

Healthier Every Day: Price a Medication using Express-Scripts.com

Did you know that you can easily price prescription medications – retail and home delivery, brand-name and generic, formulary and non-formulary – on Express-Scripts.com?

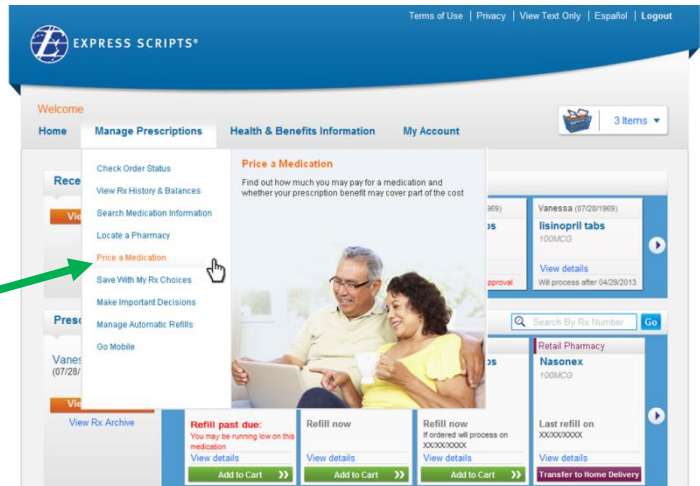
In addition to a comprehensive resource center and ordering tools, you can quickly and easily price a medication before filling a prescription. Having this information will help inform your decision and help you find the best value.

Pricing a Medication is Easy!

Log in at Express-Scripts.com using your user name and password. First-time visitors need to take a moment to register – have your member ID card handy.

Once logged in, select on **Price a medication** from the drop-down menu under **Manage Prescriptions**.

On the next screens you will be asked to enter the name of the drug you want to price (e.g., Accupril), the strength (e.g., 5 mg) and the dosage (e.g., one per day).



Based on this information, the system will generate pricing information for both the brand-name and generic drug(s), if available. It also indicates whether this drug is covered in your plan. You can use this to compare the costs and then “Add” a drug to the list to track your out-of-pocket expenses, depending on your plan.

You can also view drug information and coverage notes.

You searched for:

Accupril Tabs
5mg tablet, brand
Parke, Davis Co.
Tier 2: Plan-preferred brand-name drug [What are tiers?](#)
[View drug information](#) | [Recalculate](#)

Pharmacy / day's supply	Is this drug covered?	Qty	You pay	Annual cost
Mail-order pharmacy 90-day supply	YES View coverage notes	90	\$44.00 Plan pays	\$176.00
Retail 30-day supply	YES with limitations View coverage notes	30	\$18.00 Plan pays	\$216.00

★ **Generic equivalent available:**

quinapril
5mg tablet, generic
Various manufacturers
[View drug information](#) | [Recalculate](#)

Pharmacy / day's supply	Is this drug covered?	Qty	You pay	Annual cost
Mail-order pharmacy 90-day supply	YES View coverage notes	90	\$0.00 Plan pays	\$0.00
Retail 30-day supply	NO View coverage notes	30	\$10.00 Plan pays	\$120.00

Sample search results for Accupril Tabs showing Accupril costs and a comparison with generic or alternative drugs, and associated costs for all from a retail pharmacy or Express Scripts home delivery service.



2017 Express Scripts National Preferred Formulary

A

ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
ACTHAR H.P. [INJ]
acyclovir
ADCIRCA
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AKYNZEO
albuterol nebulization solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA
anastrozole
ANDROGEL 1.62%
ANORO ELLIPTA
apri
APRISO
ARCAPTA NEOHALER
aripiprazole
ARISTADA [INJ]
ARNIITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atorvastatin
AVONEX [INJ]
AXIRON
AZASITE
azelastine nasal spray
AZILECT
azithromycin
AZOR

B

baclofen
benazepril
BENICAR, BENICAR HCT
benzonatate
BEPREVE
BETHKIS
BEYAZ
bisoprolol/hctz
BREO ELLIPTA
BRILINTA
BRISDELLE

budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CETROTIDE [INJ]
chlorthalidone 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
COPAXONE 40 MG [INJ]
COREG CR
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DAYTRANA
desloratadine
desonide
dexamethasone
dexmethylphenidate ext-release

dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DYMISTA

E

EFFIENT
ELIDEL
ELIQUIS
enalapril
ENBREL [INJ]
ENJUVIA
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPIDUO, EPIDUO FORTE
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium delayed-release
ESTRACE CREAM
estradiol
estradiol patch
eszopiclone
etodolac
EUFLEXXA [INJ]
EVEKEO
EXTAVIA [INJ]

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
fentanyl patch
FETZIMA
FINACEA
finasteride
FLOVENT DISKUS
FLOVENT HFA
fluconazole

