



2015 Express Scripts National Preferred Formulary For State of Maryland Employees

A

ABILIFY, ABILIFY DISCMELT
 ACANYA
 acetaminophen/codeine
 acyclovir
 ACZONE
 ADCIRCA
 AGGRENOX
 albuterol nebulization solution
 alendronate sodium
 allopurinol
 ALPHAGAN P 0.1%
 alprazolam
 ALREX
 amiodarone
 AMITIZA
 amitriptyline
 amlodipine
 amlodipine/benazepril
 amoxicillin
 amoxicillin/potassium clavulanate
 AMPYRA
 AMTURNIDE
 ANALPRAM ADVANCED CREAM KIT
 ANALPRAM HC 1% CREAM SINGLES, 2.5% LOTION
 anastrozole
 ANDROGEL
 ANORO ELLIPTA
 antipyrine/benzocaine
 apri
 arbinoxa
 ARCAPTA
 ASACOL HD
 ASMANEX
 ASTEPRO
 ATELVIA
 atenolol
 atenolol/chlorthalidone
 atorvastatin
 ATRALIN
 AUVI-Q [INJ]
 AVONEX [INJ]
 AXIRON
 azathioprine
 azelastine nasal spray
 AZILECT
 azithromycin
 AZOR

B

baclofen
 benazepril
 benazepril/
 hydrochlorothiazide
 BENICAR, BENICAR HCT
 benzonatate
 BEPREVE
 BESIVANCE
 BETHKIS

BEYAZ
 bisoprolol/
 hydrochlorothiazide
 BRILINTA
 budesonide nebulization suspension
 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
 cefuroxime
 CELEBREX
 CENESTIN
 cephalixin
 chlorhexidine gluconate
 chlorthalidone
 chorionic
 gonadotropin [INJ]
 CIALIS
 CIPRODEX
 ciprofloxacin
 citalopram
 clarithromycin
 clindamycin hcl
 clindamycin phosphate
 clindamycin phosphate/
 benzoyl peroxide
 clobetasol propionate
 clomiphene citrate
 clonazepam
 clonidine
 clopidogrel
 clotrimazole/
 betamethasone
 dipropionate
 COLCRYS
 COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT
 CONCEPTION KIT
 COPAXONE [INJ]
 COREG CR
 CREON
 CRESTOR
 CRINONE
 cyclobenzaprine

D

DALIRESP
 DAYTRANA
 DELZICOL
 desloratadine
 desonide
 dexamethasone
 dextroamphetamine/
 amphetamine
 dextroamphetamine/
 amphetamine
 ext-release
 diazepam
 diclofenac sodium
 delayed-release
 dicyclomine hcl
 DIFFERIN 0.1% LOTION
 digoxin
 diltiazem ext-release (24 hour)
 diphenoxylate/atropine
 divalproex delayed-release
 divalproex ext-release
 DIVIGEL
 donepezil
 doxazosin
 doxepin
 doxycycline hyclate
 doxycycline monohydrate
 DULERA
 duloxetine delayed-release
 DYMISTA

E

EFFIENT
 ELIDEL
 eliphas
 ELIQUIS
 enalapril
 ENBREL [INJ]
 ENDOMETRIN
 ENJUVIA
 enoxaparin [INJ]
 EPIDUO
 EPIPEN, EPIPEN JR [INJ]
 erythromycin eye ointment
 escitalopram
 estradiol
 estradiol/norethindrone
 acetate
 eszopiclone
 etodolac
 EVAMIST
 EXELON PATCHES
 EXFORGE, EXFORGE HCT
 EXTAVIA [INJ]

F

famotidine
 fenofibrate
 fenofibrate micronized

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.

fenofibric acid
 delayed-release
 fentanyl patch
 FINACEA
 finasteride
 fluconazole
 fluocinonide
 fluoxetine
 fluticasone nasal spray
 FOCALIN XR 5 MG, 10 MG, 20 MG, 25 MG, 35 MG

folic acid
 FORADIL
 FORTEO [INJ]
 FOSRENOL
 FRAGMIN [INJ]
 furosemide
 FYCOMPA

G

gabapentin
 GANIRELIX ACETATE [INJ]
 GELNIQUE
 gemfibrozil
 GENOTROPIN [INJ]
 gianvi
 gildess fe
 GILENYA
 glimepiride
 glipizide
 glipizide ext-release
 GLUCAGEN [INJ]
 GLUCAGON [INJ]
 glyburide
 glyburide/metformin
 GONAL-F [INJ]
 GONAL-F RFF [INJ]
 GRALISE
 GRASTEK

