



2015 Express Scripts National Preferred Formulary

A

ABILIFY, ABILIFY DISCMELT
ACANYA
acetaminophen/codeine
acyclovir
ACZONE
ADCIRCA
AGGRENOL
albuterol nebulization
solution
alendronate sodium
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amoxicillin
amoxicillin/potassium
clavulanate
AMPYRA
AMTURNIDE
ANALPRAM ADVANCED
CREAM KIT
ANALPRAM HC 1% CREAM
SINGLES, 2.5% LOTION
anastrozole
ANDROGEL
ANORO ELLIPTA
antipyrine/benzocaine
apri
arbinoxa
ARCAPTA
ASACOL HD
ASMANEX
ASTEPRO
ATELVIA
atenolol
atenolol/chlorthalidone
atorvastatin
ATRALIN
AUVI-Q [INJ]
AVONEX [INJ]
AXIRON
azathioprine
azelastine nasal spray
AZILECT
azithromycin
AZOR

B

baclofen
benazepril
benazepril/
hydrochlorothiazide
BENICAR, BENICAR HCT
benzonatate
BEPREVE
BESIVANCE
BETHKIS
BEYAZ

bisoprolol/
hydrochlorothiazide
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
(12 hour)
bupropion ext-release
(24 hour)
buspirone
butalbital/acetaminophen/
caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

calcipotriene
CANASA
CARAC
carbidopa/levodopa
carvedilol
cefinir
cefuroxime
CELEBREX
CENESTIN
cephalexin
chlorhexidine gluconate
chlorthalidone
chorionic
gonadotropin [INJ]
CIALIS
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clindamycin phosphate/
benzoyl peroxide
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
dexamethasone
DEXCOM G4 SENSOR
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine
ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine hcl
DIFFERIN 0.1% LOTION
digoxin
diltiazem ext-release
(24 hour)
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxepin
doxycycline hyclate
doxycycline monohydrate
DULERA
duloxetine delayed-release
DYMISTA

E

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

F

famotidine
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patch
FINACEA

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 member ID card.

finasteride
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
FOCALIN XR 5 MG, 10 MG,
20 MG, 25 MG, 35 MG
folic acid
FORADIL
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GANIRELIX ACETATE [INJ]
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gianvi
gildress fe
GILENYA
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
glyburide/metformin
GONAL-F [INJ]
GONAL-F RFF [INJ]
GRALISE
GRASTEK

H

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
indomethacin
INTUNIV
INVOKANA
irbesartan

isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
junel fe

K

ketoconazole topical
KOMBIGLYZE XR

L

labetalol hcl
lamotrigine
lansoprazole
delayed-release
LANTUS [INJ]
latanoprost
LATUDA
LAZANDA
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
lidocaine patch
LINZESS
liothyronine
LIPOFEN
LIPTRUZET
lisinopril
lisinopril/
hydrochlorothiazide
LO LOESTRIN FE
LO MINASTRIN FE
lorazepam
losartan
losartan/
hydrochlorothiazide
LOTEMAX
lovastatin
LUMIGAN
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 topical
metronidazole vaginal gel
microgestin fe
MINASTRIN 24 FE
MINIVELLE
minocycline
MIRAPLEX ER
mirtazapine
MIRVASO
modafinil
mometasone
MONOVISC [INJ]
montelukast
morphine sulfate
ext-release
MOVIPREP
MOXEZA
moxifloxacin
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMENDA XR
naproxen, naproxen sodium
NASCOBAL
NASONEX
NATAZIA
neomycin/polymyxin/
hydrocortisone ear drops
NEVANAC
NEXIUM
niacin ext-release
nifedipine ext-release
nitrofurantoin
monohydrate/
macrocrystals
NITROLINGUAL PUMPSPRAY
NORDITROPIN [INJ]
nortriptyline
NUCYNTA, NUCYNTA ER
NUEDEXTA
NUVARING
NUVIGIL
nystatin oral suspension
nystatin topical
nystatin/triamcinolone

