

# Your 2020 Formulary

Effective January 1, 2020



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



Call the number on your member ID card.



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

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

### **What is a formulary?**

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

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

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

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

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### **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.

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

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

### **What if my doctor writes a brand-name prescription?**

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

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

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

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

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

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## 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>PA</b>	<b>Prior Authorization</b> – Your doctor is required to give OptumRx more 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> – Must try lower-cost medication(s) before a higher-cost medication can be covered.
<b>3P</b>	Tier 3 preferred

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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 300-15 mg, 300-60 mg	1	QL
apap-caff-dihydrocodeine	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
NUCYNTA	3	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen	1	QL
OXYCONTIN	2	PA; QL
ROXYBOND	3	QL
tramadol hcl ir	1	QL
trezix	1	QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
celecoxib oral	1	QL

Drug Name	Drug Tier	Notes
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
etodolac oral tablet	1	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
<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 CONTINUING MONTH PAK	3	QL
CHANTIX STARTING MONTH PAK	3	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
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	3	ST; 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	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	

Drug Name	Drug Tier	Notes
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
sulfamethoxazole-trimethoprim oral tablet	1	
XEPI	3	
XIMINO	3	
<b>Anticoagulants</b>		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	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
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
VIMPAT	3	
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	2	QL
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL

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

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

Drug Name	Drug Tier	Notes
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	3	QL
<b>Antifungals</b>		
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
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	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
ULORIC	3	ST
<b>Antimigraine Agents</b>		
AIMOVIG	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
rizatriptan benzoate	1	QL

Drug Name	Drug Tier	Notes
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
IDHIFA	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
YONSA	3	PA; SP
<b>Antiparasitics</b>		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
SOLOSEC	3	
<b>Antiparkinson Agents</b>		
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
<b>Antiplatelets</b>		
BRILINTA	2	
clopidogrel bisulfate oral	1	
ZONTIVITY	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>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
acyclovir oral tablet	1	
ATRIPLA	3	ST; SP
BIKTARVY	3	SP
CIMDUO	2	SP
DESCOVY	3	SP
DOVATO	2	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	SP
HARVONI	2	PA; SP; QL
ISENTRESS ORAL TABLET	2	SP
JULUCA	2	SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	SP

Drug Name	Drug Tier	Notes
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET	2	SP
ritonavir	1	SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE 75 MG	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	QL
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate 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
lithium carbonate oral capsule	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
ADYNOVATE	3	SP
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
JIVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
RETACRIT	2	PA; SP
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
<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	

Drug Name	Drug Tier	Notes
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR ORAL TABLET	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	

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
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	

Drug Name	Drug Tier	Notes
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral capsule 1 mg, 5 mg	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
REPATHA SURECLICK	2	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	

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 Attention Deficit Disorder</b>		
ADDERALL XR	3	PA; ST; QL
ADZENYS ER	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
GILENYA	3	PA; 3P; SP; QL
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL

Drug Name	Drug Tier	Notes
TECFIDERA	2	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	PA; QL
AUSTEDO	3	PA; SP; QL
CONTRACE	2	PA
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT	3	PA; QL
LYRICA ORAL CAPSULE	3	ST; QL
phentermine hcl oral capsule 30 mg	1	PA
phentermine hcl oral tablet	1	PA
SAXENDA	3	PA
TIGLUTIK	3	PA; SP; QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ACZONE EXTERNAL GEL 7.5 %	2	
betamethasone dipropionate external cream	1	
BRYHALI	3	
claravis	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
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DUPIXENT	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
fluocinonide external cream	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	

Drug Name	Drug Tier	Notes
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external cream	1	
myorisan	1	PA
ONEXTON	3	
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
SERNIVO	3	
SOOLANTRA	2	
TACLONEX	3	QL
TOLAK	3	
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
<b>Diabetes - Antidiabetic Agents</b>		
BYDUREON	2	ST; QL
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	3	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	2	ST

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
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
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
SOLIQUA	2	ST; QL
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2	
ACCU-CHEK AVIVA PLUS	2	
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	QL
ACCU-CHEK COMPACT PLUS CARE KIT	2	
ACCU-CHEK COMPACT PLUS TEST STRIPS	2	QL

