

# Quick Reference Formulary - Decent, Inc. 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](http://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.

Drug Name	Quantity	Formulation	Coverage	Drug Name	Quantity	Formulation	Coverage	Drug Name	Quantity	Formulation	Coverage				
<b>ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS</b>															
amphetamine/	1			FLOVENT DISKUS	1			NIASPAN ER TAB			NC				
dextroamphetamine tab				FLOVENT HFA INHALER	1			TRILIFAX CAP			NC				
dexmethylphenidate ER cap	1			ipratropium neb soln	1			<b>ANTIDIABETICS</b>							
dexmethylphenidate tab	1			montelukast chew tab	1			glipizide ER tab	1						
guanfacine ER tab	1			montelukast tab	1			glipizide tab	1						
methylphenidate ER cap	1			ADVAIR HFA INHALER	2			glyburide tab	1						
methylphenidate tab	1			ANORO ELLIPTA INHALER	2			metformin tab	1						
VYVANSE CAP	2			BREO ELLIPTA INHALER	2			AVANDAMET TAB	2						
ADDERALL XR CAP	3			COMBIVENT INHALER	2			AVANDIA TAB	2						
DAYTRANA PATCH	NC			COMBIVENT RESPIMAT INHALER	2			BYDUREON PEN INJ	QL						
<b>AMINOGLYCOSIDES</b>															
TOBI PODHALER MSP, PA	S			DULERA INHALER	2			FARXIGA TAB	QL						
<b>ANALGESICS - ANTI-INFLAMMATORY</b>															
celecoxib cap	QL			INCRUSE ELLIPTA INHALER	2			JANUMET TAB	QL						
diclofenac sodium EC tab	1			SEREVENT DISKUS INHALER	2			JANUMET XR TAB	QL						
diclofenac sodium XR tab	1			VENTOLIN HFA INHALER	2			JANUVIA TAB	QL, ¢						
diclofenac/ misoprostol DR tab	1			PULMICORT FLEXHALER	NC			JENTADUETO TAB	QL						
ibuprofen tab	1			QVAR INHALER	NC			LANTUS INJ	2						
ketorolac tab	QL			SYMBICORT INHALER	NC			LANTUS SOLOSTAR INJ	2						
meloxicam tab	1			TUDORZA PRESSAIR INHALER	NC			LEVEMIR FLEXTOUCH INJ	2						
nabumetone tab	1			<b>ANTICOAGULANTS</b>				LEVEMIR INJ	2						
piroxicam cap	1			warfarin tab	1			NOVOLIN INJ	OTC						
sulindac tab	1			PRADAXA CAP	2			NOVOLOG FLEXPEN INJ	2						
<b>ANALGESICS - OPIOID</b>															
acetaminophen/ codeine tab	1			<b>ANTICONVULSANTS</b>				NOVOLOG INJ	2						
fentanyl patch	1			carbamazepine ER tab	1			NOVOLOG MIX FLEXPEN INJ	2						
hydrocodone/ acetaminophen tab	1			carbamazepine tab	1			NOVOLOG PENFILL INJ	2						
morphine sulfate ER tab	1			clonazepam tab	1			TOUJEO MAX	2						
oxycodone/ acetaminophen tab	1			divalproex sodium DR tab	1			SOLOSTAR INJ	2						
tramadol tab	1			gabapentin cap	1			TOUJEO SOLOSTAR INJ	2						
OXYCODONE ER TAB,	NC			lamotrigine ER tab	1			TRADJENTA TAB	QL						
OXYCONTIN CR TAB				lamotrigine tab	1			TRESIBA FLEXTOUCH INJ	2						
OXYCONTIN CR TAB	NC			levetiracetam tab	1			VICTOZA INJ	QL						
<b>ANTIANGIOTENSIN AGENTS</b>															
alprazolam tab	1			phenytoin cap	1			ADMELOG INJ, INSULIN	NC						
bupropion tab	1			topiramate tab	1			LISPRO INJ							
hydroxyzine tab	1			BANZEL TAB	2			BASAGLAR INJ							
lorazepam tab	1			VIMPAT TAB	QL			HUMULIN N INJ	OTC						
<b>ANTIARRHYTHMICS</b>															
MULTAQ TAB	2			<b>ANTIDEPRESSANTS</b>				HUMULIN R INJ	OTC						
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>															
albuterol/ ipratropium neb soln	1			amitriptyline tab	1			KOMBIGLYZE XR TAB	NC						
ARNUITY ELLIPTA INHALER	1			bupropion ER tab	1			ONGLYZA TAB	NC						
ASMANEX HFA INHALER	1			bupropion XL tab	1			pioglitazone/ metformin tab	NC						
ASMANEX INHALER	1			citalopram soln	1			<b>ANTIEMETICS</b>							
budesonide inh susp	1			citalopram tab	1			ondansetron tab	1						
<b>ANTIFUNGALS</b>															
<b>ANTIANXIETY AGENTS</b>															
alprazolam tab	1			duloxetine EC cap	1			fluconazole susp	1						
buspirone tab	1			escitalopram tab	1			fluconazole tab	1						
hydroxyzine tab	1			fluoxetine cap	1			griseofulvin micro tab	1						
