

# Your 2019 Formulary

Effective January 1, 2019



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



Call the member phone number on your ID card.



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

- Locate 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 chosen by your plan 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 approved by the U.S. Food and Drug Administration (FDA).

### **How do I use my formulary?**

You and your doctor can consult the formulary to help you select 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 member phone number on your ID card.

### **What are tiers?**

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined 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 equivalent 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 member phone number on your ID card.

---

### **About this formulary**

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor 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 equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option.

### **What if I am taking a specialty medication?**

Specialty medications treat rare or complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the formulary. BriovaRx®, the OptumRx® specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx at **1-855-4BRIOVA (1-855-427-4682)** and have your prescriptions delivered right to your home or doctor's office.

---

### **Over-the-counter medications**

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these 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 determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications 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 hit your deductible.

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> 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 determines how these medications may be covered for you.

<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>3P</b>	Tier 3 preferred

## Table of Contents

Analgesics - Drugs for Pain.....	6	Genitourinary Agents - Drugs for Prostate Conditions.....	19
Analgesics - Drugs for Pain and Inflammation.	6	Hormonal Agents - Adrenal.....	19
Anesthetics.....	6	Hormonal Agents - Men's Health.....	19
Anti-Addiction / Substance Abuse Treatment Agents.....	7	Hormonal Agents - Osteoporosis.....	20
Antibacterials.....	7	Hormonal Agents - Pituitary.....	20
Anticoagulants.....	8	Hormonal Agents - Sex Hormones and Birth Control.....	20
Anticonvulsants - Drugs for Seizures.....	8	Hormonal Agents - Thyroid.....	21
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	8	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	21
Antidepressants.....	8	Immunological Agents - Drugs for Vaccination.....	23
Antiemetics - Drugs for Nausea and Vomiting..	9	Inflammatory Bowel Disease Agents.....	23
Antifungals.....	9	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	23
Antigout Agents.....	9	Miscellaneous Therapeutic Agents.....	23
Antimigraine Agents.....	9	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	23
Antineoplastics - Drugs for Cancer.....	9	Ophthalmic Agents - Drugs for Glaucoma.....	24
Antiparasitics.....	9	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	24
Antiparkinson Agents.....	10	Otic Agents - Drugs for Ear Conditions.....	24
Antiplatelets.....	10	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	24
Antipsychotics - Drugs for Mood Disorders....	10	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	25
Antivirals.....	10	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	26
Anxiolytics - Drugs for Anxiety.....	11	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	26
Bipolar Agents - Drugs for Mood Disorders....	11	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	26
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders... 11		Sleep Disorder Agents.....	26
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	11	Index of Drugs.....	27
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	13		
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	14		
Central Nervous System Agents - Miscellaneous.....	14		
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	14		
Dermatological Agents - Drugs for Skin Conditions.....	14		
Diabetes - Antidiabetic Agents.....	15		
Diabetes - Glucose Monitoring.....	16		
Diabetes - Glycemic Agents.....	17		
Diabetes - Insulins.....	17		
Electrolytes / Minerals / Metals / Vitamins.....	17		
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	18		
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	18		
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment.....	18		
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	18		

Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
BELBUCA	3	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	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 oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL

Drug Name	Drug Tier	Notes
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
SPRIX	3	PA; QL
sulindac oral	1	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	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
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
<b>Antibacterials</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	

Drug Name	Drug Tier	Notes
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	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	
penicillin v potassium oral tablet	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	

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
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XIFAXAN	3	PA
<b>Anticoagulants</b>		
ELIQUIS	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR	3	ST
phenytoin sodium extended	1	
topiramate er	1	ST
topiramate oral tablet	1	
VIMPAT	3	

Drug Name	Drug Tier	Notes
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl)	1	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	2	QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	
trazodone hcl 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
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
scopolamine	1	
VARUBI ORAL	3	QL
<b>Antifungals</b>		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	3	PA
KERYDIN	3	PA
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	

Drug Name	Drug Tier	Notes
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
DUZALLO	3	ST
ULORIC	2	ST
ZURAMPIC	3	ST
<b>Antimigraine Agents</b>		
eletriptan hydrobromide	1	QL
MIGRANAL	3	QL
ONZETRA XSAIL	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	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
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
<b>Antiplatelets</b>		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL

Drug Name	Drug Tier	Notes
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	3	ST; SP
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	SP
HARVONI	2	PA; SP; QL
INTELENCE	2	SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	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
TAMIFLU ORAL CAPSULE 75 MG	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	QL
bupirone 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
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
AFSTYLA	3	SP

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
GRANIX	2	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
NUWIQ	3	SP
PROCRT	2	PA; SP
ZARXIO	2	PA; SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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	

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
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	

Drug Name	Drug Tier	Notes
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPOFEN	3	
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 tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil 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
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	ST
REPATHA	2	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
REPATHA SURECLICK	2	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	

Drug Name	Drug Tier	Notes
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
ZYPITAMAG	3	ST
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	3	PA; ST; QL
ADZENYS ER	3	PA; ST; QL
ADZENYS XR-ODT	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
COTEMPLA XR-ODT	3	PA; ST; QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; 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
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	2	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL
AVONEX VIAL INTRAMUSCULAR KIT	2	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
GILENYA	3	PA; 3P; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	PA; QL
CONTRACE	2	PA
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
LYRICA ORAL CAPSULE	2	QL
phentermine hcl oral tablet	1	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ACZONE EXTERNAL GEL 5 %	3	
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	PA
ATRALIN	3	PA
claravis	1	PA
CLINDAGEL	3	ST
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST

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	
clotrimazole- betamethasone external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	3	PA
DIFFERIN EXTERNAL LOTION	3	PA
DUPIXENT	2	PA; SP; QL
ELIDEL	2	ST
ENSTILAR	3	QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	PA
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
SOOLANTRA	2	
TACLONEX	3	QL

Drug Name	Drug Tier	Notes
TAZORAC	3	
tretinoin external cream	1	PA
VECTICAL	3	
ZYCLARA	3	
ZYCLARA PUMP	3	
<b>Diabetes - Antidiabetic Agents</b>		
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYDUREON VIAL	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	
glipizide xl	1	
glyburide oral	1	
glyburide-metformin	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	Drug Name	Drug Tier	Notes
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1		ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
metformin hcl oral tablet	1		ACCU-CHEK MULTICLIX LANCETS	2	
ONGLYZA	3	ST	ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	
OZEMPIC	2	ST; QL	ACCU-CHEK SMARTVIEW TEST STRIPS	2	QL
pioglitazone hcl	1		ACCU-CHEK SOFT TOUCH LANCETS	2	
QTERN	3	ST	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
SOLQUA	2	ST; QL	ACCU-CHEK SOFTCLIX LANCETS	2	
SYNJARDY	2	ST	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3	
SYNJARDY XR	2	ST	DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3	
TRADJENTA	2	ST	DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3	
TRULICITY	2	ST; QL	ONETOUCH ULTRA 2 KIT W/DEVICE	2	
VICTOZA	2	ST; QL	ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
<b>Diabetes - Glucose Monitoring</b>			ONETOUCH ULTRA MINI KIT W/DEVICE	2	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2		ONETOUCH VERIO	2	
ACCU-CHEK AVIVA PLUS	2		ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	QL	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	
ACCU-CHEK COMPACT PLUS CARE KIT	2				
ACCU-CHEK COMPACT PLUS TEST STRIPS	2	QL			
ACCU-CHEK FASTCLIX LANCET KIT	2				
ACCU-CHEK FASTCLIX LANCETS	2				
ACCU-CHEK GUIDE	2				
ACCU-CHEK GUIDE TEST STRIPS	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	Drug Name	Drug Tier	Notes
ONETOUCH VERIO STRIP IN VITRO	2	QL	LEVEMIR U-100 FLEXTOUCH	2	
V-GO 20	2		LEVEMIR U-100 VIAL	2	
V-GO 30	2		NOVOFINE AUTOCOVER PEN NEEDLE	2	
V-GO 40	2		NOVOFINE PEN NEEDLE 32G X 6 MM	2	
<b>Diabetes - Glycemic Agents</b>			NOVOFINE PLUS PEN NEEDLE	2	
GLUCAGON EMERGENCY	2		NOVOLIN 70/30 VIAL	2	
<b>Diabetes - Insulins</b>			NOVOLIN N VIAL	2	
HUMALOG U-100 AND U-200 KWIKPEN	2		NOVOLIN R VIAL	2	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLOG U-100 FLEXPEN	2	
HUMALOG MIX 50/50 VIAL	2		NOVOLOG MIX 70/30 FLEXPEN	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLOG MIX 70/30 VIAL	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLOG U-100 PENFILL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLOG U-100 VIAL	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2		NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
HUMULIN 70/30 KWIKPEN	2		TOUJEO SOLOSTAR	2	
HUMULIN 70/30 VIAL	2		TRESIBA FLEXTOUCH	2	
HUMULIN N KWIKPEN	2		<b>Electrolytes / Minerals / Metals / Vitamins</b>		
HUMULIN N VIAL	2		cyanocobalamin injection	1	
HUMULIN R U-500 KWIKPEN	2		folic acid oral tablet 1 mg	1	
HUMULIN R U-500 VIAL (CONCENTRATED)	2		klor-con m20	1	
HUMULIN R VIAL	2		potassium chloride crys er	1	
LANTUS U-100 SOLOSTAR	2		potassium chloride er	1	
LANTUS U-100 VIAL	2		potassium citrate er	1	
			VELTASSA	3	

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
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
DEXILANT	2	QL
esomeprazole magnesium	1	QL
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral	1	QL
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	3	ST; QL
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOVANTIK	2	ST; QL
MOVIPREP	3	
OMECLAMOX-PAK	2	

Drug Name	Drug Tier	Notes
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR ORAL	3	PA; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	PA; QL
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	3	ST; QL
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CIALIS	2	QL
DEPEN TITRATABS	2	SP
MYRBETRIQ	2	
oxybutynin chloride er	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	Drug Name	Drug Tier	Notes
oxybutynin chloride oral tablet	1		fluocinonide external cream	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		hydrocortisone external cream 1 %, 2.5 %	1	
REVELA	3		hydrocortisone external ointment 2.5 %	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	hydrocortisone in absorbbase	1	
tolterodine tartrate er	1		hydrocortisone oral	1	
TOVIAZ	3		methylprednisolone oral	1	
VELPHORO	3		mometasone furoate external cream	1	
VESICARE	2		prednisolone oral solution	1	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>			prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
alfuzosin hcl er	1		prednisone oral tablet	1	
finasteride oral tablet 5 mg	1		prednisone oral tablet therapy pack	1	
RAPAFLO	2		triamcinolone acetonide external cream	1	
tamsulosin hcl	1		triamcinolone acetonide external ointment	1	
terazosin hcl oral	1		<b>Hormonal Agents - Men's Health</b>		
<b>Hormonal Agents - Adrenal</b>			ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ala-cort external cream 1 %	1		ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
betamethasone valerate external cream	1		ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
clobetasol propionate external cream	1				
clobetasol propionate external ointment	1				
clobetasol propionate external solution	1				
CLOBEX SPRAY	3				
dexamethasone oral solution	1				
dexamethasone 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
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
GONAL-F	2	PA; SP
GONAL-F RFF	2	PA; SP
GONAL-F RFF REDIJECT	2	PA; SP
HP ACTHAR	2	PA; 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
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP

Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 5	2	PA; SP
OMNITROPE	2	PA; SP
OVIDREL	3	SP
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
apri	1	
aviane	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA PRO	2	
cryselle-28	1	
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	
enskyce oral tablet 0.15-30 mg-mcg	1	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	3	
loryna	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
low-ogestrel	1	
MAKENA INTRAMUSCULAR	3	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1/20	1	
MINIVELLE	3	
mono-linyah	1	
mononessa	1	
NATAZIA	2	
nikki	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone oral	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
ocella	1	
portia-28	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	

Drug Name	Drug Tier	Notes
progesterone micronized oral	1	
sprintec 28	1	
tri-estarylla	1	
tri-linyah	1	
tri-lo-marzia	1	
trinessa (28)	1	
trinessa lo	1	
tri-previfem	1	
tri-sprintec	1	
vienva	1	
viorele	1	
xulane	1	
yuvafem	1	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
SYNTHROID	3	
TIROSINT	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
azathioprine oral	1	
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	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	Drug Name	Drug Tier	Notes
CIMZIA VIAL KIT	2	PA; SP	HUMIRA		
COSENTYX 150 MG/ML	3	PA; 3P; SP	SUBCUTANEOUS	2	PA; SP
COSENTYX 300 DOSE	3	PA; 3P; SP	PREFILLED SYRINGE		
COSENTYX			KEVZARA		
SENSOREADY 300	3	PA; 3P; SP	SUBCUTANEOUS	3	PA; 3P; SP
DOSE			SOLUTION PREFILLED		
COSENTYX			SYRINGE		
SENSOREADY PEN			methotrexate oral	1	
SUBCUTANEOUS	3	PA; 3P; SP	methotrexate sodium oral	1	
SOLUTION AUTO-			mycophenolate mofetil	1	SP
INJECTOR 150 MG/ML			oral capsule		
ENBREL			mycophenolate mofetil	1	SP
SUBCUTANEOUS	3	PA; SP	oral tablet		
SOLUTION PREFILLED			mycophenolate sodium	1	SP
SYRINGE			OTEZLA ORAL TABLET	2	PA; SP
ENBREL SURECLICK			OTEZLA ORAL TABLET	2	PA; SP
SUBCUTANEOUS	3	PA; SP	THERAPY PACK		
SOLUTION AUTO-			PROGRAF ORAL	3	SP
INJECTOR			RASUVO		
HAEGARDA	3	PA; SP	SUBCUTANEOUS		
HUMIRA PEDIATRIC			SOLUTION AUTO-		
CROHNS START	2	PA; SP	INJECTOR 10		
SUBCUTANEOUS			MG/0.2ML, 12.5		
PREFILLED SYRINGE			MG/0.25ML, 15		
KIT 40 MG/0.8ML			MG/0.3ML, 17.5	2	PA; QL
HUMIRA PEN	2	PA; SP	MG/0.35ML, 20		
SUBCUTANEOUS PEN-			MG/0.4ML, 22.5		
INJECTOR KIT			MG/0.45ML, 25		
HUMIRA PEN-			MG/0.5ML, 30		
CD/UC/HS STARTER	2	PA; SP	MG/0.6ML, 7.5		
SUBCUTANEOUS PEN-			MG/0.15ML		
INJECTOR KIT 40			REMICADE	2	PA; SP
MG/0.8ML			SIMPONI ARIA	2	PA; SP
HUMIRA PEN-PS/UV			SIMPONI		
STARTER	2	PA; SP	SUBCUTANEOUS	2	PA; SP
SUBCUTANEOUS PEN-			SOLUTION AUTO-		
INJECTOR KIT 40			INJECTOR		
MG/0.8ML					

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
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
tacrolimus oral	1	SP
TREMFYA	2	PA; SP
XELJANZ ORAL TABLET 5 MG	3	PA; 3P; SP
XELJANZ XR	3	PA; 3P; SP
<b>Immunological Agents - Drugs for Vaccination</b>		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
SHINGRIX	3	
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
CANASA	2	
DELZICOL	3	ST
DIPENTUM	3	
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	

Drug Name	Drug Tier	Notes
UCERIS	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
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 SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
ibandronate sodium oral	1	QL
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
BROMSITE	3	ST; QL
ciprofloxacin hcl 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
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	ST; QL
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	3	ST; QL
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
BETOPTIC-S	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
SIMBRINZA	2	

Drug Name	Drug Tier	Notes
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
ZIOPTAN	3	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACAFT	3	ST
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
tobramycin-dexamethasone	1	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
desloratadine oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	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
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine oral syrup	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XOLAIR	2	PA; SP
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
albuterol sulfate inhalation	1	QL
ANORO ELLIPTA	2	QL
ARMONAIR RESPICLICK 113	3	ST; QL
ARMONAIR RESPICLICK 232	3	ST; QL

Drug Name	Drug Tier	Notes
ARMONAIR RESPICLICK 55	3	ST; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	QL
BEVESPI AEROSPHERE	3	ST; QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	3	ST; Made by Impax
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	3	ST; Made by Impax
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	Made by Mylan
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR HFA	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
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	3	ST; QL
PULMICORT FLEXHALER	2	QL
SEEBRI NEOHALER	3	ST; QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT	2	QL
UTIBRON NEOHALER	3	ST; QL
VENTOLIN HFA	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
TOBI PODHALER	3	SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER	2	PA; SP; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral	1	

