

Your 2018 Prescription Drug List

Effective January 1, 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 the toll-free member phone number on the back of your ID card.



Visit **optumrx.com**

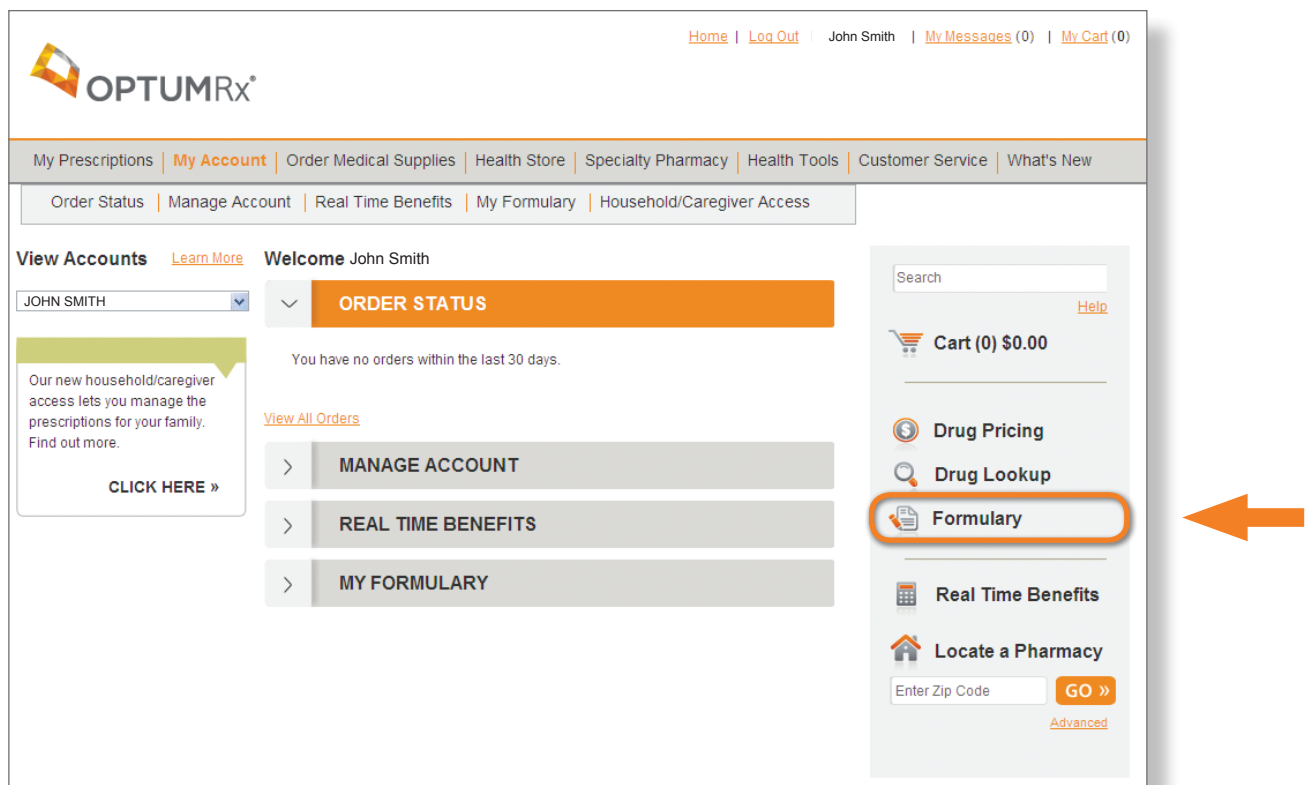
- Locate a participating retail pharmacy by zip code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

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 navigation links: Home, Log Out, John Smith, My Messages (0), and My Cart (0). Below this is a main navigation bar with links for My Prescriptions, My Account, Order Medical Supplies, Health Store, Specialty Pharmacy, Health Tools, Customer Service, and What's New. A secondary navigation bar includes Order Status, Manage Account, Real Time Benefits, My Formulary, and Household/Caregiver Access.

The main content area is titled "View Accounts" and "Welcome John Smith". It features a dropdown menu for "JOHN SMITH" and a prominent orange "ORDER STATUS" button. Below this, a message states "You have no orders within the last 30 days." with a "View All Orders" link. A list of options includes "MANAGE ACCOUNT", "REAL TIME BENEFITS", and "MY FORMULARY".

