

# 2021 National Preferred Formulary Exclusion List Changes

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning July 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

Drug Class	Excluded Medications	Preferred Alternatives
Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	timolol drops, betaxolol drops, levobunolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Agents (Other)	RHOPRESSA, ROCKLATAN	betaxolol drops, bimatoprost drops, dorzolamide-timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops
Antiparkinsonism Agents	APOKYN	KYNMOBI
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA*, OSPHENA*	estradiol cream, estradiol vaginal tablets, yuvafem, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE*, PREMPRO*	amabelz, estradiol/norethindrone acetate, fyavolv, jinteli, mimvey, norethindrone/ethinyl estradiol
Estrogens (Oral)	MENEST, PREMARIN TABLETS*	estradiol tablets
Factor Deficiency Agents & Related Products	NOVOSEVEN RT	SEVENFACT
Immunosuppressant Agents	ENVARUSUS XR	tacrolimus
Miscellaneous Cardiovascular Agents	CORLANOR	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
Miscellaneous Topical Dermatological Agents	LIDOCAINE/TETRACAINE*, PLAGLIS	lidocaine cream, lidocaine/prilocaine cream
Nasal Steroids	BECONASE AQ*, OMNARIS*, QNASL, ZETONNA*	flunisolide, fluticasone, mometasone
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE*, FML S.O.P.*, MAXIDEX*, PRED MILD*	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX GEL/OINTMENT
Ophthalmic Combinations	TOBRADEX ST, ZYLET	tobramycin/dexamethasone drops, TOBRADEX OINTMENT
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL*, BROMSITE, NEVANAC*	bromfenac drops, diclofenac drops, ketorolac drops
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT*	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops

\* Current 2021 exclusion in this class

# 2021 National Preferred Formulary Exclusion List Changes

## Single-Source Brand Exclusions (Continued)

Drug Class	Excluded Medications	Preferred Alternatives
Pulmonary Anti-Inflammatory Inhalers	ARMONAIR DIGIHALER*, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER
Respiratory Agents - Other	DALIRESP	fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, ANORO ELLIPTA, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, BEVESPI AEROSPHERE, BREO ELLIPTA, DULERA, FLOVENT DISKUS, FLOVENT HFA, INCRUSE ELLIPTA, PERFOROMIST, QVAR REDIHALER, SEREVENT DISKUS, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, SYMBICORT
Thyroid Replacement Therapy	LEVOTHYROXINE CAPSULES*, THYQUIDITY* TIROSINT, TIROSINT-SOL	levothyroxine tablets
Topical Estrogen Agents	DIVIGEL, ELESTRIN*, ESTROGEL*, EVAMIST	estradiol patches

\* Current 2021 exclusion in this class

## 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.

CANASA	COLCRYS	COSOFT PF
NORTHERA	SAPHRIS	SUBOXONE
TRUVADA	WELCHOL TABLETS	ZYTIGA 500 MG TABLETS