

Your 2017 Formulary

Effective July 1, 2017



Please read: This document contains information about the drugs covered under your pharmacy benefit plan.

For a complete list of covered drugs or if you have questions:



Call the toll-free member phone number on your ID card.



Visit your plan's member website listed on your ID card.

- Locate a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Your Formulary

This Formulary outlines the most commonly prescribed medications from your plan's complete pharmacy benefit coverage list, also known as a Prescription Drug List (PDL). A formulary identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. An important part of the Formulary is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to your plan's member website for complete and up-to-date drug information

Since the Formulary may change, we encourage you to visit our website, your plan's member website, which should be listed on your ID card. This website is the best source for up-to-date information about all of the medications your pharmacy benefit covers, possible lower-cost options and cost comparisons.

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At OptumRx, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the Formulary.

What is a Formulary?

This document is a list of commonly prescribed medications preferred by your plan sponsor for their safety, cost and effectiveness. Drugs are listed by common categories or class. They are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

Please note: Where differences are noted between this Formulary and your benefit plan documents, the benefit plan documents will rule. It is not intended to be a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan. You may also log on to your plan's member website or call the toll-free member phone number on your ID card for more information.

How do I use my Formulary?




When choosing a medication, you and your doctor should consult the Formulary. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed in this document, please visit your plan's member website or call the toll-free member phone number on your ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

\$	Drug Tier	Includes	Helpful Tips
	Tier 1 Lowest Cost	Lower-cost, commonly used generic drugs. Some low-cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please note: Some plans may have two or four tiers, while others may not have any. If you have a high deductible plan, the tier cost levels will apply once you hit your deductible. Refer to your enrollment and plan materials on your plan's member website, or call the toll-free member phone number on your ID card for more information about your benefit plan.

When does the Formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

For the most up-to-date list, call customer service at the toll-free member phone number on your ID card.

Programs and Limits

Some medications are noted with letters or symbols next to them. The letters and symbols refer to our pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

AR	Age Restrictions – Some restrictions may apply based on patient age.
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy – Trial of lower cost medication(s) is required before a higher-cost medication is covered.
QL	Quantity Limits – Amount of medication covered per copayment or in a specific time period.
SP	Specialty Medication – Medication is designated as a specialty pharmacy drug.
E	Excluded – May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered.

To learn more about a pharmacy program or to find out if it applies to you, please visit your plan's member website or call the toll-free member phone number on your ID card.

Why are some medications excluded from coverage?

Medications may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

What if I don't agree with a decision about an excluded medication?

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling the toll-free member phone number on the back of your ID card.

Should I talk to my doctor about OTC medications?

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Clobex**) and generic drugs in plain type (for example, clobetasol).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit your plan's member website to make sure.

Are you taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the Formulary.

BriovaRx, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx and have your prescriptions delivered right to your home or office.

How do I get updated information about my pharmacy benefit?

Since the Formulary may change during your plan year, we encourage you to visit your plan's member website or call the toll-free member phone number on your ID card for more current information.

When you register at on our website and open an account, you can use the website's helpful tools and features to:

- Look up the price of drugs covered by your plan
- Find lower-cost options
- Refill and renew home delivery prescriptions
- View your order status and claims history
- View your benefits in real time



More information

If you have additional questions please call customer service, 24 hours a day, 7 days a week using the toll-free member phone number on your ID card. Or visit your plan's member website.

Drug Name	Drug Tier	Programs and Limits
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azasite	3	
Azithromycin	1	
Bethkis	2	SP
Cefadroxil Cap	1	
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Doryx MPC	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Oral Suspension, Tab	1	
Erythromycin	1	
Kitabis	E	SP
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Moxifloxacin	1	
Neomycin/Polymyxin/ HC Otic Suspension, Solution	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	

Drug Name	Drug Tier	Programs and Limits
Penicillin VK	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim DS	1	
TOBI nebulizer	E	SP
TOBI podhaler	E	SP
Tobramycin (M)	E	SP
Anti-Infectives: Antifungals		
Fluconazole	1	
Jublia Solution	3	PA
Kerydin Solution	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab, Suspension	1	
Daklinza*	3	PA, QL, SP
Entecavir	1	QL, SP
Epclusa*	2	PA, QL, SP
Famciclovir Tab	1	
Harvoni*	2	PA, QL, SP
Sovaldi*	2	PA, QL, ST, SP
Tamiflu	3	QL
Valacyclovir	1	QL
Zepatier*	2	PA, QL, SP
Cancer		
Akynzeo	3	QL
Anastrozole Tab	1	
Capecitabine	1	PA, SP
Letrozole	1	
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Tasigna	3	PA, SP
Temozolomide	1	PA, SP
Zytiga	3	PA, SP