Drug Name	Drug Tier	Notes
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	2	QL
ACCU-CHEK SOFT TOUCH LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
CONTOUR NEXT MONITOR	3	ST
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	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
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	
FREESTYLE LIBRE READER	2	
FREESTYLE LIBRE SENSOR SYSTEM	2	
ONETOUCH ULTRA 2	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
ONETOUCH ULTRA MINI	2	
ONE TOUCH VERIO KIT W/DEVICE	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO TEST STRIPS	2	QL
ONETOUCH VERIO IQ SYSTEM	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
<b>Diabetes - Glycemic Agents</b>		
GLUCAGON EMERGENCY	2	

Drug Name	Drug Tier	Notes
<b>Diabetes - Insulins</b>		
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	2	
HUMULIN R VIAL	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	2	
LEVEMIR U-100 VIAL	2	

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
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N VIAL	2	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG PENFILL	2	
NOVOLOG U-100 VIAL	2	
NOVOTWIST PEN NEEDLE	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	

Drug Name	Drug Tier	Notes
LOKELMA	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	1	
VELTASSA	3	
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 oral tablet delayed release	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	

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>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	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
STRENSIQ	3	PA; SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	

Drug Name	Drug Tier	Notes
CIALIS	3	ST; QL
DEPEN TITRATABS	2	SP
INTRAROSA	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	QL
tadalafil oral	1	QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	3	ST
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
<b>Hormonal Agents - Adrenal</b>		
dexamethasone oral tablet	1	
hydrocortisone oral	1	
methylprednisolone oral tablet therapy pack	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
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
TESTOSTERONE CYPIONATE INJECTION	3	PA
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
XYOSTED	3	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	2	PA; SP
FOLLISTIM AQ	2	PA; SP

Drug Name	Drug Tier	Notes
ganirelix acetate	1	PA; Made by Organon/Merck; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOCDURNA	3	
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
OMNITROPE	2	PA; SP
ORILISSA	2	PA; QL
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
apri	1	
aviane	1	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
CLIMARA PRO	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
cryselle-28	1	
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	
enskyce	1	
estarylla	1	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kariva	1	
larissia	1	
lessina	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	3	
loryna	1	
low-ogestrel	1	
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	QL

Drug Name	Drug Tier	Notes
medroxyprogesterone acetate oral	1	
MINIVELLE	3	
MIRENA (52 MG)	3	
mono-linyah	1	
NATAZIA	2	
nikki	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	
norethindrone oral	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	
syeda	1	
TAYTULLA	3	
tri femynor	1	
tri-linyah	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
tri-sprintec	1	
vienva	1	
xulane	1	
yuvafem	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>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	ST
levothyroxine sodium oral	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	ST
SYNTHROID	3	ST
TIROSINT	3	
TIROSINT-SOL	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX SENSOREADY (300 MG)	3	PA; SP
COSENTYX SENSOREADY PEN	3	PA; SP
cyclosporine modified oral capsule	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP
HAEGARDA	3	PA; SP

Drug Name	Drug Tier	Notes
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
RASUVO	2	PA; QL
RENFLEXIS	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
tacrolimus oral	1	SP
TALTZ	3	PA; 3P; SP
TREMFYA	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
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
DIPENTUM	3	
LIALDA	3	ST
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
UCERIS RECTAL	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	2	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
GELSYN-3	2	PA; SP
TAKHZYRO	3	PA; SP

Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC GEL	3	QL
LOTEMAX OPTHALMIC OINTMENT	3	QL
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	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
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	2	QL
ZIOPTAN	3	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACAFT	3	ST
neomycin-polymyxin- dexameth ophthalmic ointment	1	
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
polymyxin b- trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA
tobramycin- dexamethasone	1	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	

Drug Name	Drug Tier	Notes
ofloxacin otic	1	
OTOVEL	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO	3	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
benzonatate	1	
desloratadine oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er	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	1	PA; QL
promethazine-dm	1	
pseudoephedrine- bromphen-dm	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	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
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 HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Par; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Prasco; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Teva; QL
albuterol sulfate inhalation	1	QL
ANORO ELLIPTA	2	QL
ARNUIY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	

Drug Name	Drug Tier	Notes
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EIPEN 2-PAK	3	ST
EIPEN JR 2-PAK	3	ST
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	QL
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL

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
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	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>		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	3	PA; SP; QL
TRACLEER 32 MG	2	PA; SP; QL
<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	

