

Your 2016 Formulary

Effective July 1, 2016



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**

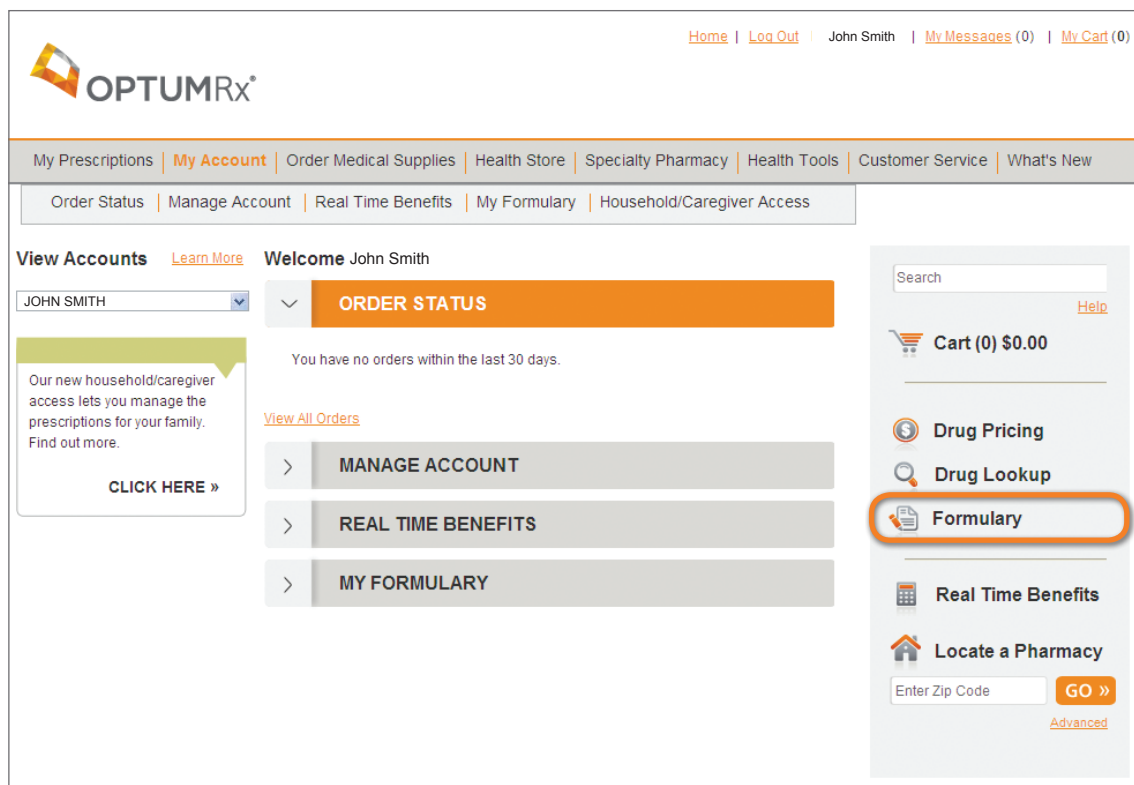
- Locate a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

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

Since the Formulary 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 right, there are navigation links: Home, Log Out, John Smith, My Messages (0), and My Cart (0). Below this is a main navigation bar with links for My Prescriptions, My Account, Order Medical Supplies, Health Store, Specialty Pharmacy, Health Tools, Customer Service, and What's New. A secondary navigation bar 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 shopping cart icon showing 'Cart (0) \$0.00', and a list of services: 'Drug Pricing', 'Drug Lookup', 'Formulary' (highlighted with an orange border and an orange arrow pointing to it), 'Real Time Benefits', and 'Locate a Pharmacy'. The 'Locate a Pharmacy' section includes a zip code input field and a 'GO' button.

Table of Contents

Drug tiers and cost	5	Gastrointestinal	
Programs and limits	6	Acid Suppression	16
Drugs by category	9	Nausea/Vomiting	16
Anti-Infectives		Other.	16
Antibiotics	9	HIV/AIDS	16
Antifungals	9	Infertility	17
Antivirals	9	Inflammatory Conditions	17
Cancer	9	Men’s Health	
Cardiovascular/Heart Disease		Erectile Dysfunction	17
Anticoagulants.	9	Prostate	17
High Blood Pressure	10	Testosterone Therapy	17
High Cholesterol	10	Miscellaneous	17
Other.	11	Musculoskeletal	
Pulmonary Arterial Hypertension	11	Osteoporosis	18
Central Nervous System		Other.	18
Attention Deficit Disorder	11	Pain Relief	18
Depression.	11	Overactive Bladder	19
Migraine	11	Respiratory	
Multiple Sclerosis	12	Asthma/COPD	19
Other.	12	Nasal Allergies	19
Sedatives/Hypnotics	12	Oral Allergies.	19
Seizure Disorders	12	Transplant	19
Dermatology	12	Vitamins/Electrolytes	19
Diabetes/Endocrine		Women’s Health	
Blood Glucose Monitoring	13	Birth Control	20
Insulin	14	Hormone Replacement	20
Non-Insulin	15	Vaginal Anti-Infectives	20
Endocrine		Index	21
Growth Hormone	15		
Other.	15		
Thyroid Hormone Replacement	15		
Eye Conditions			
Allergies.	15		
Antibiotics	15		
Glaucoma	15		
Other.	16		

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 **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 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 **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 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 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 patient gender.

To learn more about a pharmacy program or to find out if it applies to you, please visit 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, **Lamictal**) and generic drugs in plain type (for example, lamotrigine).

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 Formulary.

