

# Your 2021 Premium Standard Formulary

Effective January 1, 2021



**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.

## Understanding your formulary

### **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 (offer the same effect) 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 used to treat complex conditions. These high-cost medications may be injected, infused or taken by mouth. 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 option 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.
<b>Tier E</b>	⊗ <b>Excluded</b>	May not be covered or need prior authorization. Lower-cost options are available and covered.

### 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>M</b>	Authorized generic or cobranded product
<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
APADAZ	E	
apap-caff-dihydrocodeine oral capsule	1	QL
ARYMO ER	E	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	E	
CONZIP	E	
DILAUDID ORAL	E	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
fentanyl	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET	E	M
FENTORA	E	
FIORICET	E	

Drug Name	Drug Tier	Notes
FIORICET/CODEINE	E	
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
KADIAN	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL
MS CONTIN	E	
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
ROXICODONE	E	
SUBSYS	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	M
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	2	PA; QL

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

Drug Name	Drug Tier	Notes
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	E	
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral tablet	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	ST
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN	3	
naproxen oral tablet	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN DS	E	
SPRIX	E	

Drug Name	Drug Tier	Notes
VIMOVO	E	
VOLTAREN	E	
ZIPSOR	E	
ZORVOLEX	E	
<b>Anesthetics</b>		
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	3	QL
CHANTIX CONTINUING MONTH PAK	3	QL
CHANTIX STARTING MONTH PAK	3	QL
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	E	
NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR	E	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	2	QL
<b>Antibacterials</b>		
ACTICLATE	E	

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
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	
DORYX MPC	E	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
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	
MINOLIRA	E	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XENLETA	3	
XEPI	3	
XIMINO	3	
<b>Anticoagulants</b>		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	2	QL
enoxaparin sodium	1	SP; 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
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	

Drug Name	Drug Tier	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	3	ST
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
VIMPAT	3	
XCOPRI	3	ST
XCOPRI (250 MG DAILY DOSE)	3	ST
XCOPRI (350 MG DAILY DOSE)	3	ST

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

Drug Name	Drug Tier	Notes
ZONEGRAN	E	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
BRISDELLE	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	

Drug Name	Drug Tier	Notes
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
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
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet 10 mg	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate 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
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
<b>Antifungals</b>		
ciclopirox external solution	1	
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
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	
TOLSURA	E	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	1	
COLCRYS	E	
febuxostat	1	ST
GLOPERBA	E	
MITIGARE	E	

Drug Name	Drug Tier	Notes
<b>Antimigraine Agents</b>		
AIMOVIG	2	PA; QL
AJOVY	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
RELPAK	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	E	SP
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	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
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	E	SP
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
ERLEADA	E	SP
GLEEVEC	E	SP
IBRANCE ORAL CAPSULE	3	PA; SP
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL TABLET	3	PA; SP
KANJINTI	2	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
OGIVRI	E	SP
REVLIMID	2	PA; SP
RUBRACA	2	PA; SP
RUXIENCE	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
TARGRETIN EXTERNAL	3	PA; SP
TARGRETIN ORAL	E	SP
TAZVERIK	E	SP
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA	2	PA; SP

Drug Name	Drug Tier	Notes
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
<b>Antiparasitics</b>		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	PA; SP
NOURIANZ	3	PA
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
<b>Antiplatelets</b>		
ASPIRIN- OMEPRAZOLE	E	M
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
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
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	2	QL
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA	E	
<b>Antivirals</b>		
acyclovir oral capsule	1	
acyclovir oral tablet	1	
ATRIPLA	E	
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	

Drug Name	Drug Tier	Notes
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	E	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL	E	
ZOVIRAX ORAL SUSPENSION	E	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
bupirone hcl oral	1	

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

Drug Name	Drug Tier	Notes
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
<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)	2	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP
ESPEROCT	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
MULPLETA	2	PA; SP

Drug Name	Drug Tier	Notes
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRT	E	SP
RETACRIT	2	PA; SP
UDENYCA	E	SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	PA; SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	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-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
CONSENSI	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	E	
EDARBI	3	ST

Drug Name	Drug Tier	Notes
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	

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
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
PRAVACHOL	E	

Drug Name	Drug Tier	Notes
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
valsartan	1	
valsartan-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
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	
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	E	
ZYPITAMAG	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	
ADHANSIA XR	E	
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
CONCERTA	E	
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
EVEKEO	E	
EVEKEO ODT	3	PA; QL
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	

Drug Name	Drug Tier	Notes
INTUNIV	E	
JORNAY PM	3	PA; ST; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
METHYLPHENIDATE HCL ER (XR)	3	PA; ST; QL
methylphenidate hcl er oral tablet extended release	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
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
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
EXTAVIA	E	SP
GILENYA	3	PA; 3P; SP; QL
glatiramer acetate	1	PA; SP; QL
MAVENCLAD (10 TABS)	3	PA; 3P; SP
MAVENCLAD (4 TABS)	3	PA; 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
MAVENCLAD (5 TABS)	3	PA; 3P; SP
MAVENCLAD (6 TABS)	3	PA; 3P; SP
MAVENCLAD (7 TABS)	3	PA; 3P; SP
MAVENCLAD (8 TABS)	3	PA; 3P; SP
MAVENCLAD (9 TABS)	3	PA; 3P; SP
MAYZENT	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TECFIDERA	2	PA; SP; QL
VUMERITY	2	PA; SP; QL
VUMERITY (STARTER)	2	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	PA; QL
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
CONTRACE	E	
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
LYRICA	E	
phentermine hcl oral tablet	1	PA

Drug Name	Drug Tier	Notes
pregabalin oral capsule	1	QL
QSYMIA	3	PA
SAXENDA	3	PA
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; SP; QL
VYLEESI	3	PA; QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ABSORICA LD	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
AKLIEF	E	
ALA SCALP	E	
AMZEEQ	3	
APEXICON E	E	
AVITA	E	
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
BRYHALI	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
CALCIPOTRIENE EXTERNAL FOAM	E	M
CAPEX	E	
claravis	1	PA
CLINDAGEL	E	
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	E	M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CORDRAN EXTERNAL TAPE	E	
DESONATE	E	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
DUOBRII	E	

Drug Name	Drug Tier	Notes
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external cream	1	
FLUOROPLEX	3	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone external cream	1	
hydrocortisone external ointment	1	
IMIQUIMOD PUMP CREAM 3.75 % EXTERNAL	E	
IMIQUIMOD PUMP CREAM 3.75 % EXTERNAL	E	M
IMPOYZ	E	
KENALOG EXTERNAL	E	
LEXETTE	E	
METROGEL	E	

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
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	3	
ORACEA	E	
PANDEL	E	
PROPECIA	E	
PSORCON	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external ointment	1	
TAZORAC EXTERNAL CREAM 0.1 %	E	
TOPICORT SPRAY	E	

Drug Name	Drug Tier	Notes
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
ZIANA	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
<b>Diabetes - Antidiabetic Agents</b>		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
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	2	ST
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUMETZA	E	
glyburide 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
GLYXAMBI	2	ST
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	ST; QL
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRIJARDY XR	2	ST

