



2010 Express Scripts National Preferred Formulary

A

ABILIFY (excluding Discmelt & solution)
acarbose
ACCU-CHEK
MULTICLIX lancets
acebutolol
acetaminophen w/codeine
acetazolamide
ACTONEL, with calcium
ACTOPLUS MET
ACTOS
acyclovir
ADVAIR DISKUS, HFA
ADVICOR
AGGRENOX
albuterol
alendronate sodium
ALPHAGAN P*
ALTABAX
amantadine
AMBIEN CR*
aminophylline
AMITIZA
amitriptyline
amlodipine besylate
amox tr/potassium clavulanate
amoxicillin
amphetamine salt combo
anagrelide
ANALPRAM-HC
ANDRODERM
ANDROGEL
antipyrine w/benzocaine
apraclonidine
apri
aranelle
ARANESP [INJ]
ARICEPT, ODT
ARIMIDEX*
ARIXTRA [INJ]
ASACOL, HD
ASTELIN*
ASTEPRO
atenolol, -chlorthalidone
atropine sulfate
AUGMENTIN XR
AVANDAMET
AVANDARYL
AVANDIA
AVELOX
aviane
AVODART
AXID solution only
AZASITE
azathioprine
azelastine
AZILECT
azithromycin
AZOR

B

balsalazide disodium
balziva
BAYER BREEZE 2
BAYER CONTOUR (excluding USB meter)
benazepril, /hctz

BENZACLIN (excluding carekit)*
benzonatate
benzoyl peroxide
betamethasone dp, valerate
BETASERON [INJ]
bisoprolol fumarate/hctz
BONIVA TAB
brimonidine tartrate
bupropion, sr
butalbital/apap/caffeine
BYETTA [INJ]

C

calcipotriene
calcitriol
camila
CANASA
captopril, /hctz
carbamazepine, xr
carbidopa-levodopa, er
CARDIZEM LA*
carisoprodol
carvedilol
cefaclor, er
cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
CELEBREX
CELLCEPT oral susp*
cephalexin
cesia
CETROTIDE [INJ]
chlorzoxazone
cholestyramine
choline mag trisalicylate
chorionic gonadotropin [INJ]
ciclopirox
cilostazol
cimetidine
CIPRODEX
ciprofloxacin, er
citalopram
clarithromycin, er
CLIMARA PRO
clidinium-chlordiazepoxide
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clotrimazole troche
clozapine
colestipol
COMBIPATCH
CONCERTA*
COPAXONE [INJ]
COREG CR*
COZAAR*
CREON
CRESTOR
CRINONE
cryselle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALTA

D

desmopressin acetate

desonide
desoximetasone
dexmethylphenidate
dextroamphetamine-amphetamine
dextroamphetamine sulfate
diclofenac sodium
dicyclomine hcl
DIFFERIN*
diflunisal
diltiazem, extended release
DIOVAN, HCT
diphenhydramine
dipyridamole
divalproex sodium
dorzolamide, -timolol
doxazosin
doxepin hcl
DUAC CS
DUETACT
DYNACIRC CR*

E

econazole
EFFEXOR XR*
EFFIENT
ELIDEL
eliphos
ENABLEX
enalapril, hctz
ENBREL [INJ]
enpresse
enulose
EPIPEN, JR [INJ]
errin
erythromycin
erythromycin/benzoyl perox.
ESTRADERM
estradiol, tds
estropipate
etidronate disodium
etodolac
EUFLEXXA [INJ]
EVAMIST
EXELON
EXFORGE, HCT

F

famciclovir
famotidine
felodipine er
fenofibrate
fentanyl citrate
fexofenadine
fexofenadine-pse
FINACEA, PLUS
finasteride
FLECTOR
FLOMAX*
FLOVENT DISKUS, HFA
fluconazole
flunisolide nasal spray
fluocinonide
fluorouracil
fluoxetine hcl
fluphenazine
flurazepam
fluticasone nasal spray
fluvoxamine maleate

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.

folic acid
FORADIL
FORTEO [INJ]
fortical
fosinopril, /hctz
FOSRENOL

G

gabapentin
GANIRELIX ACETATE [INJ]
gemfibrozil
GENOTROPIN [INJ]
gentamicin sulfate
glipeciride
glipizide, er, xl
glipizide/metformin
GLUCAGEN [INJ]
glyburide, micronized
glyburide/metformin
GONAL-F, RFF [INJ]
granisetron

H

HALFLYTELY-BISACODYL
haloperidol
HECTOROL
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocortisone
hydromorphone
hydroxyurea
hyoscyamine sulfate
HYZAAR*

I

ibuprofen
imipramine
indomethacin
ipratropium bromide
ipratropium-albuterol
isosorbide mononitrate
isotretinoin
itraconazole

