

Your 2020 Formulary

Effective July 1, 2020



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



Call the number on your member ID card.



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

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

What is a formulary?

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

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. 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	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, 2.5-325 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
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL

Drug Name	Drug Tier	Notes
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 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
QMIIZ ODT	3	
Anesthetics		
lidocaine external ointment	1	
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
CHANTIX STARTING MONTH PAK	3	++; QL

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

Drug Name	Drug Tier	Notes
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	3	ST; QL
ZUBSOLV	2	QL
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	1	
XENLETA ORAL	3	
XEPI	3	
XIMINO	3	
Anticoagulants		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	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		
carbamazepine oral tablet	1	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
VIMPAT ORAL	3	
zonisamide oral	1	
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

Drug Name	Drug Tier	Notes
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 50 mg, 75 mg	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	++

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

Drug Name	Drug Tier	Notes
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 ORAL TABLET 90 MG	3	QL
Antifungals		
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
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	
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
COLCRYS	2	
Antimigraine Agents		
AIMOVIG	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL

Drug Name	Drug Tier	Notes
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	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
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	
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
XPOVIO (100 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (60 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (80 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (80 MG TWICE WEEKLY)	3	PA; SP
XTANDI	3	PA; SP
ZEJULA	2	PA; SP
ZIRABEV	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
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
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	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
acyclovir oral tablet	1	
BIKTARVY	3	

Drug Name	Drug Tier	Notes
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	
TAMIFLU ORAL CAPSULE 75 MG	3	QL
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
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	

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
lorazepam oral tablet	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
ADYNOVATE	3	SP
AFSTYLA	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
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	

Drug Name	Drug Tier	Notes
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
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 ORAL TABLET	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	

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
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	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	

Drug Name	Drug Tier	Notes
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	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 tablet	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	3	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	

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

Drug Name	Drug Tier	Notes
verapamil hcl er oral tablet extended release	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	PA; ST; QL
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
guanfacine hcl er	1	PA
JORNAY PM	3	PA; ST; QL
methylphenidate hcl er	1	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	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
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
GILENYA	3	PA; 3P; SP; QL

Drug Name	Drug Tier	Notes
glatiramer acetate	1	PA; SP; QL
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
MAYZENT STARTER PACK	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
Central Nervous System Agents - Miscellaneous		
ADDYI	3	++; QL
AUSTEDO	3	PA; SP; QL
CONTRACE	2	++
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT	3	PA; QL
LYRICA ORAL CAPSULE	3	ST; QL
phentermine hcl oral capsule 30 mg	1	++

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
phentermine hcl oral tablet	1	++
pregabalin oral capsule	1	QL
SAXENDA	3	++
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; SP; QL
VYLEESI	3	++; 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 5 %	3	
ACZONE EXTERNAL GEL 7.5 %	2	
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	

Drug Name	Drug Tier	Notes
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST; M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
DUPIXENT	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
fluocinonide external cream	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external cream	1	
ONEXTON	3	
QBREXZA	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
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA; ++
SERNIVO	3	
SOOLANTRA	2	
TACLONEX	3	QL
tacrolimus external ointment	1	
tretinoin external cream	1	PA; ++
triamcinolone acetone external cream	1	
triamcinolone acetone 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	

Drug Name	Drug Tier	Notes
metformin hcl oral tablet	1	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
RYBELSUS	2	ST; QL
SOLIQUA	2	ST; QL
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2	++
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	2	++
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	++; QL
ACCU-CHEK COMPACT PLUS CARE KIT	2	++
ACCU-CHEK COMPACT PLUS TEST STRIPS	2	++; QL
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK GUIDE KIT W/DEVICE	2	++
ACCU-CHEK GUIDE TEST STRIPS	2	++; QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	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
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	++
ACCU-CHEK SMARTVIEW TEST STRIPS	2	++; QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	++
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	++
LANCETS	2	++
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL
ONETOUCH ULTRA MINI KIT W/DEVICE	2	++
ONETOUCH VERIO KIT W/DEVICE	2	++

