

Your 2021 Select 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 member website or call the number on your member ID card.

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

Generic medications contain the same active ingredients (offers the same benefits) 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 chronic 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.

Over-the-counter medications

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

Reading your formulary

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

Tier information

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

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

Drug list information

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

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

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
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 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
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
etodolac oral tablet	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	ST
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
Anesthetics		
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	3	++; QL
CHANTIX CONTINUING 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
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
ZUBSOLV	2	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
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
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral tablet	1	
XENLETA ORAL	3	
XEPI	3	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	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
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL	3	ST
carbamazepine oral tablet	1	
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	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	QL
oxcarbazepine oral tablet	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
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 ORAL	3	
XCOPRI	3	ST
XCOPRI (250 MG DAILY DOSE)	3	ST
XCOPRI (350 MG DAILY DOSE)	3	ST
zonisamide oral	1	

Drug Name	Drug Tier	Notes
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	ST; M; 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	ST; QL
mirtazapine oral tablet	1	
nortriptyline 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
paroxetine hcl	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet 10 mg	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
KERYDIN	3	PA; ++
ketoconazole external cream	1	

Drug Name	Drug Tier	Notes
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
febuxostat	1	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
NURTEC	2	PA; QL
REYVOW	3	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA; QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; 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

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
MVASI	2	PA; SP
NUBEQA	3	PA; 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
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
XTANDI	3	PA; SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
NOURIANZ	3	PA
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	

Drug Name	Drug Tier	Notes
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral tablet	1	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR ORAL CAPSULE	3	ST; QL
VRAYLAR ORAL CAPSULE THERAPY PACK	3	QL
ziprasidone hcl	1	QL
Antivirals		
acyclovir oral capsule	1	
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	PA
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
SYMFI	2	
SYMFI LO	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
TAMIFLU ORAL CAPSULE 75 MG	3	QL
TIVICAY	2	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	
TRUVADA ORAL TABLET 200-300 MG	3	PA
valacyclovir hcl oral	1	QL
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	

Drug Name	Drug Tier	Notes
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
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
JIVI	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
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	

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
atorvastatin calcium oral	1	
benazepril hcl oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	

Drug Name	Drug Tier	Notes
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 oral	1	
losartan potassium-hctz	1	
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
pravastatin sodium	1	

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Drug Name	Drug Tier	Notes
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
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	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	PA; ST; QL

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
EVEKEO ODT	3	PA; QL
guanfacine hcl er	1	
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
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
GILENYA	3	PA; 3P; SP; QL
glatiramer acetate	1	PA; 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
MAVENCLAD (10 TABS)	3	PA; 3P; SP
MAVENCLAD (4 TABS)	3	PA; 3P; SP
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
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL
VUMERITY	2	PA; SP; QL
VUMERITY (STARTER)	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; ++; QL
AUSTEDO	3	PA; SP; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
phentermine hcl oral tablet	1	PA; ++
pregabalin oral capsule	1	QL
QSYMIA	3	PA; ++
SAXENDA	3	PA; ++

Drug Name	Drug Tier	Notes
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; SP; QL
VYLEESI	3	PA; ++; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ABSORICA LD	3	PA
ACZONE EXTERNAL GEL 7.5 %	2	
AMZEEQ	3	
betamethasone dipropionate external cream	1	
BRYHALI	3	
claravis	1	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST; M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	

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

Drug Name	Drug Tier	Notes
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external cream	1	
FLUOROPLEX	3	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
ONEXTON	3	
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA; ++
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
TACLONEX	3	QL

Drug Name	Drug Tier	Notes
tacrolimus external ointment	1	
tretinoin external cream	1	PA; ++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
Diabetes - Antidiabetic Agents		
BYDUREON	2	ST; QL
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKANA	3	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	
RYBELSUS	2	ST; QL
SOLIQUA	2	ST; 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
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRIJARDY XR	2	ST
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
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK GUIDE TEST STRIPS	3	ST; ++; QL
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	++

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	3	ST; ++; QL
ONETOUCH VERIO TEST STRIPS	3	ST; ++; QL
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
Diabetes - Glycemic Agents		
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	
Diabetes - Insulins		
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	++

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
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	++
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTOUCH	2	++
LEVEMIR U-100 VIAL	2	++
NOVOFINE AUTOCOVER PEN NEEDLE	2	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
NOVOLIN 70/30 FLEXPEN	2	++
NOVOLIN 70/30 VIAL	2	++
NOVOLIN N FLEXPEN	2	++

Drug Name	Drug Tier	Notes
NOVOLIN N VIAL	2	++
NOVOLIN R FLEXPEN	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	++
Electrolytes / Minerals / Metals / Vitamins		
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
klor-con m20	1	
LOKELMA	3	
potassium chloride cryster	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++

