

2017 Express Scripts National Preferred Formulary (Preferred Drug List) For Georgia State Health Benefit Plan (SHBP)

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the preferred 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: Preferred brand-name drugs may move to nonpreferred status if a generic version becomes available during the year. For specific questions about your coverage, please call the Express Scripts phone number printed on your member ID card.

<p>A</p> <p>ABSORICA ACANYA acetaminophen/codeine ACTEMRA [INJ] [PA] ACTHAR H.P. [INJ] [PA] acyclovir ADCIRCA [PA] [QLL] ADEMPAS [PA] ADVAIR DISKUS [PA] [QLL] ADVAIR HFA [PA] [QLL] AKYNZEO [QLL] albuterol nebulization solution alendronate [QLL] allopurinol ALPHAGAN P 0.1% alprazolam ALREX amiodarone AMITIZA amitriptyline amlodipine amlodipine/benazepril amlodipine/valsartan amoxicillin amoxicillin/potassium clavulanate AMPYRA [PA] anastrozole ANDROGEL 1.62% [PA] ANORO ELLIPTA [QLL] apri [ZD] APRISO ARCAPTA NEOHALER [QLL] aripiprazole ARNUITY ELLIPTA [QLL] ASMANEX HFA [QLL] ASMANEX TWISTHALER [QLL] atenolol atenolol/chlorthalidone atorvastatin [QLL] AVONEX [INJ] [PA] [QLL] AXIRON [PA] AZASITE azelastine nasal spray [QLL] azithromycin</p>	<p>butalbital/acetaminophen/caffeine BUTRANS BYDUREON [INJ] [PA] [QLL] BYETTA [INJ] [PA] [QLL] BYSTOLIC BYVALSON</p> <p>C</p> <p>CANASA CARAC carbidopa/levodopa carvedilol cefdinir cefuroxime axetil celecoxib cephalexin chlorhexidine gluconate chlorthalidone CIALIS [PA] [QLL] CIPRODEX ciprofloxacin citalopram clarithromycin clindamycin hcl clindamycin phosphate clindamycin phosphate/benzoyl peroxide clobetasol propionate clonazepam clonidine [QLL] clopidogrel clotrimazole/ betamethasone dipropionate COLCRYS COMBIGAN COMBIPATCH COMBIVENT RESPIMAT [QLL] COPAXONE 40 MG [INJ] [PA] [QLL] COREG CR CORLANOR [PA] COSENTYX [INJ] [PA] CREON cryselle [ZD] cyanocobalamin [INJ] cyclobenzaprine</p>	<p>diphenoxylate/atropine divalproex delayed-release divalproex ext-release DIVIGEL [QLL] donepezil doxazosin [QLL] doxycycline hyclate doxycycline monohydrate DUAVEE DULERA [PA] [QLL] duloxetine delayed-release DYMISTA [QLL] [ST]</p> <p>E</p> <p>EFFIENT ELIDEL [ST] ELIQUIS [PA] EMVERM enalapril ENBREL [INJ] [PA] [QLL] ENJUVIA enoxaparin [INJ] ENSTILAR ENTRESTO [PA] EPCLUSA (nonpreferred for genotype 1 only) [ST] [PA] [QLL] EPIDUO, EPIDUO FORTE EPINEPHRINE AUTO-INJECTOR (by Mylan) [QLL] EPIPEN [INJ] [QLL] EPIPEN JR [INJ] [QLL] ergocalciferol erythromycin eye ointment escitalopram esomeprazole magnesium delayed-release [QLL] ESTRACE CREAM estradiol estradiol patch estradiol/norethindrone acetate eszopiclone [QLL] etodolac EVEKEO EXTAVIA [INJ] [PA] [QLL]</p>	<p>FOSRENOL FRAGMIN [INJ] furosemide FYCOMPA</p> <p>G</p> <p>gabapentin GELNIQUE [QLL] gemfibrozil GENOTROPIN [INJ] [PA] gildess fe [ZD] GILENYA [ST] GILOTRIF [PA] [QLL] glatopa 20 mg [INJ] [PA] [QLL] glimepiride glipizide glipizide ext-release GLUCAGEN [INJ] GLUCAGON [INJ] glyburide GLYXAMBI [QLL] GRALISE [ST] GRANIX [INJ] [PA] GRASTEK [PA] guanfacine ext-release</p>	<p>JARDIANCE [QLL] JENTADUETO [QLL] JENTADUETO XR [QLL] junel fe [ZD]</p> <p>K</p> <p>ketoconazole