

# Your 2018 Formulary

Effective January 1, 2018



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

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## 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.

### 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.

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

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

## Why are some medications excluded from coverage?

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

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

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling 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

### Programs and Limits

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

<b>AR</b>	<b>Age Restrictions</b> – Some restrictions may apply based on patient age.
<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower cost medication(s) is required before a higher-cost medication is covered.
<b>QL</b>	<b>Quantity Limits</b> – Amount of medication covered per copayment or in a specific time period.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as a specialty pharmacy drug.
<b>E</b>	<b>Excluded – May be excluded from coverage or subject to prior authorization.</b> Lower-cost options are available and covered.

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

## Excluded brand-name medications with generic equivalents for 2018\*

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified to have available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

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

\*These brand-name medications have been identified to have available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the following medication list.



### More information

If you have additional questions please call customer service, 24 hours a day, 7 days a week 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
<b>Anti-Infectives: Antibiotics</b>		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
<b>Azasite</b>	3	
Azithromycin	1	
<b>Bethkis</b>	2	SP
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
<b>Ciprodex Otic Suspension</b>	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
<b>Doryx MPC</b>	3	
Doxycycline Hyclate Cap	1	
Doxycycline Hyclate Tab (Immediate Release)	1	
Doxycycline Monohydrate Cap	1	
Doxycycline Monohydrate Oral Suspension, Tab	1	
Erythromycin	1	
<b>Kitabis</b>	E	SP
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate Macrocrystalline	1	
Ofloxacin Otic Solution	1	
<b>Oracea</b>	3	
Penicillin VK	1	
<b>Solodyn</b>	3	
Sulfamethoxazole-Trimethoprim	1	

Drug Name	Drug Tier	Programs and Limits
Sulfamethoxazole-Trimethoprim DS	1	
<b>TOBI podhaler</b>	E	ST, SP
<b>Tobramycin (M)</b>	E	ST, SP
<b>Anti-Infectives: Antifungals</b>		
Fluconazole	1	
<b>Jublia Solution</b>	3	PA
<b>Kerydin Solution</b>	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Cap, Tab, Suspension	1	
<b>Descovy</b>	2	SP
Entecavir	1	QL, SP
<b>Epclusa</b>	2	PA, QL, SP
Famciclovir Tab	1	
<b>Harvoni</b>	2	PA, QL, SP
<b>Mavyret</b>	2	PA, QL, SP
<b>Odefsey</b>	2	SP
Oseltamivir	1	QL
Valacyclovir	1	QL
<b>Zepatier</b>	3	PA, QL, SP
<b>Cancer</b>		
<b>Akynzeo</b>	3	QL
Anastrozole Tab	1	
<b>Cabometyx</b>	2	PA, SP
Capecitabine	1	PA, SP
Letrozole	1	
Mercaptopurine	1	SP
<b>Revlimid</b>	3	PA, SP
<b>Sprycel</b>	2	PA, SP
Tamoxifen Tab	1	
<b>Zytiga</b>	3	PA, SP

(M) Co-Branded Product

**Bold type = Brand-name drug**  
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**E** Excluded

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Drug Name	Drug Tier	Programs and Limits
<b>Cardiovascular/Heart Disease:</b>		
<b>Anticoagulants</b>		
<b>Brilinta</b>	2	
Clopidogrel	1	
<b>Effient</b>	2	
<b>Eliquis</b>	3	QL
Enoxaparin	1	QL, SP
<b>Pradaxa</b>	2	QL
<b>Savaysa</b>	3	QL
Warfarin	1	
<b>Xarelto</b>	2	QL
<b>Zontivity</b>	3	
<b>Cardiovascular/Heart Disease:</b>		
<b>High Blood Pressure</b>		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Benazepril/HCTZ	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
<b>Bystolic</b>	2	
<b>Byvalson</b>	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Diltiazem ER	1	
Doxazosin	1	
<b>Edarbi</b>	3	ST
<b>Edarbyclor</b>	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine Tab (Immediate Release)	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	

Drug Name	Drug Tier	Programs and Limits
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan HCT	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
<b>Tekturna</b>	2	ST
<b>Tekturna HCT</b>	2	ST
Telmisartan	1	
Terazosin	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
<b>Cardiovascular/Heart Disease:</b>		
<b>High Cholesterol</b>		
Atorvastatin	1	
Choline Fenofibrate ER	1	
<b>Crestor</b>	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	
<b>Livalo</b>	3	ST
Lovastatin	1	
Niacin ER Tab	1	

