

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 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 Anti-Migraine Therapy	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	NEUPRO PATCHES	pramipexole tablets, pramipexole ER tablets, ropinirole tablets
	XADAGO	rasagiline, selegiline
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, 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, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
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
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)

Continued

Drug Class	Excluded Medications	Preferred Alternatives
DIABETES (continued) 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 FLEXPPO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Topical Estrogen Gels	ESTROGEL	DIVIGEL
Topical Testosterone Products	FORTESTA, NATESTO, TESTOSTERONE GEL	ANDROGEL 1.62%
GASTROINTESTINAL Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Inflammatory Bowel Agents	ASACOL HD, 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	fenoprofen calcium tablets, diclofenac, indomethacin, ibuprofen, 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) 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	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, 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, SYNVISIC, SYNVISIC-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	PERFOROMIST
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
	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.

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Excluded Medications/Products at a Glance

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

[^] 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.