

Your Premium Select Formulary

Effective Plan Year 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 toll at **1-844-368-8740**.

Visit **optumrx.com** to:



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

*State employees paid through Central Payroll are effective December 23, 2017.

All other members are effective January 1, 2018.

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 **[optumrx.com](https://www.optumrx.com)**, 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.

Table of Contents

Drug tiers and cost	5	Gastrointestinal	
Programs and limits	7	Acid Suppression	16
Drugs by category	9	Nausea/Vomiting	17
Anti-Infectives		Other.	17
Antibiotics	9	HIV/AIDS	17
Antifungals	9	Infertility	17
Antivirals	9	Inflammatory Conditions	17
Cancer	9	Men’s Health	
Cardiovascular/Heart Disease		Erectile Dysfunction	18
Anticoagulants.	10	Prostate	18
High Blood Pressure	10	Testosterone Therapy	18
High Cholesterol	10	Miscellaneous	18
Other.	11	Musculoskeletal	
Pulmonary Arterial Hypertension	11	Osteoporosis	19
Central Nervous System		Other.	19
Attention Deficit Disorder	11	Pain Relief	19
Depression.	11	Overactive Bladder	20
Migraine	12	Respiratory	
Multiple Sclerosis	12	Asthma/COPD	20
Other.	12	Nasal Allergies	21
Sedatives/Hypnotics	12	Oral Allergies.	21
Seizure Disorders	12	Transplant	21
Dermatology	13	Vitamins/Electrolytes	21
Diabetes/Endocrine		Women’s Health	
Blood Glucose Monitoring	13	Birth Control	21
Insulin	14	Hormone Replacement	22
Non-Insulin	15	Vaginal Anti-Infectives	22
Endocrine		Index	23
Growth Hormone	15		
Other.	15		
Thyroid Hormone Replacement	16		
Eye Conditions			
Allergies.	16		
Antibiotics	16		
Glaucoma	16		
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 toll free at **1-888-368-8740**.

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 toll free at **1-888-368-8740**.

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 toll free at **1-888-368-8740**.

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 [optumrx.com](https://www.optumrx.com), or call toll free at **1-888-368-8740** 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 toll free at **1-888-368-8740**.

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 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.

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 optumrx.com or call toll free at **1-888-368-8740** 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 [optumrx.com](https://www.optumrx.com) or call toll free at **1-888-368-8740**.

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

*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 toll free at **1-888-368-8740**. Or visit **optumrx.com**.

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	SP
Tobramycin (M)	E	SP
Anti-Infectives: Antifungals		
Fluconazole	1	
Jublia Solution	3	PA
Kerydin Solution	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab, Suspension	1	
Descovy	2	SP
Entecavir	1	SP
Epclusa	2	PA, QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Odefsey	2	SP
Oseltamivir	1	
Valacyclovir	1	
Zepatier	3	PA, QL, SP
Cancer		
Akynzeo	3	QL
Anastrozole Tab	1	
Cabometyx	2	SP
Capecitabine	1	SP
Letrozole	1	
Mercaptopurine	1	SP
Revlimid	3	SP
Sprycel	2	SP
Tamoxifen Tab	1	
Zytiga	3	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	
Enoxaparin	1	SP
Pradaxa	2	
Savaysa	3	
Warfarin	1	
Xarelto	2	
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	
Edarbyclor	3	
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	
Tekturna HCT	2	
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	
Crestor	3	
Fenofibrate 40 mg, 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 120 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg	1	
Gemfibrozil	1	
Livalo	3	
Lovastatin	1	
Niacin ER Tab	1	

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
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	
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	QL
Amphetamine- Dextroamphetamine SR 24Hr Cap	1	QL
Dexmethylphenidate ER Cap	1	QL
Guanfacine ER Tab	1	
Methylphenidate ER Cap	1	QL
Methylphenidate ER Tab	1	QL
Methylphenidate SA Osmotic ER Tab	1	QL
Methylphenidate Tab	1	QL
Strattera	3	QL
Vyvanse	2	QL
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	

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
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

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
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	
Latuda	3	QL
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	
Vimpat	3	
Zonisamide	1	

Drug Name	Drug Tier	Programs and Limits
Dermatology		
Absorica	3	PA
Acanya Gel	E	
Aczone Gel	3	
Aktipak	E	
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	
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	