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
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
OMECLAMOX-PAK	2	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	3	ST; QL

Drug Name	Drug Tier	Notes
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	2	PA; SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DEPEN TITRATABS	2	SP
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
solifenacin succinate	1	
STENDRA	3	++; QL
tadalafil oral	1	++; QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	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
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
Hormonal Agents - Adrenal		
dexamethasone oral tablet	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
testosterone cypionate intramuscular	1	PA

Drug Name	Drug Tier	Notes
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
XYOSTED	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
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/Merk; ++; 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

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
NOCDURNA	3	
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
ORLISSA	2	PA; QL
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	++
aviane	1	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
CLIMARA PRO	2	
cryselle-28	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	

Drug Name	Drug Tier	Notes
eluryng	1	++
ENDOMETRIN	2	++
enskyce	1	++
estarylla	1	++
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
femynor	1	++
gianvi	1	++
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

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
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	3	++
low-ogestrel	1	++
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
microgestin fe 1/20	1	++
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	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	++
sronyx	1	++
syeda	1	++
TAYTULLA	3	++
tri femynor	1	++
tri-lo-marzia	1	++

Drug Name	Drug Tier	Notes
tri-lo-sprintec	1	++
tri-previfem	1	++
tri-sprintec	1	++
vienva	1	++
viorele	1	++
xulane	1	++
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
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	3	ST
TIROSINT	3	
TIROSINT-SOL	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
azathioprine oral	1	
CIMZIA	2	PA; SP

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
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 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	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA CLICKJECT	3	PA; 3P; SP

Drug Name	Drug Tier	Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA; 3P; SP
OTEZLA	2	PA; SP
PROGRAF ORAL CAPSULE	3	SP
RASUVO	2	PA; QL
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
XELJANZ XR	2	PA; SP
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
DIPENTUM	3	
LIALDA	3	ST
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	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
sulfasalazine oral tablet	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
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
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
ENDARI	3	PA
EUFLEXXA	2	PA; SP
GELSYN-3	2	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	

Drug Name	Drug Tier	Notes
erythromycin 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
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	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
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
polymyxin b- trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
tobramycin- dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate	1	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
hydrocodone polst- chlorphen polst er susp	1	PA; QL
ipratropium bromide nasal	1	
NUCALA	2	PA; SP; QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL

Drug Name	Drug Tier	Notes
promethazine-dm	1	
pseudoephedrine- bromphen-dm oral syrup	1	
XOLAIR	2	PA; SP
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	M; QL
albuterol sulfate inhalation	1	QL
ALVESCO	3	ST; QL
ANORO ELLIPTA	2	QL
ARNUIITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	3	ST
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL

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

Drug Name	Drug Tier	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	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	
PERFOROMIST	3	QL
PROAIR HFA	3	ST; QL
PROAIR RESPICLICK	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	1	QL
YUPELRI	3	QL

