

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 July 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.

Single-Source Brand Exclusions

Drug Class	Excluded Medications	Preferred Alternatives
Enzyme Replacement Therapy - Fabry Disease	FABRAZYME	ELFABRIO
Immune Globulins	CUTAQUIG*, CUVITRU	SC: GAMMAGARD LIQUID, GAMMUNEX-C, XEMBIFY
PARP Inhibitors	RUBRACA, ZEJULA	LYNPARZA
Vaginal Progesterones	ENDOMETRIN	CRINONE 8%

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.

ADVAIR DISKUS	COPAXONE
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Non-Preferred to Preferred

LUPRON DEPOT KITS - 7.5 MG, 22.5 MG, 30 MG, 45 MG

*Current 2024 exclusion in this class