On the right side, there is a sidebar with a search bar and a "Help" link. Below the search bar, the "Cart (0) \$0.00" is shown. The sidebar contains several menu items: "Drug Pricing", "Drug Lookup", "Formulary" (which is highlighted with an orange border and an orange arrow pointing to it from the right), "Real Time Benefits", and "Locate a Pharmacy". At the bottom of the sidebar, there is a "GO" button and a link to "Advanced" search options.

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

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

What is a Prescription Drug List (PDL)?

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

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

How do I use my Prescription Drug List?






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

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

What are tiers?

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

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

\$	Drug Tier	Includes
	Tier 1 Preferred Generics	Lower-cost generic drugs.
	Tier 2 Non-preferred generics	Higher-cost generic drugs.
	Tier 3 Preferred Brands	Lower-cost brand drugs.
	Tier 4 Non-Preferred Brands	Higher-cost brand drugs.
	Tier 5 Specialty	Specialty drugs.

Please note: Some plans may have two or four tiers, while others may not have any. If you have a high deductible plan, the tier cost levels will apply once you hit your deductible. Refer to your enrollment and plan materials on [optumrx.com](https://www.optumrx.com), or call the toll-free member phone number of the back of your ID card for more information about your benefit plan.

When does the Prescription Drug List change?

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

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

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

Programs and Limits

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

PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy – Trial of lower cost medication(s) is required before a higher-cost medication is covered.
QL	Quantity Limits – Amount of medication covered per copayment or in a specific time period.
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 [optumrx.com](https://www.optumrx.com) or call the toll-free member phone number on the back of your ID card.

Why are some medications excluded from coverage?

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

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

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

Should I talk to my doctor about OTC medications?

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

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

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

Is it a generic or brand-name drug?

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

What if my doctor writes a brand-name prescription?

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

Are you taking a specialty medication?

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

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

How do I get updated information about my pharmacy benefit?

