

Express Scripts

By EVERNORTH®

2024 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
[OTC] - Over-the-counter Product
[SP] - Specialty Drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

ABILIFY ASIMTUFII [INJ]
ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ] [SP]
acyclovir
ADALIMUMAB-ADAZ [INJ] [SP]
ADALIMUMAB-ABDM
(by Boehringer Ingelheim & Qualient) [INJ] [SP]
ADALIMUMAB-RYVK
(by Qualient) [INJ] [SP]
ADBRY [INJ] [SP]
ADEMPAS [SP]
ADVAIR HFA
ADVATE [INJ] [SP]
ADYNOVATE [INJ] [SP]
AFSTYLA [INJ] [SP]
AIMOVIG [INJ]
AIRSUPRA
AJOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa
(by AHP, Cipla, Civica, Exelan, Lupin, Perrigo, Sandoz, Teva & West-Ward)
ALECENSA [SP]

alendronate
allopurinol
alprazolam
ALTUVIIO [INJ] [SP]
ALUNBRIG [SP]
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
APRETUDE [INJ] [SP]
ARALAST NP [INJ] [SP]
ARIKAYCE [SP]
ariprazole
ARISTADA [INJ]
ARMOUR THYROID
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atomoxetine
atorvastatin
AUSTEDO, AUSTEDO XR [SP]
AVI-Q [INJ]
AVONEX [INJ] [SP]
AZASITE
azelastine nasal spray
azithromycin
AZSTARYS

B

baclofen
BAFIERTAM [SP]
BAQSIMI
BARACLUDE SOLUTION
BAXDELA
BD DIABETES
PEN NEEDLES [OTC]
BD DIABETES
SYRINGES [OTC]
BELBUCA
benazepril
BENEFTX [INJ] [SP]
benzonatate
betaine anhydrous
BETASERON [INJ] [SP]
BIKTARVY [SP]
bisoprolol/hctz
BOSULIF [SP]
BREO ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
BRUKINSA [SP]
budesonide nebulization suspension
budesonide/formoterol inhaler
buprenorphine/naloxone
bupropion
bupropion ext-release
buspirone
butabital/acetaminophen/ caffeine
BYDUREON BCISE [INJ]
BYETTA [INJ]
BYOOVIZ [INJ] [SP]

C

CABENUVA [INJ] [SP]
CABOMETYX [SP]
CALQUENCE [SP]
CARBAGLU [SP]
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CÉQUR SIMPLICITY
CERDELGA [SP]
CEREZYME [INJ] [SP]
CETROTIDE [INJ] [SP]
chlorhexidine gluconate
chlorthaldione
CIBINQO [SP]
CIMDUO [SP]
CIMERLI [INJ] [SP]
CINRYZE [INJ] [SP]
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate topical
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate

colchicine

COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ [SP]
COTELIC [SP]
CREON
CRINONE 8% [SP]
cyanocobalamin [INJ]
cyclobenzaprine
cyclosporine eye solution CYLTEZO [INJ] [SP]

D

deferiprone [SP]
DESCOVI [SP]
desloratadine
desvenlafaxine succinate ext-release
dexamethasone
DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER DEXCOM G7:
RECEIVER, SENSOR
dexlansoprazole ext-release
dexmethylphenidate ext-release
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine
digoxin
diltiazem ext-release
dimethyl fumarate [SP]
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
DOPTELET [SP]
DOVATO [SP]
doxazosin
doxycycline hyclate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ] [SP]
DYSPORT [INJ] [SP]

E

ELFABRIO [INJ] [SP]
ELIQUIS
ELOCTATE [INJ] [SP]
EMGALITY [INJ]
EMPAVELI [INJ] [SP]
emtricitabine/tenofovir disoproxil fumarate [SP]
EMVERM
enalapril
ENBREL [INJ] [SP]
exenatide [INJ] [SP]
ENSTILAR
ENTRESTO
ENTYVIO IV [INJ] [SP]
EPCLUSA [SP]
EPIDIOLEX [SP]
epinephrine auto-injector (by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]

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.

