EXPRESS SCRIPTS PHARMACY BENEFIT SERVICES

2027 National Preferred *Flex* Formulary Exclusions

The excluded medications shown below are not covered on the National Preferred *Flex* Formulary prescription drug list (PDL). If you're currently using one of the excluded medications, please ask your physician to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to express-scripts.com/covered to compare medication prices.

Not all the medications listed are covered by all prescription plans; check your benefit materials for the specific medications covered and the copays for your plan. For specific questions about your coverage, please call the number on your prescription ID card. If there is a clinical reason, identified by your physician, that requires you to continue taking your current medication, your physician can request a coverage review by visiting the Express Scripts online portal at esrx.com/PA.

Express Scripts Pharmacy Benefit Services manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
ANTIINFECTIVES Antibiotic Agents (Oral)	FIRVANQ, VANCOMYCIN 25MG/ML SOLUTION	vancomycin capsules, vancomycin 50mg/ml solution
	LIKMEZ, METRONIDAZOLE 125MG TABLETS	metronidazole 250mg or 500mg tablets
	SIVEXTRO	linezolid tablets or suspension
Antibiotic Agents for Urinary Tract Infections	fosfomycin, BLUJEPA, ORLYNVAH, PIVYA	amoxicillin/clavulanate, cefadroxil, ciprofloxacin, levofloxacin, nitrofurantoin macrocrystal, nitrofurantoin mono/macro, sulfamethoxazole/trimethoprim, trimethoprim
	NITROFURANTOIN 50MG/5ML SUSPENSION	nitrofurantoin 25mg/5ml suspension
Antifungal Agents (Oral)	TOLSURA	itraconazole
Antivirals	penciclovir cream, DENAVIR, XERESE	acyclovir oral or cream, famciclovir, valacyclovir
Chagas Disease Agents	LAMPIT	BENZNIDAZOLE
AUTONOMIC AND CENTRAL NERVOUS SYSTEM Alzheimer's Agents	KISUNLA, LEQEMBI, LEQEMBI IQLIK	Coverage may be approved for the treatment of Alzheimer's under certain conditions.
	ZUNVEYL	donepezil, galantamine tablets, galantamine er, rivastigmine
Amyotrophic Lateral Sclerosis (ALS) Agents	QALSODY	Coverage may be approved for the treatment of Amyotrophic Lateral Sclerosis (ALS) under certain conditions.

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Anticonvulsants	FINTEPLA	DIACOMIT, EPIDIOLEX
	GABARONE, RELGAABI 200MG	gabapentin capsules (100mg, 300mg, 400mg), solution, tablets
	LEVETIRACETAM ODT	levetiracetam oral solution, levetiracetam tablets
	LIBERVANT	diazepam rectal gel, NAYZILAM, VALTOCO
	MOTPOLY XR	lacosamide
	PRIMIDONE 125MG TABLETS	primidone 50mg or 250mg tablets
	SUBVENITE SUSPENSION	lamotrigine chewable dispersible tablets, lamotrigine odt
	TOPIRAMATE 50MG SPRINKLE CAPSULES	topiramate solution, topiramate 25mg sprinkle capsules
	VIGAFYDE	vigabatrin powder packets
	ZONISADE	zonisamide
Antimigraine Agents	BREKIYA, TRUDHESA	dihydroergotamine nasal, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan tablets
	zolmitriptan 5mg nasal, ONZETRA XSAIL, ZOLMITRIPTAN 2.5MG NASAL, ZOMIG NASAL	sumatriptan nasal
	sumatriptan/naproxen sodium, TREXIMET	etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam capsules or tablets, nabumetone, naproxen or oxaprozin plus almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan tablets
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
	ZAVZPRET	eletriptan, naratriptan, rizatriptan, sumatriptan, NURTEC ODT, UBRELVY
Antiparkinsonism Agents	APOKYN	Coverage may be approved for the treatment of Parkinson's Disease under certain conditions.
	CARBIDOPA/LEVODOPA ER CAPSULES, ONAPGO, VYALEV	carbidopa/levodopa er tablets
	DHIVY	carbidopa/levodopa
	GOCOVRI ER	amantadine
	NOURIANZ	cabergoline, entacapone, pramipexole, rasagiline, ropinirole
	XADAGO, ZELAPAR	rasagiline, selegiline
Antipsychotics (Oral)	BYSANTI, COBENFY, FANAPT	aripiprazole, asenapine, lurasidone, olanzapine, paliperidone er, quetiapine (except 150mg), risperidone, ziprasidone
	OPIPZA	aripiprazole odt or oral solution
	QUETIAPINE 150MG TABLETS	quetiapine 50mg or 100mg tablets
Antispasmodic Agents	LYVISPAH, OZOBAX	baclofen solution, suspension or tablets
	METAXALONE 640MG TABLETS	metaxalone 400mg or 800mg tablets
	ONTRALFY, TIZANIDINE HCL 8MG CAPSULES, ZANAFLEX 8MG CAPSULES	tizanidine 2mg, 4mg or 6mg capsules, tizanidine tablets

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Anxiolytic Agents	BUCAPSOL, BUSPIRONE 2.5MG AND 12.5MG	buspirone 5mg, 7.5mg, 10mg, 15mg, 30mg
	LOREEV XR	lorazepam tablets
Central Nervous System Stimulants	ARYNTA, DYANAVEL XR, XELSTRYM	amphetamine er odt, dextroamphetamine er, dextroamphetamine/amphetamine, lisdexamfetamine
	METHYLPHENIDATE ER 45MG AND 63MG, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER	dexmethylphenidate er, methylphenidate cd, methylphenidate er capsules or tablets (except 45mg, 63mg), methylphenidate la, AZSTARYS
	ONYDA XR	clonidine er tablets
Central Nervous System Non-Stimulants	ATOMOXETINE SOLUTION, ATONCY	atomoxetine capsules
Duchenne Muscular Dystrophy (DMD) Agents	AGAMREE	prednisolone solution/syrup, prednisolone tablets, prednisone solution, prednisone tablets
	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	DUVYZAT, ELEVIDYS	Coverage may be approved for the treatment of Duchenne Muscular Dystrophy under certain conditions.
Movement Disorders Therapy	AUSTEDO, AUSTEDO XR	tetrabenazine, INGREZZA, INGREZZA SPRINKLE
Multiple Sclerosis Agents	BRIUMVI	KESIMPTA, OCREVUS, OCREVUS ZUNOVO
	GILENYA, PONVORY, TASCENSO ODT	dimethyl fumarate, fingolimod, teriflunomide, BAFIERTAM, MAYZENT, VUMERITY, ZEPOSIA (for Multiple Sclerosis only)
Narcotic Analgesics and Combinations	CONZIP, TRAMADOL 25MG AND 75MG, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION	tramadol 50mg and 100mg, tramadol er tablets
	levorphanol	hydromorphone, morphine sulfate, oxycodone capsules, oxycodone uncoated tablets, oxymorphone
	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone uncoated tablets, tramadol 50mg and 100mg, tramadol/acetaminophen
	NUCYNTA ER, OXYCODONE ER, OXYCONTIN, TAPENTADOL ER, XTAMPZA ER	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er
	OXYCODONE COATED TABLETS, ROXYBOND	oxycodone uncoated tablets
	PRIMLEV, PROLATE SOLUTION	oxycodone/acetaminophen
Narcotic Antagonists	ZIMHI, ZURNAI	naloxone nasal or syringes, KLOXXADO
Niemann-Pick Disease Type C Agents	MIPLYFFA	AQNEURSA
Orphenadrine-Containing Analgesics	orphenadrine/aspirin/caffeine, NORGESIC, NORGESIC FORTE	orphenadrine citrate er
Rett Syndrome Agents	DAYBUE, DAYBUE STIX	Coverage may be approved for the treatment of Rett Syndrome under certain conditions.
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	estazolam, lorazepam
	ZOLPIDEM 7.5MG CAPSULES	eszopiclone, zaleplon, zolpidem tablets
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	ESCITALOPRAM CAPSULES	citalopram, escitalopram tablets, fluoxetine, fluvoxamine, paroxetine hcl, sertraline, vilazodone
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER	desvenlafaxine er, duloxetine dr (20mg, 30mg, 40mg, 60mg), venlafaxine hcl er, FETZIMA
Tricyclic Antidepressants	protriptyline	desipramine, nortriptyline

