

Your 2015 Prescription Drug List

Effective January 1, 2015



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 the back of your ID card.



Visit **optumrx.com**

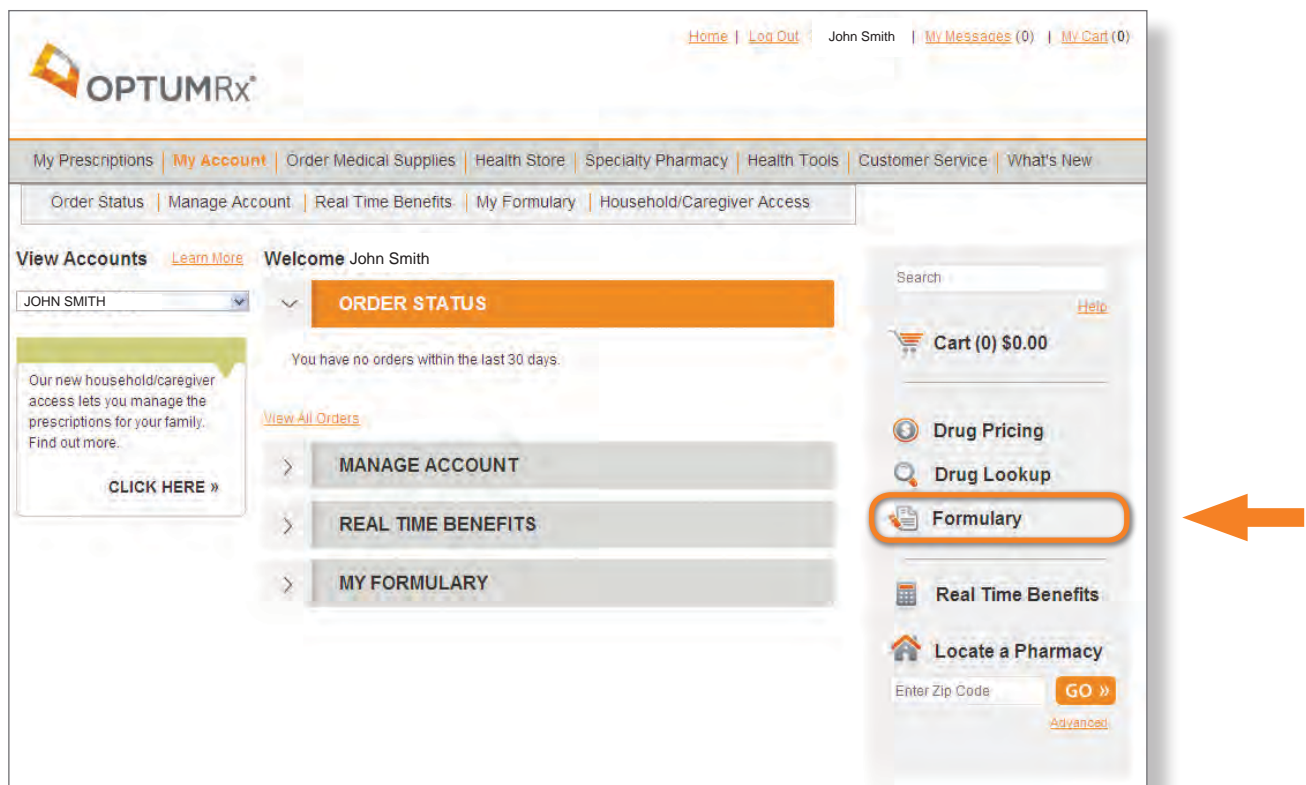
- Locate a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Your Prescription Drug List

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

Go to [optumrx.com](https://www.optumrx.com) for complete and up-to-date drug information

Since the PDL may change, we encourage you to visit our website, [optumrx.com](https://www.optumrx.com). 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.



The screenshot displays the OptumRx website interface. At the top, the OptumRx logo is on the left, and navigation links for Home, Log Out, John Smith, My Messages (0), and My Cart (0) are on the right. Below the logo is a horizontal menu with links: My Prescriptions, My Account, Order Medical Supplies, Health Store, Specialty Pharmacy, Health Tools, Customer Service, and What's New. A secondary menu below that includes Order Status, Manage Account, Real Time Benefits, My Formulary, and Household/Caregiver Access. The main content area is titled 'View Accounts' and 'Welcome John Smith'. It features a dropdown menu for 'JOHN SMITH' and a prominent orange 'ORDER STATUS' button. Below this, a message states 'You have no orders within the last 30 days.' with a 'View All Orders' link. A list of options includes 'MANAGE ACCOUNT', 'REAL TIME BENEFITS', and 'MY FORMULARY'. On the right side, there is a search bar, a 'Cart (0) \$0.00' indicator, and a vertical list of services: 'Drug Pricing', 'Drug Lookup', 'Formulary', 'Real Time Benefits', and 'Locate a Pharmacy'. The 'Formulary' link is highlighted with an orange border, and a large orange arrow points to it from the right. At the bottom of the right-hand menu, there is a 'GO' button and a link to 'Advanced' search options.