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
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
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
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
Diabetes/Endocrine: Insulin		
Apidra	E	
Basaglar	E	
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	

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
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
Alogliptin (M)	E	
Alogliptin/ metformin (M)	E	
Alogliptin/ pioglitazone (M)	E	
Bydureon	2	QL
Byetta	2	QL
Farxiga	E	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glumetza	3	PA
Glyburide	1	
Invokamet	2	
Invokamet XR	2	
Invokana	2	
Janumet	2	
Janumet XR	2	
Januvia	2	
Jardiance	2	
Jentadueto	2	
Jentadueto XR	2	
Kazano	E	
Kombiglyze	E	

Drug Name	Drug Tier	Programs and Limits
Metformin	1	
Metformin ER	1	
Nesina	E	
Onglyza	E	
Oseni	E	
Pioglitazone	1	
Soliqua	2	QL
Synjardy	2	
Synjardy XR	2	
Tanzeum	E	QL
Tradjenta	2	
Trulicity	2	QL
Victoza	2	QL
Xigduo XR	E	
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

(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
Hydrocortisone Tab	1	
Lupron Depot 3.75 mg, 11.25 mg	3	PA, SP
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Prednisone	1	
Prednisolone Solution 25 mg/5 ml	1	
Prednisolone Syrup, Solution 15 mg/5 ml	1	
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	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	
Lumigan	2	
Rescula	E	
Simbrinza	2	
Travatan Z	2	
Zioptan	E	
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	
Duexis	E	QL
Esomeprazole Magnesium (Rx only)	1	
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	QL

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
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	QL
Apriso	2	
Asacol HD	E	
Canasa	2	
Creon	2	
Delzicol	E	
Dicyclomine	1	
Dipentum	3	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	
Lialda	E	
Linzess	2	QL
Mesalamine DR (M)	E	
Misoprostol	1	
Pancreaze	E	
Pentasa	3	
Pertzye	E	
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Pylera	2	
Rabeprazole	1	QL
Suprep Bowel Prep	3	
Uceris Foam	3	
Ultresa	E	
Viokace	E	
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	AR, PA, SP
Cetrotide	2	AR, PA, SP
Follistim AQ	E	AR, PA, SP
Gonal-f	2	AR, PA, SP
Gonal-f RFF	2	AR, PA, SP
Ovidrel	3	AR, 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	

(M) Co-Branded Product

+ Tier 3 Preferred

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
Orencia SC	3	PA, ST, SP
Otezla	2	PA, SP
Rasuvo	2	
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	
Allopurinol	1	
Aranesp	E	SP
Armodafinil	1	PA, QL
Auryxia	3	
Auvi-Q	E	
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	
EpiPen & EpiPen Jr	E	
Epogen	E	SP
Euflexxa	2	PA, SP
Fosrenol	3	
Granix	2	PA, SP
Guaifenesin/Codeine Syrup	1	
Hydrocodone/ Chlorpheniramine Liquid	1	

(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
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	
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	
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
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	

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
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	
Advair HFA	2	
Aerospan	3	

Drug Name	Drug Tier	Programs and Limits
AirDuo	E	
Albuterol Nebulizer Solution	1	QL
Alvesco	E	
Anoro Ellipta	2	
Arnuity Ellipta	2	
Asmanex	E	
Breo Ellipta	2	
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	
Dulera	E	
Flovent Diskus	2	
Flovent HFA	2	
Incruse Ellipta	2	
Ipratropium/Albuterol Nebulizer Solution	1	QL
Levalbuterol Inhaler (M)	E	
Montelukast	1	
Proair HFA, RespiClick	2	
Proventil HFA	E	
Pulmicort Flexhaler	2	
Qvar	E	
Serevent Diskus	2	
Spiriva Handihaler	2	
Spiriva Respimat	2	
Stiolto	2	
Symbicort	2	
Tudorza	E	
Ventolin HFA	2	
Xolair	2	SP
Xopenex HFA	E	

(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
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	
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	

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
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	