Drug Name	Drug Tier	Notes
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK GUIDE TEST STRIPS	E	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
CONTOUR MONITOR	2	
CONTOUR CONTROL	2	
CONTOUR NEXT CONTROL	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	2	QL
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	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER SYSTM	E	
FREESTYLE LIBRE 2 SENSOR SYSTM	E	
FREESTYLE LIBRE READER	E	
FREESTYLE LIBRE SENSOR SYSTEM	E	
ONETOUCH ULTRA	E	
ONETOUCH VERIO TEST STRIPS	E	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGON EMERGENCY KIT	2	Made by Lilly
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
GVOKE PFS	2	
<b>Diabetes - Insulins</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	

Drug Name	Drug Tier	Notes
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
FIASP	E	
FIASP FLEXTOUCH	E	
FIASP PENFILL	E	
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 VIAL	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	2	
HUMULIN R 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
INSULIN ASP PROT & ASP FLEXPEN	E	M
INSULIN ASPART	E	M
INSULIN ASPART FLEXPEN	E	M
INSULIN ASPART PENFILL	E	M
INSULIN ASPART PROT & ASPART	E	M
INSULIN LISPRO	E	M
INSULIN LISPRO (1 UNIT DIAL)	E	M
INSULIN LISPRO JUNIOR KWIKPEN	E	M
INSULIN LISPRO PROT & LISPRO	E	M
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	

Drug Name	Drug Tier	Notes
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
AZESCO	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet	1	
klor-con m20	1	
K-TAB	E	
LOKELMA	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
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
PREGENNA	E	
PRENATE DHA	E	
PRENATE ELITE	E	
PRENATE ENHANCE	E	
PRENATE ESSENTIAL	E	
PRENATE MINI	E	
PRENATE PIXIE	E	
PRENATE RESTORE	E	
sodium fluoride oral tablet chewable	1	
TRINAZ	E	
VELTASSA	3	
VITAFOL FE+	E	
VITAFOL-OB+DHA	E	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	E	
ZALVIT	E	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL

Drug Name	Drug Tier	Notes
esomeprazole magnesium oral capsule delayed release	1	QL
famotidine oral tablet	1	
lansoprazole oral capsule delayed release	1	QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
ZEGERID	E	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	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
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	E	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTELY WITH FLAVOR PACKS	E	
OMECLAMOX-PAK	2	
OSMOPREP	E	
PLENVU	E	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL

Drug Name	Drug Tier	Notes
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
EXONDYS 51	E	SP
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	2	PA; SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CIALIS	E	
DEPEN TITRATABS	2	SP
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL	E	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL

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

Drug Name	Drug Tier	Notes
solifenacin succinate	1	
STAXYN	E	
STENDRA	E	
tadalafil oral	1	QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	E	
VIAGRA	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
<b>Hormonal Agents - Adrenal</b>		
CORTEF	E	
dexamethasone oral tablet	1	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	

Drug Name	Drug Tier	Notes
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
AVEED	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 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
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	3	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	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>Hormonal Agents - Pituitary</b>		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
FOLLISTIM AQ	2	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; Made by Organon/Merck; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
HUMATROPE	E	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	

Drug Name	Drug Tier	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	2	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	2	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	2	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	E	SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
ORLISSA	2	PA; QL
SAIZEN	E	SP
SAIZENPREP	E	SP
SANDOSTATIN	E	SP
ZOMACTON	E	SP
ZOMACTON (FOR ZOMA-JET 10)	E	SP
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ANNOVERA	E	

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
apri	1	
aviane	1	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	E	
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
eluryng	1	
ENDOMETRIN	2	
enskyce	1	
estarylla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	
EVAMIST	3	
femynor	1	
GENERESS FE	E	
gianvi	1	

Drug Name	Drug Tier	Notes
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kariva	1	
kurvelo	1	
larin fe 1/20	1	
larissia	1	
lessina	1	
levonorgest-eth est & eth est	1	QL
levonorgest-eth estrad 91-day oral tablet 0.15- 0.03 & 0.01 mg, 0.15- 0.03 mg	1	QL
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
low-ogestrel	1	
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
microgestin fe 1/20	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
MINASTRIN 24 FE	E	
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	3	
ORTHO MICRONOR	E	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
PROMETRIUM	E	
SAFYRAL	E	
SEASONIQUE	E	
SLYND	E	
sprintec 28	1	
sronyx	1	
syeda	1	
TAYTULLA	3	
tri femynor	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
tri-previfem	1	
tri-sprintec	1	

Drug Name	Drug Tier	Notes
VAGIFEM	E	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
xulane	1	
YASMIN 28	E	
YAZ	E	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	ST
CYTOMEL	E	
euthyrox	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	ST
np thyroid oral tablet 60 mg	1	
SYNTHROID	E	
TIROSINT	E	
TIROSINT-SOL	E	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 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
ASCENIV	E	SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
CUTAQUIG	E	SP
cyclosporine modified oral capsule	1	SP
ENBREL MINI	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP; QL
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	

Drug Name	Drug Tier	Notes
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA CLICKJECT	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA; 3P; SP
OTEZLA	2	PA; SP
PANZYGA	E	SP
PROGRAF ORAL CAPSULE	3	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	2	PA; SP
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	SP
TAKHZYRO	3	PA; SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	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 XR	2	PA; SP
XEMBIFY	3	PA; SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
ASACOL HD	E	
CANASA	E	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS ORAL	E	
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
FORTEO	2	PA; SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
RAYALDEE	3	
TYMLOS	2	PA; SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	

Drug Name	Drug Tier	Notes
SENSIPAR	E	
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
ENDARI	3	PA
EUFLEXXA	2	PA; SP
FIRDAPSE	E	SP
GEL-ONE	E	SP
GELSYN-3	2	PA; SP
GENVISC 850	E	SP
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP
OXBRYTA	E	SP
PALFORZIA (12 MG DAILY DOSE)	E	SP
PALFORZIA (120 MG DAILY DOSE)	E	SP
PALFORZIA (160 MG DAILY DOSE)	E	SP
PALFORZIA (20 MG DAILY DOSE)	E	SP
PALFORZIA (200 MG DAILY DOSE)	E	SP
PALFORZIA (240 MG DAILY DOSE)	E	SP
PALFORZIA (3 MG DAILY DOSE)	E	SP
PALFORZIA (300 MG MAINTENANCE)	E	SP
PALFORZIA (300 MG TITRATION)	E	SP
PALFORZIA (40 MG DAILY DOSE)	E	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
PALFORZIA (6 MG DAILY DOSE)	E	SP
PALFORZIA (80 MG DAILY DOSE)	E	SP
PALFORZIA INITIAL ESCALATION	E	SP
SODIUM HYALURONATE INTRA-ARTICULAR	E	SP
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TRILURON	E	SP
TRIVISC	E	SP
VISCO-3	E	SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC GEL	3	QL
LOTEMAX OPTHALMIC OINTMENT	3	QL
LOTEMAX OPTHALMIC SUSPENSION	E	

Drug Name	Drug Tier	Notes
LOTEMAX SM	3	
MOXEZA	2	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PATADAY OPTHALMIC SOLUTION 0.2 %	3	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
VIGAMOX	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	

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

Drug Name	Drug Tier	Notes
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
BEOVU	E	SP
CEQUA	E	
LATISSE	E	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	

Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polst er susp	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
NASONEX	E	
NUCALA	2	PA; SP; QL
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup	1	
QNASL	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
QNASL CHILDRENS	3	QL
XHANCE	E	
XOLAIR	2	PA; SP
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	M
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUIY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	

Drug Name	Drug Tier	Notes
ASMANEX (60 METERED DOSES)	E	
ASMANEX (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	M
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
INCRUSE ELLIPTA	E	
ipratropium-albuterol	1	QL