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

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

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



More information

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

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Anti-Infectives: Antibiotics			Anti-Infectives: Antifungals		
Amoxicillin	1		Fluconazole	1	
Amoxicillin/Clavulanate	1		Jublia Solution	4	PA
Azasite	5		Kerydin Solution	4	PA
Azithromycin	1		Nystatin Suspension	1	
Bethkis	5	SP	Terbinafine Tab	1	QL
Cefadroxil Cap	1		Anti-Infectives: Antivirals		
Cefdinir	1		Acyclovir Tab, Cap, Suspension	1	
Cefuroxime Tab	1		Descovy	5	SP
Cephalexin	1		Entecavir	5	QL, SP
Ciprodex Otic Suspension	4		Epclusa	5	PA, QL, SP
Ciprofloxacin Tab	1		Famciclovir Tab	1	
Clarithromycin	1		Harvoni	5	PA, QL, SP
Clindamycin Cap	1		Mavyret	5	PA, QL, SP
Doryx MPC	4		Odefsey	5	SP
Doxycycline Hyclate Cap	1		Oseltamivir	5	SP
Doxycycline Hyclate Tab (immediate Release)	1		Tamiflu	4	QL
Doxycycline Monohydrate Cap	1		Valacyclovir	1	QL
Erythromycin	1		Zepatier	5	PA, QL, SP
Levofloxacin Tab	1		Cancer		
Metronidazole Tab	1		Akynzeo	4	QL
Minocycline Cap	1		Anastrozole Tab	1	
Neomycin/Polymyxin/HC Otic Suspension, Solution	1		Cabometyx	5	PA, SP
Nitrofurantoin Macrocrystalline	1		Capecitabine	5	PA, SP
Nitrofurantoin Monohydrate Macrocrystalline	1		Letrozole	1	PA
Ofloxacin Otic Solution	1		Mercaptopurine	1	
Oracea	4		Revlimid	5	PA, QL, SP
Penicillin VK	1		Sprycel	5	PA, SP
Solodyn	4		Tamoxifen Tab	1	
Sulfamethoxazole-Trimethoprim	1		Zytiga	5	PA, SP
Sulfamethoxazole-Trimethoprim DS	1		Cardiovascular/Heart Disease: Anticoagulants		
			Brilinta	3	
			Clopidogrel	1	
			Effient	3	
			Eliquis	4	
			Enoxaparin	1	QL, SP
			Pradaxa	3	QL
			Savaysa	4	QL
			Warfarin	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	Drug Name	Drug Tier	Programs and Limits
Xarelto	3	QL	Spirolactone	1	
Zontivity	4		Tekturna	3	QL, ST
Cardiovascular/Heart Disease: High Blood Pressure			Tekturna HCT	3	ST
Amlodipine	1		Telmisartan	1	
Amlodipine/Benazepril	1		Terazosin	1	
Amlodipine/Valsartan	1		Torsemide Tab	1	
Atenolol	1		Triamterene/HCTZ	1	
Atenolol/Chlorthalidone	1		Valsartan	1	
Benazepril	1		Valsartan/HCTZ	1	
Benazepril/HCTZ	1		Verapamil ER	1	
Bisoprolol	1		Cardiovascular/Heart Disease: High Cholesterol		
Bisoprolol/HCTZ	1		Atorvastatin	1	
Bumetanide	1		Choline Fenofibrate ER	1	
Bystolic	3		Crestor	3	
Byvalson	3		Fenofibrate	1	
Cartia XT	1		Gemfibrozil	1	QL
Carvedilol	1		Livalo	4	ST
Chlorthalidone	1		Lovastatin	1	
Clonidine Tab	1		Niacin ER Tab	1	
Diltiazem tab	1		Omega-3 Acid Cap 1 gm	1	
Doxazosin	1		Praluent	5	PA, QL, SP
Edarbi	4	QL, ST	Pravastatin	1	
Edarbyclor	4	QL, ST	Rosuvastatin	1	
Enalapril	1		Simvastatin	1	
Furosemide	1		Simvastatin 80 mg	1	PA
Guanfacine Tab Immediate Release	1		Vascepa	3	
Hydralazine	1		Vytorin	3	
Hydrochlorothiazide	1		Vytorin Tab 10-80 mg	3	PA
Irbesartan	1		Welchol	4	
Labetalol	1		Zetia	4	
Lisinopril	1		Cardiovascular/Heart Disease: Other		
Lisinopril/HCTZ	1		Corlanor	4	PA, QL
Losartan	1		Digoxin	1	
Losartan/HCTZ	1		Flecainide	1	
Metoprolol Succinate	1		Isosorbide Mononitrate	1	
Metoprolol Tartrate	1		Multaq	4	
Nadolol	1		Ranexa	3	ST
Nifedipine ER	1		Sotalol	1	
Propranolol	1				
Propranolol ER	1				
Quinapril	1				
Ramipril	1				

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Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension			Rexulti	4	QL
Adcirca	5	PA, QL, SP	Risperidone Tab	1	QL
Adempas	5	PA, QL, SP	Sertraline	1	
Letairis	5	PA, QL, SP	Trazodone	1	
Opsumit	5	PA, QL, SP	Trintellix	4	QL, ST
Orenitram	5	PA, SP	Venlafaxine	1	
Sildenafil Tab 20 mg	5	PA, QL, SP	Venlafaxine ER Cap	1	
Tracleer	5	PA, QL, SP	Venlafaxine ER Tab	1	
Central Nervous System: Attention Deficit Disorder			Central Nervous System: Migraine		
Adderall XR Cap	4	PA, QL, ST	Butalbital- Acetaminophen- Caffeine Cap 50-325-40 mg	1	
Amphetamine- Dextroamphetamine	1	QL	Migranal	4	QL
Amphetamine- Dextroamphetamine SR 24Hr Cap	2	QL, ST	Relpax	4	QL
Dexmethylphenidate ER	2	QL, ST	Rizatriptan Tab, ODT	1	QL
Guanfacine ER Tab	1		Sumatriptan Tab and Spray	1	QL
Methylphenidate ER Cap	2	PA, QL	Sumavel Dose	4	QL
Methylphenidate ER Tab	1	QL	Central Nervous System: Multiple Sclerosis		
Methylphenidate Sa Osm ER Tab	2	QL, ST	Ampyra	5	PA, QL, SP
Methylphenidate Tab	1	QL	Aubagio	5	PA, QL, ST, SP
Strattera	4	QL	Avonex Kit	5	PA, QL, SP
Vyvanse	3	PA, QL	Avonex Pen Kit	5	PA, QL, SP
Central Nervous System: Depression			Avonex Prefill Kit	5	PA, QL, SP
Amitriptyline	1		Betaseron	5	PA, QL, SP
Bupropion	1	QL	Copaxone	5	PA, QL, SP
Bupropion ER	1	QL	Gilenya	5	PA, QL, ST, SP
Bupropion SR	1	QL	Tecfidera	5	PA, QL, SP
Citalopram	1		Central Nervous System: Other		
Doxepin	1		Alprazolam Tab	1	QL
Duloxetine Cap	1	QL	Aripiprazole	1	QL
Escitalopram Tab	1		Aristada	4	
Fluoxetine Cap (not PMDD)	1		Buspirone	1	
Forfivo XL	3	QL	Diazepam Tab	1	
Mirtazapine	1		Hydroxyzine HCL	1	
Nortriptyline	1		Hydroxyzine Pamoate	1	
Paroxetine	1		Invega Sustenna	4	
Pristiq	4	QL	Invega Trinza	4	