Drug Name	Drug Tier	Notes
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++
ONETOUCH VERIO TEST STRIPS	2	++; QL
ONETOUCH VERIO IQ SYSTEM	2	++
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	++
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
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	++
HUMALOG	2	++
HUMALOG KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++

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 U-100 JUNIOR KWIKPEN	2	++
HUMULIN 70/30 KWIKPEN	2	++
HUMULIN 70/30 VIAL	2	++
HUMULIN N KWIKPEN	2	++
HUMULIN N VIAL	2	++
HUMULIN R U-500 KWIKPEN	2	++
HUMULIN R U-500 VIAL (CONCENTRATED)	2	++
HUMULIN R VIAL	2	++
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTouch	2	++
LEVEMIR U-100 VIAL	2	++
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	++
NOVOLIN N FLEXPEN RELION	2	++
NOVOLIN N VIAL	2	++
NOVOLIN R FLEXPEN	2	++
NOVOLIN R FLEXPEN RELION	2	++
NOVOLIN R VIAL	2	++
NOVOLOG FLEXPEN	2	++

Drug Name	Drug Tier	Notes
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		
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
LOKELMA	3	
NASCOBAL	3	++
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
misoprostol 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
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral	1	QL
ranitidine hcl oral syrup	1	++
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	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	3	ST; QL
VIBERZI	3	PA; QL

Drug Name	Drug Tier	Notes
ZELNORM	3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
STRENSIQ	2	PA; SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DEPEN TITRATABS	2	SP
INTRAROSA	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	3	++; QL
tadalafil oral	1	++; QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	

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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon/Merk; ++; SP
GONAL-F RFF REDIJECT	3	PA; ++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
MENOPUR	3	PA; ++; SP
NOCDURNA	3	
NORDITROPIN FLEXPPO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	2	PA; ++; SP
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	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
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
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	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce	1	++
errin	1	++
estarylla	1	++
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	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	++

Drug Name	Drug Tier	Notes
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 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	
MINIVELLE	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	++

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
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	++
syeda	1	++
TAYTULLA	3	++
tri femynor	1	++
tri-linyah	1	++
tri-lo-marzia	1	++
tri-lo-sprintec	1	++
tri-sprintec	1	++
vienva	1	++
viorele	1	++
xulane	1	++
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
euthyrox	1	
levothyroxine sodium oral	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	

Drug Name	Drug Tier	Notes
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
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
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	

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
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
PROGRAF ORAL CAPSULE	3	SP
RASUVO	2	PA; QL
RENFLEXIS	2	PA; SP
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA	2	PA; SP
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
Inflammatory Bowel Disease Agents		
APRISO	2	
DIPENTUM	3	
LIALDA	3	ST
mesalamine oral tablet delayed release	1	
PENTASA	3	

Drug Name	Drug Tier	Notes
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
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 SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	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
EUFLEXXA	2	PA; SP
GELSYN-3	2	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	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
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC GEL	3	QL
LOTEMAX OPTHALMIC OINTMENT	3	QL
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	

Drug Name	Drug Tier	Notes
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	3	QL
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
tobramycin-dexamethasone	1	
XIIDRA	2	PA
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	

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
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
ipratropium bromide nasal	1	
NUCALA	2	PA; SP; QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	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	Made by Perrigo; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Teva; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Par; M; QL

Drug Name	Drug Tier	Notes
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Prasco; M; QL
albuterol sulfate inhalation	1	QL
ALVESCO	3	ST; QL
ANORO ELLIPTA	2	QL
ARNUITY 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
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	QL
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	

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
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	2	QL
wixela inhub	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
PULMOZYME	2	PA; SP
TOBI PODHALER	3	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	

