



EXPRESS SCRIPTS®



Rx OHIO COLLABORATIVE

Champaign County 2015 Prescription Drug Benefits

Plan Benefits

This program utilizes a three-tier copay design for generic drugs, preferred brand drugs and non-preferred brand drugs. The generic and preferred brand drugs are on a formulary or preferred drug list. Your doctor should consult the Express Scripts Performance Drug List (formulary) before prescribing drugs to you or your dependents if you want your costs to be as low as possible. A copy of the Formulary List was included with your member materials or is available online at www.express-scripts.com. You pay the **lowest copay** when a generic drug is dispensed for your prescription. A generic drug is labeled with the medication's chemical name and generally has a brand-name equivalent. The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same active chemical composition, same potency, and be offered in the same form as their brand-name equivalents. Preferred brand-name drugs generally have no generic equivalent and are provided at slightly higher copays than generic drugs. Non-preferred brand-name drugs and some additional brand medications are covered at the highest tier copay.

This program also includes a generic incentive feature that means you pay more for your prescription if a generic alternative is available and you still choose to have the brand-name drug dispensed. You will pay the applicable copay plus the difference in cost between the generic and brand-name drug.

Type of Prescription Drug	Days Supply Limit*	Copayment
Retail Program: Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs	30-day supply per Rx 30-day supply per Rx 30-day supply per Rx	\$10 per Rx \$25 per Rx \$40 per Rx
Mail Order Program: Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs	90-day supply per Rx 90-day supply per Rx 90-day supply per Rx	\$20 per Rx \$50 per Rx \$80 per Rx
Maximum Out Of Pocket Single / Family		\$2,500/\$5,000

*Some drug types may have supply limitations that differ from the standard 30 or 90 day supply noted here. **If a generic drug is available and you request the brand-name drug, you must pay the brand-name copay plus the cost difference between the brand-name and generic drug.**

Mail Order Program

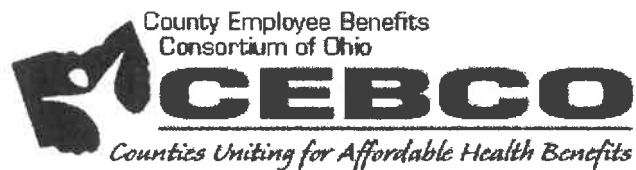
The mail service program provides a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medications. The prescriptions are mailed directly to your home. **You will need to obtain a new prescription to use the mail service program. Ask your doctor for a prescription for up to a 90-day supply with three (3) refills.** Complete the mail service order form. Enclose the form, your prescription and co-pay (check, money order or credit card) in the self-addressed envelope.

You can re-order your mail prescription over the Internet at www.express-scripts.com or by telephone at **866-832-9250**. You can also mail your refill request, but online and telephone orders generally will arrive sooner. New prescriptions typically arrive within 10-14 days from the day you mail your order. Refills ordered online or by phone will usually arrive within 10 days. Mail order forms are available from your employer...

Specialty Medications

Certain injectable medications must be obtained through the **Accredo** program. This program offers a convenient and cost-effective way to order infused, injectable, and oral drugs that typically require added supervision of patient therapy. It is important for your physician to refer you to the **Accredo program** by calling **800-501-7210** and requesting a patient referral form that needs to be sent or faxed back to Express Scripts/Accredo. This toll-free number also puts you in touch with the customer service line if you have additional questions or need more information. This program provides medications for many chronic conditions such as multiple sclerosis, rheumatoid arthritis, hemophilia, Gaucher disease, cystic fibrosis, hepatitis C, respiratory syncytial virus, growth hormone deficiency, anemia, Crohn's disease, neutropenia, pulmonary hypertension and others. Accredo offers personalized care, 24-hour support, prompt, safe delivery, refill reminders and drug safety monitoring.

RxOC/Express Scripts CUSTOMER SERVICE: 1-866-832-9250





2015 Express Scripts National Preferred Formulary

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
cephalexin
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
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP

DAYTRANA
DELZICOL
desloratadine
desonide
dexamethasone
DEXCOM G4 SENSOR
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
eliphos
ELIQUIS
enalapril
ENBREL [INJ]
ENDOMETRIN
ENJUVA
enoxaparin [INJ]
EPIDUO
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
estradiol
estradiol/norethindrone
acetate
eszopiclone
etodolac
EVAMIST
EXELON PATCHES
EXFORGE, EXFORGE HCT
EXTAVIA [INJ]

F

famotidine
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patch
FINACEA

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.

finasteride
fluconazole
fluocinonide
fluoetidine
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
gildress fe
GILENYA
glimepiride
glipezide
glipezide 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
gianvi
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
MOVIPREP
MOXEZA
moxifloxacin
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMENDA XR
naproxen, naproxen sodium
NASCOBAL
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
NUDEXTA
NUVARING
NUVIGIL
nystatin oral suspension
nystatin topical
nystatin/triamcinolone

O

olanzapine
OLYSIO
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2015 THROUGH DECEMBER 31, 2015. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our website at Express-Scripts.com.

