OPTUMRx®

Your 2018 Formulary

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 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.

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

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
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Doryx MPC	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Oral Suspension, Tab	1	
Erythromycin	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
Oracea	3	
Penicillin VK	1	

Drug Name	Drug Tier	Programs and Limits
Solodyn	3	
Sulfamethoxazole-Trimethoprim	1	
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	
Descovy	2	SP
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Famciclovir Tab	1	
Harvoni	2	PA, QL, SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Odefsey	2	SP
Tamiflu	3	QL
Valacyclovir	1	QL
Zepatier	3	PA, QL, SP
Cancer		
Akynzeo	3	QL
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	PA, SP
Letrozole	1	
Mercaptopurine	1	SP
Revlimid	3	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Zytiga	3	PA, SP

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

AR Age Restrictions
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Drug Name	Drug Tier	Programs and Limits
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
Zontivity	3	
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Byvalson	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER Cap	1	
Doxazosin	1	
Dutasteride	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	

Drug Name	Drug Tier	Programs and Limits
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	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	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Choline Fenofibrate ER	1	
Crestor	3	
Fenofibrate 40 mg, 43 mg, 48 mg, 50 mg, 54 mg, 67 mg, 120 mg, 130 mg, 134 mg, 145 mg, 150 mg, 160 mg, 200 mg	1	
Gemfibrozil	1	
Livalo	3	ST
Lovastatin	1	

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Drug Name	Drug Tier	Programs and Limits
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
Vascepa	2	
Vytorin 10-10 mg, 10-20 mg, 10-40 mg	3	
Vytorin 10-80 mg	3	PA
Welchol	2	
Cardiovascular/Heart Disease: Other		
Corlanor	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL Tab	1	
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

Drug Name	Drug Tier	Programs and Limits
Amphetamine-Dextroamphetamine SR 24Hr Cap	1	PA, QL
Dexmethylphenidate ER Cap	1	PA, QL
Guanfacine ER Tab	1	
Methylphenidate ER Cap	1	PA, QL
Methylphenidate ER Tab	1	PA, QL
Methylphenidate SA Osmotic ER Tab	1	PA, QL
Methylphenidate Tab	1	PA, QL
Strattera	3	QL
Vyvanse	2	PA, QL
Central Nervous System: Depression		
Amitriptyline	1	
Bupropion	1	
Bupropion ER	1	QL
Bupropion SR	1	QL
Bupropion XL	1	QL
Citalopram	1	
Doxepin	1	
Duloxetine Cap 20 mg, 30 mg, 60 mg	1	QL
Escitalopram Tab	1	
Fluoxetine Cap (not PMDD)	1	
Forfivo XL	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Pristiq	3	QL
Rexulti	3	QL
Risperidone Tab	1	QL
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
Viibryd	3	QL

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Drug Name	Drug Tier	Programs and Limits
Central Nervous System: Migraine		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1	
Migranal	3	QL
Relpax	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
Sumavel Dose	3	QL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, QL, SP
Aubagio	3	PA, QL, ST, SP
Avonex Kit	2	PA, QL, SP
Avonex Pen Kit	2	PA, QL, SP
Avonex Prefill Kit	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone 20 mg/mL & 40 mg/mL	2	PA, QL, SP
Gilenya*	3	PA, QL, ST, SP
Tecfidera	2	PA, QL, SP
Central Nervous System: Other		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
Aristada	3	
Buspirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Invega Sustenna	3	
Invega Trinza	3	

Drug Name	Drug Tier	Programs and Limits
Latuda	3	QL, ST
Lorazepam Tab	1	QL
Modafinil	1	PA, QL
Namenda XR	2	QL
Namzaric	2	QL
Olanzapine Tab	1	QL
Pramipexole	1	
Quetiapine	1	QL
Risperidone Tab	1	QL
Ropinirole (Immediate Release)	1	
Saphris	2	QL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	QL
Triazolam Tab	1	QL
Xyrem	3	PA, QL, SP
Zaleplon	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Gabapentin	1	
Lamotrigine (Immediate Release)	1	
Levetiracetam	1	
Lyrica Cap	2	QL
Oxcarbazepine	1	
Topiramate Tab	1	
Vimpat	3	
Zonisamide	1	

* Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
Dermatology		
Absorica	3	PA
Aczone Gel	3	
Atralin	3	PA
Claravis	1	PA
Clindamycin Gel, Lotion, Solution	1	
Clindamycin/ Benzoyl Peroxide Gel 1-5%	1	
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	3	
Clotrimazole/ Betamethasone Cream, Lotion	1	
Dupixent	2	PA, QL, SP
Elidel	2	ST
Epiduo & Epiduo Forte	3	
Eucrisa	2	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Lidocaine Topical Ointment, Solution	1	
Ketoconazole Cream/ Shampoo	1	
Metrogel	3	
Metronidazole Gel 0.75%	1	
Mirvaso Gel	2	
Mupirocin Ointment	1	
Myorisan	1	PA

Drug Name	Drug Tier	Programs and Limits
Nystatin Cream, Ointment, Powder	1	
Onexton	3	
Oxsoralen-UL	2	
Permethrin Cream 5%	1	
Proctofoam HC	2	
Retin-A Micro gel 0.1%, 0.04%	3	PA
Soolantra	2	
Taclonex	3	QL
Tazorac	3	
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	

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Drug Name	Drug Tier	Programs and Limits
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Control Liquid	3	
Accu-Chek Guide Kit	2	
Accu-Chek Guide Test Strips	2	QL
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
Dexcom G5 Kit	3	
Dexcom G5 Sensor Kit	3	
Dexcom G5 Transmitter Kit	3	
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Pen Needle	3	
Novofine Autocover Pen Needle	3	

Drug Name	Drug Tier	Programs and Limits
Novotwist Pen Needle	3	
OneTouch Kit Ultra	2	
OneTouch Ultra 2 System	2	
OneTouch UltraMini System Kit	2	
OneTouch Ultra Test Strips	2	QL
OneTouch Verio Flex System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
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	

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Drug Name	Drug Tier	Programs and Limits
Novolin R Vial	2	
Novolog Flexpen	2	
Novolog Mix 70/30 Vial and Flexpen	2	
Novolog Penfill	2	
Novolog Vial	2	
Soliqua	2	QL, ST
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	
Glipizide XL	1	
Glumetza	3	PA
Glyburide	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
Metformin	1	
Metformin ER	1	
Pioglitazone	1	
Synjardy	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST

Drug Name	Drug Tier	Programs and Limits
Endocrine: Growth Hormone		
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Omnitrope	2	PA, SP
Endocrine: Other		
Calcitriol Cap	1	
Clomiphene	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	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Synthroid	3	
Tirosint	3	
Eye Conditions: Allergies		
Azelastine Ophthalmic Solution	1	
Pataday	3	
Pazeo	2	

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Drug Name	Drug Tier	Programs and Limits
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
Moxeza	2	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/ Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
Vigamox	3	
Eye Conditions: Glaucoma		
Alphagan P	2	
Azopt	2	
Betimol	3	
Combigan	2	
Cosopt PF	3	
Latanoprost	1	QL
Lumigan	2	QL
Simbrinza	2	
Travatan Z	2	QL
Eye Conditions: Other		
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
Restasis	2	PA
Restasis Multidose	2	PA
Xiidra	2	PA

Drug Name	Drug Tier	Programs and Limits
Gastrointestinal: Acid Suppression		
Dexilant	2	QL
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine Tab 20 mg and 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	
Gastrointestinal: Nausea/Vomiting		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	QL, ST
Apriso	2	
Canasa	2	
Creon	2	
Delzicol	3	ST
Dicyclomine	1	
Dipentum	3	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	
Lialda	2	ST
Linzess	2	QL, ST
Pentasa	3	
Polyethylene Glycol 3350 Powder	1	
Prepopik	3	
Pylera	2	
Suprep Bowel Prep	3	
Uceris Foam	3	
Zenpep	2	

