



# 2017 Express Scripts National Preferred Formulary For State of New Hampshire

**KEY**  
[INJ] - Injectable Drug  
Brand-name drugs are listed in CAPITAL letters.  
Generic drugs are listed in lower case letters.  
**Not all compounded medications are covered by the plan.**

## ANTI-INFECTIVES

### Antifungal Agents

fluconazole  
nystatin oral suspension

### Antivirals

acyclovir  
moderiba  
TAMIFLU  
TECHNIVIE  
valacyclovir  
VIEKIRA PAK

### 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/macrocrystal

### Misc. Anti-Infectives

BETHKIS  
clindamycin hcl  
hydroxychloroquine  
KITABIS PAK  
metronidazole  
sulfamethoxazole/trimethoprim  
TOBI PODHALER  
XIFAXAN

## ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

anastrozole  
GILOTRIF  
INLYTA  
IRESSA  
methotrexate  
SOMATULINE DEPOT [INJ]  
SPRYCEL  
tamoxifen  
TARCEVA  
ZYTIGA

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### Anticonvulsants

clonazepam  
divalproex delayed-release  
divalproex ext-release  
FYCOMPA  
gabapentin  
GRALISE

### Antiparkinsonism Agents

lamotrigine  
levetiracetam  
LYRICA  
oxcarbazepine  
POTIGA  
QUDEXY  
topiramate  
VIMPAT

### Misc. Neurological Therapy

AZILECT  
carbidopa/levodopa  
pramipexole  
ropinirole

### Misc. Psychotropic Agents

AMPYRA  
COPAXONE 40 MG [INJ]  
donepezil  
GILENYA  
NAMENDA XR  
NAMZARIC  
NUEDEXTA  
TECFIDERA

### Antipsychotics

aripiprazole  
ARISTADA [INJ]  
LATUDA  
olanzapine  
quetiapine  
risperidone  
SEROQUEL XR

### Misc. Psychotherapeutic Agents

DAYTRANA  
dexamethylphenidate ext-release  
dextroamphetamine/amphetamine  
dextroamphetamine/amphetamine ext-release  
EVEKEO  
FOCALIN XR 25 MG, 35 MG  
guanfacine ext-release  
methylphenidate  
methylphenidate ext-release  
QUILLICHEW ER  
QUILLIVANT XR  
STRATTERA  
VYVANSE

### Antivertigo & Antiemetic Drugs

AKYNZEO  
meclizine  
ondansetron  
ondansetron orally disintegrating tablets  
SANCUSO

### Anxiolytics

alprazolam  
buspirone  
diazepam  
lorazepam

### Hypnotic Agents

eszopiclone  
temazepam  
zolpidem  
zolpidem ext-release

## Migraine & Cluster Headache Therapy

butalbital/acetaminophen/caffeine  
RELPAK  
rizatriptan  
sumatriptan  
SUMAVEL DOSEPRO [INJ]  
ZOMIG NASAL

### Narcotic Analgesics

acetaminophen/codeine  
BUTRANS  
fentanyl patch  
hydrocodone/acetaminophen  
hydromorphone  
HYSINGLA ER  
LAZANDA  
morphine sulfate ext-release

### Narcotic Antagonists

NARCAN NASAL SPRAY  
SUBOXONE SL FILM  
ZUBSOLV

### Non-Narcotic Analgesics

tramadol  
**Misc. Analgesics**  
EUFLEXXA [INJ]  
MONOVISC [INJ]  
ORTHOVISC [INJ]

### 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  
PRISTIQ  
trazodone  
venlafaxine  
venlafaxine ext-release

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ACE Inhibitors & Combos

benazepril  
enalapril  
lisinopril  
lisinopril/hctz  
quinapril  
ramipril

### Adrenergic Antagonists & Related Drugs

clonidine  
doxazosin  
terazosin

### Angiotensin II Receptor Blockers & Renin Inhibitors & Combos

BENICAR, BENICAR HCT  
irbesartan  
losartan

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.

losartan/hctz  
TEKAMLO  
TEKTURNA, TEKTURNA 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  
AZOR  
TRIBENZOR

### Cardiac Glycosides

digoxin

### Lipid/Cholesterol Lowering Agents

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

### Nitrates

isosorbide mononitrate ext-release

### Thiazide & Related Diuretics

chlorthalidone  
furosemide  
hydrochlorothiazide  
spironolactone  
triamterene/hctz

### Misc. Cardiovascular Agents

CORLANOR  
ENTRESTO  
hydralazine  
MEPHYTON  
RANEXA

## DERMATOLOGICALS/ TOPICAL THERAPY

**Antipsoriatic/Antiseborrheic**  
COSENTYX [INJ]

ENSTILAR  
STELARA [INJ]  
TACLONEX SUSPENSION

### Therapy for Acne

ABSORICA  
ACANYA  
clindamycin phosphate  
clindamycin phosphate/benzoyl peroxide  
EPIDUO, EPIDUO FORTE  
FINACEA  
metronidazole  
MIRVASO  
ONEXTON  
SOOLANTRA  
TAZORAC

