

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	amantadine capsules, amantadine tablets, amantadine oral solution
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	OPANA ER, OXYCODONE ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Narcotic Analgesics	BUPRENORPHINE PATCHES, BUTRANS	fentanyl patches, hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Narcotic Antagonists	EVZIO	naloxone syringe, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, GRALISE, LYRICA
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA	fentanyl citrate lozenges
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
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	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, 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) Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING	estradiol patches, estradiol tablets, yuvafem, ESTRACE CREAM, ESTRING, PREMARIN CREAM, PREMARIN TABLETS
Growth Hormones	NUTROPIN AQ, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN

~ Medications will be excluded beginning 07/01/2018.

Continued

Drug Class	Excluded Medications	Preferred Alternatives
ENDOCRINE (OTHER) (continued) 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 Inflammatory Bowel Agents	ASACOL HD, DELZICOL, DIPENTUM, MESALAMINE 800 MG DELAYED-RELEASE	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, APRISO, PENTASA
Irritable Bowel Syndrome and Chronic Constipation Agents	TRULANCE	AMITIZA, LINZESS
Pancreatic Enzymes	PANCREAZE, PERTZYE, ULTRESA	CREON, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PREVACID SOLUTAB, PRILOSEC SUSPENSION, PROTONIX SUSPENSION	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT
Granulocyte Colony Stimulating Factors	NEUPOGEN	GRANIX, ZARXIO
HEPATITIS Hepatitis C	DAKLINZA, OLYSIO, SOVALDI, ZEPATIER	EPCLUSA, HARVONI, MAVYRET, TECHNIVIE, VIEKIRA PAK, VIEKIRA XR, VOSEVI
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE	COLCRYS, MITIGARE
Osteoporosis Therapy	FORTEO	TYMLOS
OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	GANIRELIX ACETATE	CETROTIDE
Ovulatory Stimulants (Follitropins)	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progesterones	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 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
OSTEOARTHRITIS Hyaluronic Acid Derivatives	GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ, SUPARTZ FX, SYNVISC, SYNVISC-ONE, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL DISEASE Phosphate Binders	FOSRENOL POWDER PACKET, 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
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, STENDRA	CIALIS
WEIGHT LOSS Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	ENDARI	Over-the-Counter glutamine powder or tablets
	MEBOLIC~, XYZBAC~, ZYVIT~	Over-the-Counter multivitamin combination plus folic acid

~ Medications will be excluded beginning 07/01/2018.

Continued

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

* This medication may be subject to step therapy.

