

Did You Know...

The Duke Health Plans including Duke Basic, Duke Select, and Duke BCBS plans (Duke Care and Duke Options) utilize the Express Scripts National Preferred Formulary to determine medication coverage. This formulary does NOT apply to those who are ≥65 years of age and covered by the Duke retiree plan. Beginning January 1, 2023 several changes will go into effect regarding drug coverage.

For a full list of all the excluded medications, please refer to the handout attached. These formulary changes will affect <0.1% of those covered by the Duke plan. Providers with impacted members were notified in October 2022.

CHANGES for 2023:

The medications below will be excluded from the formulary and thus will no longer be covered. Each has covered alternatives within their respective drug class.

Drug Class	Excluded Medications	Preferred Alternatives
Diabetic Pen Needles & Syringes	ARKRAY HOME AIDE DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD SIMPLE DIAGNOSTICS TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	BD DIABETES PEN NEEDLES BD DIABETES SYRINGES
Fenofibrates	ANTARA*, LIPOFEN, FENOFIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG)	fenofibrate tablets, fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibric acid
Glucose-Elevating Drugs	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	BAQSIMI, GLUCAGON EMERGENCY KIT (by Eli Lilly), GVOKE
Idiopathic Pulmonary Fibrosis Agents	ESBRIET CAPSULES	pirfenidone tablets, OFEV
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITIZA*, IBSRELA*, LUBIPROSTONE*, MOTEGRITY, ZELNORM	LINZESS, TRULANCE
Long-Acting Muscarinic Antagonist Inhalers	INCRUSE ELLIPTA, TUDORZA PRESSAIR*	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Miscellaneous Topical Dermatological Agents	CONDYLOX, VEREGEN*	imiquimod 5% cream, podofilox solution
Miscellaneous Cardiovascular Agents	NORPACE CR	amiodarone, quinidine sulfate, sotalol
Narcotic Analgesics & Combinations	CONZIP, QDOLO*, TRAMADOL SOLUTION*, TRAMADOL 100 MG TABLET, TRAMADOL ER CAPSULE	tramadol tablets, tramadol er tablets
Topical Antifungals	MICONAZOLE-ZINC OXIDE-PETROLATUM, VUSION	miconazole, clotrimazole, ketoconazole, nystatin
	ECOZA*, ERTACZO*, LULICONAZOLE*, OXISTAT LOTION, SULCONAZOLE*, XOLEGEL*	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole

*Already excluded in 2022

The **BRAND** medications below will no longer be covered but their generic equivalents will maintain coverage.

BANZEL	CUVPOSA	CYSTADANE	ESBRIET TABLETS
EVEKEO	FERAHEME	KLONOPIN	LOVAZA
NORPACE	ONFI	OXISTAT CREAM	PERFOROMIST
PYRIDIUM	RITALIN, RITALIN LA	SABRIL	SAMSCA
THIOLA	VIMPAT		

For any patient who is unable to use one of the alternative medications due to a clinical reason, a clinical exception process is in place. A provider or their staff may call 1-800-753-2851, provide the clinical rationale, and request coverage. The rationale will be reviewed by Express Scripts and a coverage determination will be made accordingly.