

Quick Reference Formulary - UnitedAg Formulary

This formulary is not inclusive, nor does it guarantee coverage. It is an abridged list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed for members. This document is subject to change. The most updated version of this document is available at www.costcohealthsolutions.com or upon request at 877-908-6024. Drugs will be filled as generics when acceptable generic equivalents are available.

Reading the Drug List

Generic drugs are listed in all lower case letters. Brand name drugs are listed in all upper case letters. Each drug product is assigned a coverage level, shown to the right of each drug product.

Relative Cost to Member

Tier 1	Formulary Generics	\$
Tier 2	Formulary, brand products	\$\$
Tier 3	Non-preferred formulary products	\$\$\$

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream) or more than one form of the drug e.g. ZOMIG (ZMT). Quantity limits are for prescriptions filled at retail pharmacies.

All newly approved drugs on the market will initially NOT be covered, pending further review by the P&T Committee.

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

amphetamine/	1
dextroamphetamine tab	
dexmethylphenidate ER cap	1
dexmethylphenidate tab	1
guanfacine ER tab	1
methylphenidate ER cap	1
methylphenidate tab	1
VYVANSE CAP	2
ADDERALL XR CAP	NC
DAYTRANA PATCH	NC

AMINOGLYCOSIDES

TOBI PODHALER	CMSP, PA	S
---------------	----------	---

ANALGESICS - ANTI-INFLAMMATORY

celecoxib cap	QL	1
diclofenac sodium EC tab		1
diclofenac sodium XR tab		1
diclofenac/ misoprostol DR tab		1
ibuprofen tab		1
ketorolac tab	QL	1
meloxicam tab		1
nabumetone tab		1
piroxicam cap		1
sulindac tab		1

ANALGESICS - OPIOID

acetaminophen/ codeine tab		1
fentanyl patch		1
hydrocodone/ acetaminophen tab		1
morphine sulfate ER tab		1
oxycodone/ acetaminophen tab		1
tramadol tab		1
OXYCODONE ER TAB,	NC	
OXYCONTIN CR TAB		
OXYCONTIN CR TAB	NC	

ANTI-ANXIETY AGENTS

alprazolam tab	1
buspirone tab	1
hydroxyzine tab	1
lorazepam tab	1

ANTIARRHYTHMICS

MULTAQ TAB	2
------------	---

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

albuterol/ ipratropium neb soln	1
budesonide inh susp	1
ipratropium neb soln	1
montelukast chew tab	1
montelukast tab	1
ADVAIR HFA INHALER	2

ANORO ELLIPTA INHALER	2
ARNUIITY ELLIPTA INHALER	2
ASMANEX HFA INHALER	2
ASMANEX INHALER	2
BREO ELLIPTA INHALER	2
COMBIVENT INHALER	2
COMBIVENT RESPIMAT INHALER	2
DULERA INHALER	2
FLOVENT DISKUS INHALER	2
FLOVENT HFA INHALER	2
INCRUSE ELLIPTA INHALER	2
SEREVENT DISKUS INHALER	2
PULMICORT FLEXHALER	NC
QVAR INHALER	NC
TUDORZA PRESSAIR INHALER	NC

ANTICOAGULANTS

warfarin tab	1
PRADAXA CAP	3

ANTICONVULSANTS

carbamazepine ER tab	1
carbamazepine tab	1
clonazepam tab	1
divalproex sodium DR tab	1
gabapentin cap	QL
lamotrigine ER tab	1
lamotrigine tab	1
levetiracetam tab	1
phenytoin cap	1
topiramate tab	1

ANTIDEPRESSANTS

amitriptyline tab	1
bupropion ER tab	1
bupropion XL tab	1
citalopram soln	1
citalopram tab	1
duloxetine EC cap	1
escitalopram tab	1
fluoxetine cap	1
fluoxetine tab	1
mirtazapine tab	1
NEFAZODONE TAB	1
nefazodone tab 50mg, 250mg	1
nortriptyline cap	1
paroxetine tab	1
sertraline conc	1
sertraline tab	1
trazodone tab	1
venlafaxine ER cap	1
venlafaxine tab	1
PEXEVA TAB	NC
venlafaxine ER tab	NC