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450MG, FORFIVO XL	bupropion xl 150mg or 300mg
	EXXUA ER	Generic Antidepressant Agents
	RALDESY	trazodone tablets
Miscellaneous Autonomic Agents	NORTHERA	atomoxetine, dihydroergotamine injection or nasal, fludrocortisone tablets, indomethacin capsules or injection, midodrine tablets, pyridostigmine tablets
CARDIOVASCULAR ACE Inhibitors	QBRELIS	lisinopril
Alpha-Adrenergic Agonists	CLONIDINE HCL 0.05MG, CLONIDINE ER 0.17MG, JAVADIN, NEXICLON XR	clonidine patches, clonidine hcl tablets (0.1mg, 0.2mg, 0.3mg)
Angiotensin Receptor Blockers (ARBs) and Combinations	ARBLI	losartan tablets
	EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, olmesartan/hctz, telmisartan/hctz, valsartan/hctz, chlorthalidone plus valsartan tablets
	telmisartan/amlodipine	amlodipine/olmesartan, amlodipine/valsartan
	VALSARTAN SOLUTION	valsartan tablets
	WIDAPLIK	amlodipine and indapamide plus candesartan, irbesartan, losartan, olmesartan, telmisartan or valsartan tablets
Anticoagulants	PRADAXA, SAVAYSA	dabigatran, rivaroxaban, ELIQUIS, ELIQUIS SPRINKLE, XARELTO
Beta Blockers and Combinations	BISOPROLOL 2.5MG TABLETS	bisoprolol 5mg or 10mg
	HEMANGEOL	propranolol solution
	INDERAL XL, INNOPRAN XL	propranolol er
	KAPSPARGO SPRINKLE	metoprolol succinate er
	LABETALOL 400MG TABLETS	labetalol 100mg, 200mg or 300mg tablets
	LOPRESSOR SOLUTION, LOPRESSOR 12.5MG TABLETS, METOPROLOL TARTRATE 12.5MG TABLETS	metoprolol tartrate (except 12.5mg)
Calcium Channel Blockers	CONJUPRI, LEVAMLODIPINE	amlodipine, felodipine er, nifedipine er
	diltiazem er tablets, CARDIZEM LA	diltiazem er capsules
	KATERZIA, NORLIQVA, SDAMLO	amlodipine
	nisoldipine, SULAR	amlodipine, felodipine er
	verapamil er pm (100 mg, 200mg, 300mg)	verapamil er (120mg, 180mg, 240mg, 360mg)
Diuretics	ENBUMYST, FUROSCIX, LASIX ONYU, SOAANZ	bumetanide, ethacrynic acid, furosemide, torsemide
	HEMICLOR, THALITONE	chlorthalidone
	INZIRQO	hydrochlorothiazide capsules or tablets
Endothelin Receptor Antagonists	TRYVIO	Generic Anti-Hypertensive Agents (Categories include: ACE Inhibitors, Alpha-Adrenergic Blockers, Angiotensin Receptor Blockers [ARBs], Beta Blockers, Calcium Channel Blockers, Central Alpha-Adrenergic Agonists, Direct Renin Inhibitors, Direct Vasodilators and Diuretics)
Fenofibrates	fenofibrate capsules (130mg), fenofibrate tablets (40mg, 120mg), FENOFIBRATE CAPSULES (50MG, 150MG), LIPOFEN	fenofibrate capsules (43mg, 67mg, 134mg, 200mg), fenofibrate tablets (48mg, 54mg, 145mg, 160mg), fenofibric acid dr

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
HMG and Cholesterol Inhibitor Combinations	fluvastatin, fluvastatin er, ALTOPREV, ATORVALIQ, LESCOL XL, ZYPITAMAG	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	ROSUVASTATIN/EZETIMIBE	ezetimibe plus atorvastatin or rosuvastatin
Obstructive Hypertrophic Cardiomyopathy Agents	MYQORZO	CAMZYOS
PCSK9 and siRNA Inhibitors	LEQVIO, LEROCHOL, PRALUENT	REPATHA
Pulmonary Arterial Hypertension (PAH) Agents	TADLIQ	sildenafil oral suspension, sildenafil 20mg tablets, tadalafil 20mg tablets
	WINREVAIR	Coverage may be approved for the treatment of Pulmonary Arterial Hypertension (PAH) under certain conditions.
Sodium Glucose Co-Transporter-1 and 2 Inhibitors	INPEFA	dapagliflozin, JARDIANCE
Miscellaneous Cardiovascular Agents	CORLANOR SOLUTION	ivabradine, atenolol, bisoprolol 5mg or 10mg, carvedilol, metoprolol succinate er, metoprolol tartrate (except 12.5mg), propranolol
	LODOCO	colchicine
	NORPACE, NORPACE CR	amiodarone, quinidine sulfate, sotalol
DERMATOLOGICAL Agents for Hyperhidrosis	DRYSOL, QBREXZA, SOFDRA	Over-the-Counter aluminum chloride containing products
Oral Agents for Acne	ABSORICA LD	isotretinoin
	DORYX DR 80MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80MG	doxycycline hyclate, doxycycline monohydrate
	MINOCYCLINE ER CAPSULES, XIMINO	minocycline er tablets
Rosacea Agents (Oral)	EMROSI	Oral: minocycline Topical: azelaic acid, ivermectin, metronidazole
Rosacea Agents (Topical)	EPSOLAY, ZILXI	azelaic acid, ivermectin topical, metronidazole topical, sodium sulfacetamide/sulfur 10-5% cream, FINACEA FOAM
	NORITATE	metronidazole topical
Topical Agents for Acne	CABTREO, TWYNEO	adapalene, adapalene/benzoyl peroxide, benzoyl peroxide gel, clindamycin phosphate topical, clindamycin phosphate/benzoyl peroxide, tretinoin, tretinoin micro
	CLENIA PLUS, SULFACETAMIDE/SULFUR 8%-4% CLEANSER, SULFACETAMIDE/SULFUR 10%-1% EMULSION, SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION, ZMA CLEAR	sulfacetamide/sulfur 10-5% cleanser, sulfacetamide/sulfur 10-5% cream
	DAPSONE 7.5% GEL (TUBE)	azelaic acid, dapsone 5% (tube) or 7.5% gel (pump), clindamycin phosphate topical, erythromycin topical, FINACEA FOAM
	FABIOR, TAZAROTENE FOAM	tazarotene cream or gel, tretinoin
	WINLEVI	azelaic acid, clindamycin phosphate, clindamycin phosphate/tretinoin, dapsone, erythromycin gel, tretinoin
Topical Agents for Actinic Keratosis	CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA	fluorouracil 5% cream, fluorouracil 2% or 5% solution, imiquimod
Topical Antibiotics	XEPI	mupirocin

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Topical Antifungals	ciclopirox 8% treatment kit	ciclopirox 8% topical solution, tavaborole topical solution
	JUBLIA	ciclopirox
	MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION	clotrimazole, ketoconazole, miconazole, nystatin
	naftifine, oxiconazole, ECONAZOLE FOAM, ECOZA, ERTACZO, LULICONAZOLE, LUZU, NAFTIN, OXISTAT, SULCONAZOLE, XOLEGEL	ciclopirox, clotrimazole, econazole cream, ketoconazole
Topical Corticosteroids	clocortolone, diflorasone, diflorasone/emollient, flurandrenolide, halcinonide, CLOBETASOL 0.025%, HALOBETASOL LOTION, IMPOYZ, SERNIVO, ULTRAVATE, VERDESO	generic topical corticosteroids except those listed in the exclusion column
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM, SORILUX	calcipotriene cream, ointment or solution
Miscellaneous Topical Dermatological Agents	ALCORTIN A	generic topical corticosteroids except those listed in the exclusion column for Topical Corticosteroids plus mupirocin
	crotamiton	permethrin
	doxepin cream	alclometasone cream and ointment; desonide cream and ointment; fluocinolone body oil, cream, ointment and solution; hydrocortisone 1% cream and ointment, 2.5% cream, lotion, ointment and solution; hydrocortisone valerate cream and ointment
	PLIAGLIS	lidocaine cream, lidocaine/prilocaine cream
	TRI-LUMA	fluocinolone, hydroquinone, tretinoin
	VEREGEN	imiquimod 5% cream, podofilox gel or solution
	ZTLIDO	lidocaine 5% patch
DIABETES Biguanide Agents	metformin 625mg, 750mg tablets; METFORMIN 625MG TABLETS	metformin 500mg, 850mg or 1,000mg tablets
Blood Glucose Meters and Test Strips	ASCENSIA (CONTOUR) ELI LILLY (TEMPO) LIFESCAN (ONETOUCH SOLUTIONS STARTER, ULTRA, ULTRA2, VERIO, VERIO FLEX) ROCHE (ACCU-CHEK) ALL OTHER METERS AND 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, TRUENESS) TRIVIDIA TEST STRIPS (TRUE METRIX, TRUENESS)
Continuous Glucose Monitoring Systems	EVERSENSE 365: SENSOR, TRANSMITTER	DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER DEXCOM G7: RECEIVER, SENSOR FREESTYLE LIBRE: READER, SENSOR