lorazepam tab	1			fluoxetine tab	1			griseofulvin susp	1						
<b>ANTIARRHYTHMICS</b>															
MULTAQ TAB	2			mirtazapine tab	1			itraconazole cap	PA						
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>															
albuterol/ ipratropium neb soln	1			NEFAZODONE TAB	1			ketoconazole tab	1						
ARNUITY ELLIPTA INHALER	1			nefazodone tab 50mg, 250mg	1			nystatin tab	1						
ASMANEX HFA INHALER	1			nortriptyline cap	1			terbinafine tab	1						
ASMANEX INHALER	1			paroxetine tab	1			voriconazole tab	RS						
budesonide inh susp	1			sertraline conc	1			<b>ANTIHYPERTENSIVES</b>							
<b>ANTIANXIETY AGENTS</b>															
alprazolam tab	1			sertraline tab	1			amlodipine/ benazepril cap	1						
buspirone tab	1			trazodone tab	1			amlodipine/ valsartan tab	1						
hydroxyzine tab	1			venlafaxine ER cap	1			benazepril tab	1						
lorazepam tab	1			venlafaxine tab	1			benazepril/ hydrochlorothiazide tab	1						
<b>ANTIARRHYTHMICS</b>															
MULTAQ TAB	2			<b>ANTIHYPERTENSIVES</b>											
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>															
albuterol/ ipratropium neb soln	1			amlodipine/ valsartan tab	1			hydrochlorothiazide tab	1						
ARNUITY ELLIPTA INHALER	1			amlodipine/ valsartan tab	1			hydrochlorothiazide tab	1						
ASMANEX HFA INHALER	1			amlodipine/ valsartan tab	1			lisinopril tab	1						
ASMANEX INHALER	1			amlodipine/ valsartan tab	1			lisinopril/ hydrochlorothiazide tab	1						
budesonide inh susp	1			amlodipine/ valsartan tab	1			losartan tab	1						
<b>ANTIANXIETY AGENTS</b>															
alprazolam tab	1			amlodipine/ valsartan tab	1			losartan/ hydrochlorothiazide tab	1						
buspirone tab	1			amlodipine/ valsartan tab	1			metoprolol/ hydrochlorothiazide tab	1						
hydroxyzine tab	1			amlodipine/ valsartan tab	1			hydrochlorothiazide tab	1						
lorazepam tab	1			amlodipine/ valsartan tab	1			phenoxybenzamine cap	1						
<b>ANTIARRHYTHMICS</b>															
MULTAQ TAB	2			amlodipine/ valsartan tab	1			terazosin cap	1						
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>															
albuterol/ ipratropium neb soln	1			amlodipine/ valsartan tab	1			valsartan/ hydrochlorothiazide tab	1						
ARNUITY ELLIPTA INHALER	1			amlodipine/ valsartan tab	1			valsartan/ hydrochlorothiazide tab	1						
ASMANEX HFA INHALER	1			amlodipine/ valsartan tab	1			candesartan tab	NC						
ASMANEX INHALER	1			amlodipine/ valsartan tab	1			candesartan/ hydrochlorothiazide tab	NC						
budesonide inh susp	1			amlodipine/ valsartan tab	1			hydrochlorothiazide tab							
<b>ANTIARRHYTHMICS</b>															
MULTAQ TAB	2			<b>ANTI-INFECTIVE AGENTS - MISC.</b>											
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>															
albuterol/ ipratropium neb soln	1			clindamycin cap	1			<b>ANTIMALARIALS</b>							
ARNUITY ELLIPTA INHALER	1			erythromycin/ sulfisoxazole susp	1			hydroxychloroquine tab	1						
ASMANEX HFA INHALER	1			metronidazole cap	1			<b>ANTIMYCOBACTERIAL AGENTS</b>							
ASMANEX INHALER	1			metronidazole tab	1			rifampin cap	1						
budesonide inh susp	1			smz/ tmp (DS) tab	1			<b>ANTINEOPLASTICS</b>							
<b>ANTIARRHYTHMICS</b>															
MULTAQ TAB	2			<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>											
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>															
albuterol/ ipratropium neb soln	1			tamoxifen tab	\$0			<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>							
ARNUITY ELLIPTA INHALER	1			anastrozole tab	1			letrozole tab	1						
ASMANEX HFA INHALER	1			letrozole tab	1			AFINITOR DISPERZ	MSP, PA, QL, S						
ASMANEX INHALER	1			AFINITOR TAB	MSP, PA, QL, S			AFINITOR TAB	MSP, PA, QL, S						
budesonide inh susp	1			bexarotene cap	MSP, PA, SF			bexarotene cap	MSP, PA, SF						