FREESTYLE

TEST STRIPS [OTC]:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE,
FREESTYLE PRECISION NEO
FULPHILA [INJ] [SP]
furosemide
FYCOMPA
fyremadel [INJ] [SP]

G

gabapentin
GAMMACORE
GAVRETO [SP]
GELNIQUE
gemfibrozil
GENOTROPIN [INJ] [SP]
GENVOYA [SP]
GLASSIA [INJ] [SP]
glimepiride
glipizide
glipizide ext-release
glucagon emergency kit (by Amaphastar) [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ] [SP]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

halcinonide
HARVONI [SP]
HUMALOG [INJ]
HUMALOG MIX [INJ]
HUMALOG TEMPO [INJ]
HUMIRA [INJ] [SP] (by AbbVie)
HUMULIN [INJ]
HUMULIN MIX [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine
polistirex ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYRIMOZ [INJ] [SP] (by Sandoz)
HYSINGLA ER

I

ibandronate
ibuprofen
icosapent ethyl
IDELVION [INJ] [SP]
ILET: PUMP, SUPPLIES
IMBRUVICA [SP]
INBRIJA [SP]
indomethacin
INFLECTRA [INJ] [SP]
INLYTA [SP]

(continued)

Go to express-scripts.com/2024drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2024, THROUGH DECEMBER 31, 2024. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