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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 Prescription Drug List.

What is a Prescription Drug List (PDL)?

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 PDL 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 **optumrx.com** or call the toll-free member phone number on the back of your ID card for more information.

How do I use my Prescription Drug List?




When choosing a medication, you and your doctor should consult the PDL. 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 **optumrx.com** or call the toll-free member phone number on the back of 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.

Drug names shown in **orange** are preferred for their cost and effectiveness. If there is a ⓘ symbol in the Drug Tier column, 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 [optumrx.com](https://www.optumrx.com), or call the toll-free member phone number of the back of your ID card for more information about your benefit plan.

When does the Prescription Drug List 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 the back of 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.

| | |
|-----------|---|
| 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. |
| AR | Age Restrictions – Some restrictions may apply based on patient age. |
| SP | Specialty Medication – Medication is designated as a specialty pharmacy drug. |
| GR | Gender Restrictions – Some restrictions may apply based on gender. |

To learn more about a pharmacy program or to find out if it applies to you, please visit [optumrx.com](https://www.optumrx.com) or call the toll-free member phone number on the back of 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, **Coumadin**) and generic drugs in plain type (for example, Warfarin).

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 optumrx.com 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 PDL.

OptumRx is the specialty pharmacy that can provide most of your specialty medications along with helpful programs and services. Call OptumRx® Specialty Pharmacy at **1-888-702-8423** and have your prescriptions delivered right to your home or office.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **optumrx.com** or call the toll-free member phone number on the back of your ID card for more current information.

When you register at **optumrx.com** 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 mail service prescriptions
- View your order status and claims history
- Sign up for text reminders to take and refill your medicine
- View your benefits in real time
- Order medical supplies
- Shop for health and wellness products



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 the back of your ID card. Or visit **optumrx.com**.

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Anti-Infectives: Antibiotics | | |
| Amoxicillin | 1 | |
| Amoxicillin/Clavulanate | 1 | |
| Avelox | 2 | |
| Azithromycin | 1 | |
| Bethkis | ① | SP |
| Cefdinir | 1 | |
| Cefuroxime Tab | 1 | |
| Cephalexin Tab | 1 | |
| Ciprodex Otic Suspension | 3 | |
| Ciprofloxacin Tab | 1 | |
| Clarithromycin | 1 | |
| Clindamycin Cap | 1 | |
| Difcid | 3 | PA |
| Doxycycline Hyclate Cap | 1 | |
| Doxycycline Hyclate Tab (immediate Release) | 1 | |
| Doxycycline Monohydrate Cap | 1 | QL |
| Levofloxacin Tab | 1 | |
| Metronidazole Tab | 1 | |
| Minocycline Cap | 1 | |
| Neomycin/Polymyxin/HC Otic Suspension, Solution | 1 | |
| Nitrofurantoin Macrocrystalline | 1 | |
| Nitrofurantoin Monohydrate Macrocrystalline | 1 | |
| Ofloxacin Otic Solution | 1 | |
| Oracea | 3 | QL |
| Penicillin VK | 1 | |
| Solodyn | 3 | QL |
| Sulfamethoxazole-Trimethoprim | 1 | |
| Sulfamethoxazole-Trimethoprim DS | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Anti-Infectives: Antifungals | | |
| Fluconazole | 1 | QL |
| Ketoconazole | 1 | PA (tab only) |
| Nystatin | 1 | |
| Terbinafine Tab | 1 | |
| Anti-Infectives: Antivirals | | |
| Acyclovir Tab, Cap, Suspension | 1 | |
| Baraclude | 3 | QL, SP |
| Famciclovir Tab | 1 | |
| Olysio | 2 | PA, QL, SP |
| Pegasys | ① | PA, SP |
| Sovaldi | 2 | PA, QL, SP |
| Tamiflu | 3 | QL |
| Valacyclovir | 1 | |
| Cancer | | |
| Anastrozole Tab | 1 | |
| Gleevec | 2 | PA, QL, SP |
| Letrozole | 1 | PA |
| Revlimid | 3 | PA, QL, SP |
| Tamoxifen | 1 | |
| Tasigna | 2 | PA, QL, SP |
| Zytiga | 3 | PA, SP |
| Cardiovascular/Heart Disease: Anticoagulants | | |
| Aggrenox | 2 | QL |
| Brilinta | 2 | QL |
| Clopidogrel | 1 | QL |
| Coumadin | 3 | |
| Effient | 2 | QL |
| Eliquis | 3 | QL |
| Enoxaparin | 1 | |
| Pradaxa | 2 | QL |
| Warfarin | 1 | |
| Xarelto | 2 | QL |

Bold type = Brand-name drug

[Plain type = Generic drug]