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
PULMOZYME	2	PA; SP
TOBI PODHALER	3	SP; QL
TRIKAFTA	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; 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
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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ABSORICA LD.....	15	apri.....	21	BOTOX.....	24
ACCU-CHEK FASTCLIX		APRISO.....	23	BREO ELLIPTA.....	25
LANCET KIT.....	17	ARAKODA.....	11	BRILINTA.....	11
ACCU-CHEK GUIDE KIT		ARANESP (ALBUMIN FREE)...	12	brimonidine tartrate.....	24
W/DEVICE.....	17	aripiprazole.....	11	BRIVIACT.....	9
ACCU-CHEK SOFTCLIX		armodafinil.....	26	BRYHALI.....	15
LANCET DEVICE KIT.....	17	ARMOUR THYROID.....	22	budesonide.....	25
acetaminophen-codeine.....	7	ARNUITY ELLIPTA.....	25	bumetanide.....	13
acetaminophen-codeine #2.....	7	atenolol.....	12	BUNAVAIL.....	7
acetaminophen-codeine #3.....	7	atenolol-chlorthalidone.....	12	buprenorphine hcl.....	7
acetaminophen-codeine #4.....	7	atomoxetine hcl.....	14	buprenorphine hcl-naloxone	
ACTEMRA.....	22	atorvastatin calcium.....	13	hcl.....	7
ACTEMRA ACTPEN.....	22	ATROVENT HFA.....	25	bupropion hcl.....	9
ACTHAR.....	20	AUBAGIO.....	14	bupropion hcl er (sr).....	9
acyclovir.....	11	AURYXIA.....	19	bupropion hcl er (xl).....	9
ACZONE.....	15	AUSTEDO.....	15	BUPROPION HCL ER (XL).....	9
ADDERALL XR.....	14	aviane.....	21	buspirone hcl.....	12
ADDYI.....	15	AVONEX PEN.....	14	butalbital-apap-caffeine.....	7
ADEMPAS.....	26	AVONEX PREFILLED.....	14	BYDUREON.....	16
ADVAIR DISKUS.....	25	AZASITE.....	24	BYDUREON BCISE	
ADVAIR HFA.....	25	azathioprine.....	22	AUTOINJECTOR.....	16
ADYNOVATE.....	12	azelastine hcl.....	25	BYETTA 10 MCG PEN.....	16
AFSTYLA.....	12	azithromycin.....	8	BYETTA 5 MCG PEN.....	16
AIMOVIG.....	10	AZOPT.....	24	BYSTOLIC.....	13
albuterol sulfate.....	25	baclofen.....	26	cabergoline.....	20
albuterol sulfate hfa.....	25	BAFIERTAM.....	14	CABOMETYX.....	10
ALBUTEROL SULFATE HFA... 25		BAQSIMI ONE PACK.....	17	calcitriol.....	24
alendronate sodium.....	24	BAQSIMI TWO PACK.....	17	candesartan cilexetil.....	13
alfuzosin hcl er.....	20	BD AUTOSHIELD DUO PEN		capecitabine.....	10
allopurinol.....	10	NEEDLES.....	17	carbamazepine.....	9
ALPHAGAN P.....	24	BD ULTRA-FINE INSULIN		carbidopa-levodopa.....	11
alprazolam.....	12	SYRINGES.....	17	carisoprodol.....	26
ALVESCO.....	25	BD ULTRA-FINE PEN		cartia xt.....	13
amiodarone hcl.....	12	NEEDLES.....	17	carvedilol.....	13
amitriptyline hcl.....	9	BD VEO INSULIN SYR U/F		cefdinir.....	8
amlodipine besylate.....	12	1/2UNIT.....	17	cefuroxime axetil.....	8
amlodipine besylate-benazepril		BELBUCA.....	7	celecoxib.....	7
hcl.....	12	benazepril hcl.....	13	cephalexin.....	8
amlodipine besylate-valsartan.. 12		benzonatate.....	25	CERDELGA.....	19
amlodipine-olmesartan.....	12	benztropine mesylate.....	11	CHANTIX.....	7
amoxicillin.....	8	BESIVANCE.....	24	CHANTIX CONTINUING	
amoxicillin-potassium		betamethasone dipropionate.... 15		MONTH PAK.....	7
clavulanate.....	8	BETASERON.....	14	CHANTIX STARTING MONTH	
amphetamine-		BETHKIS.....	26	PAK.....	8
dextroamphetamine.....	14	BETIMOL.....	24	chlorhexidine gluconate.....	15
amphetamine-		BIJUVA.....	21	chlorthalidone.....	13
dextroamphetamine er.....	14	BIKTARVY.....	11	ciclopirox.....	10
AMPYRA.....	14	BINOSTO.....	24	CIMDUO.....	11
AMZEEQ.....	15	bisoprolol fumarate.....	13	CIMZIA.....	22
anastrozole.....	10	bisoprolol-hydrochlorothiazide.. 13		CIMZIA PREFILLED KIT.....	23
ANDRODERM.....	20	blisovi 24 fe.....	21	CIMZIA STARTER KIT.....	23
ANORO ELLIPTA.....	25	blisovi fe 1.5/30.....	21	CIPRODEX.....	25