topical KITABIS PAK [QLL]</p> <p>L</p> <p>labetalol lamotrigine lansoprazole delayed-release [QLL] LANTUS [INJ] latanoprost eye solution [PA] LATUDA LAZANDA [PA] [QLL] LETAIRIS [PA] LEVEMIR [INJ] levetiracetam levocetirizine [QLL] levofloxacin levothyroxine sodium LIALDA lidocaine patches [PA] LINZESS liothyronine LIPOFEN lisinopril lisinopril/hctz LIVALO [QLL] LO LOESTRIN FE [ZD] lorazepam losartan losartan/hctz LOTEMAX lovastatin [QLL] LUMIGAN [PA] LYRICA [ST]</p>	<p>minocycline mirtazapine MIRVASO MITIGARE moderiba mometasone mononessa [ZD] montelukast morphine sulfate ext-release [QLL] MOVANTIK MOXEZA multivitamins/fluoride mupirocin MUSE [PA] [QLL] MYRBETRIQ</p> <p>N</p> <p>nabumetone NAMENDA XR NAMZARIC naproxen, naproxen sodium NARCAN NASAL SPRAY [QLL] NASCOBAL NATAZIA [ZD] neomycin/polymyxin/hydrocortisone ear drops NEUPOGEN [INJ] [PA] NEVANAC nevirapine ext-release NEXIUM PACKETS [QLL] [ST] niacin ext-release nifedipine ext-release nitrofurantoin monohydrate/ macrocrystal NORDITROPIN [INJ] [PA] norgestimate-ethinyl estradiol [ZD] nortriptyline NUCYNTA [QLL] NUCYNTA ER [QLL] NUEDEXTA NUVARING [ZD] nystatin oral suspension nystatin topical</p>		
<p>B</p> <p>baclofen BASAGLAR [INJ] benazepril benzonatate BEPREVE BETASERON [INJ] [PA] [QLL] BETHKIS [QLL] BEVESPI AEROSPHERE [QLL] bisoprolol/hctz BREO ELLIPTA [PA] [QLL] BRILINTA BRISDELLE budesonide nebulization suspension [QLL] bupropion bupropion ext-release bupirone</p>	<p>D</p> <p>DALIRESP [PA] DAYTRANA desloratadine [QLL] desonide dexamethasone dexmethylphenidate ext-release dextroamphetamine/ amphetamine dextroamphetamine/ amphetamine ext-release diazepam diclofenac sodium delayed-release dicyclomine digoxin diltiazem ext-release</p>	<p>F</p> <p>famotidine FARXIGA [QLL] fenofibrate fenofibrate micronized fenofibric acid delayed-release fentanyl patch [PA] [QLL] FETZIMA FINACEA finasteride FLECTOR [QLL] FLOVENT DISKUS [QLL] FLOVENT HFA [QLL] fluconazole [QLL] flucunonide fluoxetine fluticasone nasal spray [QLL] folic acid FORTEO [INJ] [PA] [QLL]</p>	<p>H</p> <p>HARVONI [PA] [QLL] HUMALOG [INJ] HUMATROPE [INJ] [PA] HUMIRA [INJ] [PA] [QLL] HUMULIN [INJ] hydralazine hydrochlorothiazide hydrocodone/ acetaminophen hydrocodone/ chlorpheniramine polistirex ext-release hydrocodone/homatropine hydrocortisone topical hydromorphone [QLL] hydroxychloroquine hydroxyzine hcl hydroxyzine pamoate HYSINGLA ER [QLL]</p>	<p>I</p> <p>ibandronate [QLL] ibuprofen ILEVRO INCRUSE ELLIPTA [QLL] indomethacin INLYTA [PA] [QLL] INVOKAMET [QLL] INVOKAMET XR [QLL] INVOKANA [QLL] irbesartan IRESSA [PA] [QLL] isosorbide mononitrate ext-release</p>	<p>J</p> <p>JANUMET [QLL] JANUMET XR [QLL] JANUVIA [QLL]</p>	<p>M</p> <p>meclizine medroxyprogesterone [QLL] meloxicam [QLL] 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 [ZD] MINASTRIN 24 FE MINIVELLE [QLL]</p>	<p>O</p> <p>olanzapine omeprazole delayed-release [QLL] ondansetron [QLL] ondansetron orally disintegrating tablets [QLL] ONETOUCH KITS/METERS*; ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC ONETOUCH TEST STRIPS; ULTRA, VERIO ONEXTON OPANA ER [QLL] OPSUMIT [PA] ORACEA OTEZLA [PA] OTOVEL OTREXUP [INJ]</p>

