

**Pharmacy Plan Benefit Formulary**

The formulary keeps prescription medications affordable by offering generic and preferred drugs at a lower cost OGB will continuously monitor the formulary to make sure you receive the most clinically effective medications at the lowest cost. Additionally, it will be updated regularly and is subject to change without advance notice.

**Preferred Drug List (PDL)**

The PDL is a list of commonly prescribed medications within select classes of drugs covered on your formulary. The list is developed and maintained by a committee comprised of physicians and pharmacists (the Pharmacy and Therapeutics Committee). Inclusion on the list is based on consideration of a medication’s safety, effectiveness and associated clinical outcomes. The PDL was created to promote clinically appropriate use of medications in a cost-effective manner. **The PDL is updated quarterly to reflect any applicable formulary changes. It does not represent all preferred formulary medications available under your plan. If your medication is not listed, then please check the comprehensive formulary listing located at the website listed below.**

**Exclusions**

Prescription medications that have over-the-counter (OTC) equivalents are not a covered prescription benefit. As new products are made available OTC, they will be removed from the formulary. Additionally, the formulary does not include the products listed below. This list is not all-inclusive and is subject to change.

- OTC products (including non-sedating antihistamines, Prilosec, etc.)
- Appetite Suppressants
- Bulk Chemicals
- Diagnostic products
- Dietary Supplements
- Drugs with cosmetic indications
- Fertility drugs
- Medical Foods
- Vitamins and minerals

**This Preferred Drug List does not contain all drugs in each tier that are available under the pharmacy plan benefit. For a comprehensive listing, please access the formulary information by visiting <https://mp.medimpact.com/ogb>.**

For specific questions, please contact the Customer Contact Center at 1-800-910-1831. It is available 24 hours a day, 7 days a week.

Maximize Your Benefits! Generic medications offer the lowest copay			
Drug Type	Tier	Retail Copays before Out of Pocket Met	Retail Copays once Out of Pocket Met
Generic	1	50% max \$30	\$0
Preferred Brand	2	50% max \$55	\$20
Non-preferred Brand	3	65% max \$80	\$40
All Specialty Medications*	4	50% max \$80	\$40

Out of pocket amount = \$1500. Reset on calendar year.

\*Specialty medications are categorized as brand or generic drugs costing over \$600 and used to treat specific disease states such as Cancer, Multiple Sclerosis, and Rheumatoid Arthritis.

## PDL THERAPEUTIC DRUG CATEGORIES

Preferred Generic	Preferred Brand	Non-Preferred
<b>Allergy – Antihistamines – Oral and Nasal</b>		
azelastine 0.1% (QL) azelastine 0.15% (QL, ST) chlorpheniramine desloratadine tabs (QL) desloratadine ODT (orally disintegrating tablets) (QL, ST) hydroxyzine levocetirizine tab (QL) levocetirizine solution (QL, ST)		Clarinet D (QL) Clarinet Syrup (QL, ST) Patanase (QL, ST)
<b>Allergy – Nasal Corticosteroids &amp; Combo Nasal Steroid + Nasal Antihistamine</b>		
flunisolide (QL) fluticasone (QL) triamcinolone (QL)	Nasonex (QL) Qnasl (QL,ST)	Beconase AQ (QL,ST) Dymista (QL, ST) Omnaris (QL,ST) Rhinocort Aqua (QL,ST) Veramyst (QL,ST) Zetonna (QL, ST)
<b>Antidepressants</b>		
amitriptyline bupropion/SR/XL citalopram escitalopram fluoxetine / fluoxetine ER mirtazapine/soltab nortriptyline paroxetine IR sertraline trazodone venlafaxine IR/XR	Abilify (QL, ST) Cymbalta (QL) Effexor XR caps Nardil Pristiq (QL, ST) Seroquel XR (QL ST)	Aplenzin (QL, ST) Brintellix (QL,ST) Fetzima (QL, ST) Forfivo XL (QL, ST) Luvox CR (QL,ST) Khedezla (QL, ST) Olepro (QL, ST) Paxil CR Pexeva (QL, ST) Sarafem/Viibryd (QL, ST)
<b>Antimigraine Agents</b>		
APAP/dichloralphenazone/ isometheptene butalbital/APAP butalbital/APAP/caffeine butalbital/aspirin/caffeine ergotamine/caffeine naratriptan (QL) rizatriptan benzoate (QL) sumatriptan succinate (QL) zolmitriptan/ZMT (QL,ST)	Cafergot (QL) Migergot (QL)	Alsuma (QL) Axert (QL, ST) Cambia (QL) D.H.E. 45 (QL) Ergomar SL (QL) Frova (QL, ST) Migranal (QL) Relpax (QL, ST) Sumavel DosePro (QL,ST) Treximet (QL)
<b>Anti-Ulcer / Gastrointestinal Agents</b>		
cimetidine 300mg, 400mg, 800mg tabs, 300mg/5ml solution rx only famotidine 40mg tab, 40mg/5ml suspension rx only lansoprazole 30mg cap rx only lansoprazole ODT (orally disintegrating tabs) (PA) metoclopramide omeprazole 10mg, 40mg caps rx only pantoprazole ranitidine 300mg tab rx only sucralfate	Nexium (QL) 40mg cap or suspension rx only Prevpac (QL)	Aciphex (QL, ST) Aciphex Sprinkle (QL, ST) Dexilant(QL, ST) esomeprazole strontium (QL,ST) Helidac Zegerid (QL,ST) 40mg rx only
<b>Asthma / COPD</b>		
albuterol / ipratropium cromolyn ipratropium levalbuterol HCl solution montelukast theophylline	Advair (QL) Anoro Ellipta (QL) Atrovent HFA (QL) Breo Ellipta (QL) Combivent Combivent Respimat Daliresp (QL, ST) Dulera (QL) Flovent Diskus Flovent HFA Perforomist (QL) ProAir HFA Pulmicort Respules (QL) QVAR (QL) Serevent Diskus (QL) Spiriva (QL) Tudorza (QL) Ventolin HFA	Advair HFA (QL, ST) Aerospan (QL, ST) Alvesco (QL) Arcapta (QL,ST) Asmanex (QL,ST) Brovana (QL) Foradil (QL,ST) Proventil HFA Pulmicort Flexhaler (QL,ST) Symbicort (QL, ST) Xopenex HFA Zyflo

