

# 2019 National Preferred Formulary Exclusion List Changes



The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning January 1, 2019, unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price. This is not an all-inclusive list of exclusions for the Express Scripts National Preferred Formulary. The full list of excluded products will be available on or before September 5, 2018.

## Single-Source Brand Exclusions

The following drug classes have new exclusions for 2019. 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.

Drug Class	Excluded Medications	Preferred Alternatives
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Antiparkinsonism Agents	NEUPRO PATCH	pramipexole tablet, pramipexole ER tablet, ropinirole tablet
	XADAGO	rasagiline, selegiline
Beta Interferons for Multiple Sclerosis	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
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)
Combination Patches	CLIMARA PRO	COMBIPATCH
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS (FOAM)
Factor VIII Recombinant Products	ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Gonadotropin Releasing Hormone (GnRH) Agonists (for Central Precocious Puberty)	LUPRON DEPOT-PED	TRIPTODUR
Gout Therapy	DUZALLO, ZURAMPIC	allopurinol, probenecid
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN*, OMNITROPE*, SAIZEN*, SAIZENPREP*, ZOMACTON*	GENOTROPIN, NORDITROPIN FLEXPRO
Hepatitis C	DAKLINZA*, MAVYRET, OLYSIO*, SOVALDI*	EPCLUSA, HARVONI, VOSEVI, ZEPATIER*
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
HIV - Antiretrovirals	ATRIPLA	BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFI, SYMFI LO, TRIUMEQ
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ZYPITAMAG*	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL
Irritable Bowel Syndrome and Chronic Constipation Agents	No products in this class will be excluded for 2019	AMITIZA, LINZESS, TRULANCE*

\* Current 2018 exclusion in this class

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## Single-Source Brand Exclusions (Continued)

Drug Class	Excluded Medications	Preferred Alternatives
Long-Acting Beta Agonist Nebulized	BROVANA	PERFOROMIST
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE ER*	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	FENOPROFEN (CAPSULE), FENORTHO, NALFON	fenopropfen calcium (tablet/generic), diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen
Ophthalmic Anti-Allergic	ALOCRIAL, 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
Topical Antiviral Agents	XERESE CREAM	acyclovir (tablet/capsule), famciclovir tablet, valacyclovir tablet, ZOVIRAX CREAM
Topical Corticosteroids	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% (cream/lotion/ointment), desoximetasone 0.25% (cream/ointment)
Weight Loss Agents	CONTRAVE ER, QSYMIA*	benzphetamine, diethylpropion, phentermine

## Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the NPF. These generic medications meet strict standards and have been approved by the FDA. These generic products contain the same active ingredients as their corresponding brand-name medications, although they may have a different color or shape. Please note that brand product placement may be subject to change throughout the year based upon new generic product availability on the market.

BRISDELLE	NAMENDA XR	NORCO	NUVIGIL	UROXATRAL
VAGIFEM	VIAGRA	VIVELLE- DOT	YASMIN	ZONEGRAN

\*Current 2018 exclusion in this class