

HEALTH WISE

PHARMACIST NETWORK

A Division of the Washington State Pharmacy Association

Express Scripts Coverage Information for King County Employees Starting January 1, 2007

The processing elements pharmacists will use to process the King County claims are as follows:

RxBin: 003858
RxPCN: A4
RxGrp: KCWA

The benefit is set up as follows:

Copay Types	Retail 30-day supply	Home Delivery 90-day supply
Generic	\$10	\$20
Formulary	\$15	\$30
Brand w/Generic Equivalent	\$20	\$40
Non-Formulary	\$25	\$50
Non-Formulary w/Generic Equivalent	\$30	\$60
Legend OTC - Smoking Cessation	\$0	\$0

You can access this information and more by clicking here:

<http://member.express-scripts.com/expressChoice/gettingStarted>



2007 Express Scripts National Preferred Formulary

A

ABILIFY (excluding Discmelt & solution)
 ACCU-CHEK ACTIVE KIT
 ACCU-CHEK ACTIVE test strips
 ACCU-CHEK ADVANTAGE KIT
 ACCU-CHEK ADVANTAGE test strips
 ACCU-CHEK AVIVA KIT
 ACCU-CHEK AVIVA test strips
 ACCU-CHEK COMFORT CURVE test strips
 ACCU-CHEK COMPACT KIT
 ACCU-CHEK COMPACT test strips
 ACCU-CHEK COMPLETE KIT
 acetaminophen w/codeine
 acetazolamide
 ACTIVELLA
 ACTIONEL, with calcium
 ACTOPLUS MET
 ACTOS
 acyclovir
 ADDERALL XR*
 ADVAIR DISKUS
 ADVICOR
 AGGRENOLX
 albuterol
 ALLEGRA-D* (excluding 24 hours)
 ALOMIDE
 ALORA
 ALPHAGAN P
 ALTACE
 aluminum chloride
 amantadine
 AMBIEN* (excluding CR)
 aminophylline
 amitriptyline
 ammonium lactate
 amox tr/potassium clavulanate
 amoxicillin
 ANALPRAM-HC* (1% cream, 2.5% lotion)
 ANDRODERM
 ANDROGEL*
 antipyrine w/benzocaine
 apri
 aranelle
 ARANESP [INJ]
 ARICEPT
 ASACOL
 ASTELIN
 atenolol, -chlorthalidone
 AUGMENTIN XR
 AVANDAMET

AVANDARYL
 AVANDIA
 AVELOX
 aviante
 AVODART
 AXID solution only
 azathioprine
 azithromycin

B

benazepril, /hctz
 BENZACLIN
 benzonatate
 benzoyl peroxide
 betamethasone
 BETASERON [INJ]
 bisoprolol fumarate/hctz
 BRAVELLE [INJ]
 brimonidine tartrate
 bupropion, sr
 butalbital/apap/caffeine
 BYETTA [INJ]

C

camila
 CANASA
 captopril, /hctz
 carbamazepine
 carisoprodol
 cefadroxil
 cefpodoxime
 cefprozil
 cefuroxime
 CELEBREX
 CELLCEPT
 cephalixin
 cesia
 CETROTIDE [INJ]
 chloral hydrate
 chlorzoxazone
 cholestyramine
 choline mag trisalicylate
 chorionic gonadotropin [INJ]
 ciclopirox
 cilostazol
 cimetidine
 CIPRO HC
 CIPRODEX
 ciprofloxacin
 citalopram
 clarithromycin
 CLIMARA PRO
 clindamycin phosphate
 clobetasol propionate
 clomiphene citrate
 clonidine hcl
 clotrimazole/betamethasone
 clotrimazole troche
 COLAZAL*
 colestipol
 COMBIPATCH
 COMBIVENT

CONCERTA*
 COREG*
 COSOPT
 COZAAR
 CREON
 CRESTOR
 cromolyn sodium
 cryselle
 cyclobenzaprine hcl
 cyclosporine, modified
 CYMBALTA [SNRI]

D

DEPAKOTE
 desmopressin acetate
 desonide
 desoximetasone
 dextroamphetamine sulfate
 diclofenac sodium
 dicyclomine hcl
 DIFFERIN
 diflunisal
 diltiazem, extended release
 DIOVAN, HCT
 diphenhydramine
 dipyrindamole
 DITROPAN XL*
 doxepin hcl
 DUAC
 DYNACIRC CR

