



2012 Express Scripts National Preferred Formulary

A

ABILIFY (EXCLUDING DISCMELT & SOLUTION)
ACANYA GEL, PUMP
ACCU-CHEK KITS;
ACTIVE, ADVANTAGE,
AVIVA, COMPACT PLUS
ACCU-CHEK LANCETS;
MULTICLIX, SOFT TOUCH,
SOFTCLIX
ACCU-CHEK TEST STRIPS;
ACTIVE, AVIVA, COMFORT
CURVE, COMPACT DRUM
acetaminophen/codeine
**ACTONEL (excluding
30 mg)**
**ACTOPLUS MET*, XR
ACTOS***
ACUVAIL
acyclovir
adapalene
ADCIRCA
**ADVAIR DISKUS, HFA
ADVICOR
AGGRENOX
albuterol syrup, tablets
albuterol inh, neb solution
alendronate sodium
alfuzosin er
allopurinol
ALPHAGAN P 0.1%***
ALTABAX
amiodarone
AMITIZA
amitriptyline
amlodipine, /benazepril
amox tr/potassium
clavulanate
amoxicillin
amphetamine salt
combo, er
AMPYRA
AMTURNIDE
anastrozole
ANDRODERM
ANDROGEL
antipyrine/benzocaine
apri
ARANESP [INJ]
arbinoxa
**ARICEPT 23 MG
ARIXTRA* [INJ]
ASACOL, HD
ASTEPRO
ATELVIA
atenolol, /chlorthalidone**
AVELOX
**aviane
AVODART
AZASITE
azathioprine
azelastine
AZILECT
azithromycin
AZOR**

B

baclofen
balsalazide disodium
**benazepril, /hctz
BENICAR, HCT
BENZAFLIN PUMP
(EXCLUDING CAREKIT)**
benzonatate
BETASERON [INJ]
**BONIVA
brimonidine tartrate
BROMDAY
budesonide neb susp
bupropion, 12 hr, 24 hr
butalbital/apap/cafeine
BYETTA [INJ]
BYSTOLIC**

C

calcipotriene
CANASA
carbamazepine, er
**carbidopa/levodopa, er
carvedilol
cefadroxil
cefdinir
cefprozil
cefuroxime
CELEBREX
cephalexin
CETROTIDE [INJ]
cholestyramine**
chorionic
gonadotropin [INJ]
CIALIS
ciclopirox
CIPRODEX
ciprofloxacin, er
**citalopram
clarithromycin, er
CLIMARA PRO
clindamycin hcl
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clotrimazole/
betamethasone
dipropionate**
COLCRYS
**COMBIGAN
COMBIPATCH
COPAXONE [INJ]
COREG CR*
CREON
CRESTOR
CRINONE
cryselle
cyanocobalamin [INJ]
cyclobenzaprine
CYMBALTA**

D

desonide
DETROL, LA*
dexamethasone
dexmethylphenidate
diclofenac tablets
dicyclomine hcl
DIFFERIN 0.3% GEL,
0.1% LOTION
**digoxin
diltiazem, 12 hr, 24 hr
DIOVAN, HCT*
divalproex sodium, er
donepezil, odt
dorzolamide, /timolol
DOVONEX CRM
doxazosin
doxepin
DUAC*
DUETACT
DULERA**

E

EFFIENT
ELIDEL
eliphas
EMBEDA
**ENABLEX
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
EPICERAM
EPIDUO
EPIPEN, JR [INJ]
ergocalciferol
erythromycin
erythromycin/benzoyl perox.
**ESTRADERM
estradiol patches, tablets
estradiol/norethindrone
acetate
etodolac
EUFLEXA [INJ]
EURAX
EVAMIST
**EXELON PATCHES
EXFORGE, HCT******

F

famciclovir
**famotidine
felodipine er
fenofibrate
fentanyl citrate
FINACEA, PLUS
finasteride
FLECTOR
**FLOVENT DISKUS, HFA
fluconazole
fluocinonide
fluoxetine, dr
fluticasone nasal spray
folic acid
FORADIL****

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: The symbol * next to a drug signifies that it is subject to nonformulary status when a generic is available throughout 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.