ciprofloxacin hcl.....	8, 24	DIFICID.....	8	ergocalciferol.....	18
citalopram hydrobromide.....	9	digoxin.....	13	erythromycin.....	24
claravis.....	15	diltiazem hcl er coated beads... ..	13	escitalopram oxalate.....	9
clarithromycin.....	8	dilt-xr.....	13	estarylla.....	21
CLENPIQ.....	19	DIPENTUM.....	23	estradiol.....	21
CLIMARA PRO.....	21	diphenoxylate-atropine.....	19	ESTROGEL.....	21
clindamycin hcl.....	8	divalproex sodium.....	9	eszopiclone.....	26
clindamycin phosphate.....	15	divalproex sodium er.....	9	etodolac.....	7
CLINDAMYCIN PHOSPHATE..	15	DIVIGEL.....	21	etonogestrel-ethinyl estradiol....	21
clindamycin phosphate- benzoyl peroxide.....	15	donepezil hcl.....	9	EUCRISA.....	16
CLINDESSE.....	8	dorzolamide hcl-timolol mal.....	24	EUFLEXXA.....	24
clobetasol propionate.....	15, 16	dotti.....	21	euthyrox.....	22
clonazepam.....	12	DOVATO.....	11	EVAMIST.....	21
clonidine hcl.....	13	doxazosin mesylate.....	13	EVEKEO ODT.....	14
clopidogrel bisulfate.....	11	doxepin hcl.....	9	ezetimibe.....	13
clotrimazole.....	10	doxycycline hyclate.....	8	ezetimibe-simvastatin.....	13
clotrimazole-betamethasone.....	10	doxycycline monohydrate.....	8	FARXIGA.....	16
colchicine.....	10	drosiprenone-ethinyl estradiol... ..	21	FASENRA.....	25
COMBIGAN.....	24	DUAVEE.....	21	FASENRA PEN.....	25
COMBIVENT RESPIMAT.....	25	duloxetine hcl.....	9	febuxostat.....	10
CONTOUR CONTROL.....	17	DUPIXENT.....	16	femynor.....	21
CONTOUR MONITOR.....	17	DUROLANE.....	24	fenofibrate.....	13
CONTOUR NEXT CONTROL... ..	17	dutasteride.....	20	fenofibrate micronized.....	13
CONTOUR NEXT MONITOR... ..	17	DYMISTA.....	25	fenofibric acid.....	13
CONTOUR NEXT TEST.....	17	EDARBI.....	13	fentanyl.....	7
CONTOUR TEST.....	17	EDARBYCLOR.....	13	FINACEA.....	16
COPAXONE.....	14	ELESTRIN.....	21	finasteride.....	20
CORLANOR.....	13	eletriptan hydrobromide.....	10	FIRAZYR.....	23
COSENTYX SENSOREADY (300 MG).....	23	ELIQUIS.....	8	flecainide acetate.....	13
COSENTYX SENSOREADY PEN.....	23	ELIQUIS DVT/PE STARTER PACK.....	8	FLOVENT DISKUS.....	25
CREON.....	19	ELOCTATE.....	12	FLOVENT HFA.....	25
CRESEMBA.....	10	eluryng.....	21	fluconazole.....	10
cryselle-28.....	21	EMGALITY.....	10	fluocinonide.....	16
cyclobenzaprine hcl.....	26	EMGALITY (300 MG DOSE)....	10	FLUROPLEX.....	16
cyclosporine modified.....	23	EMVERM.....	11	fluoxetine hcl.....	9
cyproheptadine hcl.....	25	enalapril maleate.....	13	fluticasone-salmeterol.....	26
DEPEN TITRATABS.....	19	ENBREL.....	23	fluvoxamine maleate.....	9
DESCOVY.....	11	ENBREL MINI.....	23	folic acid.....	18
desvenlafaxine succinate er.....	9	ENBREL SURECLICK.....	23	FOLLISTIM AQ.....	20
dexamethasone.....	20	ENDARI.....	24	FORFIVO XL.....	9
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	17	ENDOMETRIN.....	21	FORTEO.....	24
dexmethylphenidate hcl.....	14	enoxaparin sodium.....	8	FREESTYLE LIBRE 14 DAY READER.....	17
dexmethylphenidate hcl er.....	14	enskyce.....	21	FREESTYLE LIBRE 14 DAY SENSOR.....	17
diazepam.....	12	ENSTILAR.....	16	FREESTYLE LIBRE READER..	17
diclofenac sodium.....	7	entecavir.....	11	FREESTYLE LIBRE SENSOR	
dicyclomine hcl.....	19	ENTRESTO.....	13	SYSTEM.....	17
		EPCLUSA.....	11	furosemide.....	13
		EPIDIOLEX.....	9	FYCOMPA.....	9
		EPIDUO FORTE.....	16	gabapentin.....	9
		epinephrine.....	25	ganirelix acetate.....	20
		EPIPEN 2-PAK.....	25	gavilyte-g.....	19
		EPIPEN JR 2-PAK.....	25		