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH® HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Diabetic Pen Needles and Syringes	PEN NEEDLES AND SYRINGES BY: ARKRAY HOME AIDE DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD PRODIGY DIABETES CARE SIMPLE DIAGNOSTICS TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES AND SYRINGES THAT ARE NOT LISTED AS PREFERRED	EMBECTA PEN NEEDLES EMBECTA SYRINGES
Diabetic Supply Kits	BIGFOOT UNITY PROGRAM KIT	DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER DEXCOM G7: RECEIVER, SENSOR FREESTYLE LIBRE: READER, SENSOR
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors and Combinations	ALOGLIPTIN, BRYNOVIN, NESINA, SITAGLIPTIN, TRADJENTA, ZITUVIO	saxagliptin, sitagliptin phosphate
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, SITAGLIPTIN/METFORMIN, SITAGLIPTIN/METFORMIN ER, ZITUVIMET, ZITUVIMET XR	saxagliptin/metformin, sitagliptin phosphate/ metformin, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus saxagliptin or sitagliptin phosphate
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN, STEGLUJAN	GLYXAMBI
Glucose-Elevating Drugs	GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	glucagon emergency kit (all manufacturers covered except Fresenius), BAQSIMI, GVOKE
Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combinations	XULTOPHY	SOLIQUA
Insulins	U-100: ADMELOG, APIDRA, FIASP, HUMALOG (VIAL, KWIKPEN, JUNIOR KWIKPEN), INSULIN ASPART, KIRSTY, LYUMJEV, NOVOLOG, RELION NOVOLOG U-200: LYUMJEV Inhalation: AFREZZA	U-100: HUMALOG CARTRIDGE, INSULIN LISPRO, MERILOG U-200: HUMALOG KWIKPEN
	U-100: BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC, INSULIN GLARGINE-YFGN (by Civica), LANTUS, LEVEMIR, REZVOGLAR, SEMGLEE (YFGN) U-200: INSULIN DEGLUDEC U-300: TOUJEO	U-100: INSULIN GLARGINE-YFGN (by Biocon), TRESIBA U-200: TRESIBA U-300: INSULIN GLARGINE
	HUMALOG MIX 75-25 KWIKPEN, INSULIN ASPART PROTAMINE, NOVOLOG MIX, RELION NOVOLOG MIX	HUMALOG (MIX 50-50 VIAL AND KWIKPEN, MIX 75-25 VIAL), INSULIN LISPRO PROTAMINE MIX
	NOVOLIN, NOVOLIN MIX, RELION NOVOLIN, RELION NOVOLIN MIX	HUMULIN, HUMULIN MIX
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combinations	BRENZAVVY, INVOKANA, STEGLATRO	dapagliflozin, JARDIANCE
	INVOKAMET, INVOKAMET XR, SEGLUROMET	dapagliflozin/metformin ext-release, SYNJARDY, SYNJARDY XR
Sulfonylurea Agents	GLIMEPIRIDE 3MG TABLETS	glimepiride 1mg, 2mg or 4mg tablets
	GLIPIZIDE 2.5MG AND 15MG TABLETS	glipizide 5mg and 10mg tablets

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
EAR/NOSE Nasal Antihistamines and Combination Products	azelastine/fluticasone nasal, DYMISTA	azelastine nasal plus flunisolide nasal, fluticasone nasal, mometasone nasal or XHANCE
Nasal Steroids	OMNARIS, QNASL	flunisolide nasal, fluticasone nasal, mometasone nasal, XHANCE
Otic Antibiotics and Combination Products	CETRAXAL	ciprofloxacin otic, ofloxacin otic
	CIPROFLOXACIN/FLUOCINOLONE OTIC	ciprofloxacin/dexamethasone otic, ciprofloxacin/hydrocortisone otic
ENDOCRINE Cushing's Agents	ISTURISA	ketoconazole tablets, SIGNIFOR
	RECORLEV	ketoconazole tablets
Enzyme Replacement Agents	LOARGYS	Coverage may be approved for the treatment of Hyperargininemia under certain conditions.
Familial Chylomicronemia Syndrome Agents	REDEMPLO	TRYNGOLZA
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED	FENSOLVI, SUPPRELIN LA, TRIPTODUR
Growth Hormones	HUMATROPE, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, ZOMACTON	GENOTROPIN, OMNITROPE
	SKYTROFA, SOGROYA	GENOTROPIN, OMNITROPE, NGENLA
Phenylketonuria Agents	SEPHIENCE	sapropterin
Somatostatin Analogs and Other Related Medications	BYNFEZIA	octreotide
	LANREOTIDE, PALSONIFY, SANDOSTATIN LAR DEPOT	lanreotide (generic), octreotide er, SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: lanreotide (generic), octreotide er, SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
Testosterone Products	AVEED, AZMIRO	testosterone cypionate, testosterone enanthate, XYOSTED
	KYZATREX, NATESTO, TLANDO	testosterone gel, testosterone solution
Thyroid Replacement Therapy	ADTHYZA 16.25MG, 32.5MG, 65MG, 97.5MG, 130MG	levothyroxine tablets, thyroid pork (except 16.25mg, 32.5mg, 65mg, 97.5mg, 130mg), ARMOUR THYROID
	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSINT, TIROSINT-SOL	levothyroxine tablets
Miscellaneous Endocrine Agents	CORTROPHIN GEL	No alternatives recommended
	DESMODA	desmopressin nasal, desmopressin tablets
GASTROINTESTINAL Antidiarrheal Agents	opium tincture, MYTESI	diphenoxylate/atropine, loperamide
Antiemetics (Injectable)	CINVANTI, FOCINVEZ	fosaprepitant injection
Antiemetics (Oral)	AKYNZEO CAPSULES, GRANISOL	granisetron, ondansetron solution or tablets, aprepitant, VARUBI
	ANTIVERT	meclizine
	BONJESTA	doxylamine/pyridoxine hcl
	DRONABINOL SOLUTION	dronabinol capsules
	EMEND POWDER PACKETS	aprepitant, VARUBI
	NEREUS	promethazine tablets, scopolamine patches
	ONDANSETRON ODT 16MG TABLETS	ondansetron odt 4mg or 8mg
Antispasmodics	DICYCLOMINE 40 MG TABLETS	dicyclomine 20 mg tablets
Anti-Ulcer Agents	sucralfate suspension, CARAFATE	sucralfate tablets

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Bowel Evacuants	CLENPIQ, PLENVU, SUFLAVE, SUTAB	magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets
Constipation Agents	RELISTOR TABLETS	lubiprostone, MOVANTIK, SYMPROIC
Corticosteroids (Rectal Formulations)	CORTIFOAM	budesonide foam, hydrocortisone enema
Gallstone Dissolution Agents	RELTONE	ursodiol
Gastroparesis Agents	GIMOTI	No alternatives recommended
Hemorrhoidal Preparations	HYDROCORTISONE/PRAMOXINE 25-18MG SUPPOSITORIES	hydrocortisone ac suppositories, pramoxine/ hydrocortisone cream
	MICORT HC	hydrocortisone 2.5% rectal cream
	PROCTOFOAM-HC	pramoxine/hydrocortisone cream
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA 250MG CAPSULES
Irritable Bowel Syndrome and Chronic Constipation Agents	IBSRELA	lubiprostone, prucalopride, LINZESS, TRULANCE
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP
Proton Pump Inhibitors	dexlansoprazole dr, DEXILANT	esomeprazole magnesium dr capsules, lansoprazole dr capsules, omeprazole dr capsules, pantoprazole dr tablets, rabeprazole dr tablets
	KONVOMEP, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	esomeprazole magnesium dr, lansoprazole dr, omeprazole dr, pantoprazole dr, rabeprazole dr tablets
Miscellaneous Gastrointestinal Agents	DARTISLA ODT	glycopyrrolate tablets
HEMATOLOGICAL Antiplatelet Agents	YOSPRALA DR	aspirin plus omeprazole dr, esomeprazole magnesium dr, lansoprazole dr, pantoprazole dr or rabeprazole dr tablets
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor Deficiency Agents and Related Products	IXINITY, RIXUBIS	BENEFIX
	NOVOSEVEN RT	SEVENFACT
	NUWIQ, RECOMBINATE	ADVATE, ADYNOVATE, AFSTYLA, ALTUVIIIO, ELOCTATE, ESPEROCT, JIVI, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
	REBINYN	ALPROLIX, IDELVION
Granulocyte Colony Stimulating Factors	FYLNETRA, NEULASTA, NYVEPRIA, ROLVEDON, RYZNEUTA, STIMUFEND, UDENYCA	FULPHILA, ZIEXTENZO
	FILKRI, GRANIX, NEUPOGEN, NYPOZI, RELEUKO, ZARXIO	NIVESTYM
Hematopoietic and Thrombopoietic Agents	APHEXDA	plerixafor
Hemophilia Agents	QFITLIA	For Hemophilia A with inhibitors: ALHEMO, HEMLIBRA For Hemophilia A without inhibitors: ALHEMO, HEMLIBRA, HYMPAVZI For Hemophilia B with inhibitors: ALHEMO For Hemophilia B without inhibitors: ALHEMO, HYMPAVZI
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors	VAFSEO	PROCRIT, RETACRIT
Iron Replacement Agents	MONOFERRIC	iron sucrose, sodium ferric gluconate complex

