

# Your 2019 Formulary

Effective July 1, 2019



**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 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).

OptumRx® is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who 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. 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 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
<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 decides how these medications may be covered.

<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>3P</b>	Tier 3 preferred

## Table of Contents

Analgesics - Drugs for Pain.....	6	Genitourinary Agents - Drugs for Prostate	
Analgesics - Drugs for Pain and Inflammation.	6	Conditions.....	18
Anesthetics.....	6	Hormonal Agents - Adrenal.....	18
Anti-Addiction / Substance Abuse Treatment		Hormonal Agents - Men's Health.....	19
Agents.....	7	Hormonal Agents - Osteoporosis.....	19
Antibacterials.....	7	Hormonal Agents - Pituitary.....	19
Anticoagulants.....	8	Hormonal Agents - Sex Hormones and Birth	
Anticonvulsants - Drugs for Seizures.....	8	Control.....	20
Antidementia Agents - Drugs for Alzheimer's		Hormonal Agents - Thyroid.....	21
Disease and Dementia.....	8	Immunological Agents - Drugs for Immune	
Antidepressants.....	8	System Stimulation or Suppression.....	21
Antiemetics - Drugs for Nausea and Vomiting..	9	Inflammatory Bowel Disease Agents.....	22
Antifungals.....	9	Metabolic Bone Disease Agents - Drugs for	
Antigout Agents.....	9	Osteoporosis.....	22
Antimigraine Agents.....	9	Miscellaneous Therapeutic Agents.....	22
Antineoplastics - Drugs for Cancer.....	9	Ophthalmic Agents - Drugs for Eye Allergy,	
Antiparasitics.....	9	Infection and Inflammation.....	23
Antiparkinson Agents.....	9	Ophthalmic Agents - Drugs for Glaucoma.....	23
Antiplatelets.....	10	Ophthalmic Agents - Drugs for Miscellaneous	
Antipsychotics - Drugs for Mood Disorders....	10	Eye Conditions.....	23
Antivirals.....	10	Otic Agents - Drugs for Ear Conditions.....	23
Anxiolytics - Drugs for Anxiety.....	11	Respiratory Tract / Pulmonary Agents -	
Bipolar Agents - Drugs for Mood Disorders....	11	Drugs for Allergies, Cough, Cold.....	24
Blood Products / Modifiers / Volume		Respiratory Tract / Pulmonary Agents -	
Expanders - Drugs for Bleeding Disorders...	11	Drugs for Asthma and Other Lung	
Cardiovascular Agents - Drugs for Heart and		Conditions.....	24
Circulation Conditions.....	11	Respiratory Tract / Pulmonary Agents -	
Central Nervous System Agents - Drugs for		Drugs for Cystic Fibrosis.....	25
Attention Deficit Disorder.....	13	Respiratory Tract / Pulmonary Agents -	
Central Nervous System Agents - Drugs for		Drugs for Pulmonary Hypertension.....	25
Multiple Sclerosis.....	13	Skeletal Muscle Relaxants - Drugs for	
Central Nervous System Agents -		Muscle Pain and Spasm.....	25
Miscellaneous.....	14	Sleep Disorder Agents.....	25
Dental and Oral Agents - Drugs for Mouth		Index of Drugs.....	26
and Throat Conditions.....	14		
Dermatological Agents - Drugs for Skin			
Conditions.....	14		
Diabetes - Antidiabetic Agents.....	15		
Diabetes - Glucose Monitoring.....	15		
Diabetes - Glycemic Agents.....	16		
Diabetes - Insulins.....	16		
Electrolytes / Minerals / Metals / Vitamins.....	17		
Gastrointestinal Agents - Drugs for Acid			
Reflux and Ulcer.....	17		
Gastrointestinal Agents - Drugs for Bowel,			
Intestine and Stomach Conditions.....	17		
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	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine oral capsule	1	
BELBUCA	2	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
EMBEDA	2	
fentanyl	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
HYSINGLA ER	2	
morphine sulfate er oral tablet extended release	1	
NUCYNTA	3	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	

Drug Name	Drug Tier	Notes
ROXYBOND	3	
tramadol hcl ir	1	
tramadol-acetaminophen	1	
trezix oral capsule 320.5-30-16 mg	1	
<b>Analgesics - Drugs for Pain and Inflammation</b>		
celecoxib oral	1	
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	
etodolac oral tablet	1	
FLECTOR	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
sulindac oral	1	
VIVLODEX	3	
ZORVOLEX	3	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch 5 %	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
lidocaine-prilocaine external cream	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
CHANTIX STARTING MONTH PAK	3	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	
ZUBSOLV	2	
<b>Antibacterials</b>		
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 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	

Drug Name	Drug Tier	Notes
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	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	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim 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
XIFAXAN	3	
XIMINO	3	
<b>Anticoagulants</b>		
BEVYXXA	3	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
enoxaparin sodium	1	SP
PRADAXA	2	
SAVAYSA	3	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
<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	
phenytoin sodium extended	1	
topiramate oral tablet	1	
VIMPAT	3	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	

Drug Name	Drug Tier	Notes
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	
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 tablet 100 mg	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl 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
VIIBRYD ORAL TABLET	3	
VIIBRYD STARTER PACK	3	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet 5 mg	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
VARUBI ORAL	3	
<b>Antifungals</b>		
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
KERYDIN	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
terconazole vaginal cream	1	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	
COLCRYS	2	
ULORIC	2	
ZURAMPIC	3	