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 Formulary 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	
Azithromycin	1	
Bethkis	2	SP
Cefadroxil Cap	1	
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	3	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Dificid	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Oral Suspension, Tab	1	
Erythromycin	1	
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	QL
Penicillin VK	1	
Solodyn	3	QL

Drug Name	Drug Tier	Programs and Limits
Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim DS	1	
Anti-Infectives: Antifungals		
Fluconazole	1	
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab, Suspension	1	
Baraclude	3	QL, SP
Daklinza	2	PA, QL, SP
Entecavir	1	QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Sovaldi	2	PA, QL, ST, SP
Tamiflu	3	QL
Valacyclovir	1	QL
Cancer		
Anastrozole Tab	1	
Capecitabine	1	SP
Letrozole	1	
Revlimid	2	PA, QL, SP
Tamoxifen Tab	1	
Tasigna	2	PA, QL, SP
Temozolomide	1	PA, SP
Zytiga	3	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Brilinta	2	QL
Clopidogrel	1	QL
Effient	2	QL
Eliquis	3	QL
Enoxaparin	①	QL, SP
Pradaxa	2	QL
Savaysa	3	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
Amlodipine/Valsartan	1	QL
Amlodipine/Valsartan/ HCTZ	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 Patch	1	QL
Clonidine Tab	1	
Coreg CR	3	QL, ST
Diltiazem Tab	1	
Diovan	3	QL
Doxazosin	1	
Edarbi	3	QL, ST
Edarbyclor	3	QL, ST
Enalapril	1	
Enalapril/HCTZ	1	
Felodipine	1	QL
Fosinopril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	QL
Irbesartan/HCTZ	1	QL
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	QL

Drug Name	Drug Tier	Programs and Limits
Losartan/HCTZ	1	QL
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	QL
Spirolactone	1	
Tekturna	2	QL, ST
Tekturna HCT	2	QL, ST
Telmisartan	1	QL
Terazosin	1	
Torsemide Tab	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
Cholestyramine	1	
Crestor	2	QL
Fenofibrate 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg	1	QL
Fenofibrate 40 mg, 120 mg	3	QL, ST
Gemfibrozil	1	QL
Lipitor	3	QL, ST
Livalo	3	QL, ST
Lovastatin	1	
Lovaza	3	QL
Niacin ER Tab	1	QL
Omega-3 Acid Cap 1 gm	1	QL
Praluent	①	PA, QL, SP
Pravastatin	1	

Bold type = Brand-name drug

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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
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	QL
Simvastatin 80 mg	1	PA, QL
Vascepa	2	QL
Vytorin 10-10 mg, 10-20 mg, 10-40 mg	2	QL
Vytorin 10-80 mg	2	PA, QL
Welchol	2	QL
Zetia	3	QL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Amlodipine/Atorvastatin	1	QL
Corlanor	3	PA, 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
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
Central Nervous System: Attention Deficit Disorder		
Adderall XR Cap	3	QL, ST
Amphetamine-Dextroamphetamine Tab	1	QL
Amphetamine-Dextroamphetamine SR 24Hr Cap	1	QL
Dexmethylphenidate ER Cap	1	QL
Focalin XR	3	QL, ST
Guanfacine ER Tab	1	QL

Drug Name	Drug Tier	Programs and Limits
Methylphenidate ER Cap	1	QL
Methylphenidate ER Tab	1	QL
Methylphenidate SA Osmotic ER Tab	1	QL
Methylphenidate Tab	1	QL
Strattera	2	QL
Vyvanse	2	QL
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion ER	1	
Bupropion SR	1	
Bupropion XL	1	QL
Citalopram	1	QL
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Escitalopram Tab	1	QL
Fluoxetine Cap (not PMDD)	1	
Fluvoxamine Tab	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Pristiq	2	QL
Sertraline	1	
Trazodone	1	
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	QL
Venlafaxine ER Tab	1	QL
Viibryd	3	QL, ST
Central Nervous System: Migraine		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1	QL
Migranal	3	QL
Relpax	3	QL
Rizatriptan Tab, ODT	1	QL

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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
Sumatriptan Tab and Spray	1	QL
Sumavel Dose	3	QL
Zolmitriptan Tab	1	QL
Zomig Nasal Spray	2	QL
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
Copaxone	①	PA, QL, SP
Gilenya*	3	PA, QL, ST, SP
Plegridy	①	PA, QL, SP
Rebif	①	PA, QL, ST, SP
Rebif Titrtn	①	PA, QL, ST, SP
Tecfidera	2	PA, QL, SP
Central Nervous System: Other		
Abilify Tab	3	QL
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Benzotropine	1	
Buspirone	1	
Carbidopa/Levodopa Tab (Immediate Release)	1	
Diazepam Tab	1	
Donepezil Tab	1	QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Latuda	3	QL, ST
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda XR	2	QL
Nuvigil	3	PA, QL
Olanzapine Tab	1	QL
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	QL
Risperidone Tab	1	QL

* Tier 3 Preferred

Drug Name	Drug Tier	Programs and Limits
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Seroquel XR	2	QL
Zelapar	3	
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	
Lamictal Starter Kit	2	QL
Lamictal XR	3	QL
Lamotrigine (Immediate Release)	1	
Lamotrigine ER	1	QL
Levetiracetam	1	
Levetiracetam ER	1	QL
Lyrica Cap	2	QL
Onfi	3	PA
Oxcarbazepine	1	
Phenytoin	1	
Primidone	1	
Topiramate Tab	1	
Zonisamide	1	
Dermatology		
Acanya Gel	3	QL
Acyclovir Ointment 5%	1	
Aczone Gel	3	
Atralin	3	QL, AR
Benzaclin	3	QL
Betamethasone Dipropionate Cream	1	