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Sickle Cell Disease Agents	SIKLOS, XROMI	hydroxyurea, DROXIA
Thrombocytopenia Agents	ALVAIZ	eltrombopag, DOPTELET, NPLATE
	MULPLETA	DOPTELET
	WAYRILZ	eltrombopag, DOPTELET, NPLATE, TAVALISSE
Miscellaneous Hematology Agents	AQVESME	Coverage may be approved for the treatment of Alpha-Thalassemia, Transfusion-dependent Beta-Thalassemia or Non-Transfusion-dependent Beta-Thalassemia under certain conditions.
	RYTELO	Coverage may be approved for the treatment of Myelodysplastic Syndrome with Transfusion-Dependent Anemia under certain conditions.
HEPATITIS Hepatitis C	EPCLUSA, HARVONI, MAVYRET	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI
	SOVALDI	SOFOSBUVIR/VELPATASVIR, VOSEVI
HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	PREZCOBIX	atazanavir, darunavir, fosamprenavir, lopinavir/ritonavir, ritonavir, PREZISTA
	RUKOBIA ER	Coverage may be approved for the treatment of Human Immunodeficiency Virus-1 Infection in heavily treatment-experienced patients with multidrug-resistant infection.
	STRIBILD	BIKTARVY, GENVOYA
MUSCULOSKELETAL AND RHEUMATOLOGY Gout Therapy	GLOPERBA	colchicine, MITIGARE
Muscle Relaxants and Antispasmodic Agents	ATMEKSI, METHOCARBAMOL 1,000MG TABLETS	methocarbamol 500mg tablets
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	COMBOGESIC	ibuprofen plus acetaminophen
	COXANTO, DICLOFENAC 35MG CAPSULES, DOLOBID, FENOPROFEN 200MG CAPSULES, FENOPRON, OXAPROZIN 300MG CAPSULES, RELAFEN DS, SPRIX, ZORVOLEX	generic oral nonsteroidal anti-inflammatory drugs
	ELYXYB, VYSCOXA	celecoxib
	MELOXICAM SUSPENSION, ZYBIC	ibuprofen suspension, naproxen suspension
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR, LICART
OBSTETRICAL AND GYNECOLOGICAL Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	AVERI, FEMLYV, LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME	generic oral, patch and ring contraceptives
	PHEXX	Barrier methods of contraception, such as condoms, diaphragms or spermicides.
	SLYND	generic progestin-only oral contraceptives
Estrogen and Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA, OSPHENA	estradiol cream, estradiol vaginal inserts, PREMARIN CREAM
	FEMRING	estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE, PREMPRO	estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate
Estrogens (Oral)	MENEST	conjugated estrogen tablets, estradiol tablets
Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN 10,000 UNITS, NOVAREL	OVIDREL, PREGNYL

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF REDI-JECT
Prenatal Vitamins	CITRANATAL, NATAL PNV, PREGENNA, TRINAZ	generic prenatal vitamins
Topical Estrogen Agents	ELESTRIN	estradiol gel, gel pump or patches
Vaginal Progesterones	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
Miscellaneous Gynecological Agents	paroxetine mesylate	paroxetine hcl, paroxetine hcl er
ONCOLOGY Acute Myeloid Leukemia (AML) Agents	ONUREG	Coverage may be approved for the treatment of Acute Myeloid Leukemia under certain conditions.
	REZLIDHIA	TIBSOVO
	VANFLYTA	RYDAPT
Alkylating Agents	GRAFAPEX	busulfan, cyclophosphamide, etoposide, fludarabine
B-Cell Lymphoma Agents	COLUMVI	Coverage may be approved for the treatment of Diffuse Large B-cell Lymphoma under certain conditions.
	EPKINLY, LUNSUMIO VELO	Coverage may be approved for the treatment of Follicular Lymphoma or Diffuse Large B-cell Lymphoma under certain conditions.
Bendamustine Agents	VIVIMUSTA	bendamustine, BENDEKA
Bevacizumab-Containing Agents	ALYMSYS, AVASTIN, JOBEVNE, VEGZELMA	ZIRABEV
Bispecific Human Epidermal Growth Factor Receptor 2 (HER2)-Directed Antibody	ZIIHERA	PERJETA plus HERCESSI or OGIVRI
Bortezomib Agents	BORUZU	bortezomib
Bruton Tyrosine Kinase Inhibitors	BRUKINSA, JAYPIRCA	For Mantle Cell Lymphoma: CALQUENCE For Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma: CALQUENCE, IMBRUVICA For BRUKINSA only: Coverage may be approved for treatment of Waldenström's Macroglobulinemia under certain conditions.
Cutaneous T-Cell Lymphoma Agents	LYMPHIR	acitretin, bexarotene capsules, isotretinoin, romidepsin, ADCETRIS, POTELIGEO, ZOLINZA
Docetaxel Agents	BEIZRAY/ALBUMIN, DOCIVYX	docetaxel
Fluorouracil Injectable Products	FAVLYXA	fluorouracil
Gemcitabine Agents	AVGEMSI	gemcitabine
Glucocorticoid Receptor Antagonists	LIFYORLI	Coverage may be approved for the treatment of Platinum Resistant Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer under certain conditions.
Interferons	BESREMI	hydroxyurea
Intravesical Agents	INLEXZO	gemcitabine, mitomycin, valrubicin
Kinase Inhibitors	ITOVEBI	Coverage may be approved for the treatment of Breast Cancer under certain conditions.
Leucovorin Agents	VYKOURA	leucovorin injection
Melphalan Injectable Agents	IVRA	melphalan injection
Multiple Myeloma Agents	BLENREP, XPOVIO	bortezomib, lenalidomide, pomalidomide, DARZALEX, KYPROLIS, NINLARO, THALOMID
Myelodysplastic Syndrome Agents	INQOVI	decitabine
Myelofibrosis Agents	INREBIC, OJJAARA	JAKAFI, JAKAFI XR