① Call customer service for pricing

PA Prior Authorization

ST Step Therapy

QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

| Drug Name | Drug Tier | Programs and Limits |
|--------------------------------------|-----------|---------------------|
| Cardiovascular/Heart Disease: | | |
| High Blood Pressure | | |
| Amlodipine | 1 | QL |
| Amlodipine/Benazepril | 1 | QL |
| Atenolol | 1 | |
| Atenolol/Chlorthalidone | 1 | |
| Azor | 2 | QL, ST |
| Benazepril | 1 | |
| Benazepril/HCTZ | 1 | |
| Benicar | 2 | QL, ST |
| Benicar HCT | 2 | QL, ST |
| Bisoprolol | 1 | |
| Bisoprolol/HCTZ | 1 | |
| Bumetanide | 1 | |
| Bystolic | 2 | QL |
| Cartia XT | 1 | QL |
| Carvedilol | 1 | |
| Chlorthalidone | 1 | |
| Clonidine Tab | 1 | |
| Coreg CR | 3 | QL, ST |
| Diovan | 3 | QL, ST |
| Doxazosin | 1 | QL |
| Dutoprol | 2 | QL |
| Edarbi | 3 | QL, ST |
| Edarbyclor | 3 | QL, ST |
| Enalapril | 1 | |
| Exforge | 2 | QL, ST |
| Exforge HCT | 2 | QL, ST |
| Felodipine | 1 | QL |
| Fosinopril | 1 | |
| Furosemide | 1 | |
| Guanfacine Tab | 1 | |
| Hydralazine | 1 | |
| Hydrochlorothiazide | 1 | |
| Irbesartan | 1 | QL |
| Irbesartan/HCTZ | 1 | QL |
| Labetalol | 1 | |
| Lisinopril | 1 | |
| Lisinopril/HCTZ | 1 | |
| Losartan | 1 | QL |
| Losartan/HCTZ | 1 | QL |
| Metoprolol Succinate | 1 | |
| Metoprolol Tartrate | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|--------------------------------------|-----------|---------------------|
| Nadolol | 1 | |
| Nifedipine ER | 1 | |
| Propranolol | 1 | |
| Propranolol ER | 1 | |
| Quinapril | 1 | |
| Ramipril | 1 | QL |
| Spirolactone | 1 | |
| Tarka | 2 | |
| Tekturna | 2 | QL, ST |
| Tekturna HCT | 2 | QL, ST |
| Telmisartan | 1 | QL |
| Terazosin | 1 | |
| Torsemide | 1 | |
| Triamterene/HCTZ | 1 | |
| Tribenzor | 2 | QL, ST |
| Valsartan | 1 | QL |
| Valsartan/HCTZ | 1 | QL |
| Verapamil ER | 1 | |
| Cardiovascular/Heart Disease: | | |
| High Cholesterol | | |
| Atorvastatin | 1 | QL |
| Crestor | 2 | QL |
| Fenofibrate | 1 | QL |
| Gemfibrozil | 1 | QL |
| Lipitor | 3 | QL, ST |
| Livalo | 3 | QL, ST |
| Lovastatin | 1 | |
| Lovaza | 3 | QL |
| Niacin ER Tab (Rx only) | 1 | QL |
| Omega-3-Acid Cap 1 gm (Rx only) | 1 | QL |
| Pravastatin | 1 | QL |
| Simcor | 2 | QL |
| Simvastatin | 1 | QL |
| Simvastatin 80 mg | 1 | PA, QL |
| Vascepa | 2 | QL |
| Vytorin | 2 | QL |
| Vytorin Tab 10-80 mg | 2 | PA, QL |
| Welchol | 2 | QL |
| Zetia | 3 | QL |

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[Plain type = Generic drug]

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PA Prior Authorization

ST Step Therapy

QL Quantity Limits

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| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Cardiovascular/Heart Disease: Other | | |
| Amiodarone | 1 | |
| Amlodipine/Atorvastatin | 1 | QL |
| Digoxin | 1 | |
| Flecainide | 1 | |
| Isosorbide Mononitrate | 1 | |
| Nitrostat | 2 | |
| Ranexa | 2 | ST |
| Sotalol | 1 | |
| Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension | | |
| Adcirca | 3 | PA, QL, SP |
| Letairis | 2 | PA, QL, SP |
| Opsumit | 2 | PA, QL, SP |
| Sildenafil Tab 20 mg | 1 | PA, QL, SP |
| Tracleer | 2 | PA, QL, SP |
| Central Nervous System: Attention Deficit Disorder | | |
| Amphetamine- Dextroamphetamine | 1 | QL |
| Amphetamine- Dextroamphetamine SR Cap 24Hr | 1 | QL |
| Dexmethylphenidate | 1 | QL |
| Focalin XR | 3 | QL, ST |
| Intuniv | 2 | QL |
| Methylphenidate ER Cap | 1 | QL |
| Methylphenidate ER Tab | 1 | QL |
| Methylphenidate HCL Sa Osm ER Tab | 1 | QL |
| Methylphenidate Tab | 1 | QL |
| Strattera | 2 | QL |
| Vyvanse | 2 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Central Nervous System: Depression | | |
| Amitriptyline | 1 | |
| Budeprion XL | 1 | QL |
| Bupropion | 1 | QL |
| Bupropion SR | 1 | QL |
| Citalopram | 1 | QL |
| Cymbalta | 3 | QL |
| Doxepin | 1 | QL |
| Duloxetine | 1 | QL |
| Escitalopram Tab | 1 | QL |
| Fluoxetine (not PMDD) | 1 | |
| Forfivo XL | 2 | QL |
| Mirtazapine | 1 | |
| Nortriptyline | 1 | |
| Paroxetine | 1 | QL |
| Pristiq | 2 | QL |
| Sertraline | 1 | QL |
| Trazodone | 1 | |
| Venlafaxine | 1 | |
| Venlafaxine ER Cap | 1 | QL |
| Viibryd | 3 | QL, ST |
| Central Nervous System: Migraine | | |
| Butalbital- Acetaminophen- Caffeine Tab | 1 | QL |
| Migranal | 3 | QL |
| Phrenilin | 3 | QL |
| Relpax | 3 | QL |
| Rizatriptan Tab, ODT | 1 | QL |
| Sumatriptan Tab and Spray | 1 | QL |
| Sumavel Dose | 3 | QL |
| Zomig Nasal Spray | 2 | QL |

