

Quick Reference Formulary - Costco Health Solution 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 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	3
DAYTRANA PATCH	NC

AMINOGLYCOSIDES

TOBI PODHALER	MSP, 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	

ANTIANKXIETY AGENTS

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

ANTIARRHYTHMICS

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

ANTIASTHMATIC 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
ARNUITY 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	2

ANTICONSULSANTS

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	
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	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	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
LANTUS SOLOSTAR INJ		2
LEVEMIR FLEXTOUCH INJ		2
LEVEMIR INJ		2
NOVOLIN 70/ 30 INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R INJ	OTC	2
TOUJEO MAX		2
TOUJEO INJ		2
TOUJEO SOLOSTAR INJ		2
TRADJENTA TAB	QL	2
TRESIBA FLEXTOUCH INJ		2
VICTOZA INJ	QL	2
ADMELOG INJ, INSULIN		NC
LISPRO INJ		NC
BASAGLAR INJ		NC
HUMULIN N INJ	OTC	NC
HUMULIN R INJ	OTC	NC
KOMBIGLYZE XR TAB		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	PA	1
ketoconazole tab		1
nystatin tab		1
terbinafine tab		1
voriconazole tab	RS	1

ANTHYPERLIPIDEMICS

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

ANTHYPERTENSIVES

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
phenoxymethamine 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	MSP, PA, SF 1
letrozole tab	1
AFINITOR DISPERZ	MSP, PA, QL, S SF
AFINITOR TAB 10MG	MSP, PA, QL, S SF
BOSULIF TAB	MSP, PA, SF S
ERIVEDGE CAP	MSP, PA, SF S

ANTIPARKINSON AGENTS

amantadine 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 - Costco Health Solution 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.

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	MSP 1
valacyclovir tab	1
zidovudine cap	MSP 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
cefepoxime proxetil tab	1
cefprozil susp	1
cefprozil tab	1
cefuroxime susp	1
cephalexin cap	1

CONTRACEPTIVES

tri-sprintec tab	\$0
YAZ TAB	NC

CORTICOSTEROIDS

prednisolone soln	1
-------------------	---

COUGH/ COLD/ ALLERGY

guaifenesin/ codeine svrup	OTC, QL 1
----------------------------	-----------

DERMATOLOGICALS

adapalene cream	PA 1
-----------------	------

adapalene gel	PA 1
---------------	------

amnestem 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	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 STRIPOTC	1
FREESTYLE LITE TEST	OTC NC
STRIP	1
FREESTYLE TEST STRIPOTC	NC
PRECISION XTRA TEST	OTC NC
STRIP	1
TEST STRIP (all other test strips)	OTC 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
triamterene/ 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

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		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	NC
FREESTYLE FREEDOM	OTC	NC
LITE METER		
FREESTYLE LITE METEROTC		NC
NOVOFINE PEN NEEDLE	OTC	NC
NOVOTWIST PEN	OTC	NC
NEEDLE		
PRECISION XTRA	OTC	NC
METER		

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 0.5ML	2
acetaminophen/ isometheptene/ dichloral cap	NC
SUMAVEL DOSEPRO INJ	NC

MOUTH/ THROAT/ DENTAL AGENTS

clotrimazole troches	1
nystatin susp	1

MULTIVITAMINS

PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	1
---	---

NASAL AGENTS - SYSTEMIC AND TOPICAL

fluticasone nasal spray	QL 1
budesonide nasal spray	OTC EXC
BECONASE AQ NASAL SPRAY	NC

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
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
BETIMOL OPHTH SOLN	2
LUMIGAN OPHTH SOLN	QL 2
PROLENSA OPHTH SOLN	2
RESTASIS OPHTH	RS 2
EMULSION	
TOBRADEX OPHTH OINT	2
ketotifen ophth soln	OTC EXC

OTIC AGENTS

acetic acid otic soln	1
neomycin/ polymixin/ hydrocortisone otic susp	1
ofloxacin otic soln	1

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	SMKG \$0
CHANTIX PAK	SMKG \$0
CHANTIX TAB	SMKG \$0
nicotine gum	OTC, SMKG \$0
nicotine lozenge	OTC, SMKG \$0
nicotine patch	OTC, SMKG \$0
NICOTROL INHALER	SMKG \$0
NICOTROL NASAL	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	2
TITRATION PAK	

TETRACYCLINES

doxycycline hyclate cap	1
minocycline cap	1

THYROID AGENTS

liothyronine tab	1
methimazole tab	1
THYROLAR TAB	2
SYNTHROID TAB	3

ULCER DRUGS

famotidine susp	1
famotidine tab	OTC 1
misoprostol tab	1
pantoprazole EC tab	1
rabeprazole EC tab	1
cimetidine tab	OTC EXC
PREVACID OTC CAP	OTC EXC
ZEGERID CAP OTC	OTC EXC
DEXILANT CAP	NC

URINARY ANTISPASMODICS

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 - Costco Health Solution 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.

oxybutynin ER tab	1
oxybutynin tab	1
tolterodine SR cap	1
tolterodine tab	1
TOVIAZ TAB	NC

VAGINAL PRODUCTS

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