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Non-Small Cell Lung Cancer Agents	HERNEXEOS, HYRNUO	Coverage may be approved for the treatment of HER2 (ERBB2) activating mutation non-small cell lung cancer.
	KRAZATI	Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer.
	TEPMETKO	TABRECTA
PARP Inhibitors	RUBRACA, ZEJULA	LYNPARZA
Pemetrexed Agents	AXTLE	pemetrexed disodium
Programmed Death Ligand-1 Blocking Antibodies	UNLOXCYT	KEYTRUDA, KEYTRUDA QLEX, LIBTAYO
Prostate Cancer Agents	AKEEGA	abiraterone plus LYNPARZA, TALZENNA plus XTANDI
	CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR, VABRINTY	ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
Renal Cell Cancer Agents	FOTIVDA	CABOMETYX, INLYTA, LENVIMA
Rituximab-Containing Agents	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
Thiotepa Injectable Agents	TEPYLUTE	thiotepa
Trabectedin Injectable Products	EVDI	YONDELIS
Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, KANJINTI, ONTRUZANT, TRAZIMERA	HERCESSI, OGIVRI
Tyrosine Kinase Inhibitors	PHYRAGO	dasanitib
	QINLOCK	imatinib, nilotinib, pazopanib, sorafenib, sunitinib, IMKELDI, STIVARGA
Tyrosine Kinase Inhibitors - Nilotinib Products	NILOTINIB TARTRATE	nilotinib hcl, DANZITEN
OPHTHALMIC Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL, TIMOPTIC OCUDOSE	timolol maleate drops, betaxolol drops, carteolol drops, levobunolol drops
Antiglaucoma Agents (Ophthalmic Prostaglandins)	tafluprost drops, travoprost drops, DURYSTA, IDOSE TR, IYUZEH, OMLONTI, TRAVATAN Z, VYZULTA, ZIOPTAN, ZOLYMBUS	bimatoprost drops, latanoprost drops
Blepharoptosis Agents	UPNEEQ	No alternatives recommended
Ophthalmic Agents (Complement Protein C5 Inhibitors)	IZERVAY	Coverage may be approved for the treatment of Geographic Atrophy under certain conditions.
Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)	EYLEA, EYLEA HD, VABYSMO	PAVBLU
	BYOOVIZ, LUCENTIS	CIMERLI
	SUSVIMO	No alternatives recommended
Ophthalmic Agents (Other)	ATROPINE (PRESERVATIVE FREE) 1% EYE SINGLE USE DROPPERETTE	atropine 1% drops
	CYSTADROPS	CYSTARAN
	VERKAZIA	azelastine drops, bepotastine drops, cromolyn drops, epinsatine drops, olopatadine drops
Ophthalmic Anti-Allergic	ZERVIATE	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Ophthalmic Anti-Inflammatory	BYQLOVI, CLOBETASOL DROPS, FLAREX, FML FORTE, LOTEMAX OINTMENT, LOTEMAX SM, MAXIDEX, PRED MILD	dexamethasone drops, difluprednate drops, fluorometholone drops, loteprednol 0.5% drops, prednisolone drops
Ophthalmic Combinations	TOBRADEX ST	tobramycin/dexamethasone drops
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, ILEVRO, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Ophthalmic Quinolone Antibiotics	BESIFLOXACIN, BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
Presbyopia Agents	pilocarpine 1.25% drops, QLOSI, VIZZ, VUITY, YUVEZZI	No alternatives recommended
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, EUFLEXXA, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, HYMOVIS ONE, SUPARTZ FX, SYNOJOYNT, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	MONOVISC, ORTHOVISC
RENAL Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Overactive Bladder Agents	OXYBUTYNIN 2.5MG	oxybutynin solution or syrup, oxybutynin 5mg tablets
	VESICARE LS	oxybutynin solution or syrup, mirabegron er suspension
Phosphate Binders	FERRIC CITRATE, FOSRENOL POWDER PACKETS, VELPHORO, XPHOZAH	calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl
Miscellaneous Urologicals	URIMAR-T CAPSULES, URNEVA	methenamine/sodium phosphate/phenyl salicylate/ methylene blue/hyoscyamine
RESPIRATORY Antihistamines (Oral)	clemastine, CARBINOXAMINE ER 4MG/5ML SUSPENSION, DESLORATADINE SOLUTION, KARBINAL ER SUSPENSION	carbinoxamine liquid and 4mg tablets; cetirizine solution and syrup; desloratidine tablets; hydroxyzine hcl solution, syrup and tablets; levocetirizine solution and tablets
Epinephrine Auto-Injector Systems	EPINEPHRINE AUTO-INJECTOR (by Amneal Pharma, Avkare)	epinephrine auto-injector (by Mylan, Teva), AUVI-Q
Idiopathic Pulmonary Fibrosis Agents	PIRFENIDONE 534MG TABLETS	nintedanib, pirfenidone 267mg capsules or tablets, pirfenidone 801mg tablets, JASCAYD
Immunological Agents for Asthma	CINQAIR, EXDENSUR	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR
Inhaled Phosphodiesterase (PDE)-3 and PDE-4 Inhibitors	OHTUVAYRE	LAMA/LABAs: ANORO ELLIPTA, STIOLTO RESPIMAT LAMAs: tiotropium inhaler, INCRUSE ELLIPTA, SPIRIVA RESPIMAT LABAs: formoterol inhalation solution, STRIVERDI RESPIMAT ICS/LABAs: budesonide/formoterol inhaler, fluticasone/salmeterol inhalation powder, ADVAIR HFA, BREO ELLIPTA, DULERA
Leukotriene Pathway Inhibitors	zileuton er, ZYFLO	montelukast, zafirlukast
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT
Long-Acting Muscarinic Antagonist Inhalers	TUDORZA PRESSAIR, UMECLIDINIUM ELLIPTA	tiotropium inhaler, INCRUSE ELLIPTA, SPIRIVA RESPIMAT
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR, UMECLIDINIUM/VILANTEROL	ANORO ELLIPTA, STIOLTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ALVESCO, ARNUITY ELLIPTA, FLUTICASONE ELLIPTA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA 110MCG, FLUTICASONE PROPIONATE HFA 220MCG, PULMICORT FLEXHALER	beclomethasone hfa, fluticasone propionate hfa 44mcg, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, FLUTICASONE/ SALMETEROL DPI, FLUTICASONE/SALMETEROL HFA, FLUTICASONE/VILANTEROL	budesonide/formoterol inhaler, fluticasone/ salmeterol inhalation powder, ADVAIR HFA, BREO ELLIPTA, DULERA
	AIRSUPRA	budesonide/formoterol, DULERA, albuterol hfa plus ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER or QVAR
Short-Acting Beta2-Agonist Inhalers	ALBUTEROL SULFATE HFA (by Prasco), LEVALBUTEROL HFA, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	albuterol sulfate hfa (all manufacturers covered except Prasco)
MISCELLANEOUS AGENTS Allergen Immunotherapy	PALFORZIA	Coverage may be approved for the treatment of Peanut Allergy under certain conditions.
Barth Syndrome Agents	FORZINITY	Coverage may be approved for the treatment of Barth Syndrome under certain conditions.
Benign Prostatic Hyperplasia Agents	ENTADFI	finasteride 5mg plus tadalafil 5mg
	TEZRULY	terazosin
Botulinum Toxin Products	BOTOX	DYSPORT, MYOBLOC Migraine—AIMOVIG, AJOVY, EMGALITY, QULIPTA Hyperhidrosis—Over-the-Counter aluminum chloride containing products
	DAXXIFY, XEOMIN	DYSPORT, MYOBLOC
Cardiomyopathy and Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	AMVUTTRA	HTTR-C: VYNDAMAX Coverage may be approved for treatment of Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis (hATTR) under certain conditions.
	ATTRUBY	VYNDAMAX
	ONPATTRO, WAINUA	Coverage may be approved for treatment of Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis (hATTR) under certain conditions.
Complement Inhibitors	BKEMV, PIASKY, SOLIRIS, ULTOMIRIS	ENSPRYNG, EPYSQLI
Eosinophilic Esophagitis Agents	EOHILIA	budesonide suspension made into a slurry or suspension and swallowed (not inhaled)
Erectile Dysfunction	VYBRIQUE	avanafil, sildenafil, tadalafil, vardenafil
Fibromyalgia Agents	TONMYA	duloxetine dr (20mg, 30mg, 40mg, 60mg), milnacipran, pregabalin
Folic Acid Products	FOLIC ACID ORAL SOLUTION, QUIOFIC	folic acid tablets
Gaucher Disease Agents	ELELYSO, VPRIV	CEREZYME
Glucocorticoids	ALKINDI SPRINKLE, KHINDIVI	hydrocortisone tablets
	DEXLYT, HEMADY	dexamethasone tablets
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
	DAWNZERA	ANDEMBRY, HAEGARDA, TAKHZYRO
	EKTERLY	icatibant
Hunter Syndrome Agents	AVLAYAH	Coverage may be approved for the treatment of Mucopolysaccharidosis Type II (Hunter syndrome) under certain conditions.
Hypoactive Sexual Desire Disorder Agents	ADDYI	VYLESSI

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

(continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Immune Globulins	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMUNEX-C, XEMBIFY
	GAMMAKED, GAMMAPLEX, PANZYGA, QIVIGY, YIMMUGO	IV: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	ENVARSUS XR	tacrolimus capsules
	JYLAMVO, TREXALL, XATMEP	methotrexate tablets
	NIKTIMVO	IMBRUVICA, JAKAFI, JAKAFI XR
Inflammatory Conditions Agents	SOVUNA	hydroxychloroquine tablets
Infused Non-TNF Biologics	COSENTYX IV	COSENTYX SC
Infused Non-TNF Biologics - Tocilizumab Intravenous Agents	ACTEMRA IV, TOFIDENCE IV	AVTOZMA IV, TYENNE IV
Infused Non-TNF Biologics - Ustekinumab Agents	OTULFI IV, PYZCHIVA IV, SELARSDI IV, STARJEMZA IV, STELARA IV, STEQEYMA IV, USTEKINUMAB IV, WEZLANA IV	IMULDOSA IV, USTEKINUMAB-TTWE IV (by Quallent), YESINTEK IV, ENTYVIO IV, OMVOH, SKYRIZI, TREMFYA
Infused TNF Antagonists	INFLECTRA, REMICADE, RENFLEXIS	AVSOLA, INFLIXIMAB
Menkes Disease Agents	ZYCUBO	Coverage may be approved for the treatment of Menkes Disease under certain conditions.
Metabolic Agents	HARLIKU	nitisinone 2mg capsules, NITYR 2 MG TABLETS
	RIVFLOZA	Coverage may be approved for the treatment of Primary Hyperoxaluria Type 1 under certain conditions.
Myasthenia Gravis Agents	IMAAVY, RYSTIGGO	Coverage may be approved for the treatment of Generalized Myasthenia Gravis.
	ZILBRYSQ	EPYSQLI
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
NSAID and Acid Reducing Agent Combination Products	ibuprofen/famotidine, DUEXIS	ibuprofen tablets plus famotidine tablets
	naproxen/esomeprazole magnesium, VIMOVO	naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus esomeprazole magnesium dr capsules
Osteoporosis (Bone Modifiers)	BOSAYA, CONEXXENCE, EVENITY, JUBBONTI, OSPOMYV (by Cordavis), PROLIA, STOBOCLO	alendronate, ibandronate, risedronate, teriparatide, zoledronic acid, BILDYOS, ENOBY, TYMLOS
Other Bone Mineral Density Increasing Agents	AUKELSO, BOMYNTRA, OSENVELT, WYOST, XGEVA	BILPREVDA, XTRENBO
Potassium Replacement Agents	POKONZA, POTASSIUM CL 40MEQ PACKETS	potassium chloride solution
Primary Biliary Cholangitis Agents	LIVDELZI	IQIRVO
Thymidine Kinase 2 Deficiency Agents	KYGEVVI	Coverage may be approved for the treatment of Thymidine Kinase 2 Deficiency under certain conditions.
Weight Loss	ZEPBOUND KWIKPENS, ZEPBOUND VIALS	liraglutide, FOUNDAYO, WEGOVY HD, WEGOVY PENS, WEGOVY TABLETS, ZEPBOUND PENS
Wilson's Disease Agents	CUVRIOR, TRIENTINE 500MG CAPSULES	trientine 250mg capsules

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Indication-based management

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-BWW ADADALIMUMAB-FKJP, HULIO ADALIMUMAB-RYVK (by Teva) ABRILADA AMJEVITA CYLTEZO HADLIMA HUMIRA HYRIMOZ YUSIMRY	ADALIMUMAB-ADAZ ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent) SIMLANDI
Tocilizumab Products for Inflammatory Conditions‡	ACTEMRA SC, AVTOZMA SC	TYENNE SC**
Ustekinumab Products for Inflammatory Conditions‡	OTULFI SC, PYZCHIVA SC, SELARSDI SC, STARJEMZA SC, STELARA SC, STEQEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AAUZ SC, USTEKINUMAB-AEKN SC, WEZLANA SC	IMULDOSA 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.	Preferred: ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), COSENTYX SC, ENBREL, ICOTYDE, IMULDOSA SC, OMVOH SC, OTEZLA, OTEZLA XR, RINVOQ ER, RINVOQ LQ, SIMLANDI, SKYRIZI SC, SOTYKTU, TALTZ, TREMFYA SC, tofacitinib, tofacitinib er, USTEKINUMAB-TTWE SC (by Quallent), VELSIPITY, YESINTEK SC, ZYMFENTRA Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, COSENTYX SC, TALTZ **Preferred after use of one Preferred Medication: CIMZIA (for Crohn's Disease only), SIMPONI 100MG, TYENNE SC

‡ 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.