GELSYN-3.....	24	hydrocodone-acetaminophen.....	7	lamotrigine.....	9
gemfibrozil.....	13	hydrocortisone.....	16, 20	lamotrigine er.....	9
GENVOYA.....	11	hydromorphone hcl.....	7	LANTUS SOLOSTAR.....	18
gianvi.....	21	hydroxychloroquine sulfate.....	11	LANTUS U-100 VIAL.....	18
GILENYA.....	14	hydroxyzine hcl.....	12	larin fe 1/20.....	21
glatiramer acetate.....	14	hydroxyzine pamoate.....	12	larissia.....	21
glimepiride.....	16	hyoscyamine sulfate.....	19	latanoprost.....	24
glipizide er.....	16	hyoscyamine sulfate sl.....	19	LATUDA.....	11
glipizide ir.....	16	HYSINGLA ER.....	7	leflunomide.....	23
GLUCAGON EMERGENCY KIT.....	17	ibandronate sodium.....	24	lessina.....	21
glyburide.....	16	IBRANCE.....	10	letrozole.....	10
glycopyrrolate.....	19	ibuprofen.....	7	LEVEMIR U-100 FLEXTOUCH.....	18
GLYCOPYRROLATE.....	19	IDHIFA.....	10	LEVEMIR U-100 VIAL.....	18
GLYXAMBI.....	16	imatinib mesylate.....	10	levetiracetam.....	9
GRALISE.....	15	IMBRUVICA.....	10	levofloxacin.....	8
guanfacine hcl.....	13	IMVEXXY MAINTENANCE PACK.....	21	levonorgest-eth est & eth est... ..	21
guanfacine hcl er.....	14	IMVEXXY STARTER PACK.....	21	levonorgest-eth estrad 91-day..	21
GVOKE PFS.....	17	INBRIJA.....	11	levonorgestrel-ethinyl estrad.....	22
GYNAZOLE-1.....	10	INDOMETHACIN.....	7	levothyroxine sodium.....	22
HAEGARDA.....	23	indomethacin.....	7	levoxyl.....	22
HARVONI.....	11	INFLECTRA.....	23	LIALDA.....	23
HEMANGEOL.....	13	INVELTYS.....	24	lidocaine.....	7
HORIZANT.....	15	INVOKANA.....	16	lidocaine viscous hcl.....	15
HUMALOG KWIKPEN.....	18	ipratropium bromide.....	25	lidocaine-prilocaine.....	7
HUMALOG MIX 50/50 KWIKPEN.....	18	ipratropium-albuterol.....	26	LINZESS.....	19
HUMALOG MIX 50/50 VIAL.....	18	irbesartan.....	13	liothyronine sodium.....	22
HUMALOG MIX 75/25 KWIKPEN.....	18	irbesartan-hydrochlorothiazide..	13	lisinopril.....	13
HUMALOG MIX 75/25 VIAL.....	18	isibloom.....	21	lisinopril-hydrochlorothiazide.....	13
HUMALOG U-100 JUNIOR KWIKPEN.....	18	isosorbide mononitrate er.....	13	lithium carbonate.....	12
HUMALOG VIAL.....	18	JANUMET.....	16	lithium carbonate er.....	12
HUMIRA.....	23	JANUMET XR.....	16	LIVALO.....	13
HUMIRA PEDIATRIC CROHNS START.....	23	JANUVIA.....	16	LO LOESTRIN FE.....	22
HUMIRA PEN.....	23	JARDIANCE.....	16	LOKELMA.....	18
HUMIRA PEN-CD/UC/HS STARTER.....	23	JENTADUETO.....	16	LONHALA MAGNAIR REFILL KIT.....	26
HUMIRA PEN-PS/UV/ADOL HS START.....	23	JENTADUETO XR.....	16	LONHALA MAGNAIR STARTER KIT.....	26
HUMULIN 70/30 KWIKPEN.....	18	JIVI.....	12	lorazepam.....	12
HUMULIN 70/30 VIAL.....	18	JORNAY PM.....	14	LORZONE.....	26
HUMULIN N KWIKPEN.....	18	JULUCA.....	11	losartan potassium.....	13
HUMULIN N VIAL.....	18	junel 1.5/30.....	21	losartan potassium-hctz.....	13
HUMULIN R U-500 KWIKPEN..	18	junel 1/20.....	21	LOTEMAX.....	24
HUMULIN R U-500 VIAL.....	18	junel fe 1.5/30.....	21	LOTEMAX SM.....	24
HUMULIN R VIAL.....	18	junel fe 1/20.....	21	lovastatin.....	13
hydralazine hcl.....	13	junel fe 24.....	21	low-ogestrel.....	22
hydrochlorothiazide.....	13	KANJINTI.....	10	LUMIGAN.....	24
hydrocodone polst-chlorphen polst er susp.....	25	kariva.....	21	LUPRON DEPOT (1-MONTH)..	20
		KERYDIN.....	10	LUPRON DEPOT (3-MONTH)..	20
		ketoconazole.....	10	LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG..	20
		ketorolac tromethamine.....	7, 24	LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG..	20
		klor-con m20.....	18	LYNPARZA.....	10
		kurvelo.....	21		
		labetalol hcl.....	13		
		lactulose.....	19		