ANTIDIABETICS

glipizide ER tab	1
glipizide tab	1

glyburide tab	1
metformin tab	1
AVANDAMET TAB	2
AVANDIA TAB	2
BYDUREON PEN INJ	QL
FARXIGA TAB	QL
INSULIN	2
GLARGINE-YFGN	
INSULIN	2
GLARGINE-YFGN PEN	
JANUMET TAB	QL
JANUMET XR TAB	QL
JANUVIA TAB	QL, ‡
JENTADUETO TAB	QL
LEVEMIR FLEXTOUCH INJ	2
LEVEMIR INJ	2
NOVOLIN 70/ 30 INJ	OTC
NOVOLIN N INJ	OTC
NOVOLIN R INJ	OTC
TOUJEO MAX	2
SOLOSTAR INJ	
TOUJEO SOLOSTAR INJ	2
TRADJENTA TAB	QL
TRESIBA FLEXTOUCH INJ	2
VICTOZA INJ	QL
ADMELOG INJ, INSULIN LISPRO INJ	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	NC
HUMULIN N INJ	OTC
HUMULIN R INJ	OTC
KOMBIGLYZE XR TAB	NC
LANTUS INJ, INSULIN GLARGINE INJ	NC
ONGLYZA TAB	NC
pioglitazone/ metformin tab	NC

ANTIEMETICS

ondansetron tab	1
-----------------	---

ANTIFUNGALS

fluconazole susp	1
fluconazole tab	1
griseofulvin micro tab	1
griseofulvin susp	1
itraconazole cap	1
ketoconazole tab	1
nystatin tab	1
terbinafine tab	1
voriconazole tab	RS

ANTIHYPERLIPIDEMICS

lovastatin tab	\$0
pravastatin tab	\$0
simvastatin tab	\$0
cholestyramine powder	1
fluvastatin cap	1
gemfibrozil tab	1
NIASPAN ER TAB	NC
TRILIPIX CAP	NC

ANTIHYPERTENSIVES

amlodipine/ benazepril cap	1
amlodipine/ valsartan tab	1
benazepril tab	1
benazepril/ hydrochlorothiazide tab	1
bisoprolol/ hydrochlorothiazide tab	1
candesartan tab	1
captopril tab	1
doxazosin tab	1
enalapril tab	1
enalapril/ hydrochlorothiazide tab	1
irbesartan tab	1
irbesartan/ hydrochlorothiazide tab	1
lisinopril tab	1
lisinopril/ hydrochlorothiazide tab	1
losartan tab	1
losartan/ hydrochlorothiazide tab	1
metoprolol/ hydrochlorothiazide tab	1
phenoxymethylamine cap	1
terazosin cap	1
valsartan tab	1
valsartan/ hydrochlorothiazide tab	1
candesartan/ hydrochlorothiazide tab	NC

ANTI-INFECTIVE AGENTS - MISC.

clindamycin cap	1
erythromycin/ sulfisoxazole susp	1
metronidazole tab	1
nitrofurantoin monohydrate cap	1
smz/ tmp (DS) tab	1
metronidazole cap	NC

ANTIMALARIALS

hydroxychloroquine tab	1
------------------------	---

ANTIMYCOBACTERIAL AGENTS

rifampin cap	1
--------------	---

ANTINEOPLASTICS

methotrexate tab	1
------------------	---

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

anastrozole tab	\$0
tamoxifen tab	\$0
bexarotene cap	CMSP, PA, SF
letrozole tab	1
BOSULIF TAB	MSP, PA, SF S
ERIVEDGE CAP	MSP, PA, SF S