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

Index of Drugs

A					
Absorica	13	Aktipak	13	Avonex Pen Kit	12
Abstral	19	Akynzeo	9	Avonex Prefill Kit	12
Acanya Gel	13	Albuterol Nebulizer Solution	20	Axiron	18
Accu-Chek Active Glucose Control Liquid	13	Alendronate Tab	19	Azasite	9
Accu-Chek Active Test Strips	13	Allopurinol	18	Azathioprine Tab	21
Accu-Chek Aviva Connect Kit	13	Alogliptin (M)	15	Azelastine Ophthalmic Solution	16
Accu-Chek Aviva Plus Control Liquid	13	Alogliptin/metformin (M)	15	Azelastine Spray	21
Accu-Chek Aviva Plus Kit	13	Alogliptin/pioglitazone (M)	15	Azithromycin	9
Accu-Chek Aviva Plus Test Strips	13	Alprazolam Tab	12	Azopt	16
Accu-Chek Compact Plus Control Liquid	13	Alvesco	20	Azurette	21
Accu-Chek Compact Plus Kit	13	Amitiza	17	B	
Accu-Chek Compact Plus Test Strips	13	Amitriptyline	11	Baclofen Tab	19
Accu-Chek FastClix Kit	13	Amlodipine	10	Basaglar	14
Accu-Chek FastClix Lancets	14	Amlodipine/Benazepril	10	Bayer Contour Test Strips	14
Accu-Chek Guide Control Liquid	14	Amlodipine/Valsartan	10	Benazepril	10
Accu-Chek Guide Kit	14	Amoxicillin	9	Benazepril/HCTZ	10
Accu-Chek Guide Test Strips	14	Amoxicillin/Clavulanate	9	Benzonatate	18
Accu-Chek Multiclix Kit	14	Amphetamine-Dextroamphetamine SR	11	Besivance	16
Accu-Chek Multiclix Lancets	14	Amphetamine-Dextroamphetamine Tab	11	Betaseron	12
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
Accu-Chek Softclix Lancets	14	Androgel 1.62%	18	Bisoprolol/HCTZ	10
Accu-Chek Soft Touch Lancets	14	Anoro Ellipta	20	Botox	18
Acetaminophen w/ Codeine	19	Apidra	14	Bravelle	17
Acyclovir Cap, Tab, Suspension	9	Apri	21	Breo Ellipta	20
Aczone Gel	13	Apriso	17	Brilinta	10
Adcirca	11	Aranesp	18	Budesonide Inhalation Suspension	20
Adempas	11	Aripiprazole	12	Bumetanide	10
Adlyxin	15	Aristada	12	Bunavail	18
Adrenaclick	18	Armodafinil	18	Bupropion	11
Advair Diskus	20	Armour Thyroid	16	Bupropion ER	11
Advair HFA	20	Arnuity Ellipta	20	Bupropion SR	11
Aerospan	20	Arymo ER	19	Bupropion XL	11
AirDuo	20	Asacol HD	17	Buspirone	12
		Asmanex	20	Butalbital-Acetaminophen-Caffeine Cap, Tab	12
		Astepro	21	Bydureon	15
		Atenolol	10	Byetta	15
		Atenolol/Chlorthalidone	10	Bystolic	10
		Atorvastatin	10	Byvalson	10
		Atralin	13	C	
		Atripla	17	Cabometyx	9
		Aubagio	12	Calcitriol Cap	15
		Auryxia	18	Cambia	19
		Auvi-Q	18		
		Aviane	21		
		Avonex Kit	12		

