

2017 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.

Generic drugs are listed in
lower case letters.

A

ABILIFY MAINTENA [INJ]
ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
ACTHAR H.P. [INJ]
acyclovir
ADCIRCA
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AFSTYLA [INJ]
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
ANDRODERM
ANDROGEL 1.62%
ANORO ELLIPTA
apri
APRISO
ARCAPTA NEOHALER
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atorvastatin
AVONEX [INJ]
AZASITE
azelastine nasal spray

azithromycin

B

baclofen
BARACLUDE SOLUTION
BASAGLAR [INJ]
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
bisoprolol/hctz
BREQ ELLIPTA
BRILINTA
BRISDELLE
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC
BYVALSON

C

CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CETROTIDE [INJ]
chlorhexidine gluconate
chlorthalidone
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
DUPIXENT [INJ]
DYMISTA

E

EDARBI
EDARBYCLOR
ELIDEL
ELIQUIS
EMVERM
enalapril
ENBREL [INJ]
ENJUVIA
enoxaparin [INJ]
ENSTILAR

ENTRESTO
EPCLUSA
EPIDUO, EPIDUO FORTE
EPINEPHRINE AUTOINJECTOR
(by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium
delayed-release
ESTRACE CREAM
estradiol
estradiol patches
estradiol/norethindrone
acetate
eszopiclone
etodolac
EUFLEXXA [INJ]
EVEKEO
EXTAVIA [INJ]

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
flouxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FOSRENOL PACKETS
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gildess fe
GILENYA
GILOTRIF
glimiperide

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

HARVONI
HELIXATE FS [INJ]
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, INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

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

(continued)

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.

K

KALBITOR [INJ]
ketoconazole topical
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA

L

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

M

MAKENA [INJ]
MAVYRET
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
MINIVELLE
minocycline
MIRENA
mirtazapine
MIRVASO

MITIGARE
moderiba
mometasone
mononessa
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTI
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYDAYIS
MYRBETRIQ

N

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

O

olanzapine
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS;
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX,
VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS;
ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORTHOVISC [INJ]
OTEZLA
OTOVEL
OTREXUP [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

pantoprazole delayed-release

paroxetine
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
PROAIR HFA
PROAIR RESPICLICK
PROCRIT [INJ]
progesterone micronized
PROLENSA
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER
PYLERA

Q

QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR

R

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

S

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

T

TACLONEX SUSPENSION
TAMIFLU SUSPENSION
tamoxifen
tamsulosin ext-release
TARCEVA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TECHNIVIE
TEKURNA, TEKURNA 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
trinessa
tri-sprintec

TRULICITY [INJ]
TUDORZA PRESSAIR
TYMLOS [INJ]

U

UCERIS TABLETS
ULORIC
UPTRAVI

V

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

W

warfarin
WELCHOL

X

XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XTANDI
XULTOPHY [INJ]

Z

ZARXIO [INJ]
ZENPEP
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZONTIVITY
ZORVOLEX
ZOVIRAX CREAM
ZUBSOLV
ZYLET
ZYTIGA

Go to express-scripts.com/2017drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.