

Your 2020 Formulary

Effective January 1, 2020



For the most current list of covered medications or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, OptumRx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors, nurses, and pharmacists reviews which medications will be covered, how well the drugs work and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card.

About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	Prior Authorization – Your doctor is required to give OptumRx more information to determine coverage.
QL	Quantity Limit – Medication may be limited to a certain quantity.
SP	Specialty Medication – Medication is designated as specialty.
ST	Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
3P	Tier 3 preferred
++	Benefit Design Options – Coverage is determined by your prescription medication benefit plan.

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
apap-caff-dihydrocodeine	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
NUCYNTA	3	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen	1	QL
OXYCONTIN	2	PA; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	3	QL
tramadol hcl ir	1	QL
trezix	1	QL

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
etodolac oral tablet	1	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
CHANTIX CONTINUING MONTH PAK	3	++; QL
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	3	ST; QL
ZUBSOLV	2	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	

Drug Name	Drug Tier	Notes
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
sulfamethoxazole-trimethoprim oral tablet	1	
XEPI	3	
XIMINO	3	
Anticoagulants		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	

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Drug Name	Drug Tier	Notes
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
VIMPAT ORAL	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL

Drug Name	Drug Tier	Notes
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet 10 mg	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	3	QL
Antifungals		
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
ULORIC	3	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL

Drug Name	Drug Tier	Notes
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
IDHIFA	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
YONSA	3	PA; SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
SOLOSEC	3	
Antiparkinson Agents		
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral tablet	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
acyclovir oral tablet	1	
ATRIPLA	3	ST
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI ORAL TABLET 90-400 MG	2	PA; SP; QL
ISENTRESS ORAL TABLET	2	
JULUCA	2	
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
PREZISTA ORAL TABLET	2	
ritonavir	1	
STRIBILD	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU ORAL CAPSULE 75 MG	3	QL

Drug Name	Drug Tier	Notes
tenofovir disoproxil fumarate	1	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
valacyclovir hcl oral	1	QL
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
ADYNOVATE	3	SP
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
JIVI	3	SP
KOGENATE FS	3	SP

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Drug Name	Drug Tier	Notes
KOVALTRY	3	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
RETACRIT	2	PA; SP
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
cartia xt	1	
carvedilol	1	

Drug Name	Drug Tier	Notes
chlorthalidone	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR ORAL TABLET	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	2	PA; QL
pravastatin sodium	1	
prazosin hcl oral capsule 1 mg, 5 mg	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA; QL

Drug Name	Drug Tier	Notes
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	PA; ST; QL
ADZENYS ER	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
dexmethylphenidate hcl	1	PA; QL

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Drug Name	Drug Tier	Notes
dexmethylphenidate hcl er	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
GILENYA	3	PA; 3P; SP; QL
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	++; QL
AUSTEDO	3	PA; SP; QL
CONTRACE	2	++
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT	3	PA; QL
LYRICA ORAL CAPSULE	3	ST; QL

Drug Name	Drug Tier	Notes
phentermine hcl oral capsule 30 mg	1	++
phentermine hcl oral tablet	1	++
SAXENDA	3	++
TIGLUTIK	3	PA; SP; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ACZONE EXTERNAL GEL 7.5 %	2	
betamethasone dipropionate external cream	1	
BRYHALI	3	
claravis	1	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE EXTERNAL SWAB	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST; M

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DUPIXENT	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
fluocinonide external cream	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external cream	1	
myorisan	1	PA
ONEXTON	3	
QBREXZA	3	QL

Drug Name	Drug Tier	Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	++
SERNIVO	3	
SOOLANTRA	2	
TACLONEX	3	QL
TOLAK	3	
tretinoin external cream	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
Diabetes - Antidiabetic Agents		
BYDUREON	2	ST; QL
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	3	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl er (mod)	1	PA

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
SOLIQUA	2	ST; QL
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2	++
ACCU-CHEK AVIVA PLUS	2	++
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	++; QL
ACCU-CHEK COMPACT PLUS CARE KIT	2	++
ACCU-CHEK COMPACT PLUS TEST STRIPS	2	++; QL
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK GUIDE	2	++
ACCU-CHEK GUIDE TEST STRIPS	2	++; QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	++
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	++

Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW TEST STRIPS	2	++; QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CONTOUR NEXT MONITOR	3	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	++
FREESTYLE LIBRE 14 DAY READER	2	++
FREESTYLE LIBRE 14 DAY SENSOR	2	++
FREESTYLE LIBRE READER	2	++
FREESTYLE LIBRE SENSOR SYSTEM	2	++
LANCETS	2	++
ONETOUCH ULTRA 2	2	++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL
ONETOUCH ULTRA MINI	2	++
ONE TOUCH VERIO KIT W/DEVICE	2	++
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ONETOUGH VERIO TEST STRIPS	2	++; QL
ONETOUGH VERIO IQ SYSTEM	2	++
ONETOUGH VERIO SYNC SYSTEM KIT W/DEVICE	2	++
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
Diabetes - Glycemic Agents		
GLUCAGON EMERGENCY	2	
Diabetes - Insulins		
BD AUTOSHIELD DUO PEN NEEDLES	2	++
BD ULTRA-FINE INSULIN SYRINGES	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
HUMALOG KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++
HUMALOG U-100 VIAL AND CARTRIDGE	2	++
HUMULIN 70/30 KWIKPEN	2	++
HUMULIN 70/30 VIAL	2	++
HUMULIN N KWIKPEN	2	++
HUMULIN N VIAL	2	++

Drug Name	Drug Tier	Notes
HUMULIN R U-500 KWIKPEN	2	++
HUMULIN R U-500 VIAL (CONCENTRATED)	2	++
HUMULIN R VIAL	2	++
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTOUCH	2	++
LEVEMIR U-100 VIAL	2	++
NOVOFINE AUTOCOVER PEN NEEDLE	2	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
NOVOLIN 70/30 FLEXPEN	2	++
NOVOLIN 70/30 VIAL	2	++
NOVOLIN N VIAL	2	++
NOVOLIN R VIAL	2	++
NOVOLOG FLEXPEN	2	++
NOVOLOG MIX 70/30 FLEXPEN	2	++
NOVOLOG MIX 70/30 VIAL	2	++
NOVOLOG PENFILL	2	++
NOVOLOG U-100 VIAL	2	++
NOVOTWIST PEN NEEDLE	2	++
TOUJEO MAX SOLOSTAR	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA	2	++
TRESIBA FLEXTOUCH	2	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Electrolytes / Minerals / Metals / Vitamins		
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
klor-con m20	1	
LOKELMA	3	
potassium chloride cryster	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral	1	QL
ranitidine hcl oral syrup	1	++
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	

Drug Name	Drug Tier	Notes
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
STRENSIQ	3	PA; SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	3	ST; ++; QL
DEPEN TITRATABS	2	SP
INTRAROSA	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
STENDRA	3	++; QL
tadalafil oral	1	++; QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	3	ST
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
Hormonal Agents - Adrenal		
dexamethasone oral tablet	1	
hydrocortisone oral	1	
methylprednisolone oral tablet therapy pack	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Notes
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
TESTOSTERONE CYPIONATE INJECTION	3	PA
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
XYOSTED	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate subcutaneous solution 250 mcg/0.5ml	1	PA; Made by Organon/Merck; ++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOCDURNA	3	
NORDITROPIN FLEXPRO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	2	PA; ++; SP
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	2	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	++
aviane	1	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
CLIMARA PRO	2	
cryselle-28	1	++
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce	1	++
estarylla	1	++
estradiol oral	1	

Drug Name	Drug Tier	Notes
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	++
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kariva	1	++
larissia	1	++
lessina	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	3	++
loryna	1	++
low-ogestrel	1	++
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
MINIVELLE	3	
mono-linyah	1	++
NATAZIA	2	++
nikki	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	++
norethindrone oral	1	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
norgestimate-ethinyl estradiol triphasic	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
NUVARING	2	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	++
syeda	1	++
TAYTULLA	3	++
tri femynor	1	++
tri-linyah	1	++
tri-lo-marzia	1	++
tri-lo-sprintec	1	++
tri-sprintec	1	++
vienva	1	++
xulane	1	++
yuvaferm	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
levothyroxine sodium oral	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	ST
SYNTHROID	3	ST
TIROSINT	3	
TIROSINT-SOL	3	

