

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 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 Navitus P&T Committee.

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

ADDERALL XR CAP	1
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
DAYTRANA PATCH	3
STRATTERA CAP	3

AMINOGLYCOSIDES

TOBI PODHALER MSP RS	2
----------------------	---

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
ENBREL INJ 25MG MSP PA QL	2
ENBREL INJ 50MG MSP PA QL	2
ENBREL SURECLICK INJ MSP PA QL 50MG	2
HUMIRA INJ MSP PA QL	2
HUMIRA PEN INJ MSP PA QL	2

ANALGESICS - OPIOID

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

ANTIANGINAL AGENTS

RANEXA TAB	2
------------	---

ANTIANKXIETY AGENTS

alprazolam tab	1
bupropion tab	1
hydroxyzine tab	1
lorazepam tab	1

ANTIARRHYTHMICS

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

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083%	1
albuterol/ ipratropium neb soln	1
ARNUITY ELLIPTA INHALER	1
ASMANEX HFA INHALER	1
ASMANEX INHALER	1
budesonide inh susp	1
FLOVENT DISKUS INHALER	1
FLOVENT HFA INHALER	1
ipratropium neb soln	1
montelukast chew tab	1
montelukast tab	1
ADVAIR DISKUS INHALER	2
ADVAIR HFA INHALER	2
BREO ELLIPTA INHALER	2
COMBIVENT INHALER	2
COMBIVENT RESPIMAT INHALER	2
DULERA INHALER	2
INCRUSE ELLIPTA INHALER	2
SEREVENT DISKUS INHALER	2
VENTOLIN HFA INHALER QL	2
PROVENTIL HFA INHALER	NC
PULMICORT FLEXHALER	NC
QVAR INHALER	NC
SYMBICORT INHALER	NC
TUDORZA PRESSAIR INHALER	NC

ANTICOAGULANTS

warfarin tab	1
PRADAXA CAP	2

ANTICONVULSANTS

carbamazepine ER tab	1
carbamazepine tab	1
clonazepam tab	1
divalproex sodium DR tab	1
gabapentin cap	1
lamotrigine ER tab	1
lamotrigine tab	1
levetiracetam tab	1
phenytoin cap	1
topiramate tab	1
BANZEL TAB	2
LYRICA CAP	2
VIMPAT TAB QL	2

ANTIDEPRESSANTS

amitriptyline tab	1
bupropion ER tab	1
bupropion XL tab	1
citalopram soln	1
citalopram tab	1
duloxetine EC cap QL	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 ER tab	1
venlafaxine tab	1
PEXEVA TAB ST	3

ANTIDIABETICS

glipizide ER tab	1
glipizide tab	1
glyburide tab	1
metformin tab	1
pioglitazone/ metformin tab	1
AVANDAMET TAB	2
AVANDIA TAB	2
BYDUREON PEN INJ QL	2
FARXIGA TAB QL	2
JANUMET TAB QL	2
JANUMET XR TAB QL	2
JANUVIA TAB QL	2
JENTADUETO TAB QL	2
LANTUS INJ	2
LEVEMIR FLEXPEN/ FLEXTOUCH INJ	2
LEVEMIR INJ	2
NOVOLIN INJ OTC	2
NOVOLOG FLEXPEN INJ	2
NOVOLOG INJ	2
NOVOLOG MIX FLEXPEN INJ	2
NOVOLOG PENFILL INJ	2
TRADJENTA TAB QL	2
VICTOZA INJ QL	2
BASAGLAR INJ	NC
HUMALOG INJ	NC
HUMULIN N INJ OTC	NC
HUMULIN R INJ OTC	NC
KOMBIGLYZE XR TAB	NC
ONGLYZA TAB	NC

ANTIEMETICS

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

ANTIFUNGALS

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

ANTHYPERLIPIDEMICS

atorvastatin tab	1
cholestyramine powder	1
fluvastatin cap	1
gemfibrozil tab	1
lovastatin tab	1
NIASPAN ER TAB	1
pravastatin tab	1
simvastatin tab	1
TRILIPX CAP	1

ANTHYPERTENSIVES

amlodipine/ valsartan tab	1
amlodipine/ benazepril cap	1
benazepril tab	1
benazepril/ hydrochlorothiazide tab	1
bisoprolol/ hydrochlorothiazide tab	1
candesartan tab	1
candesartan/ hydrochlorothiazide tab	1
captopril tab	1
clonidine patch	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
phenoxylbenzamine cap	1
terazosin cap	1
valsartan tab	1
valsartan/ hydrochlorothiazide tab	1

ANTI-INFECTIVE AGENTS - MISC.

clindamycin cap	1
erythromycin/ sulfisoxazole susp	1
metronidazole cap	1
metronidazole tab	1
smz/ tmp (DS) tab	1
vancomycin cap QL ST	1

ANTIMALARIALS

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

ANTIMYCOBACTERIAL AGENTS

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

ANTINEOPLASTICS

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

NC Not Covered

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

generic =small letters

LD Limited Distribution

PA Prior Authorization

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

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

¢ RxCENTS

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 or upon request at 877-908-6024. Drugs will be filled as generics when acceptable generic equivalents are available.