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

Drug Name	Drug Tier	Notes
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	QL

Drug Name	Drug Tier	Notes
TUDORZA PRESSAIR	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	E	
wixela inhub	1	QL
XOPENEX HFA	E	
YUPELRI	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
KITABIS PAK	E	SP
PULMOZYME	2	PA; SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	3	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
TRIKAFTA	3	PA; SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
REMODULIN	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	E	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>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
NORGESIC FORTE	E	
ORPHENGESIC FORTE	E	
OZOBAX	E	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	E	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL

Drug Name	Drug Tier	Notes
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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AKLIEF.....	19	ARISTADA.....	14	BD AUTOSHIELD DUO PEN	
ALA SCALP.....	19	ARISTADA INITIO.....	14	NEEDLES.....	23
albuterol sulfate.....	35	armodafinil.....	37	BD ULTRA-FINE INSULIN	
albuterol sulfate hfa.....	35	ARMOUR THYROID.....	30	SYRINGES.....	23
ALBUTEROL SULFATE HFA...35		ARNUITY ELLIPTA.....	35	BD ULTRA-FINE PEN	
alendronate sodium.....	32	ARTHROTEC.....	8	NEEDLES.....	23
alfuzosin hcl er.....	27	ARYMO ER.....	7	BD VEO INSULIN SYR U/F	
allopurinol.....	12	ASACOL HD.....	32	1/2UNIT.....	23
ALOGLIPTIN BENZOATE.....	21	ASCENIV.....	31	BELBUCA.....	7
ALOGLIPTIN-METFORMIN		ASMANEX (120 METERED		BELRAPZO.....	12
HCL.....	21	DOSES).....	35	benazepril hcl.....	15

BENDAMUSTINE HCL.....	13	BYETTA 5 MCG PEN.....	21	clarithromycin.....	9
BENICAR.....	15	BYSTOLIC.....	16	CLENPIQ.....	25
BENICAR HCT.....	15	cabergoline.....	28	CLIMARA.....	29
BENZACLIN.....	19	CABOMETYX.....	13	CLIMARA PRO.....	29
BENZACLIN WITH PUMP.....	19	CALCIPOTRIENE.....	20	CLINDAGEL.....	20
BENZAMYCIN.....	19	calcitriol.....	32	clindamycin hcl.....	9
BENZHYDROCODONE-		CAMBIA.....	8	clindamycin phosphate.....	20
ACETAMINOPHEN.....	7	CANASA.....	32	CLINDAMYCIN PHOSPHATE..	20
benzonatate.....	34	candesartan cilexetil.....	16	clindamycin phosphate-	
benztropine mesylate.....	13	capecitabine.....	13	benzoyl peroxide.....	20
BEOVU.....	34	CAPEX.....	20	CLINDESSE.....	9
BESIVANCE.....	33	CARAFATE.....	25	clobetasol propionate.....	20
betamethasone dipropionate....	19	carbamazepine.....	10	CLOBEX.....	20
BETASERON.....	18	CARBATROL.....	10	CLOBEX SPRAY.....	20
BETHKIS.....	36	carbidopa-levodopa.....	13	CLODERM.....	20
BETIMOL.....	33	CARDIZEM LA.....	16	clonazepam.....	15
BEVESPI AEROSPHERE.....	35	carisoprodol.....	37	clonidine hcl.....	16
BEYAZ.....	29	CARNITOR.....	24	clopidogrel bisulfate.....	13
BIJUVA.....	29	CARNITOR SF.....	24	clotrimazole.....	12
BIKTARVY.....	14	cartia xt.....	16	clotrimazole-betamethasone....	12
BINOSTO.....	32	carvedilol.....	16	COLCHICINE.....	12
bisoprolol fumarate.....	15	CATAPRES-TTS-1.....	16	colchicine.....	12
bisoprolol-hydrochlorothiazide..	16	CATAPRES-TTS-2.....	16	COLCRYS.....	12
blisovi 24 fe.....	29	CATAPRES-TTS-3.....	16	COLESTID.....	16
blisovi fe 1.5/30.....	29	cefdinir.....	9	COLESTID FLAVORED.....	16
blisovi fe 1/20.....	29	cefuroxime axetil.....	9	COMBIGAN.....	33
BOTOX.....	32	CELEBREX.....	8	COMBIVENT RESPIMAT.....	35
BREO ELLIPTA.....	35	celecoxib.....	8	CONCERTA.....	18
BRILINTA.....	13	CELEXA.....	11	CONSENSI.....	16
brimonidine tartrate.....	33	cephalexin.....	9	CONTOUR CONTROL.....	22
BRISDELLE.....	11	CEQUA.....	34	CONTOUR MONITOR.....	22
BRIVIACT.....	10	CERDELGA.....	26	CONTOUR NEXT CONTROL...22	
BROMSITE.....	33	cetirizine hcl.....	34	CONTOUR NEXT MONITOR...22	
BRYHALI.....	19	CETROTIDE.....	28	CONTOUR NEXT TEST.....	22
budesonide.....	35	CHANTIX.....	8	CONTOUR TEST.....	22
BUDESONIDE-		CHANTIX CONTINUING		CONTRAVE.....	19
FORMOTEROL FUMARATE....	35	MONTH PAK.....	8	CONZIP.....	7
bumetanide.....	16	CHANTIX STARTING MONTH		COPAXONE.....	18
BUNAVAIL.....	8	PAK.....	8	CORDRAN.....	20
buprenorphine hcl.....	8	chlorhexidine gluconate.....	19	COREG.....	16
buprenorphine hcl-naloxone		chlorthalidone.....	16	COREG CR.....	16
hcl.....	8	CIALIS.....	26	CORLANOR.....	16
bupropion hcl.....	11	ciclopirox.....	12	CORTEF.....	27
bupropion hcl er (sr).....	11	CIMDUO.....	14	COSENTYX (300 MG DOSE)...31	
bupropion hcl er (xl).....	11	CIMZIA.....	31	COSENTYX 150 MG/ML.....	31
BUPROPION HCL ER (XL).....	11	CIMZIA PREFILLED KIT.....	31	COSENTYX SENSOREADY	
buspirone hcl.....	14	CIMZIA STARTER KIT.....	31	(300 MG).....	31
butalbital-apap-caffeine.....	7	CIPRODEX.....	34	COSENTYX SENSOREADY	
BUTRANS.....	7	ciprofloxacin hcl.....	9, 33	PEN.....	31
BYDUREON.....	21	citalopram hydrobromide.....	11	COSOPT.....	33
BYDUREON BCISE		claravis.....	20	COSOPT PF.....	33
AUTOINJECTOR.....	21	CLARINEX.....	34	COZAAR.....	16
BYETTA 10 MCG PEN.....	21	CLARINEX-D 12 HOUR.....	34	CREON.....	26