Drug Name	Drug Tier	Notes
<b>Antimigraine Agents</b>		
AIMOVIG	2	
eletriptan hydrobromide	1	
EMGALITY	2	
MIGRANAL	3	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	SP
capecitabine	1	SP
IBRANCE	3	SP
IDHIFA	3	SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	SP
SPRYCEL	2	SP
tamoxifen citrate oral	1	
XTANDI	3	SP
YONSA	3	SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOLOSEC	3	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	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
ropinirole hcl	1		CIMDUO	2	SP
RYTARY	3		COMPLERA	2	SP
ZELAPAR	3		DESCOVY	3	SP
<b>Antiplatelets</b>			entecavir	1	SP
BRILINTA	2		EPCLUSA	2	SP
cilostazol	1		GENVOYA	3	SP
clopidogrel bisulfate oral	1		HARVONI	2	SP
ZONTIVITY	3		INTELENCE	2	SP
<b>Antipsychotics - Drugs for Mood Disorders</b>			ISENTRESS ORAL TABLET	2	SP
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3		JULUCA	2	SP
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3		MAVYRET	2	SP
aripiprazole oral tablet	1		NORVIR ORAL TABLET	3	SP
ARISTADA	3		ODEFSEY	3	SP
ARISTADA INITIO	3		oseltamivir phosphate oral	1	
haloperidol oral	1		PREZCOBIX	2	SP
INVEGA SUSTENNA	3		PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
INVEGA TRINZA	3		REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
LATUDA	3		STRIBILD	3	SP
olanzapine oral tablet	1		SYMFI	2	SP
quetiapine fumarate	1		SYMFI LO	2	SP
REXULTI	3		TAMIFLU ORAL CAPSULE 75 MG	3	
risperidone oral tablet	1		TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	
SAPHRIS	2		tenofovir disoproxil fumarate	1	SP
VRAYLAR	3		TIVICAY	2	SP
ziprasidone hcl	1		TRIUMEQ	2	SP
<b>Antivirals</b>					
abacavir sulfate-lamivudine	1	SP			
acyclovir oral tablet	1				
ATRIPLA	3	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
TRUVADA	2	SP
valacyclovir hcl oral	1	
VOSEVI	2	SP
XOFLUZA	3	
ZOVIRAX EXTERNAL	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
<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>		
ADYNOVATE	3	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	SP

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	SP
ELOCTATE	3	SP
JIVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	2	SP
NEULASTA ONPRO	3	SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	2	SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRIT	2	SP
UDENYCA	3	SP
ZARXIO	2	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	
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	
EDARBYCLOR	3	
enalapril maleate oral	1	
ENTRESTO	2	
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	

Drug Name	Drug Tier	Notes
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	
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	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline 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
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SP
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	
REPATHA	2	SP
REPATHA PUSHTRONEX SYSTEM	2	SP
REPATHA SURECLICK	2	SP
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	
telmisartan	1	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
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	

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	3	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
atomoxetine hcl	1	
COTEMPLA XR-ODT	3	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
guanfacine hcl er	1	
methylphenidate hcl er	1	
methylphenidate hcl oral tablet	1	
VYVANSE	2	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	3	SP
AUBAGIO	3	SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	SP
AVONEX VIAL INTRAMUSCULAR KIT	2	SP
BETASERON SUBCUTANEOUS KIT	2	SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
GILENYA	3	3P; 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
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	SP	lidocaine viscous	1	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	SP	<b>Dermatological Agents - Drugs for Skin Conditions</b>		
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP	ABSORICA	3	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP	ACZONE EXTERNAL GEL 7.5 %	2	
TECFIDERA	2	SP	adapalene external gel	1	
<b>Central Nervous System Agents - Miscellaneous</b>			claravis	1	
ADDYI	3		clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
AUSTEDO	3	SP	clindamycin phosphate external lotion	1	
CONTRACE	2		clindamycin phosphate external solution	1	
GRALISE	3		CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	
GRALISE STARTER	3		clindamycin phosphate gel 1 % external	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3		clotrimazole-betamethasone external cream	1	
LYRICA ORAL CAPSULE	2		DUPIXENT	2	SP
phentermine hcl oral capsule 30 mg	1		ENSTILAR	3	
phentermine hcl oral tablet	1		EPIDUO	3	
SAXENDA	3		EPIDUO FORTE	3	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>			EUCRISA	2	
chlorhexidine gluconate mouth/throat	1		FLUOROPLEX	3	
			METROGEL EXTERNAL GEL	3	
			metronidazole external gel	1	
			MIRVASO	2	
			myorisan	1	
			ONEXTON	3	
			ORACEA	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	Drug Name	Drug Tier	Notes
OXSORALEN ULTRA	2		metformin hcl er (mod)	1	
QBREXZA	3		metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	2		metformin hcl oral tablet	1	
SOOLANTRA	2		ONGLYZA	3	
TACLONEX	3		OZEMPIC	2	
tretinoin external cream	1		pioglitazone hcl	1	
VECTICAL	3		SOLQUA	2	
ZYCLARA	3		SYNJARDY	2	
ZYCLARA PUMP	3		SYNJARDY XR	2	
<b>Diabetes - Antidiabetic Agents</b>			TRADJENTA	2	
BYDUREON BCISE AUTOINJECTOR	2		TRULICITY	2	
BYDUREON PEN	2		VICTOZA	2	
BYETTA 10 MCG PEN	2		<b>Diabetes - Glucose Monitoring</b>		
BYETTA 5 MCG PEN	2		ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2	
FARXIGA	3		ACCU-CHEK AVIVA PLUS	2	
glimepiride	1		ACCU-CHEK COMPACT PLUS CARE KIT	2	
glipizide er	1		ACCU-CHEK COMPACT PLUS TEST STRIPS	2	
glipizide ir	1		ACCU-CHEK FASTCLIX LANCET KIT	2	
glipizide xl	1		ACCU-CHEK FASTCLIX LANCETS	2	
glyburide oral	1		ACCU-CHEK GUIDE	2	
glyburide-metformin	1		ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
GLYXAMBI	2		ACCU-CHEK MULTICLIX LANCETS	2	
INVOKAMET	2		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	
INVOKAMET XR	2				
INVOKANA	2				
JANUMET	2				
JANUMET XR	2				
JANUVIA	2				
JARDIANCE	2				
JENTADUETO	2				
JENTADUETO XR	2				
metformin hcl 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
ACCU-CHEK SMARTVIEW TEST STRIPS	2		ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	
ACCU-CHEK SOFT TOUCH LANCETS	2		V-GO 20	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2		V-GO 30	2	
ACCU-CHEK SOFTCLIX LANCETS	2		V-GO 40	2	
BAYER CONTOUR MONITOR KIT	3		<b>Diabetes - Glycemic Agents</b>		
BAYER CONTOUR NEXT MONITOR	3		GLUCAGON EMERGENCY	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3		<b>Diabetes - Insulins</b>		
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3		HUMALOG U-100 AND U-200 KWIKPEN	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	2		HUMALOG MIX 50/50 KWIKPEN	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2		HUMALOG MIX 50/50 VIAL	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	2		HUMALOG MIX 75/25 KWIKPEN	2	
ONE TOUCH VERIO KIT W/DEVICE	2		HUMALOG MIX 75/25 VIAL	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2		HUMALOG U-100 VIAL AND CARTRIDGE	2	
ONETOUCH VERIO STRIP IN VITRO	2		HUMULIN 70/30 KWIKPEN	2	
			HUMULIN 70/30 VIAL	2	
			HUMULIN N KWIKPEN	2	
			HUMULIN N VIAL	2	
			HUMULIN R U-500 KWIKPEN	2	
			HUMULIN R U-500 VIAL (CONCENTRATED)	2	
			HUMULIN R VIAL	2	
			LANTUS U-100 SOLOSTAR	2	
			LANTUS U-100 VIAL	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
LEVEMIR U-100 FLEXTOUCH	2	
LEVEMIR U-100 VIAL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N VIAL	2	
NOVOLIN R VIAL	2	
NOVOLOG U-100 FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG U-100 PENFILL	2	
NOVOLOG U-100 VIAL	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	2	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
LOKELMA	3	

