



2014 Express Scripts Preferred Drug List

A

ABILIFY, ABLIFY DISCMELT
ACANYA
ACCU-CHEK LANCETS;
FASTCLIX, MULTICLIX,
SOFT TOUCH, SOFTCLIX
acetaminophen/codeine
ACTONEL
acyclovir
ACZONE
ADCIRCA
AGGRENOX
albuterol
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlopidine
amlodipine/benazepril
amoxicillin
amoxicillin/potassium
clavulanate
amphetamine salt combo
amphetamine salt combo
ext-release
AMPYRA
AMTURNIDE
ANALPRAM ADVANCED
CREAM KIT
ANALPRAM HC 1% CREAM,
2.5% LOTION
anastrozole
ANDRODERM
ANDROGEL
antipyrine/benzocaine
ARANESP [INJ]
arbinoxa
ARCAPTA
ASACOL HD
ASMANEX
ASTEPRO
ATELVIA
atenolol
atenolol/chlorthalidone
atorvastatin
ATRALIN
AVELOX
AVONEX [INJ]
AXIRON
AZASITE
azathioprine
azelastine nasal spray
AZILECT
azithromycin
AZOR

B

baclofen
benazepril
benazepril/
hydrochlorothiazide

BENICAR, BENICAR HCT
BENZAACLIN PUMP
benzonatate
BEPREVE
BESIVANCE
BEYAZ
bisoprolol/
hydrochlorothiazide
BRILINTA
BROMDAY
budesonide neb susp
bupropion
bupropion ext-release
(12 hour)
bupropion ext-release
(24 hour)
buspirone
butalbital/acetaminophen/
caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

calcipotriene
CANASA
carbidopa/levodopa
carvedilol
cefepime
cefprozil
cefuroxime
CELEBREX
CENESTIN
cephalexin
CETROTIDE [INJ]
chlorthalidone
chorionic
gonadotropin [INJ]
CIALIS
CIPRODEX
ciprofloxacin
ciprofloxacin eye solution
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/
betamethasone
dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COPAXONE [INJ]
COREG CR
CREON
CRESTOR
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

CYMBALTA

D

DALIRESP
DAYTRANA
DELZICOL
desloratadine
desonide
DETROL LA
dexamethasone
diazepam
diclofenac sodium
delayed-release
dicyclomine hcl
DIFFERIN 0.3% GEL,
0.1% LOTION
digoxin
diltiazem ext-release
(24 hour)
DIOVAN
diphenoxylate/atropine
divalproex sodium
ext-release
DIVIGEL
donepezil
dorzolamide/timolol
doxazosin
doxepin
doxycycline hyclate
doxycycline monohydrate
DULERA
DUREZOL

E

EFFIENT
ELIDEL
eliphos
ELIQUIS
enalapril
ENBREL [INJ]
ENDOMETRIN
ENJUVIA
enoxaparin [INJ]
EPIDUO
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
estradiol
estradiol/norethindrone
acetate
etodolac
EUFLEXA [INJ]
EURAX
EVAMIST
EVISTA
EXELON PATCHES
EXFORGE, EXFORGE HCT
EXTAVIA [INJ]

F

famotidine
fenofibrate
fenofibrate micronized

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-drug benefit 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-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

fenanyl citrate
FENTORA
FINACEA, FINACEA PLUS
finasteride
fluconazole
fluocinonide
flouxetine
fluticasone nasal spray
FOCALIN XR
folic acid
FORADIL
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gianvi
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
glyburide/metformin
GONAL-F [INJ]
GRALISE

H

HALFLYELY-BISACODYL
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/
acetaminophen
hydrocodone/
chlorpheniramine
polistirex
hydrocodone/homatropine
hydrocodone/ibuprofen
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate

I

ibandronate
ibuprofen
ILEVRO
INCIVEK
indomethacin
INTUNIV
INVOKANA
irbesartan
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JUVISYNC