Drug Name	Drug Tier	Notes
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
<b>Sleep Disorder Agents</b>		
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

## Index of Drugs

abacavir sulfate-lamivudine	10	allopurinol	9	AZASITE	23
ABILIFY MAINTENA	10	ALPHAGAN P	24	azathioprine	21
ABSORICA	14	alprazolam	11	azelastine hcl	24
ACCU-CHEK AVIVA		amiodarone hcl	11	azithromycin	7
CONNECT KIT W/DEVICE	16	AMITIZA	18	AZOPT	24
ACCU-CHEK AVIVA PLUS	16	amitriptyline hcl	8	baclofen	26
ACCU-CHEK COMPACT		amlodipine besylate	11	BELBUCA	6
PLUS CARE KIT	16	amlodipine besylate-		benazepril hcl	11
ACCU-CHEK COMPACT		benazepril hcl	11	benazepril-	
PLUS TEST STRIPS	16	amlodipine besylate-		hydrochlorothiazide	11
ACCU-CHEK FASTCLIX		valsartan	11	benzonatate	24
LANCET KIT	16	amlodipine-olmesartan	11	benztropine mesylate	10
ACCU-CHEK FASTCLIX		amoxicillin	7	BESIVANCE	23
LANCETS	16	amoxicillin-potassium		betamethasone valerate	19
ACCU-CHEK GUIDE	16	clavulanate	7	BETASERON	14
ACCU-CHEK MULTICLIX		amphetamine-		BETHKIS	26
LANCET DEVICE KIT	16	dextroamphetamine	13	BETIMOL	24
ACCU-CHEK MULTICLIX		amphetamine-		BETOPTIC-S	24
LANCETS	16	dextroamphetamine er	13	BEVESPI AEROSPHERE	25
ACCU-CHEK NANO		AMPYRA	14	BINOSTO	23
SMARTVIEW KIT		anastrozole	9	bisoprolol fumarate	12
W/DEVICE	16	ANDRODERM	19	bisoprolol-	
ACCU-CHEK		ANDROGEL	19	hydrochlorothiazide	12
SMARTVIEW TEST		ANDROGEL PUMP	19	blisovi 24 fe	20
STRIPS	16	ANORO ELLIPTA	25	blisovi fe 1.5/30	20
ACCU-CHEK SOFT		apri	20	blisovi fe 1/20	20
TOUCH LANCETS	16	APRISO	23	BOTOX	23
ACCU-CHEK SOFTCLIX		ARANESP (ALBUMIN		BREO ELLIPTA	25
LANCET DEVICE KIT	16	FREE)	11	BRILINTA	10
ACCU-CHEK SOFTCLIX		aripiprazole	10	brimonidine tartrate	24
LANCETS	16	ARISTADA	10	BROMSITE	23
acetaminophen-codeine	6	ARMONAIR RESPICLICK		budesonide	25
acetaminophen-codeine #2	6	113	25	bumetanide	12
acetaminophen-codeine #3	6	ARMONAIR RESPICLICK		BUNAVAIL	7
acetaminophen-codeine #4	6	232	25	buprenorphine hcl	7
acyclovir	10	ARMONAIR RESPICLICK		buprenorphine hcl-	
ACZONE	14	55	25	naloxone hcl	7
adapalene	14	ARMOUR THYROID	21	bupropion hcl	8
ADCIRCA	26	ARNUIITY ELLIPTA	25	bupropion hcl er (sr)	8
ADDERALL XR	13	ASTEPRO	24	bupropion hcl er (xl)	8
ADDYI	14	atenolol	11	buspirone hcl	11
ADEMPAS	26	atenolol-chlorthalidone	11	butalbital-apap-caffeine	6
ADVAIR DISKUS	25	atomoxetine hcl	13	BYDUREON	15
ADVAIR HFA	25	atorvastatin calcium	11	BYDUREON BCISE	
ADZENYS ER	13	ATRALIN	14	AUTOINJECTOR	15
ADZENYS XR-ODT	13	ATRIPLA	10	BYETTA 10 MCG PEN	15
AFLURIA		AUBAGIO	14	BYETTA 5 MCG PEN	15
PRESERVATIVE FREE	23	AURYXIA	18	BYSTOLIC	12
AFSTYLA	11	aviane	20	BYVALSON	12
ala-cort	19	AVONEX PEN	14	CABOMETYX	9
albuterol sulfate	25	AVONEX PREFILLED	14	calcitriol	23
alendronate sodium	23	AVONEX VIAL		CANASA	23
alfuzosin hcl er	19	INTRAMUSCULAR KIT	14	capecitabine	9

