

The Prescription Drug List (PDL) groups medications by the conditions they treat. Each medication is placed in a tier that indicates the amount you pay to fill a prescription as determined by your employer or health plan. Please reference this chart as you review the following PDL updates.



Tier 1
Lowest-cost
medications



Tier 2
Midrange-cost
medications



Tier 3
Highest-cost
medications

Medications moving to a higher tier

Medications may move to a higher tier when they are more costly and have lower-cost options available. If your medication is listed below, you may continue taking it, but you may pay a higher cost. We encourage you to discuss the lower-cost option(s) below with your doctor to determine if they may be used to treat your condition.

Therapeutic Use	Medication Name	Tier Placement	Alternative Medications
Attention Deficit Disorder	Intuniv tab 1mg, 2mg, 3mg, 4mg	2>3	guanfacine hcl tab sr 24HR
Hepatitis C	Olysio capsule 150mg	2>3	Harvoni Tab 90-400mg, Sovaldi Tab 400mg
High Blood Pressure	Exforge tab 10-160mg, 10-320mg, 5-160mg, 5-320mg	2>3	amlodipine besylate-valsartan tab
	Exforge HCT tab 10-160-12.5mg, 10-160-25mg, 10-320-25mg, 5-160-12.5mg, 5-160-25mg	2>3	amlodipine-valsartan-hydrochlorothiazide tab
Infections	E.E.S. gran sus 200mg/5mL	2>3	erythromycin ethylsuccinate tab 400mg
	Eryped sus 200mg/5mL	2>3	
	Ery-tab 250mg EC, 333mg EC, 500mg EC	2>3	erythromycin base tab 250mg, 500mg
	Erythrocin tab 250mg	2>3	erythromycin base tab, erythromycin ethylsuccinate tab 400 mg
	Zyvox Sus 100mg/5ml	2>3	generic Zyvox expected May 2015
	Zyvox tab 600mg	2>3	generic Zyvox expected May 2015
Migraines	Ergomar sub 2mg	2>3	zolmitriptan tab, zolmitriptan orally disintegrating tab, Zomig spr, Cafergot tab
Women's Health: Hormone Replacement	Enjuvia tab 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	2>3	estradiol tab, estropipate tab, Premarin tab, Menest tab

Clinical Programs

The OptumRx PDL also includes various clinical programs to ensure safe and appropriate use of medications while helping you manage pharmacy costs. We encourage you to review the clinical program updates below.

PA Prior Authorization

Your doctor is required to provide additional information to determine benefit coverage.

Therapeutic Use	Add/Remove	Medication Name
Parkinson's Disease	Add	bromocriptine cap 2.5mg, 5mg
		Parlodel cap 2.5mg, 5mg
Weight Control	Add	Adipex-P 37.5mg cap, 37.5 tab
		benzphetamine tab 50mg
		Bontril PDM tab 35mg
		Didrex tab 50mg
		diethylpropion tab 25mg, 75mg ER
		phendimetrazine cap 105mg ER, 105mg SR
		phendimetrazine tab 35mg
		phentermine 15mg cap, 30mg cap, 37.5mg cap, 37.5mg tab
		Regimex tab 25mg
		Suprenza tab 15mg, 30mg, 37.5mg

QL Quantity Limits

The largest quantity of medication covered per copayment or in a defined period of time.

Therapeutic Use	Add/Remove	Medication Name	Quantity Limit
Blood Thinners	Add	enoxaparin inj 30mg/0.3mL	0.6mL (2 syringes) per day
		enoxaparin inj 40mg/0.4mL	0.8mL (2 syringes) per day
		enoxaparin inj 60mg/0.6mL	1.2mL (2 syringes) per day
		enoxaparin inj 80mg/0.8mL, 120mg/0.8mL	1.6 mL (2 syringes) per day
		enoxaparin inj 100mg/mL,150mg/mL	2 mL (2 syringes) per day
		enoxaparin inj 300mg/3mL	3mL (1 vial) per day
		Fragmin inj 10000unit/mL	1 mL (1 syringe) per day
		Fragmin inj 12500unit/mL	0.5mL (1 syringe) per day
		Fragmin inj 15000unit/mL	0.6mL (1 syringe) per day
		Fragmin inj 18000 unit/mL	0.72mL (1 syringe) per day
		Fragmin inj 2500unit/0.2mL, 5000unit/0.2mL	0.4 mL (2 syringes) per day
		Fragmin inj 25000unit/mL	1 mL (1 vial) per day
		Fragmin inj 7500unit/0.3mL	0.3mL (1 syringe) per day
		Lovenox inj 30mg/0.3mL	0.6mL (2 syringes) per day
		Lovenox inj 40mg/0.4mL	0.8mL (2 syringes) per day
		Lovenox inj 60mg/0.6mL	1.2mL (2 syringes) per day
		Lovenox inj 80mg/0.8mL, 120mg/0.8mL	1.6mL (2 syringes) per day

Viral Infections	Add	Lovenox inj 100mg/mL, 150mg/mL	2 mL (2 syringes) per day
		Lovenox inj 300mg/3mL	3mL (1 vial) per day
		valacyclovir tab 500mg	2 tablets per day
		valacyclovir tab 1gm	4 tablets per day
		Valtrex tab 500mg	2 tablets per day
		Valtrex tab 1gm	4 tablets per day

STEP Step Therapy

Members must try a lower-cost medication (known as Step 1) before a higher-cost medication (known as Step 2 and/or Step 3) will be covered.

Therapeutic Use	Add/Remove	Medication Name	Step 1 Medication
Seizure Disorders	Add	Trokendi XR Cap 25mg, 50mg, 100mg, 200mg	Step 1: topiramate IR
		Qudexy XR Cap 25mg/24HR, 50mg/24HR, 100mg/24HR, 150mg/24HR, 200mg/24HR	
Symptoms of menopause	Add	Brisdelle cap 7.5mg	Step 1: Any one of the following oral generics: estradiol, paroxetine, fluoxetine

AR Age Restrictions

Some drugs are not safe for children and the elderly. Age restrictions are applied to these drugs to reduce the risk of adverse effects.

Therapeutic Use	Add/Remove	Medication Name
Parkinson's Disease	Remove	bromocriptine 2.5mg tab, 5mg cap
		Parlodel cap 5mg
		Parlodel tab 2.5mg

For more information



Call the toll-free member phone number on the back of your ID card.



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