

## 2019 Express Scripts High Performance 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]  
acetaminophen/codeine  
ACTEMRA [INJ]  
acyclovir  
ADEMPAS  
AFSTYLA [INJ]  
AKYNZEO  
albuterol nebulization solution  
alendronate  
allopurinol  
ALPHAGAN P 0.1%  
alprazolam  
amiodarone  
amitriptyline  
amlodipine  
amlodipine/benazepril  
amlodipine/valsartan  
amoxicillin  
amoxicillin/potassium clavulanate  
anastrozole  
ARIKAYCE  
aripiprazole  
ARISTADA [INJ]  
ARMONAIR RESPICLICK  
atenolol  
atenolol/chlorthalidone  
atomoxetine  
atorvastatin  
AVONEX [INJ]  
azelastine nasal spray  
azithromycin

**B**

baclufen  
BARACLUDE SOLUTION  
BD AUTOSHIELD DUO NEEDLES  
BD ULTRAFINE INSULIN SYRINGES  
BD ULTRAFINE PEN NEEDLES  
benazepril  
benzonatate  
BETASERON [INJ]  
BEVESPI AEROSPHERE  
bisoprolol/hctz  
blisovi fe  
BOSULIF  
BRILINTA  
budesonide nebulization suspension  
bupropion  
bupropion ext-release  
buspirone

bupropion/acetaminophen/caffeine  
BYDUREON [INJ]  
BYETTA [INJ]

**C**

CABOMETYX  
CANASA  
CARAFATE SUSPENSION  
carbidopa/levodopa  
carvedilol  
cefdinir  
cefuroxime axetil  
celecoxib  
cephalexin  
CERDELGA  
CEREZYME [INJ]  
CETROTIDE [INJ]  
CHANTIX  
chlorhexidine gluconate  
chlorthalidone  
CIMDUO  
CIPRODEX  
ciprofloxacin  
citalopram  
clarithromycin  
clindamycin hcl  
clindamycin phosphate topical  
clindamycin phosphate/  
benzoyl peroxide  
clobetasol propionate  
clomiphene citrate  
clonazepam  
clonidine  
clopidogrel  
clotrimazole/betamethasone  
dipropionate  
COMBIVENT RESPIMAT  
CORLANOR  
COSENTYX [INJ]  
CREON  
CRINONE  
cyanocobalamin [INJ]  
cyclobenzaprine

**D**

DARAPRIM  
desloratadine  
desvenlafaxine succinate ext-release  
dexamethasone  
dexmethylphenidate ext-release  
dextroamphetamine/amphetamine  
dextroamphetamine/amphetamine  
ext-release  
diazepam  
diclofenac sodium delayed-release  
dicyclomine  
digoxin  
diltiazem ext-release

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 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 plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

diphenoxylate/atropine  
divalproex delayed-release  
divalproex ext-release  
donepezil  
doxazosin  
doxycycline hyclate  
doxycycline monohydrate  
DULERA  
duloxetine delayed-release  
DUPIXENT [INJ]

**E**

ELIQUIS  
EMVERM  
enalapril  
ENBREL [INJ]  
enoxaparin [INJ]  
ENTRESTO  
EPCLUSA  
EPIDIOLEX  
epinephrine autoinjector  
(by Mylan) [INJ]  
EPIPEN, EPIPEN JR [INJ]  
ergocalciferol  
ERIVEDGE  
ERLEADA  
erythromycin eye ointment  
ESBRIET  
escitalopram  
esomeprazole magnesium  
delayed-release  
estradiol  
estradiol patches  
estradiol/norethindrone acetate  
eszopiclone  
EUFLEXXA [INJ]  
ezetimibe  
ezetimibe/simvastatin

**F**

famotidine  
FARXIGA  
fenofibrate  
fenofibrate micronized  
fenofibric acid delayed-release  
fentanyl patches  
finasteride  
FIRAZYR [INJ]  
fluconazole  
flucanionide  
fluoxetine  
fluticasone nasal spray  
folic acid  
FREESTYLE KITS/METERS;  
FREESTYLE FREEDOM,  
FREESTYLE FREEDOM LITE,  
FREESTYLE INSULINX,  
FREESTYLE LITE