carbamazepine.....	8	CORLANOR.....	12	drospirenone-ethinyl	
carbidopa-levodopa.....	10	COSENTYX 150 MG/ML....	22	estradiol.....	20
carisoprodol.....	26	COSENTYX 300 DOSE.....	22	DUAVEE.....	20
cartia xt.....	12	COSENTYX		duloxetine hcl.....	8
carvedilol.....	12	SENSOREADY 300 DOSE..	22	DUPIXENT.....	15
cefdinir.....	7	COSENTYX		DUZALLO.....	9
cefuroxime axetil.....	7	SENSOREADY PEN.....	22	DYMISTA.....	24
celecoxib.....	6	COSOPT PF.....	24	EDARBI.....	12
cephalexin.....	7	COTEMPLA XR-ODT.....	13	EDARBYCLOR.....	12
CERDELGA.....	18	CREON.....	18	ELESTRIN.....	20
cetirizine hcl.....	24	cryselle-28.....	20	eletriptan hydrobromide.....	9
CETROTIDE.....	20	cyanocobalamin.....	17	ELIDEL.....	15
CETYLEV.....	23	cyclobenzaprine hcl.....	26	ELIQUIS.....	8
CHANTIX STARTING		DELZICOL.....	23	EMBEDA.....	6
MONTH PAK.....	7	DEPEN TITRATABS.....	18	EMVERM.....	9
chlorhexidine gluconate.....	14	DESCOVY.....	10	enalapril maleate.....	12
chlorthalidone.....	12	desloratadine.....	24	ENBREL.....	22
choline fenofibrate.....	12	desvenlafaxine succinate		ENBREL SURECLICK.....	22
CIALIS.....	18	er.....	8	ENDOMETRIN.....	20
cilostazol.....	10	dexamethasone.....	19	enoxaparin sodium.....	8
CIMDUO.....	10	DEXCOM G4 PLATINUM		enskyce.....	20
CIMZIA.....	22	PEDIATRIC RECEIVER....	16	ENSTILAR.....	15
CIMZIA PREFILLED KIT ...	21	DEXCOM G4 PLATINUM		entecavir.....	10
CIMZIA STARTER KIT.....	21	RECEIVER, SENSOR,		ENTRESTO.....	12
CIPRODEX.....	24	TRANSMITTER.....	16	EPCLUSA.....	10
ciprofloxacin hcl.....	7, 23	DEXCOM G5 SENSOR,		EPIDUO.....	15
citalopram hydrobromide.....	8	TRANSMITTER, MOBILE		EPIDUO FORTE.....	15
claravis.....	14	RECEIVER.....	16	EPINEPHRINE.....	25
clarithromycin.....	7	DEXILANT.....	18	erythromycin.....	24
CLENPIQ.....	18	dexmethylphenidate hcl.....	13	escitalopram oxalate.....	8
CLIMARA PRO.....	20	dexmethylphenidate hcl er..	13	esomeprazole magnesium..	18
CLINDAGEL.....	14	diazepam.....	11	estradiol.....	20
clindamycin hcl.....	7	diclofenac potassium.....	6	eszopiclone.....	26
clindamycin phos-benzoyl		diclofenac sodium.....	6	etodolac.....	6
perox.....	14	dicyclomine hcl.....	18	EUCRISA.....	15
clindamycin phosphate. 14, 15		DIFFERIN.....	15	EUFLEXXA.....	23
CLINDAMYCIN		digoxin.....	12	ezetimibe.....	12
PHOSPHATE.....	14	diltiazem hcl.....	12	ezetimibe-simvastatin.....	12
CLINDESSE.....	7	diltiazem hcl er beads.....	12	famotidine.....	18
clobetasol propionate.....	19	diltiazem hcl er coated		FARXIGA.....	15
CLOBEX SPRAY.....	19	beads.....	12	fenofibrate.....	12
clonazepam.....	11	DIPENTUM.....	23	fenofibrate micronized.....	12
clonidine hcl.....	12	diphenoxylate-atropine.....	18	fenofibric acid.....	12
clopidogrel bisulfate.....	10	divalproex sodium.....	8	fentanyl.....	6
clotrimazole-		divalproex sodium er.....	8	finasteride.....	19
betamethasone.....	15	DIVIGEL.....	20	flecainide acetate.....	12
COLCHICINE.....	9	donepezil hcl.....	8	FLECTOR.....	6
COLCRYS.....	9	dorzolamide hcl-timolol mal	24	FLOVENT DISKUS.....	25
COMBIGAN.....	24	doxazosin mesylate.....	12	FLOVENT HFA.....	25
COMBIVENT RESPIMAT... 25		doxepin hcl.....	8	FLUCELVAX	
COMPLERA.....	10	doxycycline hyclate.....	7	QUADRIVALENT.....	23
CONTRAVE.....	14	doxycycline monohydrate.....	7	fluconazole.....	9
COPAXONE.....	14			fluocinonide.....	19

