



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
ACULAR, LS*
acyclovir
ADVAIR DISKUS, HFA
ADVICOR
AGGRENOL
albuterol
alendronate sodium
ALPHAGAN P*
ALTBAX
amantadine
AMBIEN CR*
aminophylline
amitriptyline
amlodipine besylate
amox tr/potassium clavulanate
amoxicillin
amphetamine salt combo
anagrelide
ANALPRAM-HC
ANDRODERM
ANDROGEL
antipyrine w/benzocaine
apri
aranelle
ARANESP [INJ]
ARICEPT, ODT
ARIMIDEX*
ARIXTRA [INJ]
ASACOL, HD
ASCENSIA AUTODISC, BREEZE/2
ASCENSIA CONTOUR SYSTEM
ASCENSIA ELITE
ASTELIN*
ASTEPRO
atenolol, -chlorthalidone
atropine sulfate
AUGMENTIN XR
AVANDAMET
AVANDARYL
AVANDIA
AVELOX
aviane
AVODART
AXID solution only
AZASITE
azathioprine
AZILECT
azithromycin
AZOR

B

balsalazide disodium
balziva

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-clindiazepoxide
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
doxepin hcl
DUAC CS
DUETACT
DYNACIRC CR*

E

econazole
EFFEXOR XR*
ELIDEL
eliphos
ENABLEX
enalapril, hctz
ENBREL [INJ]
enpresse
enulose
EPIPEN, JR [INJ]
erin
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
FINACEA, PLUS
finasteride
FLECTOR
FLOMAX*
FLOVENT DISKUS, HFA
fluconazole
fluocinonide
fluorouracil
fluoxetine hcl
fluphenazine
flurazepam
fluticasone nasal spray

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.

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

G

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

H

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

I

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

J

JANUMET
JANUVIA
jolessa
jolivette
junel, fe

K

kariva
kelnor
KEPPRA XR
ketoconazole

L

labetalol hcl
lactulose
lamotrigine

LANTUS, SOLOSTAR [INJ]
leena
leflunomide
lessina
LETAIRIS
leucovorin
leuproline acetate [INJ]
LEVAQUIN
LEVEMIR, FLEXPEN [INJ]
levetiracetam
levora
levothyroxine 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
mercaptapurine
MERIDIA
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL
metronidazole
microgestin, fe
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

ofloxacin
ogestrel
omeprazole
ondansetron
ONETOUCH BASIC
ONETOUCH FASTAKE
ONETOUCH SURESTEP
ONETOUCH ULTRA,-2,
-SMART
ONETOUCH ULTRAMINI
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

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