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

**AR** Age Restrictions  
**PA** Prior Authorization  
**ST** Step Therapy

**QL** Quantity Limits  
**SP** Specialty Program

Drug Name	Drug Tier	Programs and Limits
Omega-3 Acid Cap 1 gm	1	
<b>Praluent</b>	2	PA, QL, SP
Pravastatin	1	
Rosuvastatin	1	
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	
Simvastatin 80 mg	1	PA
<b>Vascepa</b>	2	
<b>Welchol</b>	2	
<b>Cardiovascular/Heart Disease: Other</b>		
<b>Corlanor</b>	3	PA, QL
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	3	
Nitroglycerin SL Tab	1	
<b>Ranexa</b>	2	ST
Sotalol	1	
<b>Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension</b>		
<b>Adcirca</b>	3	PA, QL, SP
<b>Adempas</b>	2	PA, QL, SP
<b>Letairis</b>	2	PA, QL, SP
<b>Opsumit</b>	2	PA, QL, SP
<b>Orenitram</b>	3	PA, SP
Sildenafil Tab 20 mg	1	PA, QL, SP
<b>Tracleer</b>	2	PA, QL, SP

Drug Name	Drug Tier	Programs and Limits
<b>Central Nervous System: Attention Deficit Disorder</b>		
Amphetamine- Dextroamphetamine Tab	1	PA, QL
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
<b>Strattera</b>	3	QL
<b>Vyvanse</b>	2	QL, PA
<b>Central Nervous System: Depression</b>		
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	
<b>Forfivo XL</b>	2	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
<b>Rexulti</b>	3	QL
Risperidone Tab	1	QL
Sertraline	1	

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Drug Name	Drug Tier	Programs and Limits
Trazodone	1	
<b>Trintellix</b>	3	QL, ST
Venlafaxine Tab	1	
Venlafaxine ER Cap	1	
Venlafaxine ER Tab	1	
<b>Viibryd</b>	3	QL
<b>Central Nervous System: Migraine</b>		
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1	
<b>Migranal</b>	3	QL
<b>Relpax</b>	3	QL
Rizatriptan Tab, ODT	1	QL
Sumatriptan Tab and Spray	1	QL
<b>Sumavel Dose</b>	3	QL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	PA, QL, SP
<b>Aubagio</b>	3	PA, QL, ST, SP
<b>Avonex Kit</b>	2	PA, QL, SP
<b>Avonex Pen Kit</b>	2	PA, QL, SP
<b>Avonex Prefill Kit</b>	2	PA, QL, SP
<b>Betaseron</b>	2	PA, QL, SP
<b>Copaxone 20 mg/mL &amp; 40 mg/mL</b>	2	PA, QL, SP
<b>Extavia</b>	E	PA, QL, ST, SP
<b>Gilenya*</b>	3	PA, QL, ST, SP
<b>Plegridy</b>	E	PA, QL, ST, SP
<b>Rebif</b>	E	PA, QL, ST, SP
<b>Rebif Titrtn</b>	E	PA, QL, ST, SP
<b>Tecfidera</b>	2	PA, QL, SP
<b>Central Nervous System: Other</b>		
Alprazolam Tab	1	QL
Aripiprazole	1	QL
<b>Aristada</b>	3	
Bupirone	1	
Diazepam Tab	1	
Hydroxyzine HCL	1	

\* Tier 3 Preferred

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

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Drug Name	Drug Tier	Programs and Limits
<b>Dermatology</b>		
<b>Absorica</b>	3	PA
<b>Acanya Gel</b>	E	ST
<b>Aczone Gel</b>	3	
<b>Aktipak</b>	E	ST
<b>Atralin</b>	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	
<b>Clobex</b>	3	
Clotrimazole/ Betamethasone Cream, Lotion	1	
<b>Dupixent</b>	2	PA, QL, SP
<b>Elidel</b>	2	ST
<b>Epiduo &amp; Epiduo Forte</b>	3	
<b>Eucrisa</b>	2	ST
Fluocinonide Cream, 0.1%	1	
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1	
Hydrocortisone Cream, Ointment 2.5%	1	
Ketoconazole Cream/ Shampoo	1	
Lidocaine Topical Ointment, Solution	1	
<b>Metrogel</b>	3	
Metronidazole Gel 0.75%	1	