J

JANUMET
JANUVIA
jolesa
jolivette
junel, fe

K

kariva
kelnor
KEPPRA XR
ketoconazole
ketorolac

L

labetalol hcl
lactulose
lamotrigine
lansoprazole

LANTUS, SOLOSTAR [INJ]
leena
leflunomide
lessina
LETAIRIS
leucovorin
leuprolide acetate [INJ]
LEVAQUIN
LEVEMIR, FLEXPEN [INJ]
levetiracetam
levora
levohydroxine sodium
levoxyl
LEXAPRO
LIALDA
LIDODERM
LIPITOR
lisinopril, /hctz
LOTEMAX
LOTREL*
lovastatin
LOVAZA
LOVENOX* [INJ]
low-ogestrel
LUMIGAN
lutera
LYRICA

M

MAXALT, MLT
meclizine hcl
medroxyprogesterone acetate
megestrol
meloxicam
MENEST
mercaptopurine
MERIDIA
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL
metronidazole
microgestin, fe
MIGRANAL nasal spray
MIRAPEX*
mirtazapine, soltab
moexipril/hctz
mometasone
mononessa
morphine sulfate
MOVIPREP
MUSE
mycophenolate mofetil

N

nabumetone
nadolol
NAMENDA
naproxen
NASACORT AQ
NASONEX
nateglinide
necon
NEEVO

neomycin/polymyxin/dexamethasone
neomycin/polymyxin/hc
NEVANAC
NEXIUM
NIASPAN
nifedipine er
nisoldipine
nitrofurantoin
macrocrystal
nitroglycerin
NITROLINGUAL SPRAY
nizatidine
nora-be
nortrel
NOVOFINE
NOVOLIN [INJ]
NOVOLOG [INJ]
NUTROPIN, AQ [INJ]
nystatin

O

ocella
ofloxacin
ogestrel
omeprazole
ondansetron
ONETOUCH BASIC
ONETOUCH FASTAKE
ONETOUCH SURESTEP
ONETOUCH ULTRA, -2, -SMART
ONETOUCH ULTRAMINI
ONGLYZA
OPANA ER
orphenadrine citrate
ORTHO TRI-CYCLEN LO
OSMOPREP
oxcarbazepine
oxybutynin, er
oxycodone
w/acetaminophen
OXYCONTIN
OXYTROL

P

paroxetine
PATADAY
PATANOL
peg 3350/electrolyte
PEGASYS [INJ]
PEG-INTRON, REDIPEN [INJ]
penicillin v potassium
PERFORMIST
perphenazine
phentermine hcl
phenytoin sodium, extended
pilocarpine hcl
pindolol
PLAVIX
polymyxin b sul/
trimethoprim
portia
PRAMOSONE
PRANDIMET
PRANDIN*
pravastatin
PRECISION SURE DOSE
PRECISION XTRA
prednisolone

(continued)

