

**PRIMARY/PREFERRED DRUG LIST
(FORMULARY)**

APRIL 2018

A

ABILIFY MAINTENA
ACANYA
ACUVAIL
ADEMPAS
ADVAIR
ALPHAGAN P
AMITZA
ANDRODERM
ANDROGEL 1.62%
ANORO ELLIPTA
APRISO
APTENSIO XR
ARANESP
ARISTADA
ASMANEX
ATRALIN
ATRIPLA
AUBAGIO
AUSTEDO
AZILECT
AZOPT

B

BASAGLAR
BD INSULIN SYRINGES
& NEEDLES
BELBUCA
BELSOMRA
BELVIQ
BELVIQ XR
BENZACLIN
BESIVANCE
BETASERON
BETHKIS
BETIMOL
BETOPTIC S
BEVESPI AEROSPHERE
BEYAZ
BIDIL
BOSULIF
BREO ELLIPTA
BRILINTA
BUTRANS
BYSTOLIC

C

CABOMETYX
CANASA

CERDELGA
CEREZYME
CETROTIDE
CIALIS
CILOXIN OINMENT
CIPRODEX
CITRANATAL
CLIMARA PRO
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COMPLERA
CONTRAVE
COPAXONE 40 MG
COREG CR
CORLANOR
CORTIFOAM
COSENTYX
CREON
CRINONE

D

DALIRESP
DESCOVY
DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM
DEXILANT
DICLEGIS
DIFFERIN
DIFICID
DIVIGEL
DUAVEE
DUPIXENT
DUREZOL
DYMISTA

E

ELIDEL
ELIGARD
ELIQUIS
EMVERM
ENBREL
ENDOMETRIN
ENTRESTO
EPCLUSA
EPIDUO
EPIPEN
EPIPEN JR
EPISIL

ESBRIET
ESTRACE CREAM
ESTRING
EVAMIST
EVOTAZ

F

FARXIGA
FENTORA
FIASP
FINACEA
FLAREX
FLOVENT DISKUS
FLOVENT HFA
FLUOXETINE 60 MG
FML FORTE
FML S.O.P.
FORTEO
FYCOMPA

G

GEL-ONE
GELSYN - 3
GENVOYA
GILENYA
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GONAL - F
GRALISE
GRASTEK

H

HARVONI
HUMATROPE
HUMIRA
HUMULIN R U-500
HYSINGLA ER

I

IBRANCE
ILEVRO
INCRUSE ELLIPTA
INVOKAMET
INVOKAMET XR
INVOKANA
IRESSA
ISENTRESS

J

JANUMET
JANUMET XR
JANUVIA
JENTADUETO
JENTADUETO XR
JUBLIA
JUXTAPID

K

KEVZARA
KISQALI
KISQALI-FEMARA CO-PACK
KOGENATE FS
KOVALTRY
KYLEENA

L

LASTACFT
LATUDA
LETAIRIS
LEVEMIR
LIALDA
LINZESS
LO LOESTRIN FE
LOTRONEX³
LUMIGAN
LUPRON DEPOT
LUZU
LYRICA

M

MAXIDEX
MINASTRIN 24 FE
MINIVELLE
MIRAPEX ER
MIRENA
MOVANTIK
MOXEZA
MUGARD
MULTAQ
MUSE
MYRBETRIQ

This document is in effect beginning April 1, 2018. Formulary consultation and administrative support is provided by CVS Caremark.

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This SignatureScripts primary drug list is not all inclusive nor does it guarantee coverage, but represents a summary of prescription coverage. Specific prescription benefit plan design may not cover categories, regardless of their appearance in this document. The plan participant's prescription benefit plan may have a different copy¹ for specific products on this list. Unless otherwise indicated, drug list products will include all dosage forms. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Contact SignatureScripts Customer Service to check coverage and co-payments* for a specific medicine.