Drug Name	Drug Tier	Programs and Limits
<b>Mirvaso Gel</b>	2	
Mupirocin Ointment	1	
Myorisan	1	PA
Nystatin Cream, Ointment, Powder	1	
<b>Onexton</b>	3	
<b>Oxsoralen-UL</b>	2	
<b>Pennsaid Solution</b>	E	PA
Permethrin Cream 5%	1	
<b>Proctofoam HC</b>	2	
<b>Soolantra</b>	2	
<b>Tazorac</b>	3	
Tretinoin Cream	1	PA
Tretinoin Microsphere Gel	1	PA
Triamcinolone	1	
<b>Vectical</b>	3	
<b>Veltin</b>	E	ST
<b>Zovirax Cream</b>	2	
<b>Zyclara</b>	3	
<b>Diabetes/Endocrine Blood: Glucose Monitoring</b>		
<b>Accu-Chek Active Glucose Control Liquid</b>	E	
<b>Accu-Chek Active Test Strips</b>	E	QL
<b>Accu-Chek Aviva Connect Kit</b>	E	
<b>Accu-Chek Aviva Plus Control Liquid</b>	E	
<b>Accu-Chek Aviva Plus Kit</b>	E	
<b>Accu-Chek Aviva Plus Test Strips</b>	E	QL
<b>Accu-Chek Compact Plus Control Liquid</b>	E	
<b>Accu-Chek Compact Plus Test Strips</b>	E	QL
<b>Accu-Chek Compact Plus Kit</b>	E	
<b>Accu-Chek FastClix Kit</b>	2	

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Drug Name	Drug Tier	Programs and Limits
Accu-Chek FastClix Lancets	2	
Accu-Chek Guide Control Liquid	E	
Accu-Chek Guide Kit	E	
Accu-Chek Guide Test Strips	E	QL
Accu-Chek Multiclix Kit	2	
Accu-Chek Multiclix Lancets	2	
Accu-Chek Nano SmartView Kit	E	
Accu-Chek SmartView Control Liquid	E	
Accu-Chek SmartView Test Strips	E	QL
Accu-Chek Soft Touch Lancets	2	
Accu-Chek Softclicx Kit	2	
Accu-Chek Softclicx Lancets	2	
Bayer Contour Test Strips	E	QL, ST
Dexcom G4 Platinum Kit	3	
Dexcom G4 Platinum Sensor Kit	3	
Dexcom G4 Platinum Transmitter Kit	3	
Dexcom G5 Kit	3	
Dexcom G5 Sensor Kit	3	
Dexcom G5 Transmitter Kit	3	
Freestyle Test Strips	E	QL, ST
Insulin Pen Needle	2	
Insulin Syringe/ Needle	2	
Novofine Pen Needle	3	

Drug Name	Drug Tier	Programs and Limits
Novofine Autocover Pen Needle	3	
Novotwist Pen Needle	3	
OneTouch Ultra 2 System	2	
OneTouch UltraMini System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	
OneTouch Verio System Kit	2	
OneTouch Verio Flex System Kit	2	
OneTouch Ultra Test Strips	2	QL
OneTouch Verio Test Strips	2	QL
Precision Test Strips	E	QL, ST
<b>Diabetes/Endocrine: Insulin</b>		
Apidra	E	ST
Basaglar	E	ST
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	

