

Standard Formulary Exclusions

January 2026

THERAPEUTIC CATEGORY	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Depression	Escitalopram oxalate 15mg	bupropion IR/SR/XL, (es)citalopram, (des)venlafaxine, duloxetine, fluoxetine, mirtazapine, paroxetine, sertraline, vilazodone, Trintellix
CARDIOVASCULAR		
Edema	Enbumyst	bumetanide, ethacrynic acid, furosemide, torsemide
DIABETES		
Basal Insulin	Insulin Degludec, Insulin Glargine, Lantus	Insulin Glargine-yfgh, Toujeo, Tresiba
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations	Sitagliptin/Metformin	sitagliptin, metformin
	Brynovin, Zituvimet XR	Januvia, Janumet, Janumet XR
HEMATOLOGICAL		
Parosysmal Nocturnal Hemoglobinuria (PNH)	Bkemv	Epysqli
IMMUNOMODULATORS		
Interleukin-6 (IL-6)	Tofidence	Adalimumab-adaz, Simlandi, Tyenne, Enbrel, Rinvoq, Xeljanz, Xeljanz XR
	Avtozma	Tyenne
Interleukin-12/23 (IL-12, IL-23)	Imuldosa, Otulfi, Pyzchiva, Selarsdi, Ustekinumab, Wezlana	Adalimumab-adaz, Simlandi, Steqeyma, Ustekinumab-aekn (specific preferred NDCs*), Yesintek, Bimzelx, Enbrel, Rinvoq, Omvoh, Otezla, Skyrizi, Sotyktu, Taltz, Tremfya, Xeljanz, Xeljanz XR
	Abrilada, Adalimumab-ryvk, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, Yusimry	Adalimumab-adaz, Simlandi, Bimzelx, Enbrel, Omvoh, Otezla, Rinvoq, Taltz, Tremfya, Xeljanz, Xeljanz XR
ONCOLOGY		
Bone Metastases	Bilprevda, Bomynta, Wyost	Osenvelt,
Kinase Inhibitor	Nilotinib tartrate	Nilotinib HCl, Danziten, Tasigna
OTHER		
Osteoporosis	Bildyos, Connexence, Jubbonti	Stoboclo

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Listings are subject to change. When differences are noted between this listing and your benefit plan documents, the benefit plan documents will rule. Not all medications and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

If you have additional questions, please call customer service at 800-759-3203 or visit [ServeYouRx.com](https://www.ServeYouRx.com).