E

EDEX [INJ]
 EFFEXOR XR [SNRI]
 ELIDEL
 EMADINE*
 enalapril, hctz
 enpresse
 EPIPEN, JR [INJ]
 errin
 erythromycin
 erythromycin/benzoyl perox.
 estradiol, tds
 ESTRATEST, H.S.
 estropipate
 etidronate disodium
 etodolac
 EUFLEXA [INJ]
 EXELON

F

famotidine
 felodipine er
 fentanyl citrate
 fexofenadine
 FINACEA
 finasteride
 FLOMAX
 FLOVENT, HFA
 fluconazole
 fluocinonide
 fluorouracil
 fluoxetine hcl

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.

fluticasone nasal spray
 fluticasone propionate
 fluvoxamine maleate
 folic acid
 FOLLISTIM, AQ [INJ]
 FOLTZ
 FORADIL
 FORTEO [INJ]
 FOSAMAX, PLUS D
 fosinopril, /hctz

G

gabapentin
 GANIRELIX ACETATE [INJ]
 gemfibrozil
 gentamicin sulfate
 glimepiride
 glipizide, er, xl
 glipizide/metformin
 glyburide, micronized
 glyburide/metformin
 GONAL-F, RFF [INJ]
 guaifenesin w/pseudoephedrine

H

haloperidol
 HUMALOG [INJ]
 HUMATROPE [INJ]
 HUMIRA [INJ]
 HUMULIN [INJ]
 hydrochlorothiazide
 hydrocodone w/guaifenesin
 hydrocodone/acetaminophen
 hydrocortisone
 hydroxyurea
 hyoscyamine sulfate
 HYZAAR

I

ibuprofen
 imipramine
 IMITREX*
 indomethacin
 INNOPRAN XL
 INTAL inh
 ipratropium bromide
 isotretinoin
 itraconazole

J

jolivet
 junel, fe

K

kariva
 kelnor
 ketoconazole

L

labetalol hcl
 lactulose
 LAMISIL tabs*
 lamotrigine
 LANTUS Vials Only [INJ]
 leena
 lessina
 leucovorin
 leuprolide acetate [INJ]
 LEVAQUIN
 LEVEMIR Vials Only [INJ]
 LEVITRA
 levora
 levothyroxine sodium
 LEVOXYL
 LEXAPRO
 lisinopril, /hctz
 LOTEMAX
 LOTREL*
 lovastatin
 low-ogestrel
 LUMIGAN
 lutera

M

MAXAIR AUTOHALER
 meclizine hcl
 medroxyprogesterone acetate
 megestrol
 meloxicam
 MENEST
 MENOPUR [INJ]
 mercaptopurine
 MERIDIA*
 METANX
 metaproterenol
 metformin, er
 methocarbamol
 methotrexate
 methylphenidate hcl
 methylprednisolone
 metoclopramide hcl
 metolazone
 metoprolol, hctz
 METROGEL*
 metronidazole cream
 microgestin, fe
 mirtazapine, soltab
 mometasone
 mononessa
 morphine sulfate

N

nabumetone
 naproxen
 NASACORT AQ
 NASONEX
 neon
 neomycin/polymyxin/dexamethasone
 neomycin/polymyxin/hc
 NEXIUM
 NIASPAN

nifedipine er
 nitrofurantoin macrocrystal
 nizatidine
 nora-be
 nortrel
 NOVAREL [INJ]
 NOVOFINE 30
 NOVOLIN [INJ]
 NOVOLOG [INJ]
 NUTROPIN, AQ (excluding Depot) [INJ]
 nystatin
 nystatin w/triamcinolone

O

ofloxacin
 ogestrel
 OMACOR
 omeprazole
 OMNICEF*
 ONETOUCH BASIC SYSTEM
 ONETOUCH FASTTAKE
 ONETOUCH INDUO
 ONETOUCH PROFILE SYSTEM
 ONETOUCH II / Basic / Profile test strips
 ONETOUCH SURESTEP test strips
 ONETOUCH SURESTEP SYSTEM
 ONETOUCH ULTRA test strips
 ONETOUCH ULTRA SMART SYSTEM
 ONETOUCH ULTRA SYSTEM
 ONETOUCH ULTRA2 SYSTEM
 ONETOUCH ULTRAMINI SYSTEM
 orphenadrine citrate
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO*
 oxybutynin chloride
 oxycodone w/acetaminophen
 OXYCONTIN
 OXYTROL

P

paroxetine
 PATANOL
 peg 3350/electrolyte
 PEGASYS [INJ]
 penicillin v potassium
 PENLAC
 PENTASA
 perphenazine
 phentermine hcl
 phenytoin sodium, extended

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2007 THROUGH DEC. 31, 2007. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand-name medication. Most generics are available at the lowest copayment.