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Drug Name	Drug Tier	Programs and Limits
<b>Levemir FlexTouch</b>	E	
<b>Levemir Vial</b>	E	
<b>Novolin 70/30 Vial</b>	E	
<b>Novolin N Vial</b>	E	
<b>Novolin R Vial</b>	E	
<b>Novolog Flexpen</b>	E	
<b>Novolog Mix 70/30 Vial and Flexpen</b>	E	
<b>Novolog Penfill</b>	E	
<b>Novolog Vial</b>	E	
<b>Toujeo SoloStar</b>	2	
<b>Tresiba</b>	E	
<b>Diabetes/Endocrine: Non-Insulin</b>		
<b>Adlyxin</b>	E	QL, ST
<b>Alogliptin (M)</b>	E	ST
<b>Alogliptin/ metformin (M)</b>	E	ST
<b>Alogliptin/ pioglitazone (M)</b>	E	ST
<b>Bydureon</b>	2	QL, ST
<b>Byetta</b>	2	QL, ST
<b>Farxiga</b>	E	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
<b>Glumetza</b>	3	PA
Glyburide	1	
<b>Invokamet</b>	2	ST
<b>Invokamet XR</b>	2	ST
<b>Invokana</b>	2	ST
<b>Janumet</b>	2	ST
<b>Janumet XR</b>	2	ST
<b>Januvia</b>	2	ST
<b>Jardiance</b>	2	ST
<b>Jentadueto</b>	2	ST
<b>Jentadueto XR</b>	2	ST
<b>Kazano</b>	E	ST
<b>Kombiglyze</b>	E	ST

Drug Name	Drug Tier	Programs and Limits
Metformin	1	
Metformin ER	1	
<b>Nesina</b>	E	ST
<b>Onglyza</b>	E	ST
<b>Oseni</b>	E	ST
Pioglitazone	1	
<b>Soliqua</b>	2	QL, ST
<b>Synjardy</b>	2	ST
<b>Synjardy XR</b>	2	ST
<b>Tanzeum</b>	E	QL, ST
<b>Tradjenta</b>	2	ST
<b>Trulicity</b>	2	QL, ST
<b>Victoza</b>	2	QL, ST
<b>Xigduo XR</b>	E	ST
<b>Endocrine: Growth Hormone</b>		
<b>Genotropin</b>	E	PA, SP
<b>Humatrope</b>	E	PA, SP
<b>Norditropin</b>	2	PA, SP
<b>Nutropin AQ</b>	2	PA, SP
<b>Omnitrope</b>	2	PA, SP
<b>Saizen</b>	E	PA, SP
<b>Zomacton</b>	E	PA, SP
<b>Endocrine: Other</b>		
Calcitriol Cap	1	
Clomiphene	1	
Dexamethasone Tab	1	
<b>H.P. Acthar</b>	2	PA, SP

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Drug Name	Drug Tier	Programs and Limits
Hydrocortisone Tab	1	
<b>Lupron Depot</b> 3.75 mg, 11.25 mg	3	PA, SP
<b>Lupron Depot</b> 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	
<b>Endocrine:</b>		
<b>Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
<b>Synthroid</b>	3	
<b>Tirosint</b>	3	
<b>Eye Conditions: Allergies</b>		
Azelastine Ophthalmic Solution	1	
<b>Pataday</b>	3	
<b>Pazeo</b>	2	
<b>Eye Conditions: Antibiotics</b>		
<b>Besivance</b>	3	
Ciprofloxacin Ophthalmic Solution	1	
Erythromycin Ointment	1	
<b>Moxeza</b>	2	
Ofloxacin Ophthalmic Solution	1	
Polymyxin B/ Trimethoprim Solution	1	
Tobramycin	1	
Tobramycin/ Dexamethasone	1	
<b>Vigamox</b>	3	

Drug Name	Drug Tier	Programs and Limits
<b>Eye Conditions: Glaucoma</b>		
<b>Azopt</b>	2	
<b>Betimol</b>	3	
<b>Combigan</b>	2	
<b>Cosopt PF</b>	3	
Latanoprost	1	QL
<b>Lumigan</b>	2	QL
<b>Rescula</b>	E	QL
<b>Simbrinza</b>	2	
<b>Travatan Z</b>	2	QL
<b>Zioptan</b>	E	QL
<b>Eye Conditions: Other</b>		
Ketorolac Ophthalmic Solution	1	
Prednisolone Ophthalmic Suspension	1	
<b>Restasis</b>	2	PA
<b>Restasis Multidose</b>	2	PA
<b>Xiidra</b>	2	PA
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	2	QL
<b>Duexis</b>	E	QL, ST
Esomeprazole Magnesium (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	
<b>Vimovo</b>	E	PA, QL