K

ketoconazole topical
KOMBIGLYZE XR
KRISTALOSE

L

labetalol hcl
LAMICTAL ODT
lamotrigine
lansoprazole
delayed-release
LANTUS, LANTUS
SOLOSTAR [INJ]
latanoprost
LATUDA
LETAIRIS
levalbuterol
LEVEMIR, LEVEMIR
FLEXPEN [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium

N

LIALDA
LINZESS
liothyronine
LIPOFEN
LIPTRUZET
lisinopril
lisinopril/
hydrochlorothiazide
lithium carbonate
LOESTRIN 24 FE,
LO LOESTRIN FE
lorazepam
loryna
losartan
losartan/
hydrochlorothiazide
LOTEMAX
lovastatin
LOVAZA
LUMIGAN
LUNESTA
LYRICA

M

MAKENA [INJ]
meclizine hcl
medroxyprogesterone
acetate
meloxicam
metaxalone
metformin
metformin ext-release
methadone
methimazole
methocarbamol

methotrexate
methylphenidate
methylphenidate
ext-release
methylprednisolone
metoclopramide hcl
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole vaginal gel
microgestin fe
minocycline
mirtazapine
modafinil
mometasone
mononessa
montelukast
morphine sulfate
ext-release
MOVIPREP
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

O

nabumetone
nadolol
NAMENDA, NAMENDA XR
naproxen, naproxen sodium
NASCOBAL
NASONEX
NATAZIA
neomycin/polymyxin/
lisinopril
hydrocortisone ear drops
NEVANAC
NEXIUM
NIASPAN
nifedipine ext-release
nitrofurantoin macrocrystal
NITROLINGUAL PUMPSPRAY
NORDITROPIN [INJ]
nortriptyline
NOVOFINE
NUCYNTA, NUCYNTA ER
NUEDEXTA
NUVARING
nystatin
nystatin/triamcinolone

O

ofloxacin eye solution
olanzapine
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI,
ULTRASMART, VERIO IQ

(continued)

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ONETOUCH TEST STRIPS; FASTAKE, ONETOUCH, SURESTEP, ULTRA, VERIO	REBIF, REBIF REBIDOSE [INJ] reclipsen RECTIV RELISTOR [INJ] RELPAK RENVELA RESTASIS RIOMET risperidone rizatriptan rizatriptan orally disintegrating tablets ropinirole	triamcinolone acetonide nasal spray triamcinolone acetonide topical triamterene/ hydrochlorothiazide TRIBENZOR TRILIPIX trinessa tri-previfem tri-sprintec TUDORZA
P	S	U
pantoprazole delayed-release paroxetine PATADAY PATANOL PEGASYS, PEGASYS PROCLICK [INJ] penicillin v potassium PENTASA PERFOROMIST pioglitazone polymyxin/trimethoprim potassium chloride ext-release POTIGA PRADAXA pramipexole PRAMOSONE, PRAMOSONE E PRANDIMET pravastatin prednisolone prednisolone acetate prednisolone sodium phosphate prednisone PREMARIN TABS PREMPHASE PREMPRO PRISTIQ PROAIR HFA PROCRIT [INJ] PRODIGY INSULIN SYR, PEN NEEDLES progesterone micronized PROLENSA promethazine promethazine/ dextromethorphan propranolol propranolol ext-release PROTOPIC PULMICORT FLEXHALER PYLERA	SAFYRAL SANCUSO SAVELLA SEREVENT DISKUS SEROQUEL XR sertraline SIMCOR simvastatin SOLARAZE SOLODYN 55 MG, 65 MG, 80 MG, 105 MG, 115 MG SOMATULINE DEPOT [INJ] sotalol SPIRIVA spironolactone sprintec STRATTERA SUBOXONE SL FILM sucralfate sulfamethoxazole/ trimethoprim sumatriptan SUMAVEL DOSEPRO [INJ] SUPREP SYMBICORT SYMLINPEN [INJ]	UCERIS ULORIC
Q	T	V
QNASL quetiapine QUILLIVANT XR quinapril QVAR	TACLONEX TAMIFLU tamoxifen tamsulosin ext-release TARKA TAZORAC TECFIDERA TEKAMLO TEKTRUNA, TEKTRUNA HCT temazepam terazosin terconazole testosterone cypionate [INJ] timolol maleate eye solution tizanidine TOBRADEX OINTMENT TOBRADEX ST tobramycin eye solution tobramycin/ dexamethasone susp topiramate TOVIAZ TRACLEER tramadol tramadol/acetaminophen TRAVATAN Z travoprost trazodone hcl tretinoin TREMIMET	VAGIFEM valacyclovir valsartan/ hydrochlorothiazide VASCEPA VELTIN venlafaxine venlafaxine ext-release VENTOLIN HFA verapamil ext-release veripred VESICARE VGO VIAGRA VICTRELIS VIGAMOX VIBRYD VIMOVO VIMPAT VIRAMUNE XR VIVELLE-DOT VOLTAREN GEL VYTORIN VYVANSE
R	W	X
ramipril RANEXA ranitidine RAPAFLO	warfarin WELCHOL	XARELTO XIFAXAN
	Z	Y
	ZEMPLAR ZENPEP (EXCEPT 5,000 U) ZETIA ZIANA zolmitriptan zolmitriptan orally disintegrating tablets zolpidem zolpidem ext-release ZOMIG NASAL ZYCLARA ZYLET ZYMAXID ZYTIGA	