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

PHOSLO
 pilocarpine hcl
 PLAVIX*
 polymyxin b sul/
 trimethoprim
 portia
 PRANDIN
 pravastatin
 PRECISION SURE DOSE
 PRECISION XTRA
 prednisolone acetate
 prednisolone sodium
 phosphate
 prednisone
 PREGNYL [INJ]
 PREMARIN
 PREMPHASE
 PREMPRO
 PREVACID
 PREVACID NAPRAPAC
 previfem
 PREVPAC
 PROAIR HFA
 prochlorperazine
 PROCRT [INJ]
 promethazine hcl
 promethazine
 w/codeine
 promethazine w/dm
 PROMETRIUM
 propranolol hcl, w/hctz
 PROTOPIC
 PROVENTIL HFA
 pseudoephedrine
 w/chlorpheniramine
 PULMICORT

T

TAMIFLU
 tamoxifen
 TAZORAC
 TEGRETOL XR
 temazepam
 theophylline,
 anhydrous, er
 thioguanine
 thioridazine hcl
 thiothixene
 thyroid
 TILADE
 timolol maleate
 tobramycin sulfate
 TOPAMAX
 TOPROL XL*
 trazodone hcl
 tretinoin
 triamcinolone acetonide
 TRICOR
 trifluoperazine hcl
 trimethobenzamide
 trimethoprim
 trinessa
 tri-previfem
 tri-sprintec
 trivora
 TRUSOPT
 TUSSIONEX
 TWINJECT [INJ]

U

UNIPHYL
 urea
 UROXATRAL
 URSO, FORTE

V

VALTRES
 velivet
 venlafaxine
 VENTOLIN HFA
 verapamil hcl
 VERELAN PM
 VESICARE
 VIGAMOX
 VIVELLE, -DOT
 VOLTAREN ophthalmic
 VYTORIN

W

warfarin
 WELCHOL
 WELLBUTRIN XL*

X

XENICAL
 XOPENEX solution

Y

YASMIN
 YAZ

Z

ZADITOR
 ZETIA
 ZOFRAN, ODT*
 ZOMIG, ZMT
 zonisamide
 zovia
 ZYLET
 ZYMAR
 ZYPREXA
 (excluding Zydys)

Q

quinapril
 quinaretic
 QVAR

R

ranitidine
 REBIF [INJ]
 reclusen
 RENAGEL
 REPRONEX [INJ]
 RESTORIL (7.5mg)
 ribasphere
 ribavirin
 rimantadine
 RISPERDAL
 (excluding M-tabs)

S

SAIZEN [INJ]
 salsa late
 selenium sulfide
 SEREVENT DISKUS
 serophene
 SEROQUEL
 sertraline
 simvastatin
 SINGLAIR
 SKELAXIN*
 sodium sulfacetamide/
 sulfur
 solia
 SPIRIVA
 sronyx
 STARLIX
 STRATTERA
 SULAR
 sulfacetamide sodium
 sulfasalazine
 SYMLIN [INJ]