Drug Name	Drug Tier	Notes
tizanidine hcl oral	1	
<b>Sleep Disorder Agents</b>		
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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ACCU-CHEK NANO		apap-caff-dihydrocodeine.....	7	BREO ELLIPTA.....	25
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ACCU-CHEK SMARTVIEW		APRISO.....	23	brimonidine tartrate.....	23
TEST STRIPS.....	16	ARAKODA.....	10	BRYHALI.....	14
ACCU-CHEK SOFT TOUCH		ARANESP (ALBUMIN FREE)...	12	budesonide.....	25
LANCETS.....	16	aripiprazole.....	11	bumetanide.....	12
ACCU-CHEK SOFTCLIX		ARISTADA.....	11	BUNAVAIL.....	7
LANCET DEVICE KIT.....	16	ARISTADA INITIO.....	11	buprenorphine hcl.....	7
ACCU-CHEK SOFTCLIX		ARMOUR THYROID.....	22	buprenorphine hcl-naloxone	
LANCETS.....	16	ARNUITY ELLIPTA.....	25	hcl.....	7
acetaminophen-codeine.....	7	ASTEPRO.....	24	bupropion hcl.....	9
acetaminophen-codeine #2.....	7	atenolol.....	12	bupropion hcl er (sr).....	9
acetaminophen-codeine #3.....	7	atenolol-chlorthalidone.....	12	bupropion hcl er (xl).....	9
acetaminophen-codeine #4.....	7	atomoxetine hcl.....	14	BUPROPION HCL ER (XL).....	9
ACTEMRA.....	22	atorvastatin calcium.....	12	buspirone hcl.....	11
ACTEMRA ACTPEN.....	22	ATRIPLA.....	11	butalbital-apap-caffeine.....	7
ACTHAR.....	20	ATROVENT HFA.....	25	BYDUREON.....	15
acyclovir.....	11	AUBAGIO.....	14	BYDUREON BCISE	
ACZONE.....	14	AURYXIA.....	19	AUTOINJECTOR.....	15
ADDERALL XR.....	14	AUSTEDO.....	14	BYETTA 10 MCG PEN.....	15
ADDYI.....	14	aviane.....	20	BYETTA 5 MCG PEN.....	15
ADEMPAS.....	26	AVONEX PEN.....	14	BYSTOLIC.....	12
ADVAIR DISKUS.....	25	AVONEX PREFILLED.....	14	CABOMETYX.....	10
ADVAIR HFA.....	25	AZASITE.....	23	calcitriol.....	23
ADYNOVATE.....	12	azathioprine.....	22	capecitabine.....	10
ADZENYS ER.....	14	azelastine hcl.....	24	carbamazepine.....	9
AFSTYLA.....	12	azithromycin.....	8	carbidopa-levodopa.....	10
AIMOVIG.....	10	AZOPT.....	23	carisoprodol.....	26
albuterol sulfate.....	25	baclofen.....	26	cartia xt.....	12
ALBUTEROL SULFATE HFA...	25	BD AUTOSHIELD DUO PEN		carvedilol.....	12
alendronate sodium.....	23	NEEDLES.....	17	cefdinir.....	8
alfuzosin hcl er.....	19	BD ULTRA-FINE INSULIN		cefuroxime axetil.....	8
allopurinol.....	10	SYRINGES.....	17	celecoxib.....	7
ALPHAGAN P.....	23	BD ULTRA-FINE PEN		cephalexin.....	8
alprazolam.....	11	NEEDLES.....	17	CERDELGA.....	19

