

Your 2018 Formulary

Effective January 1, 2018



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.

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.

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.

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

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.

Excluded brand-name medications with generic equivalents for 2018*

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified to have available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Aciphex	Concerta	Effexor XR	Ortho Tri Cyclen	Tamiflu	Xanax XR
Acticlate	Crestor	Glumetza	Ortho Tri Cyclen Lo	Tobi Nebulizer	Yaz
Adderall XR	Cymbalta	Kadian	Percocet	Tobradex	Zegerid
Alphagan P	Cytomel	Lexapro	Prevacid	Toprol XL	Zetia
Ambien	Depo — Testost Inj	Lidoderm	Pristiq	Tribenzor	Ziana
Ambien CR	Dilantin	Lipitor	Prozac	Vagifem	Zoloft
Androgel 1%	Dilantin Chewable	Lovaza	Pulmicort Inhalation Suspension	Valium	Zomig
Azor	Dilantin Suspension	Lunesta	Retin-A Micro Gel	Vitafol	Zomig ZMT
Benicar	Diovan	Minastrin	Singulair	Vivelle-Dot	Zovirax (tab, cap, ointment, suspension)
Benicar HCT	Diovan HCT	Nasonex	Taclonex Ointment	Voltaren	
Benzamycin	Duac	Nexium		Vytorin	
Benzaclin	Duragesic	Nitrostat		Wellbutrin	
Beyaz		Norco		Wellbutrin SR	
Carafate		Norvasc		Wellbutrin XL	
Celebrex		Nuvigil		Xanax	

*These brand-name medications have been identified to have available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the following medication list.



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
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	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	
Penicillin VK	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim	1	

Drug Name	Drug Tier	Programs and Limits
Sulfamethoxazole-Trimethoprim DS	1	
TOBI podhaler	E	ST, SP
Tobramycin (M)	E	ST, 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	
Descovy	2	SP
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Odefsey	2	SP
Oseltamivir	1	QL
Valacyclovir	1	QL
Zepatier	3	PA, QL, SP
Cancer		
Akynzeo	3	QL
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	PA, SP
Letrozole	1	
Mercaptopurine	1	SP
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Zytiga	3	PA, SP

(M) Co-Branded Product

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
Zontivity	3	
Cardiovascular/Heart Disease:		
High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Byvalson	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER	1	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	

Drug Name	Drug Tier	Programs and Limits
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan HCT	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease:		
High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate ER	1	
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	
Livalo	3	ST
Lovastatin	1	
Niacin ER Tab	1	

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Drug Name	Drug Tier	Programs and Limits
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	
Welchol	2	
Cardiovascular/Heart Disease: Other		
Corlanor	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL Tab	1	
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		
Amphetamine- Dextroamphetamine Tab	1	PA, QL
Amphetamine- Dextroamphetamine SR 24Hr Cap	1	PA, QL
Dexmethylphenidate ER Cap	1	PA, QL
Guanfacine ER Tab	1	
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	3	QL
Vyvanse	2	QL, PA
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion ER	1	QL
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Escitalopram Tab	1	
Fluoxetine Cap (not PMDD)	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Rexulti	3	QL
Risperidone Tab	1	QL
Sertraline	1	

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Drug Name	Drug Tier	Programs and Limits
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
Viibryd	3	QL
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
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
Aristada	3	
Bupirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	

* Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL, ST
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda XR	2	QL
Namzarcic	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Xyrem	3	PA, QL, SP
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Zaleplon	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Levetiracetam	1	
Levetiracetam ER	1	
Lyrica Cap	2	QL
Oxcarbazepine	1	
Primidone	1	
Topiramate Tab	1	
Trokendi XR	E	ST
Vimpat	3	
Zonisamide	1	

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Drug Name	Drug Tier	Programs and Limits
Dermatology		
Absorica	3	PA
Acanya Gel	E	ST
Aczone Gel	3	
Aktipak	E	ST
Atralin	3	PA
Claravis	1	PA
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	
Dupixent	2	PA, QL, SP
Elidel	2	ST
Epiduo & Epiduo Forte	3	
Eucrisa	2	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Lidocaine Topical Ointment, Solution	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	

Drug Name	Drug Tier	Programs and Limits
Mirvaso Gel	2	
Mupirocin Ointment	1	
Myorisan	1	PA
Nystatin Cream, Ointment, Powder	1	
Onexton	3	
Oxsoralen-UL	2	
Pennsaid Solution	E	PA
Permethrin Cream 5%	1	
Proctofoam HC	2	
Soolantra	2	
Tazorac	3	
Tretinoin Cream	1	PA
Tretinoin Microsphere Gel	1	PA
Triamcinolone	1	
Vectical	3	
Veltin	E	ST
Zovirax Cream	2	
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	

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Drug Name	Drug Tier	Programs and Limits
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	
Accu-Chek SmartView Test Strips	E	QL
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclicx Kit	2	
Accu-Chek Softclicx 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	

Drug Name	Drug Tier	Programs and Limits
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
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	

