

2019 Express Scripts Preferred List of Medications For Non-Medicare Enrollees STRS Ohio

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
 [SP] - Drug is available through Specialty Pharmacy Services
 [ST] - Step Therapy may apply to certain indications or some or all strengths of the drug
 Covered brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

A

ABILIFY MAINTENA [INJ]
 acetaminophen/codeine
 ACTEMRA [INJ] [PA] [QLL] [SP]
 acyclovir
 ADEMPAS [PA]
 AFSTYLA [INJ] [SP]
 AKYNZEO [PA]
 albuterol nebulization solution
 alendronate [QLL]
 allopurinol
 ALPHAGAN P 0.1%
 alprazolam
 amiodarone
 amitriptyline
 amlodipine
 amlodipine/benazepril
 amlodipine/valsartan
 amoxicillin
 amoxicillin/potassium clavulanate
 AMPYRA [PA] [SP]
 anastrozole
 aripiprazole
 ARISTADA [INJ]
 ARMONAIR RESPICLICK [QLL]
 atenolol
 atenolol/chlorthalidone
 atomoxetine
 atorvastatin [QLL]
 AVONEX [INJ] [PA] [QLL] [SP]
 azelastine nasal spray [QLL]
 azithromycin

B

baclofen
 BARACLUDE SOLUTION
 BD AUTOSHIELD DUO NEEDLES
 BD ULTRAFINE INSULIN SYRINGES
 BD ULTRAFINE PEN NEEDLES

benazepril
 benzonatate
 BETASERON [INJ] [PA] [QLL] [SP]
 BEVESPI AEROSPHERE [QLL]
 bisoprolol/hctz
 blisovi fe
 BOSULIF [PA] [SP]
 BRILINTA
 budesonide nebulization suspension [QLL]
 bupropion [QLL]
 bupropion ext-release [QLL]
 buspirone
 butalbital/acetaminophen/caffeine
 BYDUREON [INJ] [QLL]
 BYETTA [INJ] [QLL]

C

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

The drugs on this preferred list of medications are **some** of the most commonly prescribed generic and covered brand-name medications. This list does not show all covered brand-name drugs, so please call Express Scripts toll-free at **866.685.2792** to find out if an unlisted drug is covered by your plan.

Using covered brand-name drugs on this list of medications will save you money. Using generics will save you and your plan even more. Be sure to take this list with you when you visit your doctor.

PLEASE NOTE: Covered brand-name drugs are listed in CAPITAL letters; generics are listed in lower case letters. Covered brand-name drugs may move to non-covered brand-name status if a generic version becomes available during the year. Call Express Scripts toll-free at 866.685.2792 for specific coverage information.

D

DARAPRIM [PA] [SP]
 desvenlafaxine succinate ext-release [QLL]
 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
 donepezil
 doxazosin [QLL]
 doxycycline hyclate
 doxycycline monohydrate
 DULERA [QLL]
 duloxetine delayed-release
 DUPIXENT [INJ] [PA] [QLL] [SP]

E

ELIQUIS
 EMVERM
 enalapril
 ENBREL [INJ] [PA] [QLL] [SP] [ST]
 enoxaparin [INJ] [SP]
 ENTRESTO
 EPCLUSA [PA]
 EPINEPHRINE AUTO-INJECTOR (by Mylan) [INJ]
 EPIPEN, EPIPEN JR [INJ]
 ergocalciferol
 ERIVEDGE [PA] [QLL] [SP]
 ERLEADA [PA] [SP]
 erythromycin eye ointment
 ESBRIET [PA] [SP]
 escitalopram [QLL]
 estradiol [QLL]
 estradiol patches
 estradiol/norethindrone acetate
 eszopiclone
 EUFLEXXA [INJ] [PA] [SP]
 ezetimibe [ST]
 ezetimibe/simvastatin [QLL]

F

famotidine
 FARXIGA [QLL]
 fenofibrate
 fenofibrate micronized

fenofibric acid delayed-release
 fentanyl patches [PA]
 finasteride
 fluconazole [QLL]
 fluocinonide
 fluoxetine [QLL]
 fluticasone nasal spray [QLL]
 folic acid
 FREESTYLE TEST STRIPS;
 FREESTYLE,
 FREESTYLE INSULINX,
 FREESTYLE LITE
 furosemide

G

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

H

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

I

ibandronate [QLL]
 IBRANCE [PA] [QLL] [SP]
 ibuprofen
 INCRUSE ELLIPTA

(continued)

Costs for covered alternatives may vary. Log on to 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.

indomethacin
INFLECTRA [INJ] [PA] [SP]
INLYTA [PA] [QLL]
irbesartan
IRESSA [PA] [QLL]
isosorbide mononitrate ext-release