CHANTIX CONTINUING MONTH PAK.....	7	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	16, 17	ENTRESTO.....	12
CHANTIX STARTING MONTH PAK.....	7	DEXILANT.....	18	EPCLUSA.....	11
chlorhexidine gluconate.....	14	dexmethylphenidate hcl.....	14	EPIDIOLEX.....	9
chlorthalidone.....	12	dexmethylphenidate hcl er.....	14	EPIDUO FORTE.....	15
choline fenofibrate.....	12	diazepam.....	11	EPINEPHRINE.....	25
CIALIS.....	19	diclofenac sodium.....	7	epinephrine.....	25
CIMDUO.....	11	dicyclomine hcl.....	19	EPIPEN 2-PAK.....	25
CIMZIA.....	22	DIFICID.....	8	EPIPEN JR 2-PAK.....	25
CIMZIA PREFILLED KIT.....	22	digoxin.....	12	ergocalciferol.....	18
CIMZIA STARTER KIT.....	22	diltiazem hcl er beads.....	12	erythromycin.....	23
CIPRODEX.....	24	diltiazem hcl er coated beads... ..	12	escitalopram oxalate.....	9
ciprofloxacin hcl.....	8	dilt-xr.....	12	esomeprazole magnesium.....	18
citalopram hydrobromide.....	9	DIPENTUM.....	23	estarylla.....	21
claravis.....	14	diphenoxylate-atropine.....	19	estradiol.....	21
clarithromycin.....	8	divalproex sodium.....	9	eszopiclone.....	26
CLENPIQ.....	19	divalproex sodium er.....	9	etodolac.....	7
CLIMARA PRO.....	20	DIVIGEL.....	21	EUCRISA.....	15
clindamycin hcl.....	8	donepezil hcl.....	9	EUFLEXXA.....	23
clindamycin phosphate.....	15	dorzolamide hcl-timolol mal.....	24	ezetimibe.....	12
CLINDAMYCIN PHOSPHATE..	15	DOVATO.....	11	ezetimibe-simvastatin.....	12
clindamycin phosphate-benzoyl peroxide.....	15	doxazosin mesylate.....	12	famotidine.....	18
CLINDESSE.....	8	doxepin hcl.....	9	FARXIGA.....	15
clobetasol propionate.....	15	doxycycline hyclate.....	8	fenofibrate.....	12
clonazepam.....	11	doxycycline monohydrate.....	8	fenofibrate micronized.....	12
clonidine hcl.....	12	drospirenone-ethinyl estradiol... ..	21	fenofibric acid.....	13
clopidogrel bisulfate.....	10	DUAVEE.....	21	fentanyl.....	7
clotrimazole-betamethasone.....	15	duloxetine hcl.....	9	finasteride.....	19
COLCHICINE.....	10	DUPIXENT.....	15	FIRAZYR.....	22
COLCRYS.....	10	DUROLANE.....	23	flecainide acetate.....	13
COMBIGAN.....	23	dutasteride.....	19	FLOVENT DISKUS.....	25
COMBIVENT RESPIMAT.....	25	DYMISTA.....	24	FLOVENT HFA.....	25
CONTOUR NEXT MONITOR... ..	16	EDARBI.....	12	fluconazole.....	10
CONTRACE.....	14	EDARBYCLOR.....	12	fluocinonide.....	15
COPAXONE.....	14	ELESTRIN.....	21	FLUOROPLEX.....	15
CORLANOR.....	12	eletriptan hydrobromide.....	10	FLUOROURACIL.....	15
COSENTYX SENSOREADY (300 MG).....	22	ELIQUIS.....	8	fluorouracil.....	15
COSENTYX SENSOREADY PEN.....	22	ELIQUIS STARTER PACK.....	8	fluoxetine hcl.....	9
CREON.....	19	ELOCTATE.....	12	fluticasone propionate.....	24
CRESEMBA.....	10	EMBEDA.....	7	fluvoxamine maleate.....	9
cryselle-28.....	21	EMGALITY.....	10	folic acid.....	18
CYANOCOBALAMIN.....	18	EMVERM.....	10	FOLLISTIM AQ.....	20
cyclobenzaprine hcl.....	26	enalapril maleate.....	12	FORFIVO XL.....	9
cyclosporine modified.....	22	ENBREL.....	22	FORTEO.....	23
DEPEN TITRATABS.....	19	ENBREL SURECLICK.....	22	FREESTYLE LIBRE 14 DAY READER.....	17
DESCOVY.....	11	ENDOMETRIN.....	21	FREESTYLE LIBRE 14 DAY SENSOR.....	17
desloratadine.....	24	enoxaparin sodium.....	8	FREESTYLE LIBRE READER..	17
desvenlafaxine succinate er.....	9	enskyce.....	21	FREESTYLE LIBRE SENSOR SYSTEM.....	17
dexamethasone.....	19	ENSTILAR.....	15	furosemide.....	13
		entecavir.....	11	gabapentin.....	9
				ganirelix acetate.....	20