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

AR Age Restrictions
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Drug Name	Drug Tier	Programs and Limits
HIV/AIDS		
Atripla	2	SP
Complera	2	SP
Genvoya	2	SP
Isentress	2	SP
Norvir	2	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	2	SP
Stribild	2	SP
Tivicay	2	SP
Triumeq	2	SP
Truvada	2	SP
Viread	2	SP
Infertility		
Cetrotide	2	PA, SP
Gonal-f	2	PA, SP
Gonal-f RFF	2	PA, SP
Ovidrel	3	SP
Inflammatory Conditions		
Cimzia Kit	2	PA, SP
Cosentyx*	3	PA, SP
Depen	2	SP
Enbrel	3	PA, SP, ST
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

Drug Name	Drug Tier	Programs and Limits
Hydroxychloroquine	1	
Leflunomide	1	
Methotrexate Tab	1	
Orencia SC	3	PA, SP, ST
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Remicade	2	PA, SP
Simponi	2	PA, SP
Simponi Aria	2	PA, SP
Stelara	2	PA, SP
Xeljanz	3	PA, SP, ST
Men's Health: Erectile Dysfunction		
Cialis	2	QL
Levitra	3	QL
Stendra	3	QL
Viagra	2	QL
Men's Health: Prostate		
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
Testosterone Cypionate IM Injection	1	PA

* Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
Miscellaneous		
Allopurinol	1	
Aranesp	2	PA, SP
Armodafinil	1	PA, QL
Auryxia	3	
Benzonatate	1	
Botox 100, 200 unit Injection (non-cosmetic)	2	PA, SP
Bunavail	3	QL
Cerdelga	3	PA, SP
Cheratussin	1	
Chlorhexidine	1	
Colcrys	2	
Contrave	2	PA
Epinephrine Auto-Injector (Authorized Generic of EpiPen made by Mylan)	2	
EpiPen & EpiPen Jr	3	ST
Euflexxa	2	PA, SP
Fosrenol	3	
Granix	2	PA, SP
Guaifenesin/Codeine Syrup	1	
Hydrocodone/ Chlorpheniramine Liquid	1	
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	
Lidocaine Viscous Solution 2%	1	
Makena	2	PA, SP
Narcan	2	
Neupogen	2	PA, SP

Drug Name	Drug Tier	Programs and Limits
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
Procrit	2	PA, SP
Promethazine	1	
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
Renvela Tab	2	
Rezira	3	
Suboxone Film	2	QL
Synvisc	2	PA, SP
Synvisc One	2	PA, SP
Uloric	2	ST
Velphoro	3	
Zarxio	2	PA, SP
Zubsolv	2	QL
Zurampic	3	
Zutripro	3	
Musculoskeletal: Osteoporosis		
Alendronate Tab 35 mg & 70 mg	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Tymlos	2	PA, SP
Musculoskeletal: Other		
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	

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Drug Name	Drug Tier	Programs and Limits
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
Embeda	2	PA, QL
Etodolac	1	
Flector patch	3	QL
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	PA, QL
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	PA, QL
Gralise	3	QL, ST
Hydrocodone/ Acetaminophen 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Morphine Sulfate Tab	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycontin	2	PA, QL

Drug Name	Drug Tier	Programs and Limits
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
Zohydro ER	3	PA, QL
Zorvolex	3	
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	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
Incruse Ellipta	2	QL
Ipratropium/Albuterol Nebulizer Solution	1	QL
Montelukast	1	
Proair HFA, RespiClick	2	QL
Pulmicort Flexhaler	2	QL
Qvar	2	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL
Stiolto	2	QL
Symbicort	2	QL
Ventolin HFA	2	QL
Xolair	2	PA, SP

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Drug Name	Drug Tier	Programs and Limits
Respiratory: Nasal Allergies		
Astepro	3	QL
Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
Omnaris	3	QL
QNasl	3	QL
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
Transplant		
Azathioprine Tab	1	
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
Prograf Cap	3	SP
Tacrolimus Cap	1	SP

Drug Name	Drug Tier	Programs and Limits
Vitamins/Electrolytes		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con 8 and 10 MEQ	1	
Klor-Con M10 and M20	1	
Ludent	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 units (Rx only)	1	
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	

