

2022 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, 2022, 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 (Ophthalmic Prostaglandins)	DURYSTA*, XELPROS*, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
Antimigraine Agents	ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY*	sumatriptan nasal spray, ZOMIG NASAL
Gaucher Disease Agents	ELELYSO*, VPRIV	CEREZYME
Granulocyte Colony Stimulating Factors	NEULASTA*, NYVEPRIA, UDENYCA*	FULPHILA, ZIEXTENZO
Infused TNF Antagonists	AVSOLA, REMICADE, RENFLEXIS	INFLECTRA
Insulin	INSULIN GLARGINE-YFGN*, LANTUS	LEVEMIR, SEMGLEE (YFGN), TOUJEO, TRESIBA
Miscellaneous Topical Dermatological Agents	TRI-LUMA	fluocinolone acetonide, hydroquinone, tretinoin
Ophthalmic Anti-Allergic	ALOCRIAL*, ALOMIDE*, ALREX, LASTACRAFT*, PAZEO*, ZERVIATE	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Oral Agents for Acne	DORYX DR 80 MG*, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG*	doxycycline hyclate, doxycycline monohydrate
Otic Fluoroquinolone Antibiotics	CIPROFLOXACIN/FLUOCINOLONE OTIC*, CIPRO HC, OTOVEL	ciprofloxacin/dexamethasone otic
Proton Pump Inhibitors	ACIPHEX SPRINKLE*, DEXILANT, ESOMEPRAZOLE STRONTIUM*, NEXIUM PACKETS*, PRILOSEC SUSPENSION*, RABEPRAZOLE DR SPRINKLE*	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
Rosacea Agents (Topical)	ZILXI	azelaic acid, metronidazole, sodium sulfacetamide/sulfur, FINACEA
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
Somatostatin Analogs	BYNFEZIA	octreotide
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM*, SORILUX	calcipotriene, calcitriol

* Current 2021 exclusion in this class

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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.

ADDERALL XR	ALINIA TABLETS	AZOPT
BEPREVE	DORYX DR 50 MG & 200 MG	KERYDIN
NUVARING	RELPAK	SYNTHROID
TECFIDERA	VIMOVO	

Thyroid Product Exclusion: Starting January 1, 2022, we will exclude the brand product Synthroid, and instead prefer the therapeutically equivalent generic option, levothyroxine tablets.

Preferred to Non-Preferred

ALPHAGAN P 0.1% droxidopa	AMZEEQ INVELTYS	COMBIGAN LOTEMAX GEL, OINTMENT, SM TOBRADEX OINTMENT
LUMIGAN	MVASI	

Excluded or Non-Preferred to Preferred

CALQUENCE*	INFLECTRA
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* Current 2021 exclusion in this class