MAKENA.....	22	MYRBETRIQ.....	19	NOVOLOG U-100 VIAL.....	18
MAVENCLAD (10 TABS).....	15	nabumetone.....	7	NOVOTWIST PEN NEEDLE....	18
MAVENCLAD (4 TABS).....	15	nadolol.....	13	np thyroid.....	22
MAVENCLAD (5 TABS).....	15	naltrexone hcl.....	8	NUBEQA.....	11
MAVENCLAD (6 TABS).....	15	NAMZARIC.....	9	NUCALA.....	25
MAVENCLAD (7 TABS).....	15	NAPRELAN.....	7	NUCYNTA.....	7
MAVENCLAD (8 TABS).....	15	naproxen.....	7	NURTEC.....	10
MAVENCLAD (9 TABS).....	15	NARCAN.....	8	NUTROPIN AQ NUSPIN 10....	21
MAVYRET.....	11	NATAZIA.....	22	NUTROPIN AQ NUSPIN 20....	21
MAYZENT.....	15	NATURE-THROID.....	22	NUTROPIN AQ NUSPIN 5....	21
meclizine hcl.....	10	NAYZILAM.....	9	NUVARING.....	22
medroxyprogesterone acetate..	22	neomycin-polymyxin-hc.....	25	NUWIQ.....	12
meloxicam.....	7	NEULASTA.....	12	NUZYRA.....	8
memantine hcl.....	9	NEULASTA ONPRO.....	12	nystatin.....	10
mesalamine.....	23	NEXLETOL.....	13	ODEFSEY.....	11
metaxalone.....	26	NEXLIZET.....	13	ofloxacin.....	24, 25
metformin hcl er.....	16	nifedipine er.....	13	olanzapine.....	11
metformin hcl er (mod).....	16	nifedipine er osmotic release....	13	olmesartan medoxomil.....	13
metformin hcl er (osm).....	16	nikki.....	22	olmesartan medoxomil-hctz.....	13
metformin hcl ir.....	16	nitrofurantoin macrocrystal.....	8	olmesartan-amlodipine-hctz.....	13
methimazole.....	22	nitrofurantoin monohydrate		olopatadine hcl.....	24
methocarbamol.....	26	macrocrystals.....	8	OMECLAMOX-PAK.....	19
methotrexate.....	23	nitroglycerin.....	13	omega-3-acid ethyl esters.....	13
methotrexate sodium.....	23	NITYR.....	19	omeprazole.....	19
methylphenidate hcl.....	14	NIVESTYM.....	12	ondansetron hcl.....	10
methylphenidate hcl er.....	14	NOCDURNA.....	21	ondansetron odt.....	10
methylphenidate hcl er (1a).....	14	NORDITROPIN FLEXPEN.....	21	ONETOUCH ULTRA.....	17
METHYLPHENIDATE HCL ER		norethindrone.....	22	ONETOUCH VERIO KIT	
(XR).....	14	norethindrone acetate.....	22	W/DEVICE.....	17
methylprednisolone.....	20	norethindrone acet-ethinyl est...22		ONEXTON.....	16
metoclopramide hcl.....	10	norgestimate-ethinyl estradiol		OPSUMIT.....	26
metoprolol succinate er.....	13	triphasic.....	22	ORENCIA.....	23
metoprolol tartrate.....	13	nortrel 1/35 (21).....	22	ORENCIA CLICKJECT.....	23
metronidazole.....	8, 16	nortrel 1/35 (28).....	22	ORENITRAM.....	26
microgestin fe 1/20.....	22	nortriptyline hcl.....	9	ORILISSA.....	21
minocycline hcl.....	8	NOURIANZ.....	11	oseltamivir phosphate.....	11
mirtazapine.....	9	NOVOEIGHT.....	12	OSPHENA.....	20
MIRVASO.....	16	NOVOFINE AUTOCOVER		OTEZLA.....	23
modafinil.....	26	PEN NEEDLE.....	18	OTOVEL.....	25
mometasone furoate.....	16	NOVOFINE PEN NEEDLE.....	18	oxcarbazepine.....	9
mono-lynyah.....	22	NOVOFINE PLUS PEN		oxybutynin chloride.....	19
montelukast sodium.....	26	NEEDLE.....	18	oxybutynin chloride er.....	19
morphine sulfate er.....	7	NOVOLIN 70/30 FLEXPEN.....	18	oxycodone hcl.....	7
MOTEGRITY.....	19	NOVOLIN 70/30 VIAL.....	18	oxycodone-acetaminophen.....	7
MOVANTIK.....	19	NOVOLIN N FLEXPEN.....	18	OXYCONTIN.....	7
MOXEZA.....	24	NOVOLIN N VIAL.....	18	OZEMPIC.....	16
moxifloxacin hcl.....	24	NOVOLIN R FLEXPEN.....	18	pantoprazole sodium.....	19
MULPLETA.....	12	NOVOLIN R VIAL.....	18	paroxetine hcl.....	10
MULTAQ.....	13	NOVOLOG FLEXPEN.....	18	PAZEO.....	24
mupirocin.....	8	NOVOLOG MIX 70/30		penicillin v potassium.....	8
MVASI.....	11	FLEXPEN.....	18	PENTASA.....	23
mycophenolate mofetil.....	23	NOVOLOG MIX 70/30 VIAL.....	18	PERFOROMIST.....	26
mycophenolate sodium.....	23	NOVOLOG PENFILL.....	18	phenazopyridine hcl.....	19