INSULIN LISPRO [INJ]	metoprolol succinate ext-release	ORTHOVISC [INJ] [SP]	SCEMBLIX [SP]	TRIARDY XR
INSULIN LISPRO PROTAMINE MIX [INJ]	metoprolol tartrate	oseltamivir	SECLUROMET	TRIPTODUR [INJ] [SP]
irbesartan	metronidazole	OTEZLA [SP]	SEMGLEE (YFGN) [INJ]	TRIUMEQ [SP]
isosorbide mononitrate ext-release	metronidazole topical	OVIDREL [INJ] [SP]	sertraline	TRULANCE
isotretinoin	metronidazole vaginal	oxcarbazepine	SEVENFACT [INJ] [SP]	TRULICITY [INJ]
J	MIEBO	oxybutynin ext-release	sildenafil	TYMLOS [INJ] [SP]
JAKAFI [SP]	minocycline	oxycodone	SIMLANDI [INJ] [SP]	TYVASO DPI [SP]
JANUMET, JANUMET XR	MIRENA [SP]	oxycodone/acetaminophen	SIMPONI 100 MG	
JANUVIA	mirtazapine	OXYCONTIN	(for Ulcerative Colitis only)	
JARDIANCE	MIRVASO	OZEMPIC [INJ]	[INJ] [SP]	
JIVI [INJ] [SP]	MITIGARE	P	simvastatin	U
JULUCA [SP]	mometasone	PANCREAZE	SKYLA [SP]	UBRELVY
	MONOVISC [INJ] [SP]	pantoprazole delayed-release	SKYRIZI [INJ] [SP]	UCERIS FOAM
	montelukast	paroxetine hcl	SODIUM OXYBATE [SP]	UPTRAVI TABLETS [SP]
	morphine sulfate ext-release	PAXLOVID	(by Hikma)	UZEDY [INJ]
	MOUNJARO [INJ]	penicillin v potassium	solifenacina	
	MOVANTIK	PENTASA 250 MG CAPSULES	SOLIQUA [INJ]	
	moxifloxacin eye solution	PHEBURANE [SP]	SOLIRIS [INJ] [SP]	
	MULTAQ	PHESGO [INJ] [SP]	SOLOSEC	
	mupirocin	pioglitazone	SOMATULINE DEPOT	
	MYFEMBREE	PIQRAY [SP]	[INJ] [SP]	
	MYRBETRIQ	PLEGRIDY [INJ] [SP]	SOMAVERT [INJ] [SP]	
N	nabumetone	polymyxin/trimethoprim	SOTYKTU [SP]	
	naloxone nasal spray	eye solution	SPIRIVA HANDIHALER	
	NAMZARIC	PONVORY [SP]	SPIRIVA RESPIMAT	
	naproxen, naproxen sodium	potassium chloride ext-release	spironolactone	
	NASCOBAL	pramipexole	SPRYCEL [SP]	
	NAYZILAM	pravastatin	STEGLATRO	
	nebivolol	PRECISION XTRA [OTC]:	STELARA SC [INJ] [SP]	
	neomycin/polymyxin/ hydrocortisone ear solution	METERS, TEST STRIPS,	STIOLTO RESPIMAT	
	NEXLETOL	B-KETONE STRIPS	STIVARGA [SP]	
	NEXLIZET	prednisolone acetate	STRENSIQ [INJ] [SP]	
	NGENLA [INJ] [SP]	eye suspension	STRIVERDI RESPIMAT	
	niacin ext-release	prednisolone sodium phosphate	SUBLOCADE [INJ] [SP]	
	nifedipine ext-release	pregabalin	sulfamethoxazole/trimethoprim	
	NINLARO [SP]	PREMARIN CREAM	sumatriptan	
	nitrofurantoin macrocrystal	prenatal vitamins	SUNOSI	
	NITYR [SP]	PROCIT [INJ] [SP]	SYMF [SP]	
	NIVESTYM [INJ] [SP]	progesterone micronized	SYMF LO [SP]	
	norethindrone	PROLASTIN C [INJ] [SP]	SYMFPI [INJ]	
	nortriptyline	PROMACTA [SP]	SYMLINPEN [INJ]	
	NOVAREL [INJ] [SP]	promethazine	SYMPROIC	
	NOVOEIGHT [INJ] [SP]	promethazine/ dextromethorphan	SYNTUZA [SP]	
	NUBEQA [SP]	propranolol	SYNJARDY, SYNJARDY XR	
	NUCALA [INJ] [SP]	propranolol ext-release		
	NUDEXTA	Q		
	NURTEC ODT	quetiapine		
	nystatin	quinapril		
	nystatin topical	QLIPTA		
O	NUCALA [INJ] [SP]	QVAR REDIHALER		
	OCREVUS [INJ] [SP]	R		
	ODACTRA	rabeprazole delayed-release		
	ODEFSY [SP]	RADICAVA ORS [SP]		
	ODOMZO [SP]	RAGWITEK		
	OFEV [SP]	raloxifene		
	ofloxacin	ramipril		
	olanzapine	RASUVO [INJ]		
	olmesartan	REBIF [INJ] [SP]		
	olmesartan/hctz	RECTIV		
	omega-3 acid ethyl esters	RELISTOR [INJ]		
	omeprazole delayed-release	RELISTOR TABLETS		
	OMNIPOD 5: KITS, PODS	REPATHA [INJ]		
	OMNIPOD DASH: KITS, PODS	RESTASIS MULTIDOSE		
	OMNIPOD GO: PODS	RETACRIT [INJ] [SP]		
	OMNITROPE [INJ] [SP]	REVLIMID [SP]		
	OMVOH [INJ] [SP]	RINVOQ ER [SP]		
	ondansetron	risperidone		
	ondansetron orally	rizatRIPTAN		
	disintegrating tablets	roflumilast		
	ONETOUCH	ropinirole		
	KITS/METERS [OTC]:	rosuvastatin		
	ULTRA 2, VERIO FLEX,	ROZLYTREK [SP]		
	VERIO REFLECT	RUCONEST [INJ] [SP]		
	ONETOUCH	RUXIENCE [INJ] [SP]		
	TEST STRIPS [OTC]:	RYBELSUS		
	ULTRA, VERIO	RYKINDO [INJ]		
	OPSUMIT [SP]	S		
	OPSYNVI [SP]	SAVELLA		
	ORALAIR [SP]			
	ORIAHNN			
	ORILISSA			

Go to express-scripts.com/2024drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2024, THROUGH DECEMBER 31, 2024. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.