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Excluded medications/products at a glance

A

ABILIFY^
ABRILADA*
ABSORICA LD
ACANYA^
ACIPHEX^
ACTEMRA IV*, ACTEMRA SC*
ACUVAIL
ADALIMUMAB-AACF*
ADALIMUMAB-AATY*
ADALIMUMAB-BWWD*
ADALIMUMAB-FKJP*
ADALIMUMAB-RYVK (by Teva)*
ADCIRCA*^
ADDERALL^, ADDERALL XR^
ADDYI
ADMELOG
ADTHYZA 16.25MG, 32.5MG, 65MG, 97.5MG, 130MG
ADVAIR DISKUS^
AFINITOR*^, AFINITOR DISPERZ*^
AFREZZA
AGAMREE*
AIRDUO RESPICLICK
AIRSUPRA
AKEEGA*
AKYNZEO CAPSULES
ALBUTEROL SULFATE HFA (by Prasco)
ALCORTIN A
ALINIA TABLETS^
ALKINDI SPRINKLE
ALOGLIPTIN
ALOGLIPTIN/METFORMIN
ALOGLIPTIN/PIOGLITAZONE
ALREX^
ALTOPREV
ALVAIZ*
ALVESCO
ALYMSYS*
AMBIEN^, AMBIEN CR^
AMITIZA^
AMJEVITA*
AMONDYS 45*
AMPYRA*^
AMRIX^
AMVUTTRA*
ANDROGEL^
ANTIVERT
ANUSOL-HC^
APHEXDA*
APIDRA
APLENZIN
APOKYN*
APTENSIO XR^
AQVESME*
ARANESP*
ARBLI
ARIMIDEX^
ARKRAY PEN NEEDLES AND SYRINGES
ARNUITY ELLIPTA
ARYNTA
ASCENSIA (CONTOUR)
ATACAND^, ATACAND HCT^
ATMEKSI
ATOMOXETINE SOLUTION
ATONCY
ATORVALIQ
ATRALIN^
ATROPINE PF 1% DROPPERETTE
ATTRUBY*
AUBAGIO*^
AUKELSO*
AUSTEDO*, AUSTEDO XR*
AVALIDE^, AVAPRO^
AVASTIN*
AVEED*
AVERI
AVGEMSI*
AVLAYAH*
AVODART^
AVTOZMA SC*
AXTLE
azelastine/fluticasone
AZMIRO
AZOPT^
AZOR^

B

BALCOLTRA^
BANZEL^
BARACLUDE TABLETS^
BASAGLAR, BASAGLAR TEMPO
BEIZRAY*^
BEIZRAY/ALBUMIN*
BENICAR^, BENICAR HCT^
BEPREVE^
BERINERT*
BESIFLOXACIN
BESIVANCE
BESREMI*
BETIMOL
BEVESPI AEROSPHERE
BIDIL^
BIGFOOT UNITY PROGRAM KIT
BIJUVA
BISOPROLOL 2.5MG TABLETS
BKEMV*
BLENREP*
BLUJEPA
BOMYNTRA*
BONJESTA
BORUZU*
BOSAYA*
BOTOX*
BREKIYA*
BRENZAVVY
BRILINTA^
BRIUMVI*
BROMSITE^
BRUKINSA*
BRYNOVIN
BUCAPSOL
BUPROPION XL 450MG
BUSPIRONE 2.5MG AND 12.5MG
BUTRANS^
BYNFEZIA*
BYOOVIZ*
BYQLOVI
BYSANTI
BYSTOLIC^

C

CABTREO
CALCIPOTRIENE FOAM
CAMCEVI*
CANASA^
CARAC
CARAFATE
CARBIDOPA/LEVODOPA ER CAPSULES
CARBINOXAMINE ER 4MG/5ML SUSPENSION
CARDIZEM LA
CAROSPIR^
CELEBREX^
CELEXA^
CETRAXAL
CHORIONIC GONADOTROPIN 10,000 UNITS*
CIALIS^
ciclopirox 8% treatment kit
CILOXAN OINTMENT
CINQAIR*
CINVANTI
CIPRO HC^
CIPROFLOXACIN/FLUOCINOLONE OTIC
CITRANATAL
clemastine
CLENIA PLUS
CLENPIQ

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Excluded medications/products at a glance

CLIMARA PRO
CLINDAGEL^
CLOBETASOL 0.025%, CLOBETASOL DROPS
clocortolone
CLONIDINE HCL 0.05MG, CLONIDINE ER 0.17MG
COBENFY
COLCRYS^
COLUMVI*
COMBOGESIC
COMPLERA*^
CONCERTA^
CONDYLOX^
CONEXXENCE*
CONJUPRI
CONZIP
COPAXONE*^
COREG^
CORLANOR SOLUTION*, CORLANOR TABLETS^
CORTIFOAM
CORTROPHIN GEL*
COSENTYX IV*
COSOPT^, COSOPT PF^
COXANTO
COZAAR^, HYZAAR^
CRESTOR^
CRINONE 4%
crotamiton
CUPRIMINE^
CUTAQUIG*
CUVPOSA^
CUVRIOR*
CYLTEZO*
CYMBALTA^
CYSTADANE*^
CYSTADROPS*
CYTOMEL^

D

DALIRESP^
DAPSONE 7.5% GEL (TUBE)
DARTISLA ODT
DAWNZERA*
DAXXIFY*
DAYBUE*, DAYBUE STIX*
DENAVIR
DESLORATADINE SOLUTION
DESMODA*
DEXILANT
dexlansoprazole dr
DEXLYT
DHIVY
DICLOFENAC 35MG CAPSULES
DICLOFENAC EPOLAMINE PATCHES
DICYCLOMINE 40 MG TABLETS
diflorasone, diflorasone/emollient
diltiazem er tablets
DIOVAN^, DIOVAN HCT^
DIPENTUM
DIVIGEL^
DOCIVYX*
DOLOBID
DORAL
DORYX DR 50MG^ AND 200MG^
DORYX DR 80MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80MG
doxepin cream
DRIZALMA SPRINKLE
DRONABINOL SOLUTION
DRYSOL
DUAKLIR PRESSAIR
DUEXIS
DUREZOL^
DUROLANE*
DURYSTA*
DUVYZAT*
DYANAVEL XR
DYMISTA
DYRENIUM^

E

ECONAZOLE FOAM
ECOZA
EDARBI^, EDARBYCLOR
EFFEXOR XR^
EKTERLY*
ELELYSO*
ELESTRIN
ELEVIDYS*
ELI LILLY (TEMPO)
ELYXYB
EMEND CAPSULES^, IV^, TRIFOLD PACK^
EMEND POWDER PACKETS
EMFLAZA*^
EMROSI
ENBUMYST
ENDARI*^
ENTADFI
ENTRESTO^
ENVARSUS XR*
EOHILIA
EPANED^
EPCLUSA*
EPINEPHRINE AUTO-INJECTOR (by Amneal Pharma, Avkare)
EPKINLY*
EPOGEN*
EPRONTIA^
EPSOLAY
ERTACZO
ESBRIET*^
ESCITALOPRAM CAPSULES
ESTRACE CREAM^
ESTRING
ESTROGEL^
EUFLEXXA*
EVDI*
EVEKEO^
EVENITY*
EVERSENSE 365: SENSOR, TRANSMITTER
EXDENSUR*
EXFORGE^, EXFORGE HCT^
EXJADE*^
EXONDYS 51*
EXXUA ER
EYLEA*, EYLEA HD*

F

FABIOR
FANAPT
FARXIGA^
FAVLYXA
FEMLYV
FEMRING
fenofibrate capsules (130mg), fenofibrate tablets (40mg, 120mg)
FENOFIBRATE CAPSULES (50MG, 150MG)
FENOPROFEN 200MG CAPSULES
FENOPRON
FERAHEME^
FERRIC CITRATE
FIASP
FILKRI*
FINTEPLA*
FIRAZYR*^
FIRVANQ
FLAREX
FLEQSUVY^
FLUOROURACIL 0.5% CREAM
flurandrenolide
FLUTICASONE ELLIPTA
FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA 110MCG, FLUTICASONE PROPIONATE HFA 220MCG
FLUTICASONE/SALMETEROL DPI