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
tamoxifen tab	\$0
anastrozole tab	1
bexarotene cap	MSP PA SF 1
letrozole tab	1
AFINITOR DISPERZ	MSP PA QL 2
AFINITOR TAB	MSP PA QL 2
BOSULIF TAB	MSP PA SF 2
ERIVEDGE CAP	MSP PA SF 2
IMBRUVICA CAP	LD PA QL SF 2
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
FUZEON INJ	MSP 2
PEG-INTRON INJ	MSP 2
PEGASYS INJ	MSP 2
RELENZA DISKHALER	QL 2
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 cap	1
verapamil SR tab	1
COVERA-HS TAB	3
CEPHALOSPORINS	
cefaclor cap	1
cefadroxil cap	1

cefdirin cap	1
cefdirin susp	1
cefepodoxime proxetil tab	1
cefprozil susp	1
cefprozil tab	1
cefuroxime susp	1
cephalexin cap	1
CONTRACEPTIVES	
necon tab	\$0
NUVARING	\$0
tri-nessa (LO) tab	\$0
YASMIN TAB	\$0
YAZ TAB	\$0
CORTICOSTEROIDS	
prednisolone soln	1
PREDNISON TAB	1
COUGH/ COLD/ ALLERGY	
guaifenesin/ codeine syrup	OTC QL 1
DERMATOLOGICALS	
adapalene cream	PA 1
adapalene gel 0.1%	PA 1
calcipotriene cream	1
clindamycin gel	1
clindamycin/ benzoyl peroxide gel	1
clotrimazole/ betamethasone cream	1
DIFFERIN GEL 0.3%	PA 1
erythromycin gel	1
imiquimod cream	1
isotretinoin cap	1
ketoconazole cream	1
lidocaine patch	QL 1
lidocaine/ prilocaine cream	1
metronidazole cream	1
metronidazole gel	1
mupirocin cream	1
mupirocin oint	1
tacrolimus oint	1
tretinoin cream	PA 1
tretinoin gel	PA 1
ZOVIRAX OINT	1
ELIDEL CREAM	2
AZELEX CREAM	PA 3
TAZORAC CREAM	3
TAZORAC GEL	3
nystatin/ triamcinolone oint	NC
DIAGNOSTIC PRODUCTS	
ACCU-CHEK TEST STRIP	OTC 2
FREESTYLE LITE TEST	OTC 2
STRIP	2
FREESTYLE TEST STRIP	OTC 2
PRECISION XTRA TEST	OTC 2
STRIP	2
TEST STRIP (all other test strips)	OTC NC
DIGESTIVE AIDS	
PANCRELIPASE CAP	ST 3
PERTZYE CAP	ST 3
ZENPEP CAP	ST 3
DIURETICS	
acetazolamide ER cap	1
amiloride/ hydrochlorothiazide tab	1
CHLORALIDONE TAB	1
furosemide tab	1
hydrochlorothiazide tab	1
spironolactone tab	1
triamterene/ hydrochlorothiazide cap	1
triamterene/ hydrochlorothiazide tab	1

ENDOCRINE AND METABOLIC AGENTS - MISC.	
raltaxifene tab	\$0
alendronate tab	1
ibandronate tab 150mg	QL 1
FORTEO INJ	MSP 2
FORTICAL NASAL SPRAY	2
ACTONEL TAB	3
ESTROGENS	
estradiol patch	1
estradiol tab	1
estradiol/ norethindrone tab	1
PREMARIN TAB	2
PREMPHASE/ PREMPRO TAB	2
FLUOROQUINOLONES	
ciprofloxacin ER tab	1
ciprofloxacin tab	1
levofloxacin tab	1
moxifloxacin tab	1
ofloxacin tab	1
GASTROINTESTINAL AGENTS - MISC.	
CIMZIA INJ	MSP PA QL 3
AMITIZA CAP	NC
GENITOURINARY AGENTS - MISCELLANEOUS	
alfuzosin SR tab	1
finasteride tab	1
tamsulosin cap	1
GOUT AGENTS	
allopurinol tab	1
ULORIC TAB	¢ ST 2
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
zolpidem tab 10mg	QL 1
zolpidem tab 5mg	QL 1
ROZEREM TAB	QL 3
MACROLIDES	
azithromycin susp	1
azithromycin tab	1
clarithromycin tab	1
DIFICID TAB	QL ST 2
ERYTHROMYCIN TAB	3
MEDICAL DEVICES AND SUPPLIES	
ACCU-CHEK AVIVA PLUS METER	OTC \$0
FREESTYLE FREEDOM LITE METER	OTC \$0
FREESTYLE LITE METER	OTC \$0
PRECISION XTRA METER	OTC \$0
B-D INSULIN SYRINGE	OTC 1
B-D PEN NEEDLE	OTC 1
FREESTYLE INSULIN SYRINGE	OTC 1
NOVOFINE PEN NEEDLE	OTC 1
NOVOTWIST PEN NEEDLE	OTC 1