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

Index of Drugs

Canasa	17	Cryselles-28	21	Effient	10
Capecitabine	9	Cyanocobalamine Injection	21	Elestrin Gel	22
Carisoprodol	19	Cyclobenzaprine Tab	19	Elidel	13
Cartia XT	10			Eliquis	10
Carvedilol	10	D		Embeda	19
Cefdinir	9			Enalapril	10
Cefuroxime Tab	9	Delzicol	17	Enbrel	17
Celecoxib	19	Depen	17	Enoxaparin	10
Cephalexin	9	Descovy	9	Entecavir	9
Cerdelga	18	Dexamethasone Tab	15	Epclusa	9
Cetirizine	21	Dexcom G4 Platinum Kit	14	Epiduo & Epiduo Forte	13
Cetrotide	17	Dexcom G4 Platinum		Epinephrine Auto-Injector	18
Cheratussin	18	Sensor Kit	14	EpiPen & EpiPen Jr	18
Chlorhexidine	18	Dexcom G4 Platinum		Epogen	18
Chlorthalidone	10	Transmitter Kit	14	Erythromycin	9
Choline Fenofibrate ER	10	Dexcom G5 Kit	14	Erythromycin Ointment	16
Cialis	18	Dexcom G5 Sensor Kit	14	Escitalopram Tab	11
Cimzia Kit	17	Dexcom G5 Transmitter Kit	14	Esomeprazole Magnesium	16
Ciprodex Otic Suspension	9	Dexilant	16	Estrace Vaginal Cream	22
Ciprofloxacin Ophthalmic		Dexamethylphenidate ER Cap	11	Estradiol/Norethindrone Tab	22
Solution	16	Diazepam Tab	12	Estradiol Patch, Tab	22
Ciprofloxacin Tab	9	Diclofenac Gel	19	Eszopiclone Tab	12
Citalopram	11	Diclofenac Tab	19	Etodolac	19
Claravis	13	Dicyclomine	17	Eucrisa	13
Clarithromycin	9	Digoxin	11	Euflexxa	18
Climara Pro	22	Diltiazem ER	10	Extavia	12
Clindamycin/Benzoyl		Dipentum	17		
Peroxide Gel	13	Diphenoxylate/Atropine	17	F	
Clindamycin Cap	9	Divalproex DR	12	Falmina	21
Clindamycin Gel, Lotion,		Divalproex ER	12	Famciclovir Tab	9
Solution	13	Divigel	22	Famotidine Tab	16
Clobetasol Cream,		Doryx MPC	9	Farxiga	15
Ointment, Solution	13	Doxazosin	10, 18	Fenofibrate	10
Clobex	13	Doxepin	11	Fentanyl Patch	19
Clomiphene	15	Doxycycline Hyclate Cap	9	Fentora	19
Clonazepam	12	Doxycycline Hyclate Tab	9	Finasteride	18
Clonidine Tab	10	Doxycycline Monohydrate Cap	9	Flecainide	11
Clopidogrel	10	Doxycycline Monohydrate		Flector patch	19
Clotrimazole/Betamethasone		Oral Suspension, Tab	9	Flovent Diskus	20
Cream, Lotion	13	Duavee	22	Flovent HFA	20
Colcrys	18	Duexis	16	Fluconazole	9
Combigan	16	Dulera	20	Fluocinonide Cream	13
Combivent Respimat	20	Duloxetine Cap	11	Fluocinonide Cream, Gel,	
Complera	17	Dupixent	13	Ointment, Solution	13
Contrave	18	Dutasteride	18	Fluoxetine Cap	11
Copaxone	12	Dymista Spray	21	Fluticasone Spray	21
Corlanor	11			Folic Acid	21
Cosentyx*	17	E		Follistim AQ	17
Cosopt PF	16			Forfivo XL	11
Creon	17	Edarbi	10	Forteo	19
Crestor	10	Edarbyclor	10		

Bold type = Brand-name drug

[Plain type = Generic drug]

Index of Drugs

Fortesta	18
Fosrenol	18
Freestyle Test Strips	14
Furosemide	10

G

Gabapentin	12
Gavilyte Solution	17
Gemfibrozil	10
Generess Fe Chewable	21
Genotropin	15
Genvoya	17
Gianvi	21
Gildess	21
Gilenya ⁺	12
Glimepiride	15
Glipizide	15
Glipizide ER	15
Glipizide XL	15
Glumetza	15
Glyburide	15
Gonal-f	17
Gonal-f RFF	17
Gralise	19
Granix	18
Guafenesin/Codeine Syrup	18
Guanfacine ER Tab	11
Guanfacine Tab	10
Gynazole-1 Vaginal Cream	22

H

Harvoni	9
H.P. Acthar	15
Humalog Mix 50/50 Vial and KwikPen	14
Humalog Mix 75-25 Vial and KwikPen	14
Humalog U-100 Vial and KwikPen	14
Humalog U-200 KwikPen	14
Humatrope	15
Humira Kit	17
Humira Pen Kit	17
Humira Pen Kit Crohns	17
Humira Pen Kit Psoriasis	17
Humulin 70-30 Vial and KwikPen	14
Humulin N Vial and KwikPen	14

Humulin R U-500 Vial and KwikPen	14
Humulin R Vial	14
Hydralazine	10
Hydrochlorothiazide	10
Hydrocodone/Acetaminophen	19
Hydrocodone/ Chlorpheniramine Liquid	18
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	19
Hydrocortisone Cream, Ointment	13
Hydrocortisone Tab	16
Hydromorphone Tab	19
Hydroxychloroquine	17
Hydroxyzine HCL	12
Hydroxyzine Pamoate	12
Hysingla ER	19