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX SENSOREADY (300 MG)	3	PA; SP
COSENTYX SENSOREADY PEN	3	PA; SP
cyclosporine modified oral capsule	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
RASUVO	2	PA; QL
RENFLEXIS	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
tacrolimus oral	1	SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
DIPENTUM	3	
LIALDA	3	ST
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
UCERIS RECTAL	3	

Drug Name	Drug Tier	Notes
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO	2	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	2	PA; SP
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
GELSYN-3	2	PA; SP
TAKHZYRO	3	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	2	QL
ZIOPTAN	3	QL

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAFT	3	ST
neomycin-polymyxin- dexameth ophthalmic ointment	1	
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
polymyxin b- trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA
tobramycin- dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	3	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
benzonatate	1	
DYMISTA	2	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
hydrocodone polst-cpm polst er	1	PA; QL
ipratropium bromide nasal	1	
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Par; M; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Prasco; M; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Teva; M; QL
albuterol sulfate inhalation	1	QL
ANORO ELLIPTA	2	QL

Drug Name	Drug Tier	Notes
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	3	ST
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	QL
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
montelukast sodium oral tablet chewable	1	
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	3	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
TOBI PODHALER	3	SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	3	PA; SP; QL
TRACLEER 32 MG	2	PA; SP; QL

Drug Name	Drug Tier	Notes
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
tizanidine hcl oral	1	
Sleep Disorder Agents		
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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alprazolam.....	11	BELBUCA.....	7	CHANTIX CONTINUING	
amiodarone hcl.....	12	benazepril hcl.....	12	MONTH PAK.....	8
amitriptyline hcl.....	9	benazepril-hydrochlorothiazide..	12	CHANTIX STARTING MONTH	
amlodipine besylate.....	12	benzonatate.....	23	PAK.....	8
amlodipine besylate-benazepril		BESIVANCE.....	22	chlorhexidine gluconate.....	14
hcl.....	12	betamethasone dipropionate....	14	chlorthalidone.....	12
amlodipine besylate-valsartan..	12	BETASERON.....	14	choline fenofibrate.....	12
amlodipine-olmesartan.....	12	BETHKIS.....	25	CIALIS.....	18
amoxicillin.....	8	BETIMOL.....	23	CIMDUO.....	11
		BEVYXXA.....	8	CIMZIA.....	21

