

# Your 2014 Prescription Drug List

Effective July 1, 2014



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

---

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



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



Visit **optumrx.com**

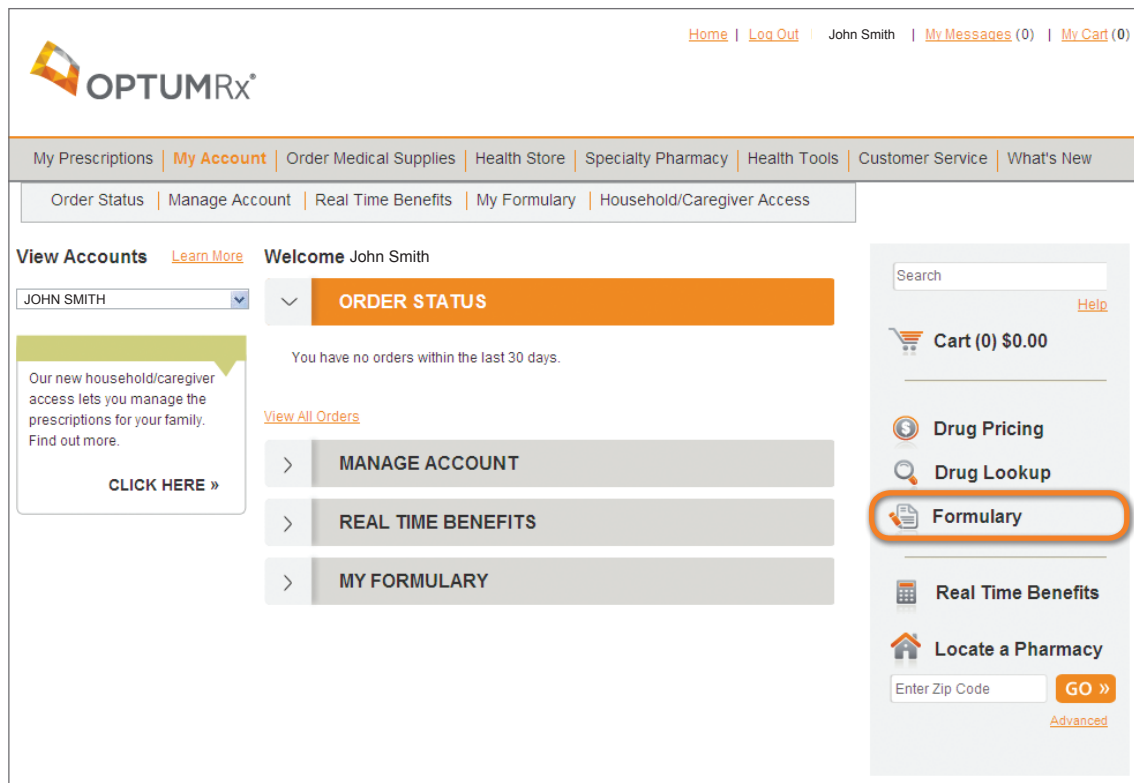
- Locate a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

## Your Prescription Drug List

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

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

Since the PDL may change, we encourage you to visit our website, [optumrx.com](https://www.optumrx.com). This website is the best source for up-to-date information about all of the medications your pharmacy benefit covers, possible lower-cost options, and cost comparisons.



The screenshot displays the OptumRx website interface. At the top right, there are links for Home, Log Out, John Smith, My Messages (0), and My Cart (0). Below this is a 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 'Cart (0) \$0.00' indicator, 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

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

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

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

### **What is a Prescription Drug List (PDL)?**

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

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

### **How do I use my Prescription Drug List?**




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

If your medication is not listed in this document, please visit **optumrx.com** or call the toll-free member phone number on the back of your ID card.

## What are tiers?

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

Drug names shown in **orange** are preferred for their cost and effectiveness. If there is a **i** symbol in the Drug Tier column, check your benefit plan documents to find out your specific pharmacy plan costs.

\$	Drug Tier	Includes	Helpful Tips
	<b>Tier 1 Lowest Cost</b>	Lower-cost, commonly used generic drugs. Some low-cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	<b>Tier 2 Mid-range Cost</b>	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	<b>Tier 3 Highest Cost</b>	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**, or call the toll-free member phone number of the back of your ID card for more information about your benefit plan.

## When does the Prescription Drug List change?

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

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

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

## Programs and Limits

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

<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower cost medication(s) is required before a higher-cost medication is covered.
<b>QL</b>	<b>Quantity Limits</b> – Amount of medication covered per copayment or in a specific time period.
<b>AR</b>	<b>Age Restrictions</b> – Some restrictions may apply based on patient age.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as a specialty pharmacy drug.
<b>GR</b>	<b>Gender Restrictions</b> – Some restrictions may apply based on gender.

To learn more about a pharmacy program or to find out if it applies to you, please visit [optumrx.com](http://optumrx.com) or call the toll-free member phone number on the back of your ID card.

## Why are some medications excluded from coverage?

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

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

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

## Should I talk to my doctor about OTC medications?

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

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

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

## Is it a generic or brand-name drug?

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

## What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit [optumrx.com](http://optumrx.com) to make sure.

## Are you taking a specialty medication?

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

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

## How do I get updated information about my pharmacy benefit?

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

When you register at **optumrx.com** and open an account, you can use the website's helpful tools and features to:

- Look up the price of drugs covered by your plan
- Find lower-cost options
- Refill and renew mail service prescriptions
- View your order status and claims history
- Sign up for text reminders to take and refill your medicine
- View your benefits in real time
- Order medical supplies
- Shop for health and wellness products



### More information

If you have additional questions please call customer service, 24 hours a day, 7 days a week using the toll-free member phone number on the back of your ID card. Or visit **optumrx.com**.

