

## Exclusion List Changes Coming January 1, 2026

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, 2026 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](https://esrx.com/PA).

### Single-Source Brand and Generic Exclusions

The following drug classes have new exclusions for January 1, 2026.

Drug Class	Excluded Medications	Preferred Alternatives
<b>ANTIINFECTIVES</b> Antibiotic Agents for Urinary Tract Infections	<b>fosfomycin</b>	nitrofurantoin macro, nitrofurantoin mono/macro, sulfamethoxazole/trimethoprim, trimethoprim
Antivirals	<b>penciclovir cream, DENAVIR, XERESE</b>	acyclovir oral or cream, famciclovir, valacyclovir
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b> Antiparkinsonism Agents	<b>NOURIANZ</b>	cabergoline, entacapone, pramipexole, rasagiline, ropinirole
Antipsychotics (Injectable)	<b>INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA</b>	risperidone er, ABILIFY ASIMTUFI, ABILIFY MAINTENA, ARISTADA, ARISTADA INITIO, ERZOFRI, RYKINDO ER, UZEDY ER
Movement Disorders Therapy	<b>AUSTEDO, AUSTEDO XR</b>	INGREZZA, INGREZZA SPRINKLE
Narcotic Analgesics & Combinations	<b>NUCYNTA ER, OXYCODONE ER, OXYCONTIN, XTAMPZA ER</b>	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER
<b>CARDIOVASCULAR</b> Angiotensin Receptor Blockers (ARBs) and Combinations	<b>telmisartan/amlodipine</b>	amlodipine/olmesartan, amlodipine/valsartan
Diuretics	<b>triamterene, DYRENIUM</b>	amiloride hcl, eplerenone, spironolactone
<b>DERMATOLOGICAL</b> Rosacea Agents (Topical)	<b>EPSOLAY, ZILXI</b>	azelaic acid, ivermectin topical, metronidazole topical, sodium sulfacetamide/sulfur, FINACEA FOAM
Topical Agents for Acne	<b>CABTREO, TWYNEO</b>	adapalene, adapalene/benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin/benzoyl peroxide, tretinoin, tretinoin micro
Topical Antifungals	<b>naftifine, oxiconazole, ECOZA, ERTACZO, LULICONAZOLE, LUZU, NAFTIN, OXISTAT LOTION, SULCONAZOLE, XOLEGEL</b>	ciclopirox, clotrimazole, econazole, ketoconazole
	<b>ciclopirox 8% treatment kit</b>	ciclopirox 8% topical solution, tavaborole topical solution
Miscellaneous Topical Dermatological Agents	<b>crotamiton</b>	permethrin

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<sup>1</sup> Exclusion impacts new starts January 1, 2026 and existing utilizers April 1, 2026

<sup>2</sup> Continuation of Therapy applies through June 30, 2026; Excluded for all utilizers effective July 1, 2026

<sup>3</sup> Pending generic availability

<sup>4</sup> Exclusion impacts new starts October 13, 2025 and existing utilizers January 1, 2026