FREESTYLE LIBRE READER, SENSOR  
FREESTYLE TEST STRIPS;  
FREESTYLE,  
FREESTYLE INSULINX,  
FREESTYLE LITE  
furosemide

**G**

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

**H**

HARVONI  
HELIXATE FS [INJ]  
HUMALOG [INJ]  
HUMIRA [INJ]  
HUMULIN [INJ]  
hydralazine  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocodone/chlorpheniramine  
polistirex ext-release  
hydrocortisone topical  
hydromorphone  
hydroxychloroquine  
hydroxyzine hcl  
hydroxyzine pamoate

**I**

ibandronate  
IBRANCE  
ibuprofen  
INCRUSE ELLIPTA  
indomethacin  
INFLECTRA [INJ]  
INLYTA  
irbesartan  
IRESSA  
isosorbide mononitrate ext-release

(continued)

Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](http://express-scripts.com/covered) to compare drug prices.

**THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2019 THROUGH DECEMBER 31, 2019. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](http://express-scripts.com).**

**J**

JANUMET, JANUMET XR  
 JANUVIA  
 JARDIANCE  
 JENTADUETO  
 JENTADUETO XR  
 JIVI [INJ]  
 junel  
 junel fe

**K**

ketoconazole topical  
 ketorolac  
 KITABIS PAK  
 KOGENATE FS [INJ]  
 KOVALTRY [INJ]

**L**

labetalol  
 lamotrigine  
 lansoprazole delayed-release  
 LANTUS [INJ]  
 latanoprost eye solution  
 levetiracetam  
 levocetirizine  
 levofloxacin  
 levothyroxine sodium  
 lidocaine patches  
 liothyronine  
 lisinopril  
 lisinopril/hctz  
 LOKELMA  
 lorazepam  
 losartan  
 losartan/hctz  
 lovastatin  
 LYRICA

**M**

meclizine  
 medroxyprogesterone  
 meloxicam  
 MESTINON SYRUP  
 metaxalone  
 metformin  
 metformin ext-release  
 methimazole  
 methocarbamol  
 methotrexate  
 methylphenidate  
 methylphenidate ext-release  
 methylprednisolone  
 metoclopramide  
 metoprolol succinate ext-release  
 metoprolol tartrate  
 metronidazole  
 metronidazole topical  
 metronidazole vaginal  
 microgestin fe  
 minocycline  
 MIRENA  
 mirtazapine  
 MITIGARE  
 moderiba  
 mometasone  
 montelukast  
 morphine sulfate ext-release  
 MOVANTIK  
 moxifloxacin eye solution

mupirocin  
 MUSE

**N**

nabumetone  
 naproxen, naproxen sodium  
 NARCAN NASAL SPRAY  
 neomycin/polymyxin/hydrocortisone  
 ear solution  
 niacin ext-release  
 nifedipine ext-release  
 nitrofurantoin macrocrystal  
 NITYR  
 nortriptyline  
 NOVOEIGHT [INJ]  
 NOVOFINE AUTOSHIELD NEEDLES  
 NOVOFINE NEEDLES  
 NOVOTWIST NEEDLES  
 NUCALA [INJ]  
 NUEDEXTA  
 NUVARING  
 nystatin  
 nystatin topical

**O**

ODACTRA  
 OFEV  
 ofloxacin  
 olanzapine  
 olmesartan  
 olmesartan/hctz  
 olopatadine eye solution  
 omega-3 acid ethyl esters  
 omeprazole delayed-release  
 OMNITROPE [INJ]  
 ondansetron  
 ondansetron orally  
 disintegrating tablets  
 OPSUMIT  
 ORFADIN  
 oseltamivir  
 OTEZLA  
 OVIDREL [INJ]  
 oxcarbazepine  
 oxybutynin ext-release  
 oxycodone  
 oxycodone/acetaminophen