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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
ACCOLATE	Singular	FREESTYLE	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
ACCU-CHEK meters/strips	Bayer Breeze 2/Contour (excluding USB meter), OneTouch	FROVA	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
ACIPHEX	lansoprazole, omeprazole, Nexium	GELNIQUE	oxybutynin er, Oxytrol
ACUVAIL	diclofenac sodium, ketorolac, Nevanac	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ADDERALL XR	dextroamphetamine-amphetamine	HYALGAN	Euflexa
AEROBID, M	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	IMITREX Nasal	Zomig Nasal
ALAMAST	azelastine, Pataday, Patanol	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ALOCRIAL	azelastine, Pataday, Patanol	IQUIX	ciprofloxacin, Vigamox, Zymar*
ALOMIDE	azelastine, Pataday, Patanol	KADIAN	morphine sulfate er
ALORA	Generic patches, Estraderm, Vivelle-Dot	KAPIDEX	lansoprazole, omeprazole, Nexium
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor, Lipitor	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor, Lipitor
ALVESCO	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	LEVITRA	Viagra
AMERGE	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	LIPOFEN	fenofibrate, Trilipix
ANGELIQ	Prempro/Premphase	LUNESTA	zolpidem tartrate, Ambien CR*
ANTARA	fenofibrate, Trilipix	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
APIDRA	Humalog, Novolog	MENOSTAR	Generic patches, Estraderm, Vivelle-Dot
APRISO	balsalazide, Asacol/HD, Lialda	METADATE CD	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
ASMANEX	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	MICARDIS	Cozaar*, Diovan
ATACAND	Cozaar*, Diovan	MICARDIS HCT	Diovan HCT, Hyzaar*
ATACAND HCT	Diovan HCT, Hyzaar*	NORDITROPIN	Genotropin, Humatrope, Nutropin/AQ
ATRALIN	tretinoin, Differin*	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin
AVALIDE	Diovan HCT, Hyzaar*	NUVARING	Ortho Tri-Cyclen Lo, Yaz
AVAPRO	Cozaar*, Diovan	OMNARIS	flunisolide, fluticasone, Nasacort AQ, Nasonex, Veramyst
AVINZA	morphine sulfate er	OMNITROPE	Genotropin, Humatrope, Nutropin/AQ
AVITA	tretinoin, Differin*	OPTIVAR	azelastine
AXERT	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	ORTHO EVRA	Ortho Tri-Cyclen Lo, Yaz
AZMACORT	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	ORTHOVISC	Euflexa
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*	PATANASE	Astelin*, Astepro
BECONASE AQ	flunisolide, fluticasone, Nasacort AQ, Nasonex, Veramyst	PRECISION PCX, QID	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
BENICAR	Cozaar*, Diovan	PREFEST	Prempro/Premphase
BENICAR HCT	Diovan HCT, Hyzaar*	PREVACID	lansoprazole
BEPREVE	azelastine, Pataday, Patanol	PREVPAC	Pylera
BESIVANCE	ciprofloxacin, Vigamox, Zymar*	PROVENTIL HFA	ProAir HFA, Ventolin HFA
BRAVELLE	Gonal-F/RF	PROZAC WEEKLY	fluoxetine (daily), citalopram, paroxetine, sertraline, Lexapro
BROVANA	Perforomist	QUIXIN	ciprofloxacin, Vigamox, Zymar*
CARDENE SR	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular	RAPAFLO	doxazosin, Flomax*, Uroxatral
CEDAX	amox tr/potassium clavulanate, cefdinir, Augmentin XR	RELPAK	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
CENESTIN	estradiol, Menest, Premarin	RETIN-A MICRO	tretinoin, Differin*
CETRAXAL	Ciprodex	RHINOCORT AQUA	flunisolide, fluticasone, Nasacort AQ, Nasonex, Veramyst
CIALIS	Viagra	RITALIN LA	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
CIMZIA	Enbrel, Humira	SAIZEN	Genotropin, Humatrope, Nutropin/AQ
CIPRO HC	Ciprodex	SANCTURA, XR	oxybutynin/er, Enablex, Vesicare
CLARINEX	xfexofenadine, Xyzal	SIMPONI	Enbrel, Humira
DETROL, LA	oxybutynin/er, Enablex, Vesicare	SOF-TACT	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
DIVIGEL	Generic patches, Evamist	SPECTRACEF	amox tr/potassium clavulanate, cefdinir, Augmentin XR
DUREZOL	Generic steroids, Lotemax	STARLIX	nateglinide
EDEX	Caverject, Muse	SUMATRIPTAN Nasal	Zomig Nasal
EDLUAR	zolpidem tartrate, Ambien CR*	SUPARTZ	Euflexa
ELESTAT	azelastine, Pataday, Patanol	SYNTHROID	levothyroxine sodium, levoxy
ELESTRIN	Generic patches, Evamist	SYNVISC, ONE	Euflexa
EMADINE	azelastine, Pataday, Patanol	TESTIM	Androderm, Androgel
ENUJIA	estradiol, Menest, Premarin	TEVETEN	Cozaar*, Diovan
EPOGEN	Aranesp, Procrit	TEVETEN HCT	Diovan HCT, Hyzaar*
ESTRASORB	Generic patches, Evamist	TEV-TROPIN	Genotropin, Humatrope, Nutropin/AQ
ESTROGEL	Generic patches, Evamist	TOVIAZ	oxybutynin/er, Enablex, Vesicare
FACTIVE	ciprofloxacin/er, ofloxacin, Avelox, Levaquin	TRAVATAN, Z	Lumigan, Xalatan
FemHRT	Prempro/Premphase	TRICOR	fenofibrate, Trilipix
FEMTRACE	estradiol, Menest, Premarin	TRIGLIDE	fenofibrate, Trilipix
FENOGLIDE	fenofibrate, Trilipix	VENLAFAXINE ER	Cymbalta, Effexor XR*
FERTINEX	Gonal-F/RF	VYTORIN	simvastatin, Crestor, Lipitor
FML FORTE	Generic steroids, Lotemax	XIBROM	diclofenac sodium, ketorolac, Nevanac
FOCALIN, XR	dexmethylphenidate, dextroamphetamine-amphetamine, Concerta*, Vyvanse	XOPENEX HFA	ProAir HFA, Ventolin HFA
FOLLISTIM AQ	Gonal-F/RF	ZEGERID	lansoprazole, omeprazole, Nexium

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

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