

## 2026 Express Scripts National Preferred Formulary

### KEY

[INJ] - Injectable Medication  
[OTC] - Over-the-Counter Product  
[SP] - Specialty Medication  
Brand-name medications are listed in CAPITAL letters.  
Generic medications are listed in lower case letters.

### A

ABILIFY ASIMTUFII [INJ]  
ABILIFY MAINTENA [INJ]  
ACCU-CHEK: FASTCLIX,  
SOFTCLIX LANCETS [OTC]  
acetaminophen/codeine  
acyclovir  
ADALIMUMAB-ADAZ [INJ] [SP]  
ADALIMUMAB-ADB  
(by Boehringer Ingelheim &  
Quallent) [INJ] [SP]  
ADALIMUMAB-RYVK  
(by Quallent) [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  
(all manufacturers covered  
except Prasco)  
ALECENSA [SP]  
alendronate  
alfuzosin ext-release  
ALHEMO PEN [INJ] [SP]  
allopurinol  
alprazolam  
ALPROLIX [INJ] [SP]  
ALTUVIIIO [INJ] [SP]  
ALUNBRIG [SP]  
ALYFTREK [SP]  
amidarone  
amitriptyline  
amlodipine  
amlodipine/benazepril  
amlodipine/valsartan  
amoxicillin  
amoxicillin/potassium clavulanate  
anastrozole  
ANDEMBRY AUTOINJECTOR  
[INJ] [SP]  
ANORO ELLIPTA  
ANZUPGO [SP]  
APRETUDE [INJ] [SP]  
ARALAST NP [INJ] [SP]  
ARIKAYCE [SP]

aripiprazole  
ARISTADA [INJ]  
ARMOUR THYROID  
ASMANEX HFA  
ASMANEX TWISTHALER  
atenolol  
atomoxetine  
atorvastatin  
AUGTYRO [SP]  
AUVI-Q [INJ]  
AVONEX [INJ] [SP]  
AVSOLA [INJ] [SP]  
AVTOZMA IV [INJ] [SP]  
AZASITE  
azathioprine [SP]  
azelaic acid  
azelastine nasal spray  
azithromycin  
AZSTARYS

### B

baclofen  
BAFIERTAM [SP]  
BAQSIMI  
BARACLUDE SOLUTION  
BAXDELA  
BELBUCA  
benazepril  
BENEFIX [INJ] [SP]  
benzonatate  
betamethasone dipropionate  
BETASERON [INJ] [SP]  
BIKTARVY [SP]  
BILDYOS [INJ] [SP]  
BILPREVDA [INJ] [SP]  
bisoprolol/hctz  
BOSULIF [SP]  
BRAFTOVI [SP]  
BREO ELLIPTA  
BREZTRI AEROSPHERE  
brimonidine eye solution  
BRIXADI [INJ] [SP]  
BRUKINSA [SP]  
budesonide nebulization suspension  
budesonide/formoterol inhaler  
buprenorphine/naloxone  
bupropion  
bupropion ext-release  
150mg, 300mg  
buspirone  
butalbital/acetaminophen/caffeine  
BYOOVIZ [INJ] [SP]

### C

CABENUVA [INJ] [SP]  
CABOMETYX [SP]  
CALQUENCE [SP]  
CARBAGLU [SP]  
carbidopa/levodopa

The following is a list of the most commonly prescribed medications covered on the National Preferred Formulary prescription drug list (PDL). It represents an abbreviated version of the PDL that is at the core of your prescription plan. The PDL is not all-inclusive and does not guarantee coverage. In addition to using this PDL, you are encouraged to ask your physician to prescribe generic medications whenever appropriate.

**PLEASE NOTE: Brand-name medications may move to nonformulary status if a generic equivalent version becomes available during the plan year. Not all the medications listed are covered by all prescription plans; check your benefit materials for the specific medications covered and the copays for your prescription plan. For specific questions about your coverage, please call the phone number printed on your prescription ID card.**

