

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

ANTI-INFECTIVES

Antifungal Agents

fluconazole [QLL]
nystatin oral suspension

Antivirals

acyclovir
EPCLUSA (nonpreferred for genotype 1 only [ST]) [PA] [QLL]
HARVONI [PA] [QLL]
moderiba
nevirapine ext-release
TAMIFLU SUSPENSION [QLL]
TECHNIVIE [PA] [QLL]
valacyclovir [QLL]
VIEKIRA PAK [PA] [QLL]
VIEKIRA XR [PA] [QLL]

Cephalosporins

cefdinir
cefuroxime axetil
cephalexin

Erythromycins & Other Macrolides

azithromycin
clarithromycin
Penicillins
amoxicillin
amoxicillin/potassium clavulanate
penicillin v potassium

Quinolones

ciprofloxacin
levofloxacin

Tetracyclines

doxycycline hyclate
doxycycline monohydrate
minocycline
ORACEA
SOLODYN

Urinary Tract Agents

nitrofurantoin monohydrate/macrocystal

Misc. Anti-Infectives

BETHKIS [QLL]
clindamycin hcl
EMVERM
hydroxychloroquine
KITABIS PAK [QLL]
metronidazole
sulfamethoxazole/trimethoprim
TOBI PODHALER [QLL]
XIFAXAN

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

anastrozole
GILOTrif [PA] [QLL]
INLYTA [PA] [QLL]
IRESSA [PA] [QLL]
methotrexate
SOMATULINE DEPOT [INJ]
SPRYCEL [PA] [QLL]
tamoxifen

TARCEVA [PA] [QLL]
ZYTIGA [PA] [QLL]

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Anticonvulsants

clonazepam
divalproex delayed-release
divalproex ext-release
FYCOMPA
gabapentin
GRALISE [ST]
lamotrigine
levetiracetam
LYRICA [ST]
oxcarbazepine
POTIGA
QUDEXY XR
topiramate [PA]
VIMPAT

Antiparkinsonism Agents

carbidopa/levodopa
pramipexole
ropinirole

Misc. Neurological Therapy

AMPYRA [PA]
COPAXONE 40 MG [INJ] [PA] [QLL]
donepezil
GILENYA [ST]
glatopa 20 mg [INJ] [PA] [QLL]
NAMENDA XR
NAMZARIC
NUDEXTA
TECFIDERA [ST]

Antipsychotics

ariPIPRAZOLE
LATUDA

olanzapine

quetiapine [PA]

risperidone

Misc. Psychotherapeutic Agents

DAYTRANA
dexmethylphenidate ext-release
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine
ext-release
EVEKEO
guanfacine ext-release
methylphenidate
methylphenidate ext-release
QUILLICHEW ER
QUILLIVANT XR
VYVANSE

Antivertigo & Antiemetic Drugs

AKYNZEQ [QLL]
meclizine
ondansetron [QLL]
ondansetron orally disintegrating
tablets [QLL]
SANCUSO [QLL]
VARUBI [QLL]

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.

Anxiolytics

alprazolam
buspirone
diazepam
lorazepam

Hypnotic Agents

eszopiclone [QLL]
temazepam [QLL]
zolpidem [QLL]
zolpidem ext-release [QLL]

Migraine & Cluster Headache Therapy

butalbital/acetaminophen/caffeine
rizatriptan [QLL]
sumatriptan [QLL]
ZOMIG NASAL [QLL]

Narcotic Analgesics

acetaminophen/codeine
fentanyl patches [PA] [QLL]
hydrocodone/acetaminophen
hydromorphone [QLL]
HYSINGLA ER [QLL]
LAZANDA [PA] [QLL]
morphine sulfate ext-release [QLL]
NUCYNTA, NUCYNTA ER [QLL]
oxycodone
oxycodone/acetaminophen
OXYCONTIN [QLL]

Narcotic Antagonists

NARCAN NASAL SPRAY [QLL]
SUBOXONE SL FILM [PA] [QLL]
ZUBSOLV [QLL]

Non-Narcotic Analgesics

tramadol [QLL]