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Excluded medications/products at a glance

FLUTICASONE/SALMETEROL HFA
FLUTICASONE/VILANTEROL
fluvastatin, fluvastatin er
FML FORTE
FOCALIN^, FOCALIN XR^
FOCINVEZ
FOLIC ACID ORAL SOLUTION
FOLLISTIM AQ*
FORFIVO XL
FORTEO^
FORZINITY*
fosfomycin
FOSRENOL CHEWABLE TABLETS^
FOSRENOL POWDER PACKETS
FOTIVDA*
FUROSCIX
FYLNETRA*

G

GABARONE
GAMMAKED*
GAMMAPLEX*
GANIRELIX ACETATE*^
GEL-ONE*
GELSYN-3*
GENVISC 850*
GILENYA 0.25MG*, GILENYA 0.5MG*^
GIMOTI*
GLEEVEC*^
GLIMEPIRIDE 3MG TABLETS
GLIPIZIDE 2.5MG AND 15MG TABLETS
GLOPERBA
GLUCAGON EMERGENCY KIT (by Fresenius)
GLUMETZA^
GOCOVRI ER*
GRAFAPEX
GRANISOL
GRANIX*

H

HADLIMA*
halcinonide
HALOBETASOL LOTION
HARLIKU*
HARVONI*
HEMADY
HEMANGEOL*
HEMICLOR
HERCEPTIN*, HERCEPTIN HYLECTA*
HERNEXEOS*
HERZUMA*
HOME AIDE DIAGNOSTICS PEN NEEDLES AND SYRINGES
HTL-STREFA PEN NEEDLES AND SYRINGES
HULIO*
HUMALOG VIAL, KWIKPEN; JUNIOR KWIKPEN, MIX 75-25 KWIKPEN
HUMATROPE*
HUMIRA*
HYALGAN*
HYDROCORTISONE/PRAMOXINE 25-18MG SUPPOSITORIES
HYMOVIS*, HYMOVIS ONE*
HYRIMOZ*
HYRNUO*

I

IBSRELA
ibuprofen/famotidine
IDACIO*
IDOSE TR*
ILEVRO
IMAAVY*
IMITREX^
IMPOYZ
IMVEXXY
INDERAL LA^
INDERAL XL, INNOPRAN XL
INDOCIN SUPPOSITORIES^, INDOCIN SUSPENSION^
INFLECTRA*
INLEXZO*
INPEFA
INQOVI*
INREBIC*
INSULIN ASPART, INSULIN ASPART PROTAMINE
INSULIN DEGLUDEC
INSULIN GLARGINE-YFGN (by Civica)
INTRAROSA
INTUNIV^
INVOKAMET, INVOKAMET XR, INVOKANA
INZIRQO
ISTALOL^
ISTURISA*
ITOVEBI*
IVRA
IXINITY*
IYUZEH
IZERVAY*

J

JADENU*^, JADENU SPRINKLE*^
JAVADIN
JAYPIRCA*
JENTADUETO, JENTADUETO XR
JOBEVNE*
JUBBONTI*
JUBLIA
JYLAMVO

K

KANJINTI*
KAPSPARGO SPRINKLE
KARBINAL ER SUSPENSION
KATERZIA
KEPPRA^, KEPPRA XR^
KEVEYIS*^
KHINDIVI
KINERET*
KIRSTY
KISUNLA*
KLISYRI
KLONOPIN^
KONVOMEP
KORLYM*^
KRAZATI*
KUVAN*^
KYGEVVI*
KYZATREX

L

LABETALOL 400MG TABLETS
LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^
LAMPIT
LANREOTIDE*
LANTUS
LASIX ONYU
LATUDA^
LEQEMBI*, LEQEMBI IQLIK*
LEQVIO*
LEROCHOL
LESCOL XL
LETAIRIS*^
LEUPROLIDE DEPOT*
LEVALBUTEROL HFA
LEVAMLODIPINE
LEVEMIR
LEVETIRACETAM ODT
levorphanol
LEVOTHYROXINE CAPSULES

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Excluded medications/products at a glance

LEXAPRO^
LIALDA^
LIBERVANT
LIBRAX^
LIDODERM^
LIFESCAN (ONETOUCH SOLUTIONS STARTER, ULTRA, ULTRA2, VERIO, VERIO FLEX)
LIFYORLI*
LIKMEZ
LIPITOR^
LIPOFEN
LIVALO^
LIVDELZI*
LO LOESTRIN FE
LOARGYS*
LODOCO
LOESTRIN^, LOESTRIN FE^
LOPRESSOR SOLUTION, LOPRESSOR 12.5MG TABLETS
LOREEV XR
LOTEMAX OINTMENT, LOTEMAX SM
LOTREL^
LOTRONEX^
LOVAZA^
LOVENOX*^
LUCEMYRA^
LUCENTIS*
LULICONAZOLE
LUMIGAN^
LUNESTA^
LUNSUMIO VELO*
LUPRON DEPOT-PED*
LUZU
LYMPHIR*
LYRICA^, LYRICA CR^
LYUMJEV
LYVISPAH

M

MAVENCLAD*^
MAVYRET*
MAXALT^, MAXALT MLT^
MAXIDEX
MELOXICAM SUSPENSION
MENEST
MESTINON^
METAXALONE 640MG TABLETS
METFORMIN 625MG TABLETS
metformin 625mg, 750mg tablets
METHOCARBAMOL 1,000MG TABLETS
METHYLPHENIDATE ER 45MG AND 63MG
METOPROLOL TARTRATE 12.5MG TABLETS
METRONIDAZOLE 125MG TABLETS
MICARDIS HCT^
MICONAZOLE/ZINC OXIDE/PETROLATUM
MICORT HC
MINIVELLE^
MINOCYCLINE ER CAPSULES
MIPLYFFA*
MIRCERA*
MONOFERRIC
MOTEGRITY^
MOTPOLY XR
MOVIPREP^
MULPLETA*
MYDAYIS^
MYQORZO*
MYTESI*

N

naftifine
NAFTIN
NALFON CAPSULES^
NAMENDA XR^
naproxen/esomeprazole magnesium
NATAL PNV
NATAZIA
NATESTO
NATROBA^
NEREUS
NESINA
NEULASTA*
NEUPOGEN*
NEURONTIN^
NEVANAC
NEXICLON XR
NEXIUM^
NEXTSTELLIS
NIKTIMVO*
NILOTINIB TARTRATE*
nisoldipine
NITROFURANTOIN 50MG/5ML SUSPENSION
NORDITROPIN FLEXPRO*
NORGESIC, NORGESIC FORTE
NORITATE
NORLIQVA
NORPACE, NORPACE CR
NORTHERA*
NORVASC^
NOURIANZ*
NOVAREL*
NOVO NORDISK PEN NEEDLES
NOVOLIN, NOVOLIN MIX, RELION NOVOLIN, RELION NOVOLIN MIX
NOVOLOG, NOVOLOG MIX, RELION NOVOLOG, RELION NOVOLOG MIX
NOVOSEVEN RT*
NUCYNTA, NUCYNTA ER
NUTROPIN AQ NUSPIN*
NUVARING^
NUVIGIL^
NUWIQ*
NYPOZI*
NYVEPRIA*

O

OHTUVAYRE*
OJJAARA*
OMLONTI
OMNARIS
ONAPGO*
ONDANSETRON ODT 16MG TABLETS
ONFI^
ONPATTRO*
ONTRALFY
ONTRUZANT*
ONUREG*
ONYDA XR
ONZETRA XSAIL
OPIPZA
opium tincture
ORACEA^
ORLYNVAH
orphenadrine/aspirin/caffeine
OSENVELT*
OSPHENA
OSPOMYV (by Cordavis)*
OTULFI IV*, OTULFI SC*
OWEN MUMFORD PEN NEEDLES
OXAPROZIN 300MG CAPSULES
oxiconazole
OXISTAT
OXTELLAR XR^
OXYBUTYNIN 2.5MG
OXYCODONE COATED TABLETS
OXYCODONE ER
OXYCONTIN
OZOBAX, OZOBAX DS^

P

PALFORZIA*
PALSONIFY*
PANZYGA*
paroxetine mesylate

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Excluded medications/products at a glance

penciclovir cream
PERCOCET^
PERFOROMIST^
PERTZYE
PHEXX
PHYRAGO*
PIASKY*
pilocarpine 1.25% drops
PIRFENIDONE 534MG TABLETS*
PIVYA
PLAQUENIL^
PLAVIX^
PLENVU
PLIAGLIS
POKONZA
PONVORY*
POTASSIUM CL 40MEQ PACKETS
PRADAXA*
PRALUENT
PRED MILD
PREGENNA
PREMARIN TABLETS^, PREMPHASE, PREMPRO
PREVACID^, PREVACID SOLUTAB^
PREZCOBIX*
PRILOSEC SUSPENSION
PRIMIDONE 125MG TABLETS
PRIMLEV
PRISTIQ^
PROAIR RESPICLICK
PROCTOFOAM-HC
PROCYSBI*
PRODIGY DIABETES CARE
PROLATE SOLUTION
PROLENSA^
PROLIA*
PROMACTA*^
PROTONIX^
protriptyline
PROVIGIL^
PROZAC^
PULMICORT FLEXHALER
PULMICORT RESPULES^
PYLERA^
PYRIDIUM^
PYZCHIVA IV*, PYZCHIVA SC*