carvedilol  
cefdinir  
cefuroxime axetil  
celecoxib  
cephalexin  
CEQR SIMPLICITY  
CERDELGA [SP]  
CEREZYME [INJ] [SP]  
CETROTIDE [INJ] [SP]  
chlorhexidine gluconate  
chlorthalidone  
CIBINQO [SP]  
CIMDUO [SP]  
CIMERLI [INJ] [SP]  
CINRYZE [INJ] [SP]  
ciprofloxacin  
citalopram tablets, solution  
clarithromycin  
clindamycin hcl  
clindamycin phosphate topical  
clindamycin phosphate/  
benzoyl peroxide  
clobetasol propionate 0.05% topical  
clomiphene citrate  
clonazepam  
clonidine  
clopidogrel  
clotrimazole/betamethasone  
dipropionate  
colchicine  
COMBIPATCH  
COMBIVENT RESPIMAT  
COTELLIC [SP]  
CREON  
CRINONE 8% [SP]  
cyanocobalamin [INJ]  
cyclobenzaprine  
cyclosporine eye solution

### D

DANZITEN [SP]  
dasatinib [SP]  
deferiprone [SP]  
DELSTRIGO [SP]  
DESCOVY [SP]  
desloratadine  
desonide  
desvenlafaxine succinate  
ext-release  
dexamethasone  
DEXCOM G6: RECEIVER,  
SENSOR, TRANSMITTER  
DEXCOM G7:  
RECEIVER, SENSOR  
dexmethylphenidate ext-release  
dextroamphetamine/amphetamine  
dextroamphetamine/amphetamine  
ext-release  
diazepam  
diclofenac sodium delayed-release

dicyclomine 10mg, 20mg  
digoxin  
difluzem ext-release  
dimethyl fumarate [SP]  
diphenoxylate/atropine  
divalproex delayed-release  
divalproex ext-release  
donepezil  
DOPTELET,  
DOPTELET SPRINKLE [SP]  
dorzolamide/timolol eye solution  
DOVATO [SP]  
doxazosin  
doxepin capsules, solution, tablets  
doxycycline hyclate  
doxycycline monohydrate  
DROPLET: LANCETS, GENTEEL  
LANCING DEVICE [OTC]  
DUAVEE  
DULERA  
duloxetine delayed-release  
DUPIXENT [INJ] [SP]  
DYSPORT [INJ] [SP]

### E

EBGLYSS [INJ] [SP]  
eletriptan  
ELFABRIO [INJ] [SP]  
ELIQUIS  
ELOCTATE [INJ] [SP]  
EMBECTA PEN NEEDLES [OTC]  
EMBECTA SYRINGES [OTC]  
EMGALITY [INJ]  
EMPAVELI [INJ] [SP]  
emtricitabine/tenofovir  
disoproxil fumarate [SP]  
EMVERM  
enalapril  
ENBREL [INJ] [SP]  
ENDOMETRIN [SP]  
enoxaparin [INJ] [SP]  
ENSACOVE [SP]  
ENSTILAR  
ENTYVIO IV [INJ] [SP]  
EPCLUSA [SP]  
EPIDIOLEX [SP]  
epinephrine auto-injector  
(by Mylan, Teva) [INJ]  
EPYSQLI [INJ] [SP]  
ergocalciferol  
ERIVEDGE [SP]  
ERLEADA [SP]  
erythromycin eye ointment  
ERZOFRI [INJ]  
escitalopram tablets, solution  
esomeprazole magnesium  
delayed-release  
ESPEROCT [INJ] [SP]  
estradiol  
estradiol patches

For Stelara, see Exclusion Document for more information.

Go to [express-scripts.com/2026drugs](https://express-scripts.com/2026drugs) for a full list of prescription drug list exclusions with their covered alternatives or log on to compare medication prices.

Costs for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026, THROUGH DECEMBER 31, 2026. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://express-scripts.com).

(continued)

estradiol vaginal inserts  
estradiol/norethindrone acetate  
eszopiclone  
ethinyl estradiol/desogestrel  
ethinyl estradiol/drospirenone  
ethinyl estradiol/drospirenone/  
levomefolate  
ethinyl estradiol/ethynodiol  
ethinyl estradiol/etonogestrel  
vaginal ring  
ethinyl estradiol/levonorgestrel  
ethinyl estradiol/levonorgestrel/iron  
ethinyl estradiol/  
norelgestromin patches  
ethinyl estradiol/norethindrone  
ethinyl estradiol/  
norethindrone acetate  
ethinyl estradiol/norethindrone/iron  
ethinyl estradiol/norgestimate  
ethinyl estradiol/norgestrel  
EUCRISA  
EXKIVITY [SP]  
EYSUVIS  
ezetimibe  
ezetimibe/simvastatin

