



2011 Express Scripts National Preferred Formulary For Concentra - Generic Medications

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.

<p>A</p> <p>acetaminophen w/codeine acyclovir adapalene albuterol syrup, tablets [QLL] albuterol inh, neb solution [QLL] alendronate sodium [QLL] allopurinol amiodarone amitriptyline amlodipine besylate amox tr/potassium clavulanate amoxicillin amphetamine salt combo anastrozole antipyrine w/benzocaine apri atenolol, -chlorthalidone aviane azathioprine azelastine [QLL] azithromycin [QLL]</p> <p>B</p> <p>baclofen balsalazide disodium benazepril, /hctz benzonatate brimonidine tartrate budesonide neb susp [QLL] bupropion, sr, xl butalbital/apap/caffeine</p> <p>C</p> <p>calcipotriene carbamazepine, xr carbidopa-levodopa, er carvedilol cefadroxil cefdinir cefprozil cefuroxime cephalexin cholestyramine</p>	<p>ciclopirox ciprofloxacin, er citalopram clarithromycin, er clindamycin hcl clindamycin phosphate clobetasol propionate clonazepam clonidine [QLL] clotrimazole/ betamethasone dipropionate cyanocobalamin [INJ] cyclobenzaprine</p> <p>D</p> <p>deseonide dexamethasone dexmethylphenidate dextroamphetamine-amphetamine diclofenac tablets dicyclomine hcl digoxin diltiazem, er divalproex sodium, er donepezil, odt dorzolamide, -timolol doxazosin doxepin</p> <p>E</p> <p>eliphos enoxaparin [INJ] ergocalciferol erythromycin erythromycin/benzoyl perox. estradiol, tds [QLL] estradiol/norethindrone acetate etodolac</p> <p>F</p> <p>famciclovir [QLL] felodipine er fenofibrate fentanyl citrate [PA] [QLL] fexofenadine [QLL]</p>	<p>fexofenadine/ pseudoephedrine er [QLL] finasteride fluconazole [QLL] fluocinonide fluoxetine, dr fluticasone nasal spray [QLL] folic acid fosinopril, /hctz</p> <p>G</p> <p>gabapentin galantamine, er gemfibrozil gianvi glimepiride glipizide, er glyburide, micronized glyburide/metformin</p> <p>H</p> <p>hydralazine hydrochlorothiazide hydrocodone/ acetaminophen hydrocodone/ibuprofen hydromorphone hydroxychloroquine</p> <p>I</p> <p>imiquimod indomethacin ipratropium bromide [QLL] ipratropium-albuterol [QLL] isosorbide mononitrate isotretinoin</p> <p>K</p> <p>ketoconazole ketorolac [QLL]</p> <p>L</p> <p>labetalol hcl lamotrigine</p>	<p>lansoprazole, odt [QLL] levetiracetam levoxyxine sodium levoxyl liothyronine lisinopril, /hctz lithium carbonate losartan, /hctz lovastatin [QLL] low-ogestrel lutea</p> <p>M</p> <p>medroxyprogesterone tablets [QLL] medroxyprogesterone [INJ] [QLL] meloxicam [QLL] metaxalone metformin, er methocarbamol methotrexate tablets methotrexate injection methylphenidate, er methylprednisolone metoclopramide hcl metoprolol, hctz metronidazole mirtazapine, soltab mometasone morphine sulfate, er mupirocin mycophenolate mofetil</p> <p>N</p> <p>nabumetone nadolol naproxen naproxen sodium naratriptan [QLL] nateglinide necon neomycin/polymyxin/ dexamethasone neomycin/polymyxin/hc nifedipine er nitrofurantoin macrocrystal nitroglycerin (ointment, capsules and patches)</p>	<p>netriptyline nystatin nystatin/triamcinolone</p> <p>O</p> <p>ocella ofloxacin omeprazole [QLL] ondansetron, odt [QLL] oxcarbazepine oxybutynin, er [QLL] oxycodone [QLL] oxycodone w/acetaminophen</p> <p>P</p> <p>pantoprazole [QLL] paroxetine peg 3350/electrolyte penicillin v potassium phenytoin sodium, extended polymyxin/trimethoprim potassium chloride, er pramipexole pravastatin [QLL] prednisolone prednisolone acetate prednisolone sodium phosphate prednisone prochlorperazine promethazine w/dm propranolol hcl, w/hctz [QLL]</p> <p>Q</p> <p>quinapril, /hctz</p> <p>R</p> <p>ramipril repexain ribavirin [PA] risperidone, odt rivastigmine caps ropinirole</p>	<p>S</p> <p>sertraline simvastatin [QLL] sodium fluoride sodium sulfacetamide/ sulfur sotalol sprintec sucralate sulfamethoxazole/ trimethoprim sulfasalazine sumatriptan tab, inj [QLL]</p> <p>T</p> <p>tamoxifen tamsulosin temazepam terazosin [QLL] timolol maleate tizanidine tobramycin/dexamethasone susp tobramycin sulfate topiramate [PA] trazodone hcl tretinoin [PA] triamcinolone acetonide triamterene/hctz trinessa tri-sprintec</p> <p>V</p> <p>valacyclovir [QLL] venlafaxine, er verapamil, er veripred</p> <p>W</p> <p>warfarin</p> <p>Z</p> <p>zamicet zolpidem, er [QLL]</p>
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KEY
The italicized, red, bold prescriptions must be filled by Express Scripts' Home Delivery Pharmacy to be eligible for a \$0 copay. Filling the prescription at a retail pharmacy will result in member paying the full amount of the prescription after the 2nd fill. List is subject to change.
 The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.
 The symbol [PA] next to a drug name indicates that a Prior Authorization is required for coverage.
 The symbol [QLL] next to a drug name indicates that a Quantity Level Limit may apply to certain strengths and/or doses of this medication.
 The symbol [ST] next to a drug name indicates that Step Therapy may apply to some or all strengths of the 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. Thank you.
 Brand-name drugs are listed in CAPITAL letters.
 Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2011 THROUGH DECEMBER 31, 2011. THIS LIST IS SUBJECT TO CHANGE.
 You can get more information and updates to this document at our website at www.express-scripts.com.