Q

QALSODY*
QBRELIS
QBREXZA
QFITLIA*
QINLOCK*
QIVIGY*
QLOSI
QNASL
QTERN
QUAZEPAM
QUETIAPINE 150MG TABLETS
QUILLICHEW ER
QUILLIVANT XR
QUIOFIC

R

RABEPRAZOLE DR SPRINKLE
RALDESY
RAVICTI*^
REBINYN*
RECOMBINATE*
RECORLEV*
REDEMPLO*
RELAFEN DS
RELEUKO*
RELEXXII ER
RELGAABI 200MG
RELISTOR TABLETS
RELPAX^
RELTONE
REMICADE*
RENFLEXIS*
RETIN-A MICRO 0.04% AND 0.1%^
REVLIMID*^
REZLIDHIA*
REZVOGLAR
RIABNI*
RITALIN^, RITALIN LA^
RITUXAN*, RITUXAN HYCELA*
RIVFLOZA*
RIXUBIS*
ROCHE (ACCU-CHEK)
ROLVEDON*
ROSUVASTATIN/EZETIMIBE
ROXYBOND
ROZEREM^
RUBRACA*
RUKOBIA ER*
RYSTIGGO*
RYTELO*
RYZNEUTA*

S

SABRIL*^
SAFYRAL^
SAMSCA*^
SANDOSTATIN LAR DEPOT*
SAPHRIS^
SAVAYSA
SAXENDA^
SDAMLO
SEGLUROMET
SELARSDI IV*, SELARSDI SC*
SENSIPAR^
SEPHIENCE*
SEREVENT DISKUS
SERNIVO
SEROQUEL^, SEROQUEL XR^
SIGNIFOR LAR*
SIKLOS
SILIQ*
SIMPLE DIAGNOSTICS PEN NEEDLES AND SYRINGES
SINGULAIR^
SITAGLIPTIN
SITAGLIPTIN/METFORMIN, SITAGLIPTIN/METFORMIN ER
SIVEXTRO
SKYTROFA*
SLYND
SEMGLEE (YFGN)
SOAANZ
SOFDRA
SOGROYA*
SOLIRIS*
SORILUX
SOVALDI*
SOVUNA
SPRIX
SPRYCEL*^
STARJEMZA IV*, STARJEMZA SC*
STEGLATRO
STEGLUJAN
STELARA SC*, STELARA IV*
STEQEYMA IV*, STEQEYMA SC*
STIMUFEND*
STOBOCLO*
STRATTERA^
STRIBILD*
SUBOXONE^
SUBVENITE SUSPENSION
sucralfate suspension
SUFLAVE
SULAR
SULCONAZOLE
SULFACETAMIDE/SULFUR 8%-4% CLEANSER, 10%-1% EMULSION, 9%-4.25% SUSPENSION
sumatriptan/naproxen sodium
SUPARTZ FX*
SUPREP^
SUSVIMO*

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Excluded medications/products at a glance

SUTAB
SYMBICORT^
SYNOJOYNT*
SYNTHROID^
SYNVISC*, SYNVISC-ONE*

T

TACLONEX^
TADLIQ*
tafluprost drops
TAPENTADOL ER
TARGRETIN CAPSULES*^
TASCENSO ODT*
TASIGNA*^
TAYTULLA^
TAZAROTENE FOAM
TECFIDERA*^
TEKTURNA^
telmisartan/amlodipine
TEPMETKO*
TEPYLUTE
TESTIM^
TEZRULY
THALITONE
THIOLA*^, THIOLA EC*^
THYQUIDITY
TIKOSYN^
TIMOPTIC OCUDOSE
TIROSINT, TIROSINT-SOL
TIZANIDINE HCL 8MG CAPSULES
TLANDO
TOBI SOLUTION*^
TOBRADEX ST
TOFIDENCE IV*
TOLSURA
TONMYA
TOPAMAX^
TOPICORT SPRAY^
TOPIRAMATE 50MG SPRINKLE CAPSULES
TOPROL XL^
TOUJEO
TOVIAZ^
TRADJENTA
TRAMADOL 25MG AND 75MG
TRAMADOL ER CAPSULES
TRAMADOL SOLUTION
TRANSDERM-SCOP^
TRAVATAN Z
travoprost drops
TRAZIMERA*
TRELSTAR
TREXALL
TREXIMET
TRIBENZOR^
TRIENTINE 500MG CAPSULES
TRILEPTAL^
TRI-LUMA
TRILURON*
TRINAZ
TRIVIDIA (NIPRO DIAGNOSTICS) PEN NEEDLES AND SYRINGES
TRIVISC*
TRUDHESA
TRUVADA*^
TRUXIMA*
TRYVIO
TUDORZA PRESSAIR
TWIRLA
TWYNEO
TYBLUME
TYKERB*^

U

UDENYCA*
ULORIC^
ULTIMED PEN NEEDLES AND SYRINGES
ULTOMIRIS*
ULTRAVATE
UMECLIDINIUM ELLIPTA
UMECLIDINIUM/VILANTEROL
UNLOXCYT*
UPLIZNA*
UPNEEQ
URIMAR-T CAPSULES
URNEVA
UROXATRAL^
USTEKINUMAB IV*, USTEKINUMAB SC*
USTEKINUMAB-AAUZ SC*
USTEKINUMAB-AEKN SC*

V

VABRINTY*
VABYSMO*
VAFSEO
VAGIFEM^
VALIUM^
VALSARTAN SOLUTION
VALTREX^
VANCOMYCIN 25MG/ML SOLUTION
VANFLYTA*
VANOS^
VEGZELMA*
VELPHORO
VELTIN^
VENLAFAXINE BESYLATE ER
VENTOLIN HFA
verapamil er pm (100 mg, 200mg, 300mg)
VERDESO
VEREGEN
VERKAZIA
VESICARE LS
VESICARE^
VIAGRA^
VICTOZA^
VIGAFYDE*
VIIBRYD^
VILTEPSO*
VIMOVO
VIMPAT^
VISCO-3*
VIVELLE-DOT^
VIVIMUSTA*
VIVLODEX^
VIZZ
VPRIV*
VUITY
VUSION
VYALEV*
VYBRIQUE
VYEPTI*
VYKOURA
VYONDYS 53*
VYSCOXA
VYTORIN^
VYVANSE^
VYZULTA

W

WAINUA*
WAYRILZ*
WELCHOL^
WELLBUTRIN SR^, WELLBUTRIN XL^
WEZLANA IV*, WEZLANA SC*
WIDAPLIK
WINLEVI
WINREVAIR*
WYOST*

X

XADAGO
XALATAN^
XANAX^, XANAX XR^
XATMEP
XELJANZ*, XELJANZ XR*
XELSTRYM

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES

Excluded medications/products at a glance

XENAZINE*^
XEOMIN*
XEPI
XERESE
XGEVA*
XIGDUO XR^
XIMINO
XOLEGEL
XOPENEX HFA
XPHOZAH
XPOVIO*
XROMI
XTAMPZA ER
XULTOPHY
XYREM*^

Y

YASMIN^
YIMMUGO*
YOSPRALA DR
YUFLYMA*
YUSIMRY*
YUVEZZI

Z

ZANAFLEX 8MG CAPSULES
ZARXIO*
ZAVESCA*^
ZAVZPRET
ZEGALOGUE
ZEJULA*
ZELAPAR
ZEPBOUND KWIKPENS, ZEPBOUND VIALS
ZERVIATE
ZETIA^
ZIIHERA*
ZILBRYSQ*
zileuton er
ZILXI
ZIMHI
ZIOPTAN
ZIPSOR^
ZITUVIMET, ZITUVIMET XR
ZITUVIO
ZMA CLEAR
ZOCOR^
ZOLMITRIPTAN 2.5MG NASAL
zolmitriptan 5mg nasal
ZOLOFT^
ZOLPIDEM 7.5MG CAPSULES
ZOLYMBUS
ZOMACTON*
ZOMIG NASAL
ZOMIG TABLETS^
ZONEGRAN^
ZONISADE
ZORVOLEX
ZOVIRAX OINTMENT^
ZTLIDO
ZUNVEYL
ZURNAI
ZYBIC
ZYCLARA
ZYCUBO*
ZYFLO
ZYLET^
ZYPITAMAG
ZYTIGA*^

Key

* Specialty Medication

^ Brand exclusions with generic equivalents covered on formulary–the generic equivalent of this brand-name medication is covered under your plan. 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. As new generic medications become available, their equivalent brand products may become excluded.

© 2026 Evernorth Health Services. All rights reserved. All trademarks are the property of their respective owners. CRP1584203B 505372 Flex Excl (08/01/2026)

EVERNORTH HEALTH SERVICES