



2016 Express Scripts National Preferred Formulary

A

ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADCIRCA
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AKYNZEO
albuterol nebulization solution
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA
ANALPRAM ADVANCED CREAM KIT
ANALPRAM HC 1% CREAM SINGLES, 2.5% LOTION
anastrozole
ANDROGEL
ANORO ELLIPTA
antipyrine/benzocaine
APRISO
arbinoxa
ARCAPTA
aripiprazole
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atorvastatin
ATRALIN
AUVI-Q [INJ]
AVONEX [INJ]
AXIRON
azathioprine
azelastine nasal spray
AZILECT
azithromycin
AZOR

B

baclofen
benazepril
benazepril/hctz
BENICAR, BENICAR HCT
benzonatate
BEPREVE
BETHKIS
bimatoprost

bisoprolol/hctz
BREO ELLIPTA
BRILINTA
BRISDELLE
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime
celecoxib
CENESTIN
cephalexin
CETROTIDE [INJ]
chlorthalidone gluconate
chlorthalidone
chorionic gonadotropin [INJ]
CIALIS
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/
betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COPAXONE 40 MG [INJ]
COREG CR
CORLANOR
COSENTYX [INJ]
CREON
CRESTOR
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP

DAYTRANA
desloratadine
desonide
dexamethasone
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine
ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine hcl
digoxin
diltiazem ext-release
(24 hour)
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxepin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DYMISTA

E

EFFIENT
ELIDEL
eliphos
ELIQUIS
enalapril
ENBREL [INJ]
ENJUVIA
enoxaparin [INJ]
ENTRESTO
EPIDUO
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium
delayed-release
ESTRACE VAGINAL CREAM
estradiol
estradiol patch
estradiol/norethindrone
acetate
eszopiclone
etodolac
EUFLEXA [INJ]
EXELON PATCHES
EXTAVIA [INJ]

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

fenofibric acid
delayed-release
fentanyl patch
FETZIMA
FINACEA
finasteride
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
FOCALIN XR 25 MG, 35 MG
folic acid
FORADIL
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GILENYA
glimepiride
glipizide
glipizide ext-release
GLUCAGON [INJ]
GLUCAGON [INJ]
glyburide
glyburide/metformin
GLYXAMBI
GONAL-F [INJ]
GONAL-F RFF [INJ]
GRALISE
GRASTEK
guanfacine ext-release

H

HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydalazine
hydrochlorothiazide
hydrocodone/
acetaminophen
hydrocodone/
chlorpheniramine
polistirex
hydrocodone/homatropine
hydrocodone/ibuprofen
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
ibuprofen

ILEVRO
INCRUSE ELLIPTA
indomethacin
INVOKAMET
INVOKANA
irbesartan
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO

K

ketoconazole topical

L

labetalol hcl
lamotrigine
lansoprazole
delayed-release
LANTUS [INJ]
latanoprost
LATUDA
LAZANDA
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
lidocaine patch
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

MAKENA [INJ]
meclizine hcl
medroxyprogesterone
acetate
meloxicam
metaxalone
metformin
metformin ext-release
methadone
methimazole
methocarbamol
methotrexate
methylphenidate

methylphenidate
ext-release
methylprednisolone
metoclopramide hcl
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal gel
MINIVELLE
minocycline
mirtazapine
MIRVASO
modafinil
moderiba
mometasone
MONOVISC [INJ]
montelukast
morphine sulfate
ext-release
MOVANTIK
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMENDA XR
NAMZARIC
naproxen, naproxen sodium
NASCOBAL
NASONEX
neomycin/polymyxin/
hydrocortisone ear drops
NEVANAC
niacin ext-release
nifedipine ext-release
nitrofurantoin
monohydrate/
macrocrystals
NORDITROPIN [INJ]
nortriptyline
NUCYNTA, NUCYNTA ER
NUEDEXTA
NUVIGIL
nystatin oral suspension
nystatin topical
nystatin/triamcinolone

O

olanzapine
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI,
ULTRASMART, VERIO IQ,
VERIO SYNC

(continued)

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ONETOUCH TEST STRIPS;
FASTAKE, ONETOUCH,
SURESTEP, ULTRA,
VERIO
ONEXTON
OPANA ER
OPSUMIT
ORACEA
ORENCIA [INJ]
ORTHOVISC [INJ]
OTEZLA
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELPA
REMICADE
RENVELA
RESTASIS
RIOMET
risedronate
risperidone
rizatriptan
ropinirole