---



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

Drug Name	Drug Tier	Programs and Limits
<b>Anti-Infectives: Antifungals</b>		
Econazole Cream	1	
Fluconazole	1	QL
Ketoconazole	1	PA (tab only)
Nystatin	1	
Terbinafine Tab	1	
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Tab, Cap, Suspension	1	
<b>Baraclude</b>	2	QL, SP
<b>Incivek</b>	2	PA, QL, SP
<b>Pegasys</b>	①	PA, SP
<b>Tamiflu</b>	3	QL
Valacyclovir	1	
<b>Cancer</b>		
Anastrozole Tab	1	
<b>Gleevec</b>	2	PA, QL, SP
Letrozole	1	PA
<b>Revlimid</b>	3	PA, QL, SP
Tamoxifen	1	
<b>Tasigna</b>	2	PA, QL, SP
<b>Temodar</b>	3	PA, SP
Temozolomide	1	PA, SP
<b>Xeloda</b>	2	SP
<b>Cardiovascular/Heart Disease: Anticoagulants</b>		
<b>Aggrenox</b>	2	QL
<b>Brilinta</b>	2	QL
Clopidogrel	1	QL
<b>Coumadin</b>	3	
<b>Effient</b>	2	QL
Enoxaparin	①	SP
<b>Pradaxa</b>	2	QL
Warfarin	1	
<b>Xarelto</b>	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
<b>Cardiovascular/Heart Disease:</b>		
<b>High Blood Pressure</b>		
Amlodipine	1	QL
Amlodipine/Benazepril	1	QL
Atenolol	1	
Atenolol/Chlorthalidone	1	
<b>Azor</b>	2	QL, ST
Benazepril	1	
Benazepril/HCTZ	1	
<b>Benicar</b>	2	QL, ST
<b>Benicar HCT</b>	2	QL, ST
Bisoprolol	1	
Bisoprolol/HCTZ	1	
<b>Bystolic</b>	2	QL
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
<b>Coreg CR</b>	3	QL, ST
Diltiazem	1	
Diltiazem SR 24Hr	1	QL
<b>Diovan</b>	2	QL, ST
<b>Diovan HCT</b>	3	QL
Doxazosin	1	QL
<b>Dutoprol</b>	2	QL
<b>Edarbi</b>	3	QL, ST
<b>Edarbyclor</b>	3	QL, ST
Enalapril	1	
<b>Exforge</b>	2	QL, ST
<b>Exforge HCT</b>	2	QL, ST
Felodipine	1	QL
Fosinopril	1	
Furosemide	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	QL
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	QL
Losartan/HCTZ	1	QL
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
<b>Micardis</b>	3	QL, ST

Drug Name	Drug Tier	Programs and Limits
<b>Micardis HCT</b>	3	QL, ST
Nadolol	1	
Nifedipine ER	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	QL
Spironolactone	1	
<b>Tarka</b>	2	
<b>Tekturna</b>	2	QL, ST
<b>Tekturna HCT</b>	2	QL, ST
Telmisartan	1	QL
Terazosin	1	
Triamterene/HCTZ	1	
<b>Tribenzor</b>	2	QL, ST
Valsartan/HCTZ	1	QL
Verapamil ER	1	
Verapamil SR	1	
<b>Cardiovascular/Heart Disease:</b>		
<b>High Cholesterol</b>		
Atorvastatin	1	QL
<b>Crestor</b>	2	QL
Fenofibrate	1	QL
<b>Fenoglide</b>	3	QL, ST
Gemfibrozil	1	QL
<b>Lipitor</b>	3	QL, ST
<b>Lipofen</b>	2	QL
<b>Livalo</b>	3	QL, ST
Lovastatin	1	
<b>Lovaza</b>	2	QL
Niacin ER Tab	1	QL
<b>Niaspan ER</b>	3	QL
Pravastatin	1	QL
<b>Simcor</b>	2	QL
Simvastatin	1	QL
Simvastatin 80 mg	1	PA, QL
<b>Tricor</b>	3	QL
<b>Triglide</b>	3	QL, ST
<b>Trilipix</b>	3	QL
<b>Vascepa</b>	2	QL
<b>Vytorin</b>	2	QL
<b>Vytorin Tab 10-80 mg</b>	2	PA, QL
<b>Welchol</b>	2	QL
<b>Zetia</b>	3	QL

**Bold type = Brand-name drug**

[Plain type = Generic drug]

📞 Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

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

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

**Bold type = Brand-name drug**

[Plain type = Generic drug]

📞 Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

Drug Name	Drug Tier	Programs and Limits
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	PA, QL, SP
<b>Avonex</b>	①	PA, QL, SP
<b>Avonex Pen</b>	①	PA, QL, SP
<b>Avonex Prefill</b>	①	PA, QL, SP
<b>Betaseron</b>	①	PA, QL, SP
<b>Copaxone</b>	①	PA, QL, SP
<b>Gilenya*</b>	3	PA, QL, ST, SP
<b>Rebif</b>	①	PA, QL, ST, SP
<b>Rebif Titrtn</b>	①	PA, QL, ST, SP
<b>Tecfidera</b>	2	PA, QL, SP
<b>Central Nervous System: Other</b>		
<b>Abilify</b>	2	QL
<b>Abilify Disc</b>	2	QL
<b>Abilify Solution</b>	2	QL
Alprazolam Tab	1	QL
<b>Aricept 23 mg</b>	3	QL, ST
<b>Azilect</b>	3	
Benzotropine	1	
Carbidopa/Levodopa Tab	1	
Diazepam	1	
Donepezil Tab 23 mg	1	QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium Carbonate	1	
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
<b>Namenda Tab</b>	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole	1	
<b>Saphris</b>	2	QL
<b>Seroquel XR</b>	2	QL
<b>Xanax</b>	3	QL
<b>Zelapar</b>	3	

Drug Name	Drug Tier	Programs and Limits
<b>Central Nervous System: Sedatives/Hypnotics</b>		
<b>Lunesta</b>	3	QL
<b>Silenor</b>	3	QL
Temazepam	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine Tab	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
<b>Lamictal</b>	2	
<b>Lamictal ODT</b>	2	
<b>Lamictal XR</b>	3	QL
Lamotrigine	1	
Lamotrigine ER	1	QL
Levetiracetam	1	
Levetiracetam ER	1	QL
<b>Lyrica Cap</b>	2	QL
Oxcarbazepine	1	
Phenytoin	1	
Topiramate	1	

\* Tier 3 Preferred

**Bold type = Brand-name drug**

[Plain type = Generic drug]

① Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

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

Drug Name	Drug Tier	Programs and Limits
<b>Vectical</b>	3	
<b>Zovirax Cream</b>	2	
<b>Zovirax Ointment</b>	3	
<b>Zyclara</b>	3	QL
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek Act/Gluc Calibration Liquid</b>	2	
<b>Accu-Chek Aviva Plus Test Strips</b>	2	QL
<b>Accu-Chek Aviva Test Strips</b>	2	QL
<b>Accu-Chek Comfort Calibration Liquid</b>	2	
<b>Accu-Chek Comfort Test Strips</b>	2	QL
<b>Accu-Chek Cpt/Gluc Calibration Liquid</b>	2	
<b>Accu-Chek Drum Test Strips</b>	2	QL
<b>Accu-Chek Kit Aviva Plus</b>	2	
<b>Accu-Chek Kit Compact</b>	2	
<b>Accu-Chek Kit Fastclix</b>	2	
<b>Accu-Chek Kit Multiclix</b>	2	
<b>Accu-Chek Kit Nano</b>	2	
<b>Accu-Chek Kit Softclix</b>	2	
<b>Accu-Chek Multiclix Lancets</b>	2	
<b>Accu-Chek Smart Calibration Liquid</b>	2	
<b>Accu-Chek Smart Test Strips</b>	2	QL
<b>Accu-Chek Sol Calibration Liquid</b>	2	
<b>Accu-Chek Sol Comfort Calibration Liquid</b>	2	
<b>Fastclix Lancets</b>	2	
<b>Glucocard Test Strips</b>	1	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

📞 Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

Drug Name	Drug Tier	Programs and Limits
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine	2	
Novofine Auto	2	
Novotwist	2	
Onetouch Kit Ultra Smart	2	
Onetouch Kit Ultra	2	
Onetouch Kit Ultra 2	2	
Onetouch Kit Ultra Mini	2	
Onetouch Kit Verio IQ	2	
Onetouch Test Strips	2	QL
Onetouch Ultra Blue Test Strips	2	QL
Onetouch Verio IQ Test Strips	2	QL
Onetouch Verio Test Strips	2	QL
Soft Touch Lancets	2	
Softclix Lan Mis Device	2	
Softclix Lancets	2	
Surestep Test Strips	2	QL
Truetrack Test Strips	3	QL
<b>Diabetes/Endocrine: Insulin</b>		
Humalog Vials	2	
Humalog Kwik	2	
Humalog Mix 50/50 Kwik Pen	2	
Humalog Mix 50/50 Vials	2	
Humalog Mix 75/25 Kwik Pen	2	
Humalog Mix 75/25 Vials	2	
Humulin 70/30 Vials	2	
Humulin N Vials	2	
Humulin N Pen	2	

Drug Name	Drug Tier	Programs and Limits
Humulin Pen 70/30	2	
Humulin R Vials	2	
Lantus Solostar	2	
Lantus Vials	2	
Levemir Flexpen	2	
Levemir Vials	2	
Novolin 70/30 Vials	2	
Novolin N Vials	2	
Novolin R Vials	2	
Novolog Flexpen	2	
Novolog Mix Flexpen	2	
Novolog Mix 70/30 Vials	2	
Novolog Penfill	2	
Novolog Vials	2	
<b>Diabetes/Endocrine: Non-Insulin</b>		
Actos	3	QL, ST
Byetta	2	QL, ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
Glyburide	1	
Glyburide/Metformin	1	
Janumet	2	QL, ST
Janumet XR	2	QL, ST
Januvia	2	QL, ST
Jentadueto	2	QL, ST
Kombiglyze	2	QL, ST
Metformin	1	
Metformin ER	1	
Onglyza	2	QL, ST
Pioglitazone	1	QL
Prandimet	3	QL, ST
Prandin	3	QL, ST
Repaglinide	1	QL
Tradjenta	2	QL, ST
Victoza	3	QL, ST

**Bold type = Brand-name drug**

[Plain type = Generic drug]

📞 Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

Drug Name	Drug Tier	Programs and Limits
<b>Endocrine: Growth Hormone</b>		
<b>Nutropin</b>	①	PA, SP
<b>Nutropin AQ</b>	①	PA, SP
<b>Saizen</b>	①	PA, SP
<b>Tev-Tropin</b>	①	PA, SP
<b>Endocrine: Other</b>		
Dexamethasone Tab	1	
<b>Lupron Depot</b> 3.75 mg, 11.25 mg	①	PA, SP
<b>Lupron Depot</b> 7.5 mg, 22.5 mg, 30 mg, 45 mg	①	PA, SP
Methylprednisolone Tab	1	
Paricalcitol	1	SP
Prednisolone	1	
Prednisone	1	
<b>Sensipar</b>	3	SP
<b>Zemplar</b>	3	SP
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
<b>Synthroid</b>	3	
<b>Eye Conditions: Allergies</b>		
<b>Pataday</b>	2	
<b>Patanol</b>	2	QL

Drug Name	Drug Tier	Programs and Limits
<b>Eye Conditions: Antibiotics</b>		
Ciprofloxacin	1	QL
Erythromycin	1	
Gentamicin	1	
<b>Moxeza</b>	2	QL
Ofloxacin	1	QL
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
<b>Vigamox</b>	2	QL
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P</b>	2	QL
<b>Azopt</b>	2	QL
<b>Combigan</b>	2	QL
Dorzolamide -Timolol Maleate	1	
Latanoprost	1	QL
<b>Lumigan</b>	2	QL
Timolol	1	
<b>Timoptic Ocudose</b>	2	
<b>Travatan Z</b>	2	QL
<b>Eye Conditions: Other</b>		
Prednisolone Opth	1	
<b>Restasis</b>	3	
<b>Gastrointestinal: Acid Suppression</b>		
<b>Aciphex</b>	3	QL, ST
<b>Dexilant</b>	2	QL
Famotidine Tab 20 mg and 40 mg	1	
Lansoprazole (Rx only)	1	QL
<b>Nexium</b>	2	QL
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine (Rx only)	1	
Sucralfate	1	

**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
<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine (Rx only)	1	
Metoclopramide	1	QL
Ondansetron Tab	1	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	2	QL, ST, AR
<b>Apriso</b>	2	QL
<b>Asacol</b>	3	QL
<b>Canasa</b>	2	QL
<b>Creon</b>	2	
<b>Delzicol</b>	3	QL
Dicyclomine	1	
Diphenoxylate/Atropine	1	
<b>Halflytely Kit</b>	3	QL
<b>Lialda</b>	2	QL
<b>Moviprep</b>	3	QL
<b>Omeclamox Pak</b>	2	QL
<b>Pentasa</b>	3	QL
Polyethylene Glycol 3350	1	
<b>Pylera</b>	2	QL
<b>Suclear Bowel Prep</b>	3	QL
<b>Suprep Bowel Prep</b>	3	QL
<b>Uceris</b>	3	
<b>Zenpep (not 5,000 units)</b>	2	
<b>HIV/AIDS</b>		
<b>Atripla</b>	2	SP
<b>Complera</b>	2	SP
<b>Epzicom</b>	2	SP
<b>Intelence</b>	2	SP
<b>Isentress</b>	2	QL, SP
<b>Kaletra</b>	2	SP
Lamivudine/Zidovudine	1	SP
<b>Norvir</b>	2	SP
<b>Prezista</b>	2	SP
<b>Reyataz</b>	2	SP
<b>Sustiva</b>	2	SP
<b>Truvada</b>	2	SP
<b>Viread</b>	2	SP