ONETOUCH KITS/METERS;
BASIC, ULTRA 2,
ULTRAMINI,
ULTRASMART, VERIO IQ,
VERIO SYNC
ONETOUCH TEST STRIPS;
FASTTAKE, ONETOUCH,
SURESTEP, ULTRA,
VERIO
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

S

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
SUCLONE
sulfamethoxazole/
trimethoprim
sumatriptan
SUMAVEL DOSEPRO [INJ]
SUPREP
SYMBICORT
SYMLINPEN [INJ]
SYNVISC [INJ]
SYNVISC-ONE [INJ]

T

TACLONEX SUSPENSION
TAMIFLU
tamoxifen
tamsulosin ext-release
TARKA
TAZORAC
TECFIDERA
TEKAMLO
TEKTRUNA, TEKTRUNA HCT
telmisartan
telmisartan/
hydrochlorothiazide
temazepam
terazosin
terconazole
testosterone
cypionate [INJ]
timolol maleate
eye solution
tizanidine
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/
dexamethasone susp

tolterodine ext-release
topiramate
TOVIAZ
TRACLEER
tramadol
tramadol/acetaminophen
TRAVATAN Z
trazodone hcl
TREMIMET
triamcinolone acetonide
topical
triamterene/
hydrochlorothiazide
TRIBENZOR
trinessa
tri-previfem
tri-sprintec
TUDORZA

U

UCERIS
ULORIC

V

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

W

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
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ALVESCO	ASMANEX, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
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
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
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	PROCRIT
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
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
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
TEY-TROPIN	GENOTROPIN, HUMATROPE, NORDITROPIN
TRADJENTA	JANUVIA, ONGLYZA
TRUETEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
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
ZIOPHTAN	latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOHYDRO 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.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2015 THROUGH DECEMBER 31, 2015. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our website at Express-Scripts.com.

2015 Preferred Drug List Exclusions

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, 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 preferred alternatives.

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Interferon Beta Medications for Multiple Sclerosis	Betaseron	Avonex, Extavia, Rebif
Long-Acting Opioid Oral Analgesics	Kadian, Zohydro ER	morphine sulfate ER, oxycodone ER, Nucynta ER, Opana ER, Oxycotin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Subsys	fentanyl citrate, Lazanda
Triptans	Axert, Frova	rizatriptan, sumatriptan, zolmitriptan, Relpax
CARDIOVASCULAR Angiotensin II Receptor Antagonists + Diuretic Combinations	Edarbi/Edarbyclor, Teveten HCT	candesartan/HCTZ, irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
DERMATOLOGICAL Topical Acne/Antibiotic Combinations	BenzaClin Gel Pump, Veltin	clindamycin/benzoyl peroxide, clindamycin PLUS tretinoin, Acanya, Ziana
DIABETES Blood Glucose Meters & Strips	Abbott (FreeStyle, Precision), Bayer (Breeze, Contour), Nipro (TRUetest, TRUetrack), Roche (Accu-Chek)	LifeScan (OneTouch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Jentaduo, Kazano, Nesina, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
Glucagon-Like Peptide-1 Agonists	Tanzeum, Victoza	Bydureon, Byetta
Insulins	Novolin	Humulin
	Apidra, NovoLog	Humalog
EAR/NOSE Nasal Steroids	Beconase AQ, Omnaris, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
Otic Fluoroquinolone Antibiotics	Cetraxal	ciprofloxacin otic solution, Ciprodex
ENDOCRINE (OTHER) Growth Hormones	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin
Topical Testosterone Products	Fortesta, Testim, Testosterone 1% Gel, Vogelxo	AndroGel, Axiron
GASTROINTESTINAL Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa	pancrelipase DR, Creon, Zenpep
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit

Continued

Drug Class	Excluded Medications	Preferred Alternatives
HEPATITIS Protease Inhibitors	Incivek	Olysio, Victrelis
Other Direct-Acting Antivirals (example: Sovaldi)	<i>To be determined after FDA approval</i>	<i>To be determined after FDA approval</i>
Pegylated Interferons	PegIntron	Pegasys
INFLAMMATORY CONDITIONS Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions	Cimzia, Simponi, Xeljanz	Enbrel, Humira, Stelara
OBSTETRICAL & GYNECOLOGICAL Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f, Gonal-f RFF
OPHTHALMIC Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
OSTEOARTHRITIS Hyaluronic Acid Derivatives	Euflexxa, Gel-One, Hyalgan, Supartz	Monovisc, Orthovisc, Synvisc, Synvisc-One
RESPIRATORY Pulmonary Anti-Inflammatory Inhalers	Alvesco, Flovent Diskus/HFA	Asmanex Twisthaler/HFA, Pulmicort Flexhaler, QVAR
Pulmonary Anti-Inflammatory/ Beta Agonist Combination Inhalers	Breo Ellipta	Dulera, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
UROLOGICAL Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra

Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to Express-Scripts.com/covered to compare drug prices. Other prescription benefit considerations may apply.

Excluded Medications/Products at a Glance

Abbott (FreeStyle, Precision)	Euflexxa*	Nutropin/Nutropin AQ	Teveten HCT
Abstral*	Fentora*	Omnaris	Tev-Tropin
Alvesco	Flovent Diskus/HFA	Omnitrope	Tradjenta
Apidra	Follistim AQ	Pancreaze*	Ultresa*
Aranesp*	Fortesta	PegIntron	Veltin*
Axert*	Frova*	Pertzye*	Veramyst
Bayer (Breeze, Contour)	Gel-One*	Proventil HFA	Victoza
Beconase AQ	Hyalgan*	Roche (Accu-Chek)	Vimovo*
BenzaClin Gel Pump*	Incivek*	Saizen	Vogelxo*
Betaseron	Jentaduetto	Simponi	Xeljanz
Bravelle	Kadian	Staxyn	Xopenex HFA
Breo Ellipta	Kazano	Stendra*	Zetonna
Cetraxal*	Levitra	Subsys*	Zioptan
Cimzia	Nesina	Supartz*	Zohydro ER*
Duexis*	Nipro (TRUEtest, TRUEtrack)	Tanzeum*	
Edarbi/Edarbyclor	Novolin	Testim	
Epogen*	NovoLog	Testosterone 1% Gel*	

* New exclusion as of Jan. 1, 2015

Express Scripts manages your prescription benefit for your employer, plan sponsor or health plan. These changes apply to most Express Scripts national drug lists; does not apply to Medicare plans.