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N
 NAFTIN
 NAMENDA XR
 NAMZARIC
 NARCAN NASAL SPRAY
 NATAZIA
 NEUPRO
 NEVANAC
 NORDITROPIN
 NORVIR
 NOVOEIGHT
 NOVOLIN 70/30
 NOVOLIN N
 NOVOLIN R
 NOVOLOG
 NOVOLOG MIX 70/30
 NUCYNTA
 NUCYNTA ER
 NUEDEXTA
 NUVARING
 NUWIQ

O
 ODEFSEY
 ODOMZO
 OFEV
 OMNIPOD INSULIN PUMP
 ONETOUCH ULTRA STRIPS
 & KITS³
 ONETOUCH VERIO STRIPS
 & KITS³
 ONZETRA SAIL
 OPSUMIT
 ORACEA
 ORALAIR
 ORENITRAM
 OSPHENA
 OTEZLA
 OVIDREL
 OXTELLAR XR
 OXYCONTIN

P
 PAZEO
 PENTASA
 PERFORMIST
 PHOSLYRA
 PICATO
 PRALUENT
 PRED MILD

PREMARIN
 PREMARIN CREAM
 PREMPHASE
 PREMPRO
 PREZCOBIX
 PREZISTA
 PROAIR HFA
 PROAIR RESPICLICK
 PROCIT
 PROCTOFOAM -HC
 PROLIA
 PULMICORT FLEXHALER
 PYLERA

Q
 QTERN
 QUILLIVANT XR
 QVAR

R
 RAGWITEK
 RANEXA
 RAPAFLO
 RASUVO
 REBIF
 RELENZA
 REPATHA
 RESTASIS
 RETIN-A MICRO
 REYATAZ
 RUCONEST
 RYDAPT

S
 SAFRYAL
 SANCUSO
 SAVELLA
 SAXENDA
 SEREVENT
 SILENOR
 SIMBRINZA
 SKYLA
 SIVEXTRO
 SOLIQUA
 SOMATULINE DEPOT
 SOMAVERT
 SOOLANTRA
 SPIRIVA
 SPRYCEL
 STELARA SUBCUTANEOUS
 STIOLTO RESPIMAT

STRIBILD
 STRIVERDI RESPIMAT
 SUBOXONE FILM
 SUBSYS
 SUPARTZ FX
 SUPRAX
 SUPREP
 SYMBICORT
 SYMLINPEN
 SYNTHROID

T
 TAZORAC
 TECFIDERA
 TEKTURNA
 TEKTURNA HCT
 TIVICAY
 TOBRADEX OINTMENT
 TOBRADEX ST
 TOLAK
 TOVIAZ
 TRACLEER
 TRADJENTA
 TRELEGY ELLIPTA
 TRAVATAN Z
 TRESIBA
 TREXIMET
 TRINTELLIX
 TRIUMUEQ
 TROKENDI XR
 TRULICITY
 TRUVADA
 TYMLOS
 TYSABRI

U
 UCERIS
 ULORIC
 UPTRAVI

V
 VARUBI
 VASCEPA
 VELPHORO
 VELTASSA
 VEMLIDY
 VESICARE
 VIBERZI
 VICTOZA
 VIIBRYD
 VIMPAT

VIOKACE
 VISCO-3
 VISTOGARD
 VOLTAREN GEL
 VOSEVI
 VRAYLAR
 VYVANSE

W
 WELCHOL

X
 XARELTO
 XIFIXAN 550 MG
 XIGDUO XR
 XIIDRA
 XTANDI

Z
 ZARXIO
 ZEMBRANCE SYMTOUCH
 ZENPREP
 ZOMIG NASAL SPRAY
 ZUBSOLV
 ZYCLARA
 ZYLET
 ZYTIGA

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INFORMATION FOR THE PLAN PARTICIPANT

Your Benefit Plan provides you with a prescription benefit program that is administered by SignatureScripts. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

- For specific information regarding your prescription benefit coverage and co-pay* information, contact a SignatureScripts customer service representative, toll-free: 1-800-455-4460.
- A OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than OneTouch. For more information on how to obtain a blood glucose meter, call SignatureScripts Customer Service.
- The drug list is subject to change. For the most up-to-date list visit **www.signaturescripts.com**
- SignatureScripts/Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand name product or generic equivalent in place of your original prescription.
- Generics should be considered the first line of prescribing.
- The drug list is not all inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.
- The plan participant's specific prescription benefit plan may have different co-pays for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.
- The drug list is subject to change. For the most up-to-date list visit **www.signaturescripts.com**

For plans with traditional 3-tier co-pays:

Tier 1 = All generic medications.

Tier 2 = All brand name / formulary medications that appear on this list.

INFORMATION FOR THE HEALTHCARE PROVIDER

Your patient is covered under a prescription benefit plan administered by SignatureScripts.