gavilyte-g.....	19	hydrocodone-acetaminophen.....	7	lamotrigine.....	9
GELSYN-3.....	23	hydrocortisone.....	15, 19	lansoprazole.....	18
gemfibrozil.....	13	hydromorphone hcl.....	7	LANTUS SOLOSTAR.....	17
gentamicin sulfate.....	23	hydroxychloroquine sulfate.....	10	LANTUS U-100 VIAL.....	17
GENVOYA.....	11	hydroxyzine hcl.....	11	larissia.....	21
gianvi.....	21	hydroxyzine pamoate.....	11	LASTACRAFT.....	24
GILENYA.....	14	HYSINGLA ER.....	7	latanoprost.....	24
glimepiride.....	15	ibandronate sodium.....	23	LATUDA.....	11
glipizide er.....	15	IBRANCE.....	10	leflunomide.....	22
glipizide ir.....	15	ibu.....	7	lessina.....	21
GLUCAGON EMERGENCY.....	17	ibuprofen.....	7	letrozole.....	10
glyburide.....	15	IDHIFA.....	10	LEVEMIR U-100 FLEXTOUCH.....	17
GLYXAMBI.....	15	IMVEXXY MAINTENANCE		LEVEMIR U-100 VIAL.....	17
GRALISE.....	14	PACK.....	21	levetiracetam.....	9
GRALISE STARTER.....	14	IMVEXXY STARTER PACK.....	21	levocetirizine dihydrochloride.....	24
guanfacine hcl.....	13	INBRIJA.....	10	levofloxacin.....	8
guanfacine hcl er.....	14	INCRUSE ELLIPTA.....	25	levonorgestrel-ethinyl estrad.....	21
GYNAZOLE-1.....	10	indomethacin.....	7	levothyroxine sodium.....	22
HAEGARDA.....	22	INFLECTRA.....	22	LIALDA.....	23
HARVONI.....	11	INTRAROSA.....	19	lidocaine.....	7
HEMANGEOL.....	13	INVEGA SUSTENNA.....	11	lidocaine viscous.....	14
HORIZANT.....	14	INVEGA TRINZA.....	11	lidocaine-prilocaine.....	7
HUMALOG KWIKPEN.....	17	INVELTYS.....	23	LINZESS.....	19
HUMALOG MIX 50/50		INVOKAMET.....	15	liothyronine sodium.....	22
KWIKPEN.....	17	INVOKAMET XR.....	16	lisinopril.....	13
HUMALOG MIX 50/50 VIAL.....	17	INVOKANA.....	16	lisinopril-hydrochlorothiazide.....	13
HUMALOG MIX 75/25		ipratropium bromide.....	24	lithium carbonate.....	12
KWIKPEN.....	17	ipratropium-albuterol.....	25	lithium carbonate er.....	11
HUMALOG MIX 75/25 VIAL.....	17	irbesartan.....	13	LIVALO.....	13
HUMALOG U-100 JUNIOR		irbesartan-hydrochlorothiazide.....	13	LO LOESTRIN FE.....	21
KWIKPEN.....	17	ISENTRESS.....	11	LOKELMA.....	18
HUMALOG U-100 VIAL AND		isibloom.....	21	LONHALA MAGNAIR REFILL	
CARTRIDGE.....	17	isosorbide mononitrate er.....	13	KIT.....	25
HUMIRA.....	22	JANUMET.....	16	LONHALA MAGNAIR	
HUMIRA PEDIATRIC		JANUMET XR.....	16	STARTER KIT.....	25
CROHNS START.....	22	JANUVIA.....	16	lorazepam.....	11
HUMIRA PEN.....	22	JARDIANCE.....	16	loryna.....	21
HUMIRA PEN-CD/UC/HS		JENTADUETO.....	16	LORZONE.....	26
STARTER.....	22	JENTADUETO XR.....	16	losartan potassium.....	13
HUMIRA PEN-PS/UV/ADOL		JIVI.....	12	losartan potassium-hctz.....	13
HS START.....	22	JULUCA.....	11	LOTEMAX.....	23
HUMULIN 70/30 KWIKPEN.....	17	junel 1/20.....	21	LOTEMAX SM.....	23
HUMULIN 70/30 VIAL.....	17	junel fe 1.5/30.....	21	lovastatin.....	13
HUMULIN N KWIKPEN.....	17	junel fe 1/20.....	21	low-ogestrel.....	21
HUMULIN N VIAL.....	17	junel fe 24.....	21	LUMIGAN.....	24
HUMULIN R U-500 KWIKPEN.....	17	kariva.....	21	LUPRON DEPOT (1-MONTH).....	20
HUMULIN R U-500 VIAL		KERYDIN.....	10	LUPRON DEPOT (3-MONTH).....	20
(CONCENTRATED).....	17	ketoconazole.....	10	LUPRON DEPOT (4-MONTH)	
HUMULIN R VIAL.....	17	ketorolac tromethamine.....	7, 23	INTRAMUSCULAR KIT 30MG.....	20
hydralazine hcl.....	13	klor-con m20.....	18	LUPRON DEPOT (6-MONTH)	
hydrochlorothiazide.....	13	KOGENATE FS.....	12	INTRAMUSCULAR KIT 45MG.....	20
hydrocodone polst-cpm polst		KOVALTRY.....	12	LYRICA.....	14
er.....	24	labetalol hcl.....	13	MAKENA.....	21

