

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, 2020 several changes went into effect regarding drug coverage.*

The medications below were 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. ***DUE TO COVID-19, only patients NEW to therapy will be impacted. Current users will be grandfathered with continued drug coverage until 1/1/2021.**

There are other multi-source branded products being excluded but generic formulations are available. See the attached document for a full list of excluded products.

NEW FORMULARY EXCLUSIONS		
CARAC	OSMOPREP	PYLERA
XTAMPZA ER	CLINDAGEL	CLINDAMYCIN PHOSPHATE 1% GEL (Oceanside manufacturer)
EPIDUO FORTE	XIMINO	ALECENSA
ALUNBRIG	AVEED	DORAL
KORLYM	NINLARO	NORTHERA
PRIMLEV	PROCYSBI	SUPPRELIN LA
TAVALISSE	TRELSTAR	XIFAXAN 200MG
ZELAPAR		
SPECIALTY PRODUCTS (Biosimilar WILL be covered)		
TRUXIMA	AVASTIN	
RITUXAN, RITUXAN HYCELA	HERCEPTIN, HERCEPTIN HYLECTA	
OGIVRI		

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.