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<b>Gastrointestinal: Nausea/Vomiting</b>		
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	QL
Ondansetron Tab	1	
<b>Varubi</b>	3	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	2	QL, ST
<b>Apriso</b>	2	
<b>Asacol HD</b>	E	ST
<b>Canasa</b>	2	
<b>Creon</b>	2	
<b>Delzicol</b>	E	ST
Dicyclomine	1	
<b>Dipentum</b>	3	
Diphenoxylate/Atropine	1	
Gavilyte Solution	1	
<b>Lialda</b>	E	ST
<b>Linzess</b>	2	QL, ST
<b>Mesalamine DR (M)</b>	E	ST
Misoprostol	1	
<b>Pancreaze</b>	E	ST
<b>Pentasa</b>	3	
<b>Pertzye</b>	E	ST
Polyethylene Glycol 3350 Powder	1	
<b>Prepopik</b>	3	
<b>Pylera</b>	2	
Rabeprazole	1	QL
<b>Suprep Bowel Prep</b>	3	
<b>Uceris Foam</b>	3	
<b>Ultresa</b>	E	ST
<b>Viokace</b>	E	ST
<b>Zenpep</b>	2	

Drug Name	Drug Tier	Programs and Limits
<b>HIV/AIDS</b>		
<b>Atripla</b>	2	SP
<b>Complera</b>	2	SP
<b>Genvoya</b>	2	SP
<b>Isentress</b>	2	SP
<b>Norvir</b>	2	SP
<b>Prezcobix</b>	2	SP
<b>Prezista</b>	2	SP
<b>Reyataz</b>	2	SP
<b>Stribild</b>	2	SP
<b>Tivicay</b>	2	SP
<b>Triumeq</b>	2	SP
<b>Truvada</b>	2	SP
<b>Viread</b>	2	SP
<b>Infertility</b>		
<b>Bravelle</b>	E	PA, SP
<b>Cetrotide</b>	2	PA, SP
<b>Follistim AQ</b>	E	PA, SP
<b>Gonal-f</b>	2	PA, SP
<b>Gonal-f RFF</b>	2	PA, SP
<b>Ovidrel</b>	3	SP
<b>Inflammatory Conditions</b>		
<b>Cimzia Kit</b>	2	PA, SP
<b>Cosentyx<sup>+</sup></b>	3	PA, SP
<b>Depen</b>	2	SP
<b>Enbrel</b>	3	PA, ST, SP
<b>Humira Kit</b>	2	PA, SP
<b>Humira Pen Kit</b>	2	PA, SP
<b>Humira Pen Kit Crohns</b>	2	PA, SP
<b>Humira Pen Kit Psoriasis</b>	2	PA, SP
Hydroxychloroquine	1	
<b>Inflectra</b>	E	PA, SP
Leflunomide	1	
Methotrexate Tab	1	

+ Tier 3 Preferred

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Drug Name	Drug Tier	Programs and Limits
<b>Orencia SC</b>	3	PA, ST, SP
<b>Otezla</b>	2	PA, SP
<b>Rasuvo</b>	2	PA, QL
<b>Remicade</b>	2	PA, SP
<b>Simponi</b>	2	PA, SP
<b>Simponi Aria</b>	2	PA, SP
<b>Stelara</b>	2	PA, SP
<b>Taltz</b>	E	PA, ST, SP
<b>Xeljanz</b>	3	PA, ST, SP
<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	2	QL
<b>Levitra</b>	E	QL
<b>Staxyn</b>	E	QL
<b>Stendra</b>	E	QL
<b>Viagra</b>	2	QL
<b>Men's Health: Prostate</b>		
<b>Cialis 2.5 mg &amp; 5 mg</b>	2	QL
Doxazosin	1	
Dutasteride	1	
Finasteride 5 mg	1	
<b>Rapaflo</b>	2	
Tamsulosin	1	
Terazosin		
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	PA
<b>Androgel 1.62%</b>	2	PA
<b>Axiron</b>	E	PA
<b>Fortesta</b>	E	PA
<b>Testim</b>	E	PA
Testosterone Cypionate IM Injection	1	PA
<b>Vogelxo</b>	E	PA