MAVYRET.....	11	NATAZIA.....	21	olmesartan medoxomil.....	13
meclizine hcl.....	9	NATURE-THROID.....	22	olmesartan medoxomil-hctz.....	13
medroxyprogesterone acetate..	21	neomycin-polymyxin-dexameth	24	olopatadine hcl.....	23
meloxicam.....	7	neomycin-polymyxin-hc.....	24	OMECLAMOX-PAK.....	19
memantine hcl.....	9	NEULASTA.....	12	omega-3-acid ethyl esters.....	13
mercaptapurine.....	10	NEULASTA ONPRO.....	12	omeprazole.....	18
mesalamine.....	23	nifedipine er.....	13	OMNARIS.....	24
metaxalone.....	26	nifedipine er osmotic release....	13	OMNITROPE.....	20
metformin hcl er.....	16	nikki.....	21	ondansetron hcl.....	10
metformin hcl er (mod).....	16	nitrofurantoin macrocrystal.....	8	ondansetron odt.....	10
metformin hcl er (osm).....	16	nitrofurantoin monohydrate		ONE TOUCH VERIO KIT	
metformin hcl ir.....	16	macrocrystals.....	8	W/DEVICE.....	17
methimazole.....	22	nitroglycerin.....	13	ONETOUCH ULTRA 2.....	17
methocarbamol.....	26	NITYR.....	19	ONETOUCH ULTRA BLUE	
methotrexate.....	22	NIVESTYM.....	12	TEST STRIPS.....	17
methotrexate sodium.....	22	NOCDURNA.....	20	ONETOUCH ULTRA MINI.....	17
methylphenidate hcl.....	14	NORDITROPIN FLEXPRO.....	20	ONETOUCH VERIO FLEX	
methylphenidate hcl er.....	14	norethindrone.....	21	SYSTEM KIT W/DEVICE.....	17
methylprednisolone.....	19	norethindrone acetate.....	21	ONETOUCH VERIO IQ	
metoclopramide hcl.....	9	norethindrone acet-ethinyl est...21		SYSTEM.....	17
metoprolol succinate er.....	13	norgestimate-ethinyl estradiol		ONETOUCH VERIO SYNC	
metoprolol tartrate.....	13	triphasic.....	21	SYSTEM KIT W/DEVICE.....	17
metronidazole.....	8, 15	nortrel 1/35 (21).....	21	ONEXTON.....	15
MINIVELLE.....	21	nortrel 1/35 (28).....	21	OPSUMIT.....	26
minocycline hcl.....	8	nortriptyline hcl.....	9	ORENCIA.....	22
MIRENA (52 MG).....	21	NOVOEIGHT.....	12	ORENCIA CLICKJECT.....	22
mirtazapine.....	9	NOVOFINE AUTOCOVER		ORENITRAM.....	26
MIRVASO.....	15	PEN NEEDLE.....	18	ORLISSA.....	20
modafinil.....	26	NOVOFINE PEN NEEDLE.....	18	oseltamivir phosphate.....	11
mometasone furoate.....	15, 24	NOVOFINE PLUS PEN		OSPHENA.....	20
mono-linyah.....	21	NEEDLE.....	18	OTEZLA.....	22
montelukast sodium.....	25	NOVOLIN 70/30 FLEXPEN.....	18	OTOVEL.....	24
morphine sulfate er.....	7	NOVOLIN 70/30 VIAL.....	18	oxcarbazepine.....	9
MOTEGRITY.....	19	NOVOLIN N VIAL.....	18	oxybutynin chloride.....	19
MOVANTIK.....	19	NOVOLIN R VIAL.....	18	oxybutynin chloride er.....	19
MOXEZA.....	23	NOVOLOG FLEXPEN.....	18	oxycodone hcl.....	7
moxifloxacin hcl.....	23	NOVOLOG MIX 70/30		oxycodone-acetaminophen.....	7
MULPLETA.....	12	FLEXPEN.....	18	OXYCONTIN.....	7
MULTAQ.....	13	NOVOLOG MIX 70/30 VIAL.....	18	OZEMPIC.....	16
multivitamin/fluoride.....	18	NOVOLOG PENFILL.....	18	pantoprazole sodium.....	18
mupirocin.....	8	NOVOLOG U-100 VIAL.....	18	paroxetine hcl.....	9
mycophenolate mofetil.....	22	NOVOTWIST PEN NEEDLE....	18	PAZEO.....	23
mycophenolate sodium.....	22	NUCYNTA.....	7	penicillin v potassium.....	8
myorisan.....	15	NUTROPIN AQ NUSPIN 10.....	20	PENTASA.....	23
MYRBETRIQ.....	19	NUTROPIN AQ NUSPIN 20.....	20	PERSERIS.....	11
nabumetone.....	7	NUTROPIN AQ NUSPIN 5.....	20	phenazopyridine hcl.....	19
nadolol.....	13	NUVARING.....	21	phentermine hcl.....	14
naltrexone hcl.....	8	NUWIQ.....	12	pioglitazone hcl.....	16
NAMZARIC.....	9	NUZYRA.....	8	PLENVU.....	19
NAPRELAN.....	7	nystatin.....	10	polymyxin b-trimethoprim.....	24
naproxen.....	7	ODEFSEY.....	11	potassium chloride crys er.....	18
naproxen sodium.....	7	ofloxacin.....	23, 24	potassium chloride er.....	18
NARCAN.....	8	olanzapine.....	11	potassium citrate er.....	18