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

**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
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA, QL, GR
<b>AndroGel</b>	2	PA, QL, GR
<b>Fortesta</b>	3	PA, QL, GR
<b>Testim</b>	2	PA, QL, GR
<b>Miscellaneous</b>		
Allopurinol	1	
<b>Analpram-HC Cream</b>	3	
<b>Analpram-HC Lotion</b>	3	
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4%	1	
<b>Aranesp</b>	ⓘ	PA, SP
Benzonatate	1	
Cheratussin	1	
Chlorhexidine	1	
<b>Colcrys</b>	2	QL
<b>Epipen 2-Pak</b>	2	QL
<b>Euflexxa</b>	ⓘ	PA, SP
<b>Fosrenol</b>	3	
Hydrocortisone AC Suppository	1	
Hydromet	1	
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	
<b>Procrit</b>	ⓘ	PA, SP
Proctozone	1	
Promethazine DM Syrup	1	AR
Promethazine/Codeine	1	AR
<b>Pulmozyme</b>	2	SP
<b>Rectiv</b>	3	
<b>Renvela</b>	2	
<b>Rezira</b>	3	
<b>Suboxone Film</b>	2	PA, QL
<b>Synvisc</b>	ⓘ	PA, SP
<b>Uloric</b>	2	QL, ST
<b>Zutripro</b>	3	

Drug Name	Drug Tier	Programs and Limits
<b>Musculoskeletal: Osteoporosis</b>		
<b>Actonel</b>	3	QL
Alendronate Tab	1	QL
Calcitriol	1	
<b>Evista</b>	2	QL
<b>Forteo</b>	ⓘ	PA, QL, SP
Ibandronate	1	QL
<b>Musculoskeletal: Other</b>		
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab 5, 10 mg	1	
Metaxalone	1	
Methocarbamol	1	
Tizanidine	1	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

ⓘ Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

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

Drug Name	Drug Tier	Programs and Limits
Vicodin HP	1	QL
<b>Voltaren Gel</b>	2	QL
<b>Zubsolv</b>	2	PA, QL
<b>Overactive Bladder</b>		
<b>Detrol LA</b>	3	QL, ST
<b>Enablex</b>	3	QL
<b>Gelnique</b>	2	QL
Oxybutynin	1	
Oxybutynin ER	1	QL
<b>Oxytrol</b>	2	QL
Tolterodine ER	1	QL
<b>Toviaz</b>	3	QL
<b>Vesicare</b>	2	QL
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	2	QL
<b>Advair HFA</b>	2	QL
Albuterol Nebulizer Solution	1	
<b>Asmanex</b>	2	QL
<b>Breo Ellipta</b>	2	QL
Budesonide	1	
<b>Combivent Respimat</b>	2	QL
<b>Flovent Diskus</b>	2	QL
<b>Flovent HFA</b>	2	QL
<b>Foradil</b>	2	QL, ST
Ipratropium/Albuterol	1	
Levalbuterol Nebulizer Solution	1	
Montelukast	1	QL
<b>Perforomist</b>	3	QL
<b>Proair HFA</b>	2	QL
<b>Proventil</b>	3	QL
<b>Pulmicort</b>	2	QL
<b>Qvar</b>	2	QL
<b>Serevent Diskus</b>	2	QL, ST
<b>Singulair</b>	3	QL
<b>Spiriva</b>	2	QL
<b>Symbicort</b>	2	QL
<b>Tudorza Pressair</b>	2	QL
<b>Ventolin HFA</b>	2	QL
<b>Xolair</b>	①	PA, SP
<b>Xopenex HFA</b>	3	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
<b>Respiratory: Nasal Allergies</b>		
<b>Astepro</b>	2	QL
Azelastine Spray	1	QL
Fluticasone Spray	1	
<b>Nasonex</b>	2	QL
<b>Omnaris</b>	3	QL
Triamcinolone Spray	1	QL
<b>Veramyst</b>	2	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Promethazine Tab	1	AR
Desloratadine	1	QL
Levocetirizine	1	QL
<b>Transplant</b>		
Azathioprine	1	
<b>Cellcept</b>	3	SP
Cyclosporine Cap	1	SP
Mycophenolate 250 mg Cap/500 mg Tab	1	SP
<b>Myfortic</b>	3	SP
<b>Neoral</b>	3	SP
<b>Prograf</b>	3	SP
<b>Rapamune</b>	3	SP
Tacrolimus	1	SP

Drug Name	Drug Tier	Programs and Limits
<b>Vitamins/Electrolytes</b>		
Folic Acid 1 mg (Rx only)	1	
Klor-Con	1	
Multi-Vit/FI Chew	1	
Potassium Chloride ER	1	
Potassium Chloride Micro ER	1	
Tri-Vit-FI Drops	1	
Vitamin D (Rx only)	1	
<b>Women's Health: Contraceptives</b>		
Apri	1	GR
Aviane	1	GR
<b>Beyaz</b>	2	GR
Cryselle-28	1	GR
Gianvi	1	GR
Gildess Fe	1	GR
Junel Fe	1	GR
Kariva	1	GR
<b>Lo Loestrin</b>	3	GR
Loryna	1	GR
Low-Ogestrel	1	GR
Lutera	1	GR
Microgestin	1	GR
Microgestin Fe	1	GR
<b>Natazia</b>	2	GR
Necon	1	GR
Norgest/Ethi Estradio	1	GR
Nortrel	1	GR
<b>Nuvaring</b>	2	
Ocella	1	GR
<b>Ortho Tri-Cyclen Lo</b>	3	GR
Portia-28	1	GR
<b>Safyral</b>	2	GR
Sprintec 28	1	GR
Syeda	1	GR
Trinessa	1	GR
Tri-Sprintec	1	GR
Vestura	1	GR
Zarah	1	GR

