EVERNORTH®
HEALTH SERVICES

2026 National Preferred Formulary

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.

Single-Source Brand and Generic Exclusions

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

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

Bolded Excluded Medications are new for January 1, 2026

(continued)

[1] Exclusion impacts new starts January 1, 2026 and existing utilizers April 1, 2026

[2] Continuation of Therapy applies through June 30, 2026; Excluded for all utilizers effective July 1, 2026

[3] Pending generic availability

[4] Exclusion impacts new starts October 13, 2025 and existing utilizers January 1, 2026

‡ 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
DIABETES Blood Glucose Meters & Test Strips	ASCENSIA (CONTOUR) ELI LILLY (TEMPO) **LIFESCAN (ONETOUCH** SOLUTIONS STARTER, **ULTRA, ULTRA2, VERIO, VERIO FLEX)**[4] 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, **HUMALOG VIAL,** 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
EAR/NOSE Nasal Antihistamines and Combination Products	**azelastine/fluticasone,** DYMISTA	azelastine nasal plus fluticasone nasal
GASTROINTESTINAL Antidiarrheal Agents	**opium tincture,** MYTESI	diphenoxylate/atropine, loperamide
MUSCULOSKELETAL & RHEUMATOLOGY Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	COXANTO, DICLOFENAC 35MG CAPSULES, DOLOBID, FENOPROFEN 200MG CAPSULES, FENOPRON, KETOROLAC NASAL SPRAY, OXAPROZIN 300 MG CAPSULES, RELAFEN DS, **SPRIX,** TIVORBEX, ZORVOLEX	generic oral nonsteroidal anti-inflammatory drugs
OBSTETRICAL & GYNECOLOGICAL Miscellaneous Gynecological Agents	**paroxetine mesylate**	paroxetine hcl, paroxetine hcl ext-release
ONCOLOGY Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, **KANJINTI,** ONTRUZANT, **TRAZIMERA**	HERCESSI, OGIVRI
OPHTHALMIC Antiglaucoma Agents (Ophthalmic Prostaglandins)	**tafluprost drops, travoprost drops,** DURYSTA, IDOSE TR, IYUZEH, LUMIGAN,TRAVATAN Z, VYZULTA, XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops
RENAL Phosphate Binders	FERRIC CITRATE, FOSRENOL POWDER PACKETS, **VELPHORO,** XPHOZAH	calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl
RESPIRATORY Pulmonary Anti-Inflammatory Inhalers	ALVESCO, ARMONAIR DIGIHALER, **ARNUITY ELLIPTA,** FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER
MISCELLANEOUS AGENTS Complement Inhibitors	BKEMV, PIASKY, **SOLIRIS, ULTOMIRIS**	ENSPRYNG, EPYSQLI
Immune Globulins	CUTAQUIG, **HYQVIA**	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	JYLAMVO, **TREXALL,** XATMEP	methotrexate tablets
	OTREXUP, **RASUVO**	methotrexate injection
Infused TNF Antagonists	**INFLECTRA,** REMICADE, RENFLEXIS	AVSOLA, INFLIXIMAB
Infused Non-TNF Biologics - Tocilizumab Agents	**ACTEMRA IV,** TOFIDENCE IV	TYENNE IV
Infused Non-TNF Biologics - Ustekinumab Agents	OTULFI IV, PYZCHIVA IV, **STELARA IV,** STEQEYMA IV, USTEKINUMAB IV, WEZLANA IV	SELARSDI IV, USTEKINUMAB-TTWE IV (by Quallent), YESINTEK IV, ENTYVIO IV, OMVOH, SKYRIZI, TREMFYA
Weight Loss	SAXENDA, **ZEPBOUND VIALS**	WEGOVY, ZEPBOUND PENS

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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 **CYLTEZO** HADLIMA HUMIRA HYRIMOZ YUSIMRY	ADALIMUMAB-ADAZ ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent) ADALIMUMAB-RYVK (by Quallent), SIMLANDI
Tocilizumab Products for Inflammatory Conditions‡	**ACTEMRA SC**	TYENNE SC
Ustekinumab Products for Inflammatory Conditions‡	OTULFI SC, PYZCHIVA SC, **STELARA SC[2],** STEQEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AEKN SC, WEZLANA SC	SELARSDI SC, USTEKINUMAB-TTWE SC (by Quallent), YESINTEK SC
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.	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), ADALIMUMAB-RYVK (by Quallent), ENBREL, OMVOH SC, OTEZLA, RINVOQ, RINVOQ LQ, SELARSDI SC, SIMLANDI, SKYRIZI, SOTYKTU, TALTZ, TREMFYA 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[1]
SYMBICORT
TASIGNA
THIOLA EC
VYVANSE[3]

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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