Bold type = Brand-name drug

[Plain type = Generic drug]

📞 Call customer service for pricing

PA Prior Authorization

ST Step Therapy

QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Central Nervous System: Multiple Sclerosis | | |
| Ampyra | 2 | PA, QL, SP |
| Avonex Kit | ① | PA, QL, SP |
| Avonex Pen Kit | ① | PA, QL, SP |
| Avonex Prefill Kit | ① | PA, QL, SP |
| Betaseron | ① | PA, QL, SP |
| Copaxone | ① | PA, QL, SP |
| Gilenya* | 3 | PA, QL, ST, SP |
| Rebif | ① | PA, QL, ST, SP |
| Rebif Titrtm | ① | PA, QL, ST, SP |
| Tecfidera | 2 | PA, QL, SP |
| Central Nervous System: Other | | |
| Abilify | 2 | QL |
| Abilify Disc | 2 | QL |
| Abilify Solution | 2 | QL |
| Alprazolam Tab | 1 | QL |
| Benzotropine | 1 | |
| Buspirone | 1 | |
| Carbidopa/Levodopa Tab | 1 | |
| Diazepam | 1 | |
| Hydroxyzine HCL | 1 | |
| Hydroxyzine Pamoate | 1 | |
| Lithium Carbonate | 1 | |
| Lorazepam Tab | 1 | QL |
| Modafinil | 1 | PA, QL |
| Namenda Tab | 2 | QL |
| Namenda XR | 2 | QL |
| Olanzapine Tab | 1 | QL |
| Pramipexole | 1 | |
| Prochlorperazine | 1 | |
| Quetiapine | 1 | QL |
| Risperidone Tab | 1 | QL |
| Ropinirole | 1 | |
| Saphris | 2 | QL |
| Seroquel XR | 2 | QL |
| Zelapar | 3 | |
| Ziprasidone Cap | 1 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Central Nervous System: Sedatives/Hypnotics | | |
| Eszopiclone Tab | 1 | QL |
| Lunesta | 3 | 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 | |
| Lamictal | 2 | |
| Lamictal ODT | 2 | |
| Lamictal XR | 3 | QL |
| Lamotrigine | 1 | |
| Lamotrigine ER | 1 | QL |
| Levetiracetam | 1 | |
| Levetiracetam ER | 1 | QL |
| Lyrica Cap | 2 | QL |
| Onfi | 3 | PA, QL |
| Oxcarbazepine | 1 | |
| Phenytoin | 1 | |
| Topiramate | 1 | |

* Tier 3 Preferred

Bold type = Brand-name drug

[Plain type = Generic drug]

