

Basic Formulary

2017 Preferred Drug List | Effective 01/01/2017

This Preferred Drug List (PDL) is a guide to common cost-effective medications covered on the QualChoice Basic Formulary. This list is not all-inclusive. Coverage depends on your benefit plan. Check QualChoice.com for the most up-to-date information.

Print this PDL and take it with you when you see a doctor or other medical provider. We encourage doctors to prescribe drugs on this list when they are medically right for you. In all cases, choices about your health care and treatment are between you and your doctor.

How We Select Preferred Drugs

The drugs on this list are chosen for safety, effectiveness, and cost, based on the guidance of the QualChoice Pharmacy & Therapeutics Committee. This group is made up of practicing doctors and pharmacists. They look at drugs regulated by the Federal Drug Administration (FDA) — both newly approved and those that have been on the market for some time.

Reading the Drug List

Column 1 lists major drug categories such as antibiotics and sub-categories such as penicillins. Any restrictions on the drug are noted as:

PA (Pre-Authorization)

Covered only if pre-authorized (pre-approved). You or your doctor must have approval before filling the prescription. If you don't get approval, your medication may not be covered. Call **Catamaran**, an OptumRx company, at 877.629.3118 for a pre-authorization form. Your doctor must fill it out and send to Catamaran.

QL (Quantity Limits)

Covered only for a limited number of doses over a certain amount of time. To learn more about QL on a certain drug, call **Catamaran** at 877.629.3118.

ST (Step Therapy)

Requires use of some other drug first before it is covered. Starts with the most cost-effective and safest drugs and moves on to other more costly ones only if needed. Examples are muscle relaxants and some specialty drugs.

Columns 2, 3, 4 list the drug's tier level. Each drug is listed in one of three payment tiers, each with a different cost share.

Tier 1 – Lowest Co-payment

Most (but not all) generic drugs are in Tier 1. For the lowest out-of-pocket cost always ask your doctor if a Tier 1 drug would work for you.

Tier 2 – Middle Co-payment

If your drug is in Tier 2, ask your doctor if a Tier 1 drug might work for you.

Tier 3 – Highest Co-payment

If your drug is in Tier 3, ask your doctor if a Tier 1 or Tier 2 drug might work for you.

Specialty Drugs

These drugs may have a higher co-payment or deductible and coinsurance, based on your plan. They can be filled by our preferred specialty pharmacy, BrivoRx. For help call **BrivoRx at 866.791.8679**. Check your *Benefit Summary* about specialty drug coverage under your plan. For a list of common specialty drugs, go to QualChoice.com; select *Pharmacy*, then select *Commonly Used Specialty Drugs*. To see what you will pay for a specialty drug, check your *Benefit Summary*.

For more on your specific drug coverage, check your *Evidence of Coverage (EOC)* or *Certificate of Coverage (COC)*. If you do not have a copy of these or your *Benefit Summary*, log at QualChoice.com and select *Your Benefit Booklet*. Or call us at 800.235.7111 or 501.228.7111 to ask for a copy to be mailed to you.

Medication Not Listed

If your drug is not listed here, log in as a member at QualChoice.com and select *Your Drug Formulary*. On the OptumRx *Dashboard*, select *Drug Lookup*.

Generic Drugs

Generics are FDA-approved and have the same active ingredients as the brand-name drug. They are most often less costly than brand-name drugs. On the drug list, (*) means that a generic version is available.

Appeal Process

You have the right to appeal any decision by QualChoice to not provide or pay for a medication. You may file an appeal by filling out the *Member Appeal Request Form* at QualChoice.com. You may also call us at 501.228.7111 or 800.235.7111 and ask for a copy to be mailed to you.