(M) Co-Branded Product

* PA Required

Bold type = Brand-name drug

[Plain type = Generic drug]

E Excluded

AR Age Restrictions

PA Prior Authorization

ST Step Therapy

QL Quantity Limits

SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Cardiovascular/Heart Disease:		
Anticoagulants		
Brilinta	2	
Clopidogrel	1	
Effient	2	
Eliquis	3	QL
Enoxaparin	1	QL, SP
Pradaxa	2	QL
Savaysa	3	QL
Warfarin	1	
Xarelto	2	QL
Cardiovascular/Heart Disease:		
High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Amlodipine/Valsartan/ HCTZ	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Azor	3	ST
Benazepril	1	
Benazepril/HCTZ	1	
Benicar	3	ST
Benicar HCT	3	ST
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Patch	1	
Clonidine Tab	1	
Diltiazem Tab	1	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Enalapril/HCTZ	1	
Felodipine	1	
Fosinopril	1	
Furosemide	1	

Drug Name	Drug Tier	Programs and Limits
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Tribenzor	3	ST
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease:		
High Cholesterol		
Atorvastatin	1	
Cholestyramine	1	
Crestor	3	
Fenofibrate 40 mg, 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 120 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg	1	
Gemfibrozil	1	
Lipitor	3	ST

Bold type = Brand-name drug
 [Plain type = Generic drug]
E Excluded

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Lovastatin	1	
Lovaza	3	
Niacin ER Tab	1	
Omega-3 Acid Cap 1 gm	1	
Praluent*	2	PA, QL, SP
Pravastatin	1	
Rosuvastatin	1	
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	
Simvastatin 80 mg	1	PA
Vascepa	2	
Vytorin 10-10 mg, 10-20 mg, 10-40 mg	2	
Vytorin 10-80 mg	2	PA
Welchol	2	
Zetia	3	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Amlodipine/Atorvastatin	1	
Corlanor	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Multaq	3	
Nitrostat	3	
Ranexa	2	ST
Sotalol	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adcirca	3	PA, QL, SP
Adempas	2	PA, QL, SP
Letairis	2	PA, QL, SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, SP
Sildenafil Tab 20 mg	1	PA, QL, SP
Tracleer	2	PA, QL, SP

Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR Cap	3	PA, QL, ST
Amphetamine- Dextroamphetamine Tab	1	PA, QL
Amphetamine- Dextroamphetamine SR 24Hr Cap	1	PA, QL
Dexmethylphenidate ER Cap	1	PA, QL
Evekeo	3	PA, QL, ST
Guanfacine ER Tab	1	QL
Methylphenidate ER Cap	1	PA, QL
Methylphenidate ER Tab	1	PA, QL
Methylphenidate SA Osmotic ER Tab	1	PA, QL
Methylphenidate Tab	1	PA, QL
Strattera	2	QL
Vyvanse	2	PA, QL
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion ER	1	
Bupropion SR	1	
Bupropion XL	1	QL
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Escitalopram Tab	1	
Fluoxetine Cap (not PMDD)	1	
Fluvoxamine Tab	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Pristiq	3	QL
Risperidone Tab	1	QL
Sertraline	1	

* PA Required

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E Excluded

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Trazodone	1	
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
Viibryd	3	QL, ST
Central Nervous System: Migraine		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1	
Migranal	3	QL
Relpax	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
Sumavel Dose	3	QL
Zolmitriptan Tab	1	QL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, QL, SP
Aubagio	3	PA, QL, ST, SP
Avonex Kit*	2	PA, QL, SP
Avonex Pen Kit*	2	PA, QL, SP
Avonex Prefill Kit*	2	PA, QL, SP
Betaseron*	2	PA, QL, SP
Copaxone 20 mg/mL & 40 mg/mL*	2	PA, QL, SP
Extavia	E	PA, QL, ST, SP
Gilenya**	3	PA, QL, ST, SP
Plegridy	E	PA, QL, ST, SP
Rebif	E	PA, QL, ST, SP
Rebif Titrtn	E	PA, QL, ST, SP
Tecfidera*	2	PA, QL, SP
Central Nervous System: Other		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Benzotropine	1	
Bupirone	1	