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Drug Name	Drug Tier	Programs and Limits
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
Mono-Linyah	1	
Mononessa	1	
Natazia	2	
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
Nuvaring	2	
Ocella	1	
Orsythia	1	
Ortho Tri-Cyclen Lo	3	
Previfem	1	
Reclipsen	1	
Sprintec 28	1	
Tri-Linyah	1	
Tri-Lo Sprintec	1	
Tri-Previfem	1	
Trinessa	1	
Tri-Sprintec	1	
Vestura	1	
Viorele	1	
Xulane	1	
Zarah	1	

Drug Name	Drug Tier	Programs and Limits
Women's Health: Hormone Replacement		
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Estrace Vaginal Cream	3	
Estradiol Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Osphena	3	
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Yuvafem	1	
Women's Health: Vaginal Anti-Infectives		
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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A

Absorica 13
Accu-Chek Active Glucose Control Liquid 13
Accu-Chek Active Test Strips 13
Accu-Chek Aviva Connect Kit 13
Accu-Chek Aviva Plus Control Liquid . . 13
Accu-Chek Aviva Plus Kit . 13
Accu-Chek Aviva Plus Test Strips 13
Accu-Chek Compact Plus Control Liquid . . 13
Accu-Chek Compact Plus Kit 13
Accu-Chek Compact Plus Test Strips 13
Accu-Chek FastClix Kit . . 13
Accu-Chek FastClix Lancets . 14
Accu-Chek Guide Control Liquid 14
Accu-Chek Guide Kit . . . 14
Accu-Chek Guide Test Strips 14
Accu-Chek Multiclix Kit . . 14
Accu-Chek Multiclix Lancets 14
Accu-Chek Nano SmartView Kit 14
Accu-Chek SmartView Control Liquid 14
Accu-Chek SmartView Test Strips 14
Accu-Chek Softclix Kit. . . 14
Accu-Chek Softclix Lancets . 14
Accu-Chek Soft Touch Lancets 14
Acetaminophen w/Codeine . 19
Acyclovir Cap, Tab, Suspension. .9
Aczone Gel. 13
Adcirca 11
Adderall XR Cap 11
Adempas. 11
Advair Diskus 19
Advair HFA 19
Aerospan 19
Akynzeo 9
Albuterol Nebulizer Solution . . 19
Alendronate Tab 18
Allopurinol 18
Alphagan P 16
Alprazolam Tab 12
Amitiza. 16
Amitriptyline 11
Amlodipine 10
Amlodipine/Benazepril . . . 10
Amlodipine/Valsartan 10
Amoxicillin 9
Amoxicillin/Clavulanate 9
Amphetamine-Dextroamphetamine SR 24Hr Cap 11
Amphetamine-Dextroamphetamine Tab . . 11
Ampyra 12
Anastrozole Tab 9
Androderm 17
Androgel. 17
Anoro Ellipta 19
Apri 20
Apriso 16
Aranesp 18
Aripiprazole 12
Aristada. 12
Armodafinil 18
Armour Thyroid 15
Arnuity Ellipta 19
Astepro 20
Atenolol. 10
Atenolol/Chlorthalidone. . . 10
Atorvastatin 10
Atralin 13
Atripla 17
Aubagio 12
Auryxia 18
Aviane 20
Avonex Kit. 12
Avonex Pen Kit 12
Avonex Prefill Kit 12
Azasite 9
Azathioprine Tab 20
Azelastine Ophthalmic Solution 15
Azelastine Spray. 20
Azithromycin 9
Azopt 16
Azurette 20

B

Baclofen Tab 18
Bayer Contour Test Strips. 14
Benazepril. 10
Benazepril/HCTZ 10
Benzonatate 18
Besivance 16
Betaseron 12
Bethkis 9
Betimol. 16
Binosto. 18
Bisoprolol/HCTZ 10
Botox. 18
Breo Ellipta 19
Brilinta 10
Budesonide Inhalation Suspension 19
Bumetanide 10
Bunavail 18
Bupropion. 11
Bupropion ER 11
Bupropion SR 11
Bupropion XL 11
Buspirone 12
Butalbital-Acetaminophen-Caffeine Cap, Tab 12
Bydureon 15

Bold type = Brand-name drug
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Byetta **15**
Bystolic. **10**
Byvalson **10**