CIMZIA PREFILLED KIT.....	21	diltiazem hcl er beads.....	12	eszopiclone.....	25
CIMZIA STARTER KIT.....	21	diltiazem hcl er coated beads...	12	etodolac.....	7
CIPRODEX.....	23	dilt-xr.....	12	EUCRISA.....	15
ciprofloxacin hcl.....	8	DIPENTUM.....	22	EUFLEXXA.....	22
citalopram hydrobromide.....	9	diphenoxylate-atropine.....	18	ezetimibe.....	12
claravis.....	14	divalproex sodium.....	9	ezetimibe-simvastatin.....	12
clarithromycin.....	8	divalproex sodium er.....	9	FARXIGA.....	15
CLENPIQ.....	18	DIVIGEL.....	20	fenofibrate.....	12
CLIMARA PRO.....	20	donepezil hcl.....	9	fenofibrate micronized.....	12
clindamycin hcl.....	8	dorzolamide hcl-timolol mal.....	23	fenofibric acid.....	12
clindamycin phosphate.....	14, 15	DOVATO.....	11	fentanyl.....	7
CLINDAMYCIN PHOSPHATE..	14	doxazosin mesylate.....	12	finasteride.....	19
clindamycin phosphate- benzoyl peroxide.....	14	doxepin hcl.....	9	FIRAZYR.....	21
CLINDESSE.....	8	doxycycline hyclate.....	8	flecainide acetate.....	12
clobetasol propionate.....	15	doxycycline monohydrate.....	8	FLOVENT DISKUS.....	24
clonazepam.....	11	drospirenone-ethinyl estradiol...	20	FLOVENT HFA.....	24
clonidine hcl.....	12	DUAVEE.....	20	fluconazole.....	10
clopidogrel bisulfate.....	10	duloxetine hcl.....	9	fluocinonide.....	15
clotrimazole-betamethasone....	15	DUPIXENT.....	15	FLUOROPLEX.....	15
COLCHICINE.....	10	DUROLANE.....	22	FLUOROURACIL.....	15
COLCRYS.....	10	dutasteride.....	19	fluorouracil.....	15
COMBIGAN.....	23	DYMISTA.....	23	fluoxetine hcl.....	9
COMBIVENT RESPIMAT.....	24	EDARBI.....	12	fluvoxamine maleate.....	9
CONTOUR NEXT MONITOR...	16	EDARBYCLOR.....	12	folic acid.....	18
CONTRACE.....	14	ELESTRIN.....	20	FOLLISTIM AQ.....	19
COPAXONE.....	14	eletriptan hydrobromide.....	10	FORFIVO XL.....	9
CORLANOR.....	12	ELIQUIS.....	8	FORTEO.....	22
COSENTYX SENSOREADY (300 MG).....	21	ELIQUIS STARTER PACK.....	8	FREESTYLE LIBRE 14 DAY READER.....	16
COSENTYX SENSOREADY PEN.....	21	ELOCTATE.....	11	FREESTYLE LIBRE 14 DAY SENSOR.....	16
CREON.....	18	EMBEDA.....	7	FREESTYLE LIBRE READER..	16
CRESEMBA.....	10	EMGALITY.....	10	FREESTYLE LIBRE SENSOR SYSTEM.....	16
cryselle-28.....	20	EMVERM.....	10	furosemide.....	12
cyclobenzaprine hcl.....	25	enalapril maleate.....	12	gabapentin.....	9
cyclosporine modified.....	21	ENBREL.....	21	ganirelix acetate.....	19
DEPEN TITRATABS.....	18	ENBREL SURECLICK.....	21	gavilyte-g.....	18
DESCOVY.....	11	ENDOMETRIN.....	20	GELSYN-3.....	22
desvenlafaxine succinate er.....	9	enoxaparin sodium.....	8	gemfibrozil.....	12
dexamethasone.....	19	enskyce.....	20	gentamicin sulfate.....	22
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	16	ENSTILAR.....	15	GENVOYA.....	11
dexmethylphenidate hcl.....	13	entecavir.....	11	gianvi.....	20
dexmethylphenidate hcl er.....	14	ENTRESTO.....	12	GILENYA.....	14
diazepam.....	11	EPCLUSA.....	11	glimepiride.....	15
diclofenac sodium.....	7	EPIDIOLEX.....	9	glipizide er.....	15
dicyclomine hcl.....	18	EPIDUO FORTE.....	15	glipizide ir.....	15
DIFICID.....	8	EPINEPHRINE.....	24	GLUCAGON EMERGENCY....	17
digoxin.....	12	epinephrine.....	24	glyburide.....	15
		EPIPEN 2-PAK.....	24	GLYXAMBI.....	15
		EPIPEN JR 2-PAK.....	24	GRALISE.....	14
		ergocalciferol.....	18	GRALISE STARTER.....	14
		erythromycin.....	22	guanfacine hcl.....	12
		escitalopram oxalate.....	9		
		estarylla.....	20		
		estradiol.....	20		