**P**

pantoprazole delayed-release  
 paroxetine hcl  
 penicillin v potassium  
 PENTASA  
 PERFOROMIST  
 pioglitazone  
 PLEGRIDY [INJ]  
 polymyxin/trimethoprim eye solution  
 POMALYST  
 potassium chloride ext-release  
 PRALUENT [INJ]  
 pramipexole  
 pravastatin  
 prednisolone acetate eye suspension  
 prednisolone sodium phosphate  
 prednisone  
 PROAIR HFA  
 PROAIR RESPICLICK  
 PROCRIIT [INJ]  
 progesterone micronized  
 PROLASTIN C [INJ]

promethazine  
 promethazine/dextromethorphan  
 propranolol  
 propranolol ext-release

**Q**

quetiapine  
 quinapril  
 QVAR  
 QVAR REDHALER

**R**

rabeprazole delayed-release  
 RAGWITEK  
 raloxifene  
 ramipril  
 ranitidine  
 REBIF [INJ]  
 RECTIV  
 RELISTOR [INJ]  
 RESTASIS  
 RETACRIT [INJ]  
 REVLIMID  
 risperidone  
 rizatriptan  
 ropinirole  
 rosuvastatin  
 RUCONEST [INJ]

**S**

SAVELLA  
 sertraline  
 sildenafil  
 SIMPONI 100 MG  
 (for ulcerative colitis only) [INJ]  
 simvastatin  
 SOMATULINE DEPOT [INJ]  
 spironolactone  
 sprintec  
 SPRYCEL  
 STELARA SC [INJ]  
 STRENSIQ [INJ]  
 STRIVERDI RESPIMAT  
 SUBOXONE SL FILM  
 sulfamethoxazole/trimethoprim  
 sumatriptan  
 SUTENT  
 SYMBICORT  
 SYMFI  
 SYMFI LO  
 SYMLINPEN [INJ]  
 SYNJARDY, SYNJARDY XR

**T**

tacrolimus topical  
 tadalafil  
 tamoxifen  
 tamsulosin ext-release  
 TARCEVA  
 TASIGNA  
 TAZORAC GEL  
 TAZORAC 0.05% CREAM  
 TECFIDERA  
 terazosin  
 terconazole vaginal  
 testosterone cypionate [INJ]  
 THALOMID  
 timolol maleate eye solution  
 tizanidine

tobramycin eye solution  
 tobramycin/dexamethasone  
 eye suspension  
 topiramate  
 TOUJEO [INJ]  
 TRACLEER  
 TRADJENTA  
 tramadol  
 trazodone  
 TRELEGY ELLIPTA  
 TREMFYA [INJ]  
 triamcinolone topical  
 triamterene/hctz  
 tri-lo-marzia  
 trinessa  
 TRIPTODUR [INJ]  
 tri-sprintec  
 TRULANCE  
 TRULICITY [INJ]  
 TUDORZA PRESSAIR  
 TYMLOS [INJ]

**U**

UCERIS FOAM  
 ULORIC  
 UPTRAVI  
 UTIBRON NEOHALER

**V**

valacyclovir  
 valsartan  
 valsartan/hctz  
 VASCEPA  
 VELTASSA  
 venlafaxine  
 venlafaxine ext-release  
 verapamil ext-release  
 VIBERZI  
 VIMPAT  
 VIOKACE  
 VYVANSE

**W**

warfarin

**X**

XALKORI  
 XARELTO  
 XELJANZ, XELJANZ XR  
 XIFAXAN  
 XIGDUO XR  
 XOFLUZA  
 XOLAIR [INJ]

**Y**

YONSA  
 yuvafem

**Z**

ZARXIO [INJ]  
 ZEPATIER  
 zolpidem  
 zolpidem ext-release  
 ZTLIDO  
 ZUBSOLV  
 ZYTIGA

Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2019 THROUGH DECEMBER 31, 2019. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).