*Generic version available

Drug Category	Tier 1	Tier 2	Tier 3
Anti-Infectives			
Antibiotics – Cephalosporins	cefaclor, cefadroxil, cefdinir, cefprozil, cefuroxime, cephalexin		
Antibiotics – Fluoroquinolones	ciprofloxacin, ciprofloxacin ER, levofloxacin		
Antibiotics – Macrolides	azithromycin, clarithromycin, erythromycin		
Antibiotics – Penicillins	amoxicillin, amoxicillin w/ pot clavulanate, ampicillin, penicillin		
Antibiotics – Other	doxycycline, minocycline, tetracycline		
Antifungals	fluconazole(QL), itraconazole, ketoconazole, terbinafine		
Antivirals – Flu	amantadine, rimantadine		Tamiflu (QL)
Antivirals – Herpes	acyclovir, famciclovir, valacyclovir		
Antivirals – HIV			
Cardiovascular			
ACE Inhibitors and ACE Inhibitor combinations (QL)	benazepril, benazepril hctz, captopril, enalapril, enalapril hctz, fosinopril, lisinopril, lisinopril hctz, quinapril, ramipril		
Angiotensin II Receptor Antagonists (ARB's) and combinations (QL)	irbesartan, irbesartan hctz, eprosartan, losartan, losartan hctz, valsartan hctz	candesartan, candesartan hctz, telmisartan, telmisartan hctz, valsartan	
Antihyperlipidemics (Statins)	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin		
Other Antihyperlipidemic Agents	amlodipine/atorvastatin, cholestyramine, colestipol, fenofibrate, gemfibrozil	fenofibric acid cap 45mg, fenofibric acid cap 135mg, fenofibrate cap 130mg	
Antihypertensive combinations (QL)	amlodipine/atorvastatin, amlodipine/benazepril, amlodipine/telmisartan		
Antihypertensive – Other (QL)	spironolactone		

Drug Category	Tier 1	Tier 2	Tier 3
Antiplatelet/ Anticoagulant Agents	cilostazol, clopidogrel, dipyridamole, ticlopidine, warfarin		
Beta Blockers	acebutolol, atenolol, bisoprolol, carvedilol, metoprolol, metoprolol XL, propranolol		
Calcium Channel Blockers	amlodipine, diltiazem, felodipine, nifedipine, verapamil		
Central Nervous System			
ADHD Medications (PA) (QL)	amphetamine salts, dextroamphetamine, methylphenidate		
Analgesics – Narcotic	codeine–apap, hydrocodone combinations, hydromorphone, meperidine, morphine sulfate, oxycodone combinations		
Analgesics – NSAIDs	diclofenac, diclofenac– misoprostol, ibuprofen, indomethacin, meloxicam, naproxen, sulindac	etodolac, etodolac ER, piroxicam	
Alzheimers	galantamine, donepezil, rivastigmine		
Antianxiety	alprazolam, diazepam, lorazepam		
Anticonvulsants	carbamazepine, divalproex sodium, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, zonisamide		
Antidepressants – SNRIs (QL)	venlafaxine, venlafaxine ER caps	duloxetine	
Antidepressants – SSRIs (QL)	citalopram, escitalopram, fluoxetine caps, paroxetine, paroxetine ER, sertraline		
Antidepressants - Other (QL)	amitriptyline, bupropion immediate-release, bupropion SR, bupropion XL, desipramine, imipramine, mirtazapine, nortriptyline		
Anti-Parkinson	carbidopa/levodopa, pramipexole, ropinirole, rivastigmine		

Drug Category	Tier 1	Tier 2	Tier 3
Antipsychotic Agents	clozapine, olanzapine, quetiapine, risperidone		
Migraine Products	naratriptan (QL), sumatriptan (QL)	rizatriptan (QL), rizatriptan MLT (QL), zolmitriptan (QL), zolmitriptan ODT (QL)	
Sedative - Hypnotics	flurazepam, temazepam, triazolam, zaleplon (QL), zolpidem (QL)	eszopiclone (QL)	
Skeletal Muscle Relaxants	carisoprodol, chlorzoxazone, cyclobenzaprine, tizanidine tabs		
Endocrine			
Diabetes – Combinations	glyburide/metformin, pioglitazone/metformin		
Diabetes – Insulin			Novolin, NovoLog, Lantus
Diabetes – Insulin Secreting Agents	chlorpropamide, glime-piride, glipizide, glyburide, nateglinide, tolazamide		
Diabetes – Insulin Sensitizing Agents	metformin, metformin XR, pioglitazone		
Diabetes – Non–Insulin injectable anti-hyperglycemic agents			
Diabetes – Other Medications	acarbose		Glyset, Janumet, Januvia, Onglyza
Diabetic Supplies		Accu–Chek, OneTouch	
Thyroid Agents	levothyroxine, Levoxyl		Synthroid
Gastrointestinal/Urinary			
Digestive Aids			Creon, Zenpep
Gallstone Solubilizing Agents	ursodiol		
Genitourinary Medications	oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, trospium ER		
H–2 Antagonists**			
Hyperparathyroid Agents	calcitriol, paracalcitol		
Inflammatory/Irritable Bowel	balsalazide, mesalamine, sulfasalazine		