guanfacine hcl er.....	14	INCRUSE ELLIPTA.....	24	lidocaine viscous.....	14
GYNAZOLE-1.....	10	indomethacin.....	7	lidocaine-prilocaine.....	7
HAEGARDA.....	21	INFLECTRA.....	21	LINZESS.....	18
HARVONI.....	11	INTRAROSA.....	18	liothyronine sodium.....	21
HEMANGEOL.....	12	INVELTYS.....	22	lisinopril.....	13
HORIZANT.....	14	INVOKAMET.....	15	lisinopril-hydrochlorothiazide.....	13
HUMALOG KWIKPEN.....	17	INVOKAMET XR.....	15	lithium carbonate.....	11
HUMALOG MIX 50/50		INVOKANA.....	15	lithium carbonate er.....	11
KWIKPEN.....	17	ipratropium bromide.....	24	LIVALO.....	13
HUMALOG MIX 50/50 VIAL.....	17	ipratropium-albuterol.....	24	LO LOESTRIN FE.....	20
HUMALOG MIX 75/25		irbesartan.....	12	LOKELMA.....	18
KWIKPEN.....	17	irbesartan-hydrochlorothiazide..	12	LONHALA MAGNAIR REFILL	
HUMALOG MIX 75/25 VIAL.....	17	ISENTRESS.....	11	KIT.....	24
HUMALOG U-100 JUNIOR		isibloom.....	20	LONHALA MAGNAIR	
KWIKPEN.....	17	isosorbide mononitrate er.....	13	STARTER KIT.....	24
HUMALOG U-100 VIAL AND		JANUMET.....	15	lorazepam.....	11
CARTRIDGE.....	17	JANUMET XR.....	15	loryna.....	20
HUMIRA.....	21	JANUVIA.....	15	LORZONE.....	25
HUMIRA PEDIATRIC		JARDIANCE.....	15	losartan potassium.....	13
CROHNS START.....	21	JENTADUETO.....	15	losartan potassium-hctz.....	13
HUMIRA PEN.....	21	JENTADUETO XR.....	15	LOTEMAX.....	23
HUMIRA PEN-CD/UC/HS		JIVI.....	11	LOTEMAX SM.....	23
STARTER.....	21	JULUCA.....	11	lovastatin.....	13
HUMIRA PEN-PS/UV/ADOL		junel 1/20.....	20	low-ogestrel.....	20
HS START.....	21	junel fe 1.5/30.....	20	LUMIGAN.....	23
HUMULIN 70/30 KWIKPEN.....	17	junel fe 1/20.....	20	LUPRON DEPOT (1-MONTH)..	19
HUMULIN 70/30 VIAL.....	17	junel fe 24.....	20	LUPRON DEPOT (3-MONTH)..	19
HUMULIN N KWIKPEN.....	17	kariva.....	20	LUPRON DEPOT (4-MONTH)	
HUMULIN N VIAL.....	17	ketoconazole.....	10	INTRAMUSCULAR KIT 30MG..	20
HUMULIN R U-500 KWIKPEN..	17	ketorolac tromethamine.....	7, 22	LUPRON DEPOT (6-MONTH)	
HUMULIN R U-500 VIAL		klor-con m20.....	18	INTRAMUSCULAR KIT 45MG..	20
(CONCENTRATED).....	17	KOGENATE FS.....	11	LYRICA.....	14
HUMULIN R VIAL.....	17	KOVALTRY.....	12	MAKENA.....	20
hydralazine hcl.....	12	labetalol hcl.....	13	MAVYRET.....	11
hydrochlorothiazide.....	12	lamotrigine.....	9	meclizine hcl.....	9
hydrocodone polst-cpm polst		LANCETS.....	16	medroxyprogesterone acetate..	20
er.....	24	LANTUS SOLOSTAR.....	17	meloxicam.....	7
hydrocodone-acetaminophen.....	7	LANTUS U-100 VIAL.....	17	memantine hcl.....	9
hydrocortisone.....	15, 19	larissia.....	20	mercaptopurine.....	10
hydromorphone hcl.....	7	LASTACFT.....	23	mesalamine.....	22
hydroxychloroquine sulfate.....	10	latanoprost.....	23	metaxalone.....	25
hydroxyzine hcl.....	11	LATUDA.....	11	metformin hcl er.....	15
hydroxyzine pamoate.....	11	leflunomide.....	21	metformin hcl er (mod).....	15
HYSINGLA ER.....	7	lessina.....	20	metformin hcl er (osm).....	16
ibandronate sodium.....	22	letrozole.....	10	metformin hcl ir.....	16
IBRANCE.....	10	LEVEMIR U-100 FLEXTOUCH..	17	methimazole.....	21
ibu.....	7	LEVEMIR U-100 VIAL.....	17	methocarbamol.....	25
ibuprofen.....	7	levetiracetam.....	9	methotrexate.....	21
IDHIFA.....	10	levofloxacin.....	8	methotrexate sodium.....	22
IMVEXXY MAINTENANCE		levonorgestrel-ethinyl estrad.....	20	methylphenidate hcl.....	14
PACK.....	20	levothyroxine sodium.....	21	methylphenidate hcl er.....	14
IMVEXXY STARTER PACK.....	20	LIALDA.....	22	methylprednisolone.....	19
INBRIJA.....	10	lidocaine.....	7	metoclopramide hcl.....	9