H

HUMALOG [INJ]
 HUMATROPE [INJ]
 HUMIRA [INJ]
 HUMULIN [INJ]
 hydralazine
 hydrochlorothiazide
 hydrocodone/
 acetaminophen
 hydrocodone/
 chlorpheniramine
 polistirex
 hydrocodone/homatropine
 hydrocodone/ibuprofen
 hydrocortisone topical
 hydromorphone
 hydroxychloroquine
 hydroxyzine hcl
 hydroxyzine pamoate

I

ibandronate

ibuprofen
 ILEVRO
 indomethacin
 INTUNIV
 INVOKANA
 irbesartan
 isosorbide mononitrate
 ext-release

J

JANUMET, JANUMET XR
 JANUVIA
 junel fe

K

ketoconazole topical
 KOMBIGLYZE XR

L

labetalol hcl
 lamotrigine
 lansoprazole
 delayed-release
 LANTUS [INJ]
 latanoprost
 LATUDA
 LAZANDA
 LETAIRIS
 LEVEMIR [INJ]
 levetiracetam
 levocetirizine
 levofloxacin
 levothyroxine sodium
 LIALDA
 lidocaine patch
 LINZESS
 liothyronine
 LIPOFEN
 LIPTRUZET
 lisinopril
 lisinopril/
 hydrochlorothiazide
 LO LOESTRIN FE
 LO MINASTRIN FE
 lorazepam
 losartan
 losartan/
 hydrochlorothiazide
 LOTEMAX
 lovastatin
 LUMIGAN
 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 topical
 metronidazole vaginal gel
 microgestin fe
 MINASTRIN 24 FE
 MINIVELLE
 minocycline
 MIRAPEX ER
 mirtazapine
 MIRVASO
 modafinil
 mometasone
 MONOVISC [INJ]
 montelukast
 morphine sulfate
 ext-release
 MOVIPPREP
 MOXEZA
 moxifloxacin
 mupirocin
 MUSE
 MYRBETRIQ

N

nabumetone
 NAMENDA XR
 naproxen, naproxen sodium
 NASONEX
 NATAZIA
 neomycin/polymyxin/
 hydrocortisone ear drops
 NEVANAC
 NEXIUM
 niacin ext-release
 nifedipine ext-release
 nitrofurantoin
 monohydrate/
 macrocrystals
 NITROLINGUAL PUMPSPRAY
 NORDITROPIN [INJ]
 nortriptyline
 NUCYNTA, NUCYNTA ER
 NUEDEXTA
 NUVARING
 NUVIGIL
 nystatin oral suspension
 nystatin topical
 nystatin/triamcinolone

(continued)

O	QVAR	TOBRADEX ST tobramycin eye solution tobramycin/ dexamethasone susp tolterodine ext-release topiramate TOVIAZ TRACLEER tramadol tramadol/acetaminophen TRAVATAN Z trazodone hcl TREXIMET triamcinolone acetonide topical triamterene/ hydrochlorothiazide TRIBENZOR trinessa tri-previfem tri-sprintec TUDORZA
olanzapine OLYSIO omeprazole delayed- release ondansetron ondansetron orally disintegrating tablets ONGLYZA OPANA ER OPSUMIT ORACEA ORENCIA [INJ] orsythia ORTHOVISC [INJ] OTEZLA oxcarbazepine OXTELLAR XR oxybutynin oxybutynin ext-release oxycodone oxycodone/acetaminophen OXYCONTIN	R rabeprazole delayed-release RAGWITEK raloxifene ramipril RANEXA ranitidine RAPAFLO REBIF [INJ] RECTIV RELISTOR [INJ] RELPAK RENVELA RESTASIS RIOMET risperidone rizatriptan rizatriptan orally disintegrating tablets ropinirole	U UCERIS ULORIC
P	S	V
pantoprazole delayed-release paroxetine PATADAY PATANOL PEGASYS [INJ] penicillin v potassium PENTASA PERFOROMIST pioglitazone polymyxin/trimethoprim potassium chloride ext-release POTIGA PRADAXA pramipexole PRAMOSONE 1% PRAMOSONE 2.5% LOTION, OINTMENT PRAMOSONE E pravastatin prednisolone acetate eye suspension prednisolone sodium phosphate prednisone PREMARIN TABS PREMPHASE PREMPRO PRISTIQ PROAIR HFA PROCRIPT [INJ] PRODIGY INSULIN SYR, PEN NEEDLES progesterone micronized PROLENSA promethazine promethazine/ dextromethorphan propranolol propranolol ext-release PROTOPIC PULMICORT FLEXHALER PYLERA	SAFYRAL SANCUSO SAVELLA SEREVENT DISKUS SEROQUEL XR sertraline SIMCOR simvastatin SOLODYN 55 MG, 65 MG, 80 MG, 105 MG, 115 MG SOMATULINE DEPOT [INJ] SPIRIVA spironolactone sprintec STELARA [INJ] STRATTERA SUBOXONE SL FILM SUCLEAR sulfamethoxazole/ trimethoprim sumatriptan SUMAVEL DOSEPRO [INJ] SUPREP SYMBICORT SYMLINPEN [INJ] SYNVISC [INJ] SYNVISC-ONE [INJ]	VAGIFEM valacyclovir valsartan valsartan/ hydrochlorothiazide VASCEPA venlafaxine venlafaxine ext-release VENTOLIN HFA verapamil ext-release veripred VESICARE VGO VIAGRA VICTRELIS VIGAMOX VIIBRYD VIMPAT VIRAMUNE XR VIVELLE-DOT VOLTAREN GEL VYTORIN VYVANSE
Q	T	W
QNASL quetiapine QUILLIVANT XR quinapril	TACLONEX SUSPENSION TAMIFLU tamoxifen tamsulosin ext-release TARKA TAZORAC TECFIDERA TEKAMLO TEKTURNA, TEKTURNA HCT telmisartan telmisartan/ hydrochlorothiazide temazepam terazosin terconazole testosterone cypionate [INJ] timolol maleate eye solution tizanidine TOBRADEX OINTMENT	warfarin WELCHOL
		X XARELTO XIFAXAN
		Z ZENPEP (EXCEPT 5,000 U) ZETIA ZIANA zolpidem zolpidem ext-release ZOMIG NASAL ZORVOLEX ZUBSOLV ZYLET ZYTIGA