* PA Required

+ Tier 3 Preferred

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E Excluded

AR Age Restrictions

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ST Step Therapy

QL Quantity Limits

SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Carbidopa/Levodopa Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL, ST
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda XR	2	QL
Namzaric	2	QL
Olanzapine Tab	1	QL
Prochlorperazine	1	
Quetiapine	1	QL
Rexulti	3	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Seroquel XR	3	QL
Ziprasidone Cap	1	QL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Carbamazepine Tab	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Lamotrigine ER	1	

Drug Name	Drug Tier	Programs and Limits
Levetiracetam	1	
Levetiracetam ER	1	
Lyricea Cap	2	QL
Onfi	3	PA
Oxcarbazepine	1	
Phenytoin	1	
Primidone	1	
Topiramate Tab	1	
Vimpat	3	
Zonisamide	1	
Dermatology		
Absorica	3	PA
Acanya Gel	E	ST
Acyclovir Ointment 5%	1	
Aczone Gel	3	
Atralin	3	PA
Benzaclin	E	ST
Benzamycin	E	ST
Betamethasone Dipropionate Cream	1	
Ciclopirox Cream	1	
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	3	
Clotrimazole/Betamethasone Cream, Lotion	1	
Cortifoam	3	
Desonide Cream, Ointment	1	
Desoximetasone Cream, Gel, Ointment	1	
Differin	3	AR
Duac	E	ST
Econazole Cream	1	

Drug Name	Drug Tier	Programs and Limits
Elidel	2	ST
Epiduo & Epiduo Forte	3	
Finacea	3	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Lidocaine Topical Ointment, Solution	1	
Lidocaine/Prilocaine Cream	1	
Ketoconazole Cream/Shampoo	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mirvaso Gel	2	
Mupirocin Ointment	1	
Nystatin Cream, Ointment, Powder	1	
Nystatin/Triamcinolone Cream, Ointment	1	
Onexton	3	
Oxsoralen-UL	2	
Permethrin Cream 5%	1	
Proctofoam HC	2	
Retin-A Micro gel 0.1%, 0.04%	3	PA
Soolantra	2	
Sulfacetamide/Sulfur Emulsion	1	
Taclonex	3	QL
Tazorac	3	
Tretinoin Cream	1	PA
Tretinoin Microsphere Gel	1	PA
Triamcinolone	1	
Vectical	3	
Veltin	E	ST

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Ziana Gel	E	ST
Zovirax Cream	2	
Zovirax Ointment	3	
Zyclara	3	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Active Glucose Control Liquid	E	
Accu-Chek Active Test Strips	E	QL
Accu-Chek Aviva Connect Kit	E	
Accu-Chek Aviva Plus Control Liquid	E	
Accu-Chek Aviva Plus Kit	E	
Accu-Chek Aviva Plus Test Strips	E	QL
Accu-Chek Compact Plus Control Liquid	E	
Accu-Chek Compact Plus Test Strips	E	QL
Accu-Chek Compact Plus Kit	E	
Accu-Chek FastClix Kit	2	
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Control Liquid	E	
Accu-Chek Guide Kit	E	
Accu-Chek Guide Test Strips	E	QL
Accu-Chek Multiclix Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	E	
Accu-Chek SmartView Control Liquid	E	

Drug Name	Drug Tier	Programs and Limits
Accu-Chek SmartView Test Strips	E	QL
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Kit	2	
Accu-Chek Softclix Lancets	2	
Bayer Contour Test Strips	E	QL, ST
Dexcom G4 Platinum Kit	3	
Dexcom G4 Platinum Sensor Kit	3	
Dexcom G4 Platinum Transmitter Kit	3	
Dexcom G5 Kit	3	
Dexcom G5 Sensor Kit	3	
Dexcom G5 Transmitter Kit	3	
Freestyle Test Strips	E	QL, ST
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Pen Needle	3	
Novofine Autocover Pen Needle	3	
Novotwist Pen Needle	3	
OneTouch Ultra 2 System	2	
OneTouch UltraMini System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Flex System Kit	2	
OneTouch Ultra Test Strips	2	QL