FLUOROPLEX.....	15	HUMIRA PEN.....	22	JENTADUETO.....	15
fluoxetine hcl.....	8	HUMIRA PEN-CD/UC/HS		JENTADUETO XR.....	15
fluticasone propionate.....	24	STARTER.....	22	JUBLIA.....	9
fluvoxamine maleate.....	8	HUMIRA PEN-PS/UV		JULUCA.....	10
folic acid.....	17	STARTER.....	22	junel 1/20.....	20
FORFIVO XL.....	8	HUMULIN 70/30		junel fe 1.5/30.....	20
FORTEO.....	23	KWIKPEN.....	17	junel fe 1/20.....	20
furosemide.....	12	HUMULIN 70/30 VIAL.....	17	KERYDIN.....	9
gabapentin.....	8	HUMULIN N KWIKPEN.....	17	ketoconazole.....	9
gavilyte-g.....	18	HUMULIN N VIAL.....	17	ketorolac tromethamine..	6, 24
gemfibrozil.....	12	HUMULIN R U-500		KEVZARA.....	22
gentamicin sulfate.....	24	KWIKPEN.....	17	klor-con m20.....	17
GENVOYA.....	10	HUMULIN R U-500 VIAL		labetalol hcl.....	12
gianvi.....	20	(CONCENTRATED).....	17	lamotrigine.....	8
GILENYA.....	14	HUMULIN R VIAL.....	17	lansoprazole.....	18
glimepiride.....	15	hydralazine hcl.....	12	LANTUS SOLOSTAR.....	17
glipizide.....	15	hydrochlorothiazide.....	12	LANTUS U-100 VIAL.....	17
glipizide er.....	15	hydrocodone polst-cpm		LASTACAFT.....	24
glipizide xl.....	15	polst er.....	25	latanoprost.....	24
GLUCAGON		hydrocodone-		LATUDA.....	10
EMERGENCY.....	17	acetaminophen.....	6	LETAIRIS.....	26
glyburide.....	15	hydrocortisone.....	19	letrozole.....	9
glyburide-metformin.....	15	hydrocortisone in		LEVEMIR U-100	
GLYXAMBI.....	15	absorbbase.....	19	FLEXTOUCH.....	17
GONAL-F.....	20	hydromorphone hcl.....	6	LEVEMIR U-100 VIAL.....	17
GONAL-F RFF.....	20	hydroxychloroquine sulfate...	9	levetiracetam.....	8
GONAL-F RFF REDIJECT.....	20	hydroxyzine hcl.....	11	levocetirizine	
GRALISE.....	14	hydroxyzine pamoate.....	11	dihydrochloride.....	25
GRALISE STARTER.....	14	HYSINGLA ER.....	6	levofloxacin.....	7
GRANIX.....	11	ibandronate sodium.....	23	levonorgestrel-ethinyl	
guanfacine hcl.....	12	IBRANCE.....	9	estrad.....	20
guanfacine hcl er.....	13	ibuprofen.....	6	levo-t.....	21
GYNAZOLE-1.....	9	ILEVRO.....	24	levothyroxine sodium.....	21
HAEGARDA.....	22	INCRUSE ELLIPTA.....	25	levoxyl.....	21
haloperidol.....	10	indomethacin.....	6	lidocaine.....	6
HARVONI.....	10	INTELENCE.....	10	lidocaine viscous.....	14
HP ACTHAR.....	20	INVEGA SUSTENNA.....	10	lidocaine-prilocaine.....	6
HUMALOG KWIKPEN.....	17	INVEGA TRINZA.....	10	LINZESS.....	18
HUMALOG MIX 50/50		INVOKAMET.....	15	liothyronine sodium.....	21
KWIKPEN.....	17	INVOKAMET XR.....	15	LIPOFEN.....	12
HUMALOG MIX 50/50		INVOKANA.....	15	lisinopril.....	12
VIAL.....	17	ipratropium bromide.....	25	lisinopril-	
HUMALOG MIX 75/25		ipratropium-albuterol.....	25	hydrochlorothiazide.....	12
KWIKPEN.....	17	irbesartan.....	12	lithium carbonate.....	11
HUMALOG MIX 75/25		irbesartan-		lithium carbonate er.....	11
VIAL.....	17	hydrochlorothiazide.....	12	LIVALO.....	12
HUMALOG U-100 JUNIOR		ISENTRESS.....	10	LO LOESTRIN FE.....	20
KWIKPEN.....	17	ISENTRESS HD.....	10	lorazepam.....	11
HUMALOG U-100 VIAL		isosorbide mononitrate er...	12	loryna.....	20
AND CARTRIDGE.....	17	JANUMET.....	15	LORZONE.....	26
HUMIRA.....	22	JANUMET XR.....	15	losartan potassium.....	12
HUMIRA PEDIATRIC		JANUVIA.....	15	losartan potassium-hctz.....	12
CROHNS START.....	22	JARDIANCE.....	15	lovastatin.....	12