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Latuda	4	QL, ST	Clindamycin/Benzoyl Peroxide Gel 1.2-5%	1	
Lorazepam Tab	1	QL	Clobetasol Cream, Gel, Ointment	1	
Modafinil	4	PA, QL	Clobex	4	
Namenda XR	3	QL	Clotrimazole/ Betamethasone Cream, Lotion	1	
Namzarcic	3	QL	Dupixent	4	PA, QL, SP
Olanzapine Tab	1	QL	Elidel	3	ST
Pramipexole	1		Epiduo & Epiduo Forte	4	
Quetiapine	1	QL	Fluocinonide Cream, 0.1%	1	
Risperidone Tab	1	QL	Fluocinonide Cream, Gel, Ointment 0.05%	1	
Ropinirole	1		Hydrocortisone Cream, Ointment 2.5%	1	
Saphris	3	QL	Ketoconazole Cream/ Shampoo	1	
Central Nervous System: Sedatives/Hypnotics			Metrogel	4	
Eszopiclone Tab	1	QL	Metronidazole Gel 0.75%	1	
Silenor	4	QL	Mirvaso Gel	3	
Temazepam	1	QL	Mupirocin Ointment	1	
Triazolam Tab	1	QL	Myorisan	1	PA
Xyrem	4	PA, QL, SP	Nystatin Cream, Ointment, Powder	1	
Zaleplon	1	QL	Nystatin/Triamcinolone Cream, Ointment	1	
Zolpidem	1	QL	Onexton	4	
Zolpidem ER	1	QL	Oxsoralen-UI	3	PA
Central Nervous System: Seizure Disorders			Permethrin Cream 5%	1	
Clonazepam	1	QL	Proctofoam HC	3	PA
Divalproex DR	1		Retin-A Micro	4	
Divalproex ER	1		Soolantra	3	
Gabapentin	1		Taclonex	4	QL
Lamotrigine ER	1		Tazorac	4	
Levetiracetam	1		Tretinoin Microsphere Gel	1	PA
Lyrica Cap	3	QL	Triamcinolone	1	
Oxcarbazepine	1		Vectical	4	
Topiramate Tab	1		Zovirax Cream	3	
Vimpat	4		Zovirax Ointment	4	
Zonisamide	1		Zyclara	4	
Dermatology					
Absorica	4	PA			
Aczone Gel	4				
Atralin	4	PA			
Claravis	1	PA			
Clindamycin Gel, Lotion, Solution	1				
Clindamycin/Benzoyl Peroxide Gel 1-5%	1				