O

olanzapine
OLYSIO
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets

(continued)

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ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI,
ULTRASMART, VERIO IQ,
VERIO SYNC
ONETOUCH TEST STRIPS;
FASTAKE, ONETOUCH,
SURESTEP, ULTRA,
VERIO
ONGLYZA
OPANA ER
OPSUMIT
ORACEA
ORENCIA [INJ]
orsythia
ORTHOVISC [INJ]
OTEZLA
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

pantoprazole
delayed-release
paroxetine
PATADAY
PATANOL
PEGASYS [INJ]
penicillin v potassium
PENTASA
PERFOROMIST
pioglitazone
polymyxin/trimethoprim
potassium chloride
ext-release
POTIGA
PRADAXA
pramipexole
PRAMOSONE 1%
PRAMOSONE 2.5% LOTION,
OINTMENT
PRAMOSONE E
pravastatin
prednisolone acetate eye
suspension
prednisolone sodium
phosphate
prednisone
PREMARIN TABS
PREMPHASE
PREMPRO
PRISTIQ
PROAIR HFA
PROCRT [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

rabeprazole
delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELPA
RENVELA
RESTASIS
RIOMET
risperidone
rizatriptan
rizatriptan orally
disintegrating tablets
ropinirole

S

SAFYRAL
SANCUSO
SAVELLA
SEREVENT DISKUS
SEROQUEL XR
sertraline
SIMCOR
simvastatin
SOLODYN 55 MG, 65 MG,
80 MG, 105 MG, 115 MG
SOMATULINE DEPOT [INJ]
SPIRIVA
spironolactone
sprintec
STELARA [INJ]
STRATTERA
SUBOXONE SL FILM
SUCLEAR
sulfamethoxazole/
trimethoprim
sumatriptan
SUMAVEL DOSEPRO [INJ]
SUPREP
SYMBICORT
SYMLINPEN [INJ]
SYNVISC [INJ]
SYNVISC-ONE [INJ]

T

TACLONEX SUSPENSION
TAMIFLU
tamoxifen
tamsulosin ext-release
TARKA
TAZORAC
TECFIDERA
TEKAMLO
TEKTURNA, TEKTURNA HCT
telmisartan
telmisartan/
hydrochlorothiazide
temazepam
terazosin
terconazole
testosterone
cypionate [INJ]
timolol maleate
eye solution
tizanidine
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/
dexamethasone susp

tolterodine ext-release
topiramate
TOVIAZ
TRACLEER
tramadol
tramadol/acetaminophen
TRAVATAN Z
trazodone hcl
TREXIMET
triamcinolone acetonide
topical
triamterene/
hydrochlorothiazide
TRIBENZOR
trinessa
tri-previfem
tri-sprintec
TUDORZA