As a way to help manage healthcare costs, authorize generic substitution whenever possible. If you believe a brand name product is necessary, consider prescribing a brand listed in this brochure. Healthcare providers may direct questions about the list to a SignatureScripts customer service representative at 1-800-455-4460.

Thank you for your professional cooperation in providing cost-effective quality healthcare.

** Co-payment or co-pay means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.*

This SignatureScripts primary / preferred drug list contains prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with SignatureScripts. Listed products are for informational purposes only and are not intended to replace clinical judgment of the prescriber.

Your privacy is important to us. Our associates are trained regarding the appropriate way to handle your private health information.

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ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>	APEXICON E	<i>desoximetasone, fluocinonide</i>
ACCU-CHEK STRIPS AND KITS ⁴	ONETOUCH ULTRA STRIPS AND KITS ³	APIDRA	FIASP, NOVOLOG
ACTEMRA	ONETOUCH VERIO STRIPS AND KITS ³	ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID
ACTOS	ENBREL, HUMIRA, KEVZARA <i>pioglitazone</i>	ARTHROTEC	<i>celecoxib, diclofenac sodium, meloxicam or naproxen</i> WITH <i>esomeprazole, lansoprazole, ome prazole, pantoprazole</i> or DEXILANT
ADDERAL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>	ASACOL HD	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA
AEROSPAN	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR	ASCENSIA STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ³
ALCORTIN A	<i>desonide, hydrocortisone</i>	ATACAND, ATACAND HCT	ONETOUCH VERIO STRIPS AND KITS ³ <i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan-hydrochlorothiazide, losartan, losartan hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ALEVICYN	<i>desonide, hydrocortisone</i>	ATROVENT HFA	<i>irpratropium inhalation solution</i> , INCRUSE ELLIPTA, SPIRVA
ALLISON MEDICAL INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES	AXERT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
ALOQUIN	<i>desonide, hydrocortisone</i>	AZELEX	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, <i>flunisolide, fluticasone, mometasone, triamcinolone</i> , DYMISTA
ALORA	<i>estradiol</i> , DIVIGEL, EVAMIST, MINIVELLE	BECONASE AQ	
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan-hydrochlorothiazide, losartan, losartan hydrochlorothiazide, telmisartan, telmisartan hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ALVESCO	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR	BENSAL HP	<i>desonide, hydrocortisone</i>
AMRIX	<i>cyclobenzaprine</i>	BENZAC AC	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC
ANDROGEL 1%	<i>testosterone gel 2% , testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%	BENZIQ	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	BETAPACE, BETAPACE AF	<i>sotalol</i>
ANTARA	<i>fenofibrate, fenofibric acid</i>	BREEZE 2 STRIPS AND KITS ⁶	ONE TOUCH ULTRA STRIPS AND KITS ³ ONE TOUCH VERIO STRIPS AND KITS ³