**Bold type = Brand-name drug**

[Plain type = Generic drug]

📞 Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

Drug Name	Drug Tier	Programs and Limits
<b>Women's Health: Hormone Replacement</b>		
<b>Climara Pro</b>	2	QL, GR
<b>Divigel</b>	2	GR
<b>Enjuvia</b>	2	QL, GR
Estradiol	1	QL, GR
Medroxyprogesterone Acetate Tab	1	
<b>Premarin</b>	2	QL, GR
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	QL, GR
<b>Prempro</b>	2	QL, GR
Progesterone Capsule	1	
<b>Vagifem</b>	3	GR
<b>Vivelle-Dot</b>	2	QL, GR

Drug Name	Drug Tier	Programs and Limits
<b>Women's Health: Prenatal Vitamins</b>		
PrenaFirst Tab	1	
PrenaPlus Tab	1	
Prenatabs FA Tab	1	
RA Prenatal Tab	1	
28-0.8 mg	1	
SE-Natal One Tab	1	
SM Prenatal Tab	1	
Vitamins	1	
Trinatal Rx Tab 1	1	
Trinate Tab	1	
Vinate One Tab	1	
<b>Women's Health: Vaginal Anti-Infectives</b>		
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	QL

**Bold type = Brand-name drug**

[Plain type = Generic drug]

📞 Call customer service for pricing

**PA** Prior Authorization

**ST** Step Therapy

**QL** Quantity Limits

**AR** Age Restrictions

**SP** Specialty Program

**GR** Gender Restrictions

## Index of Covered Drugs

### A

<b>Abilify</b> . . . . .	<b>12</b>
<b>Abilify Disc.</b> . . . . .	<b>12</b>
<b>Abilify Solution</b> . . . . .	<b>12</b>
<b>Acanya</b> . . . . .	<b>13</b>
<b>Accu-Chek Act/Gluc Calibration Liquid</b> . . . . .	<b>13</b>
<b>Accu-Chek Aviva Plus Test Strips</b> . . . . .	<b>13</b>
<b>Accu-Chek Aviva Test Strips</b> . . . . .	<b>13</b>
<b>Accu-Chek Comfort Calibration Liquid</b> . . . . .	<b>13</b>
<b>Accu-Chek Comfort Test Strips</b> . . . . .	<b>13</b>
<b>Accu-Chek Cpt/Gluc Calibration Liquid</b> . . . . .	<b>13</b>
<b>Accu-Chek Drum Test Strips</b> . . . . .	<b>13</b>
<b>Accu-Chek Kit Aviva Plus</b> . . . . .	<b>13</b>
<b>Accu-Chek Kit Compact</b> . . . . .	<b>13</b>
<b>Accu-Chek Kit Fastclix</b> . . . . .	<b>13</b>
<b>Accu-Chek Kit Multiclix</b> . . . . .	<b>13</b>
<b>Accu-Chek Kit Nano</b> . . . . .	<b>13</b>
<b>Accu-Chek Kit Softclix</b> . . . . .	<b>13</b>
<b>Accu-Chek Multiclix Lancets</b> . . . . .	<b>13</b>
<b>Accu-Chek Smart Calibration Liquid</b> . . . . .	<b>13</b>
<b>Accu-Chek Smart Test Strips</b> . . . . .	<b>13</b>
<b>Accu-Chek Sol Calibration Liquid</b> . . . . .	<b>13</b>
<b>Accu-Chek Sol Comfort Calibration Liquid</b> . . . . .	<b>13</b>
Acetaminophen w/ Codeine . . . . .	18
<b>Aciphex</b> . . . . .	<b>15</b>
<b>Actonel</b> . . . . .	<b>17</b>
<b>Actos</b> . . . . .	<b>14</b>
Acyclovir Ointment 5% . . . . .	13
Acyclovir Tab, Cap, Suspension . . . . .	9
<b>Adcirca</b> . . . . .	<b>11</b>

<b>Advair Diskus</b> . . . . .	<b>18</b>
<b>Advair HFA</b> . . . . .	<b>18</b>
<b>Aggrenox</b> . . . . .	<b>9</b>
Albuterol Nebulizer Solution . . . . .	18
Alendronate Tab . . . . .	17
Alfuzosin . . . . .	16
Allopurinol . . . . .	17
<b>Alphagan P</b> . . . . .	<b>15</b>
Alprazolam Tab . . . . .	12
Amiodarone . . . . .	11
<b>Amitiza</b> . . . . .	<b>16</b>
Amitriptyline . . . . .	11
Amlodipine . . . . .	10
Amlodipine/Benazepril . . . . .	10
Amoxicillin . . . . .	9
Amoxicillin/Clavulanate . . . . .	9
Amphetamine-Dextroamphetamine . . . . .	11
Amphetamine-Dextroamphetamine SR Cap 24Hr . . . . .	11
<b>Ampyra</b> . . . . .	<b>12</b>
<b>Analpram-HC Cream</b> . . . . .	<b>17</b>
<b>Analpram-HC Lotion</b> . . . . .	<b>17</b>
Anastrozole Tab . . . . .	9
<b>Androderm</b> . . . . .	<b>17</b>
<b>Androgel</b> . . . . .	<b>17</b>
Antipyrine/Benzocaine Otic Solution 5.4 - 1.4% . . . . .	17
Apri . . . . .	19
<b>Apriso</b> . . . . .	<b>16</b>
<b>Aranesp</b> . . . . .	<b>17</b>
<b>Aricept 23 mg</b> . . . . .	<b>12</b>
<b>Armour Thyroid</b> . . . . .	<b>15</b>
<b>Asacol</b> . . . . .	<b>16</b>
<b>Asmanex</b> . . . . .	<b>18</b>
<b>Astepro</b> . . . . .	<b>19</b>
Atenolol . . . . .	10
Atenolol/Chlorthalidone . . . . .	10
Atorvastatin . . . . .	10
<b>Atralin</b> . . . . .	<b>13</b>
<b>Atripla</b> . . . . .	<b>16</b>
<b>Avelox</b> . . . . .	<b>9</b>

Aviane . . . . .	19
<b>Avinza</b> . . . . .	<b>18</b>
<b>Avodart</b> . . . . .	<b>16</b>
<b>Avonex</b> . . . . .	<b>12</b>
<b>Avonex Pen</b> . . . . .	<b>12</b>
<b>Avonex Prefill</b> . . . . .	<b>12</b>
Azathioprine . . . . .	19
Azelastine Spray . . . . .	19
<b>Azilect</b> . . . . .	<b>12</b>
Azithromycin . . . . .	9
<b>Azopt</b> . . . . .	<b>15</b>
<b>Azor</b> . . . . .	<b>10</b>

