

# 2021 National Preferred Formulary

## Exclusion List Changes

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 4, 2020.

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning January 1, 2021, unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

### Single-Source Brand Exclusions

The following drug classes have new exclusions for 2021.

Drug Class	Excluded Medications	Preferred Alternatives
Antibiotic Agents - Vancomycins (Oral)	FIRVANQ	vancomycin capsules
Anticonvulsants	APTiom	carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT
Antidiarrheal Agents	MYTESI	diphenoxylate/atropine, loperamide
Antiglaucoma Drugs (Non-Prostaglandins)	ALPHAGAN P 0.1%, COMBIGAN, TIMOPTIC OCUDOSE*	betaxolol drops, brimonidine 0.15% drops, brimonidine 0.2% drops, levobunolol drops, timolol drops, AZOPT
Beta Blockers & Combinations	INDERAL XL, INNOPRAN XL	propranolol er
Bowel Evacuants	MOVIPREP, OSMOPREP*	peg-electrolyte solution, CLENPIQ, SUPREP
Chronic Lymphocytic Leukemia (CLL) Agents	CALQUENCE	IMBRUVICA, VENCLEXTA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations	ALOGLIPTIN*, NESINA*, ONGLYZA*, TRADJENTA	JANUVIA
	ALOGLIPTIN/METFORMIN*, JENTADUETO, JENTADUETO XR, KAZANO*, KOMBIGLYZE XR*	JANUMET, JANUMET XR
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN	GLYXAMBI, STEGLUJAN
Estrogen & Estrogen Modifiers for Vaginal Symptoms	FEMRING*, INTRAROSA	estradiol cream, estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS
Gaucher Disease Agents	ELELYSO	CEREZYME
Granulocyte Colony Stimulating Factors	NEULASTA, UDENYCA	FULPHILA, ZIEXTENZO
Hemorrhoidal Preparations	PROCTOFOAM-HC	pramoxine/hydrocortisone

\* Current 2020 exclusion in this class

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### Single-Source Brand Exclusions (Continued)

Drug Class	Excluded Medications	Preferred Alternatives
Immune Globulins	HIZENTRA SYRINGES*, HIZENTRA VIALS	SC: XEMBIFY
	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	OTREXUP	RASUVO
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITIZA	LINZESS, TRULANCE
Lambert-Eaton Myasthenic Syndrome Agents	FIRDAPSE	RUZURGI
Long-Acting Opioid Oral Analgesics	EMBEDA*, MORPHABOND ER, NUCYNTA ER, OXYCODONE ER*, XTAMPZA ER*	hydromorphone er, morphine sulfate er, oxycodone er, HYSINGLA ER, OXYCONTIN
Narcotic Analgesics & Combinations	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
Narcotic Antagonists	BUNAVAIL	buprenorphine/naloxone, ZUBSOLV
Ophthalmic Anti-Allergic	ALOCRI*, ALOMIDE*, LASTACAPT, PAZEO	azelastine drops, cromolyn drops, epinastine drops, ketotifen drops, olopatadine drops, ZERVIAE
Ophthalmic Quinolone Antibiotics	CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
PCSK9 Inhibitors	PRALUENT	REPATHA
Prenatal Vitamins	PREGENNA, TRINAZ	generic prenatal vitamins
Proton Pump Inhibitors	ACIPHEX SPRINKLE*, ESOMEPRAZOLE STRONTIUM*, NEXIUM PACKETS, PRILOSEC SUSPENSION*, PROTONIX SUSPENSION*, RABEPRAZOLE DR SPRINKLE*	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL*, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA)	fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
Sedative-Hypnotic Agents	DORAL*, QUAZEPAM	estazolam, lorazepam
Short-Acting Beta2-Agonist Inhalers	ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO)*, LEVALBUTEROL HFA*, PROAIR DIGIHALER*, PROAIR RESPICLICK, PROVENTIL HFA*, VENTOLIN HFA, XOPENEX HFA*	albuterol sulfate hfa (by Cipla, Par, Perrigo, Proficient Rx & Teva)
Topical Antifungals	ECOZA, LULICONAZOLE*, SULCONAZOLE*, XOLEGEL	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Topical Estrogen Gels	ELESTRIN, ESTROGEL*	DIVIGEL

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### Single-Source Brand Exclusions (Continued)

Drug Class	Excluded Medications	Preferred Alternatives
Topical Retinoids for Acne	RETIN-A MICRO 0.06% & 0.08%	tretinoin microsphere 0.04% & 0.1%
Vaginal Progesterones	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
	CRINONE 8%	ENDOMETRIN

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
Inflammatory Conditions	COSENTYX	TALTZ*, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR

### 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. As new generic medications become available, additional multisource brand products may become excluded.

ANDROGEL 1.62%	CONCERTA	DURAGESIC	ESTRACE CREAM	ESTROSTEP FE
GENERESS FE	LIALDA	LOSEASONIQUE	LOTRONEX	MESTINON
MINIVELLE	MIRCETTE	NATROBA	NEXIUM CAPSULES	PROAIR HFA
QUARTETTE	RETIN-A MICRO 0.1% & 0.04%	SAFYRAL	SEASONIQUE	TAZORAC 0.1% CREAM
TEKTURNA	TRAVATAN Z	WELCHOL 3.75G PACKET	WELLBUTRIN XL	ZOHYDRO ER

### Preferred to Non Preferred Changes

ALREX	BEPREVE	FIRST-LANSOPRAZOLE	FIRST-MOUTHWASH BLM	FIRST-OMEPRAZOLE
ILEVRO	ORACEA	PRIVIGEN	PROLENSA	QBREXZA
ranitidine syrup				

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