## F

FABHALTA [SP]  
FABRAZYME [INJ] [SP]  
famotidine  
FARXIGA  
FASENRA [INJ] [SP]  
fenofibrate capsules  
(except 50mg, 90mg, 150mg)  
fenofibric acid delayed-release  
FENSOLVI [INJ] [SP]  
fentanyl patches  
FETZIMA  
FILSPARI [SP]  
FINACEA FOAM  
finasteride  
fingolimod [SP]  
FLECTOR  
fluconazole  
fluocinolone  
fluocinonide  
fluoxetine  
fluticasone nasal spray  
fluticasone/salmeterol  
inhalation powder  
folic acid  
FRAGMIN [INJ] [SP]  
FREESTYLE KITS/METERS:  
FREESTYLE FREEDOM,  
FREESTYLE FREEDOM LITE,  
FREESTYLE INSULINX,  
FREESTYLE LITE [OTC]  
FREESTYLE LIBRE:  
READER, SENSOR  
FREESTYLE TEST STRIPS:  
FREESTYLE,  
FREESTYLE INSULINX,  
FREESTYLE LITE,  
FREESTYLE PRECISION NEO  
[OTC]  
FRUZAQLA [SP]  
FULPHILA [INJ] [SP]  
furosemide  
FYCOMPA  
fyremadel [INJ] [SP]

## G

gabapentin  
GAMMACO  
GAVRETO [SP]  
GELNIQUE

gemfibrozil  
GENOTROPIN [INJ] [SP]  
GENVOYA [SP]  
GLASSIA [INJ] [SP]  
glatopa [INJ] [SP]  
glimepiride 1mg, 2mg, 4mg  
glipizide 5mg, 10mg  
glipizide ext-release  
glucagon emergency kit  
(all manufacturers covered  
except Fresenius) [INJ]  
glyburide  
GLYXAMBI  
GONAL-F, GONAL-F RFF,  
GONAL-F RFF REDI-JECT  
[INJ] [SP]  
GRASTEK  
guanfacine ext-release  
GVOKE [INJ]

## H

HAEGARDA [INJ] [SP]  
HARVONI [SP]  
HEMANGEOL [SP]  
HERCESSI [INJ] [SP]  
HUMALOG CARTRIDGE, U-100  
KWIKPEN, U-200 KWIKPEN,  
JUNIOR KWIKPEN [INJ]  
HUMALOG MIX [INJ]  
HUMALOG TEMPO [INJ]  
HUMULIN [INJ]  
HUMULIN MIX [INJ]  
hydralazine  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocodone/chlorpheniramine  
polistirex ext-release  
hydrocortisone topical  
hydromorphone  
hydroxychloroquine  
hydroxyzine hcl  
hydroxyzine pamoate  
HYMPAVZI PEN [INJ] [SP]

## I

ibandronate  
IBRANCE [SP]  
IBTROZI [SP]  
ibuprofen  
icosapent ethyl  
IDELVION [INJ] [SP]  
ILET: PUMP, SUPPLIES  
IMKELDI [SP]  
IMULDOSA [INJ] [SP]  
INBRIJA [SP]  
INCRUSE ELLIPTA  
indomethacin  
INFLIXIMAB [INJ] [SP]  
INGREZZA,  
INGREZZA SPRINKLE [SP]  
INLYTA [SP]  
INSULIN GLARGINE-YFGN [INJ]  
INSULIN LISPRO [INJ]  
INSULIN LISPRO  
PROTAMINE MIX [INJ]  
INVEGA HAFYERA [INJ]  
INVEGA SUSTENNA [INJ]  
INVEGA TRINZA [INJ]  
ipratropium bromide nasal spray  
ipratropium/albuterol sulfate  
nebulization solution  
IQIRVO [SP]  
irbesartan  
isosorbide mononitrate ext-release  
isotretinoin

## J

JAKAFI [SP]  
JANUMET, JANUMET XR  
JANUVIA  
JARDIANCE  
JIVI [INJ] [SP]  
JULUCA [SP]