PRADAXA.....	8	RESTASIS.....	24	SYMJEPI.....	26
PRALUENT.....	13	RESTASIS MULTIDOSE.....	24	SYMPAZAN.....	9
pramipexole dihydrochloride.....	10	RETACRIT.....	12	SYMPROIC.....	19
pravastatin sodium.....	13	RETIN-A MICRO PUMP.....	15	SYNJARDY.....	16
prazosin hcl.....	13	REVLIMID.....	10	SYNJARDY XR.....	16
prednisolone.....	20	REXULTI.....	11	SYNTHROID.....	22
prednisolone acetate.....	23	RHOPRESSA.....	24	TACLONEX.....	15
prednisolone sodium phosphate.....	20	risperidone.....	11	tacrolimus.....	22
prednisone.....	20	ritonavir.....	11	tadalafil.....	19
PREMARIN.....	21	rizatriptan benzoate.....	10	TAKHZYRO.....	23
PREMPHASE.....	21	ROCKLATAN.....	24	TALTZ.....	22
PREMPRO.....	21	ropinirole hcl.....	10	TAMIFLU.....	11
PREPOPIK.....	19	rosuvastatin calcium.....	13	tamoxifen citrate.....	10
PREZCOBIX.....	11	ROXYBOND.....	7	tamsulosin hcl.....	19
PREZISTA.....	11	RUCONEST.....	22	TAPERDEX 12-DAY.....	20
PROAIR HFA.....	25	RYTARY.....	10	TAPERDEX 6-DAY.....	20
PROAIR RESPICLICK.....	25	SAPHRIS.....	11	TAPERDEX 7-DAY.....	20
prochlorperazine maleate.....	10	SAVAYSA.....	8	TAYTULLA.....	21
PROCTOFOAM HC.....	23	SAXENDA.....	14	TECFIDERA.....	14
progesterone micronized.....	21	SEREVENT DISKUS.....	25	TEKTURNA.....	13
PROLENSA.....	23	SERNIVO.....	15	TEKTURNA HCT.....	13
promethazine hcl.....	24	sertraline hcl.....	9	telmisartan.....	13
promethazine-codeine.....	24	SEYSARA.....	8	telmisartan-hctz.....	13
promethazine-dm.....	24	sildenafil citrate.....	19, 26	temazepam.....	26
propranolol hcl.....	13	SILENOR.....	26	tenofovir disoproxil fumarate.....	11
propranolol hcl er.....	13	SIMBRINZA.....	24	terazosin hcl.....	19
PROVENTIL HFA.....	25	SIMPONI.....	22	terbinafine hcl.....	10
pseudoephedrine-bromphen- dm.....	24	simvastatin.....	13	terconazole.....	10
PULMICORT FLEXHALER.....	25	SKYRIZI (150 MG DOSE).....	22	testosterone.....	20
PYLERA.....	19	sodium fluoride.....	18	TESTOSTERONE CYPIONATE.....	20
QBREXZA.....	15	SOLQUA.....	16	testosterone cypionate.....	20
QNASL.....	24	SOLOSEC.....	10	TIGLUTIK.....	14
QNASL CHILDRENS.....	24	SOOLANTRA.....	15	timolol maleate.....	24
quetiapine fumarate.....	11	sotalol hcl.....	13	TIROSINT.....	22
QVAR REDIHALER.....	25	SPIRIVA HANDIHALER.....	26	TIROSINT-SOL.....	22
rabeprazole sodium.....	18	SPIRIVA RESPIMAT.....	26	TIVICAY.....	11
raloxifene hcl.....	20	spironolactone.....	13	tizanidine hcl.....	26
ramipril.....	13	sprintec 28.....	21	TOBI PODHALER.....	26
ranitidine hcl.....	18	SPRYCEL.....	10	tobramycin.....	23
RASUVO.....	22	STELARA.....	22	tobramycin-dexamethasone.....	24
RAYALDEE.....	23	STENDRA.....	19	TOLAK.....	15
REBIF.....	14	STIOLTO RESPIMAT.....	26	tolterodine tartrate er.....	19
REBIF REBIDOSE.....	14	STRENSIQ.....	19	topiramate.....	9
REBIF REBIDOSE TITRATION PACK.....	14	STRIBILD.....	11	torsemide.....	13
REBIF TITRATION PACK.....	14	SUBOXONE.....	8	TOUJEO MAX SOLOSTAR.....	18
RENFLEXIS.....	22	sucralfate.....	18	TOUJEO SOLOSTAR.....	18
REPATHA.....	13	sulfamethoxazole-trimethoprim... sumatriptan succinate.....	8 10	TOVIAZ.....	19
REPATHA PUSHTRONEX SYSTEM.....	13	SUPREP BOWEL PREP KIT.... syeda.....	19 21	TRACLEER.....	26
REPATHA SURECLICK.....	13	SYMBICORT.....	26	TRADJENTA.....	16
		SYMFI.....	11	tramadol hcl ir.....	7
		SYMFI LO.....	11	TRANSDERM-SCOP (1.5 MG). TRAVATAN Z.....	10 24