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You can get more information and updates to this document at our website at express-scripts.com/GeorgiaSHBP.

*Diabetic Free Meter Program: 800-243-7290 • Brochure Code (Order Code): 133SGA002

(continued)

oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN [QLL]

P

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

Q

QNASL [QLL]
QUDEXY XR
quetiapine [PA]
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR [QLL]

R

rabeprazole
delayed-release [QLL]
RAGWITEK [PA]
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ] [PA] [QLL]

RECTIV
RELISTOR [INJ]
RELPAK [QLL]
RENVELA
REPATHA [INJ] [PA]
RESTASIS [PA] [QLL]
risperidone
rizatriptan [QLL]
ropinirole
rosuvastatin [QLL]

S

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

T

TACLONEX SUSPENSION
TAMIFLU
SUSPENSION [QLL]
tamoxifen
tamsulosin ext-release
TARCEVA [PA] [QLL]
TAYTULLA [ZD]
TAZORAC [PA]
TECFIDERA [ST]
TECHNIVIE [PA] [QLL]
temazepam [QLL]
terazosin [QLL]
terconazole vaginal
testosterone cypionate
[INJ] [PA]
timolol maleate
eye solution
tizanidine
TOBI PODHALER [QLL]
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
TOBRAMYCIN
dexamethasone
eye suspension
topiramate [PA]

TOUJEO SOLOSTAR [INJ]
TOVIAZ
TRACLEER [PA]
TRADJENTA [QLL]
tramadol [QLL]
TRAVATAN Z [PA]
trazodone
TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
trinessa [ZD]
tri-previfem [ZD]
tri-sprintec [ZD]
TRULICITY [INJ] [PA] [QLL]
TUDORZA PRESSAIR [QLL]

U

UCERIS TABLETS
ULORIC
UPTRAVI [PA]

V

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

W

warfarin
WELCHOL

X

XARELTO [PA]
XELJANZ [PA] [QLL]
XELJANZ XR [PA] [QLL]
XIFAXAN
XIGDUO XR [QLL]
XIIDRA [PA] [QLL]

Z

ZARXIO [INJ] [PA]
ZENPEP
ZETIA
zolidem [QLL]
zolidem ext-release [QLL]
ZOMIG NASAL [QLL]
ZONTIVITY [PA]
ZORVOLEX [QLL]
ZOVIRAX CREAM
ZUBSOLV [QLL]
ZYLET
ZYTIGA [PA] [QLL]

Nonpreferred Medications With Preferred Alternatives

The following is a list of nonpreferred brand-name medications with preferred alternatives that are on the preferred drug list. Column 1 lists nonpreferred medications. Column 2 lists preferred alternatives that can be prescribed.