NC Not Covered

EXC Plan Exclusion

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

¢ RxCENTS

generic =small letters

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

BRANDS =CAPITAL LETTERS

LD Limited Distribution

PA Prior Authorization

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

VAC Vaccine Program

# Quick Reference Formulary - Decent, Inc. 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](http://www.costcohealthsolutions.com) or upon request at 877-908-6024. Drugs will be filled as generics when acceptable generic equivalents are available.

BOSULIF TAB MSP, PA, SF S  
 ERIVEDGE CAP MSP, PA, SF S  
 IMBRUVICA CAP 140MG MSP, PA, QL S

## ANTIPARKINSON AGENTS

amantadine cap 1  
 carbidopa/ levodopa tab 1  
 pramipexole ER tab 1  
 ropinirole ER tab 1  
 ropinirole tab 1  
 selegiline cap 1

## ANTIPSYCHOTICS/ ANTIMANIC AGENTS

aripiprazole tab 1  
 clozapine tab 1  
 lithium carbonate cap 1  
 lithium carbonate tab 1  
 olanzapine ODT 1  
 olanzapine tab 1  
 paliperidone ER tab PA 1  
 quetiapine tab 1  
 risperidone tab 1  
 ziprasidone cap 1

## ANTIVIRALS

acyclovir cap 1  
 acyclovir susp 1  
 entecavir tab QL 1  
 nevirapine tab 1  
 rimantadine tab 1  
 valacyclovir tab 1  
 zidovudine cap 1  
 RELENZA DISKHALER QL 2  
 FUZEON INJ MSP S  
 PEG-INTRON INJ MSP S  
 PEGASYS INJ MSP S

## ASSORTED CLASSES

azathioprine tab 1  
 cyclosporine cap 1  
 mycophenolate mofetil tab 1

## BETA BLOCKERS

atenolol tab 1  
 carvedilol tab 1  
 labetalol tab 1  
 metoprolol ER tab 1  
 metoprolol tab 1  
 nadolol tab 1  
 propranolol tab 1  
 BYSTOLIC TAB ¢ 2

## CALCIUM CHANNEL BLOCKERS

amlodipine tab 1  
 diltiazem ER cap 1  
 diltiazem ER tab 1  
 diltiazem tab 1  
 felodipine ER tab 1  
 nifedipine cap 1  
 nifedipine ER tab 1  
 nisoldipine ER tab 1  
 verapamil SR tab 1  
 COVERA-HS TAB 3

## CEPHALOSPORINS

cefaclor cap 1  
 cefadroxil cap 1  
 cefdinir cap 1  
 cefdinir susp 1  
 cefpodoxime proxetil tab 1  
 cefprozil susp 1  
 cefprozil tab 1  
 cefuroxime susp 1  
 cephalixin cap 1

## CONTRACEPTIVES

necon tab \$0  
 NUVARING \$0  
 tri-nessa (LO) tab \$0

YASMIN TAB NC  
 YAZ TAB NC

## CORTICOSTEROIDS

prednisolone soln 1

## COUGH/ COLD/ ALLERGY

guaifenesin/ codeine syrup OTC, QL 1

## DERMATOLOGICALS

adapalene cream PA 1  
 adapalene gel PA 1  
 amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 1  
 calcipotriene cream 1  
 clindamycin gel 1  
 clindamycin/ benzoyl peroxide gel 1  
 clotrimazole/ betamethasone cream 1  
 erythromycin gel 1  
 imiquimod cream 1  
 ketoconazole cream 1  
 lidocaine patch QL 1  
 lidocaine/ prilocaine cream 1  
 metronidazole cream 1  
 metronidazole gel 1  
 mupirocin oint 1  
 pimecrolimus cream 1  
 tacrolimus oint 1  
 tretinoin cream PA 1  
 tretinoin gel PA 1  
 ELIDEL CREAM 3  
 TAZORAC CREAM 0.05% 3  
 AZELEX CREAM NC  
 mupirocin cream NC  
 nystatin/ triamcinolone oint NC  
 TAZORAC GEL NC  
 ZOVIRAX OINT NC