## K

KERENDIA  
KESIMPTA [INJ] [SP]  
ketoconazole topical  
ketorolac  
KISQALI [SP]  
KITABIS PAK [SP]  
KLOXXADO  
KOVALTRY [INJ] [SP]  
KYLEENA [SP]

## L

labetalol 100mg, 200mg, 300mg  
lacosamide  
LAGEVRIO (EUA)  
lamotrigine  
lansoprazole delayed-release  
LANTUS [INJ]  
latanoprost eye solution  
LENVIMA [SP]  
letrozole  
levetiracetam  
levocetirizine  
levofloxacin  
levothyroxine tablets  
levoxyl  
LICART  
lidocaine patches  
LINZESS  
liothyronine  
liraglutide [INJ]  
lisdexamfetamine  
lisinopril  
lisinopril/hctz  
lithium carbonate  
LIVDELZI [SP]  
LOKELMA  
lorazepam  
LORBRENA [SP]  
losartan  
losartan/hctz  
loteprednol eye suspension  
lovastatin  
LUMRYZ ER [SP]  
LUPKYNIS [SP]  
LUPRON DEPOT [INJ] [SP]  
lurasidone  
LYNPARZA [SP]  
LYUMJEV [INJ]  
LYUMJEV TEMPO [INJ]

## M

magnesium sulfate/potassium  
sulfate/sodium sulfate solution  
MAYZENT [SP]  
meclizine 12.5mg, 25mg  
medroxyprogesterone  
MEKINIST [SP]  
MEKTOVI [SP]  
meloxicam capsules, tablets  
mesalamine delayed-release  
metaxalone 400mg, 800mg  
metformin 500mg, 750mg,  
850mg, 1000mg  
metformin ext-release  
methimazole

methocarbamol 500mg, 750mg  
methotrexate  
methylphenidate  
methylphenidate ext-release  
capsules, tablets  
(except 45mg, 63mg)  
methylprednisolone  
metoclopramide  
metoprolol succinate ext-release  
metoprolol tartrate  
metronidazole  
250mg, 500mg tablets  
metronidazole topical  
metronidazole vaginal  
MICROLET: LANCETS,  
NEXT LANCING DEVICE [OTC]  
MIEBO  
MINIMED: INSULIN PUMP,  
PUMP INFUSION SETS,  
PARADIGM RESERVOIR  
minocycline  
mirabegron ext-release  
MIRENA [SP]  
mirtazapine  
MIRVASO  
MITIGARE  
modafinil  
mometasone  
MONOVISC [INJ] [SP]  
montelukast  
morphine sulfate ext-release  
MOUNJARO [INJ]  
MOVANTIK  
moxifloxacin eye solution  
MULTAQ  
mupirocin  
MYFEMBREE  
MYHIBBIN [SP]  
MYRBETRIQ

## N

nabumetone  
naloxone nasal spray  
NAMZARIC  
naproxen  
naproxen sodium  
NASCOBAL  
NAYZILAM  
nebivolol  
NEFFY  
NEMLUVIO [INJ] [SP]  
neomycin/polymyxin/hydrocortisone  
ear solution  
NEXLETOL  
NEXLIZET  
NGENLA [INJ] [SP]  
niacin ext-release  
nifedipine ext-release  
NINLARO [SP]  
nitrofurantoin macrocrystal  
NITYR [SP]  
NIVESTYM [INJ] [SP]  
norethindrone  
nortriptyline  
NOVOEIGHT [INJ] [SP]  
NUBEQA [SP]  
NUCALA [INJ] [SP]  
NUDEXTA  
NURTEC ODT  
nystatin  
nystatin topical

## O

OCREVUS, OCREVUS ZUNOVO  
[INJ] [SP]  
ODACTRA

For Stelara, see Exclusion Document for more information.

Go to [express-scripts.com/2026drugs](https://express-scripts.com/2026drugs) for a full list of prescription drug list exclusions with their covered alternatives or log on to compare medication prices.

Costs for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026, THROUGH DECEMBER 31, 2026. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://express-scripts.com).

