



EXPRESS SCRIPTS®

Our Disclosure and Confidentiality Policy

Protecting the confidentiality of the information you, your health plan and your healthcare providers share with us is important to Express Scripts. We promise to use this information only to deliver the services your health plan has contracted with us to provide, or to provide you with helpful information.

In the ordinary course of business, we sometimes need to share information about you with your plan administrator, doctor, hospital, pharmacist or health plan in full accordance with the terms of your prescription-benefit plan. We may also use certain information about you to identify individuals who would benefit from programs your health plan has contracted with us to provide. Additionally, we may (1) use and disclose your personal information for the purposes of managing payment or performing healthcare operations, (2) analyze utilization information in the aggregate (with no link to your identity) to study and suggest benefit designs for your plan administrator or health plan, and disclose this aggregate data to third parties; and (3) license aggregate data (with no link to your identity) to third parties for research purposes. In response to court order, subpoena, search warrant, law or regulation, we may be legally compelled to release your personal information. If that happens, we will ask the requesting party for assurances that you have been notified, unless doing so would violate the law or court order. Additionally, we may be required or permitted in some situations to disclose your personal information to government authorities to facilitate certain governmental functions.

Other than the circumstances listed above, we will not use or disclose any personal information to a third party without your express permission.

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Your prescription-drug plan uses a preferred drug list (formulary) that includes both generic and preferred brand-name drugs. Listed below are some nonformulary brand-name medications with examples of selected alternatives that are on the formulary. The list is not all-inclusive and does not guarantee coverage. 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. Please share this information with your doctors and ask them to prescribe formulary medications when medically appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year.

2017 Express Scripts National Preferred Formulary

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