Drug Name	Drug Tier	Notes
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
DEXILANT	2	
esomeprazole magnesium	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
rabeprazole sodium	1	
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>		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	
MOVANTIK	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
MOVIPREP	3	
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	
VIBERZI	3	
<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
CERDELGA	3	SP
CREON	2	
NITYR	3	SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	3	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	3	
DEPEN TITRATABS	2	SP
INTRAROSA	3	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	3	
MYRBETRIQ	2	

Drug Name	Drug Tier	Notes
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	
STENDRA	3	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	3	
tamsulosin hcl	1	
terazosin hcl oral	1	
<b>Hormonal Agents - Adrenal</b>		
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	3	
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
fluocinonide external cream	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
SERNIVO	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	

Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Pituitary</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	SP
GONAL-F	2	SP
GONAL-F RFF	2	SP
GONAL-F RFF REDIJECT	2	SP
HP ACTHAR	2	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	SP
NOCDURNA	3	
NORDITROPIN FLEXPRO	2	SP
NUTROPIN AQ NUSPIN 10	2	SP
NUTROPIN AQ NUSPIN 20	2	SP
NUTROPIN AQ NUSPIN 5	2	SP
OMNITROPE SUBCUTANEOUS SOLUTION	2	SP
ORILISSA	2	
OVIDREL	3	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
<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 TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	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	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	
LO LOESTRIN FE	3	

Drug Name	Drug Tier	Notes
loryna	1	
low-ogestrel	1	
MAKENA INTRAMUSCULAR	2	SP
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1/20	1	
MINIVELLE	3	
MIRENA (52 MG)	3	
mono-lynyah	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	
progesterone micronized 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	Drug Name	Drug Tier	Notes
sprintec 28	1		CIMZIA STARTER KIT	2	SP
tri-estarylla	1		CIMZIA VIAL KIT	2	SP
tri-linyah	1		COSENTYX 150 MG/ML	3	3P; SP
tri-lo-marzia	1		COSENTYX 300 DOSE	3	3P; SP
tri-previfem	1		COSENTYX SENSOREADY 300 DOSE	3	3P; SP
tri-sprintec	1		COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	3	3P; SP
vienva	1		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
viorele	1		ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	SP
xulane	1		FIRAZYR	3	SP
yuvaferm	1		HAEGARDA	3	SP
<b>Hormonal Agents - Thyroid</b>			HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	SP
ARMOUR THYROID	3		HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	2	SP
levo-t	1		HUMIRA PEN- CD/UC/HS STARTER	2	SP
levothyroxine sodium oral	1		HUMIRA PEN- PS/UV/ADOL HS START	2	SP
levoxyl	1		HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	SP
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 ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3				
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>					
ACTEMRA	3	3P; SP			
ACTEMRA ACTPEN	3	3P; SP			
azathioprine oral	1				
CIMZIA PREFILLED KIT	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
INFLECTRA	2	SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OTEZLA ORAL TABLET	2	SP
OTEZLA ORAL TABLET THERAPY PACK	2	SP
PROGRAF ORAL CAPSULE	3	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	
RENFLEXIS	2	SP
RUCONEST	3	SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
STELARA INTRAVENOUS	2	SP

Drug Name	Drug Tier	Notes
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
tacrolimus oral	1	SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
XELJANZ	3	3P; SP
XELJANZ XR	3	3P; SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
DIPENTUM	3	
LIALDA	3	
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
BINOSTO	3	
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	SP
ibandronate sodium oral	1	
RAYALDEE	3	
TYMLOS	2	SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	Non-Cosmetic; 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
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	SP
TAKHZYRO	3	SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	

Drug Name	Drug Tier	Notes
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	
RHOPRESSA	2	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	
ZIOPTAN	3	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACFT	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
tobramycin-dexamethasone	1	
XIIDRA	2	
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO NASAL SOLUTION 0.15 %	3	
azelastine hcl nasal	1	
benzonatate	1	
cetirizine hcl oral solution	1	
desloratadine oral tablet	1	
DYMISTA	2	
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er oral suspension extended release	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	
OMNARIS	3	
promethazine hcl oral tablet	1	
promethazine-codeine oral syrup	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
QNASL	3	
QNASL CHILDRENS	3	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	SP
ZETONNA	3	

Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
albuterol sulfate inhalation	1	
ANORO ELLIPTA	2	
ARNUITY ELLIPTA	2	
ATROVENT HFA	3	
BREO ELLIPTA	2	
budesonide inhalation	1	
COMBIVENT RESPIMAT	2	
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	Made by Impax
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	Made by Impax
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 INJECTION SOLUTION AUTO-INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
FLOVENT DISKUS	2	
FLOVENT HFA	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
INCRUSE ELLIPTA	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
LONHALA MAGNAIR REFILL KIT	3	
LONHALA MAGNAIR STARTER KIT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	3	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
SEREVENT DISKUS	2	
SPIRIVA HANDHALER	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	
SYMBICORT	2	
TRELEGY ELLIPTA	2	
VENTOLIN HFA	2	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
TOBI PODHALER	3	SP

Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	SP
LETAIRIS	2	SP
OPSUMIT	2	SP
ORENITRAM	3	SP
sildenafil citrate oral tablet 20 mg	1	SP
TRACLEER	2	SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral	1	
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	
modafinil	1	
SILENOR	3	
temazepam	1	
zolpidem tartrate er	1	
zolpidem tartrate oral	1	

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	ALPHAGAN P	23	BAYER CONTOUR	
ABILIFY MAINTENA	10	alprazolam	11	MONITOR	16
ABSORICA	14	amiodarone hcl	11	BAYER CONTOUR NEXT	
ACCU-CHEK AVIVA		amitriptyline hcl	8	MONITOR	16
CONNECT KIT W/DEVICE	15	amlodipine besylate	11	BELBUCA	6
ACCU-CHEK AVIVA PLUS	15	amlodipine besylate-		benazepril hcl	11
ACCU-CHEK COMPACT		benazepril hcl	11	benazepril-	
PLUS CARE KIT	15	amlodipine besylate-		hydrochlorothiazide	11
ACCU-CHEK COMPACT		valsartan	11	benzonatate	24
PLUS TEST STRIPS	15	amlodipine-olmesartan	11	benztropine mesylate	9
ACCU-CHEK FASTCLIX		amoxicillin	7	BESIVANCE	23
LANCET KIT	15	amoxicillin-potassium		betamethasone valerate	18
ACCU-CHEK FASTCLIX		clavulanate	7	BETASERON	13
LANCETS	15	amphetamine-		BETHKIS	25
ACCU-CHEK GUIDE	15	dextroamphetamine	13	BETIMOL	23
ACCU-CHEK MULTICLIX		amphetamine-		BEVYXXA	8
LANCET DEVICE KIT	15	dextroamphetamine er	13	BINOSTO	22
ACCU-CHEK MULTICLIX		AMPYRA	13	bisoprolol fumarate	12
LANCETS	15	anastrozole	9	bisoprolol-	
ACCU-CHEK NANO		ANDRODERM	19	hydrochlorothiazide	12
SMARTVIEW KIT		ANDROGEL PUMP	19	blisovi 24 fe	20
W/DEVICE	15	ANORO ELLIPTA	24	blisovi fe 1.5/30	20
ACCU-CHEK		apap-caff-dihydrocodeine	6	blisovi fe 1/20	20
SMARTVIEW TEST		apri	20	BOTOX	22
STRIPS	16	APRISO	22	BREO ELLIPTA	24
ACCU-CHEK SOFT		ARANESP (ALBUMIN		BRILINTA	10
TOUCH LANCETS	16	FREE)	11	brimonidine tartrate	23
ACCU-CHEK SOFTCLIX		aripiprazole	10	budesonide	24
LANCET DEVICE KIT	16	ARISTADA	10	bumetanide	12
ACCU-CHEK SOFTCLIX		ARISTADA INITIO	10	BUNAVAIL	7
LANCETS	16	ARMOUR THYROID	21	buprenorphine hcl	7
acetaminophen-codeine	6	ARNUIITY ELLIPTA	24	buprenorphine hcl-	
acetaminophen-codeine #2	6	ASTEPRO	24	naloxone hcl	7
acetaminophen-codeine #3	6	atenolol	11	bupropion hcl	8
acetaminophen-codeine #4	6	atenolol-chlorthalidone	11	bupropion hcl er (sr)	8
ACTEMRA	21	atomoxetine hcl	13	bupropion hcl er (xl)	8
ACTEMRA ACTPEN	21	atorvastatin calcium	11	buspirone hcl	11
acyclovir	10	ATRIPLA	10	butalbital-apap-caffeine	6
ACZONE	14	ATROVENT HFA	24	BYDUREON	15
adapalene	14	AUBAGIO	13	BYDUREON BCISE	
ADDERALL XR	13	AURYXIA	18	AUTOINJECTOR	15
ADDYI	14	AUSTEDO	14	BYETTA 10 MCG PEN	15
ADEMPAS	25	aviane	20	BYETTA 5 MCG PEN	15
ADVAIR DISKUS	24	AVONEX PEN	13	BYSTOLIC	12
ADVAIR HFA	24	AVONEX PREFILLED	13	BYVALSON	12
ADYNOVATE	11	AVONEX VIAL		CABOMETYX	9
AFSTYLA	11	INTRAMUSCULAR KIT	13	calcitriol	22
AIMOVIG	9	AZASITE	23	capecitabine	9
AKYNZEO	9	azathioprine	21	carbamazepine	8
albuterol sulfate	24	azelastine hcl	24	carbidopa-levodopa	9
alendronate sodium	22	azithromycin	7	carisoprodol	25
alfuzosin hcl er	18	AZOPT	23	cartia xt	12
allopurinol	9	baclofen	25	carvedilol	12