ANTIPARKINSON AGENTS

amantadine cap	1
----------------	---

NC Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

NC/3P Not Covered, Third Party Reviewer

CMSP Costco Mandatory Specialty Pharmacy Program

EXC Plan Exclusion

INF Infertility

LD Limited Distribution

MSP Mandatory Specialty Pharmacy Program

OTC Over-the-Counter

PA Prior Authorization

QL Quantity Limit

RS Restricted to Specialist

SF Limited to two 15 day fills per month for first 3 months

SMKG Smoking Cessation

ST Step Therapy

VAC Vaccine Program

¢ RxCENTS

Last Updated 6/1/2022

Quick Reference Formulary - UnitedAg Formulary

This formulary is not inclusive, nor does it guarantee coverage. It is an abridged list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed for members. This document is subject to change. The most updated version of this document is available at www.costcohealthsolutions.com or upon request at 877-908-6024. Drugs will be filled as generics when acceptable generic equivalents are available.

carbidopa/ levodopa tab	1	amnesteam cap, claravis	1	GOUT AGENTS		pilocarpine ophth soln	1
pramipexole ER tab	1	cap, isotretinoin cap,		allopurinol tab	1	timolol maleate ophth soln	1
ropinirole ER tab	1	myorisan cap, zenatane		HEMATOLOGICAL AGENTS - MISC.		tobramycin ophth soln	1
ropinirole tab	1	cap				tobramycin/	1
selegiline cap	1	calcipotriene cream	1			dexamethasone ophth soln	
ANTIPSYCHOTICS/ ANTIMANIC AGENTS			clindamycin gel	1	ALPHAGAN P OPHTH	2	
aripiprazole tab	1	clindamycin/ benzoyl	1			SOLN 0.1%	
clozapine tab	1	peroxide gel		HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS		ALREX OPHTH SUSP	2
lithium carbonate cap	1	clotrimazole/	1	phenobarbital tab	1	BETIMOL OPHTH SOLN	2
lithium carbonate tab	1	betamethasone cream		temazepam cap 15mg	1	LUMIGAN OPHTH SOLN QL	2
olanzapine ODT	1	erythromycin gel	1	temazepam cap 30mg	1	PROLENSA OPHTH	2
olanzapine tab	1	imiquimod cream	1	zaleplon cap	1	SOLN	
paliperidone ER tab	1	ketoconazole cream	1	ramelteon tab	NC	TOBRADEX OPHTH OINT	2
quetiapine tab	1	lidocaine patch	QL	ROZEREM TAB	NC	ketotifen ophth soln	OTC
risperidone tab	1	lidocaine/ prilocaine cream	1	MACROLIDES		OTIC AGENTS	
ziprasidone cap	1	metronidazole cream	1	azithromycin susp	1	acetic acid otic soln	1
ANTIVIRALS			metronidazole gel	1	neomycin/ polymixin/	1	
acyclovir cap	1	mupirocin oint	1	azithromycin tab	1	hydrocortisone otic susp	
acyclovir susp	1	nystatin/ triamcinolone oint	1	clarithromycin tab	1	ofloxacin otic soln	1
entecavir tab	QL	pimecrolimus cream	1	DIFICID TAB	QL, ST	PENICILLINS	
nevirapine tab	CMS	tacrolimus oint	1	MEDICAL DEVICES AND SUPPLIES		amoxicillin cap	1
valacyclovir tab	1	tretinoin cream	PA	ACCU-CHEK AVIVA PLUS OTC	\$0	amoxicillin/ clavulanate ER	1
zidovudine cap	1	tretinoin gel	PA	METER		tab	
RELENZA DISKHALER	QL	ELIDEL CREAM	3	B-D INSULIN SYRINGE	OTC	1	1
FUZEON INJ	CMS	TAZORAC CREAM 0.05%	3	B-D PEN NEEDLE	OTC	NC	
PEG-INTRON INJ	CMS	AZELEX CREAM	NC	FREESTYLE FREEDOM	OTC	NC	
PEGASYS INJ	CMS	mupirocin cream	NC	LITE METER			
ASSORTED CLASSES			TAZORAC GEL	NC	NOVOFINE PEN NEEDLE	OTC	NC
azathioprine tab	1	ZOVIRAX OINT	NC	NOVOTWIST PEN	OTC	NC	
cyclosporine cap	1	DIAGNOSTIC PRODUCTS			NEEDLE		
mycophenolate mofetil tab	1	ACCU-CHEK TEST STRIP	2	PRECISION XTRA	OTC	NC	
BETA BLOCKERS			FREESTYLE LITE TEST	OTC	NC		
atenolol tab	1	STRIP		FREESTYLE TEST STRIP	OTC	NC	
carvedilol tab	1	FREESTYLE TEST STRIP	NC	PRECISION XTRA TEST	OTC	NC	
labetalol tab	1	PRECISION XTRA TEST	OTC	STRIP			
metoprolol ER tab	1	TEST STRIP (all other test	OTC	strips)			
metoprolol tab	1	DIURETICS					
nadolol tab	1	acetazolamide ER cap	1				
propranolol tab	1	amiloride/	1				
CALCIUM CHANNEL BLOCKERS			hydrochlorothiazide tab	1			
amlodipine tab	1	furosemide tab	1				
diltiazem ER cap	1	hydrochlorothiazide tab	1				
diltiazem ER tab	1	spironolactone tab	1				
diltiazem tab	1	triamterene/	1				
felodipine ER tab	1	hydrochlorothiazide cap	1				
nifedipine cap	1	triamterene/	1				
nifedipine ER tab	1	hydrochlorothiazide tab	1				
nisoldipine ER tab	1	thalitone tab	NC				
verapamil SR tab	1	ENDOCRINE AND METABOLIC AGENTS - MISC.					
COVERA-HS TAB	3	raloxifene tab	\$0				
CEPHALOSPORINS			alendronate tab	1			
cefaclor cap	1	ibandronate tab 150mg	QL				
cefadroxil cap	1	FORTICAL NASAL SPRAY	2				
cefdinir cap	1	ACTONEL TAB	3				
cefdinir susp	1	FORTEO INJ	CMS				
cefepoxime proxetil tab	1	ESTROGENS					
cefprozil susp	1	estradiol patch	1				
cefprozil tab	1	estradiol tab	1				
cefuroxime susp	1	estradiol/ norethindrone	1				
cephalexin cap	1	tab					
CONTRACEPTIVES			PREMARIN TAB	2			
tri-sprintec tab	\$0	PREMPHASE TAB,	2				
YAZ TAB	NC	PREMPRO TAB					
CORTICOSTEROIDS			FLUOROQUINOLONES				
prednisolone soln	1	ciprofloxacin tab	1				
COUGH/ COLD/ ALLERGY			levofloxacin tab	1			
guaifenesin/ codeine syrup	OTC, QL	moxifloxacin tab	1				
DERMATOLOGICALS			ofloxacin tab	1			
adapalene cream	PA	GENITOURINARY AGENTS - MISCELLANEOUS					
adapalene gel	PA	alfuzosin SR tab	1				
		finasteride tab	1				
		tamsulosin cap	1				