I

Ibuprofen Tab	19
Incruse Ellipta	20
Indomethacin Cap	20
Inflectra	17
Insulin Pen Needle	14
Insulin Syringe/Needle	14
Invega Sustenna	12
Invega Trinza	12
Invokamet	15
Invokamet XR	15
Invokana	15
Ipratropium/Albuterol Nebulizer Solution	20
Ipratropium Spray	21
Irbesartan	10
Isentress	17
Isosorbide Mononitrate ER	11

J

Janumet	15
Janumet XR	15
Januvia	15
Jardiance	15
Jentadueto	15
Jentadueto XR	15
Jolivet	21
Jublia Solution	9
Junel	21

K

Kariva	21
Kazano	15
Kerydin Solution	9
Ketoconazole Cream/ Shampoo	13
Ketorolac Ophthalmic Solution	16
Ketorolac Tab	20
Kitabis	9
Klor-Con 8 and 10 MEQ.	21
Klor-Con M10 and M20.	21
Kombiglyze	15

L

Labetalol	10
Lamotrigine	12
Lansoprazole	16
Lantus SoloStar	14
Lantus Vial	14
Latanoprost	16
Latuda	12
Lazanda	20
Leflunomide	17
Letairis	11
Letrozole	9
Levalbuterol Inhaler (M)	20
Levemir FlexTouch	15
Levemir Vial	15
Levetiracetam	12
Levetiracetam ER	12
Levitra	18
Levocetirizine	21
Levofloxacin Tab	9
Levora 28	21
Levothyroxine	16
Lialda	17
Lidocaine Patch 5%	20
Lidocaine Topical Ointment, Solution	13
Lidocaine Viscous Solution 2%	19
Linzess	17
Liothyronine	16
Lisinopril	10
Lisinopril/HCTZ	10
Livalo	10
Lo Loestrin	21
Lomedia Fe	21

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

Index of Drugs

Lorazepam Tab	12	Mirvaso Gel	13	Novotwist Pen Needle	14
Loryna	21	Misoprostol	17	Nucynta ER	20
Lorzone	19	Modafinil	12	Nutropin AQ	15
Losartan.	10	Mometasone	21	Nuvaring	21
Losartan/HCTZ	10	Mono-Linyah	21	Nystatin Cream, Ointment,	
Lovastatin	10	Mononessa	21	Powder	13
Low-Ogestrel	21	Montelukast	20	Nystatin Suspension	9
Ludent	21	Morphine Sulfate ER	20		
Lumigan	16	Moxeza	16	O	
Lupron Depot	16	Multaq	11	Ocella	21
Lutera	21	Mupirocin Ointment	13	Odefsey	9
Lyrica Cap	12	Mycophenolate Mofetil	21	Ofloxacin Ophthalmic Solution	16
		Mycophenolate Sodium	21	Ofloxacin Otic Solution	9
M		Myorisan	13	Olanzapine Tab	12
		Myrbetriq	20	Olmesartan	10
Makena	19			Olmesartan HCT	10
Mavyret	9	N		Omega-3 Acid Cap	11
Meclizine	17	Nabumetone	20	Omeprazole	16
Medroxyprogesterone		Nadolol	10	Omnaris	21
Acetate Injection	21	Namenda XR	12	Omnitrope	15
Medroxyprogesterone		Namzaric	12	Ondansetron ODT	17
Acetate Tab	22	Naproxen	20	Ondansetron Tab	17
Meloxicam	20	Narcan	19	OneTouch Ultra 2 System	14
Mercaptopurine	9	Natazia	21	OneTouch UltraMini	
Mesalamine DR (M)	17	Necon	21	System Kit	14
Metaxalone	19	Nesina	15	OneTouch Ultra	
Metformin	15	Neupogen	19	Test Strips	14
Metformin ER	15	Niacin ER Tab	10	OneTouch Verio Flex	
Methadone Tab	20	Nifedipine ER	10	System Kit	14
Methimazole	16	Nitrofurantoin Macrocrystalline	9	OneTouch Verio IQ	
Methocarbamol	19	Macrocrystalline	9	System Kit	14
Methotrexate Tab	17	Nitrofurantoin Monohydrate		OneTouch Verio	
Methylphenidate ER Cap	11	Macrocrystalline	9	Sync System Kit	14
Methylphenidate ER Tab	11	Nitroglycerin SL Tab	11	OneTouch Verio System Kit	14
Methylphenidate SA		Nora-Be	21	OneTouch Verio Test Strips	14
Osmotic ER Tab	11	Norditropin	15	Onexton	13
Methylphenidate Tab	11	Norgest/Ethi Estradio	21	Onglyza	15
Methylprednisolone Tab	16	Nortrel	21	Opsumit	11
Metoclopramide	17	Nortriptyline	11	Oracea	9
Metoprolol Succinate	10	Norvir	17	Orencia SC	18
Metoprolol Tartrate	10	Novofine Autocover		Orenitram	11
Metrogel	13	Pen Needle	14	Orsythia	21
Metronidazole Gel 0.75%	13	Novofine Pen Needle	14	Oseltamivir	9
Metronidazole Tab	9	Novolin 70/30 Vial	15	Oseni	15
Metronidazole Vaginal Gel	22	Novolin N Vial	15	Osphena	22
Microgestin	21	Novolin R Vial	15	Otezla	18
Microgestin Fe	21	Novolog Flexpen	15	Ovidrel	17
Migranal	12	Novolog Mix 70/30 Vial		Oxcarbazepine	12
Minivelle	22	and Flexpen	15	Oxsoralen-UL	13
Minocycline Cap	9	Novolog Penfill	15	Oxybutynin	20
Mirtazapine	11	Novolog Vial	15		