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ST Step Therapy

QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

Drug Name	Drug Tier	Programs and Limits
Ciclopirox Cream	1	
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/ Benzoyl Peroxide Gel 1-5%	1	QL
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	1	QL
Clobetasol Cream, Ointment, Solution	1	
Clobex	3	
Cloderm	3	
Clotrimazole/ Betamethasone Cream, Lotion	1	
Desonide Cream, Ointment	1	
Desoximetasone Cream, Gel, Ointment	1	
Differin	3	QL, AR
Econazole Cream	1	
Elidel	2	QL, ST, AR
Epiduo	3	QL, AR
Finacea	2	
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	
Mometasone	1	
Mupirocin Ointment	1	

Drug Name	Drug Tier	Programs and Limits
Nystatin Cream, Ointment, Powder	1	
Nystatin/Triamcinolone Cream, Ointment	1	
Oxsoralen-UL	2	PA
Permethrin Cream 5%	1	
Proctofoam HC	2	
Retin-A Micro	3	QL, AR
Sulfacetamide/Sulfur Emulsion	1	
Taclonex	3	QL
Tazorac	3	AR
Tretinoin Cream	1	AR
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 Active Glucose Control Liquid	2	
Accu-Chek Active Test Strips	2	QL
Accu-Chek Aviva Plus Control Liquid	2	
Accu-Chek Aviva Plus Kit	2	
Accu-Chek Aviva Plus Test Strips	2	QL
Accu-Chek Comfort Curve Control Liquid	2	
Accu-Chek Comfort Curve Test Strips	2	QL
Accu-Chek Compact Plus Control Liquid	2	
Accu-Chek Compact Plus Test Strips	2	QL

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ST Step Therapy

QL Quantity Limits

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SP Specialty Program

GR Gender Restrictions

Drug Name	Drug Tier	Programs and Limits
Accu-Chek Compact Plus Kit	2	
Accu-Chek FastClix Kit	2	
Accu-Chek FastClix Lancets	2	
Accu-Chek Multiclix Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	2	
Accu-Chek SmartView Control Liquid	2	
Accu-Chek SmartView Test Strips	2	QL
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclix Kit	2	
Accu-Chek Softclix Lancets	2	
Bayer Contour Test Strips	3	QL, ST
Dexcom G4 Platinum Kit	3	
Dexcom G4 Platinum Sensor Kit	3	
Dexcom G4 Platinum Transmitter Kit	3	
Freestyle Test Strips	3	QL, ST
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Pen Needle	2	
Novofine Autocover Pen Needle	2	
Novotwist Pen Needle	2	
Onetouch Kit Ultra Smart	2	
Onetouch Kit Ultra	2	
Onetouch Kit Ultra 2	2	
Onetouch Kit Ultra Mini	2	

Drug Name	Drug Tier	Programs and Limits
Onetouch Kit Verio IQ	2	
Onetouch Lancets	2	
Onetouch Test Strips	2	QL
Onetouch Ultra Blue Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Precision Test Strips	3	QL, ST
Truetest Test Strips	3	QL, ST
Truetrack Test Strips	3	QL, ST
Diabetes/Endocrine: Insulin		
Humalog Vials	2	
Humalog Kwik Pen 100 unit/ml	2	
Humalog Mix 50/50 Kwik Pen	2	
Humalog Mix 50/50 Vials	2	
Humalog Mix 75/25 Kwik Pen	2	
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 FlexTouch	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	

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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
Diabetes/Endocrine: Non-Insulin		
Bydureon	2	QL, ST
Byetta	2	QL, ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glumetza	3	PA
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
Jardiance	2	QL, ST
Kombiglyze	2	QL, ST
Metformin	1	
Metformin ER	1	
Onglyza	2	QL, ST
Pioglitazone	1	QL
Synjardy	2	QL, ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Endocrine: Growth Hormone		
Norditropin	ⓘ	PA, SP
Nutropin AQ	ⓘ	PA, SP
Omnitrope	ⓘ	PA, ST, SP
Saizen	ⓘ	PA, SP
Zomacton	ⓘ	PA, ST, SP
Endocrine: Other		
Calcitriol Cap	1	
Dexamethasone Tab	1	
Hydrocortisone 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	
Prednisone	1	

Drug Name	Drug Tier	Programs and Limits
Prednisolone Solution 25 mg/5 ml	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
Sensipar	3	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Azelastine Ophthalmic Solution	1	
Pataday	2	
Patanol	3	QL
Eye Conditions: Antibiotics		
Ciprofloxacin Ophthalmic Solution	1	QL
Erythromycin Ointment	1	
Gentamicin	1	
Moxeza	2	QL
Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension	1	
Ofloxacin Ophthalmic Solution	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	

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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
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		
Durezol Ophthalmic Emulsion	3	
Lotemax Ophthalmic Gel	3	QL
Ketorolac Ophthalmic Solution	1	QL
Prednisolone Ophthalmic Suspension	1	
Restasis	3	PA
Gastrointestinal: Acid Suppression		
Carafate Suspension	2	
Dexilant	2	QL
Esomeprazole (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
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Gastrointestinal: Nausea/Vomiting		
Metoclopramide	1	QL
Ondansetron Tab	1	QL
Transderm-Scop	3	
Gastrointestinal: Other		
Amitiza	2	QL, ST, AR
Asacol HD	3	QL, ST
Canasa	2	QL

