROXIA
	NOCTIVA	desmopressin tablets
Antifungal Agents	TOLSURA	itraconazole
Bone Modifiers	PROLIA~	alendronate, ibandronate, risedronate
Hereditary Angioedema	BERINERT	RUCONEST
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATTRO	No alternatives recommended
Potassium Binders	VELTASSA~	LOKELMA

~ Medications will be excluded beginning 07/01/2019.

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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, OTEZLA, REMICADE, 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.

Excluded Medications/Products at a Glance

ABBOTT (FREESTYLE, PRECISION) ABILIFY^ ABILIFY MYCITE ABSTRAL ACIPHEX^ ACIPHEX SPRINKLE ACUVAIL ADCIRCA^ ADDERALL^ ADLYXIN ADMELOG AKTIPAK ALBUTEROL SULFATE HFA ALCORTIN A ALOCRIAL ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE~ ALOMIDE ALTOPREV ALVESCO AMPYRA^~ ANDROGEL 1% ^ ANUSOL-HC ^ APADAZ APIDRA ARANESP ARIMIDEX^ ASACOL HD^ ATACAND^, ATACAND HCT^ ATRIPLA AUVI-Q AVALIDE^, AVAPRO^ AVODART^ AZOR^ BARACLUE TABLETS^~ BAYER (BREEZE, CONTOUR) BECONASE AQ BENICAR^, BENICAR HCT^ BENZHYDROCODONE/ACETAMINOPHEN BERINERT BRAVELLE BRISDELLE^ BROVANA BUPAP^ BUTRANS CELEBREX^ CELEXA^ CETRAXAL CHORIONIC GONADOTROPIN CINQAIR~ CLIMARA PRO CLOCORTOLONE~ COLCHICINE COMPLERA~ COREG^ CORTIFOAM COSOPT^ COZAAR^, HYZAAR^ CRESTOR^ CYMBALTA^ CYTOMEL^ DAKLINZA DELSTRIGO DELZICOL DETROL^, DETROL LA^ DICLOFENAC EPOLAMINE PATCH	DIOVAN^, DIOVAN HCT^ DIPENTUM DOXYCYCLINE 40 MG CAPSULES DUROLANE DUTOPROL~ DUZALLO EFFEXOR XR^ ELOCTATE EMADINE EMBEDA EMFLAZA ENDOMETRIN EPINEPHRINE AUTO-INJECTOR (BY IMPAX) EPOGEN ESTROGEL EVZIO EXFORGE^, EXFORGE HCT^ EXONDYS 51 EXTAVIA FEMRING FENOPROFEN CAPSULES FENORTHO FENTORA FIASP FLAREX FLUOROURACIL 0.5% CREAM FML FORTE, FML S.O.P. FOLLISTIM AQ FOSRENOL CHEWABLE TABLETS^ FOSRENOL POWDER PACKETS GANIRELIX ACETATE GEL-ONE GELSYN-3 GENVISC 850 GLEEVEC^ GLUCOPHAGE^, GLUCOPHAGE XR^ GLUMETZA^ GOCOVRI ER HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX^ INDERAL LA^ INGREZZA~ INSULIN LISPRO INTUNIV^ ISTALOL^ KAPSPARGO SPRINKLE KAZANO KEPBRA^, KEPBRA XR^ KISQALI~, KISQALI FEMARA CO-PACK~ KOMBIGLYZE XR LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^ LAZANDA LEDIPASVIR/SOFOSBUVIR LEVALBUTEROL HFA LEXAPRO^ LIBRAX^ LIDOCAINE/TETRACAINE~ LIDODERM^ LIPITOR^ LOESTRIN^, LOESTRIN FE^ LOTREL^ LOVENOX^ LUCEMYRA LULICONAZOLE	LUNESTA^ LYRICA CR MAVYRET MAXALT^, MAXALT MLT^ MAXIDEX METOPROLOL SUCCINATE/HCTZ ER~ MICARDIS^, MICARDIS HCT^ MINASTRIN 24 FE^ MINOLIRA MIRCERA NALFON CAPSULES NAMENDA XR^ NASONEX^ NATIONAL MEDICAL (ADVOCATE) NESINA NEUPOGEN NEURONTIN^ NEVANAC NIVESTYM NOCTIVA NORCO^ NORVASC^ NOVOLIN NOVOLOG NUTROPIN AQ NUSPIN NUVIGIL^ OLYSIO OMNARIS OMNIS HEALTH (EMBRACE, VICTORY) OMNITROPE ONGLYZA ONPATTRO OPANA ER ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^ OSMOLEX ER OXYCODONE ER PANCREAZE PATADAY^~ PERTZYE PIFELTRO PLAQUENIL^ PLAVIX^ PLIXDA PRADAXA PRALUENT (NDCs starting with 72733) PRAVACHOL^~ PRED MILD PREGNYL PREVACID^, PREVACID SOLUTAB^ PREZCOBIX~ PRILOSEC SUSPENSION PRISTIQ^ PROLIA~ PROTONIX^ PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL^ PROZAC^ PULMICORT RESPULES^ QMIIZ ODT QSYMIA RECOMBINATE RENAGEL^ REPATHA ROCHE (ACCU-CHEK) SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT	SAVAYSA SEROQUEL^, SEROQUEL XR^ SIGNIFOR LAR SIKLOS SINGULAIR^ SOFOSBUVIR/VELPATASVIR SOVALDI SPIRIVA HANDHALER, SPIRIVA RESPIMAT~ STIOLTO RESPIMAT~ STRATTERA^ STRIBILD~ SUMAVEL DOSEPRO SUPARTZ FX SYMTUZA SYNVISC, SYNVISC-ONE TANZEUUM TESTIM^ TIKOSYN^ TIMOPTIC OCULOSE TOBI SOLUTION^ TOLSURA TOPAMAX^ TOPICORT SPRAY TOPIRAMATE ER CAPSULES~ TRIBENZOR^ TRICOR^ TRILEPTAL^ TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC UNISTRIP UROXATRAL^ VAGIFEM^ VALIUM^ VALTREX^ VELTASSA~ VELTIN VERDESO FOAM VIAGRA^ VICTOZA VISCO-3 VIVELLE-DOT^ VYTORIN^ WELLBUTRIN SR^ XADAGO XALATAN^ XANAX^, XANAX XR^ XELPROS XENAZINE^ XOPENEX HFA XYNTHA, XYNTHA SOLOFUSE YASMIN^ ZAVESCA^~ ZEGERID^ ZETIA^ ZETONNA ZIOPTAN ZOCOR^ ZOLOFT^ ZOMACTON ZOMIG TABLETS^, ZOMIG ZMT^ ZONEGRAN^ ZORVOLEX~ ZURAMPIC ZYLARA ZYFLO CR^ ZYPTAMAG ZYTIGA 250 MG^~
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^ 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.

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