



# 2014 Express Scripts National Preferred Formulary For Motion Pictures Industry Health Plan

## A

ABILIFY, ABILIFY DISCMELT  
ACANYA  
acetaminophen/codeine  
ACTONEL  
acyclovir  
ACZONE  
ADCIRCA  
AGGRENOX  
albuterol  
alendronate sodium  
allopurinol  
ALPHAGAN P 0.1%  
alprazolam  
ALREX  
amiodarone  
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  
BENZAFLIN 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)  
buspirone  
butalbital/acetaminophen/  
caffeine  
BUTRANS  
BYDUREON [INJ]  
BYETTA [INJ]  
BYSTOLIC

## C

calcipotriene  
CANASA  
CARAC  
carbidopa/levodopa  
carvedilol  
cefdinir  
cefprozil  
cefuroxime  
CELEBREX  
CENESTIN  
cephalexin  
CETROTIDE [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 sodium  
delayed-release  
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  
EUFLEXA [INJ]  
EURAX  
EVAMIST  
EVISTA  
EXELON PATCHES  
EXFORGE, EXFORGE HCT  
EXTAVIA [INJ]

## F

famotidine

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.

fenofibrate  
fenofibrate micronized  
fentanyl citrate  
FENTORA  
FINACEA, FINACEA PLUS  
finasteride  
fluconazole  
fluocinonide  
flouxetine  
fluticasone nasal spray  
FOCALIN XR  
folic acid  
FORADIL  
FORTEO [INJ]  
FOSRENOL  
FRAGMIN [INJ]  
furosemide

## G

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

## H

HALFLYELY-BISACODYL  
HUMALOG [INJ]  
HUMATROPE [INJ]  
HUMIRA [INJ]  
HUMULIN [INJ]  
hydalazine  
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  
LATUDA  
LETAIRIS  
levabuterol  
LEVEMIR, LEVEMIR  
FLEXPEN [INJ]  
levetiracetam  
levocetirizine  
levofloxacin  
levothyroxine sodium  
LIALDA  
LINZESS  
liothyronine  
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  
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 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)

ondansetron orally disintegrating tablets  
ONETOUCH KITS/METERS; BASIC, ULTRA 2, ULTRAMINI, ULTRASMART, VERIO IQ  
ONETOUCH TEST STRIPS; FASTAKE, ONETOUCH, 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  
PERFOROMIST  
pioglitazone  
polymyxin/trimethoprim  
potassium chloride ext-release  
POTIGA  
PRADAXA  
pramipexole  
PRAMOSONE, PRAMOSONE E  
pravastatin  
prednisolone  
prednisolone acetate  
prednisolone sodium phosphate  
prednisone  
PREMARIN TABS  
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]  
RELPAK  
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  
sucralfate  
sulfamethoxazole/trimethoprim  
sumatriptan  
SUMAVEL DOSEPRO [INJ]  
SUPREP  
SYMBICORT  
SYMLINPEN [INJ]

**T**

TACLONEX  
TAMIFLU  
tamoxifen  
tamsulosin ext-release  
TARKA  
TAZORAC  
TECFIDERA  
TEKAMLO  
TEKTRUNA, TEKTRUNA 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  
TREMIMET  
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  
zolidem  
zolidem ext-release  
ZOMIG NASAL  
ZYCLARA  
ZYLET  
ZYMADIX  
ZYTIGA

**Effective April 1, 2014  
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
ALVESCO	Asmanex, Pulmicort Flexhaler, QVAR
APIDRA	Humalog
AUVI-Q	Epipen, Epipen Jr
AVINZA	morphine sulfate ext-release, oxycodone 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
EDARB/EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, Benicar/HCT
EXALGO	morphine sulfate ext-release, oxycodone 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, oxycodone 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
TRAJENTA	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
ZIOPTAN	latanoprost, travoprost, Lumigan, Travatan Z

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

**THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2014 THROUGH DECEMBER 31, 2014. THIS LIST IS SUBJECT TO CHANGE.**  
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