J

JANUMET [QLL]
JANUMET XR [QLL]
JANUVIA [QLL]
JARDIANCE [QLL]
JENTADUETO [QLL]
JENTADUETO XR [QLL]
junel [QLL]
junel fe [QLL]

K

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

L

labetalol
lamotrigine
LANTUS [INJ]
latanoprost eye solution
levetiracetam
levofloxacin
levothyroxine sodium
lidocaine patches
liothyronine
lisinopril
lisinopril/hctz
lorazepam
losartan
losartan/hctz
lovastatin [QLL]
LYRICA [ST]

M

MAKENA MULTIDOSE VIAL
[INJ] [PA] [SP]
meclizine
medroxyprogesterone [QLL]
meloxicam [QLL]
MESTINON SYRUP
metaxalone
metformin
metformin ext-release [ST]
methimazole
methocarbamol
methotrexate [SP]
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
microgestin fe
minocycline
MIRENA
mirtazapine

MITIGARE
moderiba [PA]
mometasone [QLL]
montelukast
morphine sulfate ext-release
MOVANTIK
moxifloxacin eye solution
mupirocin

N

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

O

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

P

paroxetine hcl [QLL]
penicillin v potassium
PENTASA
PERFOROMIST [QLL]
pioglitazone [QLL]
PLEGRIDY [INJ] [PA] [QLL] [SP]
polymyxin/trimethoprim eye solution
POMALYST [PA] [SP]
potassium chloride ext-release
PRALUENT [INJ] [PA] [QLL] [SP]
pramipexole
pravastatin [QLL]
prednisolone acetate eye suspension
prednisolone sodium phosphate
prednisone
PROAIR HFA [QLL]

PROAIR RESPICLICK [QLL]
PROCRIPT [INJ] [PA] [SP] [ST]
progesterone micronized
PROLASTIN C [INJ] [PA] [ST]
promethazine
promethazine/dextromethorphan
propranolol
propranolol ext-release

Q

quetiapine [QLL]
quinapril
QVAR [QLL]
QVAR REDIMALER [QLL]

R

RAGWITEK [PA]
raloxifene
ramipril
ranitidine
REBIF [INJ] [PA] [QLL] [SP]
RECTIV
RELISTOR [INJ]
RESTASIS [PA] [QLL]
REVLIMID [PA] [SP]
risperidone [QLL]
rizatriptan [QLL]
ropinirole
rosuvastatin [QLL]
RUCONEST [INJ] [PA] [SP]

S

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

T

tacrolimus topical [ST]
tamoxifen
tamsulosin ext-release
TARCEVA [PA] [QLL]
TASIGNA [PA] [QLL] [SP]
TAZORAC GEL [PA]
TAZORAC 0.05% CREAM [PA]
TECFIDERA [SP] [ST]
terazosin [QLL]
terconazole vaginal [QLL]
testosterone cypionate [INJ]
THALOMID [PA] [SP]

timolol maleate eye solution
tizanidine
tobramycin eye solution
tobramycin/dexamethasone
eye suspension
topiramate [PA]
TOUJEO [INJ]
TRACLEER [PA] [SP]
TRADJENTA [QLL]
tramadol [QLL]
trazodone
TRELEGY ELLIPTA [QLL]
TREMIFYA [INJ] [PA] [SP]
triamcinolone topical
triamterene/hctz
tri-lo-marzia [QLL]
trinessa
TRIPTODUR [INJ] [PA] [SP]
tri-sprintec
TRULICITY [INJ] [QLL]
TUDORZA PRESSAIR [QLL]
TYMLOS [INJ] [PA] [QLL] [SP]

U

ULORIC [ST]
UPTRAVI [PA]
UTIBRON NEOHALER [QLL]

V

valacyclovir [QLL]
valsartan
valsartan/hctz
VASCEPA [PA]
VELTASSA
venlafaxine [QLL]
venlafaxine ext-release [QLL] [ST]
verapamil ext-release
VIBERZI
VIMPAT [PA]
VIOKACE [PA]
VYVANSE

W

warfarin

X

XALKORI [PA] [QLL] [SP]
XARELTO [PA]
XELJANZ, XELJANZ XR [PA] [SP]
XIFAXAN
XIGDUO XR [QLL]
XOLAIR [INJ] [PA] [QLL] [SP]

Y

YONSA [PA] [QLL]
yuvaferm

Z

ZARXIO [INJ] [PA]
ZEPATIER [PA] [QLL] [SP]
zolpidem [QLL]
zolpidem ext-release [QLL]
ZUBSOLV [QLL]
ZYTIGA [PA] [QLL] [SP]

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