Drug Name	Drug Tier	Programs and Limits
<b>Miscellaneous</b>		
<b>Adrenaclick</b>	E	ST
Allopurinol	1	
<b>Aranesp</b>	E	PA, SP
Armodafinil	1	PA, QL
<b>Auryxia</b>	3	
<b>Auvi-Q</b>	E	ST
Benzonatate	1	
<b>Botox 100, 200 unit Injection (non-cosmetic)</b>	2	PA, SP
<b>Bunavail</b>	3	QL
<b>Cerdelga</b>	3	PA, SP
Cheratussin	1	
Chlorhexidine	1	
<b>Colcrys</b>	2	
<b>Contrave</b>	2	PA
<b>Epinephrine Auto-Injector (Authorized Generic for EpiPen made by Mylan)</b>	2	
<b>Epinephrine Auto- Injector (M) (made by Impax)</b>	E	ST
<b>EpiPen &amp; EpiPen Jr</b>	E	ST
<b>Epogen</b>	E	PA, SP
<b>Euflexxa</b>	2	PA, SP
<b>Fosrenol</b>	3	
<b>Granix</b>	2	PA, SP
Guaifenesin/Codeine Syrup	1	
Hydrocodone/ Chlorpheniramine Liquid	1	

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Drug Name	Drug Tier	Programs and Limits
Hydrocodone Polistirex/ Chlorpheniramine ER Suspension	1	
Lidocaine Viscous Solution 2%	1	
<b>Makena</b>	2	PA, SP
<b>Narcan</b>	2	
<b>Neupogen</b>	2	PA, SP
Phenazopyridine (Rx only)	1	
Phentermine Tab	1	PA
<b>Procrit</b>	2	PA, SP
Promethazine DM Syrup	1	
Promethazine/Codeine Syrup	1	
<b>Renvela Tab</b>	2	
<b>Rezira</b>	3	
<b>Suboxone Film</b>	2	QL
<b>Synvisc</b>	2	PA, SP
<b>Synvisc One</b>	2	PA, SP
<b>Uloric</b>	2	ST
<b>Velphoro</b>	3	
<b>Zarxio</b>	2	PA, SP
<b>Zubsolv</b>	2	QL
<b>Zurampic</b>	3	
<b>Zutripro</b>	3	
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Tab 35 mg & 70 mg	1	QL
<b>Binosto</b>	3	QL
<b>Forteo</b>	2	PA, SP
<b>Tymlos</b>	2	PA, SP
<b>Musculoskeletal: Other</b>		
<b>Amrix</b>	E	
Baclofen Tab	1	
Carisoprodol 350 mg	1	

Drug Name	Drug Tier	Programs and Limits
Cyclobenzaprine Tab 5, 10 mg	1	
<b>Lorzone</b>	3	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Cap	1	
Tizanidine Tab	1	
<b>Musculoskeletal: Pain Relief</b>		
<b>Abstral</b>	E	PA, QL
Acetaminophen w/ Codeine	1	QL
<b>Arymo ER</b>	E	PA, QL
<b>Cambia</b>	E	ST
Celecoxib	1	QL
Diclofenac Gel	1	QL
Diclofenac Tab	1	
<b>Embeda</b>	2	PA, QL
Etodolac	1	
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	PA, QL
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	PA, QL
<b>Fentora</b>	E	PA, QL
<b>Flector patch</b>	3	QL
<b>Gralise</b>	3	QL, ST
Hydrocodone/ Acetaminophen 5, 7.5, 10/325 mg	1	QL
Hydromorphone Tab	1	QL
<b>Hysingla ER</b>	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	

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Indomethacin Cap	1	
Ketorolac Tab	1	QL
<b>Lazanda</b>	E	PA, QL
Lidocaine Patch 5%	1	
Meloxicam	1	
Methadone Tab	1	PA
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naproxen (Rx only)	1	
<b>Nucynta ER</b>	E	PA, QL
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1	QL
Oxycodone w/ Acetaminophen	1	QL
<b>Oxycontin</b>	2	PA, QL
<b>Subsys</b>	E	PA, QL
Tramadol Tab 50 mg	1	
Tramadol w/ Acetaminophen	1	
<b>Xtampza ER</b>	E	PA, QL
<b>Zohydro ER</b>	E	PA, QL
<b>Zorvolex</b>	E	
<b>Overactive Bladder</b>		
<b>Myrbetriq</b>	2	
Oxybutynin	1	
Oxybutynin ER	1	
<b>Toviaz</b>	3	
<b>Vesicare</b>	2	
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	2	QL
<b>Advair HFA</b>	2	QL
<b>Aerospan</b>	3	QL

