



# 2017 Express Scripts National Preferred Formulary

## A

ABSORICA  
ACANYA  
acetaminophen/codeine  
ACTEMRA [INJ]  
ACTHAR H.P. [INJ]  
acyclovir  
ADCIRCA  
ADEMPAS  
ADVAIR DISKUS  
ADVAIR HFA  
AKYNZEO  
albuterol nebulization solution  
alendronate  
allopurinol  
ALPHAGAN P 0.1%  
alprazolam  
ALREX  
amiodarone  
AMITIZA  
amitriptyline  
amlodipine  
amlodipine/benazepril  
amlodipine/valsartan  
amoxicillin  
amoxicillin/potassium clavulanate  
AMPYRA  
anastrozole  
ANDROGEL 1.62%  
ANORO ELLIPTA  
apri  
APRISO  
ARCAPTA NEOHALER  
aripiprazole  
ARISTADA [INJ]  
ARNIITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
atenolol  
atenolol/chlorthalidone  
atorvastatin  
AVONEX [INJ]  
AXIRON  
AZASITE  
azelastine nasal spray  
AZILECT  
azithromycin  
AZOR

## B

baclofen  
benazepril  
BENICAR, BENICAR HCT  
benzonatate  
BEPREVE  
BETHKIS  
BEYAZ  
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 axetil  
celecoxib  
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  
CRINONE  
cyanocobalamin [INJ]  
cyclobenzaprine

## D

DALIRESP  
DAYTRANA  
desloratadine  
desonide  
dexamethasone  
dexmethylphenidate ext-release

dextroamphetamine/amphetamine  
dextroamphetamine/amphetamine ext-release  
diazepam  
diclofenac sodium delayed-release  
dicyclomine  
digoxin  
diltiazem ext-release  
diphenoxylate/atropine  
divalproex delayed-release  
divalproex ext-release  
DIVIGEL  
donepezil  
doxazosin  
doxycycline hyclate  
doxycycline monohydrate  
DUAVEE  
DULERA  
duloxetine delayed-release  
DYMISTA

## E

EFFIENT  
ELIDEL  
ELIQUIS  
enalapril  
ENBREL [INJ]  
ENJUVIA  
enoxaparin [INJ]  
ENSTILAR  
ENTRESTO  
EPIDUO, EPIDUO FORTE  
EPIPEN, EPIPEN JR [INJ]  
ergocalciferol  
erythromycin eye ointment  
escitalopram  
esomeprazole magnesium delayed-release  
ESTRACE CREAM  
estradiol  
estradiol patch  
eszopiclone  
etodolac  
EUFLEXXA [INJ]  
EVEKEO  
EXTAVIA [INJ]

## F

famotidine  
FARXIGA  
fenofibrate  
fenofibrate micronized  
fenofibric acid delayed-release  
fentanyl patch  
FETZIMA  
FINACEA  
finasteride  
FLOVENT DISKUS  
FLOVENT HFA  
fluconazole

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.

fluocinonide  
fluoxetine  
fluticasone nasal spray  
FOCALIN XR 25 MG, 35 MG  
folic acid  
FORTEO [INJ]  
FOSRENOL  
FRAGMIN [INJ]  
furosemide  
FYCOMPA

## G

gabapentin  
GELNIQUE  
gemfibrozil  
GENOTROPIN [INJ]  
gildess fe  
GILENYA  
GILOTRIF  
glimepiride  
glipizide  
glipizide ext-release  
GLUCAGEN [INJ]  
GLUCAGON [INJ]  
glyburide  
GLYXAMBI  
GONAL-F, GONAL-F RFF, GONAL-F RFF  
REDI-JECT [INJ]  
GRALISE  
GRANIX [INJ]  
GRASTEK  
guanfacine ext-release

## H

HUMALOG [INJ]  
HUMATROPE [INJ]  
HUMIRA [INJ]  
HUMULIN [INJ]  
hydralazine  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocodone/chlorpheniramine  
polistirex ext-release  
hydrocodone/homatropine  
hydrocortisone topical  
hydromorphone  
hydroxychloroquine  
hydroxyzine hcl  
hydroxyzine pamoate  
HYSINGLA ER