CRESEMBA.....	12	doxazosin mesylate.....	16	EPOGEN.....	15
CRESTOR.....	16	doxepin hcl.....	11	ergocalciferol.....	24
cryselle-28.....	29	doxycycline hyclate.....	9	ERLEADA.....	13
CUTAQUIG.....	31	doxycycline monohydrate.....	9	erythromycin.....	33
cyanocobalamin.....	24	drospirenone-ethinyl estradiol... 29		escitalopram oxalate.....	11
cyclobenzaprine hcl.....	37	DUAKLIR PRESSAIR.....	35	esomeprazole magnesium.....	25
cyclosporine modified.....	31	DUAVEE.....	29	ESPEROCT.....	15
CYMBALTA.....	11	DUEXIS.....	8	estarylla.....	29
cyproheptadine hcl.....	34	DULERA.....	35	ESTRACE.....	29
CYTOMEL.....	30	duloxetine hcl.....	11	estradiol.....	29
DELESTROGEN.....	29	DUOBRII.....	20	ESTROGEL.....	29
DELZICOL.....	32	DUPIXENT.....	20	eszopiclone.....	37
DEPAKOTE.....	10	DURAGESIC-100.....	7	etodolac.....	8
DEPAKOTE ER.....	10	DURAGESIC-12.....	7	etonogestrel-ethinyl estradiol... 29	
DEPAKOTE SPRINKLES.....	10	DURAGESIC-25.....	7	EUCRISA.....	20
DEPEN TITRATABS.....	26	DURAGESIC-50.....	7	EUFLEXXA.....	32
DEPO-TESTOSTERONE.....	27	DURAGESIC-75.....	7	euthyrox.....	30
DESCOVY.....	14	DUROLANE.....	32	EVAMIST.....	29
DESONATE.....	20	dutasteride.....	27	EVEKEO.....	18
desvenlafaxine succinate er.....	11	DYAZIDE.....	16	EVEKEO ODT.....	18
dexamethasone.....	27	DYMISTA.....	34	EVZIO.....	8
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	22, 23	EDARBI.....	16	EXFORGE.....	16
DEXILANT.....	25	EDARBYCLOR.....	16	EXFORGE HCT.....	16
dexmethylphenidate hcl.....	18	EFFEXOR XR.....	11	EXONDYS 51.....	26
dexmethylphenidate hcl er.....	18	ELESTRIN.....	29	EXTAVIA.....	18
diazepam.....	15	eletriptan hydrobromide.....	12	ezetimibe.....	16
diclofenac sodium.....	8	ELIDEL.....	20	ezetimibe-simvastatin.....	16
dicyclomine hcl.....	25, 26	ELIQUIS.....	9	famotidine.....	25
DIFFERIN.....	20	ELIQUIS DVT/PE STARTER PACK.....	9	FARXIGA.....	21
DIFICID.....	9	ELOCTATE.....	15	FASENRA.....	34
digoxin.....	16	eluryng.....	29	FASENRA PEN.....	34
DILANTIN.....	10	EMGALITY.....	12	febuxostat.....	12
DILANTIN INFATABS.....	10	EMGALITY (300 MG DOSE)....	12	femynor.....	29
DILAUDID.....	7	EMVERM.....	13	fenofibrate.....	16
diltiazem hcl er coated beads... 16		enalapril maleate.....	16	fenofibrate micronized.....	16
dilt-xr.....	16	ENBREL.....	31	fenofibric acid.....	16
DIOVAN.....	16	ENBREL MINI.....	31	fentanyl.....	7
DIOVAN HCT.....	16	ENBREL SURECLICK.....	31	FENTANYL CITRATE.....	7
DIPENTUM.....	32	ENDARI.....	32	FENTORA.....	7
diphenoxylate-atropine.....	26	ENDOMETRIN.....	29	FIASP.....	23
divalproex sodium.....	10	enoxaparin sodium.....	9	FIASP FLEXTOUCH.....	23
divalproex sodium er.....	10	enskyce.....	29	FIASP PENFILL.....	23
DIVIGEL.....	29	ENSTILAR.....	20	FINACEA.....	20
donepezil hcl.....	11	entecavir.....	14	finasteride.....	27
DORYX.....	9	ENTRESTO.....	16	FIORICET.....	7
DORYX MPC.....	9	EPCLUSA.....	14	FIORICET/CODEINE.....	7
dorzolamide hcl-timolol mal.....	33	EPIDIOLEX.....	10	FIRAZYR.....	31
dotti.....	29	EPIDUO.....	20	FIRDAPSE.....	32
DOVATO.....	14	EPIDUO FORTE.....	20	flecainide acetate.....	16
		epinephrine.....	35	FLECTOR.....	8
		EPIPEN 2-PAK.....	35	FLOMAX.....	27
		EPIPEN JR 2-PAK.....	35	FLOVENT DISKUS.....	35
				FLOVENT HFA.....	35



fluconazole.....	12	GLYCOPYRROLATE.....	26	hydromorphone hcl.....	7
fluocinonide.....	20	GLYXAMBI.....	22	hydroxychloroquine sulfate.....	13
FLUOROPLEX.....	20	GOCOVRI.....	13	hydroxyzine hcl.....	15
fluoxetine hcl.....	11	GOLYTELY.....	26	hydroxyzine pamoate.....	15
fluticasone propionate.....	34	GONAL-F.....	28	HYMOVIS.....	32
fluticasone-salmeterol.....	35	GONAL-F RFF.....	28	hyoscyamine sulfate.....	26
fluvoxamine maleate.....	11	GONAL-F RFF REDIJECT.....	28	hyoscyamine sulfate sl.....	26
FOCALIN.....	18	GRALISE.....	19	HYSINGLA ER.....	7
FOCALIN XR.....	18	GRANIX.....	15	HYZAAR.....	16
folic acid.....	24	guanfacine hcl.....	16	ibandronate sodium.....	32
FOLLISTIM AQ.....	28	guanfacine hcl er.....	18	IBRANCE.....	13
FORFIVO XL.....	11	GVOKE PFS.....	23	ibuprofen.....	8
FORTAMET.....	21	GYNAZOLE-1.....	12	IDHIFA.....	13
FORTEO.....	32	HAEGARDA.....	31	ILEVRO.....	33
FORTESTA.....	27	HALOBETASOL		imatinib mesylate.....	13
FREESTYLE LIBRE 14 DAY		PROPIONATE.....	20	IMBRUVICA.....	13
READER.....	23	HALOG.....	20	IMIQUIMOD PUMP.....	20
FREESTYLE LIBRE 14 DAY		HARVONI.....	14	IMITREX.....	12
SENSOR.....	23	HEMANGEOL.....	16	IMITREX STATDOSE REFILL..	12
FREESTYLE LIBRE 2		HORIZANT.....	19	IMITREX STATDOSE	
READER SYSTM.....	23	HUMALOG KWIKPEN.....	23	SYSTEM.....	12
FREESTYLE LIBRE 2		HUMALOG MIX 50/50		IMPOYZ.....	20
SENSOR SYSTM.....	23	KWIKPEN.....	23	IMVEXXY MAINTENANCE	
FREESTYLE LIBRE READER..	23	HUMALOG MIX 50/50 VIAL.....	23	PACK.....	29
FREESTYLE LIBRE SENSOR		HUMALOG MIX 75/25		IMVEXXY STARTER PACK....	29
SYSTEM.....	23	KWIKPEN.....	23	INBRIJA.....	13
FULPHILA.....	15	HUMALOG MIX 75/25 VIAL.....	23	INCRUSE ELLIPTA.....	35
furosemide.....	16	HUMALOG U-100 JUNIOR		INDERAL LA.....	16
FYCOMPA.....	10	KWIKPEN.....	23	INDERAL XL.....	16
gabapentin.....	10	HUMALOG VIAL.....	23	INDOMETHACIN.....	8
ganirelix acetate.....	28	HUMATROPE.....	28	indomethacin.....	8
gavilyte-g.....	26	HUMIRA.....	31	INFLECTRA.....	31
GEL-ONE.....	32	HUMIRA PEDIATRIC		INNOPRAN XL.....	16
GELSYN-3.....	32	CROHNS START.....	31	INSULIN ASP PROT & ASP	
gemfibrozil.....	16	HUMIRA PEN.....	31	FLEXPEN.....	24
GENERESS FE.....	29	HUMIRA PEN-CD/UC/HS		INSULIN ASPART.....	24
GENOTROPIN.....	28	STARTER.....	31	INSULIN ASPART FLEXPEN...	24
GENOTROPIN MINIQUICK.....	28	HUMIRA PEN-PS/UV/ADOL		INSULIN ASPART PENFILL....	24
GENVISC 850.....	32	HS START.....	31	INSULIN ASPART PROT &	
GENVOYA.....	14	HUMULIN 70/30 KWIKPEN.....	23	ASPART.....	24
gianvi.....	29	HUMULIN 70/30 VIAL.....	23	INSULIN LISPRO.....	24
GILENYA.....	18	HUMULIN N KWIKPEN.....	23	INSULIN LISPRO (1 UNIT	
glatiramer acetate.....	18	HUMULIN N VIAL.....	23	DIAL).....	24
GLEEVEC.....	13	HUMULIN R U-500 KWIKPEN..	23	INSULIN LISPRO JUNIOR	
glimepiride.....	21	HUMULIN R U-500 VIAL.....	23	KWIKPEN.....	24
glipizide er.....	21	HUMULIN R VIAL.....	23	INSULIN LISPRO PROT &	
glipizide ir.....	21	HYALGAN.....	32	LISPRO.....	24
GLOPERBA.....	12	hydralazine hcl.....	16	INTUNIV.....	18
GLUCAGON EMERGENCY		hydrochlorothiazide.....	16	INVEGA SUSTENNA.....	14
KIT.....	23	hydrocodone polst-chlorphen		INVEGA TRINZA.....	14
GLUMETZA.....	21	polst er susp.....	34	INVELTYS.....	33
glyburide.....	21	hydrocodone-acetaminophen.....	7	INVOKAMET.....	22
glycopyrrolate.....	26	hydrocortisone.....	20, 27	INVOKAMET XR.....	22