Selective Serotonin Reuptake Inhibitors

BRISDELLE
citalopram
escitalopram
fluoxetine
paroxetine
sertraline
VIIBRYD

Tricyclics

amitriptyline
nortriptyline

Misc. Antidepressants

bupropion
bupropion ext-release
duloxetine delayed-release
FETZIMA
mirtazapine
trazodone
venlafaxine
venlafaxine ext-release

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ACE Inhibitors & Combos

benazepril
enalapril
lisinopril

lisinopril/hctz
quinapril
ramipril

Adrenergic Antagonists & Related Drugs

clonidine [QLL]
doxazosin [QLL]
terazosin [QLL]

Angiotensin II Receptor Blockers & Renin Inhibitors & Combos

irbesartan
losartan
losartan/hctz
TEKURNA, TEKURNA HCT
valsartan
valsartan/hctz

Antiarrhythmic Agents

amiodarone

Beta-Blockers & Combos

atenolol
atenolol/chlorthalidone
bisoprolol/hctz
BYSTOLIC
carvedilol
COREG CR
labetalol
metoprolol succinate ext-release
metoprolol tartrate
propranolol
propranolol ext-release

Calcium Channel Blockers

amlodipine
diltiazem ext-release
nifedipine ext-release
verapamil ext-release

Other Antihypertensive Combos

amlodipine/benazepril
amlodipine/valsartan
BYVALSON

Cardiac Glycosides

digoxin

Lipid/Cholesterol Lowering Agents

atorvastatin [QLL]
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
gemfibrozil
LIPOFEN
LIVALO [QLL]
lovastatin [QLL]
niacin ext-release
PRALUENT [INJ] [PA]
pravastatin [QLL]
REPATHA [INJ] [PA]
rosuvastatin [QLL]
simvastatin [QLL]
VASCEPA [PA]
WELCHOL

Nitrates

isosorbide mononitrate ext-release

Thiazide & Related Diuretics

chlorthalidone

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furosemide
hydrochlorothiazide
spironolactone
triamterene/hctz

Misc. Cardiovascular Agents
CORLANOR [PA]
ENTRESTO [PA]
hydralazine
MEPHYTON
RANEXA

DERMATOLOGICALS/ TOPICAL THERAPY

Antipsoriatic/Antiseborrheic
COSENTRYX [INJ] [PA]
ESTILAR
STELARA SQ [INJ] [PA] [QLL]
TACLONEX SUSPENSION

Therapy for Acne

ABSORICA
ACANYA
clindamycin phosphate
clindamycin phosphate/benzoyl peroxide
EPIDUO, EPIDUO FORTE
FINACEA
metronidazole
MIRVASO
ONEXTON
SOOLANTRA
TAZORAC GEL, 0.05% CREAM [PA]

Topical Antibacterials

mupirocin
Topical Antifungals
clotrimazole/betamethasone dipropionate
ketoconazole
nystatin

Topical Antivirals

ZOVIRAX CREAM

Topical Corticosteroids

clobetasol propionate
desonide
fluocinonide
hydrocortisone
mometasone
triamcinolone

Misc. Dermatologicals

CARAC
DUPIXENT [INJ] [PA] [QLL]
ELIDEL [ST]
lidocaine patches [PA]
PICATO

EAR, NOSE & THROAT MEDICATIONS

Drugs Affecting the Ear

CIPRODEX
neomycin/polymyxin/hydrocortisone
OTOVEL

Drugs Affecting the Nose

azelastine [QLL]
DYMISTA [QLL] [ST]
fluticasone [QLL]
QNASL [QLL]

Misc. Agents
chlorhexidine gluconate

ENDOCRINE/DIABETES

Adrenal Hormones
ACTHAR H.P. [INJ] [PA]
dexamethasone
methylprednisolone

prednisolone sodium phosphate
prednisone

Androgens

ANDROGEL 1.62% [PA]
AXIRON [PA]
testosterone cypionate [INJ] [PA]

Antithyroid Agents

methimazole

Glucose Elevating Agents

GLUCAGEN [INJ]
GLUCAGON [INJ]

Insulin Therapy

BASAGLAR [INJ]
HUMALOG [INJ]
HUMULIN [INJ]
LANTUS [INJ]
LEVEMIR [INJ]
TOUJEOL SOLOSTAR [INJ]
TRESIBA [INJ]