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E Excluded

AR Age Restrictions
PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
OneTouch Verio Test Strips	2	QL
Precision Test Strips	E	QL, ST
Diabetes/Endocrine: Insulin		
Apidra	E	ST
Basaglar	E	ST
Humalog Mix 50/50 Vial and KwikPen	2	
Humalog Mix 75-25 Vial and KwikPen	2	
Humalog U-100 Vial and KwikPen	2	
Humalog U-200 KwikPen	2	
Humulin 70-30 Vial and KwikPen	2	
Humulin N Vial and KwikPen	2	
Humulin R U-500 Vial and KwikPen	2	
Humulin R Vial	2	
Lantus SoloStar	2	
Lantus Vial	2	
Levemir FlexTouch	E	
Levemir Vial	E	
Novolin 70/30 Vial	E	
Novolin N Vial	E	
Novolin R Vial	E	
Novolog Flexpen	E	
Novolog Mix 70/30 Vial and Flexpen	E	
Novolog Penfill	E	
Novolog Vial	E	
Toujeo SoloStar	2	
Tresiba	E	
Diabetes/Endocrine: Non-Insulin		
Adlyxin	E	QL, ST
Alogliptin (M)	E	ST
Alogliptin/metformin (M)	E	ST

(M) Co-Branded Product

Drug Name	Drug Tier	Programs and Limits
Alogliptin/pioglitazone (M)	E	ST
Bydureon	2	QL, ST
Byetta	2	QL, ST
Farxiga	E	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glumetza	3	PA
Glyburide	1	
Glyburide/Metformin	1	
Invokamet	2	ST
Invokamet XR	2	ST
Invokana	2	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentadueto	2	ST
Jentadueto XR	2	ST
Kazano	E	ST
Kombiglyze	E	ST
Metformin	1	
Metformin ER	1	
Nesina	E	ST
Onglyza	E	ST
Oseni	E	ST
Pioglitazone	1	
Soliqua	2	QL, ST
Synjardy	2	ST
Synjardy XR	2	ST
Tanzeum	E	QL, ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Xigduo XR	E	ST
Endocrine: Growth Hormone		
Genotropin	E	PA, SP
Humatrope	E	PA, SP
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP

(M) Co-Branded Product

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E Excluded

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SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Omnitrope	E	PA, SP
Saizen	E	PA, SP
Zomacton	E	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	
Lupron Depot 3.75 mg, 11.25 mg	3	PA, SP
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Solution 25 mg/5 ml	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
Sensipar	3	PA
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Azelastine Ophthalmic Solution	1	
Bepreve	3	ST
Lastacaft	3	ST
Pataday	2	
Pazeo	2	
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	

Drug Name	Drug Tier	Programs and Limits
Gentamicin	1	
Moxeza	2	
Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension	1	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/ Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
Vigamox	2	
Eye Conditions: Glaucoma		
Alphagan P	2	
Azopt	2	
Betimol	3	
Brimonidine	1	
Combigan	2	
Cosopt PF	3	
Dorzolamide-Timolol Maleate	1	
Latanoprost	1	QL
Lumigan	2	QL
Rescula	E	QL
Simbrinza	2	
Timolol	1	
Timoptic Ocudose	2	
Travatan Z	2	QL
Zioptan	E	QL
Eye Conditions: Other		
Durezol Ophthalmic Emulsion	3	
Lotemax Ophthalmic Gel	3	QL
Ketorolac Ophthalmic Solution	1	

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Xiidra	2	PA
Gastrointestinal: Acid Suppression		
Dexilant	2	QL
Duexis	E	QL, ST
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Vimovo	E	PA, QL
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron Tab, ODT	1	
Transderm-Scop	3	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	QL, ST
Apriso	2	
Asacol HD	E	ST
Canasa	2	
Creon	2	
Delzicol	E	ST
Dipentum	3	
Gavilyte Solution	1	
Hyoscyamine Sublingual Tab	1	
Lactulose	1	
Lialda	2	
Linzess	2	QL, ST

Drug Name	Drug Tier	Programs and Limits
Mesalamine DR (M)	E	ST
Movantik	E	QL, ST
Moviprep	3	
Omeclamox Pak	2	
Pancreaze	E	ST
Pentasa	3	
Pertzye	E	ST
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Protosol HC	1	
Pylera	2	
Sulfasalazine	1	
Suprep Bowel Prep	3	
Uceris Foam	3	
Ultresa	E	ST
Viokace	E	ST
Zenpep	2	
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Epzicom	3	SP
Genvoya	2	SP
Intelence	2	SP
Isentress	2	SP
Kaletra Solution	3	SP
Kaletra Tab	2	SP
Nevirapine	1	SP
Norvir	2	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Sustiva	2	SP
Tivicay	2	SP
Triumeq	2	SP
Truvada	2	SP
Viread	2	SP