INVOKANA.....	22	larissia.....	29	LOTEMAX.....	33
ipratropium bromide.....	34	LASIX.....	16	LOTEMAX SM.....	33
ipratropium-albuterol.....	35	latanoprost.....	33	LOTREL.....	17
irbesartan.....	16	LATISSE.....	34	lovastatin.....	17
irbesartan-hydrochlorothiazide..	16	LATUDA.....	14	LOVAZA.....	17
isibloom.....	29	LAZANDA.....	7	low-ogestrel.....	29
isosorbide mononitrate er.....	16	LEDIPASVIR-SOFOSBUVIR....	14	LUMIGAN.....	34
JANUMET.....	22	leflunomide.....	31	LUNESTA.....	37
JANUMET XR.....	22	LESCOL XL.....	17	LUPRON DEPOT (1-MONTH)..	28
JANUVIA.....	22	lessina.....	29	LUPRON DEPOT (3-MONTH)..	28
JARDIANCE.....	22	LETAIRIS.....	36	LUPRON DEPOT (4-MONTH)	
JATENZO.....	27	letrozole.....	13	INTRAMUSCULAR KIT 30MG..	28
JENTADUETO.....	22	LEVALBUTEROL HFA.....	36	LUPRON DEPOT (6-MONTH)	
JENTADUETO XR.....	22	LEVEMIR U-100 FLEXTOUCH..	24	INTRAMUSCULAR KIT 45MG..	28
JIVI.....	15	LEVEMIR U-100 VIAL.....	24	LYNPARZA.....	13
JORNAY PM.....	18	levetiracetam.....	10	LYRICA.....	19
JUBLIA.....	12	LEVITRA.....	26	MAKENA.....	29
JULUCA.....	14	levocetirizine dihydrochloride...	34	MAVENCLAD (10 TABS).....	18
junel 1.5/30.....	29	levofloxacin.....	9	MAVENCLAD (4 TABS).....	18
junel 1/20.....	29	levonorgest-eth est & eth est....	29	MAVENCLAD (5 TABS).....	19
junel fe 1.5/30.....	29	levonorgest-eth estrad 91-day..	29	MAVENCLAD (6 TABS).....	19
junel fe 1/20.....	29	levonorgestrel-ethinyl estrad....	29	MAVENCLAD (7 TABS).....	19
junel fe 24.....	29	levothyroxine sodium.....	30	MAVENCLAD (8 TABS).....	19
KADIAN.....	7	levoxyl.....	30	MAVENCLAD (9 TABS).....	19
KANJINTI.....	13	LEXAPRO.....	11	MAVYRET.....	14
KAPSPARGO SPRINKLE.....	16	LEXETTE.....	20	MAXALT.....	12
kariva.....	29	LIALDA.....	32	MAXALT-MLT.....	12
KATERZIA.....	16	lidocaine.....	8	MAYZENT.....	19
KAZANO.....	22	lidocaine viscous hcl.....	19	meclizine hcl.....	11
KENALOG.....	20, 27	lidocaine-prilocaine.....	8	medroxyprogesterone acetate..	29
KEPPRA.....	10	LIDODERM.....	8	meloxicam.....	8
KEPPRA XR.....	10	LINZESS.....	26	memantine hcl.....	11
KERYDIN.....	12	liothyronine sodium.....	30	mesalamine.....	32
ketoconazole.....	12	LIPITOR.....	17	metaxalone.....	37
ketorolac tromethamine.....	8, 33	lisinopril.....	17	metformin hcl er.....	22
KITABIS PAK.....	36	lisinopril-hydrochlorothiazide....	17	metformin hcl er (mod).....	22
KLONOPIN.....	15	lithium carbonate.....	15	metformin hcl er (osm).....	22
klor-con m20.....	24	lithium carbonate er.....	15	metformin hcl ir.....	22
KOMBIGLYZE XR.....	22	LIVALO.....	17	methimazole.....	30
K-TAB.....	24	LO LOESTRIN FE.....	29	methocarbamol.....	37
kurvelo.....	29	LOESTRIN 1.5/30 (21).....	29	methotrexate.....	31
labetalol hcl.....	16	LOESTRIN 1/20 (21).....	29	methotrexate sodium.....	31
lactulose.....	26	LOESTRIN FE 1.5/30.....	29	methylphenidate hcl.....	18
LAMICTAL.....	10	LOESTRIN FE 1/20.....	29	methylphenidate hcl er.....	18
LAMICTAL ODT.....	10	LOKELMA.....	24	methylphenidate hcl er (la).....	18
LAMICTAL STARTER.....	10	LONHALA MAGNAIR REFILL		METHYLPHENIDATE HCL ER	
LAMICTAL XR.....	10	KIT.....	36	(XR).....	18
lamotrigine.....	10	LONHALA MAGNAIR		methylprednisolone.....	27
lamotrigine er.....	10	STARTER KIT.....	36	metoclopramide hcl.....	11
lansoprazole.....	25	lorazepam.....	15	metoprolol succinate er.....	17
LANTUS SOLOSTAR.....	24	LORZONE.....	37	metoprolol tartrate.....	17
LANTUS U-100 VIAL.....	24	losartan potassium.....	17	METROGEL.....	20
larin fe 1/20.....	29	losartan potassium-hctz.....	17	metronidazole.....	9, 21