FORTEO [INJ]
**fosinopril, /hctz
FOSRENOL**

G

**gabapentin
galantamine, er
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
glimepiride
glipizide, er
GLUCAGEN [INJ]
LYCAGEN [INJ]
glucagon, micronized
glyburide/metformin
GONAL-F, RFF [INJ]**

H

HALFLYTELY-BISACODYL*
**HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydalazine
hydrochlorothiazide
hydrocodone/
acetaminophen
hydrocodone/ibuprofen
hydrocortisone tablets
hydrocortisone
hydromorphone
hydroxychloroquine**

I

**ibuprofen
imiquimod
INCVIEK
indomethacin
ipratropium bromide
ipratropium-albuterol
isosorbide mononitrate, er
isotretinoin**

J

**JALYN
JANUMET
JANUVIA**

K

ketoconazole
ketorolac

L

**labetalol hcl
LAMICTAL ODT*
LAMICTAL XR*
lamotrigine
lansoprazole, odt
LANTUS, SOLOSTAR [INJ]
latanoprost
LETAIRIS
LEVEMIR, FLEXPEN [INJ]**

**levetiracetam
levofloxacin
levothyroxine sodium
levoxyl
LEXAPRO*
LIALDA
LIDODERM
liothyronine tablets
LIPITOR*
lisinopril, /hctz
lithium carbonate
LOESTRIN 24 FE,
LO LOESTRIN FE
losartan, /hctz
LOSEASONIQUE
LOTEMAX
lovastatin
LOVAZA
LUMIGAN
LUNESTA
LYRICA
LYSTEDA**

M

MAKENA [INJ]
MAXALT, MLT
meclizine hcl
**medroxyprogesterone
tablets
medroxyprogesterone [INJ]
meloxicam
MENEST
metaxalone
metformin, er
methocarbamol
methotrexate
methylphenidate
methylprednisolone
metoclopramide hcl
metoprolol, /hctz
METROGEL
metronidazole
MIGRANAL
**MIRAPEX ER
mirtazapine, odt
mometasone
morphine sulfate, er
MOVIPREP
MOXEZA
mupirocin
MUSE
mycophenolate mofetil****

N

**nabumetone
nadolol
NAMENDA
naproxen,
naproxen sodium
naratriptan
NASCOBAL
NASONEX
nateglinide
necon**

neomycin/polymyxin/
dexamethasone
neomycin/polymyxin/hc
NEVANAC
**NEXIUM
NIASPAN
nifedipine er
nisoldipine er
nitrofurantoin macrocrystal
nitroglycerin (ointment,
capsules and patches)**
nortriptyline
**NOVOFINE
NOVOLIN [INJ]
NOVOLOG [INJ]
NUCYNTA
NUEDEXTA
NUTROPIN, AQ,
AQ NUSPIN [INJ]
NUVARING
nystatin, /triamcinolone**

O

**ocella
ofloxacin
omeprazole
ondansetron, odt
ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI,
ULTRASMART
ONETOUCH TEST STRIPS;
FASTAKE, ONETOUCH,
SURESTEP, ULTRA
OPANA ER*
ORTHOVISC [INJ]
oxcarbazepine
oxybutynin, er
oxycodone, /acetaminophen
OXYCONTIN**

P

**pantoprazole
paroxetine
PATADAY*
PATANOL*
peg 3350/electrolyte
PEGASYS [INJ]
PEG-INTRON, REDIPEN [INJ]
penicillin v potassium
**PENTASA
PERFOROMIST
phenytoin sodium,
extended
PLAVIX 75 mg*
PLAVIX*
polymyxin/trimethoprim
potassium chloride, er
PRADAXA
pramipexole
PRANDIMET
PRANDIN*
pravastatin
PRECISION XTRA
prednisolone****

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2012 THROUGH DECEMBER 31, 2012. THIS LIST IS SUBJECT TO CHANGE.

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(continued)

prednisolone acetate
 prednisolone sodium phosphate
 prednisone
PREMARIN TABLETS
PREMPHASE
PREMPRO
PRISTIQ
 PROAIR HFA
 prochlorperazine
 PROCITR [INJ]
PRODIGY INSULIN SYR,
PEN NEEDLES
 promethazine/
 dextromethorphan
PROMETRIUM
propranolol, /hctz
 PROTOPIC
PULMICORT FLEXHALER
PULMICORT RESPULES*
 PYLERA

Q

quinapril, /hctz
QVAR

R

ramipril
RANEXA
 ranitidine
RAPAFLO
 REBIF [INJ]
 RENVELA
 reprexain
RESTASIS
 RETIN-A MICRO GEL, PUMP
 REVATIO*
 ribavirin
RIOMET
 risperidone, odt
rivastigmine caps
 ropinirole