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Drug Name	Drug Tier	Programs and Limits
Infertility		
Bravelle	E	PA, SP
Cetrotide	2	SP
Follistim AQ	E	PA, SP
Gonal-f	2	PA, SP
Gonal-f RFF	2	PA, SP
Ovidrel	3	SP
Inflammatory Conditions		
Cimzia Kit*	2	PA, SP
Cosentyx*	E	PA, SP
Depen	2	SP
Enbrel	3	PA, SP
Humira Kit*	2	PA, SP
Humira Pen Kit*	2	PA, SP
Humira Pen Kit Crohns*	2	PA, SP
Humira Pen Kit Psoriasis*	2	PA, SP
Hydroxychloroquine	1	
Inflectra	E	PA, SP
Methotrexate Tab	1	
Orencia SC	3	PA, ST, SP
Otezla	3	PA, ST, SP
Otrexup	3	PA, QL
Rasuvo	2	PA, QL
Remicade	2	PA, SP
Simponi*	2	PA, SP
Simponi Aria*	2	PA, SP
Stelara*	2	PA, SP
Taltz+	3	PA, ST, SP
Xeljanz	3	PA, ST, SP
Men's Health: Erectile Dysfunction		
Cialis	2	QL
Levitra	E	QL
Staxyn	E	QL
Stendra	E	QL
Viagra	2	QL

Drug Name	Drug Tier	Programs and Limits
Men's Health: Prostate		
Alfuzosin	1	
Cialis 2.5 mg & 5 mg	2	QL
Doxazosin	1	
Finasteride 5 mg	1	
Rapaflo	2	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA
AndroGel 1.62%	2	PA
AndroGel 1%	E	PA, ST
Axiron	E	PA
Fortesta	E	PA
Testim	E	PA
Testosterone Cypionate IM Injection	1	PA
Vogelxo	E	PA
Miscellaneous		
Adrenaclik	E	ST
Allopurinol	1	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
Aranesp	E	PA, SP
Auryxia	3	
Auvi-Q	E	ST
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Bunavail	3	PA, QL
Cerdelga	3	PA, SP
Chantix	3	QL
Cheratussin	1	
Chlorhexidine	1	
Colcrys	2	
Cyproheptadine	1	
Desmopressin	1	

* PA Required

+ Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
Epinephrine Auto-Injector (Authorized Generic for EpiPen made by Mylan)	2	
Epinephrine Auto-Injector (M) (made by Impax)	E	ST
EpiPen & EpiPen Jr	E	ST
Epogen	E	PA, SP
Euflexxa	2	PA, SP
Fosrenol	3	
Granix	2	PA, SP
Guaifenesin/Codeine Syrup	1	
Homatropine/ Hydrocodone Syrup	1	
Hydrocodone/ Chlorpheniramine Liquid	1	
Hydrocortisone AC Suppository 25 mg	1	
Hydromet	1	
Lidocaine Viscous Solution 2%	1	
Makena	2	PA, SP
Narcan	2	
Neupogen	2	PA, SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
Procrit	2	PA, SP
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
Pulmozyme	2	PA, QL, SP
Renvela Tab, Pack	2	
Rezira	3	
Suboxone Film	2	PA, QL
Synagis	2	PA, SP
Synvisc	2	PA, SP
Synvisc One	2	PA, SP

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SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Uloric	2	ST
Ursodiol	1	
Velphoro	3	
Zarxio	2	PA, SP
Zostavax Injection	3	
Zubsolv	2	PA, QL
Zutripro	3	
Musculoskeletal: Osteoporosis		
Alendronate Tab 35 mg & 70 mg	1	QL
Binosto	3	QL
Evista	3	
Forteo	2	PA, SP
Ibandronate Tab	1	QL
Raloxifene	1	
Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol 350 mg	1	
Cyclobenzaprine Tab 5, 10 mg	1	
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Cap	1	
Tizanidine Tab	1	
Musculoskeletal: Pain Relief		
Abstral	E	PA, QL
Acetaminophen w/ Codeine	1	PA, QL
Cambia	E	ST
Celebrex	3	QL
Celecoxib	1	QL
Diclofenac Tab	1	
Embeda	2	QL
Endocet Tab	1	PA, QL
Etodolac	1	
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	QL