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

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

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singlair	LEVEMIR flexpen	Lantus vials, Levemir vials
ACEON	Generic Ace Inhibitor, Altace	LEXCEL	Lotrel*
ACIPHEX	omeprazole, Nexium, Prevacid	LIPITOR	lovastatin, pravastatin, simvastatin, Crestor,
ACULAR, LS, PF	Voltaren Ophthalmic		Vytorin
AEROBID, JM	Flovent/HFA, Pulmicort, Qvar	LOCOD	hydrocortisone
ALAMAST	cromolyn sodium, Alomide, Emadine*, Patanol,	LOFIBRA	gemfibrozil, Tricor
	Zaditor	LOPROX	ciclopirox
ALLEGRA	fexofenadine	LUNESTA	Ambien* (excluding CR)
ALOCRIL	cromolyn sodium, Alomide, Emadine*, Patanol,	MAVIK	Generic Ace Inhibitor, Altace
	Zaditor	MAXALT.MLT	Imitrex*, Zomig/ZMT
ALREX	Generic steroids	MAXAQUIN	ciprofloxacin, ofloxacin, Avelox, Levaquin
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor,	MENOSTAR	Generic patches, Alora, Vivelle/-Dot
	Vytorin	METADATE CD	methylphenidate, Concerta*
AMARYL	glimepiride	METAGLIP	glipizide/metformin
AMBIEN CR	Ambien* (non-CR)	MICACALCIN NASAL	fortical, Actonel, Fosamax
AMERGE	Imitrex*, Zomig/ZMT	MICARDIS	Cozaar, Diovan
ANTARA	gemfibrozil, Tricor	MICARDIS HCT	Diovan HCT, Hyzaar
ANZEMET	Zofran*	MOBIC	meloxicam
APIDRA	Humalog, Novolog	MUSE	Edex, Levitra
ASCENSIA	Accu-Chek, OneTouch	NASAREL	fluticasone, Nasacort AQ, Nasonex
ASMANEX	Flovent/HFA, Pulmicort, Qvar	NEVANAC	Voltaren Ophthalmic
ATACAND	Cozaar, Diovan	NORTRIPTOPIN	Humatrope, Nutropin/AQ, Saizen
ATACAND HCT	Diovan HCT, Hyzaar	NORTRIATE	metronidazole cream
AVALIDE	Diovan HCT, Hyzaar	NORXIN	ciprofloxacin, ofloxacin, Avelox, Levaquin
AVAPRO	Cozaar, Diovan	NORVASC	felodipine er, nifedipine extended release,
AVITA	tretinoin, Differin		Dynacirc CR, Sular
AXERT	Imitrex*, Zomig/ZMT	NUTROPIN DEPOT	Humatrope, Nutropin/AQ, Saizen
AZELEX	tretinoin, Differin	NUVARING	Generics, Ortho-Evra, Ortho Tri-Cyclen Lo*,
AZMACORT	Flovent/HFA, Pulmicort, Qvar		Yasmin, Yaz
AZOPT	brimonidine tartrate, Alphagan P, Cosopt,	OPTIVAR	cromolyn sodium, Alomide, Emadine*, Patanol,
	Trusopt		Zaditor
BECONASE AQ	fluticasone, Nasacort AQ, Nasonex	ORAPRED	prednisolone soln
BENICAR	Cozaar, Diovan	QVIDREL	chorionic gonadotropin, Novarel
BENICAR HCT	Diovan HCT, Hyzaar	PAXIL	paroxetine
BENZAMYCIN, PAK	erythromycin/benzoyl peroxide	PAXIL CR	paroxetine (immediate release), citalopram,
BETIMOL	betaxolol, timolol, other generics		fluoxetine (daily), sertraline, Lexapro
BIAXIN, XL	clarithromycin		prednisolone soln
BONIVA, tab	Actonel, Fosamax	PEDIAPRED	PEG-INTRON, REDIPEN
CADUET	CCB + HMG combination - CCB - felodipine er,		PEGASYS
	nifedipine er, Dynacirc CR, Sular,	PHENYTEK	phenytoin sodium extended release
	HMG - simvastatin, Crestor	PLENID	felodipine er
	nifedipine extended release, felodipine er,	PLEXION, TS, SCT	sulfacetamide sodium/sulfur sublimed
	Dynacirc CR, Sular	PRAMOSONE	lidocaine-hc
	diltiazem extended release, Verelan PM	PRAVACHOL	pravastatin
	Edex, Levitra	PRECISION QID, PCX	Accu-check, OneTouch
	amox tr/potassium clavulanate, Augmentin XR,	PREFEST	Activella, Prempro/Premphase
	Omnicef*	PRIOLOSEC	omeprazole
	Omnicel*	PROSCAR	finasteride
	cefprozil	PROTONIX	omeprazole, Nexium, Prevacid
	citalopram	PROTROPIN	Humatrope, Nutropin/AQ, Saizen
	Menest, Premarin	PROZAC WEEKLY	fluoxetine (daily), citalopram, paroxetine,