C

Cabometyx 9
Calcitriol Cap 15
Canasa **16**
Capecitabine 9
Carisoprodol 18
Cartia XT 10
Carvedilol 10
Cefdinir 9
Cefuroxime Tab 9
Celecoxib 19
Cephalexin 9
Cerdelga **18**
Cetirizine 20
Cetrotide. **17**
Cheratussin 18
Chlorhexidine 18
Chlorthalidone 10
Choline Fenofibrate ER . . . 10
Cialis **17**
Cimzia Kit **17**
Ciprodex Otic Suspension . **9**
Ciprofloxacin Ophthalmic Solution 16
Ciprofloxacin Tab 9
Citalopram 11
Claravis 13
Clarithromycin 9
Climara Pro **21**
Clindamycin/Benzoyl Peroxide Gel. 13
Clindamycin Cap 9
Clindamycin Gel, Lotion, Solution 13
Clobetasol Cream, Ointment, Solution . . . 13
Clobex **13**
Clomiphene. 15
Clonazepam 12
Clonidine Tab 10
Clopidogrel 10
Clotrimazole/Betamethasone Cream, Lotion 13
Colcrys **18**
Combigan **16**
Combivent Respimat . . . **19**
Complera **17**
Contrave **18**
Copaxone **12**
Corlanor **11**
Cosentyx. **17**
Cosopt PF **16**
Creon. **16**
Crestor **10**
Cryselle-28 20
Cyanocobalamine Injection. . . 20
Cyclobenzaprine Tab 18

D

Delzicol **16**
Depen **17**
Descovy **9**
Dexamethasone Tab 15
Dexcom G4 Platinum Kit . **14**
Dexcom G4 Platinum Sensor Kit **14**
Dexcom G4 Platinum Transmitter Kit. **14**
Dexcom G5 Kit. **14**
Dexcom G5 Sensor Kit . . **14**
Dexcom G5 Transmitter Kit . **14**
Dexilant **16**
Dexmethylphenidate ER Cap . . 11
Diazepam Tab 12
Diclofenac Gel 19
Diclofenac Tab 19
Dicyclomine **16**
Digoxin 11
Diltiazem ER Cap 10
Dipentum **16**
Diphenoxylate/Atropine . . . 16
Divalproex DR 12
Divalproex ER 12
Divigel **21**
Doryx MPC. **9**
Doxazosin 10, 17
Doxepin 11
Doxycycline Hyclate Cap . . . 9
Doxycycline Hyclate Tab 9
Doxycycline Monohydrate Cap. .9
Doxycycline Monohydrate Oral Suspension, Tab 9
Duavee. **21**
Dulera **19**
Duloxetine Cap 11
Dupixent. **13**
Dutasteride 10
Dymista Spray **20**

E

Edarbi **10**
Edarbyclor **10**
Effient **10**
Elestrin Gel **21**
Elidel **13**
Eliquis **10**
Embeda **19**
Enalapril. 10
Enbrel **17**
Enoxaparin 10
Entecavir 9
Epclusa. **9**
Epiduo & Epiduo Forte . . **13**
Epinephrine Auto-Injector. . **18**
EpiPen & EpiPen Jr **18**
Erythromycin 9
Erythromycin Ointment . . . 16
Escitalopram Tab 11
Esomeprazole Magnesium . 16
Estrace Vaginal Cream . . **21**
Estradiol/Norethindrone Tab. . 21
Estradiol Patch, Tab 21

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Eszopiclone Tab 12
Etodolac 19
Eucrisa 13
Euflexxa 18

F

Falmina 20
Famciclovir Tab 9
Famotidine Tab 16
Farxiga 15
Fenofibrate 10
Fentanyl Patch 19
Finasteride 17
Flecainide 11
Flector patch. 19
Flovent Diskus. 19
Flovent HFA 19
Fluconazole 9
Fluocinonide Cream 13
Fluocinonide Cream, Gel, Ointment, Solution . . . 13
Fluoxetine Cap 11
Fluticasone Spray 20
Folic Acid 1 mg 20
Forfivo XL 11
Forteo 18
Fosrenol 18
Freestyle Test Strips 14
Furosemide 10