Drug Name	Drug Tier	Programs and Limits
Creon	2	
Delzicol	3	QL, ST
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	QL
Hyoscyamine Sublingual Tab	1	
Lactulose	1	
Lialda	2	QL
Linzess	2	QL, ST, AR
Movantik	2	QL
Moviprep	3	QL
Omeclamox Pak	2	QL
Pentasa	3	QL
Polyethylene Glycol 3350 Powder	1	
Protosol HC	1	
Prepopik	3	
Pylera	2	QL
Sulfasalazine	1	
Suprep Bowel Prep	3	QL
Uceris	3	
Zenpep	2	
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Epzicom	2	SP
Intelence	2	SP
Isentress	2	SP
Kaletra	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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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
Infertility		
Cetrotide	①	PA, SP
Follistim AQ	①	PA, SP
Gonal-f	①	PA, SP
Gonal-f RFF	①	PA, SP
Ovidrel	①	PA, SP
Inflammatory Conditions		
Cimzia Kit	①	PA, QL, SP
Depen	2	
Humira Kit	①	PA, QL, SP
Humira Pen Kit	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
Rasuvo	2	PA, QL
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
Stendra	2	QL, AR, GR
Viagra	3	QL, AR, GR
Men's Health: Prostate		
Alfuzosin	1	QL
Avodart	3	QL
Doxazosin	1	
Finasteride 5 mg	1	QL
Rapaflo	2	QL
Tamsulosin	1	QL
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, QL, GR
AndroGel 1.62%	2	PA, QL, GR
AndroGel 1%	3	PA, QL, ST, GR

Drug Name	Drug Tier	Programs and Limits
Testosterone Cypionate IM Injection	1	PA
Miscellaneous		
Allopurinol	1	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
Aranesp	①	PA, SP
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Bunavail	3	PA, QL
Cerdelga	3	PA, QL, SP
Chantix	3	QL
Cheratussin	1	
Chlorhexidine	1	
Colcry	2	QL
Cyproheptadine	1	
Desmopressin	1	
Epipen 2-Pak	2	QL
Euflexxa	①	PA, SP
Fosrenol	3	
Granix	①	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	①	PA, SP
Neupogen	①	PA, SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
Procrit	①	PA, SP

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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
Promethazine DM Syrup	1	AR
Promethazine/Codeine Syrup	1	AR
Pulmozyme	2	SP
Rectiv	3	
Renvela Tab	2	
Rezira	3	
Suboxone Film	2	PA, QL
Synagis	①	PA, SP
Synvisc	①	PA, SP
Uloric	2	QL, ST
Ursodiol	1	
Velphoro	3	
Zubsolv	2	PA, QL
Zutripro	3	
Musculoskeletal: Osteoporosis		
Alendronate Tab	1	QL
Evista	3	QL
Forteo	①	QL, PA, SP
Ibandronate Tab	1	QL
Raloxifene	1	QL
Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol 350 mg	1	
Cyclobenzaprine Tab 5, 10 mg	1	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Cap	1	
Tizanidine Tab	1	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Cambia	3	QL
Celebrex	3	QL
Celecoxib	1	QL
Diclofenac Tab	1	QL
Embeda	2	QL
Endocet Tab	1	QL
Etodolac	1	QL

Drug Name	Drug Tier	Programs and Limits
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	QL
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	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 Tab	1	
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	QL
Indomethacin Cap	1	QL
Ketorolac Tab	1	QL
Lazanda	3	PA, QL
Lidocaine Patch 5%	1	QL
Meloxicam	1	QL
Methadone Tab	1	
Morphine Sulfate Tab	1	QL
Nabumetone	1	QL
Naproxen (Rx only)	1	QL
Opana ER	2	QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	QL
Subsys	3	PA, QL
Tivorbex	3	QL, ST
Tramadol Tab 50 mg	1	QL
Tramadol w/ Acetaminophen	1	QL
Vicodin	1	QL
Vicodin ES	1	QL
Voltaren Gel	2	QL
Zohydro ER	3	QL, ST
Zorvolex	3	QL

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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
Overactive Bladder		
Enblex	3	QL
Gelnique	2	QL
Myrbetriq	3	QL, ST
Oxybutynin	1	
Oxybutynin ER	1	QL
Tolterodine	1	QL
Toviaz	3	QL
Vesicare	2	QL
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Nebulizer Solution	1	QL
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Dulera	3	QL, ST
Flovent Diskus	2	QL
Flovent HFA	2	QL
Foradil	2	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Levalbuterol Nebulizer Solution	1	QL
Montelukast	1	QL
Perforomist	3	QL
Proair HFA, RespiClick	2	QL
Proventil HFA	3	QL, ST
Pulmicort Flexhaler	2	QL
Qvar	2	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto	2	QL
Symbicort	2	QL
Tudorza Pressair	2	QL

Drug Name	Drug Tier	Programs and Limits
Ventolin HFA	2	QL
Xolair	①	PA, SP
Xopenex HFA	3	QL, ST
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Nasonex	2	QL
Omnamis	3	QL
QNasl	3	QL
Triamcinolone Spray	1	
Zetonna	3	QL
Respiratory: Oral Allergies		
Promethazine Tab	1	AR
Desloratadine	1	QL
Levocetirizine	1	QL
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
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	

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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
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	GR
Aviane	1	GR
Azurette	1	GR
Cryselle-28	1	GR
Falmina	1	GR
Generess Fe Chewable	3	GR
Gianvi	1	GR
Gildess	1	GR
Jolivet	1	GR
Junel	1	GR
Kariva	1	GR
Levora 28	1	GR
Lo Loestrin	3	GR
Lomedia Fe	1	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
Mono-Linyah	1	GR
Mononessa	1	GR
Natazia	2	GR
Necon	1	GR
Nora-Be	1	GR
Norgest/Ethi Estradio	1	GR
Nortrel	1	GR
Nuvaring	2	
Ocella	1	GR