phentermine hcl.....	15	REBIF TITRATION PACK.....	15	STENDRA.....	19
pioglitazone hcl.....	16	RENFLEXIS.....	23	STIOLTO RESPIMAT.....	26
polymyxin b-trimethoprim.....	25	REPATHA.....	14	STRENSIQ.....	19
potassium chloride crys er.....	18	REPATHA PUSHTRONEX		STRIVERDI RESPIMAT.....	26
potassium chloride er.....	18	SYSTEM.....	14	sucralfate.....	19
potassium citrate er.....	18	REPATHA SURECLICK.....	14	sulfamethoxazole-trimethoprim...8	
PRADAXA.....	8	RESTASIS.....	25	sulfasalazine.....	24
PRALUENT.....	13	RESTASIS MULTIDOSE.....	25	sumatriptan succinate.....	10
pramipexole dihydrochloride.....	11	RETACRIT.....	12	SUNOSI.....	26
prasugrel hcl.....	11	RETIN-A MICRO PUMP.....	16	SUPREP BOWEL PREP KIT....	19
pravastatin sodium.....	13	REVLIMID.....	11	syeda.....	22
prazosin hcl.....	14	REXULTI.....	11	SYMBICORT.....	26
prednisolone.....	20	REYVOW.....	10	SYMFI.....	11
prednisolone acetate.....	24	RHOFADE.....	16	SYMFI LO.....	11
prednisolone sodium		RHOPRESSA.....	24	SYMJEPI.....	26
phosphate.....	20	RINVOQ.....	23	SYMLINPEN 120.....	17
prednisone.....	20	risperidone.....	11	SYMLINPEN 60.....	17
pregabalin.....	15	rizatriptan benzoate.....	10	SYMPAZAN.....	9
PREMARIN.....	22	ROCKLATAN.....	24	SYMPROIC.....	19
PREMPHASE.....	22	ropinirole hcl.....	11	SYNJARDY.....	17
PREMPRO.....	22	rosuvastatin calcium.....	14	SYNJARDY XR.....	17
PREZCOBIX.....	11	RUBRACA.....	11	SYNTHROID.....	22
PROAIR HFA.....	26	RUCONEST.....	23	TACLONEX.....	16
PROAIR RESPICLICK.....	26	RUXIENCE.....	11	tacrolimus.....	16, 23
prochlorperazine maleate.....	10	RYBELSUS.....	16	tadalafil.....	19
PROCTOFOAM HC.....	23	RYTARY.....	11	TAKHZYRO.....	23
progesterone micronized.....	22	SAPHRIS.....	11	TALTZ.....	23
PROGRAF.....	23	SAXENDA.....	15	TAMIFLU.....	12
PROLENSA.....	24	scopolamine.....	10	tamoxifen citrate.....	11
PROLIA.....	24	SEREVENT DISKUS.....	26	tamsulosin hcl.....	20
promethazine hcl.....	25	SERNIVO.....	16	TAPERDEX 12-DAY.....	20
promethazine-codeine.....	25	sertraline hcl.....	10	TAPERDEX 6-DAY.....	20
promethazine-dm.....	25	SEYSARA.....	8	TAPERDEX 7-DAY.....	20
propranolol hcl.....	14	sildenafil citrate.....	19, 26	TARGRETIN.....	11
propranolol hcl er.....	14	SILENOR.....	26	TAYTULLA.....	22
pseudoephedrine-bromphen-		SIMBRINZA.....	24	TECFIDERA.....	15
dm.....	25	SIMPONI.....	23	TEGSEDI.....	15
PULMICORT FLEXHALER.....	26	SIMPONI ARIA.....	23	TEKTURNA.....	14
PULMOZYME.....	26	simvastatin.....	14	TEKTURNA HCT.....	14
PYLERA.....	19	sirolimus.....	23	telmisartan.....	14
QBREXZA.....	16	SKYRIZI (150 MG DOSE).....	23	telmisartan-hctz.....	14
QSYMIA.....	15	solifenacin succinate.....	19	temazepam.....	26
quetiapine fumarate.....	11	SOLQUA.....	16	temozolomide.....	11
quetiapine fumarate er.....	11	SOLOSEC.....	8	terazosin hcl.....	20
QVAR REDIHALER.....	26	SOOLANTRA.....	16	terbinafine hcl.....	10
ramipril.....	14	sotalol hcl.....	14	terconazole.....	10
ranolazine er.....	14	SPIRIVA HANDIHALER.....	26	testosterone.....	20
RASUVO.....	23	SPIRIVA RESPIMAT.....	26	testosterone cypionate.....	20
RAYALDEE.....	24	spironolactone.....	14	TIGLUTIK.....	15
REBIF.....	15	sprintec 28.....	22	timolol maleate.....	24
REBIF REBIDOSE.....	15	SPRYCEL.....	11	TIROSINT.....	22
REBIF REBIDOSE		sronyx.....	22	TIROSINT-SOL.....	22
TITRATION PACK.....	15	STELARA.....	23	TIVICAY.....	12