cefdinir.....	7	COSENTYX		eletriptan hydrobromide.....	9
cefuroxime axetil.....	7	SENSOREADY PEN.....	21	ELIQUIS.....	8
celecoxib.....	6	COSOPT PF.....	23	ELIQUIS STARTER PACK...	8
cephalexin.....	7	COTEMPLA XR-ODT.....	13	ELOCTATE.....	11
CERDELGA.....	18	CREON.....	18	EMBEDA.....	6
cetirizine hcl.....	24	CRESEMBA.....	9	EMGALITY.....	9
CETROTIDE.....	19	cryselle-28.....	20	EMVERM.....	9
CETYLEV.....	23	cyanocobalamin.....	17	enalapril maleate.....	12
CHANTIX STARTING		cyclobenzaprine hcl.....	25	ENBREL.....	21
MONTH PAK.....	7	DEPEN TITRATABS.....	18	ENBREL SURECLICK.....	21
chlorhexidine gluconate.....	14	DESCOVY.....	10	ENDOMETRIN.....	20
chlorthalidone.....	12	desloratadine.....	24	enoxaparin sodium.....	8
choline fenofibrate.....	12	desvenlafaxine succinate		enskyce.....	20
CIALIS.....	18	er.....	8	ENSTILAR.....	14
cilostazol.....	10	dexamethasone.....	18	entecavir.....	10
CIMDUO.....	10	DEXCOM G4 / G5 / G6		ENTRESTO.....	12
CIMZIA.....	21	RECEIVER,		EPCLUSA.....	10
CIMZIA PREFILLED KIT ...	21	TRANSMITTER, SENSOR		EPIDUO.....	14
CIMZIA STARTER KIT.....	21	(INCLUDING PLATINUM,		EPIDUO FORTE.....	14
CIPRODEX.....	23	PLATINUM PEDIATRIC)....	16	EPINEPHRINE.....	24
ciprofloxacin hcl.....	7, 23	DEXILANT.....	17	epinephrine.....	24
citalopram hydrobromide.....	8	dexmethylphenidate hcl.....	13	EPIPEN 2-PAK.....	24
claravis.....	14	dexmethylphenidate hcl er..	13	EPIPEN JR 2-PAK.....	24
clarithromycin.....	7	diazepam.....	11	ergocalciferol.....	17
CLENPIQ.....	17	diclofenac potassium.....	6	erythromycin.....	23
CLIMARA PRO.....	20	diclofenac sodium.....	6	escitalopram oxalate.....	8
clindamycin hcl.....	7	dicyclomine hcl.....	17	esomeprazole magnesium..	17
clindamycin phosphate.....	14	DIFICID.....	7	estradiol.....	20
CLINDAMYCIN		digoxin.....	12	eszopiclone.....	25
PHOSPHATE.....	14	diltiazem hcl.....	12	etodolac.....	6
clindamycin phosphate-		diltiazem hcl er beads.....	12	EUCRISA.....	14
benzoyl peroxide.....	14	diltiazem hcl er coated		EUFLEXXA.....	23
CLINDESSE.....	7	beads.....	12	ezetimibe.....	12
clobetasol propionate.....	18	DIPENTUM.....	22	ezetimibe-simvastatin.....	12
CLOBEX.....	18	diphenoxylate-atropine.....	17	famotidine.....	17
CLOBEX SPRAY.....	18	divalproex sodium.....	8	FARXIGA.....	15
clonazepam.....	11	divalproex sodium er.....	8	fenofibrate.....	12
clonidine hcl.....	12	DIVIGEL.....	20	fenofibrate micronized.....	12
clopidogrel bisulfate.....	10	donepezil hcl.....	8	fenofibric acid.....	12
clotrimazole-		dorzolamide hcl-timolol mal	23	fentanyl.....	6
betamethasone.....	14	doxazosin mesylate.....	12	finasteride.....	18
COLCHICINE.....	9	doxepin hcl.....	8	FIRAZYR.....	21
COLCRYS.....	9	doxycycline hyclate.....	7	flecainide acetate.....	12
COMBIGAN.....	23	doxycycline monohydrate....	7	FLECTOR.....	6
COMBIVENT RESPIMAT ...	24	drosiprenone-ethinyl		FLOVENT DISKUS.....	24
COMPLERA.....	10	estradiol.....	20	FLOVENT HFA.....	24
CONTRAVE.....	14	DUAVEE.....	20	fluconazole.....	9
COPAXONE.....	13	duloxetine hcl.....	8	fluocinonide.....	19
CORLANOR.....	12	DUPIXENT.....	14	FLUOROPLEX.....	14
COSENTYX 150 MG/ML....	21	DYMISTA.....	24	fluoxetine hcl.....	8
COSENTYX 300 DOSE.....	21	EDARBI.....	12	fluticasone propionate.....	24
COSENTYX		EDARBYCLOR.....	12	fluvoxamine maleate.....	8
SENSOREADY 300 DOSE.	21	ELESTRIN.....	20	folic acid.....	17