S

SANCUSO
SANDOSTATIN LAR
DEPOT [INJ]
SAVELLA
SEREVENT DISKUS
SEROQUEL XR
sertraline
SIMPONI 100 MG
(for ulcerative colitis
only) [INJ]
simvastatin
SOLODYN 55 MG, 65 MG,
80 MG, 105 MG, 115 MG
SOMATULINE DEPOT [INJ]
SOVALDI (excluded for
Genotype 1 only)
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
sprinolactone
SPRYCEL
STELARA [INJ]
STIOLTO RESPIMAT
STRATTERA
SUBOXONE SL FILM
sulfamethoxazole/
trimethoprim
sumatriptan
SUMAVEL DOSEPRO [INJ]
SUPREP
SYMBICORT
SYMILINPEN [INJ]

T

TACLONEX SUSPENSION
TAMIFLU
tamoxifen
tamsulosin ext-release
TAZORAC
TECFIDERA
TEKAMLO
TEKURNA, TEKURNA HCT
telmisartan/hctz
temazepam
terazosin
terconazole
testosterone
cypionate [INJ]
timolol maleate
eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/
dexamethasone susp
tolterodine ext-release

topiramate
TOUJEO SOLOSTAR [INJ]
TOVIAZ
TRACLEER
TRADJENTA
tramadol
tramadol/acetaminophen
TRAVATAN Z
trazodone hcl
TRELSTAR [INJ]
triamcinolone acetonide
topical
triamterene/hctz
TRIBENZOR
TRULICITY [INJ]
TUDORZA

U

UCERIS TABLETS
ULORIC

V

VAGIFEM
valacyclovir
valsartan
valsartan/hctz
VASCEPA
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
veripred
VESICARE
VIAGRA
VIEKIRA PAK
VIGAMOX
VIIBRYD
VIMPAT
VIOKACE
VOLTAREN GEL
VYTORIN
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XIFAXAN
XIGDUO XR

Z

ZENPEP (EXCEPT 5,000 U)
ZETIA
ZIANA
zolidem
zolidem ext-release
ZOMIG NASAL
ZONTIVITY
ZORVOLEX
ZOVIRAX CREAM
ZUBSOLV
ZYLET
ZYTIGA

Excluded Medications With Covered Preferred Alternatives

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ABSTRAL	fentanyl citrate lozenges, LAZANDA
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA
ADVOCATE METERS/STRIPS	ONETOUCH METERS/STRIPS
ALVESCO	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
ARNUITY ELLIPTA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
ASACOL HD	balsalazide disodium, APRISO, LIALDA, PENTASA
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
BENZAQLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA, ONEXTON, ZIANA
BRAVELLE	GONAL-F, GONAL-F RFF
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRAAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CIMZIA	ENBREL, HUMIRA
DELZICOL	balsalazide disodium, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULE	ORACEA
DUEXIS	ibuprofen + famotidine
EDARBI	candesartan, irbesartan, losartan, telmisartan, valsartan, BENICAR
EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR HCT
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
FENTORA	fentanyl citrate lozenges, LAZANDA
FLOVENT DISKUS/HFA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
FLUOROURACIL 0.5% CREAM	imiquimod 5% cream, CARAC
FOLLISTIM AQ	GONAL-F, GONAL-F RFF
FORTESTA	ANDROGEL, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
FROVA	rizatriptan, sumatriptan, zolmitriptan, RELPAX
GANIRELIX ACETATE	CETROTIDE
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
HARVONI	VIEKIRA PAK
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO
LEVITRA	CIALIS, VIAGRA
MIRCERA	PROCRIT
NATESTO	ANDROGEL, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK
OMNARIS	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
PANCREAZE	pancrelipase delayed-release, CREON, ZENPEP
PERTZYE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
QSYMIA	phentermine
ribapak	moderiba, ribavirin capsules, ribavirin tablets
RIBATAB	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ENBREL, HUMIRA
SOVALDI (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC/ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TANZEUM	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL, AXIRON
TESTOSTERONE GEL	ANDROGEL, AXIRON
TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT
TRUETEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	pancrelipase delayed-release, CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin phosphate + tretinoin, ACANYA, ONEXTON, ZIANA
VERAMYST	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL, AXIRON
XELJANZ	ENBREL, HUMIRA
XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK, VENTOLIN HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
ZIOPATAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN

KEY

[INJ] - Injectable Drug

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.

Brand-name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.

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