## I

ibandronate  
ibuprofen  
ILEVRO  
INCRUSE ELLIPTA  
indomethacin  
INLYTA  
INVOKAMET  
INVOKANA

irbesartan  
IRESSA  
isosorbide mononitrate ext-release

## J

JANUMET, JANUMET XR  
JANUVIA  
JARDIANCE  
JENTADUETO, JENTADUETO XR  
junel fe

## K

KALBITOR [INJ]  
ketoconazole topical  
KITABIS PAK

## L

labetalol  
lamotrigine  
lansoprazole delayed-release  
LANTUS [INJ]  
latanoprost eye solution  
LATUDA  
LAZANDA  
LETAIRIS  
LEVEMIR [INJ]  
levetiracetam  
levocetirizine  
levofloxacin  
levothyroxine sodium  
LIALDA  
lidocaine patches  
LINZESS  
liothyronine  
LIPOFEN  
lisinopril  
lisinopril/hctz  
LIVALO  
LO LOESTRIN FE  
lorazepam  
losartan  
losartan/hctz  
LOTEMAX  
lovastatin  
LUMIGAN  
LYRICA

## M

MAKENA [INJ]  
meclizine  
medroxyprogesterone  
meloxicam  
MEPHYTON  
MESTINON SYRUP  
metaxalone  
metformin  
metformin ext-release  
methimazole  
methocarbamol

methotrexate  
methylphenidate methylphenidate ext-release  
methylprednisolone  
metoclopramide hcl  
metoprolol succinate ext-release  
metoprolol tartrate  
metronidazole  
metronidazole topical  
metronidazole vaginal gel  
microgestin fe  
MINASTRIN 24 FE  
MINIVELLE  
minocycline  
MIRENA  
mirtazapine  
MIRVASO  
MITIGARE  
moderiba  
mometasone  
monessa  
MONOVISC [INJ]  
montelukast  
morphine sulfate ext-release  
MOVANTIK  
MOXEZA  
multivitamins/fluoride  
mupirocin  
MUSE  
MYRBETRIQ

## N

nabumetone  
NAMENDA XR  
NAMZARIC  
naproxen, naproxen sodium  
NARCAN  
NASCOBAL  
NATAZIA  
neomycin/polymyxin/hydrocortisone ear drops  
NEUPOGEN [INJ]  
NEVANAC  
NEXIUM PACKETS  
niacin ext-release  
nifedipine ext-release  
nitrofurantoin monohydrate/macrocrystal  
NORDITROPIN [INJ]  
nortriptyline  
NUCYNTA, NUCYNTA ER  
NUDEXTA  
NUVARING  
nystatin oral suspension  
nystatin topical

## O

olanzapine  
omeprazole delayed-release  
ondansetron

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2017 THROUGH DECEMBER 31, 2017. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our website at [Express-Scripts.com](http://Express-Scripts.com).

ondansetron orally disintegrating tablets  
ONETOUCH KITS/METERS;  
ULTRAMINI, VERIO,  
VERIO FLEX, VERIO IQ,  
VERIO SYNC  
ONETOUCH TEST STRIPS;  
ULTRA, VERIO  
ONEXTON  
OPANA ER  
OPSUMIT  
ORACEA  
ORTHOVISC [INJ]  
OTEZLA  
OTREXUP [INJ]  
oxcarbazepine  
oxybutynin ext-release  
oxycodone  
oxycodone/acetaminophen  
OXYCONTIN

**P**

pantoprazole delayed-release  
paroxetine  
PATADAY  
PAZEO  
penicillin v potassium  
PENTASA  
PERFOROMIST  
PICATO  
pioglitazone  
PLEGRIDY [INJ]  
polymyxin/trimethoprim eye solution  
potassium chloride ext-release  
POTIGA  
PRADAXA  
PRALUENT [INJ]  
pramipexole  
pravastatin  
prednisolone acetate eye suspension  
prednisolone sodium phosphate  
prednisone  
PREMARIN CREAM  
PREMARIN TABS  
PREMPHASE  
PREMPRO  
PREPOPIK  
PRISTIQ  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRIT [INJ]  
progesterone micronized  
PROLENSA  
promethazine  
promethazine/dextromethorphan  
propranolol  
propranolol ext-release  
PULMICORT FLEXHALER  
PYLERA

**Q**

QNASL  
QUDEXY  
quetiapine  
QUILLICHEW ER  
QUILLIVANT XR  
quinapril  
QVAR

**R**

rabeprazole delayed-release  
RAGWITEK  
raloxifene  
ramipril  
RANEXA  
ranitidine  
RAPAFLO  
RASUVO [INJ]  
REBIF [INJ]  
RECTIV  
RELISTOR [INJ]  
RELPAK  
REMICADE [INJ]  
RENVELA  
REPATHA [INJ]  
RESTASIS  
risperidone  
rizatriptan  
ropinirole  
rosuvastatin