① Call customer service for pricing

PA Prior Authorization

ST Step Therapy

QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Dermatology | | |
| Acanya Gel | 3 | QL |
| Acyclovir Ointment 5% | 1 | |
| Aczone Gel | 3 | |
| Atralin | 2 | QL, AR |
| Benzaclin | 3 | QL |
| Carac | 2 | |
| Clindamycin Gel, Lotion, Solution | 1 | |
| Clindamycin/ Benzoyl Peroxide Gel 1-5% | 1 | QL |
| Clobetasol Cream, Gel, Ointment | 1 | |
| Clobex | 3 | |
| Cloderm | 3 | |
| Clotrimazole/ Betamethasone | 1 | |
| Condylox | 3 | |
| Desonide | 1 | |
| Differin | 3 | QL |
| Econazole Cream | 1 | |
| Elidel | 2 | QL, ST, AR |
| Epiduo | 3 | QL, AR |
| Finacea | 2 | |
| Fluocinonide Cream, Gel, Ointment 0.05% | 1 | |
| Hydrocortisone 2.5% | 1 | |
| Metrogel | 3 | |
| Metronidazole Gel 0.75% | 1 | |
| Mometasone | 1 | |
| Mupirocin | 1 | QL |
| Nystatin Cream, Ointment, Powder | 1 | |
| Nystatin/Triamcinolone | 1 | |
| Oxsoralen-UI | 2 | PA |
| Permethrin Cream 5% | 1 | |
| Protopic | 2 | QL, ST, AR |
| Retin-A Micro | 3 | QL, AR |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Silver Sulfadiazine Cream 1% | 1 | |
| Taclonex | 3 | QL |
| Tretinoin Microsphere Gel | 1 | QL, AR |
| Triamcinolone | 1 | |
| Vectical | 3 | |
| Zovirax Cream | 2 | |
| Zovirax Ointment | 3 | |
| Zyclara | 3 | QL |
| Diabetes/Endocrine Blood: Glucose Monitoring | | |
| Accu-Chek Act/Gluc Calibration Liquid | 2 | |
| Accu-Chek Aviva Plus Test Strips | 2 | QL |
| Accu-Chek Aviva Test Strips | 2 | QL |
| Accu-Chek Comfort Calibration Liquid | 2 | |
| Accu-Chek Comfort Test Strips | 2 | QL |
| Accu-Chek Cpt/Gluc Calibration Liquid | 2 | |
| Accu-Chek Drum Test Strips | 2 | QL |
| Accu-Chek Kit Aviva Plus | 2 | |
| Accu-Chek Kit Compact | 2 | |
| Accu-Chek Kit Fastclix | 2 | |
| Accu-Chek Kit Multiclix | 2 | |
| Accu-Chek Kit Nano | 2 | |
| Accu-Chek Kit Softclix | 2 | |
| Accu-Chek Multiclix Lancets | 2 | |
| Accu-Chek Smart Calibration Liquid | 2 | |
| Accu-Chek Smart Test Strips | 2 | QL |

Bold type = Brand-name drug

[Plain type = Generic drug]

📞 Call customer service for pricing

PA Prior Authorization

ST Step Therapy

QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Accu-Chek Sol Calibration Liquid | 2 | |
| Accu-Chek Sol Comfort Calibration Liquid | 2 | |
| Fastclix Lancets | 2 | |
| Glucocard Test Strips | 1 | |
| Insulin Pen Needle | 2 | |
| Insulin Syringe/ Needle | 2 | |
| Novofine | 2 | |
| Novofine Auto | 2 | |
| Novotwist | 2 | |
| Onetouch Kit Ultra Smart | 2 | |
| Onetouch Kit Ultra | 2 | |
| Onetouch Kit Ultra 2 | 2 | |
| Onetouch Kit Ultra Mini | 2 | |
| Onetouch Kit Verio IQ | 2 | |
| Onetouch Test Strips | 2 | QL |
| Onetouch Ultra Blue Test Strips | 2 | QL |
| Onetouch Verio IQ Test Strips | 2 | QL |
| Onetouch Verio Test Strips | 2 | QL |
| Soft Touch Lancets | 2 | |
| Softclix Lan Mis Device | 2 | |
| Softclix Lancets | 2 | |
| Surestep Test Strips | 2 | QL |
| Truetrack Test Strips | 3 | QL |
| Diabetes/Endocrine: Insulin | | |
| Humalog Vials | 2 | |
| Humalog Kwik | 2 | |
| Humalog Mix 50/50 Kwik Pen | 2 | |
| Humalog Mix 50/50 Vials | 2 | |
| Humalog Mix 75/25 Kwik Pen | 2 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Humalog Mix 75/25 Vials | 2 | |
| Humulin 70/30 Vials | 2 | |
| Humulin N Vials | 2 | |
| Humulin N Pen | 2 | |
| Humulin Pen 70/30 | 2 | |
| Humulin R U-500 | 2 | |
| Humulin R Vials | 2 | |
| Lantus Solostar | 2 | |
| Lantus Vials | 2 | |
| Levemir Flexpen | 2 | |
| Levemir Vials | 2 | |
| Novolin 70/30 Vials | 2 | |
| Novolin N Vials | 2 | |
| Novolin R Vials | 2 | |
| Novolog Flexpen | 2 | |
| Novolog Mix Flexpen | 2 | |
| Novolog Mix 70/30 Vials | 2 | |
| Novolog Penfill | 2 | |
| Novolog Vials | 2 | |
| Diabetes/Endocrine: Non-Insulin | | |
| Byetta | 2 | QL, ST |
| Glimepiride | 1 | |
| Glipizide | 1 | |
| Glipizide ER | 1 | |
| Glipizide XL | 1 | |
| Glyburide | 1 | |
| Glyburide/Metformin | 1 | |
| Invokamet | 2 | QL, ST |
| Invokana | 2 | QL, ST |
| Janumet | 2 | QL, ST |
| Janumet XR | 2 | QL, ST |
| Januvia | 2 | QL, ST |
| Jentaduo | 2 | QL, ST |
| Kombiglyze | 2 | QL, ST |
| Metformin | 1 | |
| Metformin ER | 1 | |
| Onglyza | 2 | QL, ST |
| Pioglitazone | 1 | QL |
| Tradjenta | 2 | QL, ST |
| Victoza | 3 | QL, ST |

Bold type = Brand-name drug

[Plain type = Generic drug]