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Diabetes/Endocrine Blood: Glucose Monitoring			Novotwist	4	
Accu-Chek Act/Gluc Calibration Liquid	4		Onetouch Kit Ultra Smart	3	
Accu-Check Aviva Connect Kit	3		Onetouch Kit Ultra	3	
Accu-Check Aviva Test Strips	3	QL	Onetouch Kit Ultra 2	3	
Accu-Check Comfort Test Strips	3		Onetouch Kit Ultra Mini	3	
Accu-Check Cpt/Gluc Calibration Liquid	4		Onetouch Kit Verio IQ	3	
Accu-Check Kit Aviva Plus	3		Onetouch Test Strips	3	QL
Accu-Check Kit Compact	3		Onetouch Ultra Blue Test Strips	3	QL
Accu-Check Kit Fastclix	3		Onetouch Verio IQ Test Strips	3	QL
Accu-Check Kit Mlticlix	3		Onetouch Verio Test Strips	3	QL
Accu-Check Kit Nano	3		Precision Test Strips	4	QL, ST
Accu-Check Kit Softclix	3		Diabetes/Endocrine: Insulin		
Accu-Check Mlticlix Lancets	3		Humalog Mix 50/50 Kwik Pen Vials	3	
Accu-Check Smart Calibration Liquid	4		Humalog Mix 75/25 Kwik Pen Vial	3	
Accu-Check Smart Test Strips	3		Humalog Mix 75/25 Vials	3	
Accu-Check Sol Calibration Liquid	4		Humalog U-100 Vial and KwikPen	3	
Accu-Check Sol Comfort Calibration Liquid	4		Humalog U-200 Kwik Pen	3	
Bayer Contour Test Strips	4	QL, ST	Humulin 70/30 Vials	3	
Dexcom G4 Platinum	4		Humulin N Vials	3	
Dexcom G4 Platinum Sensor Kit	4		Humulin N Pen	3	
Dexcom G4 Platinum Transmitter Kit	4		Humulin Pen 70/30	3	
Fastclix Lancets	3		Humulin R U-500	3	
Freestyle Test Strips	4	QL, ST	Humulin R Vials	3	
Glucocard Test Strips	1		Lantus Solostar	3	
Insulin Pen Needle	3		Lantus Vials	3	
Insulin Syringe/Needle	3		Levemir Flexpen	3	
Novofine Pen Needle	4		Levemir Vials	3	
Novofine Auto	4		Novolin 70/30 Vials	3	
			Novolin N Vials	3	
			Novolin R Vials	3	
			Novolog Flexpen	3	
			Novolog Flexpen	3	

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Novolog Mix 70/30 Vials	3		Lupron Depot 3.75 mg, 11.25 mg	5	PA, SP
Novolog Penfill	3		Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	5	PA, SP
Novolog Vials	3		Methylprednisolone Tab	1	
Soliqua	3	QL, ST	Prednisolone Solution (5 mg/5 mL and 15 mg/5 mL)	1	
Toujeo SoloStar	3		Prednisolone Syrup Solution 15mg/5 ml	1	
Tresiba	4		Prednisone	1	
Diabetes/Endocrine: Non-Insulin			Endocrine: Thyroid Hormone Replacement		
Bydureon	3	QL, ST	Armour Thyroid	4	
Byetta	3	QL, ST	Levothyroxine	1	
Farxiga	4	ST	Liothyronine	1	
Glimepiride	1		Methimazole	1	
Glipizide	1		Synthroid	4	
Glipizide ER	1		Tirosint	4	
Glipizide XL	1		Eye Conditions: Allergies		
Glumetza	4	PA	Azelastine Solution	1	
Glyburide	1		Pataday	4	
Invokamet	3	ST	Pazeo	3	
Invokana	3	ST	Eye Conditions: Antibiotics		
Janumet	3	ST	Besivance	4	
Janumet XR	3	ST	Ciprofloxacin Ophthalmic Solution	1	
Januvia	3	ST	Erythromycin Ointment	1	
Jentadueto	3	ST	Moxeza	3	QL
Jentadueto RX	3		Ofloxacin	1	
Metformin	1		Polymyxin B/Trimethoprim Solution	1	
Metformin ER	1		Tobramycin	1	
Pioglitazone	1	QL	Tobramycin/ Dexamethasone	1	
Synjardy	3		Vigamox	3	
Tradjenta	3	QL, ST	Endocrine: Growth Hormone		
Trulicity	3	QL, ST	Nutropin	5	PA, SP
Victoza	4	QL, ST	Nutropin AQ	5	PA, SP
Endocrine: Other			Omnitrope	5	PA, SP
Calcitriol Cap	1		Endocrine: Other		
Clomiphene	1		Calcitriol Cap	1	
Dexamethasone Tab	1		Clomiphene	1	
H.P. Acthar	5	PA, SP	Dexamethasone Tab	1	
Hydrocortisone Tab	1		H.P. Acthar	5	PA, SP

