

2018 Express Scripts National Preferred Formulary

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.

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
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AFSTYLA [INJ]
AIMOVIG [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
BELBUCA
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREGO ELLIPTA
BRILINTA
BRISDELLE
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC
BYVALSON

C

CABOMETYX
CANASA
CARAC
CARAFATE SUSPENSION
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CETROTIDE [INJ]
chlorhexidine gluconate
chlorthalidone
CIALIS
CIMDUO
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate topical
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine

clopidogrel
clotrimazole/betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COPAXONE 40 MG [INJ]
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DARAPRIM
DAYTRANA
DESCOXY
desloratadine
desonide
desvenlafaxine succinate ext-release
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]

enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCLUSA
EPIDUO FORTE
EPINEPHRINE AUTO-INJECTOR (by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
escitalopram
esomeprazole magnesium delayed-release
estradiol
estradiol patches
estradiol/norethindrone acetate
ESTRING
eszopiclone
EUFLEXXA [INJ]
EVEKEO
EXTAVIA [INJ]
ezetimibe

F

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

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
GILOTRIF
glimperidine

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
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

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

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
junel fe

(continued)

Go to express-scripts.com/2018drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

K

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

L

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

M

MAKENA MULTIDOSE
VIAL [INJ]
MAVYRET
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
MINIVELLE
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone

mononessa
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTIK
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYDAYIS
MYRBETRIQ

N

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

O

ODACTRA
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
olopatadine eye solution
omega-3 acid ethyl esters
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
ORFADIN
ORTHOVISC [INJ]
OTEZLA
OTOVEL
OTREXUP [INJ]
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

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

Q

QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR
QVAR REDIALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
REMICADE [INJ]
RENFLEXIS [INJ]
RESTASIS
REVLIMID
RHOPRESSA
risperidone

rizatriptan
ropinirole
rosuvastatin
RUCONEST [INJ]

S

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

T

TACLONEX SUSPENSION
tamoxifen
tamsulosin ext-release
TARCEVA
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TECHNIVIE
TEKTRUNA, TEKTRUNA HCT
terazosin
terconazole vaginal
testosterone cypionate [INJ]
THALOMID
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone
eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER
TRADJENTA
tramadol

TRAVATAN Z
trazodone
TREGLEY ELLIPTA
TREMIFYA [INJ]
TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
trinessa
TRIPTODUR [INJ]
tri-sprintec
TRULICITY [INJ]
TUDORZA PRESSAIR
TYMLOS [INJ]

U

ULORIC
UPTRAVI

V

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

W

warfarin

X

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

Y

YONSA

Z

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

Go to express-scripts.com/2018drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to express-scripts.com/covered to compare drug prices. 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 plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Anti-Migraine Therapy	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	OPANA ER, OXYCODONE ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Narcotic Analgesics	BUTRANS	BELBUCA
Narcotic Antagonists	EVZIO	naloxone syringe, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, GRALISE, LYRICA
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA	fentanyl citrate lozenges
CARDIOVASCULAR HMG & Cholesterol Inhibitor Combinations	ZYPITAMAG	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	REPATHA	PRALUENT
DERMATOLOGICAL Oral Agents For Rosacea	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ACANYA, ONEXTON
Topical Agents for Actinic Keratosis	FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antifungal	LULICONAZOLE	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
DIABETES Blood Glucose Meters & Test Strips	ABBOTT (FREESTYLE, PRECISION), BAYER (BREEZE, CONTOUR), NATIONAL MEDICAL (ADVOCATE), OMNIS HEALTH (EMBRACE, VICTORY), ROCHE (ACCU-CHEK), TRIVIDIA (TRUETEST, TRUETRACK), UNISTRIP	LIFESCAN (ONETOUCH)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA	JANUVIA, TRADJENTA
	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
Glucagon-Like Peptide-1 Agonists	ADLYXIN, TANZEUM, VICTOZA	BYDUREON, BYETTA, TRULICITY
Insulins	NOVOLIN	HUMULIN
	ADMELOG, APIDRA, FIASP, NOVLOG	HUMALOG
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
Otic Fluoroquinolone Antibiotics	CETRALAX	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
ENDOCRINE (OTHER) Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING	estradiol patches, estradiol tablets, yuvafem, ESTRACE CREAM, ESTRING, PREMARIN CREAM, PREMARIN TABLETS

Continued

Drug Class	Excluded Medications	Preferred Alternatives
ENDOCRINE (OTHER) (continued) Growth Hormones	NUTROPIN AQ, NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Topical Estrogen Gels	ESTROGEL	DIVIGEL
Topical Testosterone Products	FORTESTA, NATESTO, TESTOSTERONE GEL	ANDROGEL 1.62%
GASTROINTESTINAL Inflammatory Bowel Agents	ASACOL HD, DELZICOL, DIPENTUM	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, APRISO, PENTASA
Irritable Bowel Syndrome and Chronic Constipation Agents	TRULANCE	AMITIZA, LINZESS
Pancreatic Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT
Granulocyte Colony Stimulating Factors	NEUPOGEN	GRANIX, ZARXIO
HEPATITIS Hepatitis C	DAKLINZA, OLYSIO, SOVALDI, ZEPATIER	EPCLUSA, HARVONI, MAVYRET, TECHNIVIE, VIEKIRA PAK, VIEKIRA XR, VOSEVI
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE	COLCRYS, MITIGARE
OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	GANIRELIX ACETATE	CETROTIDE
Ovulatory Stimulants (Follitropins)	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progestones	ENDOMETRIN	CRINONE 8% GEL
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL DISEASE Phosphate Binders	FOSRENOL POWDER PACKET, RENAGEL	lanthanum, sevelamer carbonate, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	EPINEPHRINE AUTO-INJECTOR (BY MYLAN), EPIPEN, EPIPEN JR
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
Short-Acting Beta ₂ -Agonist Inhalers	LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
UROLOGICAL Erectile Dysfunction Oral Agents	LEVITRA, STAXYN	sildenafil, CIALIS
WEIGHT LOSS Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	ENDARI	Over-the-Counter glutamine powder or tablets
	HYDROXYPROGESTERONE 1,250 MG/5 ML	hydroxyprogesterone caproate 250 mg/ml (single dose vial)
	SIKLOS	DROXIA
	MEBOLIC, OMNIVEX, XYZBAC, ZYVIT	Over-the-Counter multivitamin combination plus folic acid
	NOCTIVA	desmopressin tablets