FORFIVO XL.....	8	HUMULIN 70/30		JIVI.....	11
FORTEO.....	22	KWIKPEN.....	16	JULUCA.....	10
furosemide.....	12	HUMULIN 70/30 VIAL.....	16	junel 1/20.....	20
gabapentin.....	8	HUMULIN N KWIKPEN.....	16	junel fe 1.5/30.....	20
gavilyte-g.....	17	HUMULIN N VIAL.....	16	junel fe 1/20.....	20
gemfibrozil.....	12	HUMULIN R U-500		KERYDIN.....	9
gentamicin sulfate.....	23	KWIKPEN.....	16	ketoconazole.....	9
GENVOYA.....	10	HUMULIN R U-500 VIAL		ketorolac tromethamine..	6, 23
gianvi.....	20	(CONCENTRATED).....	16	klor-con m20.....	17
GILENYA.....	13	HUMULIN R VIAL.....	16	KOGENATE FS.....	11
glimepiride.....	15	hydralazine hcl.....	12	KOVALTRY.....	11
glipizide er.....	15	hydrochlorothiazide.....	12	labetalol hcl.....	12
glipizide ir.....	15	hydrocodone polst-cpm		lamotrigine.....	8
glipizide xl.....	15	polst er.....	24	lansoprazole.....	17
GLUCAGON		hydrocodone-		LANTUS SOLOSTAR.....	16
EMERGENCY.....	16	acetaminophen.....	6	LANTUS U-100 VIAL.....	16
glyburide.....	15	hydrocortisone.....	19	LASTACAFT.....	23
glyburide-metformin.....	15	hydromorphone hcl.....	6	latanoprost.....	23
GLYXAMBI.....	15	hydroxychloroquine sulfate...	9	LATUDA.....	10
GONAL-F.....	19	hydroxyzine hcl.....	11	LETAIRIS.....	25
GONAL-F RFF.....	19	hydroxyzine pamoate.....	11	letrozole.....	9
GONAL-F RFF REDIJECT.....	19	HYSINGLA ER.....	6	LEVEMIR U-100	
GRALISE.....	14	ibandronate sodium.....	22	FLEXTOUCH.....	17
GRALISE STARTER.....	14	IBRANCE.....	9	LEVEMIR U-100 VIAL.....	17
guanfacine hcl.....	12	ibuprofen.....	6	levetiracetam.....	8
guanfacine hcl er.....	13	IDHIFA.....	9	LEVITRA.....	18
GYNAZOLE-1.....	9	IMVEXXY MAINTENANCE		levocetirizine	
HAEGARDA.....	21	PACK.....	20	dihydrochloride.....	24
haloperidol.....	10	IMVEXXY STARTER		levofloxacin.....	7
HARVONI.....	10	PACK.....	20	levonorgestrel-ethinyl	
HORIZANT.....	14	INCRUSE ELLIPTA.....	25	estrad.....	20
HP ACTHAR.....	19	indomethacin.....	6	levo-t.....	21
HUMALOG KWIKPEN.....	16	INFLECTRA.....	22	levothyroxine sodium.....	21
HUMALOG MIX 50/50		INTELENCE.....	10	levoxyl.....	21
KWIKPEN.....	16	INTRAROSA.....	18	LIALDA.....	22
HUMALOG MIX 50/50		INVEGA SUSTENNA.....	10	lidocaine.....	6
VIAL.....	16	INVEGA TRINZA.....	10	lidocaine viscous.....	14
HUMALOG MIX 75/25		INVOKAMET.....	15	lidocaine-prilocaine.....	7
KWIKPEN.....	16	INVOKAMET XR.....	15	LINZESS.....	17
HUMALOG MIX 75/25		INVOKANA.....	15	liothyronine sodium.....	21
VIAL.....	16	ipratropium bromide.....	24, 25	lisinopril.....	12
HUMALOG U-100 JUNIOR		ipratropium-albuterol.....	25	lisinopril-	
KWIKPEN.....	16	irbesartan.....	12	hydrochlorothiazide.....	12
HUMALOG U-100 VIAL		irbesartan-		lithium carbonate.....	11
AND CARTRIDGE.....	16	hydrochlorothiazide.....	12	lithium carbonate er.....	11
HUMIRA.....	21	ISENTRESS.....	10	LIVALO.....	12
HUMIRA PEDIATRIC		isosorbide mononitrate er...	12	LO LOESTRIN FE.....	20
CROHNS START.....	21	JANUMET.....	15	LOKELMA.....	17
HUMIRA PEN.....	21	JANUMET XR.....	15	LONHALA MAGNAIR	
HUMIRA PEN-CD/UC/HS		JANUVIA.....	15	REFILL KIT.....	25
STARTER.....	21	JARDIANCE.....	15	LONHALA MAGNAIR	
HUMIRA PEN-		JENTADUETO.....	15	STARTER KIT.....	25
PS/UV/ADOL HS START...	21	JENTADUETO XR.....	15	lorazepam.....	11



