



Did You Know...

Beginning July 1, the following medications were excluded from the Express Scripts' National Preferred Formulary and impacted the Duke Basic, Duke Select, and Duke BCBS plans (Duke Care and Duke Options). This formulary does not apply to those retired and >65 years of age. For a full list of all the excluded medications, please refer to the handout attached. These formulary changes will affect <0.06% of those covered by the Duke plan.

- Duke plans will continue to exclude weight loss, cosmetic, and ED medications.
- Beginning 8/1, **STELARA will no longer be covered—other interchangeable, biosimilar versions are covered.**
- **BRAND LIVALO, TYKERB, SPRYCEL, & TACLONEX** will no longer be covered, but their generic equivalents are covered.
- **Each of the drug classes below contains at least 1 newly excluded product in 2025:**

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Antimigraine Agents	sumatriptan/naproxen sodium, TREXIMET	naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus sumatriptan tablets
Multiple Sclerosis Agents	GILENYA, PONVORY, TASCENSO ODT	dimethyl fumarate, fingolimod, teriflunomide, BAFIERTAM, MAYZENT, VUMERITY, ZEPOSIA (for Multiple Sclerosis only)
Narcotic Analgesics & Combinations	levorphanol	hydromorphone tablets, morphine tablets, oxycodone tablets, oxymorphone tablets
DERMATOLOGICAL Topical Corticosteroids	clocortolone, diflorasone, diflorasone/emollient, flurandrenolide, halcinonide, IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO	generic topical corticosteroids except those listed in the exclusion column
Miscellaneous Topical Dermatological Agents	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
GASTROINTESTINAL Proton Pump Inhibitors	dexlansoprazole, DEXILANT	esomeprazole magnesium capsules, lansoprazole capsules, omeprazole capsules, pantoprazole tablets, rabeprazole tablets
OBSTETRICAL & GYNECOLOGICAL Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN 10,000 UNITS, NOVAREL	OVIDREL, PREGNYL
OPHTHALMIC Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)	EYLEA, EYLEA HD, VABYSMO	PAVBLU
RESPIRATORY Antihistamines (Oral)	clemastine, CARBINOXAMINE ER 4 MG/5 ML SUSPENSION, KARBINAL ER SUSPENSION	carbinoxamine liquid and 4 mg tablets; cetirizine solution and syrup; desloratidine tablets; hydroxyzine solution, syrup and tablets; levocetirizine solution and tablets
Leukotriene Pathway Inhibitors	zileuton er, ZYFLO	montelukast, zafirlukast
MISCELLANEOUS AGENTS NSAID and Acid Reducing Agent Combination Products	ibuprofen/famotidine	ibuprofen tablets plus famotidine tablets
	naproxen/esomeprazole magnesium, VIMOVO	naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus esomeprazole magnesium capsules

If a member is unable to take a preferred alternative due to a clinical reason, a provider or staff member may call **1-800-753-2851** to request a clinical exception. The rationale will be reviewed by Express Scripts, and a coverage determination will be made accordingly.

This communication was approved by the PHMO Ambulatory Care Pharmacy Provider Workgroup. For more information, please contact Lee Jackson at Lee.Jackson@Duke.edu.