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QL Quantity Limits

AR Age Restrictions

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| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Endocrine: Growth Hormone | | |
| Nutropin | ⓘ | PA, SP |
| Nutropin AQ | ⓘ | PA, SP |
| Saizen | ⓘ | PA, SP |
| Tev-Tropin | ⓘ | PA, SP |
| Endocrine: Other | | |
| Dexamethasone Tab | 1 | |
| Lupron Depot 3.75 mg, 11.25 mg | ⓘ | PA, SP |
| Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg | ⓘ | PA, SP |
| Methylprednisolone Tab | 1 | |
| Prednisolone | 1 | |
| Prednisone | 1 | |
| Sensipar | 3 | SP |
| Endocrine: Thyroid Hormone Replacement | | |
| Armour Thyroid | 3 | |
| Levothyroxine | 1 | |
| Levoxyl | 1 | |
| Liothyronine | 1 | |
| Methimazole | 1 | |
| Synthroid | 3 | |
| Eye Conditions: Allergies | | |
| Azelastine Solution | 1 | |
| Pataday | 2 | |
| Patanol | 2 | QL |
| Eye Conditions: Antibiotics | | |
| Ciprofloxacin | 1 | QL |
| Erythromycin | 1 | |
| Gentamicin | 1 | |
| Moxeza | 2 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Ofloxacin | 1 | QL |
| Polymyxin B/ Trimethoprim Solution | 1 | |
| Tobramycin | 1 | |
| Tobramycin/ Dexamethasone | 1 | |
| Vigamox | 2 | QL |
| Eye Conditions: Glaucoma | | |
| Alphagan P | 2 | QL |
| Azopt | 2 | QL |
| Brimonidine | 1 | QL |
| Combigan | 2 | QL |
| Dorzolamide-Timolol Maleate | 1 | |
| Latanoprost | 1 | QL |
| Lumigan | 2 | QL |
| Timolol | 1 | |
| Timoptic Ocudose | 2 | |
| Travatan Z | 2 | QL |
| Eye Conditions: Other | | |
| Ketorolac Ophthalmic Solution | 1 | QL |
| Prednisolone Opth | 1 | |
| Restasis | 3 | PA |
| Gastrointestinal: Acid Suppression | | |
| Dexilant | 2 | QL |
| Famotidine Tab 20 mg and 40 mg (Rx only) | 1 | |
| Lansoprazole (Rx only) | 1 | QL |
| Nexium (Rx only) | 2 | QL |
| Omeprazole (Rx only) | 1 | QL |
| Pantoprazole | 1 | QL |
| Rabeprazole | 1 | QL |
| Ranitidine (Rx only) | 1 | |
| Sucralfate | 1 | |

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| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Gastrointestinal: Nausea/Vomiting | | |
| Metoclopramide | 1 | QL |
| Ondansetron Tab | 1 | QL |
| Transderm-Scop | 3 | |
| Gastrointestinal: Other | | |
| Amitiza | 2 | QL, ST, AR |
| Apriso | 2 | QL |
| Asacol HD | 3 | QL |
| Canasa | 2 | QL |
| Creon | 2 | |
| Delzicol | 3 | QL |
| Dicyclomine | 1 | |
| Diphenoxylate/Atropine | 1 | |
| Halflytely Kit | 3 | QL |
| Moviprep | 3 | QL |
| Omeclamox Pak | 2 | QL |
| Pentasa | 3 | QL |
| Pylera | 2 | QL |
| Suclear Bowel Prep | 3 | QL |
| Suprep Bowel Prep | 3 | QL |
| Uceris | 3 | |
| Zenpep (not 5,000 units) | 2 | |
| HIV/AIDS | | |
| Atripla | 2 | SP |
| Complera | 2 | SP |
| Epzicom | 2 | SP |
| Intelence | 2 | SP |
| Isentress | 2 | QL, SP |
| Kaletra | 2 | SP |
| Norvir | 2 | SP |
| Prezista | 2 | SP |
| Reyataz | 2 | SP |
| Stribild | 2 | SP |
| Truvada | 2 | PA, SP |
| Viread | 2 | SP |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Infertility | | |
| Follistim AQ | ① | PA, SP |
| Gonal-f | ① | PA, SP |
| Gonal-f RFF | ① | PA, SP |
| Ovidrel | ① | PA, SP |
| Inflammatory Conditions | | |
| Cimzia | ① | PA, QL, SP |
| Enbrel | ① | PA, QL, ST, SP |
| Enbrel SureClick | ① | PA, QL, ST, SP |
| Humira Kit | ① | PA, QL, SP |
| Humira Pen | ① | PA, QL, SP |
| Humira Pen Kit Crohns | ① | PA, QL, SP |
| Humira Pen Kit Psoriasis | ① | PA, QL, SP |
| Hydroxychloroquine | 1 | |
| Methotrexate Tab | 1 | |
| Orencia SC | ① | PA, QL, ST, SP |
| Simponi | ① | PA, QL, SP |
| Stelara | ① | PA, QL, SP |
| Men's Health: Erectile Dysfunction | | |
| Cialis | 2 | QL, AR, GR |
| Levitra | 3 | QL, AR, GR |
| Viagra | 3 | QL, AR, GR |
| Men's Health: Prostate | | |
| Alfuzosin | 1 | QL |
| Avodart | 2 | QL |
| Doxazosin | 1 | QL |
| Finasteride 5 mg | 1 | QL |
| Jalyn | 2 | QL |
| Rapaflo | 2 | QL |
| Tamsulosin | 1 | QL |
| Terazosin | 1 | |