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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Glaucoma			Gastrointestinal: Other		
Alphagan P	3		Amitiza	3	QL, ST
Azopt	3		Apriso	3	
Betimol	4		Canasa	3	
Combigan	3		Creon	3	
Cosopt PF	4		Delzicol	4	ST
Latanoprost	1	QL	Gavilyte Solution	1	
Lumigan	3	QL	Lialda	3	ST
Simbrinza	3		Linzess	3	QL, ST
Travatan Z	3	QL	Pentasa	4	
Eye Conditions: Other			Polyethylene Glycol 3350	2	
Ketorolac Ophthalmic Solution	1	QL	Prepopik	4	
Prednisolone Opth	1		Pylera	3	
Restasis	3	PA	Suprep Bowel Prep	4	
Restasis Multidose	3	PA	Uceris	4	
Xiidra	3	PA	Zenpep	3	
Gastrointestinal: Acid Suppression			HIV/AIDS		
Dexilant	3	QL	Atripla	5	SP
Esomeprazole (Rx Only)	1	QL	Complera	5	SP
Famotidine Tab 20 mg and 40 mg (Rx only)	1		Genvoya	5	SP
Lansoprazole (Rx only)	1	QL	Isentress	5	SP
Misoprostol	1		Norvir	5	SP
Omeprazole (Rx only)	1	QL	Prezcobix	5	SP
Pantoprazole	1	QL	Prezista	5	SP
Ranitidine Tab, Cap, Syrup (Rx only)	1		Reyataz	5	SP
Sucralfate Tab	1		Stribild	5	SP
Gastrointestinal: Nausea/Vomiting			Tivacay	5	SP
Meclizine	3		Triumeq	5	SP
Metoclopramide	1	QL	Truvada	5	SP
Ondansetron ODT	1	QL	Viread	5	SP
Ondansetron Tab	1		Infertility		
Varubi	4	QL	Cetrotide	5	PA, SP
			Gonal-f	5	PA, SP
			Gonal-f RFF	5	PA, SP
			Ovidrel	5	SP

Bold type = Brand-name drug
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PA Prior Authorization
ST Step Therapy

QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Inflammatory Conditions			Cheratussin	1	
Cimzia	5	PA, SP	Chlorhexidine	1	
Cosentyx	5	PA, SP	Colcrys	3	
Depen	5		Contrave	3	PA
Enbrel	5	PA, ST, SP	Epinephrine Auto-Injector (Authorized Generic of EpiPen mad by Mylan)	3	
Humira Kit	5	PA, SP	EpiPen and EpiPen JR	4	ST
Humira Pen Kit	5	PA, SP	Euflexxa	5	PA, SP
Humira Pen Kit Crohns	5	PA, SP	Fosrenol	4	
Humira Pen Kit Psoriasis	5	PA, SP	Granix	5	PA, SP
Hydroxychloroquine	1		Guaifenesin/Codeine Syrup	1	
Leflunomide	1		Hydrocortisone AC Suppository 25 mg	3	
Methotrexate Tab	1		Lidocaine Viscous Solution 2%	1	
Orencia SC	5	PA, QL, ST, SP	Makena	5	PA, SP
Otezla	5	PA, ST, SP	Narcan	3	
Remicade	5	PA, SP	Neupogen	5	PA, SP
Rasuvo	5	PA, QL	Phenazopyridine (Rx only)	1	
Simponi	5	PA, QL, SP	Phentermine Tab	2	PA
Stelara	5	PA, QL, SP	Procrit	5	PA, SP
Xeljanz	5	PA, ST, SP	Promethazine DM Syrup	1	
Men's Health: Prostate			Promethazine/Codeine Syrup	1	
Cialis	3	QL	Renvela	3	
Doxazosin	1		Rezira	4	
Finasteride 5 mg	1		Suboxone Film	3	PA, QL
Rapaflo	3		Synvisc	5	PA, SP
Tamsulosin	1		Synvisc One	5	PA, SP
Terazosin	1		Uloric	3	QL, ST
Men's Health: Testosterone Therapy			Velphoro	4	
Androderm	4	PA	Zarxio	5	PA, SP
AndroGel	4	PA	Zubsolv	3	PA, QL
Testosterone Cypionate IM Injection	2	PA	Zutripro	4	
Miscellaneous					
Allopurinol	1				
Aranesp	5	PA, SP			
Auryxia	4				
Benzonatate	1				
Botox 100, 200 unit Injection	5	PA, SP			
Bunavail	4	PA, QL			
Cerdelga	5	PA, SP			