Bold type = Brand-name drug

[Plain type = Generic drug]

Index of Drugs

Oxybutynin ER	20	Proctofoam HC	13	Sertraline	11
Oxycodone Tab	20	Progesterone Cap	22	Sildenafil Tab 20 mg.	11
Oxycodone w/ Acetaminophen	20	Prograf Cap	21	Silenor	12
Oxycontin	20	Promethazine/Codeine Syrup	19	Simbrinza	16
P					
<hr/>					
Pancreaze	17	Promethazine DM Syrup	19	Simponi	18
Pantoprazole	16	Promethazine Tab	21	Simponi Aria.	18
Paroxetine Tab	11	Propranolol	10	Simvastatin	11
Pataday	16	Propranolol ER	10	Soliqua.	15
Pazeo.	16	Proventil HFA	20	Solodyn	9
Penicillin VK	9	Pulmicort Flexhaler	20	Soolantra	13
Pennsaid Solution	13	Pylera	17	Sotalol	11
Pentasa	17	Q			
Permethrin Cream 5%	13	<hr/>			
Pertzye.	17	QNasl.	21	Spiriva Handihaler	20
Phenazopyridine	19	Quetiapine	12	Spiriva Respimat	20
Phentermine Tab	19	Quinapril	10	Spirolactone	10
Pioglitazone.	15	Qvar	20	Sprintec 28	21
Plegridy	12	R			
Polyethylene Glycol 3350		<hr/>			
Powder	17	Rabeprazole.	17	Sprycel	9
Polymyxin B/Trimethoprim		Ramipril	10	Staxyn	18
Solution	16	Ranexa.	11	Stelara	18
Potassium Chloride ER		Ranitidine Tab, Cap, Syrup	16	Stendra	18
Tab, Cap.	21	Rapaflo.	18	Stiolto	20
Potassium Chloride		Rasuvo	18	Strattera	11
Micro ER Tab	21	Rebif	12	Stribild	17
Pradaxa	10	Rebif Titrtn	12	Suboxone Film.	19
Praluent	11	Reclipsen	21	Subsys	20
Pramipexole.	12	Relpax	12	Sucralfate Tab	16
Pravastatin	11	Remicade	18	Sulfamethoxazole-Trimethoprim	9
Prazosin	10	Renvela Tab	19	Sulfamethoxazole-	
Precision Test Strips	14	Rescula.	16	Trimethoprim DS	9
Prednisolone Ophthalmic		Restasis	16	Sumatriptan Tab and Spray	12
Suspension	16	Restasis Multidose	16	Sumavel Dose	12
Prednisolone Solution	16	Revlimid	9	Suprep Bowel Prep	17
Prednisolone Syrup, Solution	16	Rexulti	11	Symbicort	20
Prednisone	16	Reyataz	17	Synjardy	15
Premarin Tab.	22	Rezira	19	Synjardy XR	15
Premarin Vaginal Cream	22	Risperidone Tab	11, 12	Synthroid	16
Premphase.	22	Rizatriptan Tab, ODT	12	Synvisc.	19
Prempro	22	Ropinirole	12	Synvisc One	19
Prepopik	17	Rosuvastatin	11	T	
Previfem	21	<hr/>			
Prezcobix	17	S			
Prezista	17	<hr/>			
Primidone	12	Saizen	15	Tacrolimus Cap	21
Proair HFA, RespiClick.	20	Saphris.	12	Taltz	18
Procrit	19	Savaysa	10	Tamoxifen Tab.	9
		Serevent Diskus	20	Tamsulosin	18
				Tanzeum	15
				Tazorac.	13
				Tecfidera.	12
				Tekturna	10
				Tekturna HCT	10
				Telmisartan	10
				Temazepam	12

