

Did You Know...

Beginning January 1, 2024, the following medications were excluded from the Express Scripts National Preferred Formulary and impacting Duke Basic, Duke Select, and Duke BCBS plans (Duke Care and Duke Options). This formulary does not apply to those \geq 65 years of age. For a full list of all the excluded medications, please refer to the handout attached. These formulary changes will affect <0.5% of those covered by the Duke plan. Providers with impacted members were notified in November 2023.

Of note:

- The medications with the highest number of members impacted are Flovent and Levemir.
- Patients on Aplenzin, Braftovi, Ibrance, Mektovi, and Yonsa will be allowed to continue on therapy for an additional year.
- Patients on Botox, Ixinity, Rebiny, Rixubis, and Xeomin will be able to continue current therapy until their current PA expires.
- Patients on the following BRAND medications will no longer be covered, but their generic equivalents will maintain coverage: AUBAGIO, BIDIL, CARAFATE, KEVEYIS, KUVAN, LATUDA, TOVIAZ

CHANGES for 2024:

Drug Class	Excluded Medications	Preferred Alternatives
Antibiotic Agents Other	SIVEXTRO	Linezolid
Antiparkinsonism Agents	OSMOLEX ER	Amantadine capsules/oral solution/tablets
Botulinum Toxin Products	BOTOX	DYSPO, MYOBLOC Migraine: AIMOVIG, AJOVY, EMGALITY, QUILIPTA Hyperhidrosis: OTC aluminum chloride containing products
	XEOMIN	DYSPO, MYOBLOC
BRAF Inhibitors	BRAFTOVI	TAFINLAR, ZELBORAF
CNS Stimulants	DYNAVEL XR	Dextroamphetamine ER, dextroamphetamine/amphetamine ER, MYDAYIS, VYVANSE
	QUILLICHEW ER, QUILLIVANT XR	Dexmethylphenidate ER, dextroamphetamine sulfate ER, dextroamphetamine/amphetamine ER, methylphenidate CD/ER/LA, MYDAYIS, VYVANSE
Cyclin-Dependent Kinase 4/6 Inhibitors	IBRANCE	KISQALI, VERZENIO
DPP-4 Inhibitor/SGLT-2 Inhibitor Combinations	STEGLUJAN	GLYXAMBI
Factor Deficiency Agents & Related Products	IXINITY, RIXUBIS	BENEFIX
	REBINYN	ALPROLIX, IDELVION
GnRH Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI, TRIPTODUR
Granulocyte Colony Stimulating Factors	FULPHILA	ZIEXTENZO
	ZARXIO	NIVESTYM
Growth Hormones	NORDITROPIN FLEXPRO	GENOTROPIN, OMNITROPE
Helicobacter Pylori Agents	VOQUEZNA	Bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN	NOVAREL, OVIDREL
Inflammatory Conditions (Adalimumab Products)	AMJEVITA (NDCS STARTING WITH 55513)	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
Insulins	LEVEMIR	SEMGLEE (YFGN), TOUJEO, TRESIBA
Insulin (Basal) and GLP-1 Agonist Combination	XULTOPHY	SOLIQUA
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT
LAMA/LABA Combination Inhalers	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
MEK Inhibitors	MEKTOVI	COTELLIC, MEKINIST
Miscellaneous Antidepressants	APLENZIN	Bupropion XL 150 mg or 300 mg
Narcotic Analgesics & Combinations	OXAYDO	Oxycodone
Prenatal Vitamins	CITRANATAL	Generic prenatal vitamins
Prostate Cancer Agents	YONSA	Abiraterone, XTANDI
Pulmonary Anti-Inflammatory Inhalers	FLOVENT HFA, FLOVENT DISKUS, FLUTICASONE PROPIONATE HFA	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
Sedative-Hypnotic Agents	ZOLPIMIST	Eszopiclone, zaleplon, zolpidem
Testosterone Products	NATESTO	Testosterone gel/solution, ANDRODERM patches
Topical Antifungals	LUZU	Ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole

If the preferred alternative medications are deemed to be clinically inappropriate for a patient, 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@dm.duke.edu.