(continued)

ODEFSEY [SP]  
ODOMZO [SP]  
OFEV [SP]  
ofloxacin  
OGIVRI [INJ] [SP]  
olanzapine  
olmesartan  
olmesartan/hctz  
omega-3 acid ethyl esters  
omeprazole delayed-release  
OMNIPOD 5: KITS, PODS  
OMNIPOD DASH: KITS, PODS  
OMNITROPE [INJ] [SP]  
OMVOH [INJ] [SP]  
ondansetron  
ondansetron 4mg, 8mg  
orally disintegrating tablets  
OPSUMIT [SP]  
OPSYNVI [SP]  
ORALAIR [SP]  
ORIAHNN  
ORILISSA  
ORTHOVISC [INJ] [SP]  
oseltamivir  
OSENVELT [INJ] [SP]  
OTEZLA, OTEZLA XR [SP]  
OVIDREL [INJ] [SP]  
oxcarbazepine  
oxybutynin ext-release  
oxycodone capsules,  
uncoated tablets  
oxycodone/acetaminophen  
OZEMPIC [INJ]

## P

PANCREAZE  
pantoprazole delayed-release  
paroxetine hcl  
PAXLOVID  
penicillin v potassium  
PENTASA 250MG CAPSULES  
PHEBURANE [SP]  
PHESGO [INJ] [SP]  
PIFELTRO [SP]  
pioglitazone  
PIQRAY [SP]  
PLEGRIDY [INJ] [SP]  
polymyxin/trimethoprim eye solution  
POMALYST [SP]  
potassium chloride ext-release  
pramipexole  
pravastatin  
PRECISION XTRA:  
METERS, TEST STRIPS,  
B-KETONE STRIPS [OTC]  
prednisolone acetate  
eye suspension  
prednisolone sodium phosphate  
prednisone  
pregabalin  
PRÉGNYL [INJ] [SP]  
PREMARIN CREAM  
prenatal vitamins  
PROCRI [INJ] [SP]  
progesterone micronized  
PROLASTIN C [INJ] [SP]  
promethazine  
promethazine/dextromethorphan  
propranolol  
propranolol ext-release

## Q

quetiapine (except 150mg)  
quinapril  
QULIPTA  
QVAR REDIHALER

## R

rabeprazole delayed-release tablets  
RADICAVA ORS [SP]  
RAGWITEK  
raloxifene  
ramipril  
REBIF [INJ] [SP]  
RECTIV  
RELISTOR [INJ]  
REPATHA [INJ]  
RESTASIS MULTIDOSE  
RETACRIT [INJ] [SP]  
REZDIFFRA [SP]  
RHAPSIDO  
RINVOQ ER, RINVOQ LQ [SP]  
risperidone  
rizatriptan  
roflumilast  
ropinirole  
rosuvastatin  
ROZLYTREK [SP]  
RUCONEST [INJ] [SP]  
RUXIENCE [INJ] [SP]  
RYBELSUS  
RYDAPT [SP]  
RYKINDO [INJ]

## S

SAVELLA  
SCEMBLIX [SP]  
SELARSDI [INJ] [SP]  
SEMGLEE (YFGN) [INJ]  
sertraline  
SEVENFACT [INJ] [SP]  
sildenafil  
SIMLANDI [INJ] [SP]  
SIMPONI 100MG (for Ulcerative  
Colitis only) [INJ] [SP]  
simvastatin  
SKYLA [SP]  
SKYRIZI [INJ] [SP]  
SODIUM OXYBATE (by Hikma) [SP]  
solifenacin  
SOLIQUA [INJ]  
SOLOSEC  
SOMATULINE DEPOT [INJ] [SP]  
SOMAVERT [INJ] [SP]  
SOTYKTU [SP]  
SPIRIVA RESPIMAT  
spironolactone  
SPRAVATO [SP]  
STIOLTO RESPIMAT  
STIVARGA [SP]  
STRENSIQ [INJ] [SP]  
STRIVERDI RESPIMAT  
SUBLOCADE [INJ] [SP]  
sucralfate  
sulfamethoxazole/trimethoprim  
sumatriptan  
SUNOSI  
SUPPRELIN LA [SP]  
SYMFI [SP]  
SYMPROIC  
SYM TUZA [SP]  
SYNJARDY, SYNJARDY XR

## T

TABRECTA [SP]  
tacrolimus topical  
tadalafil  
TAFINLAR [SP]  
TAGRISSO [SP]  
TAKHZYRO [INJ] [SP]  
TALICIA  
TALTZ [INJ] [SP]

