

2021 - 2022 Express Scripts High Performance Formulary For University of Kentucky

KEY

[INJ] - Injectable Drug
[SP] - Specialty Medication
[ST] - Step Therapy may apply to certain indications or some or all strengths of the drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

acetaminophen/codeine
ACTEMRA SC [INJ] [SP]
acyclovir
ADEMPAS [SP]
albuterol nebulization solution
albuterol sulfate hfa (by Cipla, Lupin, Par, Perrigo, Proficient Rx & Teva)
ALECENSA [SP]
alendronate
allopurinol
alprazolam
ALUNBRIG [SP]
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
anastrozole
ANORO ELLIPTA
ARIKAYCE
aripiprazole
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AVONEX [INJ] [SP]
azelastine nasal spray
azithromycin

B

baclofen
BAFIERTAM [SP]
BAQSIMI
BARACLUDE SOLUTION
BASAGLAR [INJ]
BD AUTOSHIELD DUO NEEDLES
BD ULTRAFINE INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
benazepril
benzonatate
BETASERON [INJ] [SP]
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz

blisovi fe
BOSULIF [SP]
BRILINTA
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BYDUREON [INJ]
BYETTA [INJ]

C

CABOMETYX [SP]
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib [ST]
cephalexin
CERDELGA [SP]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMDUO [SP]
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
colchicine tablets
COMBIVENT RESPIMAT
COMETRIQ [SP]
CORLANOR
CREON
cyanocobalamin [INJ]
cyclobenzaprine

D

DESCOVY
desloratadine
desvenlafaxine succinate ext-release
dexamethasone
dexmethylphenidate ext-release
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine
ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine
digoxin

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.

diltiazem ext-release
dimethyl fumarate [SP]
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DULERA
duloxetine delayed-release
DUPIXENT [INJ] [SP]

E

ELIQUIS
emtricitabine/tenofovir disoproxil
fumarate [SP]
EMVERM
enalapril
ENBREL [INJ] [SP] [ST]
enoxaparin [INJ] [SP]
ENTRESTO
EPCLUSA [SP] [ST]
EPIDIOLEX
epinephrine auto-injector
(by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE [SP]
ERLEADA [SP]
erythromycin eye ointment
ESBRIET [SP]
escitalopram
esomeprazole magnesium
delayed-release
estradiol
estradiol patches
estradiol/norethindrone acetate
eszopiclone
etonogestrel-ee vaginal ring
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA PEN [INJ] [SP]
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
fentanyl patches
finasteride
fluconazole
fluocinonide
fluoxetine (capsules only)
fluticasone nasal spray
folic acid
FULPHILA [SP]

furosemide

G

gabapentin
gemfibrozil
GENVOYA
GILENYA [SP] [ST]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

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

I

ibandronate
IBRANCE
ibuprofen
INBRIJA [SP]
INCRUSE ELLIPTA
indomethacin
INLYTA [SP]
irbesartan
IRESSA [SP]
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JULUCA
junel
junel fe

(continued)

Costs for covered alternatives may vary. Log on to express-scripts.com/covered to compare drug prices.

THIS DOCUMENT LIST IS EFFECTIVE EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

K

ketoconazole topical
ketorolac
KITABIS PAK [SP]
KYNMOBI

L

labetalol
lamotrigine
LANCETS
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine patches
liothyronine
lisinopril
lisinopril/hctz
LOKELMA
lorazepam
LORBRENA [SP]
losartan
losartan/hctz
loteprednol eye suspension
lovastatin
LYNPARZA [SP]
LYUMJEV [INJ]

M

MAYZENT [SP]
meclizine
medroxyprogesterone
meloxicam
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate [SP]
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
microgestin fe
minocycline
mirtazapine
MITIGARE
mometasone
montelukast
morphine sulfate ext-release
MOVANTIK
moxifloxacin eye solution
mupirocin

