



# National Script 2016 Preferred Drug List

This is an abbreviated version of the 2016 Preferred Drug List. Changes to this list may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, day supply and prior authorization.

<p><b>A</b> ACANYA ADCIRCA ADVAIR DISKUS ADVAIR HFA AGGRENOX ALPHAGAN P 0.1% ALREX AMITIZA AMPYRA ANALPRAM ANALPRAM HC 1% ANDROGEL ANORO ELLIPTA ARCAPTA ASACOL HD ASTEPRO ATELVIA ATRALIN AUVI-Q AVONEX [INJ] AXIRON AZILECT AZOR</p> <p><b>B</b> BENICAR, HCT BEPREVE BESIVANCE BETASERON BETHKIS BEYAZ BREO ELLIPTA BRILINTA BUTRANS BYDUREON [INJ] BYETTA [INJ] BYSTOLIC</p> <p><b>C</b> CANASA CARAC CELEBREX CENESTIN CETROTIDE CIALIS CIPRODEX COLCRYS COMBIGAN COMBIPATCH COMBIVENT RESPIMAT COPAXONE [INJ] COREG CR CREON CRESTOR CRINONE</p>	<p><b>D</b> DALIRESP DAYTRANA DELZICOL DEXCOM G4 SENSOR DIFFERIN 0.1% LOTION DIVIGEL DULERA DYMISTA</p> <p><b>E</b> EDARBI / EDARBYCLOR EFFIENT ELIDEL ELIQUIS ENBREL [INJ] ENDOMETRIN ENJUVA EPIPEN, EPIPEN JR EXELON PATCHES EXFORGE, HCT</p> <p><b>F</b> FETZIMA FINACEA FOCALIN XR FORADIL FORTEO [INJ] FOSRENOL FRAGMIN [INJ] FYCOMPA</p> <p><b>G</b> GELNIQUE GENOTROPIN [INJ] GILENYA GLYXAMBI GLUCAGEN [INJ] GLUCAGON [INJ] GONAL-F [INJ] GONAL-F RFF [INJ] GRALISE GRASTEK</p> <p><b>H</b> HUMALOG [INJ] HUMATROPE [INJ] HUMIRA [INJ] HUMULIN [INJ]</p> <p><b>I</b> ILEVRO INTUNIV INVOKANA</p> <p><b>J</b> JANUMET/XR JANUVIA JENTADUETO</p>	<p><b>L</b> LANTUS [INJ] LATUDA LAZANDA LETAIRIS LEVEMIR [INJ] LIALDA LINZESS LIPOFEN LIPTRUZET LO LOESTRIN FE LO MINASTRIN FE LOTEMAX LUMIGAN LYRICA</p> <p><b>M</b> MAKENA [INJ] MINASTRIN 24 FE MINIVELLE MIRAPEX ER MIRVASO MONOVISC [INJ] MOXEZA MUSE MYRBETRIQ</p> <p><b>N</b> NAMENDA XR NAMZARIC NASCOBAL NASONEX NATAZIA NEVANAC NEXIUM NORDITROPIN [INJ] NUCYNTA/ER NUEDEXTA NUVARING NUVIGIL</p> <p><b>O</b> OLYSIO ONETOUCH PROD OPANA ER OPSUMIT ORACEA ORENCIA [INJ] ORTHOVISC [INJ] OSPHENA OTEZLA OTREXUP OXTELLAR XR OXYCONTIN</p> <p><b>P</b> PATADAY PATANOL PEGASYS [INJ] PENTASA PERFOROMIST PRADAXA LOT/OIN PRAMOSONE E</p>	<p>PREMARIN TABS PREMARIN CREAM PREMPHASE PREMPRO PREPOPIK PRISTIQ PROAIR HFA PROCRIPT [INJ] PRODIGY INSULIN SYR, PEN NEEDLES PROLENSA PROTOPIC PYLERA</p> <p><b>Q</b> QUILLIVANT XR QVAR</p> <p><b>R</b> RAGWITEK RANEXA RAPAFLO REBIF [INJ] RECTIV RELISTOR [INJ] RELPAK RENVELA RESTASIS RIOMET</p> <p><b>S</b> SAFYRAL SANCUSO SAVELLA SEREVENT DISKUS SEROQUEL XR SIMCOR SIMPONI SOLODYN SOMATULINE DEPOT [INJ] SPIRIVA STELARA [INJ] STRATTERA SUBOXONE SL FILM SUCLEAR SUMAVEL DOSEPRO [INJ] SUPREP SYMLINPEN [INJ] SYNVISC SYNVISC-ONE [INJ]</p> <p><b>T</b> TACLONEX SUSPENSION TAMIFLU TARKA TAZORAC TECFIDERA TEKAMLO TEKTURN/HCT</p>	<p>TOBRADEX OINTMENT TOBRADEX ST TOVIAZ TRACLEER TRADJENTA VENTOLIN HFA VESICARE VGO VIAGRA VICTOZA [INJ] VICTRELIS VIGAMOX VIIBRYD VIMPAT VIRAMUNE XR VOLTAREN GEL VYTORIN VYVANSE</p> <p><b>W</b> WELCHOL</p> <p><b>X</b> XARELTO XIFAXAN</p> <p><b>Z</b> ZENPEP (EXPT 5,000 U) ZETIA ZIANA ZOMIG NASAL ZORVOLEX ZUBSOLV ZYLET ZYTIGA</p>
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