loryna.....	20	mirtazapine.....	8	norgestimate-ethinyl	
LORZONE.....	25	MIRVASO.....	14	estradiol triphasic.....	20
losartan potassium.....	12	modafinil.....	25	nortrel 1/35 (21).....	20
losartan potassium-hctz.....	12	mometasone furoate.....	19, 24	nortrel 1/35 (28).....	20
lovastatin.....	12	mono-lynyah.....	20	nortriptyline hcl.....	8
low-ogestrel.....	20	mononessa.....	20	NORVIR.....	10
LUMIGAN.....	23	montelukast sodium.....	25	NOVOEIGHT.....	11
LUPRON DEPOT (1-MONTH).....	19	morphine sulfate er.....	6	NOVOFINE AUTOCOVER	
LUPRON DEPOT (3-MONTH).....	19	MOVANTIK.....	17	PEN NEEDLE.....	17
LUPRON DEPOT (4-MONTH)		MOVIPREP.....	18	NOVOFINE PEN NEEDLE.....	17
INTRAMUSCULAR KIT		MOXEZA.....	23	NOVOFINE PLUS PEN	
30MG.....	19	moxifloxacin hcl.....	23	NEEDLE.....	17
LUPRON DEPOT (6-MONTH)		MULPLETA.....	11	NOVOLIN 70/30 VIAL.....	17
INTRAMUSCULAR KIT		MULTAQ.....	12	NOVOLIN N VIAL.....	17
45MG.....	19	mupirocin.....	7	NOVOLIN R VIAL.....	17
LYRICA.....	14	mycophenolate mofetil.....	22	NOVOLOG FLEXPEN.....	17
MAKENA.....	20	mycophenolate sodium.....	22	NOVOLOG MIX 70/30	
MAVYRET.....	10	myorisan.....	14	FLEXPEN.....	17
meclizine hcl.....	9	MYRBETRIQ.....	18	NOVOLOG MIX 70/30	
medroxyprogesterone		nabumetone.....	6	VIAL.....	17
acetate.....	20	nadolol.....	12	NOVOLOG PENFILL.....	17
meloxicam.....	6	naltrexone hcl.....	7	NOVOLOG U-100 VIAL.....	17
memantine hcl.....	8	NAMZARIC.....	8	NOVOTWIST PEN	
mercaptapurine.....	9	NAPRELAN.....	6	NEEDLE.....	17
mesalamine.....	22	naproxen.....	6	NUCYNTA.....	6
metaxalone.....	25	naproxen sodium.....	6	NUTROPIN AQ NUSPIN	
metformin hcl er.....	15	NARCAN.....	7	10.....	19
metformin hcl er (mod).....	15	NATAZIA.....	20	NUTROPIN AQ NUSPIN	
metformin hcl er (osm).....	15	NATURE-THROID.....	21	20.....	19
metformin hcl ir.....	15	neomycin-polymyxin-		NUTROPIN AQ NUSPIN 5.....	19
methimazole.....	21	dexameth.....	23	NUVARING.....	20
methocarbamol.....	25	neomycin-polymyxin-hc.....	23	NUWIQ.....	11
methotrexate.....	22	NEULASTA.....	11	nystatin.....	9
methotrexate sodium.....	22	NEULASTA ONPRO.....	11	ocella.....	20
methylphenidate hcl.....	13	niacin er		ODEFSEY.....	10
methylphenidate hcl er.....	13	(antihyperlipidemic).....	12	ofloxacin.....	23
methylprednisolone.....	19	nifedipine er.....	12	olanzapine.....	10
metoclopramide hcl.....	9	nifedipine er osmotic		olmesartan medoxomil.....	12
metoprolol succinate er.....	12	release.....	12	olmesartan medoxomil-	
metoprolol tartrate.....	12	nikki.....	20	hctz.....	12
METROGEL.....	14	nitrofurantoin macrocrystal... 7		olopatadine hcl.....	23
metronidazole.....	7, 14	nitrofurantoin monohydrate		OMECLAMOX-PAK.....	18
microgestin 1.5/30.....	20	macrocrystals.....	7	omega-3-acid ethyl esters..	12
microgestin 1/20.....	20	nitroglycerin.....	12	omeprazole.....	17
microgestin fe 1/20.....	20	NITYR.....	18	OMNARIS.....	24
MIGRANAL.....	9	NIVESTYM.....	11	OMNITROPE.....	19
MINIVELLE.....	20	NOCDURNA.....	19	ondansetron hcl.....	9
minocycline hcl.....	7	NORDITROPIN FLEXPRO.....	19	ondansetron odt.....	9
MIRENA (52 MG).....	20	norethindrone.....	20	ONE TOUCH VERIO KIT	
		norethindrone acet-ethinyl		W/DEVICE.....	16
		est.....	20	ONETOUCH ULTRA 2.....	16
		norgestimate-eth estradiol..	20	ONETOUCH ULTRA	
				BLUE TEST STRIPS.....	16



ONETOUCH ULTRA MINI.. 16	prednisolone..... 19	RESTASIS..... 23
ONETOUCH VERIO FLEX	prednisolone acetate..... 23	RESTASIS MULTIDOSE... 23
SYSTEM KIT W/DEVICE.... 16	prednisolone sodium	RETIN-A MICRO PUMP.... 15
ONETOUCH VERIO IQ	phosphate..... 19	REVLIMID..... 9
SYSTEM..... 16	prednisone..... 19	REXULTI..... 10
ONETOUCH VERIO	PREMARIN..... 20	REYATAZ..... 10
SYNC SYSTEM KIT	PREMPHASE..... 20	RHOPRESSA..... 23
W/DEVICE..... 16	PREMPRO..... 20	risperidone..... 10
ONEXTON..... 14	PREPOPIK..... 18	rizatriptan benzoate..... 9
ONGLYZA..... 15	PREZCOBIX..... 10	ropinirole hcl..... 10
OPSUMIT..... 25	PREZISTA..... 10	rosuvastatin calcium..... 13
ORACEA..... 14	PROAIR HFA..... 25	ROXYBOND..... 6
ORENITRAM..... 25	PROAIR RESPIClick..... 25	RUCONEST..... 22
ORILISSA..... 19	prochlorperazine maleate.... 9	RYTARY..... 10
orphenadrine citrate er..... 25	PROCRIT..... 11	SAPHRIS..... 10
oseltamivir phosphate..... 10	PROCTOFOAM HC..... 22	SAVAYSA..... 8
OSPHENA..... 19	progesterone micronized.... 20	SAXENDA..... 14
OTEZLA..... 22	PROGRAF..... 22	SEREVENT DISKUS..... 25
OTOVEL..... 23	PROLENSA..... 23	SERNIVO..... 19
OVIDREL..... 19	promethazine hcl..... 24	sertraline hcl..... 8
oxcarbazepine..... 8	promethazine-codeine..... 24	sildenafil citrate..... 18, 25
OXSORALEN ULTRA..... 15	promethazine-dm..... 24	SILENOR..... 25
oxybutynin chloride..... 18	propranolol hcl..... 13	SIMBRINZA..... 23
oxybutynin chloride er..... 18	propranolol hcl er..... 13	SIMPONI..... 22
oxycodone hcl..... 6	PROVENTIL HFA..... 25	simvastatin..... 13
oxycodone-acetaminophen... 6	pseudoephedrine-	SOLIQUA..... 15
OXYCONTIN..... 6	bromphen-dm..... 24	SOLODYN..... 7
OZEMPIC..... 15	PULMICORT FLEXHALER.25	SOLOSEC..... 9
pantoprazole sodium..... 17	PYLERA..... 18	SOOLANTRA..... 15
paroxetine hcl..... 8	QBREXZA..... 15	sotalol hcl..... 13
paroxetine hcl er..... 8	QNASL..... 24	SPIRIVA HANDIHALER.... 25
PAZEO..... 23	QNASL CHILDRENS..... 24	SPIRIVA RESPIMAT..... 25
penicillin v potassium..... 7	quetiapine fumarate..... 10	spironolactone..... 13
PENTASA..... 22	quinapril hcl..... 13	sprintec 28..... 21
pentoxifylline er..... 12	QVAR REDIHALER..... 25	SPRYCEL..... 9
permethrin..... 9	rabeprazole sodium..... 17	STELARA..... 22
phenazopyridine hcl..... 18	raloxifene hcl..... 19	STENDRA..... 18
phentermine hcl..... 14	ramipril..... 13	STIOLTO RESPIMAT..... 25
phenytoin sodium	RANEXA..... 13	STRENSIQ..... 18
extended..... 8	ranitidine hcl..... 17	STRIBILD..... 10
pioglitazone hcl..... 15	RAPAFLO..... 18	SUBOXONE..... 7
PLENVU..... 18	RASUVO..... 22	sucralfate..... 17
polymyxin b-trimethoprim.... 23	RAYALDEE..... 22	sulfamethoxazole-
portia-28..... 20	REBIF..... 14	trimethoprim..... 7
potassium chloride crys er.. 17	REBIF REBIDOSE..... 14	sulfasalazine..... 22
potassium chloride er..... 17	REBIF REBIDOSE	sulindac..... 6
potassium citrate er..... 17	TITRATION PACK..... 14	sumatriptan succinate..... 9
PRADAXA..... 8	REBIF TITRATION PACK.. 14	SUPREP BOWEL PREP
PRALUENT..... 13	RENFLEXIS..... 22	KIT..... 18
pramipexole	REPATHA..... 13	SYMBICORT..... 25
dihydrochloride..... 9	REPATHA PUSHTRONEX	SYMFI..... 10
pravastatin sodium..... 13	SYSTEM..... 13	SYMFI LO..... 10
prazosin hcl..... 13	REPATHA SURECLICK.... 13	SYMPROIC..... 18