N

nabumetone
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NAYZILAM
neomycin/polymyxin/hydrocortisone
ear solution
NEUPOGEN [INJ] [SP]

niacin ext-release
nifedipine ext-release
NINLARO [SP]
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ] [SP]
nortriptyline
NOVOFINE AUTOSHIELD NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUBEQA [SP]
NUDEXTA
nystatin
nystatin topical
NYVEPRIA [INJ] [SP]

O

ODACTRA
ODEFSEY
ODOMZO [SP]
OFEV [SP]
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
omega-3 acid ethyl esters
omeprazole delayed-release
OMNITROPE [INJ] [SP]
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS:
ULTRAMINI, VERIO, VERIO FLEX,
VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS:
ULTRA, VERIO
OPSUMIT [SP]
ORIAHNN
ORLISSA
oseltamivir
OTEZLA [SP] [ST]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen

P

PANCREAZE
pantoprazole delayed-release
paroxetine hcl
penicillin v potassium
PENTASA
PERFORMIST
pioglitazone
PLEGRIDY [INJ] [SP]
polymyxin/trimethoprim eye solution
potassium chloride ext-release
pramipexole
pravastatin
PRECISION XTRA METERS,
TEST STRIPS, B-KETONE STRIPS
prednisolone acetate eye suspension
prednisolone sodium phosphate
prednisone
pregabalin
PROCRIT [INJ] [SP]
progesterone micronized
promethazine
promethazine/dextromethorphan
propranolol
propranolol ext-release

Q

quetiapine
quinapril
QVAR REDIHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
REBIF [INJ] [SP]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REPATHA [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RINVOQ ER [SP]
risperidone
rizatriptan
ropinirole
rosuvastatin
RUBRACA [SP]

S

SAVELLA
SEGLUROMET
sertraline
SIMPONI 100 MG (for ulcerative
colitis only) [INJ] [SP]
simvastatin
SKYRIZI [INJ] [SP]
SOMATULINE DEPOT [INJ] [SP]
spironolactone
sprintec
SPRYCEL [SP]
STEGLATRO
STEGLUJAN
STELARA SC [INJ] [SP]
STRENSIQ [INJ] [SP]
STRIVERDI RESPIMAT
sulfamethoxazole/trimethoprim
sumatriptan
SUNOSI
SUTENT [SP]
SYMBICORT
SYMFI [SP]
SYMFI LO [SP]
SYMLINPEN [INJ]
SYNJARDY, SYNJARDY XR

T

tacrolimus topical
TAKHZYRO [INJ] [SP]
TALTZ [INJ] [SP]
TALZENNA [SP]
tamoxifen
tamsulosin ext-release
TASIGNA [SP]
TAZORAC GEL
TAZORAC 0.05% CREAM
TEGSEDI [INJ] [SP]
TEMIXYS [SP]
terazosin
terconazole vaginal
timolol maleate eye solution
tizanidine
tobramycin eye solution

tobramycin/dexamethasone
eye suspension
topiramate
TOUJEO [INJ]
TRACLEER SUSPENSION [SP]
tramadol
travoprost eye solution
trazodone
TRELEGY ELLIPTA
TREMIFYA [INJ] [SP]
triamcinolone topical
triamterene/hctz
TRIJARDY XR
tri-lo-marzia
tri-sprintec
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]

U

UPTRAVI [SP]

V

valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
venlafaxine
venlafaxine ext-release
(capsules only)
verapamil ext-release
VERZENIO [SP]
VIBERZI
VIMPAT
VIOKACE
VIZIMPRO [SP]
VUMERITY [SP]

W

warfarin

X

XALKORI [SP]
XARELTO
XELJANZ, XELJANZ XR [SP]
XIFAXAN
XIGDUO XR
XYREM [SP]
XYWAV [SP]

Y

YONSA
yuvaferm

Z

ZARXIO [INJ] [SP] [ST]
ZEJULA [SP]
ZENPEP
ZEPATIER [SP]
ZEPOSIA [SP]
ZIEXTENZO [INJ] [SP]
zolpidem
zolpidem ext-release
ZUBSOLV
ZYTIGA 500 MG [SP]

Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices.

THIS DOCUMENT LIST IS EFFECTIVE EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).