NC Not Covered

generic =small letters

BRANDS =CAPITAL LETTERS

NC/3P Not Covered, Third Party Reviewer

CMSP Costco Mandatory Specialty Pharmacy Program

EXC Plan Exclusion

INF Infertility

LD Limited Distribution

MSP Mandatory Specialty Pharmacy Program

OTC Over-the-Counter

PA Prior Authorization

QL Quantity Limit

RS Restricted to Specialist

SF Limited to two 15 day fills per month for first 3 months

SMKG Smoking Cessation

ST Step Therapy

VAC Vaccine Program

¢ RxCENTS

Last Updated 6/1/2022

Quick Reference Formulary - UnitedAg Formulary

This formulary is not inclusive, nor does it guarantee coverage. It is an abridged list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed for members. This document is subject to change. The most updated version of this document is available at www.costcohealthsolutions.com or upon request at 877-908-6024. Drugs will be filled as generics when acceptable generic equivalents are available.

TOVIAZ TAB	NC
VAGINAL PRODUCTS	
PREMARIN VAGINAL CREAM	2

NC Not Covered

NC/3P Not Covered, Third Party Reviewer

CMSP Costco Mandatory Specialty Pharmacy Program

LD Limited Distribution

PA Prior Authorization

SF Limited to two 15 day fills per month for first 3 months

VAC Vaccine Program

generic =small letters

EXC Plan Exclusion

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

¢ RxCENTS

BRANDS =CAPITAL LETTERS

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

Last Updated 6/1/2022