Nonpreferred Medications (Tier 3)	Preferred Alternative(s)
ABSTRAL [PA] [QLL] [ST]	fentanyl citrate lozenges [PA] [QLL], LAZANDA [PA] [QLL]
ACCU-CHEK METERS*/STRIPS [ST]	ONETOUCH METERS*/STRIPS
ACUVAUL [ST]	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA
ADLYXIN [PA] [QLL] [ST]	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TRULICITY [PA] [QLL]
ADVOCATE METERS*/STRIPS [ST]	ONETOUCH METERS*/STRIPS
ALLOGLIPTIN [QLL] [ST]	JANUVIA [QLL], TRADJENTA [QLL]
ALLOGLIPTIN/METFORMIN [QLL] [ST]	JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
ALVESCO [QLL] [ST]	JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
APIDRA [ST]	ARNIITY ELLIPTA [QLL], ASMANEX HFA/TWISTHALER [QLL], FLOVENT DISKUS/HFA [QLL], PULMICORT FLEXHALER [QLL], QVAR [QLL]
ARANESP [PA] [ST]	HUMALOG
ASACOL HD [ST]	PROCRIT [PA]
BECONASE AQ [QLL] [ST]	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
BREEZE, CONTOUR METERS*/STRIPS [ST]	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
CETRAHAL [ST]	ONETOUCH METERS*/STRIPS
CIMZIA [PA] [ST]	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
COLCHICINE [ST]	ACTEMRA [PA], COSENTYX [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA], STELARA SQ [PA] [QLL], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
DARLINZA [ST] genotype 1 only [PA] [QLL]	COLCRYN, MITIGARE
DELZICOL [ST]	HARVONI [PA] [QLL], VIEKIRA PAK [PA] [QLL], VIEKIRA XR [PA] [QLL]
DIPENTUM [ST]	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULES [ST]	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
EMBRACE, VICTORY METERS*/STRIPS [ST]	ORACEA
EPCLUSA (nonpreferred for genotype 1 only) [ST] [PA] [QLL]	ONETOUCH METERS*/STRIPS
EPOGEN [PA] [ST]	HARVONI [PA] [QLL], VIEKIRA PAK [PA] [QLL], VIEKIRA XR [PA] [QLL]
ESTROGEL [QLL] [ST]	PROCRIT [PA]
EVZIO [QLL] [ST]	DIVIGEL [QLL]
FENTORA [PA] [QLL] [ST]	naloxone syringe, NARCAN NASAL SPRAY [QLL]
FLUOROURACIL 0.5% CREAM [ST]	fentanyl citrate lozenges [PA] [QLL], LAZANDA [PA] [QLL]
FORTESTA [PA] [ST]	diclofenac 3% gel [QLL], fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO
FREESTYLE, PRECISION METERS*/STRIPS [ST]	ANDROGEL 1.62% [PA], AXIRON [PA]
GLUMETZA [ST]	ONETOUCH METERS*/STRIPS
ISTALOL [ST]	metformin extended-release
KAZANO [QLL] [ST]	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KINERET (nonpreferred for RA) [PA] [ST]	JANUMET [QLL], JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
KOMBIGLYZE XR [QLL] [ST]	ACTEMRA [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
LEVALBUTEROL HFA [QLL] [ST]	JANUMET [QLL], JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
LEVITRA [PA] [QLL] [ST]	PROAIR HFA/RESPICLICK [QLL], VENTOLIN HFA [QLL]
MESALAMINE 800 MG DELAYED-RELEASE [ST]	CIALIS [PA] [QLL], VIAGRA [PA] [QLL]
MIRCERA [PA] [ST]	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
NATESTO [PA] [ST]	PROCRIT [PA]
NESINA [QLL] [ST]	ANDROGEL 1.62% [PA], AXIRON [PA]
NOVOLIN [ST]	JANUVIA [QLL], TRADJENTA [QLL]
NOVOLOG [ST]	HUMULIN