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PA Prior Authorization

ST Step Therapy

QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Men's Health: Testosterone Therapy | | |
| Androderm | 2 | PA, QL, GR |
| Androgel | 2 | PA, QL, GR |
| Fortesta | 3 | PA, QL, GR |
| Testim | 2 | PA, QL, GR |
| Miscellaneous | | |
| Allopurinol | 1 | |
| Antipyrine/Benzocaine Otic Solution 5.4 - 1.4% | 1 | |
| Aranesp | ① | PA, SP |
| Benzonatate | 1 | |
| Botox 100, 200 unit Injection | ① | PA, SP |
| Cheratussin | 1 | |
| Chlorhexidine | 1 | |
| Colcrys | 2 | QL |
| Epipen 2-Pak | 2 | QL |
| Euflexxa | ① | PA, SP |
| Fosrenol | 3 | |
| Hydrocortisone AC Suppository | 1 | |
| Hydromet | 1 | |
| Lidocaine Viscous Solution | 1 | |
| Makena | ① | PA, SP |
| Phenazopyridine (Rx only) | 1 | |
| Phentermine Tab | 1 | |
| Procrit | ① | PA, SP |
| Promethazine DM Syrup | 1 | AR |
| Promethazine/Codeine | 1 | AR |
| Pulmozyme | 2 | SP |
| Rectiv | 3 | |

| Drug Name | Drug Tier | Programs and Limits |
|--------------------------------------|-----------|---------------------|
| Renvela | 3 | |
| Rezira | 3 | |
| Suboxone Film | 2 | PA, QL |
| Synagis | ① | PA, SP |
| Synvisc | ① | PA, SP |
| Uloric | 2 | QL, ST |
| Zubsolv | 2 | PA, QL |
| Zutripro | 3 | |
| Musculoskeletal: Osteoporosis | | |
| Actonel | 3 | QL |
| Alendronate Tab | 1 | QL |
| Calcitriol | 1 | |
| Evista | 3 | QL |
| Forteo | ① | PA, QL, SP |
| Ibandronate Tab | 1 | QL |
| Raloxifene | 1 | |
| Musculoskeletal: Other | | |
| Baclofen Tab | 1 | |
| Carisoprodol | 1 | |
| Cyclobenzaprine Tab 5, 10 mg | 1 | |
| Metaxalone | 1 | |
| Methocarbamol | 1 | |
| Tizanidine | 1 | |

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| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Musculoskeletal: Pain Relief | | |
| Acetaminophen w/ Codeine | 1 | QL |
| Cambia | 3 | QL |
| Celebrex | 3 | QL |
| Diclofenac | 1 | QL |
| Endocet Tab | 1 | QL |
| Etodolac | 1 | QL |
| Fentanyl Patch | 1 | QL |
| Gralise | 3 | QL, ST |
| Hydrocodone w/ Ibuprofen Tab 7.5-200 mg | 1 | QL |
| Hydrocodone/APAP 5, 7.5, 10/325 mg | 1 | QL |
| Hydromorphone | 1 | |
| Ibuprofen (Rx only) | 1 | QL |
| Indomethacin | 1 | QL |
| Lazanda | 3 | PA, QL |
| Lidocaine Patch 5% | 1 | QL |
| Meloxicam | 1 | QL |
| Methadone Tab | 1 | |
| Morphine Sulfate Tab | 1 | |
| Nabumetone | 1 | QL |
| Naproxen (Rx only) | 1 | QL |
| Nucynta | 3 | QL |
| Nucynta ER | 2 | QL |
| Oxycodone Tab 5, 15, 30 mg | 1 | |
| Oxycodone w/ Acetaminophen | 1 | QL |
| Oxycontin | 2 | QL |
| Sprix | 3 | QL |
| Subsys | 3 | PA, QL |
| Tramadol Tab 50 mg | 1 | QL |
| Tramadol w/ Acetaminophen | 1 | QL |
| Vicodin | 1 | QL |
| Vicodin ES | 1 | QL |
| Voltaren Gel | 2 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|---------------------------------|-----------|---------------------|
| Overactive Bladder | | |
| Detrol LA | 3 | QL, ST |
| Enblex | 3 | QL |
| Gelnique | 2 | QL |
| Oxybutynin | 1 | |
| Oxybutynin ER | 1 | QL |
| Tolterodine ER | 1 | QL |
| Toviaz | 3 | QL |
| Vesicare | 2 | QL |
| Respiratory: Asthma/COPD | | |
| Advair Diskus | 2 | QL |
| Advair HFA | 2 | QL |
| Aerospan | 3 | |
| Albuterol Nebulizer Solution | 1 | |
| Asmanex | 2 | QL |
| Breo Ellipta | 2 | QL |
| Budesonide | 1 | |
| Combivent Respimat | 2 | QL |
| Dulera | 3 | QL, ST |
| Flovent Diskus | 2 | QL |
| Flovent HFA | 2 | QL |
| Foradil | 2 | QL, ST |
| Ipratropium/Albuterol | 1 | |
| Levalbuterol Nebulizer Solution | 1 | |
| Montelukast | 1 | QL |
| Perforomist | 3 | QL |
| Proair HFA | 2 | QL |
| Proventil | 3 | QL |
| Pulmicort | 2 | QL |
| Qvar | 2 | QL |
| Serevent Diskus | 2 | QL, ST |
| Spiriva | 2 | QL |
| Symbicort | 2 | QL |
| Tudorza Pressair | 2 | QL |
| Ventolin HFA | 2 | QL |
| Xolair | ① | PA, SP |
| Xopenex HFA | 3 | QL |