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<p><i>butalbital-acetaminophen-caffeine capsule</i></p>	<p><i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i></p>	<p>DUTOPROL</p>	<p><i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i></p>
<p>BYDUREON BYETTA</p>	<p>TRULICITY, VICTOZA TRULICITY, VICTOZA</p>	<p>DYRENIUM EDARBI, EDARBYCLOR</p>	<p><i>amiloride candesartan, camdesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT</i></p>
<p>CAFERGOT</p>	<p><i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i></p>	<p>EDLUAR</p>	<p><i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA RA, SILENOR</i></p>
<p>CARAC</p>	<p><i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i></p>	<p>E.E.S. GRANULES</p>	<p><i>erythromycins</i></p>
<p>CARDIZEM</p>	<p><i>diltiazem ext-rel (except CARDIZEM LA)</i></p>	<p>EFFEXOR XR</p>	<p><i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i></p>
<p>CARDIZEM CD CARDIZEM LA (and its generics)</p>	<p><i>diltiazem ext-rel (except CARDIZEM LA)</i></p>	<p>ELEYSO ENABLEX</p>	<p><i>CERDELGA, CERZYME darifenacin ext-rel, oxybutynin ext-rel, tolterodine ext-rel, trospium, trospium ext-rel, MYBETRIQ, TOVIAZ, VESICARE HUMIRA erythromycins GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</i></p>
<p>CARNITOR CARNITOR SF CIMZIA</p>	<p><i>levocarnitine levocarnitine COSENTYX, ENBREL, HUMIRA, KEVARA, OTEZLA, STELARA SUBCUTANEOUS</i></p>	<p>ENTYVIO ERYPED EUFLEXXA</p>	<p><i>erythromycins GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</i></p>
<p>CLINDAGEL</p>	<p><i>erythromycin solution</i></p>	<p>EVZIO</p>	<p><i>naloxone injection, NARCAN NASAL SPRAY</i></p>
<p><i>clobetasol spray</i></p>	<p><i>clobetasol foam</i></p>	<p>EXFORGE</p>	<p><i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i></p>
<p>CLOBEX SPRAY</p>	<p><i>clobetasol foam</i></p>	<p>EXFORGE HCT</p>	<p><i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI</i></p>
<p>COLAZAL</p>	<p><i>balsalazide</i></p>	<p>EXTAVIA</p>	<p><i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i></p>
<p>CONTOUR NEXT STRIPS AND KITS⁴</p>	<p>ONE TOUCH ULTRA STRIPS AND KITS³ ONE TOUCH VERIO STRIPS AND KITS³</p>	<p>FANAPT</p>	<p><i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i></p>
<p>CONTOUR STRIPS AND KITS⁴</p>	<p>ONE TOUCH ULTRA STRIPS AND KITS³ ONE TOUCH VERIO STRIPS AND KITS³</p>	<p>FEMRING</p>	<p><i>estradiol, ESTRACE CREAM, PREMARIN CREAM</i></p>
<p>CRESTOR</p>	<p><i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i></p>	<p>FETZIMA</p>	<p><i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i></p>
<p>CYMBALTA</p>	<p><i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext rel capsule</i></p>	<p>FIORICET CAPSULE</p>	<p><i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i></p>
<p>DAKLINZA</p>	<p>EPCLUSA (genotypes 2,3) HARVONI (genotypes 1,4,5,6)</p>	<p>FIRST TESTOSTERONE</p>	<p><i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i></p>
<p>DELZICOL</p>	<p><i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i></p>	<p><i>fluorouracil cream 0.5%</i></p>	<p><i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i></p>
<p>DETROL LA</p>	<p><i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i></p>	<p>FOLLISTIM AQ</p>	<p><i>GONAL-F</i></p>
<p>DEXPAX</p>	<p><i>dexamethasone, methylprednisone, prednisone solution, prednisone</i></p>	<p>FORTAMET</p>	<p><i>metformin, metformin ext-rel</i></p>
<p>DIOVAN, DIOVAN HCT</p>	<p><i>candesartan, camdesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i></p>	<p>FORTESTA</p>	<p><i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i></p>
<p>DORAL</p>	<p><i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i></p>	<p>FOSAMEX PLUS D</p>	<p><i>alendronate, ibandronate, risedronate</i></p>
<p>DORYXX</p>	<p><i>doxycycline hyclate</i></p>	<p>FOSRENOL</p>	<p><i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, RENVELA, VELPHORO</i></p>
<p>DORYXX MPC</p>	<p><i>doxycycline hyclate</i></p>	<p>FREESTYLE STRIPS & KITS⁴</p>	<p>ONE TOUCH ULTRA STRIPS AND KITS³ ONETOUCH VERIO STRIPS AND KITS³</p>
<p>DULERA</p>	<p>ADVAIR, BREO ELLIPTA, SYMBICORT</p>		