tizanidine hcl.....	26	VENTOLIN HFA.....	26	ZIRABEV.....	11
TOBI PODHALER.....	26	verapamil hcl er.....	14	zolpidem tartrate.....	27
tobramycin-dexamethasone.....	25	V-GO 20.....	17	zolpidem tartrate er.....	27
tolterodine tartrate er.....	19	V-GO 30.....	17	zonisamide.....	9
topiramate.....	9	V-GO 40.....	17	ZUBSOLV.....	8
torsemede.....	14	VIBERZI.....	19		
TOUJEO MAX SOLOSTAR.....	18	VICTOZA.....	17		
TOUJEO SOLOSTAR.....	18	vienva.....	22		
TOVIAZ.....	19	VIIBRYD.....	10		
TRADJENTA.....	17	VIIBRYD STARTER PACK.....	10		
tramadol hcl ir.....	7	VIMPAT.....	9		
TRAZIMERA.....	11	viorele.....	22		
trazodone hcl.....	10	vitamin d (ergocalciferol).....	18		
TRELEGY ELLIPTA.....	26	VOSEVI.....	12		
TREMFYA.....	23	VRAYLAR.....	11		
TRESIBA.....	18	VUMERITY.....	15		
TRESIBA FLEXTOUCH.....	18	VUMERITY (STARTER).....	15		
tretinoin.....	16	VYLEESI.....	15		
TREZIX.....	7	VYVANSE.....	14		
tri femynor.....	22	WAKIX.....	26		
triamcinolone acetonide.....	16	warfarin sodium.....	8		
triamterene-hctz.....	14	wixela inhub.....	26		
triazolam.....	12	XARELTO.....	8		
TRIJARDY XR.....	17	XARELTO STARTER PACK.....	8		
TRIKAFTA.....	26	XCOPRI.....	9		
tri-lo-marzia.....	22	XCOPRI (250 MG DAILY DOSE).....	9		
tri-lo-sprintec.....	22	XCOPRI (350 MG DAILY DOSE).....	9		
TRINTELLIX.....	10	XELJANZ.....	23		
tri-previfem.....	22	XELJANZ XR.....	23		
tri-sprintec.....	22	XEMBIFY.....	23		
TRIUMEQ.....	12	XENLETA.....	8		
TROKENDI XR.....	9	XEPI.....	8		
TRULANCE.....	19	XIGDUO XR.....	17		
TRULICITY.....	17	XIIDRA.....	25		
TRUVADA.....	12	XIMINO.....	8		
TYMLOS.....	24	XOFLUZA (40 MG DOSE).....	12		
UBRELVY.....	10	XOFLUZA (80 MG DOSE).....	12		
UCERIS.....	24	XOLAIR.....	25		
ULTOMIRIS.....	12	XTAMPZA ER.....	7		
valacyclovir hcl.....	12	XTANDI.....	11		
valsartan.....	14	xulane.....	22		
valsartan-hydrochlorothiazide... 14		XYOSTED.....	20		
VALTOCO 10 MG DOSE.....	9	XYREM.....	27		
VALTOCO 15 MG DOSE.....	9	YUPELRI.....	26		
VALTOCO 20 MG DOSE.....	9	ZARXIO.....	12		
VALTOCO 5 MG DOSE.....	9	ZEJULA.....	11		
VARUBI (180 MG DOSE).....	10	ZELNORM.....	19		
VASCEPA.....	14	ZENPEP.....	19		
VELPHORO.....	19	ZIEXTENZO.....	12		
VELTASSA.....	18	ZIOPTAN.....	25		
VEMLIDY.....	12	ziprasidone hcl.....	11		
venlafaxine hcl.....	10				
venlafaxine hcl er.....	10				



Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ(Khmer)** សម្រាប់ជំនួយភាសាដទៃទៀត គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្វែងរកលេខទូរស័ព្ទសេរីសម្រាប់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsos nít'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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