S

SANCUSO
SAVELLA
SEASONIQUE*
SEREVENT DISKUS
 SEROQUEL*, XR
 sertraline
SIMCOR
 simvastatin
SINGULAIR
 sodium fluoride
 sodium sulfacetamide/
 sulfur
 SOLARAZE
 SOMATULINE DEPOT [INJ]
 sotalol
SPIRIVA
sprintec
 STRATTERA*
 SUBOXONE*
sucalfate
 sulfamethoxazole/
 trimethoprim
sulfasalazine
 sumatriptan tab, inj
SYMBICORT
 SYMBYAX*
SYMLIN, SYMLINPEN [INJ]

T

TACLONEX
 TAMIFLU

tamoxifen
tamsulosin
 TAZORAC*
TEKAMLO
TEKTURNA, HCT
 temazepam
terazosin
timolol maleate
tizanidine
 tobramycin/dexamethasone
 susp
 tobramycin sulfate
topiramate
TOVIAZ
 TRACLEER
TRADJENTA
TRAVATAN Z
 trazodone hcl
 tretinoin
 TREXIMET
 triamcinolone acetonide
triamterene/hctz
TRIBENZOR
TRICOR*
TRILIPIX
trinessa
tri-previfem
tri-sprintec
tropium
 TUSSICAPS

U

ULORIC

V

VAGIFEM
 valacyclovir
VALTURNA
venlafaxine, er
 VENTOLIN HFA
 VERAMYST
verapamil, er
 veripred
VESICARE
 VIAGRA*
VICTOZA [INJ]
 VICTRELIS
 VIGAMOX
 VIIBRYD
VIMOVO
 VIMPAT
VIVELLE-DOT
VOLTAREN GEL*
 VYVANSE

W

warfarin
WELCHOL

X

XERESE
 XIFAXAN
 XOPENEX 3 ML NEBS*

Z

zamicet
zarah
ZETIA
 zolpidem, er
 ZOMIG, ZMT
 ZYCLARA
 ZYLET
 ZYMAXID
 ZYPREXA 10 MG VIAL*