### B

Baclofen Tab . . . . .	17
<b>Baraclude</b> . . . . .	<b>9</b>
Benazepril . . . . .	10
Benazepril/HCTZ . . . . .	10
<b>Benicar</b> . . . . .	<b>10</b>
<b>Benicar HCT</b> . . . . .	<b>10</b>
<b>Benzaclin</b> . . . . .	<b>13</b>
Benzonatate . . . . .	17
Benzotropine . . . . .	12
<b>Betaseron</b> . . . . .	<b>12</b>
<b>Bethkis</b> . . . . .	<b>9</b>
<b>Beyaz</b> . . . . .	<b>19</b>
Bisoprolol . . . . .	10
Bisoprolol/HCTZ . . . . .	10
<b>Breo Ellipta</b> . . . . .	<b>18</b>
<b>Brilinta</b> . . . . .	<b>9</b>
Budeprion XL . . . . .	11
Budesonide . . . . .	18
Bupropion . . . . .	11
Bupropion SR . . . . .	11
Buspiron . . . . .	11
Butalbital-Acetaminophen-Caffeine Tab . . . . .	11
<b>Byetta</b> . . . . .	<b>14</b>
<b>Bystolic</b> . . . . .	<b>10</b>

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

## Index of Covered Drugs

<b>C</b>				<b>E</b>	
Calcitriol . . . . .	17	<b>Complera</b> . . . . .	<b>16</b>	Econazole Cream . . . . .	9
<b>Cambia</b> . . . . .	<b>18</b>	<b>Condylox</b> . . . . .	<b>13</b>	<b>Edarbi</b> . . . . .	<b>10</b>
<b>Canasa</b> . . . . .	<b>16</b>	<b>Copaxone</b> . . . . .	<b>12</b>	<b>Edarbyclor</b> . . . . .	<b>10</b>
<b>Carac</b> . . . . .	<b>13</b>	<b>Coreg CR</b> . . . . .	<b>10</b>	<b>Effient</b> . . . . .	<b>9</b>
Carbamazepine Tab . . . . .	12	<b>Coumadin</b> . . . . .	<b>9</b>	<b>Elidel</b> . . . . .	<b>13</b>
Carbidopa/Levodopa Tab . . . . .	12	<b>Creon</b> . . . . .	<b>16</b>	<b>Enablex</b> . . . . .	<b>18</b>
Carisoprodol . . . . .	17	<b>Crestor</b> . . . . .	<b>10</b>	Enalapril . . . . .	10
Carvedilol . . . . .	10	Cryselle-28 . . . . .	19	<b>Enbrel</b> . . . . .	<b>16</b>
Cefdinir . . . . .	9	Cyclobenzaprine Tab 5, 10 mg	17	<b>Enbrel SureClick</b> . . . . .	<b>16</b>
Cefuroxime Tab . . . . .	9	Cyclosporine Cap . . . . .	19	<b>Enjuvia</b> . . . . .	<b>20</b>
<b>Celebrex</b> . . . . .	<b>18</b>	<b>Cymbalta</b> . . . . .	<b>11</b>	Enoxaparin . . . . .	9
<b>Cellcept</b> . . . . .	<b>19</b>	<b>D</b>		<b>Epiduo</b> . . . . .	<b>13</b>
Cephalexin Tab . . . . .	9	<b>Delzicol</b> . . . . .	<b>16</b>	<b>Epipen 2-Pak</b> . . . . .	<b>17</b>
Cheratussin . . . . .	17	Desloratadine . . . . .	19	<b>Epzicom</b> . . . . .	<b>16</b>
Chlorhexidine . . . . .	17	Desonide . . . . .	13	Erythromycin . . . . .	15
Chlorthalidone . . . . .	10	<b>Detrol LA</b> . . . . .	<b>18</b>	Escitalopram Tab . . . . .	11
Chorionic Gonadotropin . . . . .	16	Dexamethasone Tab . . . . .	15	Estradiol . . . . .	20
<b>Cialis</b> . . . . .	<b>16</b>	<b>Dexilant</b> . . . . .	<b>15</b>	Etodolac . . . . .	18
<b>Cimzia</b> . . . . .	<b>16</b>	Dexmethylphenidate . . . . .	11	<b>Euflexxa</b> . . . . .	<b>17</b>
<b>Ciprodex Otic Suspension</b> . . . . .	<b>9</b>	Diazepam . . . . .	12	<b>Evista</b> . . . . .	<b>17</b>
Ciprofloxacin . . . . .	15	Diclofenac . . . . .	18	<b>Exforge</b> . . . . .	<b>10</b>
Ciprofloxacin Tab . . . . .	9	Dicyclomine . . . . .	16	<b>Exforge HCT</b> . . . . .	<b>10</b>
Citalopram . . . . .	11	<b>Differin</b> . . . . .	<b>13</b>	<b>F</b>	
Clarithromycin . . . . .	9	<b>Difacid</b> . . . . .	<b>9</b>	Famotidine Tab	
<b>Climara Pro</b> . . . . .	<b>20</b>	Digoxin . . . . .	11	20 mg and 40 mg . . . . .	15
Clindamycin/Benzoyl Peroxide		Diltiazem . . . . .	10	<b>Fastclix Lancets</b> . . . . .	<b>13</b>
Gel 1-5% . . . . .	13	Diltiazem SR 24Hr . . . . .	10	Felodipine . . . . .	10
Clindamycin Cap . . . . .	9	<b>Diovan</b> . . . . .	<b>10</b>	Fenofibrate . . . . .	10
Clindamycin Gel, Lotion,		<b>Diovan HCT</b> . . . . .	<b>10</b>	<b>Fenoglide</b> . . . . .	<b>10</b>
Solution . . . . .	13	Diphenoxylate/Atropine . . . . .	16	Fentanyl Patch . . . . .	18
Clobetasol Cream, Gel,		Divalproex DR . . . . .	12	<b>Finacea</b> . . . . .	<b>13</b>
Ointment . . . . .	13	Divalproex ER . . . . .	12	Finasteride 5 mg . . . . .	16
<b>Clobex</b> . . . . .	<b>13</b>	<b>Divigel</b> . . . . .	<b>20</b>	<b>Flovent Diskus</b> . . . . .	<b>18</b>
<b>Cloderm</b> . . . . .	<b>13</b>	Donepezil Tab 23 mg . . . . .	12	<b>Flovent HFA</b> . . . . .	<b>18</b>
Clonazepam . . . . .	12	Dorzolamide -Timolol		Fluconazole . . . . .	9
Clonidine Tab . . . . .	10	Maleate . . . . .	15	Fluocinonide Cream, Gel,	
Clopidogrel . . . . .	9	Doxazosin . . . . .	10	Ointment 0.05% . . . . .	13
Clotrimazole/Betamethasone	13	Doxazosin . . . . .	16	Fluoxetine (not PMDD) . . . . .	11
<b>Colcrys</b> . . . . .	<b>17</b>	Doxepin . . . . .	11	Fluticasone Spray . . . . .	19
<b>Combigan</b> . . . . .	<b>15</b>	Doxycycline Hyclate Cap . . . . .	9	<b>Focalin XR</b> . . . . .	<b>11</b>
<b>Combivent Respimat</b> . . . . .	<b>18</b>	Duloxetine . . . . .	11		
		<b>Dutoprol</b> . . . . .	<b>10</b>		

