

Exclusion List Changes Coming July 1, 2025

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, 2025 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 and Generic Exclusions

The following drug classes have new exclusions for July 1, 2025.

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Antimigraine Agents	sumatriptan/naproxen sodium , TREXIMET	naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus sumatriptan tablets
Antipsychotics (Oral)	CAPLYTA , FANAPT	aripiprazole, asenapine, lurasidone, olanzapine, paliperidone er, quetiapine tablets (except 150 mg), risperidone, ziprasidone
Multiple Sclerosis Agents	GILENYA, PONVORY , TASCENSO ODT	dimethyl fumarate, fingolimod, teriflunomide, BAFIERTAM, MAYZENT, VUMERITY, ZEPOSIA (for Multiple Sclerosis only)
Narcotic Analgesics & Combinations	levorphanol	hydromorphone tablets, morphine tablets, oxycodone tablets, oxymorphone tablets
DERMATOLOGICAL Topical Corticosteroids	clocortolone, diflorasone, diflorasone/emollient, flurandrenolide, halcinonide , IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO	generic topical corticosteroids except those listed in the exclusion column
Miscellaneous Topical Dermatological Agents	doxepin cream	alclometasone cream and ointment; desonide cream and ointment; fluocinolone body oil, cream, ointment and solution; hydrocortisone 1% cream and ointment, 2.5% cream, lotion, ointment and solution; hydrocortisone valerate cream and ointment
GASTROINTESTINAL Proton Pump Inhibitors	dexlansoprazole , DEXILANT	esomeprazole magnesium capsules, lansoprazole capsules, omeprazole capsules, pantoprazole tablets, rabeprazole tablets
OBSTETRICAL & GYNECOLOGICAL Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN 10,000 UNITS, NOVAREL	OVIDREL, PREGNYL
OPHTHALMIC Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)	EYLEA , EYLEA HD, VABYSMO	PAVBLU
RESPIRATORY Antihistamines (Oral)	clemastine , CARBINOXAMINE ER 4 MG/5 ML SUSPENSION, KARBINAL ER SUSPENSION	carbinoxamine liquid and 4 mg tablets; cetirizine solution and syrup; desloratidine tablets; hydroxyzine solution, syrup and tablets; levocetirizine solution and tablets
Leukotriene Pathway Inhibitors	zileuton er , ZYFLO	montelukast, zafirlukast
RENAL Nonsteroidal Mineralocorticoid Receptor Antagonist	KERENDIA	FARXIGA, JARDIANCE

(continued)

Bolded Excluded Medications are new for July 1, 2025

All utilizers effective 07/01/2025

‡ Please note that formulary and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory and Atopic Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

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Drug Class	Excluded Medications	Preferred Alternatives
MISCELLANEOUS AGENTS NSAID and Acid Reducing Agent Combination Products	ibuprofen/famotidine	ibuprofen tablets plus famotidine tablets
	naproxen/esomeprazole magnesium, VIMOVO	naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus esomeprazole magnesium capsules

Indication Based Management		
Drug Class	Excluded Medications	Preferred Alternatives
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-FKJP, HULIO ABRILADA AMJEVITA HADLIMA HUMIRA# HYRIMOZ YUSIMRY	ADALIMUMAB-ADAZ ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), CYLTEZO ADALIMUMAB-RYVK (by Quallent), SIMLANDI
Referenced excluded medications for Inflammatory Conditions‡ as indicated	KINERET, SILIQ	See below for Preferred Alternatives
Drug Class	Other Medications	Preferred Alternatives
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process.	Preferred: ADALIMUMAB-ADAZ ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), CYLTEZO ADALIMUMAB-RYVK (by Quallent), SIMLANDI ENBREL, OTEZLA, RINVOQ, RINVOQ LQ, SKYRIZI, SOTYKTU, STELARA SC, TALTZ, TREMFYA SC, VELSIPITY, XELJANZ, XELJANZ SOLUTION, XELJANZ XR, ZYMFENTRA Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, TALTZ Preferred after use of one Preferred Medication: ACTEMRA SC, CIMZIA (for Crohn's Disease only), OMVOH SC, SIMPONI 100 MG, TYENNE SC

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.

LIVALO	TACLONEX
SPRYCEL	TYKERB

Excluded to Preferred

ARALAST NP	GLASSIA
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Non-Preferred to Preferred

PREGNYL

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