

# Quick Reference Formulary - Costco Health Solutions Traditional 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 coverage, shown to the right of each drug product.

		Relative Cost to Member
Tier 1	Formulary generics and some lower cost brand products	\$
Tier 2	Formulary, brand products	\$\$
NC	Not Covered	\$\$\$

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	1
cap	
dexmethylphenidate tab	1
guanfacine ER tab	1
methylphenidate ER cap	1
methylphenidate tab	1
VYVANSE CAP	2
ADDERALL XR CAP	NC

### AMINOGLYCOSIDES

TOBI PODHALER	CMS	S
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### ANALGESICS -

### ANTI-INFLAMMATORY

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

### ANALGESICS - OPIOID

acetaminophen/ codeine		1
tab		
fentanyl patch		1
hydrocodone/		1
acetaminophen tab		
morphine sulfate ER tab		1
oxycodone/		1
acetaminophen tab		
tramadol tab		1
OXYCODONE ER TAB	QL	2
OXYCONTIN CR TAB		NC

### ANTIANKXIETY AGENTS

alprazolam tab		1
bupirone tab		1
hydroxyzine tab		1
lorazepam tab		1

### ANTIARRHYTHMICS

MULTAQ TAB		2
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### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

DULERA INHALER		2
INCRUSE ELLIPTA		2
INHALER		
SEREVENT DISKUS		2
INHALER		
PULMICORT FLEXHALER		NC
QVAR INHALER		NC
TUDORZA PRESSAIR		NC
INHALER		

### ANTICOAGULANTS

warfarin tab		1
PRADAXA CAP 110MG,		NC
150MG		

### ANTICONVULSANTS

carbamazepine ER tab		1
carbamazepine tab		1
clonazepam tab		1
divalproex sodium DR tab		1
gabapentin cap	QL	1
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,		1
250mg		
nortriptyline cap		1
paroxetine tab		1
sertraline conc		1
sertraline tab		1
trazodone tab		1
venlafaxine ER cap		1
venlafaxine tab		1
venlafaxine ER tab		NC

### ANTIDIABETICS

glipizide ER tab		1
glipizide tab		1
glyburide tab		1
metformin tab		1
AVANDIA TAB		2
BYDUREON PEN INJ	QL	2
FARXIGA TAB	QL	2
INSULIN		2
GLARGINE-YFGN		
INSULIN		2
GLARGINE-YFGN PEN		
JANUMET TAB	QL	2
JANUMET XR TAB	QL	2
JANUVIA TAB	QL, $\phi$	2
LEVEMIR FLEXTOUCH		2
INJ		

LEVEMIR INJ		2
NOVOLIN 70/ 30 INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R INJ	OTC	2
TOUJEO MAX		2
SOLOSTAR INJ		
TOUJEO SOLOSTAR INJ		2
TRESIBA FLEXTOUCH		2
INJ		
ADMELOG INJ, INSULIN		NC
LISPRO INJ		
HUMULIN N PEN INJ	OTC	NC
KOMBIGLYZE XR TAB		NC
ONGLYZA TAB		NC
pioglitazone/ metformin		NC
tab		

### ANTIEMETICS

ondansetron tab		1
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### 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		1

### ANTIHYPERLIPIDEMICS

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

### ANTIHYPERTENSIVES

amlodipine/ benazepril cap		1
amlodipine/ valsartan tab		1
benazepril tab		1
benazepril/		1
hydrochlorothiazide tab		
bisoprolol/		1
hydrochlorothiazide tab		
candesartan tab		1
canopril tab		1
doxazosin tab		1
enalapril tab		1
enalapril/		1
hydrochlorothiazide tab		
irbesartan tab		1
irbesartan/		1
hydrochlorothiazide tab		
lisinopril tab		1
lisinopril/		1
hydrochlorothiazide tab		
losartan tab		1
losartan/		1
hydrochlorothiazide tab		
metoprolol/		1
hydrochlorothiazide tab		
phenoxybenzamine cap		1
terazosin cap		1

valsartan tab		1
valsartan/		1
hydrochlorothiazide tab		
candesartan/		NC
hydrochlorothiazide tab		

### ANTI-INFECTIVE AGENTS - MISC.

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

### ANTIMALARIALS

hydroxychloroquine tab		1
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### ANTIMYCOBACTERIAL AGENTS

rifampin cap		1
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### ANTINEOPLASTICS

methotrexate tab		1
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### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

anastrozole tab		\$0
tamoxifen tab		\$0
bexarotene cap	CMS, PA,	1
	SF	

letrozole tab		1
BOSULIF TAB	MSP, PA, SF	S
ERIVEDGE CAP	MSP, PA, SF	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		1
quetiapine tab		1
risperidone tab		1
ziprasidone cap		1

### ANTIVIRALS

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

NC Not Covered

NC/3P Not Covered, Third Party Reviewer

2+ Tier 2 copay plus cost difference

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

generic =small letters

BRANDS =CAPITAL LETTERS

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

EXC Plan Exclusion

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

$\phi$  RxCENTS

Last Updated 9/1/2022

