

2014 Preferred Drug List Exclusions

As of 04/01/14 the excluded medications shown below are not covered on the Express Scripts drug list.* In most cases, if you fill a prescription for one of these drugs after 4/1/14 you will pay the full retail price.

Take action to avoid paying full price.

If you are currently using one of the excluded medications, please ask your doctor to consider writing a new prescription for one of the following safe and effective covered alternatives.

Drug Class	Excluded Medications	Covered Alternatives
ANTINEOPLASTIC/ IMMUNOSUPPRESSANT Biologics – Injectable Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions	Cimzia, Simponi, Stelara, Xeljanz	Enbrel, Humira
AUTONOMIC & CENTRAL NERVOUS SYSTEM Interferon Beta Medications for Multiple Sclerosis	Betaseron	Avonex, Extavia, Rebif
Long-Acting Opioid Oral Analgesics	Avanza, Exalgo, Kadian	morphine sulfate ER, oxycodone ER, Nucynta ER, Opana ER, Oxycotin
CARDIOVASCULAR Angiotensin II Receptor Antagonists + Diuretic Combinations	Edarbi/Edarbyclor, Micardis/Micardis HCT, Teveten/Teveten HCT	candesartan/hydrochlorothiazide (HCTZ), irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
DIABETES Blood Glucose Meters & Strips	Abbott (Freestyle, Precision), Bayer (Breeze, Contour), Nipro (TRUtrack, TRUEtest), Roche (Accu-Chek)	LifeScan (OneTouch)
Dipeptidyl Peptidase-IV Inhibitors & Combos	Jentadueto, Kazano, Nesina, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze, Onglyza
Incretin Mimetics (Glucagon-Like Peptide-1 Agonists)	Victoza	Bydureon, Byetta
Insulins	Novo lin	Humulin
	Apidra, NovoLog	Humalog
EAR/NOSE Nasal Steroids	Beconase AQ, Omnisar, Rhinocort Aqua, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
ENDOCRINE (OTHER) Androgen Drugs (Topical Testosterone Products)	Fortesta, Test m	AndroGel, Axiron
Growth Hormones	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin

*These changes apply to most Express Scripts national drug lists; does not apply to Medicare plans.

Continued

Drug Class	Excluded Medications	Covered Alternatives
IMMUNOLOGICAL Interferons	PegIntron	Pegasys
OBSTETRICAL & GYNECOLOGICAL Ovulatory Stimulants (Follicotropins)	Bravelle, Follistim AQ	Gonal-f
OPHTHALMIC Anti-glaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	Ilatanoprost, travoprost, Lumigan, Travatan Z
RESPIRATORY Epinephrine Auto-Injector Systems	Auvi-Q	EpiPen, Epi-Pen Jr
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Flovent Diskus/HFA	Asmanex, Pulmicort Flexhaler, QVAR
Pulmonary Anti-Inflammatory/ Beta Agonist Combination Inhalers	Advair Diskus/HFA, Breo Ellipta	Dulera, Symbicort
Beta-2 Adrenergics (Short-Acting Inhalers)	Maxair Autohaler, Proventil HFA, Xopenex HFA	Proair HFA, Ventolin HFA
UROLOGICAL Erectile Dysfunction Oral Agents	Levitra, Staxyn	Cialis, Viagra

Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to Express-Scripts.com/covered to access cost-savings tools that provide pricing and coverage information for specific medications. Other prescription benefit considerations may apply.

Excluded Medications/Products at a Glance

Abbott Meters & Strips
(Freestyle, Precision)
Advair Diskus/HFA
Alvesco
Apidra
Auvi-Q
Avinza
Bayer Meters & Strips
(Breeze, Contour)
Beconase AQ
Betaseron
Bravelle
Breo Ellipta

Cimzia
Edarbi/Edaroyoic
Exalgo
Flovent Diskus/HFA
Follistim AQ
Fortesta
Jentaduelo
Kadian
Kazano
Levitra
Maxair Autohaler
Micardis/Micardis HCT
Nesina

Nipro Meters & Strips
(TRUEtrack, TRUEtest)
Novolin
NovoLog
Nutropin/Nutropin AQ
Omnaris
Omnitrope
PegIntron
Proventil HFA
Rhinocort Aqua
Roche Meters & Strips
(Accu-Chek)
Saizen

Simponi
Staxyn
Stelara
Testim
Teveter/Teveter HCT
Tev-Tropin
Trijenta
Veramyst
Victoza
Xeljanz
Xopenex HFA
Zetonna
Zioptan

If you have any questions, please call the number on your member ID card.

Express Scripts manages your prescription benefit for your employer, plan sponsor or health plan.