Excluded Medications/Products at a Glance

ABBOTT (FREESTYLE, PRECISION) ABILIFY^ ABSTRAL ACIPHEX^ ACIPHEX SPRINKLE ACUVAIL ADDERALL^ ADLYXIN ADMOLOG AKTIPAK ALOGLIPTIN ALOGLIPTIN/METFORMIN ALVESCO ANDROGEL 1% [^] ANUSOL-HC [^] APIDRA ARANESP ARIMIDEX ^{^~} ASACOL HD ATACAND [^] , ATACAND HCT [^] AUVI-Q AVALIDE ^{^~} , AVAPRO ^{^~} AVODART ^{^~} AZOR [^] BAYER (BREEZE, CONTOUR) BECONASE AQ BENICAR [^] , BENICAR HCT [^] BRAVELLE BUPAP [^] BUPRENORPHINE PATCHES BUTRANS CELEBREX ^{^~} CELEXA ^{^~} CETRAXAL COLCHICINE COREG ^{^~} COSOPT ^{^~} COZAAR ^{^~} , HYZAAR ^{^~} CRESTOR ^{^~} CYMBALTA [^] CYTOMEL [^] DAKLINZA DELZICOL DETROL ^{^~} , DETROL LA ^{^~} DIOVAN ^{^~} , DIOVAN HCT ^{^~} DIPENTUM DOXYCYCLINE 40 MG CAPSULES EFFEXOR XR [^] EMFLAZA ENDARI ENDOMETRIN EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE) EPOGEN ESTROGEL EVZIO EXFORGE ^{^~} , EXFORGE HCT ^{^~} EXONDYS 51 FEMRING FENTORA FIASP FLUOROURACIL 0.5% CREAM FOLLISTIM AQ FORTEO	FORTESTA FOSRENOL CHEWABLE TABLET [^] FOSRENOL POWDER PACKET GANIRELIX ACETATE GEL-ONE GELSYN-3 GENVISC 850 GLEEVEC ^{^~} GLUCOPHAGE ^{^~} , GLUCOPHAGE XR ^{^~} GLUMETZA [^] GOCOVRI ER HYALGAN HYMOVIS IMITREX [^] INDERAL LA [^] INTUNIV [^] ISTALOL [^] KAZANO KEPPRA ^{^~} , KEPPRA XR ^{^~} KOMBIGLYZE XR LAMICTAL ^{^~} , LAMICTAL ODT ^{^~} , LAMICTAL XR ^{^~} LAZANDA LEVALBUTEROL HFA LEVITRA LEXAPRO [^] LIBRAX [^] LIDODERM [^] LIPITOR ^{^~} LOESTRIN ^{^~} , LOESTRIN FE ^{^~} LOTREL ^{^~} LOVENOX [^] LUNESTA [^] LYRICA CR MAXALT ^{^~} , MAXALT MLT ^{^~} MEBOLIC [~] MESALAMINE 800 MG DELAYED-RELEASE MICARDIS ^{^~} , MICARDIS HCT ^{^~} MINASTRIN 24 FE [^] MIRCERA NASONEX [^] NATESTO NATIONAL MEDICAL (ADVOCATE) NESINA NEUPOGEN NEURONTIN ^{^~} NEVANAC NORVASC ^{^~} NOVOLIN NOVOLOG NUTROPIN AQ, NUTROPIN AQ NUSPIN OLYSIO OMNARIS OMNIS HEALTH (EMBRACE, VICTORY) OMNITROPE ONGLYZA OPANA ER ORTHO TRI-CYCLEN ^{^~} , ORTHO TRI-CYCLEN LO ^{^~} OXYCODONE ER PANCREAZE PERTZYE PLAQUENIL [^] PLAVIX [^] PREVACID [^] PREVACID SOLUTAB	PRILOSEC SUSPENSION PRISTIQ [^] PROTONIX [^] PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL [^] PROZAC [^] PULMICORT RESPULES [^] QSYMIA RENAGEL ROCHE (ACCU-CHEK) SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SEROQUEL [^] , SEROQUEL XR [^] SIGNIFOR LAR SINGULAIR [^] SOVALDI STAXYN STENDRA STRATTERA [^] SUMAVEL DOSEPRO SUPARTZ, SUPARTZ FX SYNVISC, SYNVISC-ONE TANZEUM TESTIM [^] TESTOSTERONE GEL TIKOSYN [^] TIMOPTIC OCULOSE TOBI SOLUTION [^] TOPAMAX ^{^~} TRIBENZOR [^] TRICOR ^{^~} TRILEPTAL ^{^~} TRIVIDIA (TRUETEST, TRUETRACK) TRULANCE ULTRESA UNISTRIP VALIUM [^] VALTRESA [^] VELTIN VICTOZA VISCO-3 VOGELXO [^] VYTORIN [^] WELLBUTRIN SR [^] XALATAN ^{^~} XANAX [^] , XANAX XR [^] XENAZINE [^] XOPENEX HFA XYZBAC [~] ZEGERID [^] ZEPATIER ZETIA [^] ZETONNA ZIOPTAN ZOCOR ^{^~} ZOLOFT [^] ZOMACTON ZOMIG TABLETS ^{^~} , ZOMIG ZMT ^{^~} ZYCLARA ZYFLO CR [^] ZYVIT [~]
--	---	--

[^] 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.

~ Medications will be excluded beginning 07/01/2018.

July 2018 New Rx Exclusions

Beginning July 1, 2018, Express Scripts will exclude 33 additional products from the NPF, including 30 multi-source brands, products with generic equivalents. The remaining three products are high-cost combination drugs with lower cost generic or over-the-counter options, and are delineated with an asterisk in the table below.

NEW EXCLUSIONS:

ARIMIDEX	AVALIDE, AVAPRO	AVODART	CELEBREX
CELEXA	COREG	COSOPT	COZAAR, HYZAAR
CRESTOR	DETROL, DETROL LA	DIOVAN, DIOVAN HCT	EXFORGE, EXFORGE HCT
GLEEVEC	GLUCOPHAGE, GLUCOPHAGE XR	KEPPRA, KEPPRA XR	LAMICTAL, LAMICTAL ODT, LAMICTAL XR
LIPITOR	LOESTRIN, LOESTIN FE	LOTREL	MAXALT, MAXALT MLT
MEBOLIC*	MICARDIS, MICARDIS HCT	NEURONTIN	NORVASC
ORTHO TRI- CYCLEN, ORTHO TRI- CYCLEN LO	TOPAMAX	TRICOR	TRILEPTAL
XALATAN	XYZBAC*	ZOCOR	ZOMIG TABLETS, ZOMIG ZMT
ZYVIT*			