SYNJARDY .....	15	tri-linyah .....	21	XTANDI.....	9
SYNJARDY XR.....	15	tri-lo-marzia.....	21	xulane.....	21
SYNTHROID .....	21	TRINTELLIX.....	8	YONSA.....	9
SYNVISC.....	23	tri-previfem.....	21	yuvafem.....	21
SYNVISC ONE.....	23	tri-sprintec.....	21	ZARXIO.....	11
TACLONEX.....	15	TRIUMEQ.....	10	ZELAPAR.....	10
tacrolimus.....	22	TRULICITY.....	15	ZENPEP.....	18
TAKHZYRO.....	23	TRUVADA.....	11	ZETONNA.....	24
TAMIFLU.....	10	TYMLOS.....	22	ZIOPTAN.....	23
tamoxifen citrate.....	9	UCERIS.....	22	ziprasidone hcl.....	10
tamsulosin hcl.....	18	UDENYCA.....	11	zolpidem tartrate.....	25
TECFIDERA.....	14	ULORIC.....	9	zolpidem tartrate er.....	25
TEKTURNA.....	13	valacyclovir hcl.....	11	zonisamide.....	8
TEKTURNA HCT.....	13	valsartan.....	13	ZONTIVITY.....	10
telmisartan.....	13	valsartan-		ZORVOLEX.....	6
temazepam.....	25	hydrochlorothiazide.....	13	ZOVIRAX.....	11
tenofovir disoproxil		VARUBI.....	9	ZUBSOLV.....	7
fumarate.....	10	VASCEPA.....	13	ZURAMPIC.....	9
terazosin hcl.....	18	VECTICAL.....	15	ZYCLARA.....	15
terbinafine hcl.....	9	VELPHORO.....	18	ZYCLARA PUMP.....	15
terconazole.....	9	VELTASSA.....	17		
testosterone cypionate.....	19	venlafaxine hcl.....	8		
timolol maleate.....	23	venlafaxine hcl er.....	8		
TIMOPTIC OCUDOSE.....	23	VENTOLIN HFA.....	25		
TIROSINT.....	21	verapamil hcl.....	13		
TIVICAY.....	10	verapamil hcl er.....	13		
tizanidine hcl.....	25	VESICARE.....	18		
TOBI PODHALER.....	25	V-GO 20.....	16		
tobramycin.....	23	V-GO 30.....	16		
tobramycin-		V-GO 40.....	16		
dexamethasone.....	23	VIBERZI.....	18		
tolterodine tartrate er.....	18	VICTOZA.....	15		
topiramate.....	8	vienva.....	21		
torseamide.....	13	VIIBRYD.....	9		
TOUJEO MAX		VIIBRYD STARTER PACK...9			
SOLOSTAR.....	17	VIMPAT.....	8		
TOUJEO SOLOSTAR.....	17	viorele.....	21		
TOVIAZ.....	18	vitamin d (ergocalciferol)....17			
TRACLEER.....	25	VIVLODEX.....	6		
TRADJENTA.....	15	VOSEVI.....	11		
tramadol hcl ir.....	6	VRAYLAR.....	10		
tramadol-acetaminophen.....	6	VYVANSE.....	13		
TRAVATAN Z.....	23	warfarin sodium.....	8		
trazodone hcl.....	8	XARELTO.....	8		
TRELEGY ELLIPTA.....	25	XARELTO STARTER			
TREMFYA.....	22	PACK.....	8		
TRESIBA FLEXTOUCH.....	17	XELJANZ.....	22		
tretinoin.....	15	XELJANZ XR.....	22		
trezix.....	6	XIFAXAN.....	8		
triamcinolone acetonide.....	19	XIIDRA.....	23		
triamterene-hctz.....	13	XIMINO.....	8		
triazolam.....	11	XOFLUZA.....	11		
tri-estarylla.....	21	XOLAIR.....	24		



## 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 معزف 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)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្វែងរកលេខទូរស័ព្ទសេរីសម្រាប់អ្នក។

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.



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.

© 2019 Optum, Inc. All rights reserved.

68213C-012019\_noUM

Select Standard