

Your 2017 Formulary

Effective January 1, 2017



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

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



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



Visit your plan's member website listed on your ID card.

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

Your Formulary

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

Go to your plan's member website for complete and up-to-date drug information

Since the Formulary may change, we encourage you to visit our website, your plan's member website, which should be listed on your ID card. This website is the best source for up-to-date information about all of the medications your pharmacy benefit covers, possible lower-cost options and cost comparisons.

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

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

What is a Formulary?

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

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

How do I use my Formulary?




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

If your medication is not listed in this document, please visit your plan's member website or call the toll-free member phone number on your ID card.

What are tiers?

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

Check your benefit plan documents to find out your specific pharmacy plan costs.

| \$ | Drug Tier | Includes | Helpful Tips |
|---|----------------------------------|--|---|
|  | Tier 1 Lowest Cost | Lower-cost, commonly used generic drugs. Some low-cost brands may be included. | Use Tier 1 drugs for the lowest out-of-pocket costs. |
|  | Tier 2 Mid-range Cost | Many common brand-name drugs, called preferred brands. | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. |
|  | Tier 3 Highest Cost | Mostly higher-cost brand drugs, also known as non-preferred brands. | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |

Please note: Some plans may have two or four tiers, while others may not have any. If you have a high deductible plan, the tier cost levels will apply once you hit your deductible. Refer to your enrollment and plan materials on your plan's member website, or call the toll-free member phone number on your ID card for more information about your benefit plan.

When does the Formulary change?

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

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

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

Programs and Limits

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

| | |
|-----------|---|
| PA | Prior Authorization – Your doctor is required to provide additional information to determine coverage. |
| ST | Step Therapy – Trial of lower cost medication(s) is required before a higher-cost medication is covered. |
| QL | Quantity Limits – Amount of medication covered per copayment or in a specific time period. |
| SP | Specialty Medication – Medication is designated as a specialty pharmacy drug. |

To learn more about a pharmacy program or to find out if it applies to you, please visit your plan's member website or call the toll-free member phone number on your ID card.

Why are some medications excluded from coverage?

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

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

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

Should I talk to my doctor about OTC medications?

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

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

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

Is it a generic or brand-name drug?

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

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit your plan's member website to make sure.

Are you taking a specialty medication?

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

BriovaRx, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx and have your prescriptions delivered right to your home or office.

How do I get updated information about my pharmacy benefit?

Since the Formulary may change during your plan year, we encourage you to visit your plan's member website or call the toll-free member phone number on your ID card for more current information.

When you register at on our website and open an account, you can use the website's helpful tools and features to:

- Look up the price of drugs covered by your plan
- Find lower-cost options
- Refill and renew home delivery prescriptions
- View your order status and claims history
- View your benefits in real time



More information

If you have additional questions please call customer service, 24 hours a day, 7 days a week using the toll-free member phone number on your ID card. Or visit your plan's member website.

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Anti-Infectives: Antibiotics | | |
| Amoxicillin | 1 | |
| Amoxicillin/Clavulanate | 1 | |
| Azasite | 3 | |
| Azithromycin | 1 | |
| Bethkis | 2 | SP |
| Cefadroxil Cap | 1 | |
| Cefdinir | 1 | |
| Cefuroxime Tab | 1 | |
| Cephalexin | 1 | |
| Ciprodex Otic Suspension | 2 | |
| Ciprofloxacin Tab | 1 | |
| Clarithromycin | 1 | |
| Clindamycin Cap | 1 | |
| Doryx MPC | 3 | ST |
| Doxycycline Hyclate Cap | 1 | |
| Doxycycline Hyclate Tab (Immediate Release) | 1 | |
| Doxycycline Monohydrate Cap | 1 | |
| Doxycycline Monohydrate Oral Suspension, Tab | 1 | |
| Erythromycin | 1 | |
| Levofloxacin Tab | 1 | |
| Metronidazole Tab | 1 | |
| Minocycline Cap | 1 | |
| Moxifloxacin | 1 | |
| Neomycin/Polymyxin/ HC Otic Suspension, Solution | 1 | |
| Nitrofurantoin Macrocrystalline | 1 | |
| Nitrofurantoin Monohydrate Macrocrystalline | 1 | |
| Ofloxacin Otic Solution | 1 | |
| Oracea | 3 | |
| Penicillin VK | 1 | |
| Solodyn | 3 | |
| Sulfamethoxazole-Trimethoprim | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Sulfamethoxazole-Trimethoprim DS | 1 | |
| 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 | |
| Daklinza | 3 | PA, QL, SP |
| Entecavir | 1 | QL, SP |
| Eplusa | 2 | PA, QL, SP |
| Famciclovir Tab | 1 | |
| Harvoni | 2 | PA, QL, SP |
| Sovaldi | 2 | PA, QL, ST, SP |
| Tamiflu | 3 | QL |
| Valacyclovir | 1 | QL |
| Zepatier | 2 | PA, QL, SP |
| Cancer | | |
| Akynzeo | 3 | QL |
| Anastrozole Tab | 1 | |
| Capecitabine | 1 | PA, SP |
| Letrozole | 1 | |
| Revlimid | 3 | PA, SP |
| Sprycel | 2 | PA, SP |
| Tamoxifen Tab | 1 | |
| Tasigna | 3 | PA, SP |
| Temozolomide | 1 | PA, SP |
| Zytiga | 3 | PA, SP |
| Cardiovascular/Heart Disease: Anticoagulants | | |
| Brilinta | 2 | |
| Clopidogrel | 1 | |
| Effient | 2 | |
| Eliquis | 3 | QL |
| Enoxaparin | 1 | QL, SP |
| Pradaxa | 2 | QL |
| Savaysa | 3 | QL |
| Warfarin | 1 | |
| Xarelto | 2 | QL |