Non-Insulin Hypoglycemic Agents

BYDUREON [INJ] [PA] [QLL]
BYETTA [INJ] [PA] [QLL]
FARGXIGA [QLL]
glimepiride
glipizide
glipizide ext-release
glyburide
GLYXAMBI [QLL]
INVOKAMET, INVOKAMET XR [QLL]
INVOKANA [QLL]
JANUMET, JANUMET XR [QLL]
JANUVIA [QLL]
JARDIANCE [QLL]
JENTADUETO, JENTADUETO XR [QLL]
metformin
metformin ext-release
pioglitazone
SYMLINPEN [INJ] [PA] [QLL]
SYNARDY, SYNARDY XR [QLL]
TRADJENTA [QLL]
TRULICITY [INJ] [PA] [QLL]
XIGDUO XR [QLL]

Thyroid Hormones

levothyroxine sodium
liothyronine

Blood Glucose Monitoring Devices & Supplies

ONETOUCH KITS/METERS*;
ULTRA 2, ULTRAMINI, VERIO,
VERIO FLEX, VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS; ULTRA, VERIO

GASTROENTEROLOGY

Antidiarrheals & Antispasmodics

dicyclomine
diphenoxylate/atropine

Bowel Evacuants

SUPREP

Digestive Enzymes

CREON

VIKACIE

ZENPEP

H2 Antagonists

famotidine

ranitidine

Proton Pump Inhibitors

esomeprazole magnesium
delayed-release [QLL]
lansoprazole delayed-release [QLL]
NEXIUM PACKETS [QLL] [ST]
omeprazole delayed-release [QLL]
pantoprazole delayed-release [QLL]

rabeprazole delayed-release [QLL]

Other Ulcer Therapy

PYLERA

Misc. Gastrointestinal Agents

AMITIZA
APRISO
CANASA
LIALDA
LINZESS
metoclopramide hcl
MOVANTIK
PENTASA
PREPOPIK
RECTIV
RELISTOR [INJ]
SIMPONI 100 MG (for ulcerative
colitis only) [INJ] [PA]
UCERIS TABLETS
VIBERZI

IMMUNOLOGY & BIOTECHNOLOGY

Erythroid Stimulants

PROCRIIT [INJ] [PA]

Growth Hormones

GENOTROPIN [INJ] [PA]
HUMATROPE [INJ] [PA]

NORDITROPIN [INJ] [PA]

Interferons

AVONEX [INJ] [PA] [QLL]
BETASERON [INJ] [PA] [QLL]
EXTAVIA [INJ] [PA] [QLL]
PLEGRIDY [INJ] [PA] [QLL]
REBIF [INJ] [PA] [QLL]

Myeloid Stimulants

GRANIX [INJ] [PA]
NEUPOGEN [INJ] [PA]
ZARXIO [INJ] [PA]

Misc. Immunologicals

GRASTEK [PA]
RAGWITEK [PA]

MUSCULOSKELETAL & RHEUMATOLOGY

Gout Therapy

allopurinol
COLCRYS
MITIGARE
ULORIC

Muscle Relaxants & Antispasmodic Therapy

baclofen
cyclobenzaprine
MESTINON SYRUP
metaxalone
methocarbamol
tizanidine

NSAID Agents

celecoxib
diclofenac sodium delayed-release
etodolac
FLECTOR [QLL]
ibuprofen
indomethacin
meloxicam [QLL]
nabumetone
naproxen, naproxen sodium
ZORVOLEX [QLL]

Osteoporosis Therapy

alendronate [QLL]
FORTEO [INJ] [PA] [QLL]
ibandronate [QLL]
raloxifene

TYMLOS [INJ] [PA] [QLL]

Misc. Rheumatological Agents

ACTEMRA [INJ] [PA]
ENBREL [INJ] [PA] [QLL]
HUMIRA [INJ] [PA] [QLL]
OTEZLA [PA]
OTREXUP [INJ]
RASUVO [INJ]
SAVELLA
XELJANZ, XELJANZ XR [PA] [QLL]