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FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	MACRODANTIN	<i>nitrofurantoin</i>
GENOTROPIN	HUMATROPE, NORDITROPIN	Matzim LA	diltiazim ext-rel (except generic CARDIZEM LA)
GLEEVAC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6), VOSEVI ⁷ <i>estradiol, estropipate, PREMARIN estradiol</i>
GLUMETZA HELIXATE FS	<i>metformin, metformin ext-rel</i> KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ	MENEST MENOSTAR	
HORIZANT	<i>gabapentin</i> , GRALISE	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risendronate, FORTEO, PROLIA, TYMLOS calcitonin-salmon</i> <i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i> , BENICAR, BENICAR-HCT
HUMALOG HUMALOG MIX 50/50	FIASP, NOVOLOG NOVOLOG MIX 70/30	MICALCIN NASAL SPRAY MICARDIS, MICARDIS-HCT	
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	MILLIPRED	<i>dexamethasone, methylprednisolone, prednisone, prednisone solution, prednisone</i>
HUMULIN 70/30 HUMULIN N HUMULIN R	NOVOLIN 70/30 NOVOLIN N NOVOLIN R	MINOCIN MONODOX MONOVISC	<i>minocycline</i> <i>doxycycline hyclate</i> GEL-ONE, GELSYN-3, HYALGAN, SUPARTZ FX, VISCO-3
HYALGAN	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
INDOCIN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>	NATESTO	<i>testosterone solution, testosterone gel 2%</i> , ANDRODERM, ANDROGEL 1.62% JANUVIA, TRADJENTA
INNOPRAN XL	<i>atenolol, carvedilol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel</i> , BYSTOLIC, COREG CR	NESINA	
INTERMEZZO	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual</i> , BELSOMRA, SILENOR	NEUPOGEN	ZARXIO
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel</i> , APTENSIO XR, QUILLIVANT	NEXIUM	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole</i> , DEXILANT
ISTALOL JALYN	<i>timolol maleate solution</i> , BETIMOL <i>dutasteride-tamsulosin, dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i> , RAPAFLO	NILANDRON NITROMIST	<i>bicalutamide</i> , XTANDI, ZYTIGA <i>nitroglycerin lingual spray, nitroglycerin sublingual</i>
JARDIANCE KAZANO	FARXIGA, INVOKANA JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	NORITATE NORVASC	<i>metronidazole</i> , FINACEA, SOOLANTRA <i>amlodipine</i>
KINERET	ENBREL, HUMIRA, KEVZARA	NOVACORT	<i>desonide, hydrocortisone</i>
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	NOVO NORDISK NEEDLES ⁵	BD ULTRAFINE NEEDLES
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>	NUTROPIN AQ	HUMATROPE, NORDITROPIN
LANTUS LESCOL XL	BASAGLAR, LEVEMIR, TRESIBA <i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	NUVIGIL	<i>armodafinil</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	OLEPTRO	<i>trazodone</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	OLUX-E	<i>clobetasol foam</i>
LUNESTA	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual</i> , BELSOMRA, SILENOR	OLYSIO	EPCLUSA (genotypes 1,2,3,4,5,6) HARVONI (genotypes 1,4,5,6)