## DIAGNOSTIC PRODUCTS

ACCU-CHEK TEST STRIP OTC 2  
 FREESTYLE LITE TEST OTC STRIP 2  
 FREESTYLE TEST STRIP OTC 2  
 PRECISION XTRA TEST OTC STRIP 2  
 TEST STRIP (all other test OTC strips) NC

## DIURETICS

acetazolamide ER cap 1  
 amiloride/ hydrochlorothiazide tab 1  
 CHLORTHALIDONE TAB 1  
 furosemide tab 1  
 hydrochlorothiazide tab 1  
 spironolactone tab 1  
 triamterene/ hydrochlorothiazide cap 1  
 hydrochlorothiazide tab 1

## ENDOCRINE AND METABOLIC AGENTS - MISC.

raloxifene tab \$0  
 alendronate tab 1  
 ibandronate tab 150mg QL 1  
 FORTICAL NASAL SPRAY 2  
 ACTONEL TAB 3  
 FORTEO INJ MSP S

## ESTROGENS

estradiol patch 1  
 estradiol tab 1

estradiol/ norethindrone tab 1  
 PREMARIN TAB 2  
 PREMPHASE TAB, PREMPRO TAB 2

## FLUOROQUINOLONES

ciprofloxacin tab 1  
 levofloxacin tab 1  
 moxifloxacin tab 1  
 ofloxacin tab 1

## GASTROINTESTINAL AGENTS - MISC.

AMITIZA CAP NC

## GENITOURINARY AGENTS - MISCELLANEOUS

alfuzosin SR tab 1  
 finasteride tab 1  
 tamsulosin cap 1

## GOUT AGENTS

allopurinol tab 1

## HEMATOLOGICAL AGENTS - MISC.

clopidogrel tab 75mg 1

## HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS

phenobarbital tab 1  
 temazepam cap 15mg 1  
 temazepam cap 30mg 1  
 zaleplon cap 1  
 ramelteon tab NC  
 ROZEREM TAB NC

## MACROLIDES

azithromycin susp 1  
 azithromycin tab 1  
 clarithromycin tab 1  
 DIFICID TAB QL, ST 2

## MEDICAL DEVICES AND SUPPLIES

ACCU-CHEK AVIVA OTC \$0  
 PLUS METER  
 FREESTYLE FREEDOM OTC \$0  
 LITE METER  
 FREESTYLE LITE METER OTC \$0  
 PRECISION XTRA OTC \$0  
 METER  
 B-D INSULIN SYRINGE OTC 1  
 B-D PEN NEEDLE OTC 1  
 NOVOFINE PEN NEEDLE OTC 1  
 NOVOTWIST PEN OTC 1  
 NEEDLE

## MIGRAINE PRODUCTS

naratriptan tab QL 1  
 rizatriptan ODT QL 1  
 rizatriptan tab QL 1  
 sumatriptan inj QL 1  
 sumatriptan tab QL 1  
 sumatriptan vial inj QL 1  
 zolmitriptan ODT QL 1  
 zolmitriptan tab QL 1  
 SUMATRIPTAN INJ 6MG/ QL 2  
 0.5ML  
 acetaminophen/ isometheptene/ dichloral cap NC  
 SUMAVEL DOSEPRO INJ NC

## MOUTH/ THROAT/ DENTAL AGENTS

clotrimazole troches 1  
 nystatin susp 1

## MULTIVITAMINS

PRENATAL VITAMINS 1  
 (PRENATAL PLUS, PREPLUS, PRENAPLUS)

## NASAL AGENTS - SYSTEMIC AND TOPICAL

fluticasone nasal spray QL 1  
 BECONASE AQ NASAL NC  
 SPRAY  
 VERAMYST NASAL NC  
 SPRAY