OBSTETRICS & GYNECOLOGY

Estrogen Combos

COMBIPATCH
DUAVEE
estradiol/norethindrone acetate
PREMPHASE
PREMPRO

Estrogens

DIVIGEL [QLL]
ENJUVIA
ESTRACE CREAM
estradiol
estradiol patches
MINIVELLE [QLL]
PREMARIN CREAM
PREMARIN TABS

Oral Contraceptives & Related Agents

NOTE: The following contraceptives represent some of the contraceptives that are available at a Zero Dollar [ZD] copayment for females age 50 and under.
apri [ZD]
cryselle [ZD]
gildess fe [ZD]
junel fe [ZD]
LO LOESTRIN FE [ZD]
microgestin fe [ZD]
monessa [ZD]
NATAZIA [ZD]
norgestimate-ethynodiol estradiol [ZD]
NUVARING [ZD]
SAFYRAL [ZD]
sprintec [ZD]
TAYTULLA [ZD]
trinessa [ZD]
tri-previfem [ZD]
tri-sprintec [ZD]

Progesterins

medroxyprogesterone [QLL]
progesterone micronized

Vaginal Anti-Infectives

metronidazole gel
terconazole

OPHTHALMOLOGY

Antibiotics

AZASITE
erythromycin
levofloxacin
MOXEZA
polymyxin/trimethoprim solution
tobramycin
VIGAMOX

Glaucoma Drugs

ALPHAGAN P 0.1%
COMBIGAN
latanoprost solution [PA]
LUMIGAN [PA]
timolol maleate
TRAVATAN Z [PA]