G

Gabapentin 12
Gavilyte Solution 16
Gemfibrozil 10
Generess Fe Chewable . . 20
Genvoya 17
Gianvi 20
Gildess 20
Gilenya. 12
Glimepiride 15
Glipizide 15
Glipizide ER 15
Glipizide XL 15
Glumetza 15
Glyburide 15
Gonal-f. 17
Gonal-f RFF 17
Gralise 19
Granix 18
Guaifenesin/Codeine Syrup . . 18
Guanfacine ER Tab 11
Guanfacine Tab 10
Gynazole-1 Vaginal Cream . 21

H

Harvoni 9
H.P. Acthar 15
Humalog Mix 50/50 Vial and KwikPen . . . 14
Humalog Mix 75-25 Vial and KwikPen . . . 14
Humalog U-100 Vial and KwikPen. 14
Humalog U-200 KwikPen . 14
Humira Kit 17
Humira Pen Kit 17
Humira Pen Kit Crohns . . 17
Humira Pen Kit Psoriasis . 17
Humulin 70-30 Vial and KwikPen. 14
Humulin N Vial and KwikPen. 14
Humulin R U-500 Vial and KwikPen. 14
Humulin R Vial. 14
Hydralazine 10
Hydrochlorothiazide. 10
Hydrocodone/Acetaminophen 19
Hydrocodone/ Chlorpheniramine Liquid . . 18
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension 18
Hydrocortisone Cream, Ointment 2.5% 13
Hydrocortisone Tab 15
Hydromorphone Tab 19
Hydroxychloroquine 17
Hydroxyzine HCL 12
Hydroxyzine Pamoate 12
Hysingla ER 19

I

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

J

Janumet 15
Janumet XR 15
Januvia. 15
Jardiance. 15
Jentadueto. 15
Jentadueto XR. 15
Jolivette 20
Jublia Solution. 9
Junel 20

K

Kariva 20
Kerydin Solution 9
Ketoconazole Cream/

Bold type = Brand-name drug
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Shampoo 13
Ketorolac Ophthalmic Solution 16
Ketorolac Tab 19
Klor-Con 20

L

Labetalol 10
Lamotrigine 12
Lansoprazole 16
Lantus SoloStar 14
Lantus Vial 14
Latanoprost 16
Latuda 12
Leflunomide. 17
Letairis 11
Letrozole 9
Levemir FlexTouch. 14
Levemir Vial 14
Levetiracetam 12
Levitra 17
Levocetirizine 20
Levofloxacin Tab. 9
Levora 28 20
Levothyroxine 15
Lialda. 16
Lidocaine Patch 5% 19
Lidocaine Topical Ointment, Solution . . . 13
Lidocaine Viscous Solution . 18
Linzess 16
Liothyronine 15
Lisinopril 10
Lisinopril/HCTZ 10
Livalo. 10
Lo Loestrin. 20
Lomedia Fe 20
Lorazepam Tab 12
Loryna 20
Lorzone 18
Losartan. 10
Losartan/HCTZ 10
Lovastatin 10
Low-Ogestrel 21
Ludent 20
Lumigan 16
Lupron Depot 15
Lupron Depot 15
Lutera. 21
Lyrica Cap 12

M

Makena 18
Mavyret 9
Meclizine 16
Medroxyprogesterone Acetate Injection 21
Medroxyprogesterone Acetate Tab 21
Meloxicam 19
Mercaptopurine. 9
Metaxalone 18
Metformin 15
Metformin ER 15
Methadone Tab 19
Methimazole 15
Methocarbamol 18
Methotrexate Tab 17
Methylphenidate ER Cap . . 11
Methylphenidate ER Tab. . . 11
Methylphenidate SA Osmotic ER Tab 11
Methylphenidate Tab 11
Methylprednisolone Tab. . . 15
Metoclopramide 16
Metoprolol Succinate 10
Metoprolol Tartrate 10
Metrogel. 13
Metronidazole Gel 0.75%. . 13
Metronidazole Tab 9
Metronidazole Vaginal Gel . 21
Microgestin 21
Microgestin Fe 21
Migranal 12
Minivelle. 21
Minocycline Cap 9
Mirtazapine 11
Mirvaso Gel 13
Misoprostol 16
Modafinil 12
Mometasone 20
Mono-Linyah 21
Mononessa 21
Montelukast 19
Morphine Sulfate ER 19
Morphine Sulfate Tab 19
Moxeza 16
Multaq 11
Mupirocin Ointment 13
Mycophenolate Mofetil . . . 20
Mycophenolate Sodium . . . 20
Myorisan 13
Myrbetriq 19