**Bold type = Brand-name drug**

[Plain type = Generic drug]

## Index of Covered Drugs

Folic Acid 1 mg (Rx only) . . . . .	19	<b>Humira Pen</b> . . . . .	<b>16</b>	<b>Januvia.</b> . . . . .	<b>14</b>
<b>Follistim AQ</b> . . . . .	<b>16</b>	<b>Humira Pen Kit Crohns</b> . . . . .	<b>16</b>	<b>Jentadueto.</b> . . . . .	<b>14</b>
<b>Foradil</b> . . . . .	<b>18</b>	<b>Humira Pen Kit Psoriasis</b> . . . . .	<b>16</b>	Junel Fe . . . . .	19
<b>Forfivo XL</b> . . . . .	<b>11</b>	<b>Humulin 70/30 Vials.</b> . . . .	<b>14</b>		
<b>Forteo</b> . . . . .	<b>17</b>	<b>Humulin N Pen</b> . . . . .	<b>14</b>	<b>K</b>	
<b>Fortesta</b> . . . . .	<b>17</b>	<b>Humulin N Vials</b> . . . . .	<b>14</b>	<b>Kaletra</b> . . . . .	<b>16</b>
Fosinopril . . . . .	10	<b>Humulin Pen 70/30</b> . . . . .	<b>14</b>	Kariva . . . . .	19
<b>Fosrenol</b> . . . . .	<b>17</b>	<b>Humulin R Vials</b> . . . . .	<b>14</b>	Ketoconazole . . . . .	9
Furosemide . . . . .	10	Hydralazine . . . . .	10	Klor-Con . . . . .	19
		Hydrochlorothiazide. . . . .	10	<b>Kombiglyze</b> . . . . .	<b>14</b>
<b>G</b>		Hydrocodone/APAP 5, 7.5, 10/325 mg . . . . .	18		
Gabapentin . . . . .	12	Hydrocodone w/ Ibuprofen Tab 7.5-200 mg . . . . .	18	<b>L</b>	
<b>Gelnique</b> . . . . .	<b>18</b>	Hydrocortisone 2.5% . . . . .	13	Labetalol . . . . .	10
Gemfibrozil . . . . .	10	Hydrocortisone AC Suppository . . . . .	17	<b>Lamictal</b> . . . . .	<b>12</b>
Gentamicin . . . . .	15	Hydromet . . . . .	17	<b>Lamictal ODT</b> . . . . .	<b>12</b>
Gianvi . . . . .	19	Hydromorphone . . . . .	18	<b>Lamictal XR</b> . . . . .	<b>12</b>
Gildess Fe . . . . .	19	Hydroxychloroquine . . . . .	16	Lamivudine/Zidovudine . . . . .	16
<b>Gilenya*</b> . . . . .	<b>12</b>	Hydroxyzine HCL . . . . .	12	Lamotrigine . . . . .	12
<b>Gleevec</b> . . . . .	<b>9</b>	Hydroxyzine Pamoate . . . . .	12	Lamotrigine ER . . . . .	12
Glimepiride . . . . .	14			Lansoprazole (Rx only). . . . .	15
Glipizide . . . . .	14	<b>I</b>		<b>Lantus Solostar</b> . . . . .	<b>14</b>
Glipizide ER . . . . .	14	Ibandronate . . . . .	17	<b>Lantus Vials</b> . . . . .	<b>14</b>
Glipizide XL . . . . .	14	Ibuprofen (Rx only) . . . . .	18	Latanoprost . . . . .	15
<b>Glucocard Test Strips</b> . . . . .	<b>13</b>	<b>Incivek</b> . . . . .	<b>9</b>	<b>Lazanda</b> . . . . .	<b>18</b>
Glyburide . . . . .	14	Indomethacin . . . . .	18	<b>Letairis</b> . . . . .	<b>11</b>
Glyburide/Metformin . . . . .	14	<b>Insulin Pen Needle</b> . . . . .	<b>14</b>	Letrozole . . . . .	9
<b>Gonal-f.</b> . . . . .	<b>16</b>	<b>Insulin Syringe/Needle</b> . . . . .	<b>14</b>	Levalbuterol Nebulizer Solution . . . . .	18
<b>Gonal-f RFF</b> . . . . .	<b>16</b>	<b>Intelence</b> . . . . .	<b>16</b>	<b>Levemir Flexpen.</b> . . . . .	<b>14</b>
<b>Gralise</b> . . . . .	<b>18</b>	<b>Intuniv</b> . . . . .	<b>11</b>	<b>Levemir Vials</b> . . . . .	<b>14</b>
		Ipratropium/Albuterol . . . . .	18	Levetiracetam . . . . .	12
<b>H</b>		Irbesartan . . . . .	10	Levetiracetam ER . . . . .	12
<b>Halflytely Kit</b> . . . . .	<b>16</b>	<b>Isentress</b> . . . . .	<b>16</b>	<b>Levitra</b> . . . . .	<b>16</b>
<b>Humalog Kwik</b> . . . . .	<b>14</b>	Isosorbide Mononitrate . . . . .	11	Levocetirizine . . . . .	19
<b>Humalog Mix</b> <b>50/50 Kwik Pen</b> . . . . .	<b>14</b>			Levofloxacin Tab. . . . .	9
<b>Humalog Mix 50/50 Vials.</b> . . . .	<b>14</b>	<b>J</b>		Levothyroxine . . . . .	15
<b>Humalog Mix</b> <b>75/25 Kwik Pen</b> . . . . .	<b>14</b>	<b>Jalyn</b> . . . . .	<b>16</b>	Levoxyl . . . . .	15
<b>Humalog Mix 75/25 Vials.</b> . . . .	<b>14</b>	<b>Janumet</b> . . . . .	<b>14</b>	<b>Lexapro</b> . . . . .	<b>11</b>
<b>Humalog Vials.</b> . . . . .	<b>14</b>	<b>Janumet XR</b> . . . . .	<b>14</b>	<b>Lialda.</b> . . . . .	<b>16</b>
<b>Humira.</b> . . . . .	<b>16</b>			Lidocaine Patch 5% . . . . .	18
<b>Humira Kit.</b> . . . . .	<b>16</b>			<b>Lidoderm Patch</b> . . . . .	<b>18</b>
				Liothyronine . . . . .	15