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Drug Name	Drug Tier	Programs and Limits
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
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	
Glyburide	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	

Drug Name	Drug Tier	Programs and Limits
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
Omnitrope	2	PA, SP
Saizen	E	PA, SP
Zomacton	E	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Clomiphene	1	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	

(M) Co-Branded Product

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Drug Name	Drug Tier	Programs and Limits
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	
Endocrine:		
Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Azelastrine Ophthalmic Solution	1	
Pataday	3	
Pazeo	2	
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
Moxeza	2	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/ Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
Vigamox	3	

Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Glaucoma		
Azopt	2	
Betimol	3	
Combigan	2	
Cosopt PF	3	
Latanoprost	1	QL
Lumigan	2	QL
Rescula	E	QL
Simbrinza	2	
Travatan Z	2	QL
Zioptan	E	QL
Eye Conditions: Other		
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Restasis Multidose	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

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Drug Name	Drug Tier	Programs and Limits
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	QL, ST
Apriso	2	
Asacol HD	E	ST
Canasa	2	
Creon	2	
Delzicol	E	ST
Dicyclomine	1	
Dipentum	3	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	
Lialda	E	ST
Linzess	2	QL, ST
Mesalamine DR (M)	E	ST
Misoprostol	1	
Movantik	E	QL, ST
Pancreaze	E	ST
Pentasa	3	
Pertzye	E	ST
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Pylera	2	
Rabeprazole	1	QL
Suprep Bowel Prep	3	
Uceris Foam	3	
Ultresa	E	ST
Viokace	E	ST
Zenpep	2	

Drug Name	Drug Tier	Programs and Limits
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Genvoya	2	SP
Isentress	2	SP
Norvir	2	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Tivicay	2	SP
Triumeq	2	SP
Truvada	2	SP
Viread	2	SP
Infertility		
Bravelle	E	PA, SP
Cetrotide	2	PA, 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⁺	3	PA, SP
Depen	2	SP
Enbrel	3	PA, ST, 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
Leflunomide	1	
Methotrexate Tab	1	

+ Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
Orencia SC	3	PA, ST, SP
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Remicade	2	PA, SP
Simponi	2	PA, SP
Simponi Aria	2	PA, SP
Stelara	2	PA, SP
Taltz	E	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
Men's Health: Prostate		
Cialis 2.5 mg & 5 mg	2	QL
Doxazosin	1	
Dutasteride	1	
Finasteride 5 mg	1	
Rapaflo	2	
Tamsulosin	1	
Terazosin		
Men's Health: Testosterone Therapy		
Androderm	2	PA
Androgel 1.62%	2	PA
Axiron	E	PA
Fortesta	E	PA
Testim	E	PA
Testosterone Cypionate IM Injection	1	PA
Vogelxo	E	PA

Drug Name	Drug Tier	Programs and Limits
Miscellaneous		
Adrenaclick	E	ST
Allopurinol	1	
Aranesp	E	PA, SP
Armodafinil	1	PA, QL
Auryxia	3	
Auvi-Q	E	ST
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Bunavail	3	QL
Cerdelga	3	PA, SP
Cheratussin	1	
Chlorhexidine	1	
Colcrys	2	
Contrave	2	PA
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	
Hydrocodone/ Chlorpheniramine Liquid	1	

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Drug Name	Drug Tier	Programs and Limits
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	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	
Renvela Tab	2	
Rezira	3	
Suboxone Film	2	QL
Synvisc	2	PA, SP
Synvisc One	2	PA, SP
Uloric	2	ST
Velphoro	3	
Zarxio	2	PA, SP
Zubsolv	2	QL
Zurampic	3	
Zutripro	3	
Musculoskeletal: Osteoporosis		
Alendronate Tab 35 mg & 70 mg	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Tymlos	2	PA, SP
Musculoskeletal: Other		
Amrix	E	
Baclofen Tab	1	
Carisoprodol 350 mg	1	

Drug Name	Drug Tier	Programs and Limits
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	QL
Arymo ER	E	PA, QL
Cambia	E	ST
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
Embeda	2	PA, QL
Etodolac	1	
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	PA, QL
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	PA, QL
Fentora	E	PA, QL
Flector patch	3	QL
Gralise	3	QL, ST
Hydrocodone/ Acetaminophen 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	

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Drug Name	Drug Tier	Programs and Limits
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lazanda	E	PA, QL
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Nucynta ER	E	PA, QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	PA, QL
Subsys	E	PA, QL
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
Xtampza ER	E	PA, QL
Zohydro ER	E	PA, QL
Zorvolex	E	
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Toviaz	3	
Vesicare	2	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL

Drug Name	Drug Tier	Programs and Limits
AirDuo	E	QL, ST
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
Incruse Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Levalbuterol Inhaler (M)	E	QL, ST
Montelukast	1	
Proair HFA, RespiClick	2	QL
Proventil HFA	E	QL, ST
Pulmicort Flexhaler	2	QL
Qvar	E	QL
Serevent Diskus	2	QL
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