<sup>†</sup> 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.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
<b>DIABETES</b> Blood Glucose Meters & Test Strips	ASCENSIA (CONTOUR) ELI LILLY (TEMPO) <b>LIFESCAN (ONETOUCH SOLUTIONS STARTER, ULTRA, ULTRA2, VERIO, VERIO FLEX)<sup>4</sup></b> ROCHE (ACCU-CHEK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	ABBOTT FREESTYLE KITS/METERS (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE) ABBOTT FREESTYLE TEST STRIPS (FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE, FREESTYLE PRECISION NEO) ABBOTT PRECISION XTRA METERS, TEST STRIPS TRIVIDIA METERS (TRUE METRIX AIR, TRUE METRIX, TRUE METRIX GO) TRIVIDIA TEST STRIPS (TRUE METRIX, TRUETRACK)
Insulins	U-100: ADMELOG, APIDRA, FIASP, <b>HUMALOG VIAL</b> , INSULIN ASPART, NOVOLOG, RELION NOVOLOG Inhalation: AFREZZA	U-100: HUMALOG (CARTRIDGE, KWIKPEN, JUNIOR KWIKPEN), HUMALOG TEMPO, INSULIN LISPRO, LYUMJEV KWIKPEN & VIAL, LYUMJEV TEMPO U-200: HUMALOG KWIKPEN, LYUMJEV KWIKPEN
<b>EAR/NOSE</b> Nasal Antihistamines and Combination Products	<b>azelastine/fluticasone</b> , DYMISTA	azelastine nasal plus fluticasone nasal
<b>GASTROINTESTINAL</b> Antidiarrheal Agents	<b>opium tincture</b> , MYTESI	diphenoxylate/atropine, loperamide
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	COXANTO, DICLOFENAC 35MG CAPSULES, DOLOBID, FENOPROFEN 200MG CAPSULES, FENOPRON, KETOROLAC NASAL SPRAY, OXAPROZIN 300 MG CAPSULES, RELAFEN DS, <b>SPRIX</b> , TIVORBEX, ZORVOLEX	generic oral nonsteroidal anti-inflammatory drugs
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b> Miscellaneous Gynecological Agents	<b>paroxetine mesylate</b>	paroxetine hcl, paroxetine hcl ext-release
<b>ONCOLOGY</b> Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, <b>KANJINTI</b> , ONTRUZANT, <b>TRAZIMERA</b>	HERCESSI, OGIVRI
<b>OPHTHALMIC</b> Antiglaucoma Agents (Ophthalmic Prostaglandins)	<b>tafluprost drops</b> , <b>travoprost drops</b> , DURYSTA, IDOSE TR, IYUZEH, LUMIGAN, TRAVATAN Z, VYZULTA, XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops
<b>RENAL</b> Phosphate Binders	FERRIC CITRATE, FOSRENOL POWDER PACKETS, <b>VELPHORO</b> , XPHOZAH	calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl
<b>RESPIRATORY</b> Pulmonary Anti-Inflammatory Inhalers	ALVESCO, ARMONAIR DIGIHALER, <b>ARNUITY ELLIPTA</b> , FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER
<b>MISCELLANEOUS AGENTS</b> Complement Inhibitors	BKEMV, PIASKY, <b>SOLIRIS</b> , <b>ULTOMIRIS</b>	ENSPRYNG, EPYSQLI
Immune Globulins	CUTAQUIG, <b>HYQVIA</b>	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	JYLAMVO, <b>TREXALL</b> , XATMEP	methotrexate tablets
	OTREXUP, <b>RASUVO</b>	methotrexate injection
Infused TNF Antagonists	<b>INFLECTRA</b> , REMICADE, RENFLEXIS	AVSOLA, INFLIXIMAB
Infused Non-TNF Biologics - Tocilizumab Agents	<b>ACTEMRA IV</b> , TOFIDENCE IV	TYENNE IV
Infused Non-TNF Biologics - Ustekinumab Agents	OTULFI IV, PYZCHIVA IV, <b>STELARA IV</b> , STEQEYMA IV, USTEKINUMAB IV, WEZLANA IV	SELARSDI IV, USTEKINUMAB-TTWE IV (by Quallent), YESINTEK IV, ENTYVIO IV, OMVOH, SKYRIZI, TREMFYA
Weight Loss	SAXENDA, <b>ZEPBOUND VIALS</b>	WEGOVY, ZEPBOUND PENS

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(continued)

## Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
Adalimumab Products for Inflammatory Conditions <sup>‡</sup>	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-FKJP, HULIO ABRILADA AMJEVITA <b>CYLTEZO</b> HADLIMA HUMIRA HYRIMOZ YUSIMRY	ADALIMUMAB-ADAZ ADALIMUMAB-ADB (by Boehringer Ingelheim & Quallent) ADALIMUMAB-RYVK (by Quallent), SIMLANDI
Tocilizumab Products for Inflammatory Conditions <sup>‡</sup>	<b>ACTEMRA SC</b>	TYENNE SC
Ustekinumab Products for Inflammatory Conditions <sup>‡</sup>	OTULFI SC, PYZCHIVA SC, <b>STELARA SC</b> <sup>2</sup> , STEQUEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AEKN SC, WEZLANA SC	SELARSDI SC, USTEKINUMAB-TTWE SC (by Quallent), YESINTEK SC
Referenced excluded medications for Inflammatory Conditions <sup>‡</sup> as indicated	KINERET, SILIQ	See below for Preferred Alternatives
Drug Class	Other Medications	Preferred Alternatives
Inflammatory Conditions <sup>‡</sup>	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.	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB (by Boehringer Ingelheim & Quallent), ADALIMUMAB-RYVK (by Quallent), ENBREL, OMVOH SC, OTEZLA, RINVOQ, RINVOQ LQ, SELARSDI SC, SIMLANDI, SKYRIZI, SOTYKTU, TALTZ, TREMIFYA SC, USTEKINUMAB-TTWE SC (by Quallent), VELSIPITY, XELJANZ, XELJANZ SOLUTION, XELJANZ XR, YESINTEK SC, ZYMFENTRA  Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, TALTZ  Preferred after use of one Preferred Medication: CIMZIA (for Crohn's Disease only), SIMPONI 100MG, 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.

**BRILINTA**  
**ENDARI**  
**OXTELLAR XR**  
**PROLENSA**

**PROMACTA**  
**REVLIMID**<sup>1</sup>  
**SYMBICORT**  
**TASIGNA**

**THIOLA EC**  
**VYVANSE**<sup>3</sup>

## Excluded to Preferred

AVSOLA  
HERCESSI

INFLIXIMAB  
OGIVRI

## Non-Preferred to Preferred

INGREZZA, INGREZZA SPRINKLE

## Preferred to Non-Preferred

IXCHIQ

ONE TOUCH CONTROL SOLUTION

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