Bold type = Brand-name drug

[Plain type = Generic drug]

Index of Drugs

Terazosin	10, 18
Terbinafine Tab	9
Terconazole Vaginal Cream	22
Testim	18
Testosterone Cypionate IM Injection	18
Tirosint.	16
Tivicay	17
Tizanidine Cap	19
Tizanidine Tab	19
TOBI podhaler	9
Tobramycin	16
Tobramycin/Dexamethasone.	16
Tobramycin (M)	9
Topiramate Tab	12
Torseamide Tab	10
Toujeo SoloStar	15
Toviaz	20
Tracleer	11
Tradjenta.	15
Tramadol Tab	20
Tramadol w/ Acetaminophen	20
Travatan Z	16
Trazodone.	12
Tresiba	15
Tretinoin Cream	13
Tretinoin Microsphere Gel	13
Triamcinolone	13
Triamterene/HCTZ.	10
Triazolam Tab	12
Tri-Linyah	21
Tri-Lo-Sprintec.	21
Trinessa	21
Trintellix	12
Tri-Previfem	21
Tri-Sprintec	21
Triumeq	17
Trokendi XR	12
Trulicity	15
Truvada	17
Tudorza	20
Tymlos	19
U	
Uceris Foam	17
Uloric.	19
Ultresa	17

V	
Valacyclovir	9
Valsartan	10
Valsartan/HCTZ	10
Varubi	17
Vascepa	11
Vectical.	13
Velphoro	19
Veltin.	13
Venlafaxine ER Cap	12
Venlafaxine ER Tab	12
Venlafaxine Tab	12
Ventolin HFA	20
Verapamil ER	10
Vesicare	20
Vestura	22
Viagra	18
Victoza.	15
Vigamox	16
Viibryd	12
Vimovo.	16
Vimpat.	12
Viokace	17
Viorele	22
Viread	17
Vitamin D	21
Vogelxo	18
Vyvanse	11

W	
Warfarin	10
Welchol	11

X	
Xarelto	10
Xeljanz.	18
Xigduo XR	15
Xiidra.	16
Xolair.	20
Xopenex HFA	20
Xtampza ER	20
Xulane	22
Xyrem	12

Y	
Yuvaferm	22
Z	
Zaleplon.	12
Zarah	22
Zarxio	19
Zenpep	17
Zepatier	9
Zetonna	21
Zioptan.	16
Zohydro ER	20
Zolpidem	12
Zolpidem ER.	12
Zomacton	15
Zonisamide	12
Zontivity	10
Zorvolex	20
Zovirax Cream.	13
Zubsolv	19
Zurampic.	19
Zutripro	19
Zyclara	13
Zytiga	9

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.

مقر ىلع لاصتالاء اجرلا. لفل ؤحاتم ؤيناجملا ؤيوغللاد دعاسملا تامدخ ناف، **(Arabic)** ؤيبرعلال شذحتت تنك اذل: ؤيبننت ؤيوضعلال فرعم ىلع ؤوجوملا يناجملا فتالال

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 راىتخا رد ناگىار روط هب ىنابز دادما تامدخ، تسا **(Farsi)** ىسراف امش نابز رگا: هجوت ديريگب سامت هدش دىق امش ىياسانش تراک ىور مک ىنآگىار

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**)សំដៅនូវការសុំជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីសុំជំនួយភាសាដទៃយុត្តិធម៌សំរាប់អ្នក។

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 yáníit'igo, saad bee áka'anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíílinih.

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.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

©2018 OptumRx, Inc. ORX6700F-NJDPB_180101 <documentum#>