### 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  
ELIDEL  
lidocaine patches  
PICATO

## EAR, NOSE & THROAT MEDICATIONS

### Drugs Affecting the Ear

CIPRODEX  
neomycin/polymyxin/hydrocortisone

### Drugs Affecting the Nose

azelastine  
DYMISTA  
fluticasone  
QNASL

### Misc. Agents

chlorhexidine gluconate

## ENDOCRINE/DIABETES

### Adrenal Hormones

ACTHAR H.P. [INJ]  
dexamethasone  
methylprednisolone  
prednisolone sodium phosphate  
prednisone

### Androgens

ANDROGEL 1.62%  
AXIRON  
testosterone cypionate [INJ]

### Antithyroid Agents

methimazole

### Glucose Elevating Agents

GLUCAGEN [INJ]  
GLUCAGON [INJ]

### Gonadotropin & Related Agents

CETROTIDE [INJ]  
chorionic gonadotropin [INJ]

### Insulin Therapy

HUMALOG [INJ]  
HUMULIN [INJ]  
LANTUS [INJ]  
LEVEMIR [INJ]  
TOUJEO SOLOSTAR [INJ]  
TRESIBA [INJ]

### Non-Insulin Hypoglycemic Agents

BYDUREON [INJ]  
BYETTA [INJ]  
FARXIGA  
glimepiride  
glipizide  
glipizide ext-release  
glyburide  
GLYXAMBI  
INVOKAMET  
INVOKANA  
JANUMET, JANUMET XR  
JANUVIA  
JARDIANCE  
JENTADUETO  
JENTADUETO XR  
metformin  
metformin ext-release  
pioglitazone  
SYMLINPEN [INJ]  
SYNJARDY  
TRULICITY [INJ]  
XIGDUO XR

### Ovulatory Stimulants

clomiphene citrate  
GONAL-F, GONAL-F RFF,  
GONAL-F RFF  
REDI-JECT [INJ]

### Thyroid Hormones

levothyroxine sodium  
liothyronine

### Blood Glucose Monitoring Devices & Supplies

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

## GASTROENTEROLOGY

### Antidiarrheals & Antispasmodics

dicyclomine  
difenoxylate/atropine  
SUPREP

### Digestive Enzymes

CREON  
VIOKACE  
ZENPEP

### H2 Antagonists

famotidine  
ranitidine

### Proton Pump Inhibitors

esomeprazole magnesium delayed-release  
lansoprazole delayed-release  
NEXIUM PACKETS  
omeprazole delayed-release  
pantoprazole delayed-release  
rabeprazole delayed-release

### Other Ulcer Therapy

PYLERA

(continued)

### Misc. Gastrointestinal Agents

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

### IMMUNOLOGY & BIOTECHNOLOGY

### Erythroid Stimulants

PROCRIT [INJ]  
**Growth Hormones**  
GENOTROPIN [INJ]  
HUMATROPE [INJ]  
NORDITROPIN [INJ]

### Interferons

AVONEX [INJ]  
EXTAVIA [INJ]  
PLEGRIDY [INJ]  
REBIF [INJ]

### Myeloid Stimulants

GRANIX [INJ]  
NEUPOGEN [INJ]

### Misc. Immunologicals

GRASTEK  
RAGWITEK

### 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  
ibuprofen  
indomethacin  
meloxicam  
naproxen  
naproxen sodium  
ZORVOLEX

### Osteoporosis Therapy

alendronate  
FORTEO [INJ]  
ibandronate  
raloxifene

### Misc. Rheumatological Agents

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

### OBSTETRICS & GYNECOLOGY

### Estrogen Combos

estradiol/norethindrone acetate  
COMBIPATCH  
DUAVEE

PREMPHASE  
PREMPRO

### Estrogens

DIVIGEL  
ENJUVIA  
ESTRACE CREAM  
estradiol  
estradiol patch  
MINIVELLE  
PREMARIN CREAM  
PREMARIN TABS

### Oral Contraceptives & Related Agents

NOTE: All generic contraceptives are considered formulary

BEYAZ  
LO LOESTRIN FE  
MINASTRIN 24 FE  
MIRENA  
NATAZIA  
NUVARING  
SAFYRAL

### Progestins

CRINONE  
MAKENA [INJ]  
medroxyprogesterone  
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  
LUMIGAN  
timolol maleate  
TRAVATAN Z

### Non-Steroidal Anti-Inflammatory Agents

ILEVRO  
NEVANAC  
PROLENSA

### Steroid-Antibiotic Combos

TOBRADEX OINTMENT  
TOBRADEX ST  
tobramycin/dexamethasone suspension  
ZYLET

### Steroids

ALREX  
LOTEMAX  
prednisolone acetate

### Misc. Ophthalmologics

BEPREVE  
PATADAY  
PAZEO  
RESTASIS

### RESPIRATORY, ALLERGY, COUGH & COLD

### Adrenergics

EPIPEN, EPIPEN JR [INJ]

### Antihistamines

desloratadine  
hydroxyzine hcl  
hydroxyzine pamoate  
levocetirizine  
promethazine