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Drug Name	Drug Tier	Programs and Limits
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
Omnaris	3	QL
QNasl	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
Transplant		
Azathioprine Tab	1	
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
Prograf Cap	3	SP
Tacrolimus Cap	1	SP
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	
Ludent	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 units (Rx only)	1	

Drug Name	Drug Tier	Programs and Limits
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	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
Nuvaring	2	
Ocella	1	
Orsythia	1	
Previfem	1	
Reclipsen	1	
Sprintec 28	1	
Tri-Linyah	1	
Tri-Lo-Sprintec	1	
Tri-Previfem	1	
Trinessa	1	
Tri-Sprintec	1	

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Drug Name	Drug Tier	Programs and Limits
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 Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Osphena	3	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Yuvaferm	1	

Drug Name	Drug Tier	Programs and Limits
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Accu-Chek FastClix Lancets	14	Amlodipine/Benazepril	10	Bayer Contour Test Strips	14
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Accu-Chek Nano SmartView Kit	14	Ampyra	12	Bethkis	9
Accu-Chek SmartView Control Liquid	14	Amrix	19	Betimol	16
Accu-Chek SmartView Test Strips	14	Anastrozole Tab	9	Binosto	19
Accu-Chek Softclix Kit	14	Androderm	18	Bisoprolol	10
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Medroxyprogesterone				Omega-3 Acid Cap	11
Acetate Injection	21	Nabumetone	20	Omeprazole.	16
Medroxyprogesterone		Nadolol	10	Omnaris	21
Acetate Tab	22	Namenda XR.	12	Omnitrope	15
Meloxicam	20	Namzaric.	12	Ondansetron ODT.	17
Mercaptopurine.	9	Naproxen	20	Ondansetron Tab	17
Mesalamine DR (M)	17	Narcan	19	OneTouch Ultra 2 System.	14
Metaxalone	19	Natazia.	21	OneTouch UltraMini	
Metformin	15	Necon.	21	System Kit	14
Metformin ER	15	Nesina	15	OneTouch Ultra	
Methadone Tab	20	Neupogen	19	Test Strips	14
Methimazole	16	Niacin ER Tab	10	OneTouch Verio Flex	
Methocarbamol.	19	Nifedipine ER	10	System Kit	14
Methotrexate Tab	17	Nitrofurantoin Macrocrystalline	9	OneTouch Verio IQ	
Methylphenidate ER Cap . . .	11	Nitrofurantoin Monohydrate		System Kit	14
Methylphenidate ER Tab. . . .	11	Macrocrystalline	9	OneTouch Verio	
Methylphenidate SA		Nitroglycerin SL Tab.	11	Sync System Kit	14
Osmotic ER Tab	11	Nora-Be.	21	OneTouch Verio System Kit	14
Methylphenidate Tab	11	Norditropin	15	OneTouch Verio Test Strips	14
Methylprednisolone Tab. . . .	16	Norgest/Ethi Estradio	21	Onexton	13
Metoclopramide	17	Nortrel	21	Onglyza	15
Metoprolol Succinate	10	Nortriptyline.	11	Opsumit	11
Metoprolol Tartrate	10	Norvir	17	Oracea	9
Metrogel.	13	Novofine Autocover		Orencia SC.	18
Metronidazole Gel 0.75%. . . .	13	Pen Needle.	14	Orenitram	11
Metronidazole Tab	9	Novofine Pen Needle	14	Orsythia.	21
Metronidazole Vaginal Gel . . .	22	Novolin 70/30 Vial.	15	Oseltamivir	9
Microgestin	21	Novolin N Vial	15	Oseni.	15
Microgestin Fe	21	Novolin R Vial	15	Osphena	22
Migranal	12	Novolog Flexpen	15	Otezla	18
Minivelle.	22	Novolog Mix 70/30 Vial		Ovidrel.	17
Minocycline Cap	9	and Flexpen	15	Oxcarbazepine	12
Mirtazapine	11	Novolog Penfill	15	Oxsoralen-UL	13

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



Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue,
SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.



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。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

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.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

مقرر ىلع لاصتالاء اجرا. لفل عحاتم ةيناجملا ةيوغللا ةدعاسملا تامدخ ناف، **(Arabic)** ةيبرعلال ةدحتت تنك اذ: ةيبن ت.
ةيوضعلاء فرعم ىلع ةوجوملا ييناجملا فتالاء

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

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

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

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.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

نفلت هرامش اب افطل. دشاب ىم امش رايتخا رد ناگىار روط هب ىنابز دادما تامدخ، تسا **(Farsi)** ىسراف امش نابز رگا: هجوت
ديريگب سامت هدش ديق امش ىياسانش تراك ىور مك ىناگىار

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**)សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខតតតតតតតតតត ដើម្បីទទួលបានជំនួយសម្រាប់អ្នក។

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.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áa jíik'eh, bee ná'ahót'i'. T'áa shqódi ninaaltsos nit'i'izi bee néehozinígíí bine'déé' t'áa jíik'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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.



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