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---------------------------------------|-----------|---------------------|
| Cardiovascular/Heart Disease: | | |
| High Blood Pressure | | |
| Amlodipine | 1 | |
| Amlodipine/Benazepril | 1 | |
| Amlodipine/Valsartan | 1 | |
| Amlodipine/Valsartan/ HCTZ | 1 | |
| Atenolol | 1 | |
| Atenolol/Chlorthalidone | 1 | |
| Azor | 2 | ST |
| Benazepril | 1 | |
| Benazepril/HCTZ | 1 | |
| Benicar | 2 | ST |
| Benicar HCT | 2 | ST |
| Bisoprolol | 1 | |
| Bisoprolol/HCTZ | 1 | |
| Bumetanide | 1 | |
| Bystolic | 2 | |
| Cartia XT | 1 | |
| Carvedilol | 1 | |
| Chlorthalidone | 1 | |
| Clonidine Patch | 1 | |
| Clonidine Tab | 1 | |
| Diltiazem Tab | 1 | |
| Doxazosin | 1 | |
| Edarbi | 3 | ST |
| Edarbyclor | 3 | ST |
| Enalapril | 1 | |
| Enalapril/HCTZ | 1 | |
| Felodipine | 1 | |
| Fosinopril | 1 | |
| Furosemide | 1 | |
| Guanfacine Tab (Immediate Release) | 1 | |
| Hydralazine | 1 | |
| Hydrochlorothiazide | 1 | |
| Irbesartan | 1 | |
| Irbesartan/HCTZ | 1 | |
| Labetalol | 1 | |
| Lisinopril | 1 | |
| Lisinopril/HCTZ | 1 | |
| Losartan | 1 | |
| Losartan/HCTZ | 1 | |
| Metoprolol Succinate | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Metoprolol Tartrate | 1 | |
| Nadolol | 1 | |
| Nifedipine ER | 1 | |
| Propranolol | 1 | |
| Propranolol ER | 1 | |
| Quinapril | 1 | |
| Ramipril | 1 | |
| Spironolactone | 1 | |
| Tekturna | 2 | ST |
| Tekturna HCT | 2 | ST |
| Telmisartan | 1 | |
| Terazosin | 1 | |
| Torsemide Tab | 1 | |
| Triamterene/HCTZ | 1 | |
| Tribenzor | 2 | ST |
| Valsartan | 1 | |
| Valsartan/HCTZ | 1 | |
| Verapamil ER | 1 | |
| Cardiovascular/Heart Disease: | | |
| High Cholesterol | | |
| Atorvastatin | 1 | |
| Cholestyramine | 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 | |
| Lipitor | 3 | ST |
| Livalo | 3 | ST |
| Lovastatin | 1 | |
| Lovaza | 3 | |
| Niacin ER Tab | 1 | |
| 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 |

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Vascepa | 2 | |
| Vytorin 10-10 mg, 10-20 mg, 10-40 mg | 2 | |
| Vytorin 10-80 mg | 2 | PA |
| Welchol | 2 | |
| Zetia | 3 | |
| Cardiovascular/Heart Disease: Other | | |
| Amiodarone | 1 | |
| Amlodipine/Atorvastatin | 1 | |
| Corlanor | 3 | PA, QL |
| Digoxin | 1 | |
| Flecainide | 1 | |
| Isosorbide Mononitrate | 1 | |
| Nitrostat | 3 | |
| Ranexa | 2 | ST |
| Sotalol | 1 | |
| Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension | | |
| Adcirca | 3 | PA, QL, SP |
| Adempas | 2 | PA, QL, SP |
| Letairis | 2 | PA, QL, SP |
| Opsumit | 2 | PA, QL, SP |
| Orenitram | 3 | PA, SP |
| Sildenafil Tab 20 mg | 1 | PA, QL, SP |
| Tracleer | 2 | PA, QL, SP |
| Central Nervous System: Attention Deficit Disorder | | |
| Adderall XR Cap | 3 | PA, QL, ST |
| Amphetamine- Dextroamphetamine Tab | 1 | PA, QL |
| Amphetamine- Dextroamphetamine SR 24Hr Cap | 1 | PA, QL |
| Dexmethylphenidate ER Cap | 1 | PA, QL |
| Evekeo | 3 | PA, QL, ST |
| Guanfacine ER Tab | 1 | QL |
| Methylphenidate ER Cap | 1 | PA, QL |
| Methylphenidate ER Tab | 1 | PA, QL |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Methylphenidate SA Osmotic ER Tab | 1 | PA, QL |
| Methylphenidate Tab | 1 | PA, QL |
| Strattera | 2 | QL |
| Vyvanse | 2 | PA, QL |
| Central Nervous System: Depression | | |
| Amitriptyline | 1 | |
| Bupropion | 1 | |
| Bupropion ER | 1 | |
| Bupropion SR | 1 | |
| Bupropion XL | 1 | QL |
| Doxepin | 1 | |
| Duloxetine Cap 20 mg, 30 mg, 60 mg | 1 | QL |
| Escitalopram Tab | 1 | |
| Fluoxetine Cap (not PMDD) | 1 | |
| Fluvoxamine Tab | 1 | |
| Forfivo XL | 2 | QL |
| Mirtazapine | 1 | |
| Nortriptyline | 1 | |
| Paroxetine Tab | 1 | |
| Pristiq | 2 | QL |
| Risperidone Tab | 1 | QL |
| Sertraline | 1 | |
| Trazodone | 1 | |
| Venlafaxine Tab | 1 | |
| Venlafaxine ER Cap | 1 | |
| Venlafaxine ER Tab | 1 | |
| Viibryd | 3 | QL, ST |
| 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 |
| Zolmitriptan Tab | 1 | QL |