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.

fluocinonide
fluoxetine
fluticasone nasal spray
FOCALIN XR 25 MG, 35 MG
folic acid
FORTEO [INJ]
FOSRENOL
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gildess fe
GILENYA
GILOTRIF
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF, GONAL-F RFF
REDI-JECT [INJ]
GRALISE
GRANIX [INJ]
GRASTEK
guanfacine ext-release

H

HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine
polistirex ext-release
hydrocodone/homatropine
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
ibuprofen
ILEVRO
INCRUSE ELLIPTA
indomethacin
INLYTA
INVOKAMET
INVOKANA

irbesartan
IRESSA
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO, JENTADUETO XR
junel fe

K

KALBITOR [INJ]
ketoconazole topical
KITABIS PAK

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LAZANDA
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LIALDA
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

MAKENA [INJ]
meclizine
medroxyprogesterone
meloxicam
MEPHYTON
MESTINON SYRUP
metaxalone
metformin
metformin ext-release
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
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone
monessa
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTIK
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMENDA XR
NAMZARIC
naproxen, naproxen sodium
NARCAN
NASCOBAL
NATAZIA
neomycin/polymyxin/hydrocortisone ear drops
NEUPOGEN [INJ]
NEVANAC
NEXIUM PACKETS
niacin ext-release
nifedipine ext-release
nitrofurantoin monohydrate/macrocrystal
NORDITROPIN [INJ]
nortriptyline
NUCYNTA, NUCYNTA ER
NUDEXTA
NUVARING
nystatin oral suspension
nystatin topical

O

olanzapine
omeprazole delayed-release
ondansetron

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2017 THROUGH DECEMBER 31, 2017. THIS LIST IS SUBJECT TO CHANGE.

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

ondansetron orally disintegrating tablets
ONETOUCH KITS/METERS;
ULTRAMINI, VERIO,
VERIO FLEX, VERIO IQ,
VERIO SYNC
ONETOUCH TEST STRIPS;
ULTRA, VERIO
ONEXTON
OPANA ER
OPSUMIT
ORACEA
ORTHOVISC [INJ]
OTEZLA
OTREXUP [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

pantoprazole delayed-release
paroxetine
PATADAY
PAZEO
penicillin v potassium
PENTASA
PERFOROMIST
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim eye solution
potassium chloride ext-release
POTIGA
PRADAXA
PRALUENT [INJ]
pramipexole
pravastatin
prednisolone acetate eye suspension
prednisolone sodium phosphate
prednisone
PREMARIN CREAM
PREMARIN TABS
PREMPHASE
PREMPRO
PREPOPIK
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT [INJ]
progesterone micronized
PROLENSA
promethazine
promethazine/dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER
PYLERA

Q

QNASL
QUDEXY
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELPAK
REMICADE [INJ]
RENVELA
REPATHA [INJ]
RESTASIS
risperidone
rizatriptan
ropinirole
rosuvastatin

S

SAFYRAL
SANCUSO
SAVELLA
SEREVENT DISKUS
SEROQUEL XR
sertraline
SIMPONI 100 MG (for ulcerative colitis only) [INJ]
simvastatin
SOLODYN
SOMATULINE DEPOT [INJ]
SOOLANTRA
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STELARA [INJ]
STIOLTO RESPIMAT
STRATTERA
STRIVERDI RESPIMAT
SUBOXONE SL FILM
sulfamethoxazole/trimethoprim
sumatriptan
SUMAVEL DOSEPRO [INJ]
SUPREP
SYMBICORT
SYMLINPEN [INJ]
SYNJARDY

T

TACLONEX SUSPENSION
TAMIFLU
tamoxifen
tamsulosin ext-release
TARCEVA
TAZORAC
TECFIDERA
TECHNIVIE
TEKAMLO
TEKTURNA, TEKTURN HCT
temazepam
terazosin
terconazole vaginal
testosterone cypionate [INJ]
timolol maleate eye solution
tizanidine

TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone eye suspension
topiramate
TOUJEO SOLOSTAR [INJ]
TOVIAZ
TRACLEER
TRADJENTA
tramadol
TRAVATAN Z
trazodone
TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
TRIBENZOR
trinessa
tri-sprintec
TRULICITY [INJ]
TUDORZA PRESSAIR

U

UCERIS TABLETS
ULORIC
UPTRAVI

V

valacyclovir
valsartan
valsartan/hctz
VASCEPA
VELTASSA
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
VESICARE
VIAGRA
VIBERZI
VIEKIRA PAK
VIGAMOX
VIIBRYD
VIMPAT
VIOKACE
VYTORIN
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR

Z

ZENPEP
ZETIA
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZONTIVITY
ZORVOLEX
ZOVIRAX CREAM
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 lozenges, LAZANDA
ACCU-CHEK METERS/STRIPS	ONETOUCH METERS/STRIPS
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, NEVANAC, PROLENSA
ADVOCATE METERS/STRIPS	ONETOUCH METERS/STRIPS
ALOGLIPTIN	JANUVIA, TRADJENTA
ALOGLIPTIN/METFORMIN	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
APIDRA	HUMALOG
ARANESP	PROCRIT
ASACOL HD	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone, QNASL
BRAVELLE	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
BREEZE, CONTOUR METERS/STRIPS	ONETOUCH METERS/STRIPS
CETRAHAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX
CIMZIA	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA, XELJANZ, XELJANZ XR
COLCHICINE	COLCRYS, MITIGARE
DAKLINZA (EXCLUDED FOR GENOTYPE 1)	VIEKIRA PAK
DELZICOL	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DIPENTUM	balsalazide disodium, sulfasalazine, APRISO, LIALDA, PENTASA
DOXYCYCLINE 40 MG CAPSULES	ORACEA
DUEXIS	ibuprofen + famotidine
EMBRACE, VICTORY METERS/STRIPS	ONETOUCH METERS/STRIPS
ENDOMETRIN	CRINONE 8% GEL
EPOGEN	PROCRIT
ESTROGEL	DIVIGEL
EVZIO	naloxone syringe, NARCAN NASAL SPRAY
FENTORA	fentanyl citrate lozenges, LAZANDA
FLUOROURACIL 0.5% CREAM	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO
FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
FORTESTA	ANDROGEL 1.62%, AXIRON
FREESTYLE, PRECISION METERS/STRIPS	ONETOUCH METERS/STRIPS
GANIRELIX ACETATE	CETROTIDE
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
GENIVISC 850	EUFLEXXA, MONOVISC, ORTHOVISC
GLUMETZA	metformin extended-release
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
HYMOVIS	EUFLEXXA, MONOVISC, ORTHOVISC
ISTALOL	betaxolol, levobunolol, timolol, ALPHAGAN P 0.1%, COMBIGAN
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KINERET (EXCLUDED FOR RA)	ACTEMRA, ENBREL, HUMIRA, REMICADE, XELJANZ, XELJANZ XR
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
LEVITRA	CIALIS, VIAGRA
MIRCERA	PROCRIT
NATESTO	ANDROGEL 1.62%, AXIRON
NESINA	JANUVIA, TRADJENTA
NOVOLIN	HUMULIN
NOVOLOG	HUMALOG
NUTROPIN AQ	GENOTROPIN, HUMATROPE, NORDITROPIN
OLYSIO	VIEKIRA PAK, TECHNIVIE
OMNARIS	budesonide, flunisolide, fluticasone, mometasone, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
ORENCIA (IV and SC)	ACTEMRA, ENBREL, HUMIRA, REMICADE, XELJANZ, XELJANZ XR
PANCREAZE	CREON, ZENPEP
PERTZYE	CREON, ZENPEP
PROVENTIL HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
QSYMIA	phentermine
ribasphere ribapack	moderiba, ribavirin capsules, ribavirin tablets
RIBATAB	moderiba, ribavirin capsules, ribavirin tablets
SAIZEN	GENOTROPIN, HUMATROPE, NORDITROPIN
SIMPONI 50 MG	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA, XELJANZ, XELJANZ XR
SOVALDI (EXCLUDED FOR GENOTYPES 1 & 4)	VIEKIRA PAK, TECHNIVIE
STAXYN	CIALIS, VIAGRA
STENDRA	CIALIS, VIAGRA
SUBSYS	fentanyl citrate lozenges, LAZANDA
SUPARTZ, SUPARTZ FX	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC, SYNVISCO-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, STELARA
TANZEUM	BYDUREON, BYETTA, TRULICITY
TESTIM	ANDROGEL 1.62%, AXIRON
TESTOSTERONE GEL	ANDROGEL 1.62%, AXIRON
TRUEST, TRUETRACK METERS/STRIPS	ONETOUCH METERS/STRIPS
ULTRESA	CREON, ZENPEP
UNISTRIP METERS/STRIPS	ONETOUCH METERS/STRIPS
VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, ACANYA, ONEXTON
VERAMYST	budesonide, flunisolide, fluticasone, mometasone, QNASL
VICTOZA	BYDUREON, BYETTA, TRULICITY
VIMOVO	omeprazole delayed-release + naproxen sodium
VOGELXO	ANDROGEL 1.62%, AXIRON
XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
ZEPATIER	VIEKIRA PAK, TECHNIVIE
ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
ZIOPHAN	bimatoprost,latanoprost, travoprost, LUMIGAN, TRAVATAN Z
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN
ZYLARA	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, CARAC, PICATO

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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