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QL Quantity Limits

AR Age Restrictions

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GR Gender Restrictions

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Respiratory: Nasal Allergies | | |
| Azelastine Spray | 1 | QL |
| Dymista Spray | 3 | QL |
| Fluticasone Spray | 1 | |
| Ipratropium Spray | 1 | |
| Nasonex | 2 | QL |
| Omnaris | 3 | QL |
| Triamcinolone Spray | 1 | QL |
| Veramyst | 2 | QL |
| Zetonna | 3 | QL |
| Respiratory: Oral Allergies | | |
| Promethazine Tab | 1 | AR |
| Desloratadine | 1 | QL |
| Levocetirizine | 1 | QL |
| Transplant | | |
| Azathioprine | 1 | |
| Cellcept | 3 | SP |
| Cyclosporine Cap | 1 | SP |
| Mycophenolate 250 mg Cap/500 mg Tab | 1 | SP |
| Prograf | 3 | SP |
| Rapamune | 3 | SP |
| Tacrolimus Cap | 1 | SP |
| Vitamins/Electrolytes | | |
| Folic Acid 1 mg (Rx only) | 1 | |
| Klor-Con | 1 | |
| Multi-Vit/FI Chew | 1 | |
| Potassium Chloride ER | 1 | |
| Potassium Chloride Micro ER | 1 | |
| Tri-Vit-FI Drops | 1 | |
| Vitamin D (Rx only) | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Women's Health: Birth Control | | |
| Apri | 1 | GR |
| Aviane | 1 | GR |
| Beyaz | 2 | GR |
| Cryselle-28 | 1 | GR |
| Generess Fe Chewable | 3 | GR |
| Gianvi | 1 | GR |
| Gildess Fe | 1 | GR |
| Jolivet | 1 | GR |
| Junel Fe | 1 | GR |
| Kariva | 1 | GR |
| Levora 28 | 1 | GR |
| Lo Loestrin | 3 | GR |
| Loryna | 1 | GR |
| Low-Ogestrel | 1 | GR |
| Lutera | 1 | GR |
| Medroxyprogesterone Acetate Injection | 1 | QL |
| Microgestin | 1 | GR |
| Microgestin Fe | 1 | GR |
| Minastrin 24 Fe Chewable | 3 | GR |
| Mononessa | 1 | GR |
| Natazia | 2 | GR |
| Necon | 1 | GR |
| Norgest/Ethi Estradio | 1 | GR |
| Nortrel | 1 | GR |
| Nuvaring | 2 | |
| Ocella | 1 | GR |
| Orsythia | 1 | GR |
| Ortho Tri-Cyclen Lo | 3 | GR |
| Previfem | 1 | GR |
| Reclipsen | 1 | GR |
| Safyral | 2 | GR |
| Sprintec 28 | 1 | GR |
| Trinessa | 1 | GR |
| Tri-Sprintec | 1 | GR |
| Vestura | 1 | GR |
| Viorele | 1 | GR |

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QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Women's Health: Hormone Replacement | | |
| Climara Pro | 2 | QL, GR |
| Divigel | 2 | GR |
| Enjuvia | 2 | QL, GR |
| Estrace Vaginal Cream | 3 | |
| Estradiol | 1 | QL, GR |
| Estradiol/Norethindrone Tab | 1 | QL, GR |
| Medroxyprogesterone Acetate Tab | 1 | |
| Premarin | 2 | QL, GR |
| Premarin Vaginal Cream | 2 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Premphase | 2 | QL, GR |
| Prempro | 2 | QL, GR |
| Progesterone Capsule | 1 | |
| Vagifem | 3 | GR |
| Vivelle-Dot | 2 | QL, GR |
| Women's Health: Vaginal Anti-Infectives | | |
| Metronidazole Vaginal Gel | 1 | |
| Terconazole Vaginal Cream | 1 | QL |

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Bold type = Brand-name drug
 [Plain type = Generic 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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