## OPHTHALMIC AGENTS

azelastine ophth soln 1  
 bacitracin/ polymyxin b ophth oint 1  
 ciprofloxacin ophth soln 1  
 dorzolamide/ timolol (pf) ophth soln 1  
 gentamicin ophth soln 1  
 ketorolac ophth soln 1  
 latanoprost ophth soln QL 1  
 neomycin/ polymyxin/ hydrocortisone ophth soln 1  
 ofloxacin ophth soln 1  
 pilocarpine ophth soln 1  
 timolol maleate ophth soln 1  
 tobramycin ophth soln 1  
 tobramycin/ dexamethasone ophth soln 1  
 ALPHAGAN P OPHTH SOLN 0.1% 2  
 ALREX OPHTH SUSP 2  
 AZOPT OPHTH SUSP 2  
 BETIMOL OPHTH SOLN 2  
 LUMIGAN OPHTH SOLN QL 2  
 PROLENSA OPHTH SOLN 2  
 RESTASIS OPHTH RS 2  
 EMULSION  
 TOBRADEX OPHTH OINT 2  
 TRAVATAN Z OPHTH QL 2  
 SOLN  
 ketotifen ophth soln OTC EXC

## OTIC AGENTS

acetic acid otic soln 1  
 neomycin/ polymyxin/ hydrocortisone otic susp 1  
 ofloxacin otic soln 1  
 CIPRODEX OTIC SUSP 2

## PENICILLINS

amoxicillin cap 1  
 amoxicillin/ clavulanate ER tab 1  
 amoxicillin/ clavulanate tab 1  
 penicillin vk tab 1

## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

bupropion SR tab QL, SMKG \$0  
 CHANTIX PAK QL, SMKG \$0  
 CHANTIX TAB QL, SMKG \$0  
 nicotine gum OTC, QL, SMKG \$0  
 nicotine lozenge OTC, QL, SMKG \$0  
 nicotine patch OTC, QL, SMKG \$0  
 NICOTROL INHALER QL, SMKG \$0  
 NICOTROL NASAL QL, SMKG \$0  
 SPRAY  
 donepezil ODT QL 1  
 donepezil tab QL 1  
 galantamine ER cap 1  
 galantamine tab ¢ 1  
 memantine tab 1  
 rivastigmine cap 1

NC Not Covered  
 EXC Plan Exclusion  
 MSP Mandatory Specialty Pharmacy Program  
 QL Quantity Limit  
 SMKG Smoking Cessation  
 ¢ RxCENTS

generic =small letters  
 INF Infertility  
 OTC Over-the-Counter  
 RS Restricted to Specialist  
 ST Step Therapy

BRANDS =CAPITAL LETTERS  
 LD Limited Distribution  
 PA Prior Authorization  
 SF Limited to two 15 day fills per month for first 3 months  
 VAC Vaccine Program

## Quick Reference Formulary - Decent, Inc. 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](http://www.costcohealthsolutions.com) or upon request at 877-908-6024. Drugs will be filled as generics when acceptable generic equivalents are available.

NAMENDA XR		2	
TITRATION PACK			
<b>TETRACYCLINES</b>			
doxycycline hyclate cap		1	
minocycline cap		1	
<b>THYROID AGENTS</b>			
liothyronine tab		1	
methimazole tab		1	
THYROLAR TAB		2	
SYNTHROID TAB		3	
<b>ULCER DRUGS</b>			
cimetidine tab		1	
famotidine susp		1	
famotidine tab		1	
misoprostol tab		1	
pantoprazole EC tab		1	
rabeprazole EC tab		1	
PREVACID OTC CAP	OTC		EXC
ZEGERID CAP OTC	OTC		EXC
DEXILANT CAP			NC
<b>URINARY ANTI-INFECTIVES</b>			
nitrofurantoin monohydrate cap		1	
<b>URINARY ANTISPASMODICS</b>			
oxybutynin ER tab		1	
oxybutynin tab		1	
tolterodine SR cap		1	
tolterodine tab	¢	1	
TOVIAZ TAB			NC
<b>VAGINAL PRODUCTS</b>			
vcf vaginal gel	OTC		\$0
PREMARIN VAGINAL CREAM		2	

**NC** Not Covered  
**EXC** Plan Exclusion  
**MSP** Mandatory Specialty Pharmacy Program  
**QL** Quantity Limit  
**SMKG** Smoking Cessation  
 ¢ RxCENTS

**generic** =small letters  
**INF** Infertility  
**OTC** Over-the-Counter  
**RS** Restricted to Specialist  
**ST** Step Therapy

**BRANDS** =CAPITAL LETTERS  
**LD** Limited Distribution  
**PA** Prior Authorization  
**SF** Limited to two 15 day fills per month for first 3 months  
**VAC** Vaccine Program