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)
ABSTRAL	fentanyl citrate, LAZANDA
ALVESCO	ASMANEX, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIPT
AXERT	rizatriptan, sumatriptan, zolmitriptan, RELPAK
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
BENZACLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide, ACANYA, ZIANA
BETASERON	AVONEX, EXTAVIA, REBIF
BRAVELLE	GONAL-F, GONAL-F RFF
BREO ELLIPTA	DULERA, SYMBICORT
CETRAXAL	ciprofloxacin ear solution, CIPRODEX
CIMZIA	ENBREL, HUMIRA, STELARA
DUEXIS	ibuprofen + famotidine
EDARBI/EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT
EPOGEN	PROCRIPT
EUFLEXXA	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
FENTORA	fentanyl citrate, LAZANDA
FLOVENT DISKUS/HFA	ASMANEX, PULMICORT FLEXHALER, QVAR
FOLLISTIM AQ	GONAL-F, GONAL-F RFF
FORTESTA	ANDROGEL, AXIRON
FROVA	rizatriptan, sumatriptan, zolmitriptan, RELPAK
GEL-ONE	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
HYALGAN	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
INCIVEK	OLYSIO, VICTRELIS
JENTADUETO	JANUMET, JANUMET XR, KOMBIGLYZE XR
KADIAN	morphine sulfate ext-release, hydromorphone ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN
KAZANO	JANUMET, JANUMET XR, KOMBIGLYZE XR
LEVITRA	CIALIS, VIAGRA
NESINA	JANUVIA, ONGLYZA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN/NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OMNARIS	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
PANCREAZE	pancrelipase delayed-release, CREON, ZENPEP
PEGINTRON	PEGASYS
PERTZYE	pancrelipase delayed-release, CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA, VENTOLIN HFA
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI	ENBREL, HUMIRA, STELARA
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate, LAZANDA
SUPARTZ	MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE
TANZEUM	BYDUREON, BYETTA
TESTIM	ANDROGEL, AXIRON
TESTOSTERONE GEL	ANDROGEL, AXIRON
TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz, BENICAR/HCT
TEV-TROPIN	GENOTROPIN, HUMATROPE, NORDITROPIN
TRADJENTA	JANUVIA, ONGLYZA
ULTRESA	pancrelipase delayed-release, CREON, ZENPEP
VELTIN	clindamycin phosphate + tretinoin, ACANYA, ZIANA
VERAMYST	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
VICTOZA	BYDUREON, BYETTA
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL, AXIRON
XELJANZ	ENBREL, HUMIRA
XOPENEX HFA	PROAIR HFA, VENTOLIN HFA
ZETONNA	flunisolide, fluticasone, triamcinolone acetonide, NASONEX, QNASL
ZIOPTAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOHDRO ER	morphine sulfate ext-release, hydromorphone ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN

KEY

[INJ] - Injectable 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.

Brand-name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.

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