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

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Drug Name	Drug Tier	Programs and Limits
<b>Respiratory: Nasal Allergies</b>		
<b>Astepro</b>	3	QL
Azelastine Spray	1	QL
<b>Dymista Spray</b>	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	QL
Mometasone	1	QL
<b>Omnaris</b>	3	QL
<b>QNasl</b>	3	QL
<b>Zetonna</b>	3	QL
<b>Respiratory: Oral Allergies</b>		
Cetirizine	1	
Levocetirizine	1	
Promethazine Tab	1	
<b>Transplant</b>		
Azathioprine Tab	1	
Mycophenolate Mofetil 250 mg Cap/ 500 mg Tab	1	SP
Mycophenolate Sodium 180 mg, 360 mg Tab	1	SP
<b>Prograf Cap</b>	3	SP
Tacrolimus Cap	1	SP
<b>Vitamins/Electrolytes</b>		
Cyanocobalamine Injection	1	
Folic Acid 1 mg (Rx only)	1	
Klor-Con 8 and 10 MEQ	1	
Klor-Con M10 and M20	1	
Ludent	1	
Potassium Chloride ER Tab, Cap	1	
Potassium Chloride Micro ER Tab	1	
Vitamin D 50,000 units (Rx only)	1	

Drug Name	Drug Tier	Programs and Limits
<b>Women's Health: Birth Control</b>		
Apri	1	
Aviane	1	
Azurette	1	
Cryselle-28	1	
Falmina	1	
<b>Generess Fe Chewable</b>	3	
Gianvi	1	
Gildess	1	
Jolivette	1	
Junel	1	
Kariva	1	
Levora 28	1	
<b>Lo Loestrin</b>	3	
Lomedia Fe	1	
Loryna	1	
Low-Ogestrel	1	
Lutera	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin	1	
Microgestin Fe	1	
Mono-Linyah	1	
Mononessa	1	
<b>Natazia</b>	2	
Necon	1	
Nora-Be	1	
Norgest/Ethi Estradio	1	
Nortrel	1	
<b>Nuvaring</b>	2	
Ocella	1	
Orsythia	1	
Previfem	1	
Reclipsen	1	
Sprintec 28	1	
Tri-Linyah	1	
Tri-Lo-Sprintec	1	
Tri-Previfem	1	
Trinessa	1	
Tri-Sprintec	1	

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**ST** Step Therapy

**QL** Quantity Limits  
**SP** Specialty Program

Drug Name	Drug Tier	Programs and Limits
Vestura	1	
Viorele	1	
Xulane	1	
Zarah	1	
<b>Women's Health: Hormone Replacement</b>		
<b>Climara Pro</b>	2	
<b>Divigel</b>	3	
<b>Duavee</b>	2	
<b>Elestrin Gel</b>	3	
<b>Estrace Vaginal Cream</b>	3	
Estradiol Patch, Tab	1	
Estradiol/Norethindrone Tab	1	
Medroxyprogesterone Acetate Tab	1	
<b>Minivelle</b>	3	
<b>Osphena</b>	3	
<b>Premarin Tab</b>	2	
<b>Premarin Vaginal Cream</b>	2	
<b>Premphase</b>	2	
<b>Prempro</b>	2	
Progesterone Cap	1	
Yuvaferm	1	

Drug Name	Drug Tier	Programs and Limits
<b>Women's Health: Vaginal Anti-Infectives</b>		
<b>Gynazole-1 Vaginal Cream</b>	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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

**AR** Age Restrictions  
**PA** Prior Authorization  
**ST** Step Therapy

**QL** Quantity Limits  
**SP** Specialty Program

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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



## Nondiscrimination notice and access to communication services

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We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

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Eden Prairie, MN 55344

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**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

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請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

مقر ىلع لاصتالاء اجرا. لفل ءحاتم ءيناجملا ءيوغلا ءدعاسملا تامدخ ناف، **(Arabic)** ءيبرعلا ءدحتت تنك اذ: ءيبنن ءيوضعلا فرعم ىلع ءوجوملا ىناجملا فتالءا

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

نفلت هرامش اب افطل. دشاب ىم امش راىتخا رد ناگىار روط هب ىنابز دادم تامدخ، تسا **(Farsi)** ىسراف امش نابز رگا: هجوت ديريگب سامت هدش دىق امش ىياسانش تراک ىور مک ىنآگىار

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(**Khmer**)សំដីនិយាយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតថ្លៃ ដល់មានទៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yáníítí'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'í'. T'áá shqódí ninaaltsoos nít'í'zí bee nééhoziní'gíí 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.