PRECISION INSULIN SYRINGE	OTC 1
MIGRAINE PRODUCTS	
acetaminophen/ isometheptene/ dichloral cap	1
naratriptan tab	QL 1
rizatriptan ODT	QL 1
rizatriptan tab	QL 1
sumatriptan inj	QL 1
SUMATRIPTAN INJ 6MG/ 0.5ML	QL 1
sumatriptan tab	QL 1
sumatriptan vial inj	QL 1
zolmitriptan ODT	QL 1
zolmitriptan tab	QL 1
SUMAVEL DOSEPRO INJ	QL 3
RELPAK TAB	NC
MOUTH/ THROAT/ DENTAL AGENTS	
clotrimazole troches	1
nystatin susp	1
MULTIVITAMINS	
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ PRENAPLUS)	1
NASAL AGENTS - SYSTEMIC AND TOPICAL	
azelastine nasal spray	1
budesonide nasal spray	QL ST 1
flunisolide nasal spray	QL 1
fluticasone nasal spray	QL 1
BECONASE AQ NASAL SPRAY	QL ST 3
VERAMYST NASAL SPRAY	NC
OPHTHALMIC AGENTS	
azelastine ophth soln	1
bacitracin/ polymyxin b ophth oint	1
ciprofloxacin ophth soln	1
dorzolamide/ timolol ophth soln	1
gentamicin ophth soln	1
ketorolac ophth soln	1
ketotifen ophth soln	OTC 1
latanoprost ophth soln	QL 1
neomycin/ polymyxin/ hydrocortisone ophth soln	1
ofloxacin ophth soln	1
pilocarpine ophth soln	1
prednisolone 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/ LOTEMAX OPHTH SUSP	2
AZOPT OPHTH SUSP	2
BETIMOL OPHTH SOLN	2
LUMIGAN/ BIMATOPROST OPHTH SOLN	QL 2
PATADAY OPHTH SOLN	QL ST 2
PROLENSA OPHTH SOLN	2
RESTASIS OPHTH	RS 2
EMULSION	2
TOBRADEX OPHTH OINT	2
TRAVATAN Z OPHTH SOLN	QL 2
OTIC AGENTS	

NC Not Covered

INF Infertility

OTC Over-the-Counter

RS Restricted to Specialist

ST Step Therapy

generic =small letters

LD Limited Distribution

PA Prior Authorization

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

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

MSP Mandatory Specialty Pharmacy Program

QL Quantity Limit

SMKG Smoking Cessation

¢ RxCENTS

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 or upon request at 877-908-6024. Drugs will be filled as generics when acceptable generic equivalents are available.

acetic acid otic soln	1
neomycin/ polymixin/ 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 SPRAY	QL SMKG	\$0
donepezil ODT	QL	1
donepezil tab	QL	1
galantamine ER cap		1
galantamine tab	¢	1
memantine tab		1
rivastigmine cap		1
NAMENDA XR CAP		2

TETRACYCLINES

doxycycline hyclate cap	1
minocycline cap	1

THYROID AGENTS

liothyronine tab	1
methimazole tab	1
SYNTHROID TAB	1
THYROLAR TAB	2

ULCER DRUGS

cimetidine tab	1
famotidine susp	1
famotidine tab	1
misoprostol tab	1
pantoprazole EC tab	1
PREVACID OTC CAP	OTC 1
rabeprazole EC tab	1
ZEGERID CAP OTC	OTC 1
DEXILANT CAP	QL ST 3

URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate cap	1
--------------------------------	---

URINARY ANTISPASMODICS

oxybutynin ER tab	1
oxybutynin tab	1
tolterodine SR cap	1
tolterodine tab	¢ 1
VESICARE TAB	¢ 2
TOVIAZ TAB	PA 3

VAGINAL PRODUCTS

vcf vaginal gel	OTC	\$0
ESTRACE VAGINAL CREAM		2
PREMARIN VAGINAL CREAM		2

NC	Not Covered
INF	Infertility
OTC	Over-the-Counter
RS	Restricted to Specialist
ST	Step Therapy

generic	=small letters
LD	Limited Distribution
PA	Prior Authorization
SF	Limited to two 15 day fills per month for first 3 months
VAC	Vaccine Program

BRANDS	=CAPITAL LETTERS
MSP	Mandatory Specialty Pharmacy Program
QL	Quantity Limit
SMKG	Smoking Cessation
¢	RxCENTS