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of nonformulary medications.
 Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACIPHEX	<i>lansoprazole, omeprazole, Nexium</i>	INVEGA	risperidone, Abilify (regular tabs), Seroquel*/XR
ALAMAST	azelastine, Pataday*, Patanol*	IQUIX	ciprofloxacin, levofloxacin, Moxeza, Vigamox, Zymaxid
ALOCRIL	azelastine, Pataday*, Patanol*	KOMBIGLYZE XR	<i>metformin + Januvia or Tradjenta, Janumet</i>
ALOMIDE	azelastine, Pataday*, Patanol*	LATUDA	risperidone, Abilify (regular tabs), Seroquel*/XR
ALORA	<i>generic patches, Estraderm, Vivelle-Dot</i>	LESCOL, XL	<i>lovastatin, simvastatin, Crestor, Lipitor*</i>
ALTOPREV	<i>lovastatin, simvastatin, Crestor, Lipitor*</i>	LEVAQUIN	levofloxacin
ALVESCO	<i>Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar</i>	LEVITRA	Cialis, Viagra*
ANTARA	<i>fenofibrate, Tricor*, Trilipix</i>	LIPOFEN	<i>fenofibrate, Tricor*, Trilipix</i>
APIDRA	<i>Humalog, Novolog</i>	LIVALO	<i>lovastatin, simvastatin, Crestor, Lipitor*</i>
APRISO	balsalazide, <i>Asacol/HD, Lialda, Pentasa</i>	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
ASMANEX	<i>Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar</i>	MENOSTAR	<i>generic patches, Estraderm, Vivelle-Dot</i>
ATACAND	<i>losartan, Benicar, Diovan*</i>	MICARDIS	<i>losartan, Benicar, Diovan*</i>
ATACAND HCT	<i>losartan/hctz, Benicar HCT, Diovan HCT*</i>	MICARDIS HCT	<i>losartan/hctz, Benicar HCT, Diovan HCT*</i>
AVALIDE	<i>losartan/hctz, Benicar HCT, Diovan HCT*</i>	NATAZIA	<i>generic oral contraceptives, Loestrin 24 Fe/Lo Loestrin Fe, Nuvaring, Seasonique*/LoSeasonique</i>
AVAPRO	<i>losartan, Benicar, Diovan*</i>	NORDITROPIN	Genotropin, Nutropin/AQ/AQ Nuspin
AXERT	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	NOROXIN	ciprofloxacin/er, levofloxacin, ofloxacin, Avelox
AXIRON	Androderm, Androgel	OMNARIS	fluticasone, Nasonex, Veramyst
AZOPT	<i>brimonidine tartrate, dorzolamide, Alphagan P 0.1%*, Comigan</i>	OMNITROPE	Genotropin, Nutropin/AQ/AQ Nuspin
BAYER ASCENSIA, BREEZE, CONTOUR	Accu-Chek, OneTouch	ONGLYZA	<i>generic oral contraceptives, Loestrin 24 Fe/Lo Loestrin Fe, Nuvaring, Seasonique*/LoSeasonique</i>
BECONASE AQ	fluticasone, Nasonex, Veramyst	ORTHO EVRA, ORTHO TRI-CYCLLEN LO	<i>generic oral contraceptives, Loestrin 24 Fe/Lo Loestrin Fe, Nuvaring, Seasonique*/LoSeasonique</i>
BEPREVE	azelastine, Pataday*, Patanol*	OXYTROL	azelastine, Astepro
BESIVANCE	ciprofloxacin, levofloxacin, Moxeza, Vigamox, Zymaxid	PENNSAID	Flector, <i>Voltaren Gel*</i>
BEYAZ	<i>generic oral contraceptives, Loestrin 24 Fe/Lo Loestrin Fe, Nuvaring, Seasonique*/LoSeasonique</i>	PRECISION	Accu-Chek, OneTouch
BRAVELLE	alifuzosin er, tamsulosin, Rapaflo	PCX, Q-I-D	
BROVANA	<i>estradiol, Menest, Premarin tabs</i>	PROQUIN XR	ciprofloxacin/er, levofloxacin, ofloxacin, Avelox
CARDURA XL	<i>Perforomist</i>	PROVENTIL HFA	ProAir HFA, Ventolin HFA
CENESTIN	<i>alfuzosin er, tamsulosin, Rapaflo</i>	RELPAV	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
CETRAXAL	<i>estradiol, Menest, Premarin tabs</i>	RHINOCORT AQUA	fluticasone, Nasonex, Veramyst
CIPRO HC	Ciprodex	SAFYRAL	<i>generic oral contraceptives, Loestrin 24 Fe/Lo Loestrin Fe, Nuvaring, Seasonique*/LoSeasonique</i>
DEXILANT	<i>lansoprazole, omeprazole, Nexium</i>	SAIZEN	Genotropin, Nutropin/AQ/AQ Nuspin
DIVIGEL	<i>generic patches, Evamist</i>	SANCTURA XR	<i>oxybutynin er, tropium, Detrol/LA*, Enablex, Toviaz, Vesicare</i>
EDARBI	<i>losartan, Benicar, Diovan*</i>	SAPHRIS	risperidone, Abilify (regular tabs), Seroquel*/XR
EDLUAR	zolpidem/er, Lunesta	SULAR	<i>nisoldipine er</i>
ELESTRIN	<i>generic patches, Evamist</i>	SUMATRIPTAN NASAL	Zomig Nasal
EMADINE	azelastine, Pataday*, Patanol*	SYNTHROID	<i>levothyroxine sodium, levoxyol</i>
ENJUUIA	<i>estradiol, Menest, Premarin tabs</i>	TESTIM	Androderm, Androgel
EPOGEN	Aranesp, Procrit	TEVETEN	<i>losartan, Benicar, Diovan*</i>
ESTRASORB	<i>generic patches, Evamist</i>	TEVETEN HCT	<i>losartan/hctz, Benicar HCT, Diovan HCT*</i>
ESTROGEL	<i>generic patches, Evamist</i>	TEV-TROPIN	Genotropin, Nutropin/AQ/AQ Nuspin
FACTIVE	ciprofloxacin/er, levofloxacin, ofloxacin, Avelox	TRIGLIDE	<i>fenofibrate, Tricor*, Trilipix</i>
FANAPT	risperidone, Abilify (regular tabs), Seroquel*/XR	TWYNSTA	<i>Azor, Exforge/HCT, Tribenzor</i>
FEMTRACE	<i>estradiol, Menest, Premarin tabs</i>	VYTORIN	<i>simvastatin or Crestor or Lipitor* + Zetia</i>
FENOGLIDE	<i>fenofibrate, Tricor*, Trilipix</i>	XALATAN	ProAir HFA, Ventolin HFA
FOLLISTIM AQ	Gonal-F/RF	XOPENEX HFA	
FORTESTA	Androderm, Androgel		
FREESTYLE	Accu-Chek, OneTouch		
FROVA	sumatriptan tab, Maxalt/MLT, Zomig/ZMT		
GEODON	risperidone, Abilify (regular tabs), Seroquel*/XR		
HUMATROPE	Genotropin, Nutropin/AQ/AQ Nuspin		
IMITREX NASAL	Zomig Nasal		

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. Thank you. Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.