Excluded Medications With Covered Preferred Alternatives

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary. Column 1 lists excluded medications. Column 2 lists covered preferred alternatives that can be prescribed.

Excluded Medications	Covered Preferred Alternative(s)
ACCU-CHEK METERS/STRIPS	OneTouch meters/strips
ADVAIR DISKUS/HFA	Dulera, Symbicort
ALVESCO	Asmanex, Pulmicort Flexhaler, QVAR
APIDRA	Humalog
AUVI-Q	Epipen, Epipen Jr
AVINZA	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
BETASERON	Avonex, Extavia, Rebif
BRAVELLE	Gonal-f
BREEZE, CONTOUR METERS/STRIPS	OneTouch meters/strips
BREO ELLIPTA	Dulera, Symbicort
CIMZIA	Enbrel, Humira
EDARBI/EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
EXALGO	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
FLOVENT DISKUS/HFA	Asmanex, Pulmicort Flexhaler, QVAR
FOLLISTIM AQ	Gonal-f
FORTESTA	AndroGel, Axiron
FREESTYLE, PRECISION METERS/STRIPS	OneTouch meters/strips
JENTADUETO	Janumet, Janumet XR, Kombiglyze XR
KADIAN	morphine sulfate ext-release, oxymorphone ext-release, Nucynta ER, Opana ER, Oxycontin
KAZANO	Janumet, Janumet XR, Kombiglyze XR
LEVITRA	Cialis, Viagra
MAXAIR AUTOHALER	Proair HFA, Ventolin HFA
MICARDIS/MICARDIS HCT	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
NESINA	Januvia, Onglyza
NOVOLIN	Humulin
NOVOLOG	Humalog
NUTROPIN/NUTROPIN AQ	Genotropin, Humatrope, Norditropin
OMNARIS	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
OMNITROPE	Genotropin, Humatrope, Norditropin
PEGINTRON	Pegasys
PROVENTIL HFA	Proair HFA, Ventolin HFA
RHINOCORT AQUA	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
SAIZEN	Genotropin, Humatrope, Norditropin
SIMPONI	Enbrel, Humira
STAXYN	Cialis, Viagra
STELARA	Enbrel, Humira
TESTIM	AndroGel, Axiron
TEVETEN/TEVETEN HCT	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
TEV-TROPIN	Genotropin, Humatrope, Norditropin
TRADJENTA	Januvia, Onglyza
TRUETEST, TRUETRACK METERS/STRIPS	OneTouch meters/strips
VERAMYST	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
VICTOZA	Bydureon, Byetta
XELJANZ	Enbrel, Humira
XOPENEX HFA	Proair HFA, Ventolin HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetonide, Nasonex, Qnasl
ZIOPTAN	latanoprost, travoprost, Lumigan, Travatan Z

KEY

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

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