2011 Express Scripts National Preferred Formulary For Concentra - Preferred Brand Medications

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.

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<p>A</p> <p>ABILIFY (excluding Discmelt & solution) ACCU-CHEK MULTICLIX lancets ACTONEL, with calcium (excluding 30 mg) [QLL] [ST] ACTOPLUS MET, XR [QLL] ACTOS [QLL] ACUVAIL ADCIRCA [PA] [QLL] ADVAIR DISKUS, HFA [PA] [QLL] ADVICOR [QLL] AGGRENOX ALPHAGAN P* ALTABAX AMITIZA AMPYRA [PA] ANALPRAM E, -HC ANDRODERM* ANDROGEL ARANESP [INJ] [PA] ARICEPT 23 mg ARIXTRA [INJ] ASACOL, HD ASTELIN* [QLL] ASTEPRO [QLL] ATELVIA [ST] AVANDAMET [QLL] AVANDARYL [QLL] AVANDIA [QLL] AVELOX AVODART [ST] AZASITE AZILECT AZOR [ST]</p> <p>B</p> <p>BAYER ASCENSIA AUTODISC BAYER BREEZE 2 BAYER CONTOUR (excluding USB meter) BENICAR, HCT [ST] BENZAFLIN PUMP (excluding carekit) BETASERON [INJ] [PA] [QLL] BONIVA [PA] [QLL] [ST] BYETTA [INJ] [PA] [QLL] BYSTOLIC</p>	<p>C</p> <p>CANASA CELEBREX [ST] CIALIS [PA] [QLL] CIPRODEX CLIMARA PRO [QLL] COLCRYS COMBIGAN COMBIPATCH CONCERTA* COPAXONE [INJ] [PA] [QLL] COREG CR* CREON CRESTOR [QLL] CYMBALTA [ST]</p> <p>D</p> <p>DIFFERIN 0.3% gel, 0.1% lotion DIOVAN, HCT [ST] DOVONEX crm DUAC CS* DUETACT [QLL] DULERA [PA] [QLL] DYNACIRC CR*</p> <p>E</p> <p>EFFEXOR XR* [ST] EFFIENT ELIDEL [ST] EMBEDA ENABLEX [ST] ENBREL [INJ] [PA] [QLL] EPIDUO EPIPEN, JR [INJ] [QLL] ESTRADERM [QLL] EUFLEXXA [INJ] [PA] EURAX EVAMIST [QLL] EXELON patch EXFORGE, HCT [ST]</p> <p>F</p> <p>FINACEA, PLUS FLECTOR [QLL] [ST] FLOVENT DISKUS, HFA [QLL] FORADIL [QLL] FORTAMET FORTEO [INJ] [PA] [QLL] FOSRENOL</p>	<p>G</p> <p>GELNIQUE [QLL] [ST] GENOTROPIN [INJ] [PA] GLUCAGEN [INJ]</p> <p>H</p> <p>HALFLYTELY-BISACODYL* HECTOROL HUMALOG [INJ] HUMATROPE [INJ] [PA] HUMIRA [INJ] [PA] [QLL] HUMULIN [INJ]</p> <p>J</p> <p>JALYN JANUMET [QLL] JANUVIA [QLL]</p> <p>K</p> <p>KEPPRA XR* KOMBIGLYZE XR</p> <p>L</p> <p>LAMICTAL ODT* LAMICTAL XR LANTUS, SOLOSTAR [INJ] LETAIRIS [PA] LEVAQUIN* LEVEMIR, FLEXPEN [INJ] LEXAPRO [ST] LIALDA LIDODERM [PA] LIPITOR* [QLL] LOTEMAX