metoprolol succinate er.....	13	nortrel 1/35 (21).....	21	OPSUMIT.....	25
metoprolol tartrate.....	13	nortrel 1/35 (28).....	21	ORENCIA.....	22
metronidazole.....	8, 15	nortriptyline hcl.....	9	ORENCIA CLICKJECT.....	22
MINIVELLE.....	20	NOVOEIGHT.....	12	ORENITRAM.....	25
minocycline hcl.....	8	NOVOFINE AUTOCOVER		ORLISSA.....	20
mirtazapine.....	9	PEN NEEDLE.....	17	oseltamivir phosphate.....	11
MIRVASO.....	15	NOVOFINE PEN NEEDLE.....	17	OSPHENA.....	19
modafinil.....	25	NOVOFINE PLUS PEN		OTEZLA.....	22
mometasone furoate.....	15	NEEDLE.....	17	OTOVEL.....	23
mono-linyah.....	20	NOVOLIN 70/30 FLEXPEN.....	17	oxcarbazepine.....	9
montelukast sodium.....	24, 25	NOVOLIN 70/30 VIAL.....	17	oxybutynin chloride.....	18
morphine sulfate er.....	7	NOVOLIN N VIAL.....	17	oxybutynin chloride er.....	18
MOTEGRITY.....	18	NOVOLIN R VIAL.....	17	oxycodone hcl.....	7
MOVANTIK.....	18	NOVOLOG FLEXPEN.....	17	oxycodone-acetaminophen.....	7
MOXEZA.....	23	NOVOLOG MIX 70/30		OXYCONTIN.....	7
moxifloxacin hcl.....	23	FLEXPEN.....	17	OZEMPIC.....	16
MULPLETA.....	12	NOVOLOG MIX 70/30 VIAL.....	17	pantoprazole sodium.....	18
MULTAQ.....	13	NOVOLOG PENFILL.....	17	paroxetine hcl.....	9
mupirocin.....	8	NOVOLOG U-100 VIAL.....	17	PAZEO.....	23
mycophenolate mofetil.....	22	NOVOTWIST PEN NEEDLE....	17	penicillin v potassium.....	8
mycophenolate sodium.....	22	NUCYNTA.....	7	PENTASA.....	22
myorisan.....	15	NUTROPIN AQ NUSPIN 10.....	20	phenazopyridine hcl.....	18
MYRBETRIQ.....	18	NUTROPIN AQ NUSPIN 20.....	20	phentermine hcl.....	14
nabumetone.....	7	NUTROPIN AQ NUSPIN 5.....	20	pioglitazone hcl.....	16
nadolol.....	13	NUVARING.....	21	PLENVU.....	18
naltrexone hcl.....	8	NUWIQ.....	12	polymyxin b-trimethoprim.....	23
NAMZARIC.....	9	NUZYRA.....	8	potassium chloride crys er.....	18
NAPRELAN.....	7	nystatin.....	10	potassium chloride er.....	18
naproxen.....	7	ODEFSEY.....	11	potassium citrate er.....	18
naproxen sodium.....	7	ofloxacin.....	23	PRADAXA.....	8
NARCAN.....	8	olanzapine.....	11	PRALUENT.....	13
NATAZIA.....	20	olmesartan medoxomil.....	13	pramipexole dihydrochloride....	10
NATURE-THROID.....	21	olmesartan medoxomil-hctz.....	13	pravastatin sodium.....	13
neomycin-polymyxin-dexameth	23	olopatadine hcl.....	23	prazosin hcl.....	13
neomycin-polymyxin-hc.....	23	OMECLAMOX-PAK.....	18	prednisolone.....	19
NEULASTA.....	12	omega-3-acid ethyl esters.....	13	prednisolone acetate.....	23
NEULASTA ONPRO.....	12	omeprazole.....	18	prednisolone sodium	
nifedipine er.....	13	OMNITROPE.....	20	phosphate.....	19
nifedipine er osmotic release....	13	ondansetron hcl.....	10	prednisone.....	19
nikki.....	20	ondansetron odt.....	10	PREMARIN.....	21
nitrofurantoin macrocrystal.....	8	ONE TOUCH VERIO KIT		PREMPHASE.....	21
nitrofurantoin monohydrate		W/DEVICE.....	16, 17	PREMPRO.....	21
macrocrystals.....	8	ONETOUCH ULTRA 2.....	16	PREPOPIK.....	18
nitroglycerin.....	13	ONETOUCH ULTRA BLUE		PREZCOBIX.....	11
NITYR.....	18	TEST STRIPS.....	16	PREZISTA.....	11
NIVESTYM.....	12	ONETOUCH ULTRA MINI.....	16	PROAIR HFA.....	25
NOCDURNA.....	20	ONETOUCH VERIO FLEX		PROAIR RESPICLICK.....	25
NORDITROPIN FLEXPRO.....	20	SYSTEM KIT W/DEVICE.....	16	prochlorperazine maleate.....	10
norethindrone.....	20	ONETOUCH VERIO IQ		PROCTOFOAM HC.....	22
norethindrone acetate.....	20	SYSTEM.....	17	progesterone micronized.....	21
norethindrone acet-ethinyl est...20		ONETOUCH VERIO SYNC		PROLENSA.....	23
norgestimate-ethinyl estradiol		SYSTEM KIT W/DEVICE.....	17	promethazine hcl.....	24
triphasic.....	21	ONEXTON.....	15	promethazine-codeine.....	24