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| 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 |
| Gilenya* | 3 | PA, QL, ST, SP |
| Rebif | 3 | PA, QL, ST, SP |
| Rebif Titrtn | 3 | PA, QL, ST, SP |
| Tecfidera | 2 | PA, QL, SP |
| Central Nervous System: Other | | |
| Abilify Tab | 3 | QL |
| Alprazolam Tab | 1 | QL |
| Aripiprazole | 1 | QL |
| Benzotropine | 1 | |
| Bupirone | 1 | |
| Carbidopa/Levodopa Tab (Immediate Release) | 1 | |
| Diazepam Tab | 1 | |
| Donepezil Tab | 1 | |
| Hydroxyzine HCL | 1 | |
| Hydroxyzine Pamoate | 1 | |
| Latuda | 3 | QL, ST |
| Lithium Carbonate | 1 | |
| Lorazepam Tab | 1 | QL |
| Modafinil | 1 | PA, QL |
| Namenda XR | 2 | QL |
| Namzaric | 2 | QL |
| Nuvigil | 3 | PA, QL |
| Olanzapine Tab | 1 | QL |
| Prochlorperazine | 1 | |
| Quetiapine | 1 | QL |
| Rexulti | 3 | QL |
| Risperidone Tab | 1 | QL |
| Ropinirole (Immediate Release) | 1 | |
| Saphris | 2 | QL |

* Tier 3 Preferred

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Seroquel XR | 2 | QL |
| Ziprasidone Cap | 1 | QL |
| Central Nervous System: Sedatives/Hypnotics | | |
| Eszopiclone Tab | 1 | QL |
| Silenor | 3 | QL |
| Temazepam | 1 | QL |
| Triazolam Tab | 1 | QL |
| Zolpidem | 1 | QL |
| Zolpidem ER | 1 | QL |
| Central Nervous System: Seizure Disorders | | |
| Carbamazepine Tab | 1 | |
| Clonazepam | 1 | QL |
| Divalproex DR | 1 | |
| Divalproex ER | 1 | |
| Gabapentin | 1 | |
| Lamotrigine (Immediate Release) | 1 | |
| Lamotrigine ER | 1 | |
| Levetiracetam | 1 | |
| Levetiracetam ER | 1 | |
| Lyrica Cap | 2 | QL |
| Onfi | 3 | PA |
| Oxcarbazepine | 1 | |
| Phenytoin | 1 | |
| Primidone | 1 | |
| Topiramate Tab | 1 | |
| Vimpat | 3 | |
| Zonisamide | 1 | |
| Dermatology | | |
| Acanya Gel | 3 | ST |
| Acyclovir Ointment 5% | 1 | |
| Aczone Gel | 3 | |
| Atralin | 3 | PA |
| Benzaclin | 3 | ST |
| Betamethasone Dipropionate Cream | 1 | |
| Ciclopirox Cream | 1 | |
| Clindamycin Gel, Lotion, Solution | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| 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 | |
| Cortifoam | 3 | |
| Desonide Cream, Ointment | 1 | |
| Desoximetasone Cream, Gel, Ointment | 1 | |
| Differin | 3 | PA |
| Econazole Cream | 1 | |
| Elidel | 2 | ST |
| Epiduo & Epiduo Forte | 3 | |
| Finacea | 3 | ST |
| Fluocinonide Cream, 0.1% | 1 | |
| Fluocinonide Cream, Gel, Ointment, Solution 0.05% | 1 | |
| Hydrocortisone Cream, Ointment 2.5% | 1 | |
| Lidocaine Topical Ointment, Solution | 1 | |
| Lidocaine/Prilocaine Cream | 1 | |
| Ketoconazole Cream/ Shampoo | 1 | |
| Metrogel | 3 | |
| Metronidazole Gel 0.75% | 1 | |
| Mirvaso Gel | 2 | |
| Mupirocin Ointment | 1 | |
| Nystatin Cream, Ointment, Powder | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Nystatin/Triamcinolone Cream, Ointment | 1 | |
| Onexton | 3 | |
| Oxsoralen-UL | 2 | |
| Permethrin Cream 5% | 1 | |
| Proctofoam HC | 2 | |
| Retin-A Micro | 3 | PA |
| Soolantra | 2 | |
| Sulfacetamide/Sulfur Emulsion | 1 | |
| Taclonex | 3 | QL |
| Tazorac | 3 | QL, AR |
| Tretinoin Cream | 1 | PA |
| Tretinoin Microsphere Gel | 1 | PA |
| Triamcinolone | 1 | |
| Vectical | 3 | |
| Zovirax Cream | 2 | |
| Zovirax Ointment | 3 | |
| Zyclara | 3 | |
| Diabetes/Endocrine Blood: Glucose Monitoring | | |
| Accu-Chek Active Glucose Control Liquid | 3 | |
| Accu-Chek Active Test Strips | 2 | QL |
| Accu-Chek Aviva Connect Kit | 2 | |
| Accu-Chek Aviva Plus Control Liquid | 3 | |
| Accu-Chek Aviva Plus Kit | 2 | |
| Accu-Chek Aviva Plus Test Strips | 2 | QL |
| Accu-Chek Compact Plus Control Liquid | 3 | |
| Accu-Chek Compact Plus Test Strips | 2 | QL |
| Accu-Chek Compact Plus Kit | 2 | |
| Accu-Chek FastClix Kit | 2 | |