### Antitussive Combos

benzonatate  
hydrocodone/  
chlorpheniramine  
polistirex ext-release  
hydrocodone/homatropine  
promethazine/  
dextromethorphan

### Inhaled Beta Agonists

albuterol  
ARCAPTA NEOHALER  
PERFORMIST  
PROAIR HFA  
PROAIR RESPICLICK  
SEREVENT DISKUS  
STRIVERDI RESPIMAT  
VENTOLIN HFA

### Inhaled Corticosteroids

ARNUITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
budesonide  
FLOVENT DISKUS  
FLOVENT HFA  
PULMICORT FLEXHALER  
QVAR

### Misc. Pulmonary Agents

ADCIRCA  
ADEMPAS  
ADVAIR DISKUS  
ADVAIR HFA  
ANORO ELLIPTA  
BREQ ELLIPTA  
COMBIVENT RESPIMAT  
DALIRESP  
DULERA  
INCRUSE ELLIPTA  
KALBITOR [INJ]  
LETAIRIS  
montelukast  
OPSUMIT  
SPIRIVA HANDIHALER  
SPIRIVA RESPIMAT  
STIOLTO RESPIMAT  
SYMBICORT  
TRACLEER  
TUDORZA PRESSAIR  
UPTRAVI

### UROLOGICALS

### Anticholinergics & Antispasmodics

GELNIQUE  
MYRBETRIQ  
oxybutynin ext-release  
TOVIAZ  
VESICARE

### Benign Prostatic Hyperplasia (BPH) Therapy

finasteride  
RAPAFLO  
tamsulosin ext-release

### Misc. Urologicals

CIALIS  
MUSE  
VIAGRA

### VITAMINS, HEMATINICS & ELECTROLYTES

### Anticoagulants

ELIQUIS  
enoxaparin [INJ]  
FRAGMIN [INJ]  
PRADAXA  
warfarin  
XARELTO

### Antiplatelet Drugs

BRILINTA  
clopidogrel  
EFFIENT  
ZONTIVITY

### Electrolytes

potassium chloride  
ext-release

### Vitamins & Hematinics

cyanocobalamin [INJ]  
ergocalciferol  
folic acid  
multivitamins/fluoride  
NASCOBAL  
prenatal vitamins

### MISCELLANEOUS AGENTS

FOSRENOL  
RENVELA  
VELTASSA

### Excluded Medications With Covered Preferred Alternatives

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

Excluded Medications	Covered Preferred Alternative(s)
ABSTRAL	fentanyl citrate lozenges, LAZANDA
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA
ADVOCATE METERS/STRIPS	ONETOUCH METERS/STRIPS
ALOGLIPTIN	JANUVIA, TRADJENTA
ALOGLIPTIN/METFORMIN	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
ASACOL HD	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone, QNASL
BRAVELLE	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CIMZIA	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA, XELJANZ, XELJANZ XR
COLCHICINE	COLCRYS, MITIGARE
DAKLINZA (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
DELZICOL	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULES	ORACEA
DUEXIS	ibuprofen + famotidine
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
EVZIO	naloxone syringe, NARCAN NASAL SPRAY
FENTORA	fentanyl citrate lozenges, LAZANDA
FLUOROURACIL 0.5% CREAM	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO
FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
FORTESTA	ANDROGEL 1.62%, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
GANIRELIX ACETATE	CETROTIDE
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
GELSYN-3	EUFLEXXA, MONOVISC, ORTHOVISC
GENVISC 850	EUFLEXXA, MONOVISC, ORTHOVISC
GLUMETZA	metformin extended-release
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
HYMOVIS	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KINERET (EXCLUDED FOR RA)	ACTEMRA, ENBREL, HUMIRA, REMICADE, XELJANZ, XELJANZ XR
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
LEVITRA	CIALIS, VIAGRA
MESALAMINE 800 MG DELAYED-RELEASE	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
MIRCERA	PROCRIT
NATESTO	ANDROGEL 1.62%, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK, TECHNIVIE
OMNARIS	budesonide, flunisolide, fluticasone, mometasone, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
ORENCIA (IV and SC)	ACTEMRA, ENBREL, HUMIRA, REMICADE, XELJANZ, XELJANZ XR
PANCREAZE	CREON, ZENPEP
PERTZYE	CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
QSYMIA	benzphetamine, diethylpropion, phentermine
ribasphere ribapak	moderiba, ribavirin capsules, ribavirin tablets
RIBATAB	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA, XELJANZ, XELJANZ XR
SOVALDI (EXCLUDED FOR GENOTYPES 1 & 4)	VIEKIRA PAK, TECHNIVIE
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ, SUPARTZ FX	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC, SYNVISC-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA
TANZEUM	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL 1.62%, AXIRON
TESTOSTERONE GEL	ANDROGEL 1.62%, AXIRON
TRUETEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, ACANYA, ONEXTON
VERAMYST	budesonide, flunisolide, fluticasone, mometasone, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL 1.62%, AXIRON
XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
ZEPATIER	VIEKIRA PAK, TECHNIVIE
ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
ZIOPANT	bimatoprost, latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN
ZYCLARA	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO