



01-09

**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: January 12, 2009

**ALL-EMPLOYEES MEMORANDUM
EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY
PRESCRIPTION DRUG BENEFITS**

Attached please find the updated **2009 Express Scripts National Preferred Medication List** for the Suffolk County EMHP. We recommend that you share this list with your doctor. Your doctor may refer to this list when prescribing medication in order for you to utilize your drug plan in the most cost efficient manner. Remember the EMHP has a mandatory generic requirement – generic prescribing is always preferable whenever possible so that you do not pay additional out-of-pocket costs.

This list is not all-inclusive nor does it guarantee coverage or the lowest copay, but it is a summary of the most commonly utilized prescription medications by EMHP enrollees. As you may recall, **ALL GENERIC MEDICATIONS ARE PREFERRED MEDICATIONS.**

Please note that the Express Scripts National Preferred Medication List is continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, www.express-scripts.com, for the most current information or contact them at 1-800-467-2006.

Also attached is the **2009 ESI Therapeutic Equivalent Program (Step Therapy) Drug List**. Step Therapy is a program designed exclusively for people who have certain conditions; such as, acid reflex/heartburn, arthritis, asthma/allergies, depression, eczema/dermatitis, high blood pressure, high cholesterol, insomnia and other conditions that require medications to be taken regularly. In Step Therapy, drugs are grouped in categories, based on cost:

- Front-line drugs – the first step – are generic drugs proven safe, effective and affordable. In order to receive the greatest benefits from the Step Therapy plan, these drugs must be tried first because they can provide the same health benefit as more expensive drugs at a lower cost.
- Back-up drugs – the second and third step – are brand name drugs such as those you see advertised on TV. There are lower-cost brand drugs (Step 2) and higher-cost brand drugs (Step 3). The patient must try the Step 2 back-up drug before trying the Step 3-back-up drug. Back-up drugs typically cost more than front-line drugs.

How Does Step Therapy Work?

The next time your doctor writes you a prescription, ask your doctor if a generic medication listed by the EMHP as a front-line drug is right for you.

- If you've already tried a front-line drug within the previous 130 days, or your doctor decides one of these drugs isn't appropriate for you, you should request a waiver or authorization from ESI for coverage of a back-up drug. Ask your doctor if one of the lower-cost brands (Step 2 drugs) listed is appropriate.
- You can always get a higher-cost brand-name drug at a higher co-payment if the front-line or Step 2 back-up drugs aren't medically correct for you.

Talk With Your Doctor

Only your doctor can advise you about the drugs you take, so talk with your doctor about your medications. Give your doctor a copy of the attached Step Therapy Drug List and ask if the front-line drug is right for you.

Please note the front line drugs are continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, www.express-scripts.com, for the most current information or you can contact Express Scripts directly at 1-800-467-2006.

Step Therapy helps you get an effective medication to treat your condition while keeping your costs as low as possible. The lowest-cost Step Therapy drugs also save money for your prescription-drug plan, and that helps ensure that your pharmacy benefit will be there for you and your family in the future.

Should you have questions on the above benefits, please contact the Express Scripts at 1-800-467-2006 or visit their website at www.express-scripts.com



JEFFREY W. SZABO

Deputy County Executive & Chief of Staff

DISTRIBUTION

One copy per employee



2009 Express Scripts National Preferred Medication List For Suffolk County EMHP

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list that is at the core of the Suffolk County EMHP Prescription-Drug Plan (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 this medication is subject to nonpreferred status when a generic is available throughout the year.

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

<p>A</p> <p>ABILIFY (excluding Discmelt & solution) acarbose acebutolol acetaminophen w/codeine acetazolamide ACTIVELLA* ACTIONEL, with calcium ACTOPLUS MET ACTOS ACULAR, LS, PF * acyclovir ADDERALL XR* [PA] ADVAIR DISKUS, HFA ADVICOR [ST] AGGRENOX albuterol alendronate sodium ALPHAGAN P* amantadine AMBIEN CR* [ST] aminophylline amitriptyline amlodipine besylate amox tri/potassium clavulanate amoxicillin amphetamine salt combo [PA] anagrelide ANALPRAM-HC ANDRODERM ANDROGEL antipyrine w/benzocaine apri aranella ARANESP [INJ] [PA] ARICEPT, ODT ASACOL ASCENSIA AUTODISC, BREEZE/2 ASCENSIA BRIO METER ASCENSIA CONTOUR SYSTEM ASCENSIA ELITE/XL ASTELIN atenolol, -chlorthalidone atropine sulfate AUGMENTIN XR AVELOX aviane AVINZA AXID solution only azathioprine azithromycin AZOR [ST]</p> <p>B</p> <p>balsalazide disodium balziva benazepril, /hctz BENZAFLIN benzonatate benzoyl peroxide betamethasone dp, valerate</p>	<p>BETASERON [INJ] bisoprolol fumarate/hctz BONIVA TAB brimonidine tartrate bupropion, sr butalbital/apap/caffeine BYETTA [INJ]</p> <p>C</p> <p>calcipotriene calcitriol camila CANASA captopril, /hctz CARAC carbamazepine carbidopa-levodopa, er CARDIZEM LA* carisoprodol carvedilol cefaclor, er cefadroxil cefdinir cefepodoxime cefprozil cefuroxime CELEBREX [ST] CELLCEPT* cephalexin cesia CETROTIDE [INJ] chlorzoxazone cholestyramine choline mag trisalicylate chorionic gonadotropin [INJ] ciclopirox cilostazol cimetidine CIPRODEX* ciprofloxacin, er citalopram clarithromycin, er CLIMARA PRO clidinium-chlordiazepoxide clindamycin phosphate clobetasol propionate clomiphene citrate clotrimazole troche clozapine colestipol COMBIPATCH COMBIVENT CONCERTA* COPAXONE [INJ] COREG CR [ST] COSOPT* COZAAR [ST] CREON CRESTOR [ST] CRINONE cryselle cyclobenzaprine hcl cyclosporine, modified CYMBALTA [SNRI] [ST]</p>	<p>D</p> <p>desmopressin acetate desonide desoximetasone dexmethylphenidate dextroamphetamine sulfate [PA] diclofenac sodium dicyclomine hcl DIFFERIN [PA] diflunisal diltiazem, extended release DIOVAN, HCT [ST] diphenhydramine dipyridamole divalproex sodium doxepin hcl DUAC DUETACT DYNACIRC CR* [ST]</p> <p>E</p> <p>econazole EDEX [INJ] [PA] EFEXOR XR [SNRI] [ST] ELIDEL [ST] ENABLEX enalapril, hctz ENBREL [INJ] [PA] enpresse entulose EPIPEN, JR [INJ] errin erythromycin erythromycin/benzoyl perox. ESTRADERM estradiol, tds ESTRADIEST, H.S. estropipate etidronate disodium etodolac EVAMIST EXELON EXFORGE [ST]</p> <p>F</p> <p>famciclovir famotidine felodipine er fenofibrate fentanyl citrate FINACEA finasteride FLOWAX FLOVENT DISKUS, HFA fluconazole fluocinonide fluorouracil fluoxetine hcl fluphenazine flurazepam fluticasone nasal spray flvoxamine maleate folic acid FOLLISTIM AQ [INJ]</p>	<p>FOLTIX FORADIL FORTEO [INJ] fortical fosinopril, /hctz</p> <p>G</p> <p>gabapentin GANIRELIX ACETATE [INJ] gemfibrozil GENOTROPIN [INJ] [PA] gentamicin sulfate glimepiride glipizide, er, xl glipizide/metformin GLUCAGEN [INJ] glyburide, micronized glyburide/metformin GONAL-F, RFF [INJ] granisetron guaifenesin w/pseudoephedrine</p> <p>H</p> <p>HALFLYTELY, -BISACODYL haloperidol HECTOROL HUMALOG [INJ] HUMIRA [INJ] [PA] HUMULIN [INJ] hydrochlorothiazide hydrocodone w/guaifenesin hydrocodone/acetaminophen hydrocortisone hydromorphone hydroxyurea hyoscyamine sulfate HYZAAR [ST]</p> <p>I</p> <p>ibuprofen imipramine indomethacin INTAL inh ipratropium bromide ipratropium-albuterol isosorbide mononitrate isotretinoin [PA] itraconazole [PA]</p> <p>J</p> <p>JANUMET JANUVIA jolesa jolvette junel, fe</p> <p>K</p> <p>kariva kelnor KEPPRA* ketoconazole</p>	<p>L</p> <p>labetalol hcl lactulose lamotrigine LANTUS, SOLOSTAR [INJ] leena leflunomide lessina LETAIRIS leucovorin leuprolide acetate [INJ] LEVAQUIN LEVEMIR, FLEXPEN [INJ] LEVITRA [PA] levora levothyroxine sodium levoxyl LEXAPRO [ST] LIALDA LIDODERM LIPITOR 10, 20 MG [ST] LIPITOR 40, 80 MG lisinopril, /hctz LOTEMAX LOTREL* [ST] lovastatin LOVAZA LOVENOX* low-ogestrel LUMIGAN lutera LYRICA</p> <p>M</p> <p>meclizine hcl medroxyprogesterone acetate megestrol meloxicam MENEST MENOPUR [INJ] mercaptopurine MERIDIA [PA] METANX metaproterenol metformin, er methocarbamol methotrexate methylphenidate hcl methylprednisolone metoclopramide hcl metofazone metoprolol, hctz METROGEL metronidazole microgestin, fe mirtazapine, soltab moexipril/hctz mometasone mononessa morphine sulfate MUSE [PA]</p> <p>N</p> <p>nabumetone nadolol NAMENDA</p>	<p>naproxen NASACORT AQ NASONEX necon neomycin/polymyxin/dexamethasone neomycin/polymyxin/hc NEXIUM [ST] NIASPAN nifedipine er nisoldipine nitrofurantoin macrocrystal nitroglycerin NITROLINGUAL SPRAY nizatidine nora-be norel NOVAREL [INJ] NOVAFINE NOVOLIN [INJ] NOVOLOG [INJ] NUTROPIN, AQ [INJ] [PA] nystatin</p> <p>O</p> <p>ofloxacin ogestrel omeprazole ondansetron ONETOUCH II, BASIC, PROFILE ONETOUCH FASTTAKE ONETOUCH INDUO ONETOUCH SURESTEP ONETOUCH ULTRA,-2,-SMART ONETOUCH ULTRAMINI OPANA ER orphenadrine citrate ORTHO TRI-CYCLEN LO* oxcarbazepine oxybutynin, er oxycodone w/acetaminophen OXYCONTIN OXYTROL</p> <p>P</p> <p>paroxetine PATADAY PATANOL peg 3350/electrolyte PEGASYS [INJ] penicillin v potassium PERFORMIST perphenazine phentermine hcl [PA] phenytoin sodium, extended pilocarpine hcl pindolol PLAVIX polymyxin b sul/trimethoprim portia PRAMOSONE PRANDIN* (continued)</p>
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THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2009 THROUGH DECEMBER 31, 2009. THIS LIST IS SUBJECT TO CHANGE. PLEASE CHECK WEBSITE FOR UP TO DATE LISTING.

You can get more information and updates to this document at our web site at www.express-scripts.com.

pravastatin
PRECISION SURE DOSE
PRECISION XTRA
prednisolone
prednisolone acetate
prednisone
PREMARIN
PREMPHASE
PREMPRO
PREVACID
NAPRAPAC* [ST]
previfem
PREVPAC
PROAIR HFA
PROCHIEVE
prochlorperazine
PROCRIT [INJ] [PA]
promethazine
promethazine w/codeine
promethazine w/dm
PROMETRIUM
propranolol hcl w/hctz
PROTOPIC* [ST]
PROVENTIL HFA
pseudoephedrine
w/chlorpheniramine
PULMICORT, -FLEXHALER

Q
quasense
quinapril
quinarectic
QVAR

R
ramipril
RANEXA
ranitidine
REBIF [INJ]
reclipsen
RENAGEL
RENVELA
ribasphere
ribavirin
risperidone
ropinirole

S
salsalate
selenium sulfide
SEREVENT DISKUS
SEROQUEL, XR
sertraline
SIMCOR [ST]
simvastatin
SINGULAIR [ST]
SKELAXIN*
sodium sulfacetamide/
sulfur
solia
SPIRIVA
sprintec
sronyx
STARLIX
STRATTERA
STRIANT
SULAR [ST]
sulfacetamide sodium
sulfasalazine
SYMBICORT
SYMBYAX
SYMLIN, SYMLINPEN [INJ]

T
TAMIFLU
tamoxifen
TAZORAC
TEGRETOL XR
TEKTURN, HCT
temazepam

terbinafine hcl [PA]
terbutaline sulfate
TEV-TROPIN [INJ] [PA]
theophylline,
anhydrous, er
thioridazine hcl
thyroid
tilia fe
timolol maleate
tobramycin sulfate
TOPAMAX*
TRACLEER
trandolapril
trazodone hcl
tretinoin [PA]
triamcinolone acetonide
triazolam
TRICOR
tri-igest fe
trimethobenzamide
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora
TRUSOPT*
TUSSIONEX
TWINJECT [INJ]

U
ULTRASE, -MT
UROXATRAL
URSO, FORTE
ursodiol

V
VAGIFEM
VALTRES*
velivet
venlafaxine
VENTOLIN HFA
verapamil hcl
VESICARE
VIGAMOX
VIVELLE-DOT
VOLTAREN GEL [ST]

W
warfarin
WELCHOL

X
XALATAN
XENICAL* [PA]
XOPENEX neb solution

Y
YASMIN*
YAZ

Z
zaleplon
zenchent
ZETIA
zolpidem tartrate
ZOMIG, ZMT
zonisamide
zovia
ZYLET
ZYMAR*
ZYPREXA
(excluding Zydis)

Examples of Nonpreferred Medications With Selected Preferred Alternatives

The following is a list of some nonpreferred brand-name medications with examples of selected preferred alternatives.

Column 1 lists examples of nonpreferred medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonpreferred	Preferred Alternative	Nonpreferred	Preferred Alternative
ACCOLATE [ST]	Singulair [ST]	GEDON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ACCU-CHEK meters/strips	Ascensia, OneTouch	HUMATROPE [PA]	Genotropin [PA], Nutropin/AQ [PA], Tev-Tropin [PA]
ACIPHEX [ST]	omeprazole, Nexium [ST]	IMITREX Nasal	Zomig Nasal
AEROBIO, M	Flovent Diskus/HFA, Pulmicort/Flexhaler, Qvar	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ALAMAST	Pataday, Patanol	IOPIDINE	brimonidine tartrate, Alphagan P*, Cosopt*, Trusopt*
ALOCRIL	Pataday, Patanol	LESCOL, XL [ST]	lovastatin, pravastatin, simvastatin, Crestor [ST], Lipitor 10 mg [ST], 20 mg [ST], 40 mg, 80 mg
ALORA	Generic patches, Estraderm, Vivelle-Dot	LIPOFEN	fenofibrate, Tricor
ALREX	Generic steroids	LUNESTA [ST]	zolpidem tartrate, Ambien CR* [ST]
ALTOPREV [ST]	lovastatin, pravastatin, simvastatin, Crestor [ST], Lipitor 10 mg [ST], 20 mg [ST], 40 mg, 80 mg	MAXAIR AUTOHALER	Proair HFA, Proventil HFA, Ventolin HFA
AMERGE	Zomig/ZMT	MAXALT, MLT	Zomig/ZMT
ANGELIQ	Activella*, Prempro/Premphase	MENOSTAR	Generic patches, Estraderm, Vivelle-Dot
ANTARA	fenofibrate, Tricor	METADATE CD	Generic patches, Concerta*
ANZEMET	granisetron, ondansetron	MICARDIS [ST]	Cozaar [ST], Diovan [ST]
APIDRA	Humalog, Novolog	MICARDIS HCT [ST]	Diovan HCT [ST], Hyzaar [ST]
ASMANEX	Flovent Diskus/HFA, Pulmicort/Flexhaler, Qvar	NEVANAC	diclofenac sodium, Acular/LS/PF*
ATACAND [ST]	Cozaar [ST], Diovan [ST]	NORDITROPIN [PA]	Genotropin [PA], Nutropin/AQ [PA], Tev-Tropin [PA]
ATACAND HCT [ST]	Diovan HCT [ST], Hyzaar [ST]	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin
ATRALIN [PA]	Diovan HCT [ST], Differin [PA]	NUVARING	Ortho Tri-Cyclen Lo*, Yasmin*, Yaz
AVALIDE [ST]	tretinoin [PA], Differin [PA]	OMNARIS	flunisolide, fluticasone, Nasacort AQ, Nasonex
AVANDAMET	Diovan HCT [ST], Hyzaar [ST]	OMNITROPE [PA]	Genotropin [PA], Nutropin/AQ [PA], Tev-Tropin [PA]
AVANDARYL	Actoplus Met	OPTIVAR	Pataday, Patanol
AVANDIA	Duetact	ORTHO EVRA	Ortho Tri-Cyclen Lo*, Yasmin*, Yaz
AVAPRO [ST]	Actos	OVIDREL	chorionic gonadotropin, Novarel
AVITA [PA]	Cozaar [ST], Diovan [ST]	PATANASE	Astelin
AVODART	tretinoin [PA], Differin [PA]	PEG-INTRON, REDIPEN	Pegasys
AXERT	finasteride, Flomax, Uroxatral	PRECISION QID, PCX	Ascensia, OneTouch
AZASITE	Zomig/ZMT	PREFEST	Activella*, Prempro/Premphase
AZELEX	ciprofloxacin, ofloxacin, Vigamox, Zymar*	PREVACID [ST]	omeprazole, Nexium [ST]
AZMACORT	tretinoin [PA], Differin [PA], Finacea	PRISTIQ [ST]	Effexor XR [ST]
AZOPT	Flovent Diskus/HFA, Pulmicort/Flexhaler, Qvar	PROZAC WEEKLY [ST]	fluoxetine (daily), citalopram, paroxetine, sertraline, Lexapro [ST]
BECONASE AQ	brimonidine tartrate, Alphagan P*, Cosopt*, Trusopt*	QUIXIN	ciprofloxacin, ofloxacin, Vigamox, Zymar*
BENICAR [ST]	flunisolide, fluticasone, Nasacort AQ, Nasonex	RELENZA	Tamiflu
BENICAR HCT [ST]	Cozaar [ST], Diovan [ST]	RELPAK	Zomig/ZMT
BRAVELLE	Diovan HCT [ST], Hyzaar [ST]	RETIN-A, MICRO [PA]	tretinoin [PA], Differin [PA]
BROVANA	Follistim AQ, Gonal-F/RF	RHINOCORT AQUA	flunisolide, fluticasone, Nasacort AQ, Nasonex
CARDENE SR [ST]	Perforomist	RITALIN LA	methylphenidate, Concerta*
CEDAX	amlodipine, felodipine er, nifedipine er, Dynacirc CR* [ST], Sular [ST]	SAIZEN [PA]	Genotropin [PA], Nutropin/AQ [PA], Tev-Tropin [PA]
CENESTIN	amox tr/potassium clavulanate, cefdinir, Augmentin XR	SANCTURA, XR	oxybutynin/er, Enablex, Vesicare
CIALIS [PA]	estradiol, Menest, Premarin	SOF-TACT	Ascensia, OneTouch
CIPRO HC	Levitra [PA]	SPECTRACEF	amox tr/potassium clavulanate, cefdinir, Augmentin XR
DETROL, LA	ofloxacin, Ciprodex*	SYNTHROID	levothyroxine sodium, levoxyl
DIPENTUM	oxybutynin/er, Enablex, Vesicare	TESTIM	Androderm, Androgel
DIVIGEL	balsalazide disodium, Asacol, Pentasa	TEVETEN [ST]	Cozaar [ST], Diovan [ST]
ELESTAT	Generic patches, Evamist	TEVETEN HCT [ST]	Diovan HCT [ST], Hyzaar [ST]
ELESTRIN	Pataday, Patanol	TOBRADEX	Zylet
ENJUVIA	Generic patches, Evamist	TRAVATAN, Z	Lumigan, Xalatan
EPOGEN [PA]	estradiol, Menest, Premarin	TRIGLIDE	fenofibrate, Tricor
ESTRASORB	Aranesp [PA], Procrit [PA]	VERAMYST	flunisolide, fluticasone, Nasacort AQ, Nasonex
ESTROGEL	Generic patches, Evamist	VIAGRA [PA]	Levitra [PA]
FACTIVE	Generic patches, Evamist	VYTORIN [ST]	simvastatin, Crestor [ST], Lipitor 10 mg [ST], 20 mg [ST], 40 mg, 80 mg
FemHRT	ciprofloxacin, ofloxacin, Avelox, Levaquin	VYVANSE	methylphenidate, Concerta*
FEMTRACE	Activella*, Prempro/Premphase	XIBROM	diclofenac sodium, Acular/LS/PF*
FENOGILIDE	estradiol, Menest, Premarin	XOPENEX HFA	Proair HFA, Proventil HFA, Ventolin HFA
FERTINEX	fenofibrate, Tricor	ZEGERID [ST]	omeprazole, Nexium [ST]
FML FORTE	Follistim AQ, Gonal-F/RF		
FOCALIN, XR	Generic steroids, Lotemax		
FOSRENOL	dexmethylphenidate, methylphenidate, Concerta*		
FREESTYLE	Renagel, Renvela		
FROVA	Ascensia, OneTouch		
	Zomig/ZMT		

KEY
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 Prior Authorization is required.
The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.
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, 2009 THROUGH DECEMBER 31, 2009. THIS LIST IS SUBJECT TO CHANGE. PLEASE CHECK WEBSITE FOR UP TO DATE LISTING.

You can get more information and updates to this document at our web site at www.express-scripts.com.

SUFFOLK COUNTY EMHP
Step Therapy Drug List
(Effective 01/01/09)

Drug Class	Your prescription is for one of these Back-up Drugs (second step drugs)	Your program points you to one of these Front-Line Drugs (first step drugs)
Allergies	Allegra®/D®, Clarinex®/D®, Xyzal®, Zyrtec®/D®	fexofenadine
Allergies/Asthma	Accolate®, Singulair®, Zflo/CR®	* Category 1: flunisolide, fluticasone, Beconase®AQ, Flonase®, Nasacort®/AQ, Nasalide®, Nasarel®, Nasonex®, Omnisar®, Rhinocort®/Aqua, Veramyst® * Category 2: fexofenadine, Allegra®/D®, Clarinex®/D®, Xyzal®, Zyrtec®/D®
Depression	Aplenzin®, Wellbutrin XL®	bupropion SR/XL
Depression	Celexa™, Lexapro™, Luvox/CR®, Paxil®/CR, Peveva™, Prozac®, Sarafem™, Zoloff®	citalopram, fluoxetine, fluvoxamine, paroxetine/CR, sertraline
Depression	Cymbalta®, Effexor®/XR, Pristiq®, venlafaxine XR	citalopram, fluoxetine, fluvoxamine, paroxetine/CR, sertraline, venlafaxine
High Blood Pressure	Accupril®, Accuretic™, Aceon®, Altace®, Capoten® Capozide®, Lixel®, Lotensin HCT®, Lotensin®, Lotrel®, Mavik®, Monopril® HCT, Monopril®, Prinivil®, Prinzide®, Tarka®, Uniretic®, Univasco®, Vasoretic®, Vasotec®, Zestoretic®, Zestril®	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, quinapril, quinapril/HCTZ, ramipril, trandolapril, benazepril/amlodipine
High Blood Pressure	Atacand HCT®, Atacand®, Avalide®, Avapro®, Azor®, Benicar™, Benicar™ HCT, Cozaar®, Diovan HCT®, Diovan®, Exforge®, Hyzaar®, Micardis®, Micardis® HCT, Teveten®, Teveten® HCT	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, quinapril, quinapril/HCTZ, ramipril, trandolapril, benazepril/amlodipine
High Blood Pressure	Blocadren®, Bystolic®, Cartrol®, Coreg/CR®, Corgard®, Corzide®, Inderal/LA®, Inderide®, InnoPran XL®, Kerlone®, Levatol®, Lopressor/HCT®, Normodyne®, Sectral®, Temolide®, Tenoretic®, Tenormin®, Toprol XL®, Trandate®, Visken®, Zebeta®, Ziac®	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol/ER, nadolol, pindolol, propranolol/LA, timolol, atenolol/chlorthalidone, bisoprolol/HCTZ, metoprolol/HCTZ, nadolol/bendroflumethiazide, propranolol/HCTZ
High Blood Pressure	Cardene®SR, Dynacirc/CR®, Norvasc®, Sular®	amlodipine, amlodipine/benazepril, felodipine, Isradipine, nifedipine, nifedipine/ER, nisoldipine
High Blood Pressure	Adalat CC®, Calan/SR®, Covera-HS®, Isoptin/SR®, Plendil®, Procardia/XL®, Verelan®/PM	verapamil/SR
High Cholesterol	Advicor®, Altoprev™, Caduet®, Lescol/XL®, Mevacor®, Pravachol®, Simcor®, Vytorin®, Zocor®	** Step-One: lovastatin, pravastatin, simvastatin ** Step-Two: Crestor®, Lipitor®
Pain/Inflammation	Anaprox/DS®, Ansaïd®, Arthrotec®, Cataflam®, Clinoril®, Daypro®, Feldene®, Flector®, Indocin/SR®, Lodine/XL®, Meclomen®, Mobic®, Motrin®, Nalfon®, Naprelan®, Naprosyn®, Orudis®, Oruvall®, Ponstel®, Relafen®, Tolectin®, Toradol®, Voltaren/XR®	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen/SR, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Pain/Inflammation	Prevacid NapraPac®	omeprazole and naproxen/EC
Pain/Inflammation	Celebrex®	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen/SR, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Skin Disorders	Elidel®, Protopic®	Aclovate, Aristocort, Cloderm, Cordran, Cutivate, Cyclocort, Diprolene/AF, Elocon, Florone/E, Halog/E, Kenalog, Locoid, Pandel, Psorcon E, Temovate, Topicort, Ultravate
Sleep Disorders	Ambien/CR®, Lunesta®, Rozerem®, Sonata®	zolpidem
Ulcers/Acid Reflux	Aciphex®, Prevacid®, Prilosec®, Protonix®, Zegerid®	** Step-One: omeprazole ** Step-Two: Nexium®, pantoprazole

* You must use a Front-Line Drug from Category 1 and Category 2, in either order, before using a Back-up Drug.

** You must use a Front-Line Drug from Step-One then from the Step-Two before using a Back-up Drug.

PLEASE NOTE: This drug list is subject to change so please visit the Express Scripts website at www.express-scripts.com for the most current list and program criteria.