

# 2024 National Preferred Formulary Exclusion List Changes

This is not an all-inclusive list of exclusions for the Express Scripts National Preferred Formulary. The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning January 1, 2024 unless otherwise noted. If there is a clinical reason, identified by your doctor, that requires you to continue taking your current medication, your doctor can request a coverage review by visiting the Express Scripts online portal at [esrx.com/PA](https://esrx.com/PA).

## Single-Source Brand Exclusions

Drug Class	Excluded Medications	Preferred Alternatives
Antibiotic Agents Other	SIVEXTRO	linezolid
Antiparkinsonism Agents	GOCOVRI ER*, OSMOLEX ER	amantadine capsules, amantadine oral solution, amantadine tablets
Botulinum Toxin Products	BOTOX	DYSPORT, MYOBLOC Migraine – AIMOVIG, AJOVY, EMGALITY, QULIPTA Hyperhidrosis - Over-the-Counter aluminum chloride containing products
	XEOMIN	DYSPORT, MYOBLOC
BRAF Inhibitors	BRAFTOVI	TAFINLAR, ZELBORAF
Central Nervous System Stimulants	DYANAVEL XR, XELSTRYM*	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE
Central Nervous System Stimulants	METHYLPHENIDATE ER 45 MG, 63 MG & 72 MG*, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER*	dexmethylphenidate er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
Cyclin-Dependent Kinase 4/6 Inhibitors	IBRANCE	KISQALI, VERZENIO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN*, STEGLUJAN	GLYXAMBI
Factor Deficiency Agents & Related Products	IXINITY, RIXUBIS	BENEFIX
Factor Deficiency Agents & Related Products	REBINYN	ALPROLIX, IDELVION
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI*, TRIPTODUR
Granulocyte Colony Stimulating Factors	FULPHILA, FYLNETRA*, NEULASTA*, NYVEPRIA*, ROLVEDON*, STIMUFEND*, UDENYCA*	ZIEXTENZO
Granulocyte Colony Stimulating Factors	GRANIX*, NEUPOGEN*, RELEUKO*, ZARXIO	NIVESTYM
Growth Hormones	HUMATROPE*, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN*, SAIZEN*, SAIZENPREP*, SKYTROFA*, SOGROYA*, ZOMACTON*	GENOTROPIN, OMNITROPE

## Single-Source Brand Exclusions (continued)

Drug Class	Excluded Medications	Preferred Alternatives
Helicobacter Pylori Agents	VOQUEZNA	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN	NOVAREL, OVIDREL
Inflammatory Conditions - Adalimumab Products	ADALIMUMAB-FKJP*, AMJEVITA (NDCs starting with 55513), AMJEVITA (NDCs starting with 72511)*, HADLIMA*, HULIO*, IDACIO*, YUFLYMA*, YUSIMRY*	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
Insulins	BASAGLAR TEMPO*, INSULIN DEGLUDEC*, INSULIN GLARGINE (BY WINTHROP)*, INSULIN GLARGINE-YFGN*, LANTUS*, LEVEMIR, REZVOGLAR*	SEMGLEE (YFGN), TOUJEO, TRESIBA
Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combination	XULTOPHY	SOLIQUA
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT*
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR*	ANORO ELLIPTA, STIOLTO RESPIMAT
MEK Inhibitors	MEKTOVI	COTELLIC, MEKINIST
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450 MG*, FORFIVO XL*	bupropion xl 150 mg or 300 mg
Narcotic Analgesics & Combinations	OXAYDO, ROXYBOND*	oxycodone
Prenatal Vitamins	CITRANATAL, NATAL PNV*, PREGENNA*, TRINAZ*	generic prenatal vitamins
Prostate Cancer Agents	YONSA	abiraterone, XTANDI
Sedative-Hypnotic Agents	ZOLPIMIST	eszopiclone, zaleplon, zolpidem
Testosterone Products	KYZATREX*, NATESTO, TLANDO*	testosterone gel, testosterone solution, ANDRODERM PATCHES
Topical Antifungals	ECOZA*, ERTACZO*, LULICONAZOLE*, LUZU, OXISTAT LOTION*, SULCONAZOLE*, XOLEGEL*	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole

## Multi-Source Brand Exclusions

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

AUBAGIO                      BIDIL                                      CARAFATE                                      KEVEYIS                                      KUVAN  
LATUDA                                      TOVIAZ

## Excluded or Non-Preferred to Preferred

DYSPORT                                      FENSOLVI\*                                      INSULIN LISPRO (U100 KWIKPEN, JUNIOR KWIKPEN & MIX KWIKPEN)\*                                      IDELVION                                      STRIVERDI RESPIMAT\*

## Excluded to Non-Preferred

PREGNYL

## Preferred to Non-Preferred

ENDOMETRIN