Drug Category	Tier 1	Tier 2	Tier 3
Proton Pump Inhibitors			
Men's Health			
Erectile Dysfunction Agents			
Hormone Replacement			AndroGel (PA)
Prostate Health	alfuzosin, doxazosin, tamsulosin, terazosin		
Respiratory			
Antihistamines			
Asthma – Beta Agonists Short Acting			Foradil
Asthma – Beta Agonists Long Acting	albuterol sulfate, metaproterenol	ProAir HFA	
Asthma–Leukotriene Modulators	montelukast (CT), zafrilukast		
Asthma – Steroid Inhalants	budesonide		Flovent
Asthma – Other	ipratropium/albuterol		Advair, Atrovent, Combivent, Spiriva, Symbicort
Nasal Products	azelastine, flunisolide, fluticasone		
Topical			
Ears	antipyrine/benzocaine, ofloxacin		
Eye – Allergy	cromolyn, diclofenac, ketotifen fumarate		
Eye – Glaucoma	acetazolamide, brimonidine, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, timolol		
Eye – Miscellaneous	ciprofloxacin, erythromycin, gentamicin		
Skin – Acne	benzoyl peroxide, clindamycin, clindamycin phosphate-benzoyl peroxide		
Skin – All	betamethasone, mometasone, mupirocin, imiquimod		

Drug Category	Tier 1	Tier 2	Tier 3
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Women's Health			
Contraceptives	all generics	Natazia, Necon 1/50, Zovia 1/50, Nuvaring	
Combination HRT	estradiol/norethindrone		Premphase, Prempro
Hormone Replacement Therapy (HRT)	estradiol, progesterone		Cenestin, Vagifem, Vivelle-Dot
Osteoporosis – Calcium Regulators	alendronate	risedronate	ibandronate (ST)
Osteoporosis – Hormone Receptor Modulators		raloxifene	
Vaginal Products	clindamycin, metronidazole, terconazole		
Miscellaneous			
Antiemetics	granisetron (QL), ondansetron (QL)		
Gout	allopurinol, colchicine		
Immunosuppressive Agents	azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus		

Brand names are the property of their respective manufacturers.

For information on drugs not listed, call Catamaran at 877.629.3118.
For information on your prescription benefit program, visit QualChoice.com.

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Non-Discrimination and Accessibility Notice

QualChoice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. QualChoice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

QualChoice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at (501) 228-7111. If you believe that QualChoice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the QualChoice Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Discrimination Grievance Procedures

It is the policy of QualChoice not to discriminate on the basis of race, color, national origin, sex, age or disability. QualChoice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the QualChoice Civil Rights Coordinator, who has been designated to coordinate the efforts of QualChoice to comply with Section 1557 (the "Section 1557 Coordinator"):

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for QualChoice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of QualChoice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Vice President Corporate Responsibility within fifteen (15) days of receiving the Section 1557 Coordinator's decision. The Vice President Corporate Responsibility shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. QualChoice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

QualChoice offers help for members with limited English proficiency (LEP). The following statement is printed in the top languages used in Arkansas, as required by the Federal government. *ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-800-235-7111 (TTY: 711).*

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-235-7111 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-235-7111 (TTY: 711).

Marshallese

LALÉ: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe am ejjelōk wōñāān. Kaalōk 1-800-235-7111 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-235-7111 (TTY: 711)。

Lao

ໂປດຊາວລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-235-7111 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-235-7111 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-235-7111 (رقم هاتف الصم والبكم: 117).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-235-7111 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-235-7111 (ATS: 711).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-235-7111 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-235-7111 (TTY: 711) 번으로 전화해 주십시오.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-235-7111 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-235-7111 (TTY: 711) まで、お電話にてご連絡ください。

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-235-7111 (TTY: 711) पर कॉल करें।

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).