trazodone hcl.....	9	XELJANZ.....	23
TRELEGY ELLIPTA.....	26	XELJANZ XR.....	23
TREMFYA.....	22	XEPI.....	8
TRESIBA.....	18	XIIDRA.....	24
TRESIBA FLEXTOUCH.....	18	XIMINO.....	8
tretinoin.....	15	XOFLUZA.....	11
trezix.....	7	XOLAIR.....	24
tri femynor.....	21	XTANDI.....	10
triamcinolone acetonide.....	15	xulane.....	21
triamterene-hctz.....	13	XYOSTED.....	20
triazolam.....	11	XYREM.....	26
tri-linyah.....	21	YONSA.....	10
tri-lo-marzia.....	21	yuvafem.....	21
tri-lo-sprintec.....	21	ZARXIO.....	12
TRINTELLIX.....	9	ZENPEP.....	19
tri-sprintec.....	21	ZETONNA.....	25
TRIUMEQ.....	11	ZIOPTAN.....	24
TRULICITY.....	16	ziprasidone hcl.....	11
TRUVADA.....	11	zolpidem tartrate.....	26
TYMLOS.....	23	zolpidem tartrate er.....	26
UCERIS.....	23	zonisamide.....	9
UDENYCA.....	12	ZONTIVITY.....	10
ULORIC.....	10	ZUBSOLV.....	8
ULTOMIRIS.....	12		
valacyclovir hcl.....	11		
valsartan.....	13		
valsartan-hydrochlorothiazide...	13		
VARUBI.....	10		
VASCEPA.....	13		
VELPHORO.....	19		
VELTASSA.....	18		
VEMLIDY.....	11		
venlafaxine hcl.....	9		
venlafaxine hcl er.....	9		
VENTOLIN HFA.....	26		
verapamil hcl er.....	13		
VESICARE.....	19		
V-GO 20.....	17		
V-GO 30.....	17		
V-GO 40.....	17		
VIBERZI.....	19		
VICTOZA.....	16		
vienva.....	21		
VIIBRYD.....	9		
VIIBRYD STARTER PACK.....	9		
VIMPAT.....	9		
vitamin d (ergocalciferol).....	18		
VOSEVI.....	11		
VRAYLAR.....	11		
VYVANSE.....	14		
warfarin sodium.....	8		
XARELTO.....	8		
XARELTO STARTER PACK.....	8		





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**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)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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

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

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

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

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

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

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

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

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

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

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



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