Preferred Generic	Preferred Brand	Non-Preferred
<b>Cardiovascular – ACE Inhibitors / ARBs / DRIs/ Combinations</b>		
benazepril/HCTZ candesartan/HCTZ enalapril/HCTZ irbesartan/HCTZ lisinopril/HCTZ losartan/HCTZ quinapril/HCTZ ramipril caps telmisartan/HCTZ telmisartan/amlodipine valsartan/HCTZ	Altace tabs Benicar/HCT (ST) Diovan (ST) Exforge/HCT (ST)	Amturnide (PA) Atacand/HCT (ST) Azor (ST) Edarbi (ST) Edarbyclor (ST) Epaned solution (QL,ST) Tekamlo (PA) Tekturma/HCT (PA) Teveten/HCT (ST) Tribenzor (ST)
<b>Cardiovascular – Beta Blockers / Combinations</b>		
atenolol atenolol/chlorthalidone carvedilol metoprolol tartrate metoprolol tartrate/HCTZ metoprolol succinate propranolol propranolol/HCTZ propranolol LA	Coreg CR Bystolic	Inderal XL (ST) Innopran XL (ST) Levotal
<b>Cardiovascular – Calcium Channel Blockers / Combinations</b>		
amlodipine amlodipine / benazepril diltiazem diltiazem CD diltiazem SA, SR felodipine nifedipine/SA verapamil verapamil LA		Cardene SR Covera-HS Dynacirc CR Sular Tiazac
<b>Contraceptives (Affordable Care Act / Health Care Reform - Zero Dollar Copay)</b>		
Apri Aviane Gianvi, Loryna, or Vestura (ST) Kariva Levora Low-Ogestrel medroxyprogesterone acetate Microgestin/Fe Nortrel Ocella Syeda, or Zarah (ST) Sprintec Trinessa Tri-Sprintec Trivora	Lo Loestrin Fe (ST) Nuvaring (QL,ST) Ortho Evra (QL,ST) Ortho Tri-Cyclen Lo (ST) Yasmin (ST) Yaz (ST)	Beyaz (ST) Estrostep Fe (ST) Femcon Fe (ST) Loestrin 24 Fe (ST) Lybrel Natazia (ST) Ovcon-50 (ST) Ovcon Fe (ST) Safyral (ST) Seasonique (QL, ST) Lo-Seasonique (QL, ST)
<b>Diabetes Agents</b>		
glimepiride glipizide glipizide/metformin glyburide glyburide/metformin metformin metformin ER nateglinide pioglitazone pioglitazone/glimepiride (ST) pioglitazone/metformin (ST) repaglinide	Actos Actoplus Met/XR (ST) Bydureon (QL, ST) Byetta (QL, ST) Human Insulins (Novo/Lilly) Invokana (QL, ST) Janumet (QL) Janumet XR (QL) Januvia (QL) Jentadueto (QL) Juvivsync (QL) Lantus Prandimet Precose Riomet Symlin Tradjenta (QL) Victoza (QL, ST)	Apidra Avandamet (ST) Avandaryl (ST) Avandia (ST) Cycloset (ST) Farxiga (QL, ST) Fortamet (ST) Glumetza (ST) Glyset Kazano (QL,ST) Kombiglyze XR (QL,ST) Levemir (ST) Nesina (QL,ST) Onglyza (QL, ST) Oseni (QL,ST) Tanzeum (QL,ST)

