

2020 National Preferred Formulary Exclusion List Changes

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning January 1, 2020, 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 6, 2019.

Single-Source Brand Exclusions

The following drug classes have new exclusions for 2020. 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
ACE Inhibitors	EPANED	enalapril
	QBRELIS	lisinopril
Antiemetics (Oral)	AKYNZEO CAPSULE	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	EMEND POWDER PACKET	aprepitant, VARUBI TABLETS
Anti-Migraine Therapy	ONZETRA XSAIL	sumatriptan nasal spray, ZOMIG NASAL SPRAY
Antivirals (oral)	SITAVIG	acyclovir oral or cream, famciclovir, valacyclovir
Blood Glucose Meters & Test Strips	BAYER (BREEZE, CONTOUR)*, NATIONAL MEDICAL (ADVOCATE)*, OMNIS HEALTH (EMBRACE, VICTORY)*, ROCHE (ACCU-CHEK)*, TRIVIDIA (TRUETEST, TRUETRACK)*, UNISTRIP* ALL OTHER METERS & STRIPS THAT ARE NOT LISTED AS PREFERRED*	FREESTYLE KITS/METERS: FREESTYLE FREEDOM*, FREESTYLE FREEDOM LITE*, FREESTYLE INSULINX*, FREESTYLE LITE* FREESTYLE STRIPS: FREESTYLE*, FREESTYLE INSULINX*, FREESTYLE LITE* ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO, VERIO FLEX ONETOUCH STRIPS: ULTRA, VERIO PRECISION XTRA METER*, TEST STRIPS*, B-KETONE STRIPS
Chelating Agents	JADENU, JADENU SPRINKLE	deferasirox
Factor VIII Recombinant Products	NUWIQ, RECOMBINATE*, XYNTHA*, XYNTHA SOLOFUSE*	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN*	NIVESTYM*, ZARXIO
Immunosuppressant Agents	XATMEP	methotrexate
Insulins	NOVOLIN*, RELION NOVOLIN	HUMULIN
Long-Acting Beta Agonist Inhalers	STRIVERDI RESPIMAT	SEREVENT DISKUS
Long-Acting Beta Agonist Nebulized	No products in this class will be excluded for 2020	PERFOROMIST
Long-Acting Muscarinic Antagonist Inhalers	SPIRIVA HANDIHALER*, SPIRIVA RESPIMAT*, TUDORZA PRESSAIR	INCRUSE ELLIPTA

* Current 2019 exclusion in this class

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Single-Source Brand Exclusions (Continued)

Drug Class	Excluded Medications	Preferred Alternatives
Metabolic Agents	ORFADIN	NITYR
Multiple Sclerosis (Oral)	AUBAGIO	GILENYA, MAYZENT, TECFIDERA
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	TIVORBEX, VIVLODEX, ZORVOLEX*	diclofenac sodium, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam
	ZIPSOR	diclofenac potassium, diclofenac sodium
Rosacea Agents (Topical)	RHOFADE	MIRVASO
Thrombocytopenia Agents	MULPLETA	DOPTELET
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	PENNSAID	diclofenac sodium topical, FLECTOR PATCH
Transmucosal Fentanyl Analgesics	ABSTRAL*, FENTANYL CITRATE BUCCAL TABLETS*, FENTORA*, LAZANDA*, SUBSYS	fentanyl citrate lozenges

Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the National Preferred Flex Formulary. 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.

AMBIEN, AMBIEN CR	AMRIX	CIALIS	CUPRIMINE	ELIDEL
EMEND CAPSULE, TRIFOLD PACK	EXJADE	FOCALIN, FOCALIN XR	LYRICA	RAPAFLO

* Current 2019 exclusion in this class