Drug Name	Drug Tier	Programs and Limits
Orsythia	1	GR
Ortho Tri-Cyclen Lo	3	GR
Previfem	1	GR
Reclipsen	1	GR
Sprintec 28	1	GR
Tri-Linyah	1	GR
Tri-Previfem	1	GR
Trinessa	1	GR
Tri-Sprintec	1	GR
Vectura	1	GR
Viorele	1	GR
Xulane	1	GR
Zarah	1	GR
Women's Health: Hormone Replacement		
Climara Pro	2	QL, GR
Divigel	3	GR
Duavee	2	QL, GR
Elestrin Gel	3	GR
Estrace Vaginal Cream	3	
Estradiol Tab	1	QL, GR
Estradiol/Norethindrone Tab	1	QL, GR
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	QL, GR
Osphena	3	
Premarin Tab	2	QL, GR
Premarin Vaginal Cream	2	
Premphase	2	QL, GR
Prempro	2	QL, GR
Progesterone Cap	1	
Vagifem	3	GR
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	QL

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📞 Call customer service for pricing

PA Prior Authorization

ST Step Therapy

QL Quantity Limits

AR Age Restrictions

SP Specialty Program

GR Gender Restrictions

Index of Covered Drugs

A	
Abilify Tab	12
Acanya Gel.	12
Accu-Chek Active Glucose Control Liquid	13
Accu-Chek Active Test Strips	13
Accu-Chek Aviva Plus Control Liquid	13
Accu-Chek Aviva Plus Kit	13
Accu-Chek Aviva Plus Test Strips	13
Accu-Chek Comfort Curve Control Liquid	13
Accu-Chek Comfort Curve Test Strips	13
Accu-Chek Compact Plus Control Liquid	13
Accu-Chek Compact Plus Kit	14
Accu-Chek Compact Plus Test Strips	13
Accu-Chek FastClix Kit	14
Accu-Chek FastClix Lancets	14
Accu-Chek Multiclix Kit	14
Accu-Chek Multiclix Lancets	14
Accu-Chek Nano SmartView Kit	14
Accu-Chek SmartView Control Liquid	14
Accu-Chek SmartView Test Strips	14
Accu-Chek Softclix Kit.	14
Accu-Chek Softclix Lancets	14
Accu-Chek Soft Touch Lancets	14
Acetaminophen w/ Codeine	18
Acyclovir Cap, Tab, Suspension	9
Acyclovir Ointment 5%	12
Aczone Gel.	12
Adcirca	11
Adderall XR Cap.	11
Adempas.	11
Advair Diskus	19
Advair HFA	19
Aerospan	19
Albuterol Nebulizer Solution	19
Alendronate Tab	18
Alfuzosin	17

Allopurinol	17
Alphagan P	15
Alprazolam Tab	12
Amiodarone.	11
Amitiza.	16
Amitriptyline	11
Amlodipine	10
Amlodipine/Atorvastatin	11
Amlodipine/Benazepril	10
Amlodipine/Valsartan	10
Amlodipine/Valsartan/HCTZ	10
Amoxicillin	9
Amoxicillin/Clavulanate	9
Amphetamine-Dextroamphetamine SR 24Hr Cap	11
Amphetamine-Dextroamphetamine Tab	11
Ampyra	12
Anastrozole Tab	9
Androderm	17
Androgel 1%	17
Androgel 1.62%	17
Anoro Ellipta	19
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	17
Apri.	20
Aranesp	17
Aripiprazole	12
Armour Thyroid	15
Arnuity Ellipta	19
Asacol HD	16
Astepro	19
Atenolol.	10
Atenolol/Chlorthalidone.	10
Atorvastatin	10
Atralin	12
Atripla	16
Aviane	20
Avodart	17
Avonex Kit.	12
Avonex Pen Kit	12
Avonex Prefill Kit	12
Azathioprine Tab	19
Azelastine Ophthalmic Solution	15
Azelastine Spray.	19
Azithromycin	9
Azopt	15
Azor	10
Azurette	20

B	
Baclofen Tab	18
Baraclude	9
Bayer Contour Test Strips.	14
Benazepril.	10
Benazepril/HCTZ	10
Benicar	10
Benicar HCT	10
Benzaclin.	12
Benzonatate	17
Benztropine	12
Betamethasone Dipropionate	12
Bethkis	9
Bisoprolol	10
Bisoprolol/HCTZ	10
Botox 100, 200 unit Injection	17
Breo Ellipta	19
Brilinta	9
Brimonidine	15
Budesonide Inhalation Suspension	19
Bumetanide	10
Bunavail	17
Bupropion.	11
Bupropion ER	11
Bupropion SR	11
Bupropion XL	11
Buspiron	12
Butalbital-Acetaminophen-Caffeine Cap, Tab	11
Bydureon	15
Byetta	15
Bystolic.	10

C	
Calcitriol Cap	15
Cambia	18
Canasa	16
Capecitabine	9
Carafate Suspension	16
Carbamazepine Tab	12
Carbidopa/Levodopa Tab	12
Carisoprodol	18
Cartia XT	10
Carvedilol	10
Cefadroxil Cap	9
Cefdinir	9