	Generic vitamin supplement		sertraline, Lexapro
	Levitra	QUIXIN	ciprofloxacin, ofloxacin, Vigamox, Zymar
	ciprofloxacin eye drops	RELENZA	rimantadine, Tamiflu
	ciprofloxacin, ofloxacin, Avelox, Levaquin	RELPAK	Imitrex*, Zomig/ZMT
	fexofenadine	RESTORIL	temazepam
	Allegra-D 12 hour*	(excluding 7.5mg)	
	estradiol tabs, Alora, Vivelle/-Dot	RETIN-A MICRO	tretinoin, Differin
	verapamil extended release, Verelan PM	RHINOCORT AQUA	fluticasone, Nasacort AQ, Nasonex
	cesia, velivet	RISPERDAL M-TAB	Risperdal (non M-tabs)
	oxybutynin, Ditropan XL*, Vesicare	RITALIN LA	methylphenidate, Concerta*
	edronate	ROZEREM	Ambien* (excluding CR)
	Asacol, Colazal*, Pentasa	RYNATAN	Allegra-D 12-hour*
	feintanyl citrate	SANCTURA	oxybutynin, Ditropan XL*, Vesicare
		SEASONALE	levora, portia (continuous regimen)
	felodipine er, nifedipine extended release,	SKELID	Actonel, Fosamax
	Dynacirc CR, Sular	SOF-TACT	Accu-Chek, OneTouch
	venlafaxine	SONATA	Ambien* (excluding CR)
	cromolyn sodium, Alomide, Emadine*, Patanol,	SPORANOX caps, kit	itraconazole
	Zaditor	SUPRAX	amox tr/potassium clavulanate, Augmentin XR,
	oxybutynin, Ditropan XL*, Vesicare		Omnicef*
	Menest, Premarin	SYMBYAX	fluoxetine+Zyprexa (non-Zydys)
	Aranesp, Procrit	SYNTHROID	levothyroxine sodium, Levovox
	Generic antifungal	SYNISC	supartz, Euflexa
	Generic patches, Alora, Vivelle/-Dot	TARKA	verapamil+ACE inhibitor, Lotrel*
	Generic patches, Alora, Vivelle/-Dot	TESTIM	Androderm, Androgei*
	Generic patches, Alora, Vivelle/-Dot	TEVETEN	Cozaar, Diovan
	ciprofloxacin, ofloxacin, Avelox, Levaquin	TEVETEN HCT	Diovan HCT, Hyzaar
	acyclovir, Valtrex	TEV-TROPIN	Humatrope, Nutropin/AQ, Saizen
	Activella, Prempro/Premphase	TOBRADEX	Zylet
	Menest, Premarin	TOFRANIL-PM	imipramine tabs
	Bravelle, Follistim, AQ, Gonal-F/RF	TRAVATAN	Lumigan, Xalatan
	Generic steroids, Lotemax	TRILIDE	gemfibrozil, Tricor
	methylphenidate, Concerta*	ULTRASE, MT	amylase/lipase/protease
	Phoslo, Renagel	UNIRETIC	benazepril/hctz, enalapril/hctz, fosinopril/hctz,
	Accu-Chek, OneTouch		lisinopril/hctz, quinaretic
	Imitrex*, Zomig/ZMT	VANTIN suspension	amox tr/potassium clavulanate, Omnicef*
	Humatrope, Nutropin/AQ, Saizen	VANTIN tabs	cefepodoxime
	Ability regular tabs, Risperdal (non M-tabs),	VELOX	Generic steroids, Lotemax
	Seroquel, Zyprexa (non-Zydys)	VIAGRA	Levitra
	Accu-Chek, OneTouch	WELLBUTRIN SR	bupropion sr
	Prevac	XIBROM	Voltaren Ophthalmic
	brimonidine tartrate, Alphagan P, Cosopt,	ZEGERID	omeprazole, Nexium, Prevacid
	Trusopt	ZITHROMAX	azithromycin
	timolol maleate	ZOCOR	simvastatin
	clarithromycin, erythromycin	ZOLOFT	sertraline
	lactulose	ZYPREXA ZYDIS	Zyprexa (non-Zydys)
	Zofran*	ZYRTEC	fexofenadine
	Lantus vials, Levemir vials	ZYRTEC-D	Allegra-D 12 hour*
	lovastatin, pravastatin, simvastatin, Crestor,		
	Vytorin		

KEY

The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand-name medication.

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.

The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.

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 JAN. 1, 2007 THROUGH DEC. 31, 2007. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand-name medication. Most generics are available at the lowest copayment.

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