Drug Name	Drug Tier	Programs and Limits
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	QL
Fentora	E	PA, QL
Flector patch	3	QL
Gralise	3	QL, ST
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	PA, QL
Hydromorphone Tab	1	PA, QL
Hysingla ER	E	QL, ST
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Kadian	E	QL, ST
Ketorolac Tab	1	QL
Lazanda	E	PA, QL
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	
Morphine Sulfate Tab	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Nucynta ER	E	QL, ST
Opana ER	E	QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	PA, QL
Oxycodone w/ Acetaminophen	1	PA, QL
Oxycontin	2	QL
Subsys	E	PA, QL
Tivorbex	3	ST
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
Vicodin	1	PA, QL
Vicodin ES	1	PA, QL
Voltaren Gel	3	QL
Xtampza ER	E	QL, ST
Zohydro ER	E	QL, ST
Zorvolex	E	

Drug Name	Drug Tier	Programs and Limits
Overactive Bladder		
Myrbetriq	2	ST
Oxybutynin	1	
Oxybutynin ER	1	
Tolterodine	1	
Toviaz	3	
Vesicare	2	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Nebulizer Solution	1	QL
Alvesco	E	QL, ST
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Asmanex	E	QL, ST
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Dulera	E	QL, ST
Flovent Diskus	2	QL
Flovent HFA	2	QL
Foradil	2	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Levalbuterol Inhaler (M)	E	QL, ST
Levalbuterol Nebulizer Solution	1	QL
Montelukast	1	
Perforomist	3	QL
Proair HFA, RespiClick	2	QL
Proventil HFA	E	QL, ST
Pulmicort Flexhaler	2	QL
Qvar	E	QL
Seebri	3	QL
Serevent Diskus	2	QL

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto	2	QL
Symbicort	2	QL
Tudorza	E	QL, ST
Ventolin HFA	2	QL
Xolair	2	PA, SP
Xopenex HFA	E	QL, ST
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
Nasonex	2	QL
Omnaris	3	QL
QNasl	3	QL
Triamcinolone Spray	1	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Promethazine Tab	1	
Desloratadine	1	
Levocetirizine	1	
Transplant		
Azathioprine Tab	1	
Cellcept Tab/ Suspension	3	SP
Cyclosporine Cap	1	SP
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
Prograf Cap	3	SP
Rapamune	3	SP
Tacrolimus Cap	1	SP

Drug Name	Drug Tier	Programs and Limits
Vitamins/Electrolytes		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con 8 and 10 MEQ	1	
Klor-Con M10 and M20	1	
Multi-Vit/FI Chew	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Potassium Citrate 540 mg, 1080 mg Tab	1	
Vitamin D 50,000 units (Rx only)	1	
Women's Health: Birth Control		
Apri	1	
Aviane	1	
Azurette	1	
Cryselle-28	1	
Falmina	1	
Generess Fe Chewable	3	
Gianvi	1	
Gildess	1	
Jolivette	1	
Junel	1	
Kariva	1	
Levora 28	1	
Lo Loestrin	3	
Lomedia Fe	1	
Loryna	1	
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	

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Drug Name	Drug Tier	Programs and Limits
Minastrin 24 Fe Chewable	3	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
Nuvaring	2	
Ocella	1	
Orsythia	1	
Ortho Tri-Cyclen Lo	3	
Previfem	1	
Reclipsen	1	
Sprintec 28	1	
Tri-Linyah	1	
Tri-Previfem	1	
Trinessa	1	
Tri-Sprintec	1	
Vestura	1	
Viorele	1	
Xulane	1	
Zarah	1	
Women's Health: Hormone Replacement		
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Estrace Vaginal Cream	3	
Estradiol Tab	1	
Estradiol/Norethindrone Tab	1	

Drug Name	Drug Tier	Programs and Limits
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Osphena	3	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Vagifem	3	
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Bold type = Brand-name drug

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Bold type = Brand-name drug

[Plain type = Generic drug]

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson



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Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue,
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Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

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مقرر ىلع لاصتالاء اجرا لاكل ءحاتم ءيناجملا ءيوغللا ءدعاسملا تامدخ نإف، (**Arabic**) ءيبرعلا ءدحتت تنك اذا ءيبنت ءيوضلا فنرعم ىلع ءوجوملا ىن اجملا فتالملا

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UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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نفلت هرامش اب افطلل. دشاب ىم امش راىتخا رد ناگىار روط هب ىن ابز دادما تامدخ، تسا (**Farsi**) ىسراف امش نابز رگا: هجوت ديريگب سامت هدش دىق امش ىي اسانش تراک ىور مک ىن اگىار

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(**Khmer**)សម្រាប់ជំនួយភាសាសំខាន់ៗ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្នើសុំជំនួយភាសាសំខាន់ៗ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

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OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.