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

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 Multiclix Kit | 2 | |
| Accu-Chek Multiclix Lancets | 2 | |
| Accu-Chek Nano SmartView Kit | 2 | |
| Accu-Chek SmartView Control Liquid | 3 | |
| Accu-Chek SmartView Test Strips | 2 | QL |
| Accu-Chek Soft Touch Lancets | 2 | |
| Accu-Chek Softclix Kit | 2 | |
| Accu-Chek Softclix Lancets | 2 | |
| Bayer Contour Test Strips | 3 | QL, ST |
| Dexcom G4 Platinum Kit | 3 | |
| Dexcom G4 Platinum Sensor Kit | 3 | |
| Dexcom G4 Platinum Transmitter Kit | 3 | |
| Freestyle Test Strips | 3 | QL, ST |
| Insulin Pen Needle | 2 | |
| Insulin Syringe/ Needle | 2 | |
| Novofine Pen Needle | 3 | |
| Novofine Autocover Pen Needle | 3 | |
| Novotwist Pen Needle | 3 | |
| 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 |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Onetouch Ultra Blue Test Strips | 2 | QL |
| Onetouch Verio Test Strips | 2 | QL |
| Precision Test Strips | 3 | QL, ST |
| Diabetes/Endocrine: Insulin | | |
| 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 | |
| Levemir FlexTouch | 2 | |
| Levemir Vial | 2 | |
| Novolin 70/30 Vial | 2 | |
| Novolin N Vial | 2 | |
| Novolin R Vial | 2 | |
| Novolog Flexpen | 2 | |
| Novolog Mix 70/30 Vial and Flexpen | 2 | |
| Novolog Penfill | 2 | |
| Novolog Vial | 2 | |
| Toujeo SoloStar | 2 | |
| Tresiba | 3 | |
| Diabetes/Endocrine: Non-Insulin | | |
| Bydureon | 2 | QL, ST |
| Byetta | 2 | QL, ST |
| Farxiga | 3 | ST |
| Glimepiride | 1 | |
| Glipizide | 1 | |
| Glipizide ER | 1 | |

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Glipizide XL | 1 | |
| Glumetza | 3 | PA |
| Glyburide | 1 | |
| Glyburide/Metformin | 1 | |
| Invokamet | 2 | ST |
| Invokamet XR | 2 | ST |
| Invokana | 2 | ST |
| Janumet | 2 | ST |
| Janumet XR | 2 | ST |
| Januvia | 2 | ST |
| Jardiance | 2 | ST |
| Jentadueto | 2 | ST |
| Jentadueto XR | 2 | ST |
| Kombiglyze | 3 | ST |
| Metformin | 1 | |
| Metformin ER | 1 | |
| Onglyza | 3 | ST |
| Pioglitazone | 1 | |
| Synjardy | 2 | ST |
| Tradjenta | 2 | ST |
| Trulicity | 2 | QL, ST |
| Victoza | 2 | QL, ST |
| Endocrine: Growth Hormone | | |
| Norditropin | 2 | PA, SP |
| Nutropin AQ | 2 | PA, SP |
| Saizen | 2 | PA, SP |
| Endocrine: Other | | |
| Calcitriol Cap | 1 | |
| Dexamethasone Tab | 1 | |
| H.P. Acthar | 2 | PA, SP |
| 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 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Sensipar | 3 | PA |
| Endocrine: Thyroid Hormone Replacement | | |
| Armour Thyroid | 3 | |
| Levothyroxine | 1 | |
| Liothyronine | 1 | |
| Methimazole | 1 | |
| Synthroid | 3 | |
| Tirosint | 3 | |
| Eye Conditions: Allergies | | |
| Azelastine Ophthalmic Solution | 1 | |
| Bepreve | 3 | ST |
| Lastacaft | 3 | ST |
| Pataday | 2 | |
| Pazeo | 2 | |
| Eye Conditions: Antibiotics | | |
| Besivance | 3 | |
| Ciprofloxacin Ophthalmic Solution | 1 | |
| Erythromycin Ointment | 1 | |
| Gentamicin | 1 | |
| Moxeza | 2 | |
| Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension | 1 | |
| Ofloxacin Ophthalmic Solution | 1 | |
| Polymyxin B/ Trimethoprim Solution | 1 | |
| Tobramycin | 1 | |
| Tobramycin/ Dexamethasone | 1 | |
| Vigamox | 2 | |
| Eye Conditions: Glaucoma | | |
| Alphagan P | 2 | |
| Azopt | 2 | |
| Betimol | 3 | |