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





## Index of Covered Drugs

<b>Onetouch Verio Test Strips</b>	<b>14</b>	<b>Prandin.</b>	<b>14</b>	<b>Rapamune</b>	<b>19</b>
<b>Onglyza</b>	<b>14</b>	Pravastatin	10	RA Prenatal Tab 28-0.8 mg	20
<b>Opana ER</b>	<b>18</b>	Prednisolone	15	<b>Rebif</b>	<b>12</b>
<b>Oracea</b>	<b>9</b>	Prednisolone Opth	15	<b>Rebif Titrtn</b>	<b>12</b>
<b>Orencia SC</b>	<b>16</b>	Prednisone	15	<b>Rectiv</b>	<b>17</b>
<b>Ortho Tri-Cyclen Lo</b>	<b>19</b>	<b>Premarin</b>	<b>20</b>	<b>Relpax</b>	<b>11</b>
<b>Ovidrel</b>	<b>16</b>	<b>Premarin Vaginal Cream</b>	<b>20</b>	<b>Renvela</b>	<b>17</b>
Oxcarbazepine	12	<b>Premphase</b>	<b>20</b>	Repaglinide	14
<b>Oxsoralen-UI</b>	<b>13</b>	<b>Prempro</b>	<b>20</b>	<b>Restasis</b>	<b>15</b>
Oxybutynin	18	PrenaFirst Tab	20	<b>Retin-A Micro</b>	<b>13</b>
Oxybutynin ER	18	PrenaPlus Tab	20	<b>Revlimid</b>	<b>9</b>
Oxycodone Tab 5, 15, 30 mg	18	Prenatabs FA Tab	20	<b>Reyataz</b>	<b>16</b>
Oxycodone		<b>Prezista</b>	<b>16</b>	<b>Rezira</b>	<b>17</b>
w/ Acetaminophen	18	<b>Pristiq</b>	<b>11</b>	Risperidone Tab	12
<b>Oxycontin</b>	<b>18</b>	<b>Proair HFA</b>	<b>18</b>	Ropinirole	12
<b>Oxytrol</b>	<b>18</b>	Prochlorperazine	12		
		<b>Procrit</b>	<b>17</b>	<b>S</b>	
<b>P</b>		Proctozone	17	<b>Safyral</b>	<b>19</b>
<hr/>		Progesterone Capsule	20	<b>Saizen</b>	<b>15</b>
Pantoprazole	15	<b>Prograf</b>	<b>19</b>	<b>Saphris</b>	<b>12</b>
Paricalcitol	15	Promethazine/Codeine	17	SE-Natal One Tab	20
Paroxetine	11	Promethazine DM Syrup	17	<b>Sensipar</b>	<b>15</b>
<b>Pataday</b>	<b>15</b>	Promethazine Tab	19	<b>Serevent Diskus</b>	<b>18</b>
<b>Patanol</b>	<b>15</b>	Propranolol	10	<b>Seroquel XR</b>	<b>12</b>
<b>Pegasys</b>	<b>9</b>	Propranolol ER	10	Sertraline	11
Penicillin VK	9	<b>Protopic</b>	<b>13</b>	<b>Silenor</b>	<b>12</b>
<b>Pentasa</b>	<b>16</b>	<b>Proventil</b>	<b>18</b>	<b>Simcor</b>	<b>10</b>
<b>Perforomist</b>	<b>18</b>	<b>Pulmicort</b>	<b>18</b>	<b>Simponi</b>	<b>16</b>
Permethrin Cream 5%	13	<b>Pulmozyme</b>	<b>17</b>	Simvastatin	10
Phenazopyridine (Rx only)	17	<b>Pylera</b>	<b>16</b>	Simvastatin 80 mg	10
Phentermine Tab	17			<b>Singulair</b>	<b>18</b>
Phenytoin	12	<b>Q</b>		SM Prenatal Tab Vitamins	20
<b>Phrenilin</b>	<b>11</b>	<hr/>		<b>Softclix Lancets</b>	<b>14</b>
Pioglitazone	14	Quetiapine	12	<b>Softclix Lan Mis Device</b>	<b>14</b>
Polyethylene Glycol 3350	16	Quinapril	10	<b>Soft Touch Lancets</b>	<b>14</b>
Portia-28	19	<b>Qvar</b>	<b>18</b>	<b>Solodyn</b>	<b>9</b>
Potassium Chloride ER	19			Sotalol	11
Potassium Chloride Micro ER	19	<b>R</b>		<b>Spiriva</b>	<b>18</b>
<b>Pradaxa</b>	<b>9</b>	<hr/>		Spironolactone	10
Pramipexole	12	Rabeprazole	15	Sprintec 28	19
<b>Pramosone Cream</b>	<b>13</b>	Ramipril	10	<b>Sprix</b>	<b>18</b>
<b>Pramosone E</b>	<b>13</b>	<b>Ranexa</b>	<b>11</b>	<b>Strattera</b>	<b>11</b>
<b>Pramosone Lotion</b>	<b>13</b>	Ranitidine (Rx only)	15	<b>Suboxone Film</b>	<b>17</b>
<b>Prandimet</b>	<b>14</b>	<b>Rapaflo</b>	<b>16</b>		

**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



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**.

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.

©2014 OptumRx, Inc. ORX6700D-INV\_140701

Select Choice-INV