LOTREL* [ST] LOVAZA [PA] LUMIGAN [PA] LUNESTA [QLL] [ST] LYRICA [ST]</p> <p>M</p> <p>MAXALT, MLT [QLL] MENEST METROGEL MIGRANAL nasal spray [QLL] MOVIPREP MULTAQ MUSE [QLL]</p>	<p>N</p> <p>NAMENDA NASONEX [QLL] [ST] NEEVO NEVANAC NEXIUM [QLL] NIASPAN NOVOFINE NOVOLIN [INJ] NOVOLOG [INJ] NUCYNTA [QLL] NUTROPIN, AQ, AQ NUSPIN [INJ] [PA] NUVARING</p> <p>O</p> <p>ONETOUCH BASIC ONETOUCH FASTTAKE ONETOUCH SURESTEP ONETOUCH ULTRA, -2, -SMART ONETOUCH ULTRAMINI ONGLYZA [QLL] OPANA ER* ORTHO TRI-CYCLEN LO ORTHOVISC [INJ] [PA] OSMOPREP OXYCONTIN</p> <p>P</p> <p>PATADAY* PATANOL* PEGASYS [INJ] [PA] [QLL] PEG-INTRON, REDIPEN [INJ] [PA] [QLL] PERFOROMIST [QLL] PLAVIX 75 mg PLAVIX PRADAXA PRANDIMET [QLL] PRANDIN* PRECISION SURE DOSE PRECISION XTRA PREMARIN PREMPHASE PREMPRO PRENATE DHA, ELITE PRISTIQ [ST] PROAIR HFA [QLL] PROCRI [INJ] [PA] PRODIGY insulin syr, pen needles</p>	<p>PROMETRIUM PROTOPIC [ST] PULMICORT FLEXHALER [QLL] PYLERA</p> <p>Q</p> <p>QVAR [QLL]</p> <p>R</p> <p>RANEXA REBIF [INJ] [PA] [QLL] RELENZA [QLL] RENAGEL RENVELA REQUIP XL RESTASIS [QLL] REVIATIO [PA] [QLL] RIOMET RYTHMOL SR*</p> <p>S</p> <p>SANCUSO [QLL] SAVELLA [ST] SEREVENT DISKUS [QLL] SEROQUEL, XR [PA] SIMCOR [QLL] [ST] SINGULAIR [ST] SOFT TOUCH lancets SOFTCLIX lancets SOMATULINE DEPOT [INJ] SPIRIVA [QLL] STRATTERA* STRIANT SUBOXONE* [QLL] SULAR* SYMBICORT [PA] [QLL] SYMBYAX SYMLIN, SYMLINPEN [INJ] [PA] [QLL]</p> <p>T</p> <p>TACLONEX TAMIFLU [QLL] TAZORAC* [PA] TEKAMLO TEKTURNA, HCT [ST] TRACLEER [PA] TREMIMET [QLL] TRIBENZOR [ST] TRILIPIX [ST]</p>	<p>TUSSICAPS TWINJECT [INJ] [QLL]</p> <p>U</p> <p>ULORIC UROXATRAL*</p> <p>V</p> <p>VAGIFEM VALTURNA [ST] VENTOLIN HFA [QLL] VERAMYST [QLL] [ST] VESICARE [ST] VIAGRA [PA] [QLL] VICTOZA [INJ] [PA] [QLL] VIGAMOX VIMOVO VIMPAT VIVELLE-DOT [QLL] VOLTAREN GEL* [ST] VYVANSE</p> <p>W</p> <p>WELCHOL</p> <p>X</p> <p>XALATAN* [PA] XERESE XIFAXAN XOPENEX neb solution XYZAL [QLL]</p> <p>Z</p> <p>ZETIA ZOMIG, ZMT [QLL] ZYCLARA ZYLET ZYMAR* ZYMAXID ZYPREXA (excluding Zydys)*</p>
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