



2016 Express Scripts National Preferred Formulary

ANTI-INFECTIVES

Antifungal Agents

fluconazole
nystatin oral suspension

Antivirals

acyclovir
moderiba
SOVALDI (excluded for
Genotype 1 only)
TAMIFLU
valacyclovir
VIEKIRA PAK

Cephalosporins

cefdinir
cefuroxime
cephalexin

Erythromycins & Other

Macrolides
azithromycin
clarithromycin

Penicillins

amoxicillin
amoxicillin/potassium
clavulanate
penicillin v potassium

Quinolones

ciprofloxacin
levofloxacin

Tetracyclines

doxycycline hyclate
doxycycline monohydrate
minocycline
ORACEA
SOLODYN 55 MG, 65 MG,
80 MG, 105 MG, 115 MG

Urinary Tract Agents

nitrofurantoin monohydrate/
macrocrystals

Misc. Anti-Infectives

BETHKIS
clindamycin hcl
hydroxychloroquine
metronidazole
sulfamethoxazole/
trimethoprim
TOBI PODHALER
XIFAXAN

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

anastrozole
azathioprine
methotrexate
SANDOSTATIN LAR
DEPOT [INJ]
SOMATULINE DEPOT [INJ]
SPRYCEL
tamoxifen
TRELSTAR [INJ]
ZYTIGA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Anticonvulsants

clonazepam
divalproex delayed-release
divalproex ext-release
FYCOMPA
gabapentin
GRALISE
lamotrigine

levetiracetam
LYRICA
oxcarbazepine
OXTELLAR XR
POTIGA
topiramate
VIMPAT

Antiparkinsonism Agents

AZILECT
carbidopa/levodopa
oxycodone/acetaminophen
pramipexole
ropinirole

Misc. Neurological Therapy

AMPYRA
COPAXONE 40 MG [INJ]
donepezil
EXELON PATCHES
GILENYA
NAMENDA XR
NAMZARIC
NUEDEXTA
TECFIDERA

Antipsychotics

aripiprazole
LATUDA
olanzapine
quetiapine
risperidone
SEROQUEL XR

Misc. Psychotherapeutic

Agents
DAYTRANA
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
FOCALIN XR 25 MG, 35 MG
guanfacine ext-release
methylphenidate
methylphenidate ext-release
modafinil
NUVIGIL
QUILLIVANT XR
STRATTERA
VYVANSE

Antivertigo & Antiemetic

Drugs
AKYNZEO
meclizine hcl
ondansetron
ondansetron orally
disintegrating tablets
SANCUSO

Anxiolytics

alprazolam
buspirone
diazepam
lorazepam

Hypnotic Agents

eszopiclone
temazepam
zolpidem
zolpidem ext-release

Migraine & Cluster

Headache Therapy
butalbital/acetaminophen/
caffeine
RELPAK
rizatriptan
sumatriptan
SUMAVEL DOSEPRO [INJ]
ZOMIG NASAL

Narcotic Analgesics

acetaminophen/codeine
BUTRANS
fentanyl patch

hydrocodone/acetaminophen
hydrocodone/ibuprofen
hydromorphone
HYSINGLA ER
LAZANDA
methadone
morphine sulfate ext-release
NUCYNTA, NUCYNTA ER
OPANA ER
oxycodone
oxycodone/acetaminophen
OXYCONTIN

Narcotic Antagonists

SUBOXONE SL FILM
ZUBSOLV

Non-Narcotic Analgesics

tramadol
tramadol/acetaminophen

Misc. Analgesics

EUFLEXXA [INJ]
MONOVISC [INJ]
ORTHOVISC [INJ]

Selective Serotonin

Reuptake Inhibitors
BRISDELLE

citalopram
escitalopram
fluoxetine
paroxetine
sertraline
VIIBRYD

Tricyclics

amitriptyline
doxepin
nortriptyline

Misc. Antidepressants

bupropion
bupropion ext-release
duloxetine delayed-release
FETZIMA
mirtazapine
PRISTIQ
trazodone hcl
venlafaxine
venlafaxine ext-release

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ACE Inhibitors & Combos

benazepril
benazepril/hctz
enalapril
lisinopril
lisinopril/hctz
quinapril
ramipril

Adrenergic Antagonists &

Related Drugs
clonidine
doxazosin
terazosin

Angiotensin II Receptor

Blockers & Renin Inhibitors
& Combos
BENICAR, BENICAR HCT

irbesartan
losartan
losartan/hctz
TEKAMLO
TEKTURNA, TEKTURNA HCT
telmisartan
telmisartan/hctz
valsartan
valsartan/hctz

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.