N

Nabumetone 19
Nadolol 10
Namenda XR. 12
Namzaric. 12
Naproxen 19
Narcan 18
Natazia. 21
Necon. 21
Neupogen 18
Niacin ER Tab 11
Nifedipine ER 10
Nitrofurantoin Macrocrystalline .9
Nitrofurantoin Monohydrate Macrocrystalline 9
Nitroglycerin SL Tab 11
Nora-Be 21
Norditropin 15
Norgest/Ethi Estradio 21
Nortrel 21
Nortriptyline. 11
Norvir 17

Bold type = Brand-name drug
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Novofine Autocover Pen Needle 14
Novofine Pen Needle . . . 14
Novolin 70/30 Vial. 14
Novolin N Vial 14
Novolin R Vial 15
Novolog Flexpen 15
Novolog Mix 70/30 Vial and Flexpen 15
Novolog Penfill 15
Novolog Vial. 15
Novotwist Pen Needle . . 14
Nutropin AQ 15
Nuvaring 21
Nystatin Cream, Ointment, Powder. . . . 13
Nystatin Suspension 9

O

Ocella 21
Odefsey 9
Ofloxacin Ophthalmic Solution 16
Ofloxacin Otic Solution 9
Olanzapine Tab 12
Olmesartan 10
Olmesartan/HCTZ 10
Omega-3 Acid Cap 11
Omeprazole 16
Omnaris 20
Omnitrope 15
Ondansetron ODT. 16
Ondansetron Tab 16
OneTouch Kit Ultra 14
OneTouch Ultra 2 System . 14
OneTouch UltraMini System Kit 14
OneTouch Ultra Test Strips . 14
OneTouch Verio Flex System Kit 14
OneTouch Verio IQ System Kit 14
OneTouch Verio Sync System Kit 14
OneTouch Verio System Kit . 14
OneTouch Verio Test Strips . 14
Onexton 13
Opsumit 11
Oracea 9
Orencia SC 17
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Orsythia 21
Ortho Tri-Cyclen Lo 21
Oseltamivir 9
Osphena 21
Otezla 17
Ovidrel 17
Oxcarbazepine 12
Oxsoralen-UL 13
Oxybutynin 19
Oxybutynin ER 19
Oxycodone Tab 19
Oxycodone w/ Acetaminophen 19
Oxycontin 19

P

Pantoprazole 16
Paroxetine Tab 11
Pataday 15
Pazeo. 15
Penicillin VK 9
Pentasa 16
Permethrin Cream. 13
Phenazopyridine 18
Phentermine Tab 18
Pioglitazone 15
Polyethylene Glycol 3350 Powder 16
Polymyxin B/Trimethoprim Solution 16
Potassium Chloride ER Tab, Cap. 20
Potassium Chloride Micro ER Tab 20
Pradaxa 10
Praluent 11
Pramipexole 12
Pravastatin 11
Prazosin 10
Precision Test Strips 14
Prednisolone Ophthalmic Suspension 16
Prednisolone Solution 15
Prednisolone Syrup, Solution . . 15
Prednisone 15
Premarin Tab. 21
Premarin Vaginal Cream . 21
Premphase 21
Prempro 21
Prepopik 16
Previfem 21
Prezcobix 17
Prezista 17
Pristiq 11
Proair HFA, RespiClick . . . 19
Procrit 18
Proctofoam HC 13
Progesterone Cap 21
Prograf Cap 20
Promethazine 18
Promethazine/Codeine Syrup . 18
Promethazine DM Syrup . . 18
Promethazine Tab 20
Propranolol 10
Propranolol ER 10
Pulmicort Flexhaler 19
Pylera 16