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Brimonidine | 1 | |
| Combigan | 2 | |
| Cosopt PF | 3 | |
| Dorzolamide-Timolol Maleate | 1 | |
| Latanoprost | 1 | QL |
| Lumigan | 2 | QL |
| Simbrinza | 2 | |
| Timolol | 1 | |
| Timoptic Ocudose | 2 | |
| Travatan Z | 2 | QL |
| Eye Conditions: Other | | |
| Durezol Ophthalmic Emulsion | 3 | |
| Lotemax Ophthalmic Gel | 3 | QL |
| Ketorolac Ophthalmic Solution | 1 | |
| Prednisolone Ophthalmic Suspension | 1 | |
| Restasis | 3 | PA |
| Gastrointestinal: Acid Suppression | | |
| Dexilant | 2 | QL |
| Esomeprazole (Rx only) | 1 | QL |
| Famotidine Tab 20 mg and 40 mg (Rx only) | 1 | |
| Lansoprazole (Rx only) | 1 | QL |
| Omeprazole (Rx only) | 1 | QL |
| Pantoprazole | 1 | QL |
| Ranitidine Tab, Cap, Syrup (Rx only) | 1 | |
| Sucralfate Tab | 1 | |
| Gastrointestinal: Nausea/Vomiting | | |
| Meclizine | 1 | |
| Metoclopramide | 1 | |
| Ondansetron Tab, ODT | 1 | QL |
| Transderm-Scop | 3 | |
| Varubi | 3 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|---------------------------------|-----------|---------------------|
| Gastrointestinal: Other | | |
| Amitiza | 2 | QL, ST |
| Apriso | 2 | |
| Canasa | 2 | |
| Creon | 2 | |
| Delzicol | 3 | ST |
| Dipentum | 3 | |
| Gavilyte Solution | 1 | |
| Hyoscyamine Sublingual Tab | 1 | |
| Lactulose | 1 | |
| Lialda | 2 | |
| Linzess | 2 | QL, ST |
| Moviprep | 3 | |
| Omeclamox Pak | 2 | |
| Pentasa | 3 | |
| Polyethylene Glycol 3350 Powder | 1 | |
| Prepopik | 3 | |
| Protosol HC | 1 | |
| Pylera | 2 | |
| Sulfasalazine | 1 | |
| Suprep Bowel Prep | 3 | |
| Uceris Foam | 3 | |
| Zenpep | 2 | |
| HIV/AIDS | | |
| Atripla | 2 | SP |
| Complera | 2 | SP |
| Epzicom | 2 | SP |
| Genvoya | 2 | SP |
| Intelence | 2 | SP |
| Isentress | 2 | SP |
| Kaletra | 2 | SP |
| Nevirapine | 1 | SP |
| Norvir | 2 | SP |
| Prezcobix | 2 | SP |
| Prezista | 2 | SP |
| Reyataz | 2 | SP |
| Stribild | 2 | SP |
| Sustiva | 2 | SP |
| Tivicay | 2 | SP |
| Triumeq | 2 | SP |
| Truvada | 2 | SP |
| Viread | 2 | SP |

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Infertility | | |
| Cetrotide | 2 | SP |
| Gonal-f | 2 | PA, SP |
| Gonal-f RFF | 2 | PA, SP |
| Ovidrel | 3 | SP |
| Inflammatory Conditions | | |
| Cimzia Kit | 2 | PA, SP |
| Depen | 2 | |
| 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 | |
| Methotrexate Tab | 1 | |
| Orencia SC | 3 | PA, ST, SP |
| Otezla | 3 | PA, ST, SP |
| Otrexup | 3 | PA, QL |
| Rasuvo | 2 | PA, QL |
| Simponi | 2 | PA, SP |
| Stelara | 2 | PA, SP |
| Xeljanz | 3 | PA, ST, SP |
| Men's Health: Erectile Dysfunction | | |
| Cialis | 2 | QL |
| Levitra | 3 | QL |
| Stendra | 3 | QL |
| Viagra | 2 | QL |
| Men's Health: Prostate | | |
| Alfuzosin | 1 | |
| Cialis 2.5 mg & 5 mg | 2 | QL |
| Doxazosin | 1 | |
| Finasteride 5 mg | 1 | |
| Rapaflo | 2 | |
| Tamsulosin | 1 | |
| Terazosin | 1 | |
| Men's Health: Testosterone Therapy | | |
| Androderm | 2 | PA |
| Androgel 1.62% | 2 | PA |
| Androgel 1% | 3 | PA, ST |