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Osteoporosis			Morphine Sulfate ER Tab	1	PA, QL
Alendronate Tab	1		Nabumetone	1	
Binosto	4	QL	Naproxen (Rx only)	1	
Forteo	5	PA, SP	Oxycodone Tab 5, 15, 30 mg	1	
Tymlos	4	PA, SP	Oxycodone w/ Acetaminophen	1	QL
Musculoskeletal: Other			Oxycontin	3	PA
Baclofen Tab	1		Tramadol Tab 50 mg	1	
Carisoprodol 350 mg	1		Tramadol w/ Acetaminophen	1	
Cyclobenzaprine Tab 5, 10 mg	1		Zohydro ER	4	PA, QL
Lorzone	4		Zorvolex	4	
Metaxalone	4		Overactive Bladder		
Methocarbamol	1		Myrbetriq	3	
Tizanidine Tab	1		Oxybutynin	1	
Musculoskeletal: Pain Relief			Oxybutynin ER	1	
Acetaminophen w/ Codeine	1	QL	Toviaz	4	
Celecoxib	4		Vesicare	3	
Diclofenac Gel	1	QL	Respiratory: Asthma/COPD		
Diclofenac Tab	1	QL	Advair Diskus	3	QL
Embeda	3		Advair HFA	3	QL
Etodolac	1	QL	Aerospan	4	QL
Fentanyl Patch	1	QL	Albuterol Nebulizer Solution	1	QL
Flector Patch	4	PA	Anoro Ellipta	3	QL
Gralise	4	QL, ST	Arnuity Ellipta	3	QL
Hydrocodone w/ Ibuprofen Tab 7.5-200 mg	1	QL	Breo Ellipta	3	QL
Hydrocodone/APAP 5, 7.5, 10/325 mg	1	QL	Budesonide	4	
Hydromorphone Tab	1		Combivent Respimat	3	QL
Hysingla ER	3	PA, QL	Dulera	4	QL, ST
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1		Flovent Diskus	3	QL
Indomethacin Cap	1		Flovent HFA	3	QL
Ketolorac Tab	1	QL	Foradil	3	QL, ST
Lidocaine Patch 5%	1		Incruse Ellipta	3	QL
Meloxicam	1		Ipratropium/Albuterol	2	
Methadone Tab	1	PA	Montelukast	1	
			Proair HFA	3	QL
			Pulmicort Flexhaler	3	QL
			Qvar	3	QL
			Serevent Diskus	3	QL

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PA Prior Authorization
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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Spiriva	3	QL	Vitamins/Electrolytes		
Stiolto	3	QL	Cyanocobalamine Injection	4	
Symbicort	3	QL	Folic Acid 1 mg (Rx only)	1	
Ventolin HFA	3	QL	Klor-Con 8 and 10 MEQ	1	
Xolair	5	PA, SP	Klor-Con M10 and M20	1	
Respiratory: Nasal Allergies			Ludent	1	
Astepro	4	QL	Potassium Chloride ER Tab, Cap	1	
Azelastine Spray	1	QL	Potassium Chloride Micro ER	1	
Dymista Spray	3	QL	Vitamin D 50,000 units (Rx only)	1	
Fluticasone Spray	1		Women's Health: Birth Control		
Ipratropium Spray	1	QL	Apri	1	
Mometasone	1	QL	Aviane	1	
Omnaris	4	QL	Azurette	1	
QNasl	4	QL	Cryselle-28	1	
Zetonna	4	QL	Falmina	1	
Respiratory: Oral Allergies			Generess Fe Chewable	4	
Cetirizine	4		Gianvi	1	
Promethazine Tab	1		Gildess	1	
Levocetirizine	1		Jolivette	1	
Transplant			Junel	1	
Azathioprine Tab	1		Kariva	1	
Mycophenolate 250 mg Cap/500 mg Tab	5	SP	Levora 28	1	
Mycophenolate Sodium 180 mg, 360 mg Tab	5	SP	Lo Loestrin	4	
Prograf Cap	5	SP	Lomedia FE	4	
Tacrolimus Cap	5	SP	Loryna	1	
			Low-Ogestrel	1	
			Lutera	1	