promethazine-dm.....	24	simvastatin.....	13	testosterone.....	19
propranolol hcl.....	13	SKYRIZI (150 MG DOSE).....	22	TESTOSTERONE	
propranolol hcl er.....	13	SOLIQUA.....	16	CYPIONATE.....	19
PROVENTIL HFA.....	25	SOLOSEC.....	10	testosterone cypionate.....	19
pseudoephedrine-bromphen- dm.....	24	SOOLANTRA.....	15	TIGLUTIK.....	14
PULMICORT FLEXHALER.....	25	sotalol hcl.....	13	timolol maleate.....	23
PYLERA.....	18	SPIRIVA HANDIHALER.....	25	TIROSINT.....	21
QBREXZA.....	15	SPIRIVA RESPIMAT.....	25	TIROSINT-SOL.....	21
quetiapine fumarate.....	11	spironolactone.....	13	TIVICAY.....	11
QVAR REDIHALER.....	25	sprintec 28.....	21	tizanidine hcl.....	25
raloxifene hcl.....	19	SPRYCEL.....	10	TOBI PODHALER.....	25
ramipril.....	13	STELARA.....	22	tobramycin.....	23
ranitidine hcl.....	18	STENDRA.....	19	tobramycin-dexamethasone.....	23
RASUVO.....	22	STIOLTO RESPIMAT.....	25	TOLAK.....	15
RAYALDEE.....	22	STRENSIQ.....	18	tolterodine tartrate er.....	19
REBIF.....	14	STRIBILD.....	11	topiramate.....	9
REBIF REBIDOSE.....	14	SUBOXONE.....	8	torse mide.....	13
REBIF REBIDOSE		sucralfate.....	18	TOUJEO MAX SOLOSTAR.....	17
TITRATION PACK.....	14	sulfamethoxazole-trimethoprim... 8		TOUJEO SOLOSTAR.....	17
REBIF TITRATION PACK.....	14	sumatriptan succinate.....	10	TOVIAZ.....	19
RENFLEXIS.....	22	SUPREP BOWEL PREP KIT....	18	TRACLEER.....	25
REPATHA.....	13	syeda.....	21	TRADJENTA.....	16
REPATHA PUSHTRONEX		SYMBICORT.....	25	tramadol hcl ir.....	7
SYSTEM.....	13	SYMFI.....	11	TRANSDERM-SCOP (1.5 MG).10	
REPATHA SURECLICK.....	13	SYMFI LO.....	11	TRAVATAN Z.....	23
RESTASIS.....	23	SYMJEPI.....	25	trazodone hcl.....	9
RESTASIS MULTIDOSE.....	23	SYMPAZAN.....	9	TRELEGY ELLIPTA.....	25
RETACRIT.....	12	SYMPROIC.....	18	TREMFYA.....	22
RETIN-A MICRO PUMP.....	15	SYNJARDY.....	16	TRESIBA.....	17
REVLIMID.....	10	SYNJARDY XR.....	16	TRESIBA FLEXTOUCH.....	17
REXULTI.....	11	SYNTHROID.....	21	tretinoin.....	15
RHOPRESSA.....	23	TACLONEX.....	15	trezix.....	7
risperidone.....	11	tacrolimus.....	22	tri femynor.....	21
ritonavir.....	11	tadalafil.....	19	triamcinolone acetonide.....	15
rizatriptan benzoate.....	10	TAKHZYRO.....	22	triamterene-hctz.....	13
ROCKLATAN.....	23	TALTZ.....	22	triazolam.....	11
ropinirole hcl.....	10	TAMIFLU.....	11	tri-lynyah.....	21
rosuvastatin calcium.....	13	tamoxifen citrate.....	10	tri-lo-marzia.....	21
ROXYBOND.....	7	tamsulosin hcl.....	19	tri-lo-sprintec.....	21
RUCONEST.....	22	TAPERDEX 12-DAY.....	19	TRINTELLIX.....	9
RYTARY.....	10	TAPERDEX 6-DAY.....	19	tri-sprintec.....	21
SAPHRIS.....	11	TAPERDEX 7-DAY.....	19	TRIUMEQ.....	11
SAVAYSA.....	8	TAYTULLA.....	21	TRULICITY.....	16
SAXENDA.....	14	TECFIDERA.....	14	TRUVADA.....	11
SEREVENT DISKUS.....	25	TEKTURNA.....	13	TYMLOS.....	22
SERNIVO.....	15	TEKTURNA HCT.....	13	UCERIS.....	22
sertraline hcl.....	9	telmisartan.....	13	UDENYCA.....	12
SEYSARA.....	8	telmisartan-hctz.....	13	ULORIC.....	10
sildenafil citrate.....	19, 25	temazepam.....	25	ULTOMIRIS.....	12
SILENOR.....	25	tenofovir disoproxil fumarate....	11	valacyclovir hcl.....	11
SIMBRINZA.....	23	terazosin hcl.....	19	valsartan.....	13
SIMPONI.....	22	terbinafine hcl.....	10	valsartan-hydrochlorothiazide... 13	
		terconazole.....	10	VARUBI.....	10