Q

QNasl. 20
Quetiapine 12
Quinapril 10
Qvar 19

R

Rabeprazole. 16
Ramipril 10

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

Ranexa **11**
Ranitidine Tab, Cap, Syrup . . . 16
Rapaflo. **17**
Rasuvo **17**
Reclipsen 21
Relpax **12**
Remicade **17**
Renvela Tab **18**
Restasis **16**
Restasis Multidose **16**
Retin-A Micro gel **13**
Revlimid **9**
Rexulti **11**
Reyataz **17**
Rezira **18**
Risperidone Tab 11, 12
Rizatriptan Tab, ODT 12
Ropinirole 12
Rosuvastatin 11

S

Saphris **12**
Savaysa **10**
Serevent Diskus **19**
Sertraline 11
Sildenafil Tab 11
Silenor **12**
Simbrinza **16**
Simponi **17**
Simponi Aria. **17**
Simvastatin 11
Soliqua. **15**
Solodyn **9**
Soolantra **13**
SOtalol 11
Spiriva Handihaler **19**
Spiriva Respimat **19**
Spironolactone 10
Sprintec 28 21
Sprycel **9**
Stelara **17**
Stendra **17**
Stiolto **19**
Strattera **11**
Stribild **17**
Suboxone Film. **18**
Sucralfate Tab 16
Sulfamethoxazole-Trimethoprim .9
Sulfamethoxazole-
Trimethoprim DS 9
Sumatriptan Tab and Spray . 12
Sumavel Dose **12**
Suprep Bowel Prep **16**
Symbicort **19**
Synjardy **15**
Synthroid **15**
Synvisc. **18**
Synvisc One **18**

T

Taclonex **13**
Tacrolimus Cap 20
Tamiflu **9**
Tamoxifen Tab. 9
Tamsulosin 17
Tazorac. **13**
Tecfidera **12**
Tekturna 10
Tekturna HCT 10
Telmisartan 10
Temazepam 12
Terazosin 10, 17
Terbinafine Tab 9
Terconazole Vaginal Cream. . . 21
Testosterone Cypionate
IM Injection 17
Tirosint. **15**
Tivicay **17**
Tizanidine Cap 18
Tizanidine Tab. 18
Tobramycin 16
Tobramycin/Dexamethasone . .16
Topiramate Tab 12
Torsemide Tab. 10
Toujeo SoloStar **15**
Toviaz **19**
Tracleer **11**
Tradjenta. **15**
Tramadol Tab 19
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Travatan Z **16**
Trazodone. 11
Tresiba **15**
Tretinoin Cream 13
Tretinoin Microsphere Gel . . 13
Triamcinolone 13
Triamterene/HCTZ 10
Triazolam Tab 12
Tri-Linyah 21
Tri-Lo Sprintec. 21
Trinessa 21
Trintellix **11**
Tri-Previfem 21
Tri-Sprintec 21
Triumeq **17**
Trulicity **15**
Truvada **17**
Tymlos **18**

U

Uceris Foam **16**
Uloric. **18**

V

Valacyclovir 9
Valsartan 10
Valsartan/HCTZ 10
Varubi **16**
Vascepa **11**
Vectical. **13**
Velphoro **18**
Venlafaxine ER Cap 11
Venlafaxine ER Tab 11
Venlafaxine Tab 11
Ventolin HFA **19**

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

Verapamil ER 10
Vesicare 19
Vestura 21
Viagra 17
Victoza 15
Vigamox 16
Viibryd 11
Vimpat 12
Viorele 21
Viread 17
Vitamin D 20
Vytorin 11
Vyvanse 11

W

Warfarin 10
Welchol 11

X

Xarelto 10
Xeljanz 17
Xiidra. 16
Xolair. 19
Xulane 21
Xyrem 12

Y

Yuvafem 21

Z

Zaleplon. 12
Zarah 21
Zarxio 18
Zenpep 16
Zepatier 9
Zetonna 20
Zohydro ER 19
Zolpidem 12
Zolpidem ER. 12
Zonisamide 12
Zontivity 10
Zorvolex 19
Zovirax Cream 13
Zovirax Ointment 13
Zubsolv 18
Zurampic. 18
Zutripro 18
Zyclara 13
Zytiga 9

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

“My Medications” worksheet

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

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

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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

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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.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على مُعرّف العضوية.

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。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات مددا زبانی به روز رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, निःशुल्क 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)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad beę áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee néehozinígíí bine'dę́ę́› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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.