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Non-Steroidal Anti-Inflammatory Agents	BREO ELLIPTA [PA] [QLL] COMBIVENT RESPIMAT [QLL] DALIRESP [PA] DULERA [PA] [QLL] INCRUSE ELLIPTA [QLL] LETAIRIS [PA] montelukast OPSUMIT [PA] SPIRIVA HANDIHALER [QLL] SPIRIVA RESPIMAT [QLL] STIOLTO RESPIMAT [QLL] SYMBICORT [PA] [QLL] TRACLEER [PA] TUDORZA PRESSAIR [QLL] UPTRAVI [PA]	Nonpreferred Medications With Preferred Alternatives
Steroid-Antibiotic Combos		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.
TOBRADEX OINTMENT TOBRADEX ST tobramycin/dexamethasone suspension ZYLET		
Steroids		
ALREX LOTEMAX prednisolone acetate		fentanyl citrate lozenges [PA] [QLL], LAZANDA [PA] [QLL] ONETOUCH METERS* STRIPS [ST]
Misc. Ophthalmologics		bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENZA
BEPREVE PAZEO RESTASIS [PA] [QLL] XIIDRA [PA] [QLL]		BYDUREON [PA] [QLL], BYETTA [PA] [QLL], TRULICITY [PA] [QLL] ONETOUCH METERS* STRIPS
RESPIRATORY, ALLERGY, COUGH & COLD		JANUVIA [QLL], TRADJENTA [QLL] JANUMET [PA], JANUMET XR [PA], JENTADUETO [QLL], JENTADUETO XR [QLL] ARNUTTY ELLIPTA [QLL], ASMANEX HFA/TWISTHALER [QLL], FLOVENT DISKUS/HFA [QLL], PULMICORT FLEXHALER [QLL], QVAR [QLL]
Adrenergics		HUMALOG PROCRIT [PA]
EPINEPHRINE AUTOINJECTOR (by Mylan) [INJ] [QLL] EPIPEN, EPIPEN JR [INJ] [QLL]		balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL]
Antihistamines		ONETOUCH METERS* STRIPS
desloratadine [QLL] hydroxyzine hcl hydroxyzine pamoate levocetirizine [QLL] promethazine		ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL ACTEMRA [PA], COSENTYX [PA], ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA], STELARA SQ [PA] [QLL], XELJANZ [PA] [QLL], XELJANZ XR [PA] [QLL]
Antitussive Combos		ORACEA COLCHICINE [ST]
benzonatate hydrocodone/chlorpheniramine polistirex ext-release hydrocodone/homatropine promethazine/dextromethorphan		DAKLINZA [ST], genotype 1 only [PA] [QLL] DELZICOL [ST] DIPENTUM [ST] DOXYCYCLINE 40 MG CAPSULES [ST] EMBRACE, VICTORY METERS* STRIPS [ST] EMFLAZA [PA] EPLCUSA [nonpreferred for genotype 1 only] [PA] [QLL] EPOGEN [PA] [ST] ESTROGEL [QLL] [ST] EVZIO [QLL] [ST] FENTORA [PA] [QLL] [ST] FLUOROURACIL 0.5% CREAM [ST]
Inhaled Beta Agonists		FORTESTA [PA] [ST] FREESTYLE, PRECISION METERS* STRIPS [ST]
albuterol ARCAPTA NEOHALER [QLL] PERFORMIST [QLL] PROAIR HFA [QLL] PROAIR RESPCLICK [QLL] SEREVENT DISKUS [QLL] STRIVERDI RESPIMAT [QLL] VENTOLIN HFA [QLL]		GLUMETZA [ST] ISTALOL [ST] KAZANO [QLL] [ST] KINETER [nonpreferred for RA] [PA] [ST] KOMBIGLYZE XR [QLL] [ST] LEVABUTEROL HFA [QLL] [ST] LEVITRA [PA] [QLL] [ST] MESALAMINE 800 MG DELAYED-RELEASE [ST] MIRCERA [PA] [ST] NATESTO [PA] [ST] NESINA [QLL] [ST] NOVOLIN [ST] NOVOLOG [ST] NUTROPIN AQ, AQ NUSPIN [PA] [ST] ODYSIO [ST], genotype 1 only [PA] [QLL] OMNARIS [QLL] [ST]
VITAMINS, HEMATINICS & ELECTROLYTES		KOMBIT [PA] [ST] LANTIS [PA] [ST] LANTIS 2 [PA] [ST] LANTIS 3 [PA] [ST] LANTIS 4 [PA] [ST] LANTIS 5 [PA] [ST] LANTIS 6 [PA] [ST] LANTIS 7 [PA] [ST] LANTIS 8 [PA] [ST] LANTIS 9 [PA] [ST] LANTIS 10 [PA] [ST] LANTIS 11 [PA] [ST] LANTIS 12 [PA] [ST] LANTIS 13 [PA] [ST] LANTIS 14 [PA] [ST] LANTIS 15 [PA] [ST] LANTIS 16 [PA] [ST] LANTIS 17 [PA] [ST] LANTIS 18 [PA] [ST] LANTIS 19 [PA] [ST] LANTIS 20 [PA] [ST] LANTIS 21 [PA] [ST] LANTIS 22 [PA] [ST] LANTIS 23 [PA] [ST] LANTIS 24 [PA] [ST] LANTIS 25 [PA] [ST] LANTIS 26 [PA] [ST] LANTIS 27 [PA] [ST] LANTIS 28 [PA] [ST] LANTIS 29 [PA] [ST] LANTIS 30 [PA] [ST] LANTIS 31 [PA] [ST] LANTIS 32 [PA] [ST] LANTIS 33 [PA] [ST] LANTIS 34 [PA] [ST] LANTIS 35 [PA] [ST] LANTIS 36 [PA] [ST] LANTIS 37 [PA] [ST] LANTIS 38 [PA] [ST] LANTIS 39 [PA] [ST] LANTIS 40 [PA] [ST] LANTIS 41 [PA] [ST] LANTIS 42 [PA] [ST] LANTIS 43 [PA] [ST] LANTIS 44 [PA] [ST] LANTIS 45 [PA] [ST] LANTIS 46 [PA] [ST] LANTIS 47 [PA] [ST] LANTIS 48 [PA] 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- Tier 1 products are generic products and are listed in all lower case letters.
 - Tier 2 products are preferred brand-name products and are listed in all UPPER CASE letters.
 - Tier 3 products are nonpreferred brand-name products and are listed in ***UPPER CASE*** letters.

KET

[INI] - Injectable Drugs

[IB] - 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.

medications, although they may look different in color or shape. They have been FDA-approved under strict guidelines.

standards.

For the phys

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