VASCEPA.....	13
VELPHORO.....	19
VELTASSA.....	18
VEMLIDY.....	11
venlafaxine hcl.....	9
venlafaxine hcl er.....	9
VENTOLIN HFA.....	25
verapamil hcl er.....	13
VESICARE.....	19
V-GO 20.....	17
V-GO 30.....	17
V-GO 40.....	17
VIBERZI.....	18
VICTOZA.....	16
vienva.....	21
VIIBRYD.....	9
VIIBRYD STARTER PACK.....	9
VIMPAT.....	9
vitamin d (ergocalciferol).....	18
VOSEVI.....	11
VRAYLAR.....	11
VYVANSE.....	14
warfarin sodium.....	8
XARELTO.....	9
XARELTO STARTER PACK.....	9
XELJANZ.....	22
XELJANZ XR.....	22
XEPI.....	8
XIIDRA.....	23
XIMINO.....	8
XOFLUZA.....	11
XOLAIR.....	24
XTANDI.....	10
xulane.....	21
XYOSTED.....	19
XYREM.....	25
YONSA.....	10
yuvafem.....	21
ZARXIO.....	12
ZENPEP.....	18
ZIOPTAN.....	23
ziprasidone hcl.....	11
zolpidem tartrate.....	25
zolpidem tartrate er.....	25
zonisamide.....	9
ZONTIVITY.....	10
ZUBSOLV.....	8



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ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាបំណុលរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsos nit'i'izí bee nééhozinígíí bine'déę t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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