MICARDIS.....	17	NEUPOGEN.....	15	NOVOLOG FLEXPEN.....	24
MICARDIS HCT.....	17	NEURONTIN.....	10	NOVOLOG MIX 70/30	
microgestin fe 1/20.....	29	NEVANAC.....	33	FLEXPEN.....	24
MINASTRIN 24 FE.....	30	NEXIUM.....	25	NOVOLOG MIX 70/30 VIAL.....	24
minocycline hcl.....	9	NEXLETOL.....	17	NOVOLOG PENFILL.....	24
MINOLIRA.....	9	NEXLIZET.....	17	NOVOLOG U-100 VIAL.....	24
MIRENA (52 MG).....	30	NIASPAN.....	17	NOVOTWIST PEN NEEDLE....	24
mirtazapine.....	11	nifedipine er.....	17	np thyroid.....	30
MIRVASO.....	21	nifedipine er osmotic release....	17	NUBEQA.....	13
MITIGARE.....	12	nikki.....	30	NUCALA.....	34
MOBIC.....	8	nitrofurantoin macrocrystal.....	9	NUCYNTA.....	7
modafinil.....	37	nitrofurantoin monohydrate		NUCYNTA ER.....	7
mometasone furoate.....	21, 34	macrocrystals.....	9	NULYTELY WITH FLAVOR	
mono-linyah.....	30	nitroglycerin.....	17	PACKS.....	26
MONOVISC.....	32	NITROSTAT.....	17	NURTEC.....	12
montelukast sodium.....	36	NITYR.....	26	NUTROPIN AQ NUSPIN 10.....	28
morphine sulfate er.....	7	NIVESTYM.....	15	NUTROPIN AQ NUSPIN 20.....	28
MOTEGRITY.....	26	NOCDURNA.....	28	NUTROPIN AQ NUSPIN 5.....	28
MOTOFEN.....	26	NORCO.....	7	NUVARING.....	30
MOVANTIK.....	26	NORDITROPIN FLEXPRO.....	28	NUVIGIL.....	37
MOVIPREP.....	26	norethindrone.....	30	NUWIQ.....	15
MOXEZA.....	33	norethindrone acetate.....	30	NUZYRA.....	9
MOXIFLOXACIN HCL.....	33	norethindrone acet-ethinyl est...30		nystatin.....	12
moxifloxacin hcl.....	33	NORGESIC FORTE.....	37	ODEFSEY.....	14
MS CONTIN.....	7	norgestimate-ethinyl estradiol		ofloxacin.....	33, 34
MULPLETA.....	15	triphasic.....	30	OGIVRI.....	13
MULTAQ.....	17	NORITATE.....	21	olanzapine.....	14
multivitamin/fluoride.....	25	nortrel 1/35 (21).....	30	olmesartan medoxomil.....	17
mupirocin.....	9	nortrel 1/35 (28).....	30	olmesartan medoxomil-hctz.....	17
MVASI.....	13	nortriptyline hcl.....	11	olmesartan-amlodipine-hctz.....	17
mycophenolate mofetil.....	31	NORVASC.....	17	olopatadine hcl.....	33
mycophenolate sodium.....	31	NOURIANZ.....	13	OLUMIANT.....	31
MYRBETRIQ.....	26	NOVOEIGHT.....	15	OMECLAMOX-PAK.....	26
nabumetone.....	8	NOVOFINE AUTOCOVER		omega-3-acid ethyl esters.....	17
nadolol.....	17	PEN NEEDLE.....	24	omeprazole.....	25
NALFON.....	8	NOVOFINE PEN NEEDLE.....	24	omeprazole-sodium	
NALOXONE HCL.....	8	NOVOFINE PLUS PEN		bicarbonate.....	25
naltrexone hcl.....	8	NEEDLE.....	24	OMNARIS.....	34
NAMZARIC.....	11	NOVOLIN 70/30 FLEXPEN.....	24	OMNITROPE.....	28
NAPRELAN.....	8	NOVOLIN 70/30 FLEXPEN		ondansetron hcl.....	11
naproxen.....	8	RELION.....	24	ondansetron odt.....	11
NARCAN.....	8	NOVOLIN 70/30 RELION.....	24	ONETOUCH ULTRA.....	23
NASCOBAL.....	25	NOVOLIN 70/30 VIAL.....	24	ONETOUCH VERIO KIT	
NASONEX.....	34	NOVOLIN N FLEXPEN.....	24	W/DEVICE.....	23
NATAZIA.....	30	NOVOLIN N FLEXPEN		ONEXTON.....	21
NATESTO.....	27	RELION.....	24	ONFI.....	10
NATROBA.....	13	NOVOLIN N RELION.....	24	ONGLYZA.....	22
NATURE-THROID.....	30	NOVOLIN N VIAL.....	24	ONZETRA XSAIL.....	12
NAYZILAM.....	10	NOVOLIN R FLEXPEN.....	24	OPSUMIT.....	36
neomycin-polymyxin-hc.....	34	NOVOLIN R FLEXPEN		ORACEA.....	21
NESINA.....	22	RELION.....	24	ORENCIA.....	31
NEULASTA.....	15	NOVOLIN R RELION.....	24	ORENCIA CLICKJECT.....	31
NEULASTA ONPRO.....	15	NOVOLIN R VIAL.....	24	ORENITRAM.....	36