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Testosterone Cypionate IM Injection | 1 | PA |
| Miscellaneous | | |
| Allopurinol | 1 | |
| Antipyrine/Benzocaine Otic Solution 5.4 - 1.4% | 1 | |
| Aranesp | 2 | PA, SP |
| Auryxia | 3 | |
| Benzonatate | 1 | |
| Botox 100, 200 unit Injection (non-cosmetic) | 2 | PA, SP |
| Bunavail | 3 | PA, QL |
| Cerdelga | 3 | PA, SP |
| Chantix | 3 | QL |
| Cheratussin | 1 | |
| Chlorhexidine | 1 | |
| Colcrys | 2 | |
| Cyproheptadine | 1 | |
| Desmopressin | 1 | |
| EpiPen & EpiPen Jr | 2 | |
| Euflexxa | 2 | PA, SP |
| Fosrenol | 3 | |
| Granix | 2 | PA, SP |
| Guaifenesin/Codeine Syrup | 1 | |
| Homatropine/Hydrocodone Syrup | 1 | |
| Hydrocodone/Chlorpheniramine Liquid | 1 | |
| Hydrocortisone AC Suppository 25 mg | 1 | |
| Hydromet | 1 | |
| Lidocaine Viscous Solution 2% | 1 | |
| Makena | 2 | PA, SP |
| Neupogen | 2 | PA, SP |
| Phenazopyridine (Rx only) | 1 | |
| Phentermine Tab | 1 | PA |

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|--------------------------------------|-----------|---------------------|
| Procrit | 2 | PA, SP |
| Promethazine DM Syrup | 1 | |
| Promethazine/Codeine Syrup | 1 | AR |
| Pulmozyme | 2 | PA, SP |
| Renvela Tab, Pack | 2 | |
| Rezira | 3 | |
| Suboxone Film | 2 | PA, QL |
| Synagis | 2 | PA, SP |
| Synvisc | 2 | PA, SP |
| Synvisc One | 2 | PA, SP |
| Uloric | 2 | ST |
| Ursodiol | 1 | |
| Velphoro | 3 | |
| Zarxio | 2 | PA, SP |
| Zostavax Injection | 3 | |
| Zubsolv | 2 | PA, QL |
| Zutripro | 3 | |
| Musculoskeletal: Osteoporosis | | |
| Alendronate Tab 35 mg & 70 mg | 1 | QL |
| Binosto | 3 | QL |
| Evista | 3 | |
| Forteo | 2 | PA, SP |
| Ibandronate Tab | 1 | |
| Raloxifene | 1 | |
| Musculoskeletal: Other | | |
| Baclofen Tab | 1 | |
| Carisoprodol 350 mg | 1 | |
| Cyclobenzaprine Tab 5, 10 mg | 1 | |
| Lorzone | 3 | |
| Metaxalone | 1 | |
| Methocarbamol | 1 | |
| Tizanidine Cap | 1 | |
| Tizanidine Tab | 1 | |
| Musculoskeletal: Pain Relief | | |
| Acetaminophen w/ Codeine | 1 | |
| Celebrex | 3 | |
| Celecoxib | 1 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Diclofenac Tab | 1 | |
| Embeda | 2 | QL |
| Endocet Tab | 1 | |
| Etodolac | 1 | |
| Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr | 1 | QL |
| Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | 1 | QL |
| Gralise | 3 | QL, ST |
| Hydrocodone/APAP 5, 7.5, 10/325 mg | 1 | |
| Hydromorphone Tab | 1 | |
| Ibuprofen Tab 400, 600, 800 mg (Rx only) | 1 | |
| Indomethacin Cap | 1 | |
| Ketorolac Tab | 1 | QL |
| Lazanda | 3 | PA, QL |
| Lidocaine Patch 5% | 1 | |
| Meloxicam | 1 | |
| Methadone Tab | 1 | |
| Morphine Sulfate Tab | 1 | QL |
| Nabumetone | 1 | |
| Naproxen (Rx only) | 1 | |
| Opana ER | 2 | QL |
| Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release) | 1 | |
| Oxycodone w/ Acetaminophen | 1 | |
| Oxycontin | 2 | QL |
| Tivorbex | 3 | ST |
| Tramadol Tab 50 mg | 1 | |
| Tramadol w/ Acetaminophen | 1 | |
| Vicodin | 1 | |
| Vicodin ES | 1 | |
| Voltaren Gel | 3 | QL |
| Zohydro ER | 3 | QL, ST |
| Zorvolex | 3 | |