low-ogestrel.....	21	mononessa.....	21	NOVOFINE PLUS PEN
LUMIGAN.....	24	montelukast sodium.....	25	NEEDLE.....
LUPRON DEPOT (1- MONTH).....	20	morphine sulfate er.....	6	NOVOLIN 70/30 VIAL.....
LUPRON DEPOT (3- MONTH).....	20	MOVANTIK.....	18	NOVOLIN N VIAL.....
LUPRON DEPOT (4- MONTH).....	20	MOVIPREP.....	18	NOVOLIN R VIAL.....
INTRAMUSCULAR KIT 30MG.....	20	MOXEZA.....	24	NOVOLOG FLEXPEN.....
LUPRON DEPOT (6- MONTH).....	20	moxifloxacin hcl.....	24	NOVOLOG MIX 70/30 FLEXPEN.....
INTRAMUSCULAR KIT 45MG.....	20	MULTAQ.....	12	NOVOLOG MIX 70/30 VIAL.....
LYRICA.....	14	mupirocin.....	7	NOVOLOG PENFILL.....
MAKENA.....	21	mycophenolate mofetil.....	22	NOVOLOG U-100 VIAL.....
MAVYRET.....	10	mycophenolate sodium.....	22	NOVOTWIST PEN NEEDLE.....
meclizine hcl.....	9	myorisan.....	15	NUCYNTA.....
medroxyprogesterone acetate.....	21	MYRBETRIQ.....	18	NUTROPIN AQ NUSPIN 10.....
meloxicam.....	6	nabumetone.....	6	NUTROPIN AQ NUSPIN 20.....
memantine hcl.....	8	nadolol.....	12	NUTROPIN AQ NUSPIN 5. 20
MENEST.....	21	naltrexone hcl.....	7	NUVARING.....
mercaptapurine.....	9	NAMZARIC.....	8	NUWIQ.....
mesalamine.....	23	naproxen.....	6	nystatin.....
metaxalone.....	26	naproxen sodium.....	6	ocella.....
metformin hcl.....	16	NARCAN.....	7	ODEFSEY.....
metformin hcl er.....	15	NATAZIA.....	21	ofloxacin.....
metformin hcl er (mod).....	15	NATURE-THROID.....	21	olanzapine.....
metformin hcl er (osm).....	16	neomycin-polymyxin- dexameth.....	24	olmesartan medoxomil.....
methimazole.....	21	neomycin-polymyxin-hc.....	24	olmesartan medoxomil- hctz.....
methocarbamol.....	26	NEUPOGEN.....	11	olopatadine hcl.....
methotrexate.....	22	NEVANAC.....	24	OMECLAMOX-PAK.....
methotrexate sodium.....	22	niacin er (antihyperlipidemic).....	12	omega-3-acid ethyl esters..
methylphenidate hcl.....	13	nifedipine er.....	12	omeprazole.....
methylphenidate hcl er.....	13	nifedipine er osmotic release.....	12	OMNARIS.....
methylprednisolone.....	19	nikki.....	21	OMNITROPE.....
metoclopramide hcl.....	9	nitrofurantoin macrocrystal... 7	7	ondansetron hcl.....
metoprolol succinate er.....	12	nitrofurantoin monohydrate macrocrystals.....	7	ondansetron odt.....
metoprolol tartrate.....	12	nitroglycerin.....	12	ONETOUCH ULTRA 2.....
METROGEL.....	15	NITYR.....	18	ONETOUCH ULTRA BLUE TEST STRIPS.....
metronidazole.....	7, 15	NORDITROPIN FLEXPRO.....	20	ONETOUCH ULTRA MINI..
microgestin 1.5/30.....	21	norethindrone.....	21	ONETOUCH VERIO.....
microgestin 1/20.....	21	norethindrone acet-ethinyl est.....	21	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE....
microgestin fe 1/20.....	21	norgestimate-eth estradiol..	21	ONETOUCH VERIO IQ SYSTEM.....
MIGRANAL.....	9	norgestimate-ethinyl estradiol triphasic.....	21	ONEXTON.....
MINIVELLE.....	21	nortrel 1/35 (21).....	21	ONGLYZA.....
minocycline hcl.....	7	nortrel 1/35 (28).....	21	ONZETRA XSAIL.....
mirtazapine.....	8	nortriptyline hcl.....	8	OPSUMIT.....
MIRVASO.....	15	NORVIR.....	10	ORACEA.....
modafinil.....	26	NOVOFINE AUTOCOVER PEN NEEDLE.....	17	ORENITRAM.....
mometasone furoate.....	19, 25	NOVOFINE PEN NEEDLE.....	17	
mono-linyah.....	21			

orphenadrine citrate er.....	26	prochlorperazine maleate.....	9	scopolamine.....	9
oseltamivir phosphate.....	10	PROCRIT.....	11	SEEBRI NEOHALER.....	26
OSPHENA.....	20	PROCTOFOAM HC.....	23	SEREVENT DISKUS.....	26
OTEZLA.....	22	progesterone micronized....	21	sertraline hcl.....	8
OVIDREL.....	20	PROGRAF.....	22	SHINGRIX.....	23
oxcarbazepine.....	8	PROLENSA.....	24	sildenafil citrate.....	19, 26
OXSORALEN ULTRA.....	15	promethazine hcl.....	25	SILENOR.....	26
OXTELLAR XR.....	8	promethazine-codeine.....	25	SIMBRINZA.....	24
oxybutynin chloride.....	19	promethazine-dm.....	25	SIMPONI.....	22, 23
oxybutynin chloride er.....	18	propranolol hcl.....	13	SIMPONI ARIA.....	22
oxycodone hcl.....	6	propranolol hcl er.....	13	simvastatin.....	13
oxycodone-acetaminophen...6		PROVENTIL HFA.....	26	SOLIQUA.....	16
OXYCONTIN.....	6	pseudoephedrine-		SOLODYN.....	7
OZEMPIC.....	16	bromphen-dm.....	25	SOOLANTRA.....	15
pantoprazole sodium.....	18	PULMICORT FLEXHALER.....	26	sotalol hcl.....	13
paroxetine hcl.....	8	PYLERA.....	18	SPIRIVA HANDIHALER.....	26
paroxetine hcl er.....	8	QNASL.....	25	SPIRIVA RESPIMAT.....	26
PAZEO.....	24	QNASL CHILDRENS.....	25	spironolactone.....	13
penicillin v potassium.....	7	QTERN.....	16	sprintec 28.....	21
PENTASA.....	23	quetiapine fumarate.....	10	SPRIX.....	6
pentoxifylline er.....	13	quinapril hcl.....	13	SPRYCEL.....	9
PERFOROMIST.....	25	rabeprazole sodium.....	18	STELARA.....	23
permethrin.....	9	raloxifene hcl.....	20	STIOLTO RESPIMAT.....	26
phenazopyridine hcl.....	19	ramipril.....	13	STRIBILD.....	10
phentermine hcl.....	14	RANEXA.....	13	SUBOXONE.....	7
phenytoin sodium		ranitidine hcl.....	18	sucalfate.....	18
extended.....	8	RAPAFLO.....	19	sulfamethoxazole-	
pioglitazone hcl.....	16	RASUVO.....	22	trimethoprim.....	8
polyethylene glycol 3350....	18	REBIF.....	14	sulfasalazine.....	23
polymyxin b-trimethoprim....	24	REBIF REBIDOSE.....	14	sulindac.....	6
portia-28.....	21	REBIF REBIDOSE		sumatriptan succinate.....	9
potassium chloride crys er..	17	TITRATION PACK.....	14	SUPREP BOWEL PREP	
potassium chloride er.....	17	REBIF TITRATION PACK..	14	KIT.....	18
potassium citrate er.....	17	RELISTOR.....	18	SYMBICORT.....	26
PRADAXA.....	8	REMICADE.....	22	SYMFI.....	10
PRALUENT.....	13	RENVELA.....	19	SYMFI LO.....	10
pramipexole		REPATHA.....	13	SYMPROIC.....	18
dihydrochloride.....	10	REPATHA PUSHTRONEX		SYNJARDY.....	16
pravastatin sodium.....	13	SYSTEM.....	13	SYNJARDY XR.....	16
prazosin hcl.....	13	REPATHA SURECLICK....	13	SYNTHROID.....	21
prednisolone.....	19	RESTASIS.....	24	SYNVISC.....	23
prednisolone acetate.....	24	RESTASIS MULTIDOSE....	24	SYNVISC ONE.....	23
prednisolone sodium		RETIN-A MICRO.....	15	TACLONEX.....	15
phosphate.....	19	RETIN-A MICRO PUMP....	15	tacrolimus.....	23
prednisone.....	19	REVLIMID.....	9	TAMIFLU.....	11
PREMARIN.....	21	REXULTI.....	10	tamoxifen citrate.....	9
PREMPHASE.....	21	REYATAZ.....	10	tamsulosin hcl.....	19
PREMPRO.....	21	risperidone.....	10	TAZORAC.....	15
PREPOPIK.....	18	rizatriptan benzoate.....	9	TECFIDERA.....	14
PREZCOBIX.....	10	ropinirole hcl.....	10	TEKTURNA.....	13
PREZISTA.....	10	rosuvastatin calcium.....	13	TEKTURNA HCT.....	13
PROAIR HFA.....	25	SAPHRIS.....	10	telmisartan.....	13
PROAIR RESPICLICK.....	26	SAVAYSA.....	8	temazepam.....	26

