EXPRESS SCRIPTS PHARMACY BENEFIT SERVICES

2026 National Preferred Formulary

Exclusion list changes coming July 1, 2026

This is not an all-inclusive list of exclusions for the Express Scripts® Pharmacy Benefit Services National Preferred Formulary. The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning July 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

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
AUTONOMIC AND CENTRAL NERVOUS SYSTEM Orphenadrine-Containing Analgesics	**orphenadrine-aspirin-caffeine**, **NORGESIC**, **NORGESIC FORTE**	orphenadrine citrate er
Tricyclic Antidepressants	**protriptyline**[1]	desipramine, nortriptyline
CARDIOVASCULAR HMG and Cholesterol Inhibitor Combinations	**fluvastatin**, **fluvastatin er**, ALTOPREV, ATORVALIQ, **LESCOL XL**	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
MISCELLANEOUS AGENTS Other Bone Mineral Density Increasing Agents	BOMYNTRA, **OSENVELT**, WYOST, **XGEVA**	BILPREVDA, XTRENBO
Primary Biliary Cholangitis Agents	**LIVDELZI**	IQIRVO

Indication-based management

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-BWWD ADALIMUMAB-FKJP, HULIO ADALIMUMAB-RYVK (by Teva) 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, STARJEMZA SC, **STELARA SC**[2], STEQEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AAUZ SC, USTEKINUMAB-AEKN SC, WEZLANA SC	IMULDOSA SC, SELARSDI SC, USTEKINUMAB-TTWE SC (by Quallent), YESINTEK SC
Referenced excluded medications for Inflammatory Conditions‡ as indicated	KINERET, SILIQ	See next page for Preferred Alternatives

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Indication-based management (continued)

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.	Preferred: ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), ADALIMUMAB-RYVK (by Quallent), ENBREL, IMULDOSA SC, 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.

ENTRESTO
FARXIGA[3]
MAVENCLAD
MYDAYIS
XIGDUO XR[3]

Bolded Excluded Medications are new for 07/01/2026

1. Exclusion impacts new utilizers only
2. Exclusion impacts all utilizers effective 07/01/2026
3. Pending generic availability

‡ Please note that PDL 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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