

# 2021 National Preferred Formulary Exclusion List Changes

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning April 1, 2021, unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Drug Class	Excluded Medications	Preferred Alternatives
Agents for Hyperhidrosis	DRYSOL	Over-the-Counter aluminum chloride containing products
Angiotensin Receptor Blockers (ARBs) and Combinations	EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, chlorthalidone plus valsartan
	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
Beta Blockers & Combinations	BYSTOLIC	atenolol, carvedilol, metoprolol succinate
Bowel Evacuants	CLENPIQ, GOLYTELY PACKETS, OSMOPREP*, PLENVU, SUPREP	peg-electrolyte solution
Central Nervous System Stimulants - Amphetamine Products	ADZENYS ER, ADZENYS XR-ODT, AMPHETAMINE ER SUSPENSION*, DYANAVEL XR, MYDAYIS, VYVANSE	dextroamphetamine er, dextroamphetamine/amphetamine er, dexamethylphenidate er, methylphenidate cd, methylphenidate er, methylphenidate la
Central Nervous System Stimulants - Methylphenidate Products	ADHANSIA XR, COTEMPLA XR-ODT, JORNAY PM, METHYLPHENIDATE ER 72 MG TABLETS, QUILLICHEW ER, QUILLIVANT XR, RELEXXII	dexamethylphenidate er, methylphenidate cd, methylphenidate er, methylphenidate la
Contraceptives	ANNOVERA, BALCOLTRA, LO LOESTRIN FE, NATAZIA, TAYTULLA^, TWIRLA*	generic oral and ring contraceptives, xulane patches
	SLYND	generic progestin-only oral contraceptives
Estrogens (Oral)	PREMARIN TABLETS	estradiol tablets
Estrogen/Progestin Combinations (Oral)	PREMPHASE, PREMPRO	amabelz, estradiol/norethindrone acetate, fyavolv, jinteli, mimvey, norethindrone/ethinyl estradiol
Estrogen & Estrogen Modifiers for Vaginal Symptoms	FEMRING*	estradiol cream, estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM
	INTRAROSA*, OSPHENA	estradiol cream, yuvafem, ESTRING, PREMARIN CREAM
Insulins	ADMELOG*, AFREZZA, APIDRA*, FIASP*, INSULIN ASPART*, INSULIN ASPART PROTAMINE*, INSULIN LISPRO*, NOVOLOG*	HUMALOG, LYUMJEV
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	PEXEVA, TRINTELLIX, VIIBRYD	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline

^ 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.

\* Current 2021 exclusion in this class