ORILISSA.....	28	PATADAY.....	33	PROAIR DIGIHALER.....	36
ORPHENGESIC FORTE.....	37	PAXIL.....	11	PROAIR HFA.....	36
ORTHO MICRONOR.....	30	PAXIL CR.....	11	PROAIR RESPICLICK.....	36
ORTHOVISC.....	32	PAZEO.....	33	prochlorperazine maleate.....	11
oseltamivir phosphate.....	14	penicillin v potassium.....	9	PROCRIT.....	15
OSENI.....	22	PENNSAID.....	8	PROCTOFOAM HC.....	32
OSMOLEX ER.....	13	PENTASA.....	32	progesterone micronized.....	30
OSMOPREP.....	26	PERCOCET.....	7	PROGRAF.....	31
OSPHENA.....	27	PERFOROMIST.....	36	PROLENSA.....	33
OTEZLA.....	31	PERSERIS.....	14	PROLIA.....	32
OTOVEL.....	34	PERTZYE.....	26	promethazine hcl.....	34
OXBRYTA.....	32	phenazopyridine hcl.....	26	promethazine-codeine.....	34
oxcarbazepine.....	10	phentermine hcl.....	19	promethazine-dm.....	34
OXTELLAR XR.....	10	pioglitazone hcl.....	22	PROMETRIUM.....	30
oxybutynin chloride.....	26	PLAQUENIL.....	13	PROPECIA.....	21
oxybutynin chloride er.....	26	PLAVIX.....	13	propranolol hcl.....	17
oxycodone hcl.....	7	PLEGRIDY.....	19	propranolol hcl er.....	17
OXYCODONE HCL ER.....	7	PLEGRIDY STARTER PACK...	19	PROTONIX.....	25
oxycodone-acetaminophen.....	7	PLENVU.....	26	PROVENTIL HFA.....	36
OXYCONTIN.....	7	polymyxin b-trimethoprim.....	34	PROVIGIL.....	37
OZEMPIC.....	22	potassium chloride crys er.....	25	PROZAC.....	11
OZOBAX.....	37	potassium chloride er.....	25	pseudoephedrine-bromphen- dm.....	34
PALFORZIA (12 MG DAILY DOSE).....	32	potassium citrate er.....	25	PSORCON.....	21
PALFORZIA (120 MG DAILY DOSE).....	32	PRADAXA.....	10	PULMICORT FLEXHALER.....	36
PALFORZIA (160 MG DAILY DOSE).....	32	PRALUENT.....	17	PULMICORT SUSPENSION....	36
PALFORZIA (20 MG DAILY DOSE).....	32	pramipexole dihydrochloride....	13	PULMOZYME.....	36
PALFORZIA (200 MG DAILY DOSE).....	32	prasugrel hcl.....	13	PYLERA.....	26
PALFORZIA (240 MG DAILY DOSE).....	32	PRAVACHOL.....	17	QBREXZA.....	21
PALFORZIA (3 MG DAILY DOSE).....	32	pravastatin sodium.....	17	QMIIZ ODT.....	8
PALFORZIA (300 MG MAINTENANCE).....	32	prazosin hcl.....	17	QNASL.....	34
PALFORZIA (300 MG TITRATION).....	32	PRED FORTE.....	33	QNASL CHILDRENS.....	35
PALFORZIA (40 MG DAILY DOSE).....	32	prednisolone.....	27	QSYMIA.....	19
PALFORZIA (6 MG DAILY DOSE).....	33	prednisolone acetate.....	33	QTERN.....	22
PALFORZIA (80 MG DAILY DOSE).....	33	prednisolone sodium phosphate.....	27	QUDEXY XR.....	10
PALFORZIA INITIAL ESCALATION.....	33	prednisone.....	27	QUESTRAN.....	17
PANCREAZE.....	26	pregabalin.....	19	QUESTRAN LIGHT.....	17
PANDEL.....	21	PREGENNA.....	25	quetiapine fumarate.....	14
pantoprazole sodium.....	25	PREMARIN.....	30	quetiapine fumarate er.....	14
PANZYGA.....	31	PREMPHASE.....	30	QVAR REDIHALER.....	36
paroxetine hcl.....	11	PREMPRO.....	30	RABEPRAZOLE SODIUM.....	25
		PRENATE DHA.....	25	rabeprazole sodium.....	25
		PRENATE ELITE.....	25	ramipril.....	17
		PRENATE ENHANCE.....	25	RANEXA.....	17
		PRENATE ESSENTIAL.....	25	ranolazine er.....	17
		PRENATE MINI.....	25	RASUVO.....	31
		PRENATE PIXIE.....	25	RAYALDEE.....	32
		PRENATE RESTORE.....	25	RAYOS.....	27
		PREVACID.....	25	REBIF.....	19
		PREVACID SOLUTAB.....	25	REBIF REBIDOSE.....	19
		PREZCOBIX.....	14	REBIF REBIDOSE TITRATION PACK.....	19
		PRINIVIL.....	17	REBIF TITRATION PACK.....	19
		PRISTIQ.....	11		

RELAFEN DS.....	8	SEREVENT DISKUS.....	36	SUPREP BOWEL PREP KIT ....	26
RELISTOR.....	26	SERNIVO.....	21	syeda.....	30
RELPAK.....	12	SEROQUEL.....	14	SYMBICORT.....	36
REMICADE.....	31	SEROQUEL XR.....	14	SYMFI.....	14
REMODULIN.....	36	sertraline hcl.....	11	SYMFI LO.....	14
RENAGEL.....	26	SEYSARA.....	9	SYMJEPI.....	36
RENFLEXIS.....	31	sildenafil citrate.....	26, 36	SYMLINPEN 120.....	22
REPATHA.....	17	SILENOR.....	37	SYMLINPEN 60.....	22
REPATHA PUSHTRONEX		SILVADENE.....	9	SYMPAZAN.....	10
SYSTEM.....	17	SIMBRINZA.....	34	SYMPROIC.....	26
REPATHA SURECLICK.....	17	SIMPONI.....	31	SYNJARDY.....	22
RESTASIS.....	34	SIMPONI ARIA.....	31	SYNJARDY XR.....	22
RESTASIS MULTIDOSE.....	34	simvastatin.....	17	SYNTHROID.....	30
RESTORIL.....	37	SINGULAIR.....	36	SYNVISC.....	33
RETACRIT.....	15	sirolimus.....	31	SYNVISC ONE.....	33
RETIN-A.....	21	SKELAXIN.....	37	TACLONEX.....	21
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	21	SKYRIZI (150 MG DOSE).....	31	tacrolimus.....	21, 31
RETIN-A MICRO PUMP.....	21	SLYND.....	30	tadalafil.....	27
REVLIMID.....	13	sodium fluoride.....	25	TAKHZYRO.....	31
REXULTI.....	14	SODIUM HYALURONATE.....	33	TALTZ.....	31
REYVOW.....	12	SOFOSBUVIR-VELPATASVIR.....	14	TAMIFLU.....	14
RHOFADE.....	21	solifenacin succinate.....	27	tamoxifen citrate.....	13
RHOPRESSA.....	34	SOLQUA.....	22	tamsulosin hcl.....	27
RINVOQ.....	31	SOLODYN.....	9	TAPERDEX 12-DAY.....	27
RISPERDAL.....	14	SOLOSEC.....	9	TAPERDEX 6-DAY.....	27
risperidone.....	14	SOMA.....	37	TAPERDEX 7-DAY.....	27
RITALIN.....	18	SOOLANTRA.....	21	TARGADOX.....	9
RITALIN LA.....	18	SORILUX.....	21	TARGRETIN.....	13
rizatriptan benzoate.....	12	sotalol hcl.....	17	TAYTULLA.....	30
ROCKLATAN.....	34	SPIRIVA HANDIHALER.....	36	TAZORAC.....	21
ropinirole hcl.....	13	SPIRIVA RESPIMAT.....	36	TAZVERIK.....	13
rosuvastatin calcium.....	17	spironolactone.....	17	TECFIDERA.....	19
ROXICODONE.....	7	sprintec 28.....	30	TEGRETOL.....	10
RUBRACA.....	13	SPRIX.....	8	TEGRETOL-XR.....	10
RUCONEST.....	31	SPRYCEL.....	13	TEGSEDI.....	19
RUXIENCE.....	13	sronyx.....	30	TEKTURNA.....	17
RYBELSUS.....	22	STAXYN.....	27	TEKTURNA HCT.....	17
RYTARY.....	13	STEGLATRO.....	22	telmisartan.....	17
SABRIL.....	10	STEGLUJAN.....	22	telmisartan-hctz.....	17
SAFYRAL.....	30	STELARA.....	31	temazepam.....	37
SAIZEN.....	28	STENDRA.....	27	TEMIXYS.....	14
SAIZENPREP.....	28	STIOLTO RESPIMAT.....	36	temozolomide.....	13
SANCUSO.....	12	STRATTERA.....	18	TENORMIN.....	17
SANDOSTATIN.....	28	STRENSIQ.....	26	terazosin hcl.....	27
SAPHRIS.....	14	STRIVERDI RESPIMAT.....	36	terbinafine hcl.....	12
SAXENDA.....	19	SUBOXONE.....	8	terconazole.....	12
scopolamine.....	12	SUBSYS.....	7	TESTIM.....	27
SEASONIQUE.....	30	sucralfate.....	25	TESTOPEL.....	27
SECUADO.....	14	sulfamethoxazole-trimethoprim... 9		testosterone.....	27
SEEBRI NEOHALER.....	36	sulfasalazine.....	32	testosterone cypionate.....	27
SEGLUROMET.....	22	sumatriptan succinate.....	12	TIGLUTIK.....	19
SENSIPAR.....	32	SUNOSI.....	37	TIKOSYN.....	17
		SUPARTZ FX.....	33	timolol maleate.....	34

