

2023 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, 2023 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
Diabetic Pen Needles & Syringes	ARKRAY HOME AIDE DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD SIMPLE DIAGNOSTICS TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	BD DIABETES PEN NEEDLES BD DIABETES SYRINGES
Fenofibrates	ANTARA*, LIPOFEN, FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG)	fenofibrate tablets, fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibric acid
Glucose-Elevating Drugs	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	BAQSIMI, GLUCAGON EMERGENCY KIT (by Eli Lilly), GVOKE
Idiopathic Pulmonary Fibrosis Agents	ESBRIET CAPSULES	pirfenidone tablets, OFEV
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITIZA*, IBSRELA*, LUBIPROSTONE*, MOTEGRITY, ZELNORM	LINZESS, TRULANCE
Long-Acting Muscarinic Antagonist Inhalers	INCRUSE ELLIPTA, TUDORZA PRESSAIR*	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Miscellaneous Topical Dermatological Agents	CONDYLOX, VEREGEN*	imiquimod 5% cream, podofilox solution
Miscellaneous Cardiovascular Agents	NORPACE CR	amiodarone, quinidine sulfate, sotalol
Narcotic Analgesics & Combinations	CONZIP, QDOLO*, TRAMADOL SOLUTION*, TRAMADOL 100 MG TABLET, TRAMADOL ER CAPSULE	tramadol tablets, tramadol er tablets
Topical Antifungals	MICONAZOLE-ZINC OXIDE-PETROLATUM, VUSION	miconazole, clotrimazole, ketoconazole, nystatin
	ECOZA*, ERTACZO*, LULICONAZOLE*, OXISTAT LOTION, SULCONAZOLE*, XOLEGEL*	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole

* Current 2022 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.

BANZEL	CUVPOSA	CYSTADANE	ESBRIET TABLETS
EVEKEO	FERAHEME	KLONOPIN	LOVAZA
NORPACE	ONFI	OXISTAT CREAM	PERFOROMIST
PYRIDIUM	RITALIN, RITALIN LA	SABRIL	SAMSCA
THIOLA	VIMPAT		

Preferred to Non-Preferred

ABRAXANE