U

UCERIS
ULORIC

V

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

W

warfarin
WELCHOL

X

XARELTO
XIFAXAN

Z

ZENPEP (EXCEPT 5,000 U)
ZETIA
ZIANA
zolidem
zolidem ext-release
ZOMIG NASAL
ZORVOLEX
ZUBSOLV
ZYLET
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) |
|---------------------------------------|---|
| ABSTRAL | fentanyl citrate, LAZANDA |
| ACCU-CHEK METERS/STRIPS | ONETOUCH METERS/STRIPS |
| ALVESCO | ASMANEX, PULMICORT FLEXHALER, QVAR |
| APIDRA | HUMALOG |
| ARANESP | PROCRT |
| AXERT | rizatriptan, sumatriptan, zolmitriptan, RELPAX |
| BECONASE AQ | flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL |
| BENZACLIN GEL PUMP | clindamycin phosphate/benzoyl peroxide, ACANYA, ZIANA |
| BETASERON | AVONEX, EXTAVIA, REBIF |
| BRAVELLE | GONAL-F, GONAL-F RFF |
| BREEZE, CONTOUR METERS/STRIPS | ONETOUCH METERS/STRIPS |
| BREO ELLIPTA | DULERA, SYMBICORT |
| CETRAXAL | ciprofloxacin ear solution, CIPRODEX |
| CIMZIA | ENBREL, HUMIRA, STELARA |
| DUEXIS | ibuprofen + famotidine |
| EDARBI/EDARBYCLOR | candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT |
| EPOGEN | PROCRT |
| EUFLAXA | MONOVISC, ORTHOVISC, SYNVIS, SYNVIS-ONE |
| FENTORA | fentanyl citrate, LAZANDA |
| FLOVENT DISKUS/HFA | ASMANEX, PULMICORT FLEXHALER, QVAR |
| FOLLISTIM AQ | GONAL-F, GONAL-F RFF |
| FORTESTA | ANDROGEL, AXIRON |
| FREESTYLE, PRECISION METERS/STRIPS | ONETOUCH METERS/STRIPS |
| FROVA | rizatriptan, sumatriptan, zolmitriptan, RELPAX |
| GEL-ONE | MONOVISC, ORTHOVISC, SYNVIS, SYNVIS-ONE |
| HYALGAN | MONOVISC, ORTHOVISC, SYNVIS, SYNVIS-ONE |
| INCIVEK | OLYSIO, VICTRELIS |
| JENTADUETO | JANUMET, JANUMET XR, KOMBIGLYZE XR |
| KADIAN | morphine sulfate ext-release, hydromorphone ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN |
| KAZANO | JANUMET, JANUMET XR, KOMBIGLYZE XR |
| LEVITRA | CIALIS, VIAGRA |
| NESINA | JANUVIA, ONGLYZA |
| NOVOLIN | HUMULIN |
| NOVOLOG | HUMALOG |
| NUTROPIN/NUTROPIN AQ | GENOTROPIN, HUMATROPE, NORDITROPIN |
| OMNARIS | flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL |
| OMNITROPE | GENOTROPIN, HUMATROPE, NORDITROPIN |
| PANCREAZE | pancrelipase delayed-release, CREON, ZENPEP |
| PEGINTRON | PEGASYS |
| PERTZYE | pancrelipase delayed-release, CREON, ZENPEP |
| PROVENTIL HFA | PROAIR HFA, VENTOLIN HFA |
| SAIZEN | GENOTROPIN, HUMATROPE, NORDITROPIN |
| SIMPONI | ENBREL, HUMIRA, STELARA |
| STAXYN | CIALIS, VIAGRA |
| STENDRA | CIALIS, VIAGRA |
| SUBSYS | fentanyl citrate, LAZANDA |
| SUPARTZ | MONOVISC, ORTHOVISC, SYNVIS, SYNVIS-ONE |
| TANZEUM | BYDUREON, BYETTA |
| TESTIM | ANDROGEL, AXIRON |
| TESTOSTERONE GEL | ANDROGEL, AXIRON |
| TEVETEN HCT | candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT |
| TEV-TROPIN | GENOTROPIN, HUMATROPE, NORDITROPIN |
| TRAJENTA | JANUVIA, ONGLYZA |
| TRUESTEST, TRUETRACK METERS/STRIPS | ONETOUCH METERS/STRIPS |
| ULTRESA | pancrelipase delayed-release, CREON, ZENPEP |
| VELTIN | clindamycin phosphate + tretinoin, ACANYA, ZIANA |
| VERAMYST | flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL |
| VICTOZA | BYDUREON, BYETTA |
| VIMOVO | omeprazole delayed-release + naproxen sodium |
| VOGELXO | ANDROGEL, AXIRON |
| XELJANZ | ENBREL, HUMIRA |
| XOPENEX HFA | PROAIR HFA, VENTOLIN HFA |
| ZETONNA | flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL |
| ZIOPTAN | latanoprost, travoprost, LUMIGAN, TRAVATAN Z |
| ZOHYDRO ER | morphine sulfate ext-release, hydromorphone ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN |

KEY

[INJ] - Injectable Drug

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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