tenofovir disoproxil fumarate.....	11	VARUBI.....	9	ZYTIGA.....	9
terazosin hcl.....	19	VASCEPA.....	13		
terbinafine hcl.....	9	VECTICAL.....	15		
terconazole.....	9	VELPHORO.....	19		
testosterone cypionate.....	20	VELTASSA.....	17		
timolol maleate.....	24	venlafaxine hcl.....	9		
TIMOPTIC OCUDOSE.....	24	venlafaxine hcl er.....	9		
TIROSINT.....	21	VENTOLIN HFA.....	26		
TIVICAY.....	11	verapamil hcl.....	13		
tizanidine hcl.....	26	verapamil hcl er.....	13		
TOBI PODHALER.....	26	VESICARE.....	19		
tobramycin.....	24	V-GO 20.....	17		
tobramycin-dexamethasone.....	24	V-GO 30.....	17		
tolterodine tartrate er.....	19	V-GO 40.....	17		
topiramate.....	8	VIBERZI.....	18		
topiramate er.....	8	VICTOZA.....	16		
torseamide.....	13	vienva.....	21		
TOUJEO SOLOSTAR.....	17	VIIBRYD.....	9		
TOVIAZ.....	19	VIIBRYD STARTER PACK...9	9		
TRACLEER.....	26	VIMPAT.....	8		
TRADJENTA.....	16	viorele.....	21		
tramadol hcl.....	6	vitamin d (ergocalciferol).....	18		
tramadol-acetaminophen.....	6	VOSEVI.....	11		
TRAVATAN Z.....	24	VRAYLAR.....	10		
trazodone hcl.....	8	VYVANSE.....	13		
TREMFYA.....	23	warfarin sodium.....	8		
TRESIBA FLEXTOUCH.....	17	XARELTO.....	8		
tretinoin.....	15	XARELTO STARTER PACK.....	8		
triamcinolone acetonide.....	19	XELJANZ.....	23		
triamterene-hctz.....	13	XELJANZ XR.....	23		
triazolam.....	11	XIFAXAN.....	8		
tri-estarylla.....	21	XIIDRA.....	24		
tri-linyah.....	21	XOLAIR.....	25		
tri-lo-marzia.....	21	XTANDI.....	9		
trinessa (28).....	21	xulane.....	21		
trinessa lo.....	21	yuvafem.....	21		
TRINTELLIX.....	9	ZARXIO.....	11		
tri-previfem.....	21	ZELAPAR.....	10		
tri-sprintec.....	21	ZENPEP.....	18		
TRIUMEQ.....	11	ZETONNA.....	25		
TRULANCE.....	18	ZIOPTAN.....	24		
TRULICITY.....	16	ziprasidone hcl.....	10		
TRUVADA.....	11	ZOHYDRO ER.....	6		
TYMLOS.....	23	zolpidem tartrate.....	26		
UCERIS.....	23	zolpidem tartrate er.....	26		
ULORIC.....	9	zonisamide.....	8		
UTIBRON NEOHALER.....	26	ZOVIRAX.....	11		
valacyclovir hcl.....	11	ZUBSOLV.....	7		
valsartan.....	13	ZURAMPIC.....	9		
valsartan-hydrochlorothiazide.....	13	ZYCLARA.....	15		
		ZYCLARA PUMP.....	15		
		ZYPITAMAG.....	13		





## Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator  
11000 Optum Circle  
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**  
Fax: 855-351-5495  
Email: **Optum\_Civil\_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue,  
SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

## Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyè 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)** សម្រាប់ជំនួយភាសាដទៃទៀត 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 shqódí ninaaltsos nit'i'izi bee nééhozinígíí bine'déę t'áá jíík'ehgo béésh bee hane'i 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.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com/optumrx](https://optum.com/optumrx).

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.

© 2018 Optum, Inc. All rights reserved.

67235B-062018

Select Standard