Preferred Generic	Preferred Brand	Non-Preferred
<b>Diabetes Diagnostics</b>		
	All Abbott diabetic supplies (Precision and Freestyle)	All Bayer diabetic supplies (Contour and Breeze brands) (ST on test strips)
	All Lifescan diabetic supplies (One Touch brand)	All Roche diabetic supplies (Accu-Chek brand) (ST on test strips)
		All Nipro diabetic supplies (TrueTest TrueTrack) (ST on test strips)
<b>Genitourinary Agents-Benign Prostatic Hyperplasia</b>		
alfuzosin doxazosin finasteride (G) tamsulosin terazosin	Avodart (G, ST) Cialis (G, QL) Jalyn (G, ST) Uroxatral	Rapaflo (G, ST)
<b>Genitourinary Agents-Overactive Bladder</b>		
oxybutynin oxybutynin extended release tolterodine tartrate	Detrol/Detrol LA (ST) Toviaz (ST) Vesicare (ST)	Enablex (ST) Gelnique (ST) Myrbetriq (QL, ST) Oxytrol (ST) Sanctura/Sanctura XR (ST)
<b>Glaucoma Agents</b>		
betaxolol brimonidine dorzolamide latanoprost levobunolol timolol timolol/dorzolamide	Alphagan P Azopt Betimol Betoptic S Combigan Lumigan (QL) Simbrinza Travatan/Z (QL) Xalatan	Cosopt PF (QL, ST) Rescula (QL, ST) Timoptic Ocudose (QL, ST) Zioptan (QL, ST)
<b>Hormone Replacement</b>		
estradiol estradiol patches (QL) estropipate me-testosterone me-testosterone/ estrogen, esterified medroxyprogesterone progesterone, micronized testosterone cypionate (PA) testosterone enanthate (PA)	Androgel (PA) Axiron (PA) Combipatch (QL) Crinone Delatestryl (PA) Depo-Testosterone (PA) Duavee FemHRT Menest Premarin Premphase Prempro / Low Dose Vagifem	Activella Androderm (PA) Cenestin Climara Pro (QL) Enjuvia Estring (QL) Femtrace Fortesta (PA) Prefest Striant (PA) Testim (PA)
<b>Lipid Lowering Agents</b>		
amlodipine/atorvastatin (QL) atorvastatin cholestyramine colestipol fenofibrate gemfibrozil lovastatin niacin (Rx only) pravastatin simvastatin (ST on 80mg)	Crestor (QL) Fenoglide (ST) Lofibra (ST) Lovaza (QL) Niaspan (ST) Simcor (QL, ST) Tricor Vascepa (QL) Welchol Zetia (QL)	Advicor (QL, ST) Altoprev (QL, ST) Antara fluvastatin / XL (QL, ST) Lipofen (ST) Liptruzet (QL, ST) Livalo (QL, ST) Trilipix Vytorin (QL, ST)

Preferred Generic	Preferred Brand	Non-Preferred
<b>Non-Steroidal Anti-Inflammatory Agents</b>		
diclofenac sodium ibuprofen indomethacin meloxicam napumetone naproxen	Celebrex (AGE, ST) Vimovo (ST) Voltaren Gel	Duexis (QL, ST) Pennsaid solution (ST) Zipsor (QL, ST) Zorvolex (QL, ST)
<b>Osteoporosis Agents</b>		
alendronate ibandronate 150mg	Evista (PA) Fosamax D Forteo (QL)	Actonel (QL, ST) Atelvia (QL, ST) Binosto (QL, ST) Fortical Miacalcin
<b>Sleep Aids</b>		
temazepam zaleplon (QL) zolpidem (QL) zolpidem CR (QL, ST)		Edluar (QL, ST) Intermezzo (QL, ST) Lunesta (QL, ST) Rozerem (QL, ST) Silenor (QL, ST) Zolpimist (QL, ST)
<b>SPECIALTY DRUGS</b>		
<b>All subject to specialty copay unless exception noted.</b>		
<b>Anemia</b>		
	Procrit (PA)	Aranesp (PA) Epogen (PA)
<b>Growth Hormone</b>		
	Omnitrope (PA)	Genotropin (PA) Humatrope (PA) Norditropin / Flexpro / Nordiflex (PA) Nutropin / AQ / NuSpin (PA) Saizen (PA) Serostim (PA) Tev-Tropin (PA) Zorbtive (PA)
<b>Hepatitis C</b>		
ribavirin 200mg (generic copay)	Intron A (PA) Olysio (PA) Pegasys (PA) PegIntron (PA) Sovaldi (PA)	Incivek (PA) Vicitrelis (PA)
<b>Multiple Sclerosis</b>		
	Avonex (PA) Betaseron (PA) Copaxone (PA) Extavia (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Gilenya (PA)
<b>Rheumatoid Arthritis</b>		
Methotrexate (generic copay)	Enbrel (PA) Humira (PA)	Actemra SC (PA) Cimzia (PA) Kineret (PA) Orencia SC (PA) Otrexup (QL, ST) Rayos (ST) Simponi SC (PA) Stelara (PA) Xeljanz (PA)

Specialty copays for specialty drugs listed on page 1. Preferred brand listing of specialty drugs provided as guide to which products preferred during PA process.

A recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

<b>AGE</b>	Age Edit	Coverage may depend on patient age.
<b>G</b>	Gender	Coverage may depend on patient gender
<b>PA</b>	Prior Authorization	Requires specific physician request process.
<b>QL</b>	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
<b>ST</b>	Step Therapy	Coverage depends on previous use of another drug