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

Index of Covered Drugs

Cefuroxime Tab	9	Cyclobenzaprine Tab	18	E	
Celebrex	18	Cyclosporine Cap	19	Econazole Cream	13
Celecoxib	18	Cyproheptadine	17	Edarbi	10
Cellcept Tab/Suspension	19	D			
Cephalexin	9	Daklinza	9	Edarbyclor	10
Cerdelga	17	Delzicol	16	Effient	9
Cetrotide	17	Depen	17	Elestrin Gel	20
Chantix	17	Desloratadine	19	Elidel	13
Cheratussin	17	Desmopressin	17	Eliquis	9
Chlorhexidine	17	Desonide Cream, Ointment	13	Embeda	18
Chlorthalidone	10	Desoximetasone Cream, Gel, Ointment	13	Enablex	19
Cholestyramine	10	Dexamethasone Tab	15	Enalapril	10
Cialis	17	Dexcom G4 Platinum Kit	14	Enalapril/HCTZ	10
Ciclopirox Cream	13	Dexcom G4 Platinum Sensor Kit	14	Endocet Tab	18
Cimzia Kit	17	Dexcom G4 Platinum Transmitter Kit	14	Enoxaparin	9
Ciprodex Otic Suspension	9	Dexilant	16	Entecavir	9
Ciprofloxacin Ophthalmic Solution	15	Dexmethylphenidate ER Cap	11	Epiduo	13
Ciprofloxacin Tab	9	Diazepam Tab	12	Epipen 2-Pak	17
Citalopram	11	Diclofenac Tab	18	Epzicom	16
Clarithromycin	9	Dicyclomine	16	Erythromycin	9, 15
Climara Pro	20	Differin	13	Escitalopram Tab	11
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	13	Dificid	9	Esomeprazole	16
Clindamycin/Benzoyl Peroxide Gel 1-5%	13	Digoxin	11	Estrace Vaginal Cream	20
Clindamycin Cap	9	Diltiazem Tab	10	Estradiol/Norethindrone Tab	20
Clindamycin Gel, Lotion, Solution	13	Diovan	10	Estradiol Tab	20
Clobetasol Cream, Ointment, Solution	13	Diphenoxylate/Atropine	16	Eszopiclone Tab	12
Clobex	13	Divalproex DR	12	Etodolac	18
Cloderm	13	Divalproex ER	12	Euflexxa	17
Clonazepam	12	Divigel	20	Evista	18
Clonidine Patch	10	Donepezil Tab	12	F	
Clonidine Tab	10	Dorzolamide-Timolol Maleate	16	Falmina	20
Clopidogrel	9	Doxazosin	10, 17	Famciclovir Tab	9
Clotrimazole/Betamethasone Cream, Lotion	13	Doxepin	11	Famotidine Tab	16
Colcrys	17	Doxycycline Hyclate	9	Felodipine	10
Combigan	16	Doxycycline Monohydrate	9	Fenofibrate	10
Combivent Respimat	19	Duavee	20	Fenofibrate	10
Complera	16	Dulera	19	Fentanyl Patch	18
Copaxone	12	Duloxetine Cap	11	Finacea	13
Coreg CR	10	Durezol Ophthalmic Emulsion	16	Finasteride	17
Corlanor	11	Dymista Spray	19	Flecainide	11
Creon	16				
Crestor	10				
Cryselle-28	20				
Cyanocobalamine Injection	19				

Bold type = Brand-name drug

[Plain type = Generic drug]

Index of Covered Drugs

Fluvoxamine Tab	11
Focalin XR	11
Folic Acid	19
Follistim AQ	17
Foradil	19
Forfivo XL	11
Forteo	18
Fosinopril	10
Fosrenol	17
Freestyle Test Strips	14
Furosemide	10

G

Gabapentin	12
Gavilyte Solution	16
Gelnique	19
Gemfibrozil	10
Generess Fe Chewable	20
Gentamicin	15
Gianvi	20
Gildess	20
Gilenya	12
Glimepiride	15
Glipizide	15
Glipizide ER	15
Glipizide XL	15
Glumetza	15
Glyburide	15
Glyburide/Metformin	15
Gonal-f	17
Gonal-f RFF	17
Gralise	18
Granix	17
Guaifenesin/Codeine Syrup	17
Guanfacine ER Tab	11
Guanfacine Tab	10
Gynazole-1 Vaginal Cream	20

H

Harvoni	9
Homatropine/Hydrocodone Syrup	17
Humalog Kwik Pen 100 unit/ml.	14
Humalog Mix 50/50 Kwik Pen	14
Humalog Mix 50/50 Vials	14

Humalog Mix 75/25 Kwik Pen	14
Humalog Mix 75/25 Vials	14
Humalog Vials	14
Humira Kit	17
Humira Pen Kit	17
Humira Pen Kit Crohns	17
Humira Pen Kit Psoriasis	17
Humulin 70/30 Vials	14
Humulin N Pen	14
Humulin N Vials	14
Humulin Pen 70/30	14
Humulin R U-500	14
Humulin R Vials	14
Hydralazine	10
Hydrochlorothiazide	10
Hydrocodone/APAP	18
Hydrocodone/ Chlorpheniramine Liquid	17
Hydrocodone w/ Ibuprofen	18
Hydrocortisone AC Suppository	17
Hydrocortisone Cream, Ointment 2.5%	13
Hydrocortisone Tab	15
Hydromet	17
Hydromorphone Tab	18
Hydroxychloroquine	17
Hydroxyzine HCL	12
Hydroxyzine Pamoate	12
Hyoscyamine Sublingual Tab	16

I

Ibandronate Tab	18
Ibuprofen Tab 4	18
Incruse Ellipta	19
Indomethacin Cap	18
Insulin Pen Needle	14
Insulin Syringe/Needle	14
Intelence	16
Invokamet	15
Invokana	15
Ipratropium/Albuterol Nebulizer Solution	19
Ipratropium Spray	19
Irbesartan	10
Irbesartan/HCTZ	10
Isentress	16