Antiarrhythmic Agents

amiodarone

Beta-Blockers & Combos

atenolol
atenolol/chlorthalidone
bisoprolol/hctz
BYSTOLIC
carvedilol
COREG CR
labetalol hcl
metoprolol succinate
ext-release
metoprolol tartrate
propranolol
propranolol ext-release

Calcium Channel Blockers

amlodipine
diltiazem ext-release
(24 hour)
nifedipine ext-release
verapamil ext-release

Other Antihypertensive

Combos
amlodipine/benazepril
amlodipine/valsartan
AZOR
TRIBENZOR

Cardiac Glycosides

digoxin

Lipid/Cholesterol Lowering

Agents

atorvastatin
CRESTOR
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
gemfibrozil
LIPOFEN
lovastatin
niacin ext-release
pravastatin
simvastatin
VASCEPA
VYTORIN
WELCHOL
ZETIA

Nitrates

isosorbide mononitrate
ext-release

Thiazide & Related

Diuretics

chlorthalidone
furosemide
hydrochlorothiazide
spironolactone
triamterene/hctz

Misc. Cardiovascular

Agents
CORLANOR
ENTRESTO
hydralazine
RANEXA

DERMATOLOGICALS/ TOPICAL THERAPY

Antipsoriatic/Antiseborrheic

COSENTYX [INJ]
STELARA [INJ]
TACLONEX SUSPENSION

Therapy for Acne

ABSORICA
ACANYA
ATRALIN

clindamycin phosphate
clindamycin phosphate/
benzoyl peroxide
EPIDUO
FINACEA
metronidazole
MIRVASO
ONEXTON
TAZORAC
ZIANA

Topical Antibacterials

mupirocin

Topical Antifungals

clotrimazole/betamethasone
dipropionate
ketoconazole
amiodipine
nystatin/triamcinolone

Topical Antivirals

ZOVIRAX CREAM

Topical Corticosteroids

clobetasol propionate
desonide
fluocinonide
hydrocortisone
mometasone
triamcinolone acetonide

Misc. Dermatologicals

CARAC
ELIDEL
lidocaine patch

EAR, NOSE & THROAT MEDICATIONS

Drugs Affecting the Ear

antipyrine/benzocaine
CIPRODEX
neomycin/polymyxin/
hydrocortisone

Drugs Affecting the Nose

azelastine
DYMISTA
fluticasone
NASONEX
QNASL

Misc. Agents

chlorhexidine gluconate

ENDOCRINE/DIABETES

Adrenal Hormones

dexamethasone
methylprednisolone
prednisolone sodium
phosphate
prednisone
veripred

Androgens

ANDROGEL
AXIRON
testosterone cypionate [INJ]

Antithyroid Agents

methimazole

Glucose Elevating Agents

GLUCAGEN [INJ]
GLUCAGON [INJ]

Gonadotropin & Related

Agents
CETROTIDE [INJ]
chorionic gonadotropin [INJ]

Insulin Therapy

HUMALOG [INJ]
HUMULIN [INJ]

LANTUS [INJ]
LEVEMIR [INJ]
TOUJEO SOLOSTAR [INJ]

Non-Insulin Hypoglycemic

Agents
BYDUREON [INJ]
BYETTA [INJ]
FARXIGA

glimepiride
glipizide
glipizide ext-release
glyburide

glyburide/metformin
GLYXAMBI
INVOKAMET
INVOKANA
JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
metformin

metformin ext-release
pioglitazone
RIONE
SYMLINPEN [INJ]
TRADJENTA
TRULICITY [INJ]
XIGDUO XR

Ovulatory Stimulants

clomiphene citrate
GONAL-F [INJ]
GONAL-F RFF [INJ]

Thyroid Hormones

levothyroxine sodium
liothyronine
Blood Glucose Monitoring
Devices & Supplies
ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI, ULTRASMART,
VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS;
FASTTAKE, ONETOUCH,
SURESTEP, ULTRA, VERIO

GASTROENTEROLOGY

Antidiarrheals &

Antispasmodics
dicyclomine hcl
difenoxylate/atropine

Bowel Evacuants

SUPREP

Digestive Enzymes

CREON
VIOKACE
ZENPEP (EXCEPT 5,000 U)

H2 Antagonists

famotidine
ranitidine

Proton Pump Inhibitors

esomeprazole magnesium
delayed-release
lansoprazole delayed-release
omeprazole delayed-release
pantoprazole
delayed-release
rabeprazole delayed-release

Other Ulcer Therapy

PYLERA

Misc. Gastrointestinal

Agents
AMITIZA
ANALPRAM ADVANCED
CREAM KIT

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2016 THROUGH DECEMBER 31, 2016. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our website at Express-Scripts.com.

ANALPRAM HC 1% CREAM
SINGLES, 2.5% LOTION
APRISO
CANASA
LIALDA
LINZESS
metoclopramide hcl
MOVANTIK
PENTASA
PREPOPIK
RECTIV
RELISTOR [INJ]
REMICADE
SIMPONI 100 MG
(for ulcerative colitis
only) [INJ]
UCERIS TABLETS

**IMMUNOLOGY &
BIOTECHNOLOGY**

Erythroid Stimulants
PROCIT [INJ]

Growth Hormones
GENOTROPIN [INJ]
HUMATROPE [INJ]
NORDITROPIN [INJ]

Interferons
AVONEX [INJ]
EXTAVIA [INJ]
PLEGRIDY [INJ]
REBIF [INJ]