NUTROPIN AQ [PA] [ST]	HUMALOG
OLYSIO [ST] genotype 1 only [PA] [QLL]	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]
OMNARIS [QLL] [ST]	HARVONI [PA] [QLL], VIEKIRA PAK [PA] [QLL], VIEKIRA XR [PA] [QLL]
OMNITROPE [PA] [ST]	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
ONGLYZA [QLL] [ST]	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]
ORENCIA [PA] [ST]	JANUVIA [QLL], TRADJENTA [QLL]
PANCREAZE [ST]	ACTEMRA [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
PERTZYE [ST]	CREON, ZENPEP
PROVENTIL HFA [QLL] [ST]	CREON, ZENPEP
ribasphere ribapak [ST]	PROAIR HFA/RESPICLICK [QLL], VENTOLIN HFA [QLL]
RIBATAB [ST]	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN [PA] [ST]	moderiba, ribavirin capsules, ribavirin tablets
SIMPONI 50 MG [PA] [ST]	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]
SOVALDI [ST] genotype 1 only [PA] [QLL]	ACTEMRA [PA], COSENTYX [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA], STELARA SQ [PA] [QLL], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
STAXYN [PA] [QLL] [ST]	HARVONI [PA] [QLL], VIEKIRA PAK [PA] [QLL], VIEKIRA XR [PA] [QLL]
STENDRA [PA] [QLL] [ST]	CIALIS [PA] [QLL], VIAGRA [PA] [QLL]
SUBSYS [PA] [QLL] [ST]	CIALIS [PA] [QLL], VIAGRA [PA] [QLL]
TALTZ [PA] [ST]	fentanyl citrate lozenges [PA] [QLL], LAZANDA [PA] [QLL]
TANZEUM [PA] [QLL] [ST]	COSENTYX [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA], STELARA SQ [PA] [QLL]
TESTIM [PA] [ST]	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TRULICITY [PA] [QLL]
TESTOSTERONE GEL [PA] [ST]	ANDROGEL 1.62% [PA], AXIRON [PA]
TRUETEST, TRUETRACK METERS*/STRIPS [ST]	ANDROGEL 1.62% [PA], AXIRON [PA]
ULTRESA [ST]	ONETOUCH METERS*/STRIPS
UNISTRIP METERS*/STRIPS [ST]	CREON, ZENPEP
VELTIN [PA] [ST]	ONETOUCH METERS*/STRIPS
VERAMYST [QLL] [ST]	clindamycin/benzoyl peroxide, clindamycin/tretinoin, ACANYA, ONEXTON
VICTOZA [PA] [QLL] [ST]	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
VOGELXO [PA] [ST]	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TRULICITY [PA] [QLL]
XOPENEX HFA [QLL] [ST]	ANDROGEL 1.62% [PA], AXIRON [PA]
ZEPATIER [ST] genotype 1 only [PA] [QLL]	PROAIR HFA/RESPICLICK [QLL], VENTOLIN HFA [QLL]
ZETONNA [QLL] [ST]	HARVONI [PA] [QLL], VIEKIRA PAK [PA] [QLL], VIEKIRA XR [PA] [QLL]
ZIOPTAN [PA] [ST]	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
ZOMACTON [PA] [ST]	bimatoprost [PA], latanoprost [PA], LUMIGAN [PA], TRAVATAN Z [PA]
ZYCLARA [ST]	GENOTROPIN [PA], HUMATROPE [PA], NORDITROPIN [PA]

KEY

[INJ] - Injectable Drug
[PA] - Prior Authorization is required for coverage
[QLL] - Quantity Level Limit may apply to certain strengths and/or doses of this medication
[ST] - Step Therapy may apply to certain indications or some or all strengths of the drug
[ZD] - Contraceptive that is available for Zero Dollar copayment for females age 50 and under
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.

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