

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 July 1, 2021, several changes went into effect regarding drug coverage for the impacted Duke plans. Members and providers were previously notified of patients impacted.*

The following medications listed below are now **excluded** from the formulary and thus will no longer be covered by the plan for most patients. Each has covered alternatives within their respective drug class that patients can be prescribed instead. For the full list of alternatives, see the attached communication.

Newly Excluded Medications				
Antiglaucoma (β-Adrenergic Blockers)	Antiglaucoma (Other)	Antiparkinsonism	Estrogen & Estrogen Modifiers for Vaginal Symptoms	Estrogen/Progestin Combinations (Oral)
Betimol	Rhopressa, Rocklatan	Apokyn	Estring, Imvexxy, Intrarosa, Osphena	Bijuva, Premphase, Prempro
Estrogens (Oral)	Factor Deficiency	Immunosuppressant	Misc. Cardiovascular	Misc. Topical Dermatologic
Menest, Premarin Tablets	Novoseven RT	Envarsus XR	Corlanor	Lidocaine/Tetracaine, Plaglis
Nasal Steroids	Ophthalmic Anti-Inflammatory	Ophthalmic Combinations	Ophthalmic NSAIDs	Ophthalmic Quinolones
Beconase AQ, Omnaris, QNasl, Zetonna	Flarex, FML Forte, FML S.O.P, Maxidex, Pred Mild	Tobradex ST, Zylet	Acuvail, Bromsite, Nevanac	Besivance, Ciloxan Ointment
Pulmonary Anti-Inflammatory	COPD	Thyroid Replacement	Topical Estrogen	
Armonair Digihaler, Pulmicort Flexhaler	Daliresp	Levothyroxine Capsules, Thyquidity, Tirosint, Tirosint-Sol	Divigel, Elestrin, Estrogel, Evamist	

Multi-Source Brand Exclusions (Brand will be excluded but generic equivalent WILL be covered)				
Canasa	Colcrys	Cosopt PF	Northera	Saphris
Suboxone	Truvada	Welchol Tablets	Zytiga 500 mg Tablets	

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

Top 3 Impacted Medications

The 07/01/21 Formulary changes affected 0.38% of Duke Health Plan patients. The **top 3** medications impacted by these changes are listed below. In order to prevent any gaps in therapy, please prescribe a clinically appropriate covered alternative if you have not already done so. Additionally, patients new to therapy will need to be started on a formulary agent if there is not a clinical contraindication.

Excluded Drug: Colcrys	Excluded Drug: Pulmicort	Excluded Drug: Estring
Covered Alternative:	Covered Alternative:	Covered Alternative:
<ul style="list-style-type: none">Colchicine	<ul style="list-style-type: none">• Arnuity Ellipta• Asmanex• Flovent• Qvar	<ul style="list-style-type: none">• Estradiol Cream• Estradiol Vaginal Tablets• Yuvaferm• Premarin Cream