TIMOPTIC.....	34	TRINTELLIX.....	11	VIIBRYD STARTER PACK.....	11
TIMOPTIC OCUDOSE.....	34	tri-previfem.....	30	VIMOVO.....	8
TIMOPTIC-XE.....	34	tri-sprintec.....	30	VIMPAT.....	10
TIROSINT.....	30	TRIUMEQ.....	14	VIOKACE.....	26
TIROSINT-SOL.....	30	TRIVISC.....	33	viorele.....	30
TIVICAY.....	14	TROKENDI XR.....	10	VISCO-3.....	33
tizanidine hcl.....	37	TRULANCE.....	26	VITAFOL FE+.....	25
TOBI NEBULIZER.....	36	TRULICITY.....	22	VITAFOL-OB+DHA.....	25
TOBI PODHALER.....	36	TRUVADA.....	14	vitamin d (ergocalciferol).....	25
TOBRADEX.....	34	TRUXIMA.....	13	VITATHELY WITH GINGER.....	25
tobramycin.....	36	TUDORZA PRESSAIR.....	36	VIVELLE-DOT.....	30
TOBRAMYCIN.....	36	TYMLOS.....	32	VOGELXO.....	27
tobramycin-dexamethasone.....	34	UBRELVY.....	12	VOGELXO PUMP.....	27
TOLSURA.....	12	UCERIS.....	32	VOLTAREN.....	8
tolterodine tartrate er.....	27	UDENYCA.....	15	VOSEVI.....	14
TOPAMAX.....	10	ULTOMIRIS.....	15	VRAYLAR.....	14
TOPAMAX SPRINKLE.....	10	ULTRACET.....	7	VUMERITY.....	19
TOPICORT SPRAY.....	21	ULTRAM.....	7	VUMERITY (STARTER).....	19
topiramate.....	10	ULTRAVATE.....	21	VYLEESI.....	19
TOPROL XL.....	17	UTIBRON NEOHALER.....	36	VYONDYS 53.....	26
torse mide.....	17	VAGIFEM.....	30	VYTORIN.....	18
TOSYMRA.....	12	valacyclovir hcl.....	14	VYVANSE.....	18
TOUJEO MAX SOLOSTAR.....	24	VALIUM.....	15	VYZULTA.....	34
TOUJEO SOLOSTAR.....	24	valsartan.....	17	WAKIX.....	37
TOVIAZ.....	27	valsartan-hydrochlorothiazide...	17	warfarin sodium.....	10
TRACLEER.....	36	VALTOCO 10 MG DOSE.....	10	WELCHOL.....	18
TRADJENTA.....	22	VALTOCO 15 MG DOSE.....	10	WELLBUTRIN SR.....	11
TRAMADOL HCL ER.....	7	VALTOCO 20 MG DOSE.....	10	WELLBUTRIN XL.....	11
tramadol hcl ir.....	7	VALTOCO 5 MG DOSE.....	10	wixela inhub.....	36
TRAZIMERA.....	13	VALTRESX.....	14	XALATAN.....	34
trazodone hcl.....	11	VANADOM.....	37	XANAX.....	15
TREANDA.....	13	VARUBI (180 MG DOSE).....	12	XANAX XR.....	15
TRELEGY ELLIPTA.....	36	VASCEPA.....	18	XARELTO.....	10
TREMFYA.....	31	VECTICAL.....	21	XARELTO STARTER PACK.....	10
TRESIBA.....	24	VELPHORO.....	27	XCOPRI.....	10
TRESIBA FLEXTOUCH.....	24	VELTASSA.....	25	XCOPRI (250 MG DAILY	
tretinoin.....	21	VELTIN.....	21	DOSE).....	10
TREXIMET.....	12	VEMLIDY.....	14	XCOPRI (350 MG DAILY	
TREZIX.....	7	venlafaxine hcl.....	11	DOSE).....	10
tri femynor.....	30	venlafaxine hcl er.....	11	XELJANZ.....	31
triamcinolone acetonide.....	21	VENTOLIN HFA.....	36	XELJANZ XR.....	32
triamterene-hctz.....	17	verapamil hcl er.....	18	XEMBIFY.....	32
TRIANEX.....	21	VERDESO.....	21	XENLETA.....	9
triazolam.....	15	VESICARE.....	27	XEPI.....	9
TRIBENZOR.....	17	V-GO 20.....	23	XHANCE.....	35
TRICOR.....	17	V-GO 30.....	23	XIGDUO XR.....	22
TRIJARDY XR.....	22	V-GO 40.....	23	XIIDRA.....	34
TRIKAFTA.....	36	VIAGRA.....	27	XIMINO.....	9
TRILEPTAL.....	10	VIBERZI.....	26	XOFLUZA (40 MG DOSE).....	14
tri-lo-marzia.....	30	VICTOZA.....	22	XOFLUZA (80 MG DOSE).....	14
tri-lo-sprintec.....	30	vienva.....	30	XOLAIR.....	35
TRILURON.....	33	VIGAMOX.....	33	XOPENEX HFA.....	36
TRINAZ.....	25	VIIBRYD.....	11	XTAMPZA ER.....	7

XTANDI.....	13
xulane.....	30
XYOSTED.....	27
XYREM.....	37
YASMIN 28.....	30
YAZ.....	30
YONSA.....	13
YOSPRALA.....	13
YUPELRI.....	36
ZALVIT.....	25
ZANAFLEX.....	37
ZARXIO.....	15
ZEGERID.....	25
ZEJULA.....	13
ZELNORM.....	26
ZEMBRACE SYMTOUCH.....	12
ZENPEP.....	26
ZESTRIL.....	18
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ZETONNA.....	35
ZIANA.....	21
ZIEXTENZO.....	15
ZIOPTAN.....	34
ziprasidone hcl.....	14
ZIPSOR.....	8
ZIRABEV.....	13
ZOCOR.....	18
ZOHYDRO ER.....	8
ZOLOFT.....	11
zolpidem tartrate.....	37
zolpidem tartrate er.....	37
ZOMACTON.....	28
ZOMACTON (FOR ZOMA-JET 10).....	28
ZOMIG.....	12
ZOMIG ZMT.....	12
ZONEGRAN.....	11
zonisamide.....	11
ZORVOLEX.....	8
ZOVIRAX.....	14
ZTLIDO.....	8
ZUBSOLV.....	8
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ZYCLARA PUMP.....	21
ZYPITAMAG.....	18
ZYPREXA.....	14
ZYTIGA.....	13



## Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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



## Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً 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 है। 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.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមទាក់ទងយុទ្ធសាស្ត្រសេវាជំនួយភាសាខ្មែរសម្រាប់អ្នកដែលនិយាយភាសាខ្មែរ។ សូមទាក់ទងលេខទូរស័ព្ទសេវាជំនួយភាសាខ្មែរសម្រាប់អ្នកដែលនិយាយភាសាខ្មែរ។

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 shqodí ninaaltsos nít'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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WF3650958-A\_ORX\_Premium Standard Booklet\_010121 67238G-062020 **Premium Standard**