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**Premium Select Standard**



## Jan. 1, 2018 Premium Formulary Exclusions

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>ALLERGIC REACTIONS</b>		
Anaphylaxis Treatment	Adrenaclick, Auvi-Q, EpiPen, Epinephrine injection made by Impax	Epinephrine injection (Authorized Generic of EpiPen made by Mylan)
<b>ANALGESICS</b>		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
<b>ANTICONVULSANTS</b>		
Antiepilepsy	Trokendi XR	topiramate ER
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Interferon Beta Medications for Multiple Sclerosis	Extavia <sup>1</sup> , Plegridy <sup>1</sup> , Rebif <sup>1</sup>	Avonex, Betaseron
Oral Long-Acting Opioid Analgesics	Arymo ER, Nucynta ER, Opana ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
<b>DERMATOLOGICAL AGENTS</b>		
Non-Steroidal Anti-Inflammatory	Pennsaid	diclofenac solution
Topical Acne Treatment	Acanya, Aktipak, Veltin	adapalene gel, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo/Epiduo Forte, Onexton
<b>DIABETES</b>		
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(GlucoCard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch products)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
Glucagon-Like Peptide-1(GLP1) Agonists	Adlyxin, Tanzeum	Bydureon, Byetta, Trulicity, Victoza

(M) Co-branded product

\*Tier 3 preferred

<sup>1</sup> Grandfathering allowed no duration limit. **All other therapeutic classes do not allow Grandfathering, no exceptions.** All medications require a Prior Authorization

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>DIABETES</b>		
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, Novolog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo
<b>ENDOCRINE (OTHER)</b>		
Growth Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Gels	Axiron, Fortesta, Testim, Testosterone 1% Gel, Volgelxo	Androgel 1.62%
<b>GASTROINTESTINAL</b>		
Anti-Inflammatory, Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Pancreatic Enzymes	Pancreaze, Pertzeye, Ultresa, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Asacol HD, Delzicol, Lialda, Mesalamine DR (M)	balsalazide, Apriso
<b>HEMATOLOGICAL</b>		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
<b>IMMUNOMODULATORS</b>		
Interleukin-17 (IL-17)	Taltz <sup>1</sup>	Cosentyx*
Monoclonal Antibody	Inflectra	Remicade
<b>MUSCULOSKELETAL</b>		
Muscle Relaxant	Amrix	cyclobenzaprine
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
<b>RESPIRATORY</b>		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory , Long-Acting Beta Agonist Combination Inhalers	AirDuo, Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Levalbuterol Inh(M), Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
Cystic Fibrosis (inhaled antibiotics)	Kitabis Pak, TOBI Podhaler, Tobramycin Neb (M)	Bethkis
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra

(M) Co-branded product

\*Tier 3 preferred

<sup>1</sup> Grandfathering allowed no duration limit. **All other therapeutic classes do not allow Grandfathering, no exceptions.** All medications require a Prior Authorization

## Excluded brand-name medications with generic equivalents for 2018<sup>†</sup>

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

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

<sup>†</sup>These brand-name medications have been identified as having available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the previous medication list.

## Required Prior Authorization <sup>2</sup>

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands <sup>1</sup> non-preferred with prior authorization	Epclusa: genotype 2, 3, 5 & 6 Harvoni: genotype 1, 4, 5 & 6 Mavyret: genotype 1,2,3,4,5 & 6
Multiple Sclerosis	All other brands <sup>1</sup> non-preferred with prior authorization and Gilenya <sup>1*</sup> Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
PCSK-9	All other brands <sup>1</sup> non-preferred with prior authorization	Praluent
Immunomodulators	All other brands <sup>1</sup> non-preferred with prior authorization	Cimzia, Humira, Otezla, Simponi, Simponi Aria, Stelara

<sup>2</sup> *Non-preferred* medications require Step Therapy prior to beginning therapy on preferred agents.



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(M) Co-branded product

\*Tier 3 preferred

<sup>1</sup> Grandfathering allowed no duration limit. **All other therapeutic classes do not allow Grandfathering, no exceptions.** All medications require a Prior Authorization