



2014 Express Scripts National Preferred Formulary

A

ABILIFY, ABILIFY DISCMELT
ACANYA
acetaminophen/codeine
**ACTONEL (excluding
30 mg)**
acyclovir
ACZONE
ADCIRCA
AGGRENOX
albuterol syrup, tablets
albuterol inh, neb solution
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amidarone
AMITIZA
amitriptyline
amlodipine
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

BENZAQLIN PUMP
benzonatate
BEPREVE
BESIVANCE
BETOPTIC S
BEYAZ
**bisoprolol/
hydrochlorothiazide**
BRILINTA
BROMDAY
budesonide neb susp
bupropion
**bupropion ext-release
(12 hour)**
**bupropion ext-release
(24 hour)**
bupirone
butalbital/acetaminophen/
caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

calcipotriene
CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefprozil
cefuroxime
CELEBREX
CENESTIN
cephalexin
CETROLIDE [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
CONCEPTION KIT
COPAXONE [INJ]
COREG CR
CREON
CRESTOR
CRINONE

cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DAYTRANA
DELZICOL
desloratadine
desonide
DETROL LA
dexamethasone
diazepam
diclofenac tablets
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
EUFLEXXA [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
fluoxetine
fluticasone nasal spray
FOCALIN XR
folic acid
FORADIL
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide

G

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

H

HALFLYTELY-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
glipizide
glipizide ext-release
LETAIRIS
levabuterol
LEVEMIR, LEVEMIR
FLEXPEN [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
LINZESS
liothyronine tablets
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
tablets
medroxyprogesterone [INJ]
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
MINIVELLE
minocycline
mirtazapine
modafinil
mometasone
mononessa
montelukast
morphine sulfate
ext-release
MOVIPREP
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

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

O

ofloxacin eye solution
olanzapine
omeprazole
delayed-release
ondansetron

(continued)

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ondansetron orally disintegrating tablets
ONETOUGH KITS/METERS;
 BASIC, ULTRA 2,
 ULTRAMINI,
 ULTRASMART, VERIO IQ
ONETOUGH TEST STRIPS;
 FASTAKE, ONETOUGH,
 SURESTEP, ULTRA,
 VERIO
ONGLYZA
 OPANA ER
 ORACEA
 ORENCIA [INJ]
orsythia
 ORTHOVISC [INJ]
oxcarbazepine
oxybutynin
oxybutynin ext-release
 oxycodone
 oxycodone/acetaminophen
 OXYCONTIN

P

pantoprazole
delayed-release
paroxetine
 PATADAY
 PATANOL
 PEGASYS, PEGASYS
 PROCLICK [INJ]
 penicillin v potassium
PENTASA
PERFORMIST
pioglitazone
 polymyxin/trimethoprim
potassium chloride
ext-release
 POTIGA
PRADAXA
pramipexole
 PRAMOSONE,
 PRAMOSONE E
pravastatin
 prednisolone
 prednisolone acetate
 prednisolone sodium
 phosphate
 prednisone
PREMARIN TABLETS
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

Q

QNASL
 quetiapine
 QUILLIVANT XR
quinapril
QVAR

R

ramipril
RANEXA
ranitidine
RAPAFLO
 REBIF, REBIF
 REBIDOSE [INJ]
reclipsen
 RECTIV
 RELISTOR [INJ]
 RELPAX
 RENVELA
RESTASIS
RIOMET
 risperidone
 rizatriptan
 rizatriptan orally
 disintegrating tablets
ropinirole

S

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
 SUCLEAR
sucralate
 sulfamethoxazole/
 trimethoprim
 sumatriptan
 SUMAVEL DOSEPRO [INJ]
 SUPREP
SYMBICORT
SYMLINPEN [INJ]

T

TACLONEX
 TAMIFLU
 tamoxifen
tamsulosin ext-release
TARKA
 TAZORAC
 TECFIDERA
TEKAMLO
TEKURNA, TEKURNA 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
 TREXIMET
 triamcinolone acetonide
 nasal spray
 triamcinolone acetonide
 topical
triamterene/
hydrochlorothiazide
TRIBENZOR
trinessa
tri-previfem
tri-sprintec
 TUDORZA

U

UCERIS
ULORIC

V

VAGIFEM
 valacyclovir
valsartan/
hydrochlorothiazide
 VASCEPA
 VELTIN
venlafaxine
venlafaxine ext-release
 VENTOLIN HFA
verapamil ext-release
 veripred
VESICARE
 VGO
 VIAGRA
 VICTRELIS
 VIGAMOX
VIIBRYD
VIMOVO
 VIMPAT
 VIRAMUNE XR
VIVELLE-DOT
VOLTAREN GEL
VYTORIN
 VYVANSE

W

warfarin
WELCHOL

X

XARELTO
 XIFAXAN

Z

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
ZIOPATAN	latanoprost, travoprost, Lumigan, Travatan Z

KEY

The color red, bold and italics indicates agents that are used for long term therapy and may be required by some plan sponsors to be filled by Express Scripts' pharmacy. List is subject to change.
 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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