TALZENNA [SP]  
tamoxifen  
tamsulosin ext-release  
TANDEM MOBI CARTRIDGE,  
KIT, SYSTEM  
TANDEM T:SLIM CARTRIDGE, KIT  
TAVALISSE [SP]  
TECHLITE LANCETS [OTC]  
telmisartan  
terazosin  
terconazole vaginal  
teriflunomide [SP]  
testosterone cypionate [INJ]  
TEZSPIRE [INJ] [SP]  
thyroid  
timolol maleate eye solution  
tiotropium powder inhaler  
tizanidine  
TOBI PODHALER [SP]  
tobramycin eye solution  
tobramycin/dexamethasone  
eye suspension  
topiramate ext-release  
topiramate tablets  
torsemide  
TOUJEO [INJ]  
tramadol 50mg, 100mg  
trazodone  
TRELEGY ELLIPTA  
TREMIFYA [INJ] [SP]  
treprostinil [INJ] [SP]  
TRESIBA [INJ]  
tretinoin topical  
triamcinolone topical  
triamterene/hctz  
TRIJARLY XR  
TRIPTODUR [INJ] [SP]  
TRIUMEQ [SP]  
TRIVIDIA METERS:  
TRUE METRIX AIR,  
TRUE METRIX,  
TRUE METRIX GO [OTC]  
TRIVIDIA TEST STRIPS:  
TRUE METRIX [OTC]  
TRUEPLUS LANCETS [OTC]  
TRULANCE  
TRULICITY [INJ]  
TRUQAP [SP]  
TWIIST: KITS  
TYENNE [INJ] [SP]  
TYMLOS [INJ] [SP]  
TYRUKO [INJ] [SP]  
TYVASO, TYVASO DPI [SP]

## U

UBRELVY  
UPTRAVI TABLETS [SP]  
USTEKINUMAB-TTWE  
(by Quallent) [INJ] [SP]  
UZEDY [INJ]

## V

valacyclovir  
valsartan tablets  
valsartan/hctz  
VALTOCO  
VANRAFIA [SP]  
varenicline  
VARUBI  
VASCEPA  
VELSIPITY [SP]  
VELTASSA  
VEMLIDY  
venlafaxine  
venlafaxine ext-release  
verapamil ext-release

VERQUVO  
VERZENIO [SP]  
VGO  
VIBERZI  
vilazodone  
VIOKACE  
VITRAKVI [SP]  
VIVITROL [INJ] [SP]  
VIZIMPRO [SP]  
VOSEVI [SP]  
VOYDEYA [SP]  
VTAMA  
VUMERITY [SP]  
VYNDAMAX [SP]  
VYNDAQEL [SP]

## W

warfarin  
WEGOVY [INJ]

## X

XACIATO  
XALKORI [SP]  
XARELTO  
XDEMVI [SP]  
XELJANZ, XELJANZ SOLUTION,  
XELJANZ XR [SP]  
XHANCE  
XIFAXAN  
XIGDUO XR  
XIIDRA  
XOLAIR [INJ] [SP]  
XTANDI [SP]  
XYNTHA, XYNTHA SOLOFUSE  
[INJ] [SP]  
XYOSTED [INJ]  
XYWAV [SP]

## Y

YESINTEK [INJ] [SP]  
YEZTUGO [INJ] [SP]  
YEZTUGO [SP]  
YONSA [SP]  
YUPELRI  
YUTREPIA [SP]

## Z

ZELBORAF [SP]  
ZEMAIRA [INJ] [SP]  
ZENPEP  
ZEPATIER [SP]  
ZEPBOUND PEN [INJ]  
ZEPOSIA [SP]  
ZIEXTENZO [INJ] [SP]  
ZIRABEV [INJ] [SP]  
zolidem ext-release  
zolidem tablets, sl tablets  
ZOMIG 2.5MG NASAL  
ZORYVE 0.15% CREAM  
ZTLIDO  
ZUBSOLV  
ZURZUVAE [SP]  
ZYKADIA [SP]  
ZYMFENTRA [INJ] [SP]

For Stelara, see Exclusion Document for more information.

Go to [express-scripts.com/2026drugs](https://express-scripts.com/2026drugs) for a full list of prescription drug list exclusions with their covered alternatives or log on to compare medication prices.

Costs for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026, THROUGH DECEMBER 31, 2026. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://express-scripts.com).