**S**

SAFYRAL  
SANCUSO  
SAVELLA  
SEREVENT DISKUS  
SEROQUEL XR  
sertraline  
SIMPONI 100 MG (for ulcerative colitis only) [INJ]  
simvastatin  
SOLODYN  
SOMATULINE DEPOT [INJ]  
SOOLANTRA  
SPIRIVA HANDIHALER  
SPIRIVA RESPIMAT  
spironolactone  
sprintec  
SPRYCEL  
STELARA [INJ]  
STIOLTO RESPIMAT  
STRATTERA  
STRIVERDI RESPIMAT  
SUBOXONE SL FILM  
sulfamethoxazole/trimethoprim  
sumatriptan  
SUMAVEL DOSEPRO [INJ]  
SUPREP  
SYMBICORT  
SYMLINPEN [INJ]  
SYNJARDY

**T**

TACLONEX SUSPENSION  
TAMIFLU  
tamoxifen  
tamsulosin ext-release  
TARCEVA  
TAZORAC  
TECFIDERA  
TECHNIVIE  
TEKAMLO  
TEKTURNA, TEKTURN HCT  
temazepam  
terazosin  
terconazole vaginal  
testosterone cypionate [INJ]  
timolol maleate eye solution  
tizanidine

TOBI PODHALER  
TOBRADEX OINTMENT  
TOBRADEX ST  
tobramycin eye solution  
tobramycin/dexamethasone eye suspension  
topiramate  
TOUJEO SOLOSTAR [INJ]  
TOVIAZ  
TRACLEER  
TRADJENTA  
tramadol  
TRAVATAN Z  
trazodone  
TRESIBA [INJ]  
triamcinolone topical  
triamterene/hctz  
TRIBENZOR  
trinessa  
tri-sprintec  
TRULICITY [INJ]  
TUDORZA PRESSAIR

**U**

UCERIS TABLETS  
ULORIC  
UPTRAVI

**V**

valacyclovir  
valsartan  
valsartan/hctz  
VASCEPA  
VELTASSA  
venlafaxine  
venlafaxine ext-release  
VENTOLIN HFA  
verapamil ext-release  
VESICARE  
VIAGRA  
VIBERZI  
VIEKIRA PAK  
VIGAMOX  
VIIBRYD  
VIMPAT  
VIOKACE  
VYTORIN  
VYVANSE

**W**

warfarin  
WELCHOL

**X**

XARELTO  
XELJANZ, XELJANZ XR  
XIFAXAN  
XIGDUO XR

**Z**

ZENPEP  
ZETIA  
zolpidem  
zolpidem 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
ALOGLIPTIN	JANUVIA, TRADJENTA
ALOGLIPTIN/METFORMIN	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
ASACOL HD	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone, QNASL
BRAVELLE	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRAAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CIMZIA	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA, XELJANZ, XELJANZ XR
COLCHICINE	COLCRYS, MITIGARE
DAKLINZA (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
DELZICOL	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULES	ORACEA
DUEXIS	ibuprofen + famotidine
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
EVZIO	naloxone syringe, NARCAN NASAL SPRAY
FENTORA	fentanyl citrate lozenges, LAZANDA
FLUOROURACIL 0.5% CREAM	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO
FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
FORTESTA	ANDROGEL 1.62%, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
GANIRELIX ACETATE	CETROTIDE
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
GENIVISC 850	EUFLEXXA, MONOVISC, ORTHOVISC
GLUMETZA	metformin extended-release
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
HYMOVIS	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KINERET (EXCLUDED FOR RA)	ACTEMRA, ENBREL, HUMIRA, REMICADE, XELJANZ, XELJANZ XR
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
LEVITRA	CIALIS, VIAGRA
MIRCERA	PROCRIT
NATESTO	ANDROGEL 1.62%, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK, TECHNIVIE
OMNARIS	budesonide, flunisolide, fluticasone, mometasone, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
ORENCIA (IV and SC)	ACTEMRA, ENBREL, HUMIRA, REMICADE, XELJANZ, XELJANZ XR
PANCREAZE	CREON, ZENPEP
PERTZYE	CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
QSYMIA	phentermine
ribasphere ribapack	moderiba, ribavirin capsules, ribavirin tablets
RIBATAB	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA, XELJANZ, XELJANZ XR
SOVALDI (EXCLUDED FOR GENOTYPES 1 & 4)	VIEKIRA PAK, TECHNIVIE
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ, SUPARTZ FX	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC, SYNVISC-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA
TANZEUM	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL 1.62%, AXIRON
TESTOSTERONE GEL	ANDROGEL 1.62%, AXIRON
TRUEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, ACANYA, ONEXTON
VERAMYST	budesonide, flunisolide, fluticasone, mometasone, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL 1.62%, AXIRON
XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
ZEPATIER	VIEKIRA PAK, TECHNIVIE
ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
ZIOPHAN	bimatoprost,latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN
ZYLARA	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO

**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, 2017 THROUGH DECEMBER 31, 2017. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our website at [Express-Scripts.com](http://Express-Scripts.com).