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OMNARIS	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	RIMSO-50	Consult Doctor
OMNITROPE	HUMATROPE, NORDITROPIN	RIOMET ROZEREM	<i>metformin, metformin ext-rel</i> <i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual</i> , BELSOMRA, SILENOR HUMATROPE, NORDITROPIN aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR
ONGLYZA ORENCIA CLICKJET	JANUVIA, TRADJENTA COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS	SAIZEN SEROQUEL XR	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis, and Psoriatic Arthritis only)
ORENCIA INTRAVENOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis, and Psoriatic Arthritis only)	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis, and Psoriatic Arthritis only)
ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis, and Psoriatic Arthritis only)	SPRIX	<i>diclofenac sodium, meloxicam, naproxen</i>
ORTHOVISC	GEL-ONE, GELSYN-3, HYALGAN, SUPARTZ FX, VISCO-3	STENDRA	CIALIS
OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	STRIANT	<i>testosterone gel 2%, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62% eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE, SYMTOUCH, ZOMIG NASAI SPRAY
OWEN MUMFORD NEEDLES ⁵	BD ULTRAFINE NEEDLES	SUMAVEL DOSEPRO	
OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE	SURE TEST STRIPS AND KITS ⁴	ONE TOUCH ULTRA STRIPS AND KITS ³ ONE TOUCH VERIO STRIPS AND KITS ³
PANCREAZE	CREON, VIOKACE, ZENPREP	SYNJARDY	INVOKAMET, INVOKAMET XR, XIGDUO XR
PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen</i> , VOLTERRAN GEL	SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
PERRIGO NEEDLES ⁵	BD ULTRAFINE NEEDLES	SYNVISC, SYNVISC-ONE	GEL-ONE, GELSYN - 3, HYALGAN, SUPARTZ FX, VISCO-3
PERTYZE	CREON, VIOKACE, ZENPREP	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only) TRULICITY, VICTOZA
PEXEVA	<i>citalopram, escitalopram, fluoxetine, paroxetine HCL</i> , <i>paroxetine HCL ext-rel, sertraline</i> , FLUXETINE 60 MG, TRINTELLIX, VIIBRYD	TANZEUM	
PLAVIX PRADAXA	<i>clopidogrel</i> , BRILINTA <i>warfarin</i> , ELIQUIS, XARELTO	TASIGNA TECHNIVIE	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL EPCLUSA (genotypes 1,2,3,4,5,6) HARVONI (genotypes 1,4,5,6)
PRECISION XTRA STRIPS AND KITS ⁴	ONE TOUCH ULTRA STRIPS AND KITS ³ ONE TOUCH VERIO STRIPS AND KITS ³	TESTIM	<i>testosterone gel 2%, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62% <i>testosterone gel 2%, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%
PRED FORTE	<i>dexamethasone, prednisone acetate 1%</i> , DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	<i>testosterone gel 1%</i> ⁶	
PREFERAOB PREFEST	<i>generic prenatal vitamins</i> , CITRANATAL <i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS <i>tobramycin inhalation solution</i> , BETHKIS
PRENATAL PLUS PREVACID	<i>generic prenatal vitamins</i> , CITRANATAL <i>esomeprazole, lansoprazole, omeprazole, pantoprazole</i> , DEXILANT	TOUJEO TRICOR	BASAGLAR, LEVEMIR, TRESIBA <i>fenofibrate, fenofibric acid</i>
PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNTA	TRIGLIDE	<i>fenofibrate, fenofibric acid</i>
PROTONIX	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole</i> , DEXILANT	TRILPIX	<i>fenofibrate, fenofibric acid</i>
PROTOPIC PROVENTIL HFA	<i>tacrolimus</i> , ELIDEL levalbuterol tartate CFC free aerosol, PROAIR HFA, PROAIR RESPICLICK	TRIVIDIA INSULIN SYRINGES ⁵ TRUETEST STRIPS AND KITS ⁴	BD ULTRAFINE INSULIN SYRINGES ONE TOUCH ULTRA STRIPS AND KITS ³ ONE TOUCH VERIO STRIPS AND KITS ³ ONE TOUCH ULTRA STRIPS AND KITS ³ ONE TOUCH VERIO STRIPS AND KITS ³
QNASL	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	TRUETACK STRIPS AND KITS ⁴	
QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
RAYOS	<i>dexamethasone, methylprednisone, prednisone solution, prednisone</i>	ULTIMED INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES
RELION INSULIN RELISTOR	NOVOLIN INSULIN MOVANTIK	ULTIMED NEEDLES ⁴ UROXATRAL VALCYTE	BD ULTRADINE NEEDLES <i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i> , RAPAFLO <i>valganciclovir</i>

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VALTREX	acyclovir, valacyclovir	ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
VANOXIDE-HC	adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC	ZEPATIER	EPCLUSA (genotypes 1,2,3,4,5,6) HARVONI (genotypes 1,4,5,6)
VENAFAXINE EXT-REL TABLET (except 225 MG)	duloxetine, venlafaxine, venlafaxine ext-rel capsule	ZETIA	ezetimibe
VENTOLIN HFA	levalbuterol tartrate, CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK	ZETONNA	flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA
VIAGRA	CIALIS	ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, digabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, VIMPAT
VIEKIRA PAK	EPCLUSA (genotypes 1,2,3,4,5,6) HARVONI (genotypes 1,4,5,6)	ZYFLO, ZYFLO CR	montelukast, zafirlukast, zileuton ext-rel
VIEKIRA XR	EPCLUSA (genotypes 1,2,3,4,5,6) HARVONI (genotypes 1,4,5,6)		
VITAFOL-ONE	generic prenatal vitamins, CITRANATAL		

¹Higher co-payments may apply depending on the plan participant's specific prescription benefit plan. Call SignatureScripts to find the co-payment under a specific plan.

²Listing does not include generic Cardizem LA.

³A OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than OneTouch. For more information on how to obtain a blood glucose meter, call SignatureScripts Customer Service at 1-888-838-6337.

⁴OneTouch brand test strips are the only preferred options.

⁵BD ULTRAFINE syringes are the only preferred options.

⁶Listing reflects the authorized generics for TESTIM and VOGELXO.

⁷For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or subsosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

NOTE: Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. Contact SignatureScripts Customer Service to check coverage and co-pays for specific medicine.

**The preferred alternative products in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency. Your specific prescription benefit plan design may not cover certain products, regardless of their appearance in this document. For specific information, visit www.signaturescripts.com or contact a SignatureScripts Customer Service Representative. Listed products are for informational purposes only and are not intended to replace the clinical judgement of the prescriber.*