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QL Quantity Limits
SP Specialty Program

Drug Name	Drug Tier	Programs and Limits	Drug Name	Drug Tier	Programs and Limits
Medroxyprogesterone Acetate Injection	4	QL	Women's Health: Hormone Replacement		
Microgestin	1		Climara Pro	3	
Microgestin Fe	1		Divigel	3	
Mono-Linyah	1		Duavee	3	
Mononessa	1		Elestrin Gel	4	
Natazia	3		Estrace Vaginal Cream	4	
Necon	1		Estradiol Tab	1	
Nora-Be	1		Estradiol/Norethindrone Tab	2	
Norgest/Ethi Estradio	1		Medroxyprogesterone Acetate Tab	1	
Nortrel	1		Minivelle	4	
Nuvaring	3		Osphena	4	
Ocella	1		Premarin Tab	3	
Orsythia	1		Premarin Vaginal Cream	3	
Ortho Tri-Cyclen Lo	4		Premphase	3	
Previfem	1		Prempro	3	
Reclipsen	1		Progesterone Cap	2	
Sprintec 28	1		Yuvaferm	4	
Trinessa	1		Women's Health: Vaginal Anti-Infectives		
Tri-Linyah	1		Gynazole- 1 Vaginal Cream	4	
Tri-Lo Sprintec	4		Metronidazole Vaginal Gel	1	
Tri-Previfem	1		Terconazole Vaginal Cream	1	
Tri-Sprintec	1				
Vestura	1				
Viorele	1				
Xulane	4				
Zarah	1				

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PA Prior Authorization
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QL Quantity Limits
SP Specialty Program

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Accu-Chek Act/Gluc Calibration Liquid	13	Ampyra	11	Botox Injection	16
Accu-Chek Aviva Test Strips	13	Anastrozole Tab	9	Breo Ellipta	17
Accu-Chek Comfort Test Strips	13	Androderm	16	Brilinta	9
Accu-Chek Cpt/Gluc Calibration Liquid	13	Androgel	16	Budesonide	17
Accu-Chek Kit Aviva Plus	13	Anoro Ellipta	17	Bumetanide	10
Accu-Chek Kit Compact	13	Apri	18	Bunavail	16
Accu-Chek Kit Fastclix	13	Apriso	15	Bupropion	11
Accu-Chek Kit Mlticlix	13	Aranesp	16	Bupropion ER	11
Accu-Chek Kit Nano	13	Aripiprazole	11	Bupropion SR	11
Accu-Chek Kit Softclix	13	Aristada	11	Buspiron	11
Accu-Chek Mlticlix Lancets	13	Armour Thyroid	14	Butalbital-Acetaminophen- Caffeine Cap	11
Accu-Chek Smart Calibration Liquid	13	Arnuity Ellipta	17	Bydureon	14
Accu-Chek Smart Test Strips	13	Astepro	18	Byetta	14
Accu-Chek Sol Calibration Liquid	13	Atenolol	10	Bystolic	10
Accu-Chek Sol Comfort Calibration Liquid	13	Atenolol/Chlorthalidone	10	Byvalson	10
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Adcirca	11	Aubagio	11	Calcitriol Cap	14
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Akynzeo	9	Azasite	9	Cefadroxil Cap	9
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Bold type = Brand-name drug
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“My Medications” worksheet

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

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



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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.

مقرر ىلع لاصتالاء اجرلا. لفل ءحاتم ةيناجملا ةيوغللا ءدع اسملا تامدخ ناف، (**Arabic**) ةيبرعلال ءدحتت تنك اذ: هي بنبت ةيوضعلال فرعم ىلع ءوجوملا ييناجملا 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)**, udostępniliśmy 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 ىناگىار.

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។ សូមទូរស័ព្ទទៅលេខគតគិតថ្លៃ ដើម្បីមាននូវលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yáníiti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nít'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.