Isosorbide Mononitrate	11
----------------------------------	----

J

Janumet	15
Janumet XR	15
Januvia	15
Jardiance	15
Jolivet	20
Junel	20

K

Kaletra	16
Kariva	20
Ketoconazole Cream/Shampoo	13
Ketorolac Ophthalmic Solution	16
Ketorolac Tab	18
Klor-Con 8 and 10 MEQ	19
Klor-Con M10 and M20	19
Kombiglyze	15

L

Labetalol	10
Lactulose	16
Lamictal Starter Kit	12
Lamictal XR	12
Lamotrigine ER	12
Lamotrigine	12
Lansoprazole	16
Lantus Solostar	14
Lantus Vials	14
Latanoprost	16
Latuda	12
Lazanda	18
Letairis	11
Letrozole	9
Levalbuterol Nebulizer Solution	19
Levemir FlexTouch	14
Levemir Vials	14
Levetiracetam	12
Levetiracetam ER	12
Levitra	17
Levocetirizine	19
Levofloxacin Tab	9

Bold type = Brand-name drug
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Index of Covered Drugs

Levora 28	20	Metoclopramide	16	Nitrofurantoin Monohydrate Macrocrystalline	9
Levothyroxine	15	Metoprolol Succinate	10	Nitrostat	11
Lialda	16	Metoprolol Tartrate	10	Nora-Be	20
Lidocaine Patch 5%	18	Metrogel	13	Norditropin	15
Lidocaine/Prilocaine Cream	13	Metronidazole Gel 0.75%	13	Norgest/Ethi Estradio	20
Lidocaine Topical Ointment, Solution	13	Metronidazole Tab	9	Nortrel	20
Lidocaine Viscous Solution 2%	17	Metronidazole Vaginal Gel	20	Nortriptyline	11
Linzess	16	Microgestin	20	Norvir	16
Liothyronine	15	Microgestin Fe	20	Novofine Autocover Pen Needle	14
Lipitor	10	Migranal	11	Novofine Pen Needle	14
Lisinopril	10	Minastrin 24 Fe Chewable	20	Novolin 70/30 Vials	14
Lisinopril/HCTZ	10	Minivelle	20	Novolin N Vials	14
Lithium Carbonate	12	Minocycline Cap	9	Novolin R Vials	14
Livalo	10	Mirtazapine	11	Novolog Flexpen	14
Lo Loestrin	20	Modafinil	12	Novolog Mix 70/30 Vials	14
Lomedia Fe	20	Mometasone	13	Novolog Mix Flexpen	14
Lorazepam Tab	12	Mono-Linyah	20	Novolog Penfill	14
Loryna	20	Mononessa	20	Novolog Vials	14
Losartan	10	Montelukast	19	Novotwist Pen Needle	14
Losartan/HCTZ	10	Morphine Sulfate Tab	18	Nutropin AQ	15
Lotemax Ophthalmic Gel	16	Movantik	16	Nuvaring	20
Lovastatin	10	Moviprep	16	Nuvigil	12
Lovaza	10	Moxeza	15	Nystatin	13
Low-Ogestrel	20	Moxifloxacin	9	Nystatin Suspension	9
Lumigan	16	Mupirocin Ointment	13	Nystatin/Triamcinolone Cream, Ointment	13
Lupron Depot	15	Mycophenolate Mofetil	19		
Lutera	20	Mycophenolate Sodium	19		
Lyrica Cap	12	Myrbetriq	19		
				N	O
M					
Makena	17	Nabumetone	18	Ocella	20
Medroxyprogesterone Acetate	20	Nadolol	10	Ofloxacin Ophthalmic Solution	15
Meloxicam	18	Namenda XR	12	Ofloxacin Otic Solution	9
Metaxalone	18	Naproxen	18	Olanzapine Tab	12
Metformin	15	Nasonex	19	Omeclamox Pak	16
Metformin ER	15	Natazia	20	Omega-3 Acid Cap	10
Methadone Tab	18	Necon	20	Omeprazole	16
Methimazole	15	Neomycin/Polymyxin B/ Dexamethasone Ointment, Suspension	15	Omnaris	19
Methocarbamol	18	Neomycin/Polymyxin/HC Otic Suspension, Solution	9	Omnitrope	15
Methotrexate Tab	17	Neupogen	17	Ondansetron Tab	16
Methylphenidate ER	11	Nevirapine	16	Onetouch Kit Ultra	14
Methylphenidate SA Osmotic ER Tab	11	Niacin ER Tab	10	Onetouch Kit Ultra 2	14
Methylphenidate Tab	11	Nifedipine ER	10	Onetouch Kit Ultra Mini	14
Methylprednisolone Tab	15	Nitrofurantoin Macrocrystalline	9	Onetouch Kit Ultra Smart	14
				Onetouch Kit Verio IQ	14
				Onetouch Lancets	14
				Onetouch Test Strips	14