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---|-----------|---------------------|
| Overactive Bladder | | |
| Myrbetriq | 3 | ST |
| Oxybutynin | 1 | |
| Oxybutynin ER | 1 | |
| Tolterodine | 1 | |
| Toviaz | 3 | |
| Vesicare | 2 | |
| Respiratory: Asthma/COPD | | |
| Advair Diskus | 2 | QL |
| Advair HFA | 2 | QL |
| Aerospan | 3 | QL |
| Albuterol Nebulizer Solution | 1 | QL |
| Anoro Ellipta | 2 | QL |
| Arnuity Ellipta | 2 | QL |
| Breo Ellipta | 2 | QL |
| Budesonide Inhalation Suspension | 1 | QL |
| Combivent Respimat | 2 | QL |
| Dulera | 3 | QL, ST |
| Flovent Diskus | 2 | QL |
| Flovent HFA | 2 | QL |
| Foradil | 2 | QL |
| Incruse Ellipta | 2 | QL |
| Ipratropium/Albuterol Nebulizer Solution | 1 | QL |
| Levalbuterol Nebulizer Solution | 1 | QL |
| Montelukast | 1 | |
| Perforomist | 3 | QL |
| Proair HFA, RespiClick | 2 | QL |
| Proventil HFA | 3 | QL, ST |
| Pulmicort Flexhaler | 2 | QL |
| Qvar | 2 | QL |
| Seebri | 3 | QL |
| Serevent Diskus | 2 | QL |
| Spiriva Handihaler | 2 | QL |
| Spiriva Respimat | 2 | QL |
| Stiolto | 2 | QL |
| Symbicort | 2 | QL |
| Ventolin HFA | 2 | QL |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Xolair | 2 | PA, SP |
| Xopenex HFA | 3 | QL, ST |
| Respiratory: Nasal Allergies | | |
| Astepro | 3 | QL |
| Azelastine Spray | 1 | QL |
| Dymista Spray | 2 | QL |
| Fluticasone Spray | 1 | |
| Ipratropium Spray | 1 | QL |
| Mometasone | 1 | QL |
| Nasonex | 2 | QL |
| Omnaris | 3 | QL |
| QNasl | 3 | QL |
| Triamcinolone Spray | 1 | QL |
| Zetonna | 3 | QL |
| Respiratory: Oral Allergies | | |
| Cetirizine | 1 | |
| Promethazine Tab | 1 | |
| Desloratadine | 1 | |
| Levocetirizine | 1 | |
| Transplant | | |
| Azathioprine Tab | 1 | |
| Cellcept Tab/ Suspension | 3 | SP |
| Cyclosporine Cap | 1 | SP |
| Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab | 1 | SP |
| Mycophenolate Sodium 180 mg, 360 mg Tab | 1 | SP |
| Prograf Cap | 3 | SP |
| Rapamune | 3 | SP |
| Tacrolimus Cap | 1 | SP |
| Vitamins/Electrolytes | | |
| Cyanocobalamine Injection | 1 | |
| Folic Acid 1 mg (Rx only) | 1 | |
| Klor-Con 8 and 10 MEQ | 1 | |
| Klor-Con M10 and M20 | 1 | |

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

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

| Drug Name | Drug Tier | Programs and Limits |
|---------------------------------------|-----------|---------------------|
| Multi-Vit/FI Chew | 1 | |
| Potassium Chloride ER Tab, Cap | 1 | |
| Potassium Chloride Micro ER Tab | 1 | |
| Potassium Citrate 540 mg, 1080 mg Tab | 1 | |
| Vitamin D 50,000 units (Rx only) | 1 | |
| Women's Health: Birth Control | | |
| Apri | 1 | |
| Aviane | 1 | |
| Azurette | 1 | |
| Cryselle-28 | 1 | |
| Falmina | 1 | |
| Generess Fe Chewable | 3 | |
| Gianvi | 1 | |
| Gildess | 1 | |
| Jolivette | 1 | |
| Junel | 1 | |
| Kariva | 1 | |
| Levora 28 | 1 | |
| Lo Loestrin | 3 | |
| Lomedia Fe | 1 | |
| Loryna | 1 | |
| Low-Ogestrel | 1 | |
| Lutera | 1 | |
| Medroxyprogesterone Acetate Injection | 1 | QL |
| Microgestin | 1 | |
| Microgestin Fe | 1 | |
| Minastrin 24 Fe Chewable | 3 | |
| Mono-Linyah | 1 | |
| Mononessa | 1 | |
| Natazia | 2 | |
| Necon | 1 | |
| Nora-Be | 1 | |
| Norgest/Ethi Estradio | 1 | |
| Nortrel | 1 | |
| Nuvaring | 2 | |

| Drug Name | Drug Tier | Programs and Limits |
|--|-----------|---------------------|
| Ocella | 1 | |
| Orsythia | 1 | |
| Ortho Tri-Cyclen Lo | 3 | |
| Previfem | 1 | |
| Reclipsen | 1 | |
| Sprintec 28 | 1 | |
| Tri-Linyah | 1 | |
| Tri-Previfem | 1 | |
| Trinessa | 1 | |
| Tri-Sprintec | 1 | |
| 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 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 | |
| Vagifem | 3 | |
| 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]

PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Index of Covered Drugs

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|--|-----------|--|-----------|--|-----------|
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| Accu-Chek Active Glucose Control Liquid | 13 | Amiodarone. | 11 | Baclofen Tab | 18 |
| Accu-Chek Active Test Strips | 13 | Amitiza. | 16 | Bayer Contour Test Strips. 14 | |
| Accu-Chek Aviva Connect Kit | 13 | Amitriptyline | 11 | Benazepril. | 10 |
| Accu-Chek Aviva Plus Control Liquid. | 13 | Amlodipine | 10 | Benazepril/HCTZ | 10 |
| Accu-Chek Aviva Plus Kit | 13 | Amlodipine/Atorvastatin | 11 | Benicar | 10 |
| Accu-Chek Aviva Plus Test Strips | 13 | Amlodipine/Benazepril | 10 | Benicar HCT | 10 |
| Accu-Chek Compact Plus Control Liquid | 13 | Amlodipine/Valsartan | 10 | Benzaclin. | 12 |
| Accu-Chek Compact Plus Kit. | 13 | Amlodipine/Valsartan/HCTZ | 10 | Benzonatate | 17 |
| Accu-Chek Compact Plus Test Strips | 13 | Amoxicillin | 9 | Benzotropine | 12 |
| Accu-Chek FastClix Kit | 13 | Amoxicillin/Clavulanate | 9 | Bepreve | 15 |
| Accu-Chek FastClix Lancets 14 | | Amphetamine-Dextroamphetamine SR 24Hr Cap | 11 | Besivance | 15 |
| Accu-Chek Multiclix Kit | 14 | Amphetamine-Dextroamphetamine Tab | 11 | Betamethasone Dipropionate Cream. | 12 |
| Accu-Chek Multiclix Lancets 14 | | Ampyra | 12 | Betaseron | 12 |
| Accu-Chek Nano SmartView Kit | 14 | Anastrozole Tab | 9 | Bethkis | 9 |
| Accu-Chek SmartView Control Liquid | 14 | Androderm | 17 | Betimol. | 15 |
| Accu-Chek SmartView Test Strips | 14 | Androgel 1% | 17 | Binosto. | 18 |
| Accu-Chek Softclix Kit. | 14 | Androgel 1.62% | 17 | Bisoprolol | 10 |
| Accu-Chek Softclix Lancets 14 | | Anoro Ellipta | 19 | Bisoprolol/HCTZ | 10 |
| Accu-Chek Soft Touch Lancets | 14 | Antipyrine/Benzocaine Otic Solution 5.4 - 1.4% | 17 | Botox 100, 200 unit Injection | 17 |
| Acetaminophen w/ Codeine | 18 | Apri. | 20 | Breo Ellipta | 19 |
| Acyclovir Cap, Tab, Suspension | 9 | Apriso | 16 | Brilinta | 9 |
| Acyclovir Ointment 5% | 12 | Aranesp | 17 | Brimonidine | 16 |
| Azone Gel. | 12 | Aripiprazole | 12 | Budesonide Inhalation Suspension | 19 |
| Adcirca | 11 | Armour Thyroid | 15 | Bumetanide | 10 |
| Adderall XR Cap. | 11 | Arnuity Ellipta | 19 | Bunavail | 17 |
| Adempas. | 11 | Astepro | 19 | Bupropion. | 11 |
| Advair Diskus | 19 | Atenolol. | 10 | Bupropion ER | 11 |
| Advair HFA | 19 | Atenolol/Chlorthalidone. | 10 | Bupropion SR | 11 |
| Aerospan | 19 | Atorvastatin | 10 | Bupropion XL | 11 |
| Akynzeo | 9 | Atralin | 12 | Buspirone | 12 |
| Albuterol Nebulizer Solution | 19 | Atripla | 16 | Butalbital-Acetaminophen-Caffeine Cap, Tab | 11 |
| Alendronate Tab | 18 | Aubagio | 12 | Bydureon | 14 |
| Alfuzosin | 17 | Auryxia | 17 | Byetta | 14 |
| Allopurinol | 17 | Aviane | 20 | Bystolic. | 10 |
| | | Avonex Kit. | 12 | C | |
| | | Avonex Pen Kit | 12 | Calcitriol Cap | 15 |
| | | Avonex Prefill Kit | 12 | Canasa | 16 |
| | | Azasite. | 9 | Capecitabine | 9 |
| | | Azathioprine Tab | 19 | Carbamazepine Tab | 12 |
| | | Azelastine Ophthalmic Solution | 15 | | |
| | | Azelastine Spray. | 19 | | |
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| | | Azopt | 15 | | |
| | | Azor | 10 | | |

Bold type = Brand-name drug

[Plain type = Generic drug]

Index of Covered Drugs

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| Celecoxib | 18 | Cyproheptadine | 17 | Elestrin Gel | 20 |
| Cellcept Tab/Suspension | 19 | | | Elidel | 13 |
| Cephalexin | 9 | D | | Eliquis | 9 |
| Cerdelga | 17 | Daklinza | 9 | Embeda | 18 |
| Cetirizine | 19 | Delzicol | 16 | Enalapril | 10 |
| Cetrotide | 17 | Depen | 17 | Enalapril/HCTZ | 10 |
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| Cheratussin | 17 | Desmopressin | 17 | Enoxaparin | 9 |
| Chlorhexidine | 17 | Desonide Cream, Ointment | 13 | Entecavir | 9 |
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Bold type = Brand-name drug

[Plain type = Generic drug]

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

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

| Name of Medicine and Strength | Drug Tier | I Take This Medicine For | Directions | Doctor |
|-------------------------------|-----------|--------------------------|------------------|-------------|
| Example: Lisinopril, 20 mg | Tier 1 | High blood pressure | One tablet daily | Dr. Johnson |
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Select Standard