Misc. Immunologicals
GRASTEK
RAGWITEK

**MUSCULOSKELETAL &
RHEUMATOLOGY**

Gout Therapy
allopurinol
COLCRYS
ULORIC

**Muscle Relaxants &
Antispasmodic Therapy**
baclofen
cyclobenzaprine
metaxalone
methocarbamol
tizanidine

NSAID Agents
celecoxib
diclofenac sodium
delayed-release
etodolac
ibuprofen
indomethacin
meloxicam
nabumetone
naproxen, naproxen sodium
VOLTAREN GEL
ZORVOLEX

Osteoporosis Therapy
alendronate sodium
FORTEO [INJ]
ibandronate
raloxifene
risedronate

**Misc. Rheumatological
Agents**

ACTEMRA [INJ]
ENBREL [INJ]
HUMIRA [INJ]
ORENCIA [INJ]
OTEZLA
RASUVO [INJ]
SAVELLA

OBSTETRICS & GYNECOLOGY

Estrogen Combos

COMBIPATCH
DUAVEE
estradiol/norethindrone
acetate
PREMPHASE
PREMPRO

Estrogens
CENESTIN

DIVIGEL
ENJUVIA
ESTRACE VAGINAL CREAM
estradiol
estradiol patch
MINIVELLE
PREMARIN TABS
PREMARIN VAGINAL CREAM
VAGIFEM

**Oral Contraceptives &
Related Agents**

NOTE: All generic
contraceptives are
considered formulary
BEYAZ
LO LOESTRIN FE
LO MINASTRIN FE
MINASTRIN 24 FE
NATAZIA
NUVARING
SAFYRAL

Progestins
CRINONE
MAKENA [INJ]
medroxyprogesterone
acetate
progesterone micronized
Vaginal Anti-Infectives
metronidazole gel
terconazole

OPHTHALMOLOGY

Antibiotics
erythromycin
levofloxacin
MOXEZA
polymyxin/trimethoprim
tobramycin
VIGAMOX

Glaucoma Drugs
ALPHAGAN P 0.1%
bimatoprost
COMBIGAN
latanoprost
LUMIGAN
timolol maleate
TRAVATAN Z

**Non-Steroidal
Anti-Inflammatory Agents**
ILEVRO
NEVANAC
PROLENSA

Steroid-Antibiotic Combos
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin/
dexamethasone susp
ZYLET

Steroids

ALREX
LOTEMAX
prednisolone acetate
Misc. Ophthalmologics
BEPREVE
PATADAY
PATANOL
PAZEO
RESTASIS

**RESPIRATORY, ALLERGY,
COUGH & COLD**

Adrenergics
AUVI-Q [INJ]
EPIPEN, EPIPEN JR [INJ]

Antihistamines

arbinoxa
desloratadine
hydroxyzine hcl
hydroxyzine pamoate
levocetirizine
promethazine

Antitussive Combos

benzonatate
hydrocodone/
chlorpheniramine
polistirex
hydrocodone/homatropine

promethazine/
dextromethorphan
Inhaled Beta Agonists
albuterol
ARCAPTA
FORADIL
PERFORMIST
PROAIR HFA
PROAIR RESPICLICK
SREVENT DISKUS
VENTOLIN HFA

Inhaled Corticosteroids

ASMANEX HFA
ASMANEX TWISTHALER
budesonide
PULMICORT FLEXHALER
QVAR

Misc. Pulmonary Agents

ADCIRCA
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
ANORO ELLIPTA
BREO ELLIPTA
COMBIVENT RESPIMAT
DALIRESP
DULERA
INCRUSE ELLIPTA
LETAIRIS
montelukast
OPSUMIT
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
SYMBICORT
TRACLEER
TUDORZA

UROLOGICALS

**Anticholinergics &
Antispasmodics**
GELNIQUE
MYRBETRIQ
oxybutynin
oxybutynin ext-release
tolterodine ext-release
TOVIAZ
VESICARE

**Benign Prostatic
Hyperplasia (BPH) Therapy**
finasteride
RAPAFLO
tamsulosin ext-release

Misc. Urologicals
CIALIS
MUSE
VIAGRA

**VITAMINS, HEMATINICS &
ELECTROLYTES**

Anticoagulants

ELIQUIS
enoxaparin [INJ]
FRAGMIN [INJ]
PRADAXA
warfarin
XARELTO

Antiplatelet Drugs

BRILINTA
clopidogrel
EFFIENT
ZONTIVITY

Electrolytes

eliphos
potassium chloride
ext-release

Vitamins & Hematinics

cyanocobalamin [INJ]
ergocalciferol
folic acid
multivitamins/fluoride
NASCOBAL
prenatal vitamins

MISCELLANEOUS AGENTS

FOSRENOL
RENVELA

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	PROCIT
ARNUITY ELLIPTA	ASMANEX HFA/TWISTHALER, PULMICORT FLEXHALER, QVAR
ASACOL HD	balsalazide disodium, APRISO, LIALDA, PENTASA
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
CLINDAQLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA, ONEXTON, ZIANA
BRVELLE	GONAL-F, GONAL-F RFF
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRAHAL	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	PROCIT
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	PROCIT
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.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2016 THROUGH DECEMBER 31, 2016. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our website at Express-Scripts.com.