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Index of Covered Drugs

Onetouch Ultra Blue Test Strips	14	Pravastatin	10	Rasuvo	17
Onetouch Verio Test Strips	14	Precision Test Strips	14	Rebif	12
Onfi	12	Prednisolone Ophthalmic Suspension	16	Rebif Titrtm	12
Onglyza	15	Prednisolone	15	Reclipsen	20
Opana ER	18	Prednisone	15	Rectiv	18
Opsumit	11	Premarin Tab.	20	Relpax	11
Oracea	9	Premarin Vaginal Cream	20	Renvela Tab	18
Orencia SC	17	Premphase	20	Restasis	16
Orenitram	11	Prempro	20	Retin-A Micro	13
Orsythia	20	Prepopik	16	Revlimid	9
Ortho Tri-Cyclen Lo	20	Previfem	20	Reyataz	16
Osphepa	20	Prezcobix	16	Rezira	18
Ovidrel	17	Prezista	16	Risperidone Tab	12
Oxcarbazepine	12	Primidone	12	Rizatriptan Tab, ODT	11
Oxsoralen-UL	13	Pristiq	11	Ropinirole	12
Oxybutynin	19	Proair HFA, RespiClick.	19		
Oxybutynin ER	19	Prochlorperazine	12	S	
Oxycodone Tab	18	Procrit	17	Saizen	15
Oxycodone w/ Acetaminophen	18	Proctofoam HC	13	Saphris	12
Oxycontin	18	Progesterone Cap	20	Savaysa	9
		Prograf Cap	19	Sensipar	15
P		Promethazine/Codeine Syrup	18	Serevent Diskus	19
		Promethazine DM Syrup	18	Seroquel XR	12
Pantoprazole	16	Promethazine Tab	19	Sertraline	11
Paroxetine Tab	11	Propranolol	10	Sildenafil Tab	11
Pataday	15	Propranolol ER	10	Silenor	12
Patanol.	15	Protosol HC	16	Simponi	17
Penicillin VK	9	Proventil HFA	19	Simvastatin	11
Pentasa	16	Pulmicort Flexhaler	19	Solodyn	9
Perforomist	19	Pulmozyme	18	Sotalol	11
Permethrin Cream 5%	13	Pylera	16	Sovaldi	9
Phenazopyridine	17			Spiriva Handihaler	19
Phentermine Tab	17	Q		Spiriva Respimat	19
Phenytoin	12			Spironolactone	10
Pioglitazone	15	QNasl.	19	Sprintec 28	20
Plegridy	12	Quetiapine	12	Stelara	17
Polyethylene Glycol 3350 Powder	16	Quinapril	10	Stendra	17
Polymyxin B/Trimethoprim Solution	15	Qvar	19	Stiolto	19
Potassium Chloride ER	20			Strattera	11
Potassium Chloride Micro ER	20	R		Stribild	16
Potassium Citrate	20			Suboxone Film.	18
Pradaxa	9	Rabeprazole	16	Subsys	18
Praluent	10	Raloxifene	18	Sucralfate Tab	16
Pramipexole	12	Ramipril	10	Sulfacetamide/Sulfur Emulsion	13
		Ranexa	11	Sulfamethoxazole-Trimethoprim	9
		Ranitidine	16	Sulfamethoxazole-Trimethoprim DS	9
		Rapaflo.	17		
		Rapamune	19		

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 [Plain type = Generic drug]

Index of Covered Drugs

Sulfasalazine	16	Tramadol w/ Acetaminophen	18	Vicodin ES.	18	
Sumatriptan Tab and Spray	12	Transderm-Scop	16	Victoza	15	
Sumavel Dose	12	Travatan Z	16	Vigamox	15	
Suprep Bowel Prep	16	Trazodone.	11	Viibryd	11	
Sustiva	16	Tretinoin Cream	13	Viorele	20	
Symbicort	19	Tretinoin Microsphere Gel	13	Viread	16	
Synagis	18	Triamcinolone	13	Vitamin D	20	
Synjardy	15	Triamcinolone Spray.	19	Voltaren Gel	18	
Synthroid	15	Triamterene/HCTZ	10	Vytorin	11	
Synvisc	18	Triazolam Tab	12	Vyvanse	11	
T			W			
Taclonex	13	Tri-Linyah	20	Warfarin	9	
Tacrolimus Cap	19	Trinessa	20	Welchol	11	
Tamiflu	9	Tri-Previfem	20	X		
Tamoxifen Tab.	9	Tri-Sprintec	20	Xarelto	9	
Tamsulosin	17	Triumeq	16	Xolair	19	
Tasigna	9	Truetest Test Strips	14	Xopenex HFA	19	
Tazorac	13	Truetrack Test Strips	14	Xulane	20	
Tecfidera	12	Trulicity	15	Z		
Tekturna	10	Truvada	16	Zarah	20	
Tekturna HCT	10	Tudorza Pressair	19	Zelapar	12	
Telmisartan	10	U			Zenpep	16
Temazepam	12	Uceris	16	Zetia	11	
Temozolomide	9	Uloric	18	Zetonna	19	
Terazosin	10, 17	Ursodiol.	18	Ziprasidone Cap.	12	
Terbinafine Tab	9	V			Zohydro ER	18
Terconazole Vaginal Cream	20	Vagifem	20	Zolmitriptan Tab.	12	
Testosterone Cypionate IM Injection.	17	Valacyclovir	9	Zolpidem	12	
Timolol	16	Valsartan	10	Zolpidem ER.	12	
Timoptic Ocudose	16	Valsartan/HCTZ	10	Zomacton	15	
Tirosint	15	Vascepa	11	Zomig Nasal Spray	12	
Tivicay	16	Vectical	13	Zonisamide	12	
Tivorbex	18	Velphoro	18	Zorvolex	18	
Tizanidine	18	Venlafaxine ER	11	Zovirax	13	
Tobramycin	15	Venlafaxine Tab	11	Zubsolv	18	
Tobramycin/Dexamethasone.	15	Ventolin HFA	19	Zutripro	18	
Tolterodine	19	Verapamil ER	10	Zyclara	13	
Topiramate Tab	12	Vesicare	19	Zytiga	9	
Torseamide Tab.	10	Vestura	20			
Toviaz	19	Viagra	17			
Tracleer	11	Vicodin	18			
Tramadol Tab	18					

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“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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