Continued

Indication Based Management

Drug Class	Nonpreferred Medications	Preferred Alternatives
INFLAMMATORY CONDITIONS	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a Nonpreferred medication.	ACTEMRA, COSENTYX, ENBREL, HUMIRA, INFLECTRA, OTEZLA, REMICADE, RENFLEXIS, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), STELARA SC, TREMFYA*, XELJANZ, XELJANZ XR

* This medication may be subject to step therapy.

Excluded Medications/Products at a Glance

ABBOTT (FREESTYLE, PRECISION) ABILIFY^ ABSTRAL ACIPHEX^ ACIPHEX SPRINKLE ACUVAIL ADDERALL^ ADLYXIN ADMELOG AKTIPAK ALOGLIPTIN ALOGLIPTIN/METFORMIN ALVESCO ANDROGEL 1%^ ANUSOL-HC^ APIDRA ARANESP ARIMIDEX^ ASACOL HD ATACAND^, ATACAND HCT^ AUVI-Q AVALIDE^, AVAPRO^ AVODART^ AZOR^ BAYER (BREEZE, CONTOUR) BECONASE AQ BENICAR^, BENICAR HCT^ BRAVELLE BUPAP^ BUTRANS CELEBREX^ CELEXA^ CETRAXAL COLCHICINE COREG^ COSOPT^ COZAAR^, HYZAAR^ CRESTOR^ CYMBALTA^ CYTOMEL^ DAKLINZA DELZICOL DETROL^, DETROL LA^ DIOVAN^, DIOVAN HCT^ DIPENTUM DOXYCYCLINE 40 MG CAPSULES DUROLANE EFFEXOR XR^ EMFLAZA ENDARI ENDOMETRIN EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE) EPOGEN ESTROGEL EVZIO EXFORGE^, EXFORGE HCT^ EXONDYS 51 FEMRING FENTORA FIASP FLUOROURACIL 0.5% CREAM FOLLISTIM AQ FORTESTA FOSRENOL CHEWABLE TABLET^	FOSRENOL POWDER PACKET GANIRELIX ACETATE GEL-ONE GELSYN-3 GENVISC 850 GLEEVEC^ GLUCOPHAGE^, GLUCOPHAGE XR^ GLUMETZA^ GOCOVRI ER HYALGAN HYDROXYPROGESTERONE 1,250 MG/5 ML HYMOVIS IMQUIMOD 3.75% CREAM PUMP IMITREX^ INDERAL LA^ INTUNIV^ ISTALOL^ KAZANO KEPBRA^, KEPBRA XR^ KOMBIGLYZE XR LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^ LAZANDA LEVALBUTEROL HFA LEVITRA LEXAPRO^ LIBRAX^ LIDODERM^ LIPITOR^ LOESTRIN^, LOESTRIN FE^ LOTREL^ LOVENOX^ LUCEMYRA LULICONAZOLE LUNESTA^ LYRICA CR MAXALT^, MAXALT MLT^ MEBOLIC MICARDIS^, MICARDIS HCT^ MINASTRIN 24 FE^ MIRCERA NASONEX^ NATESTO NATIONAL MEDICAL (ADVOCATE) NESINA NEUPOGEN NEURONTIN^ NEVANAC NOCTIVA NORVASC^ NOVOLIN NOVOLOG NUTROPIN AQ NUSPIN OLYSIO OMNARIS OMNIS HEALTH (EMBRACE, VICTORY) OMNITROPE OMNIVEX ONGLYZA OPANA ER ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^ OSMOLEX ER OXYCODONE ER PANCREAZE PERTZYE PLAQUENIL^	PLAVIX^ PREVACID^, PREVACID SOLUTAB^ PRILOSEC SUSPENSION PRISTIQ^ PROTONIX^ PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL^ PROZAC^ PULMICORT RESPULES^ QSYMIA RENAGEL REPATHA ROCHE (ACCU-CHEK) SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SEROQUEL^, SEROQUEL XR^ SIGNIFOR LAR SIKLOS SINGULAIR^ SOVALDI STAXYN STRATTERA^ SUMAVEL DOSEPRO SUPARTZ FX SYNVISIC, SYNVISIC-ONE TANZEUM TESTIM^ TESTOSTERONE GEL TIKOSYN^ TIMOPTIC OCULOSE TOBI SOLUTION^ TOPAMAX^ TRIBENZOR^ TRICOR^ TRILEPTAL^ TRIVIDIA (TRUETEST, TRUETRACK) TRULANCE UNISTRIP VALIUM^ VALTRESX^ VELTIN VICTOZA VISCO-3 VOGELXO^ VYTORIN^ WELLBUTRIN SR^ XALATAN^ XANAX^, XANAX XR^ XENAZINE^ XOPENEX HFA XYZBAC ZEGERID^ ZEPATIER ZETIA^ ZETONNA ZIOPTAN ZOCOR^ ZOLOFT^ ZOMACTON ZOMIG TABLETS^, ZOMIG ZMT^ ZYLCLARA ZYFLO CR^ ZYPITAMAG ZYVIT
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^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.