Drug Name	Drug Tier	Notes
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
tizanidine hcl oral	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
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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ACCU-CHEK COMPACT		dextroamphetamine er.....	14	bisoprolol-hydrochlorothiazide..	12
PLUS TEST STRIPS.....	16	AMPYRA.....	14	blisovi 24 fe.....	21
ACCU-CHEK FASTCLIX		anastrozole.....	10	blisovi fe 1.5/30.....	21
LANCET KIT.....	16	ANDRODERM.....	20	blisovi fe 1/20.....	21
ACCU-CHEK GUIDE KIT		ANORO ELLIPTA.....	25	BOTOX.....	23
W/DEVICE.....	16	apap-caff-dihydrocodeine.....	7	BREO ELLIPTA.....	25
ACCU-CHEK MULTICLIX		apri.....	21	BRILINTA.....	11
LANCET DEVICE KIT.....	16	APRISO.....	23	brimonidine tartrate.....	24
ACCU-CHEK NANO		ARAKODA.....	11	BRYHALI.....	15
SMARTVIEW KIT W/DEVICE...	17	ARANESP (ALBUMIN FREE)...	12	budesonide.....	25
ACCU-CHEK SMARTVIEW		aripiprazole.....	11	bumetanide.....	12
TEST STRIPS.....	17	armodafinil.....	26	BUNAVAIL.....	7
ACCU-CHEK SOFTCLIX		ARMOUR THYROID.....	22	buprenorphine hcl.....	7
LANCET DEVICE KIT.....	17	ARNUITY ELLIPTA.....	25	buprenorphine hcl-naloxone	
acetaminophen-codeine.....	7	atenolol.....	12	hcl.....	7
acetaminophen-codeine #2.....	7	atenolol-chlorthalidone.....	12	bupropion hcl.....	9
acetaminophen-codeine #3.....	7	atomoxetine hcl.....	14	bupropion hcl er (sr).....	9
acetaminophen-codeine #4.....	7	atorvastatin calcium.....	12	bupropion hcl er (xl).....	9
ACTEMRA.....	22	ATROVENT HFA.....	25	BUPROPION HCL ER (XL).....	9
ACTEMRA ACTPEN.....	22	AUBAGIO.....	14	buspirone hcl.....	11
ACTHAR.....	20	AURYXIA.....	19	butalbital-apap-caffeine.....	7
acyclovir.....	11	AUSTEDO.....	14	BYDUREON.....	16
ACZONE.....	15	aviane.....	21	BYDUREON BCISE	
ADDERALL XR.....	14	AVONEX PEN.....	14	AUTOINJECTOR.....	16
ADDYI.....	14	AVONEX PREFILLED.....	14	BYETTA 10 MCG PEN.....	16
ADEMPAS.....	26	AZASITE.....	23	BYETTA 5 MCG PEN.....	16
ADVAIR DISKUS.....	25	azathioprine.....	22	BYSTOLIC.....	12
ADVAIR HFA.....	25	azelastine hcl.....	24	cabergoline.....	20
ADYNOVATE.....	12	azithromycin.....	8	CABOMETYX.....	10
AFSTYLA.....	12	AZOPT.....	24	calcitriol.....	23
AIMOVIG.....	10	baclofen.....	26	candesartan cilexetil.....	12
albuterol sulfate.....	25	BAQSIMI ONE PACK.....	17	capecitabine.....	10
albuterol sulfate hfa.....	25	BAQSIMI TWO PACK.....	17	carbamazepine.....	9
ALBUTEROL SULFATE HFA...	25	BD AUTOSHIELD DUO PEN		carbidopa-levodopa.....	11
alendronate sodium.....	23	NEEDLES.....	17	carisoprodol.....	26
alfuzosin hcl er.....	19	BD ULTRA-FINE INSULIN		cartia xt.....	12
allopurinol.....	10	SYRINGES.....	17	carvedilol.....	12
ALPHAGAN P.....	24	BD ULTRA-FINE PEN		cefdinir.....	8
alprazolam.....	11	NEEDLES.....	17	cefuroxime axetil.....	8
ALVESCO.....	25	BELBUCA.....	7	celecoxib.....	7
amiodarone hcl.....	12	benazepril hcl.....	12	cephalexin.....	8
amitriptyline hcl.....	9	benzonatate.....	24	CERDELGA.....	19
amlodipine besylate.....	12	benztropine mesylate.....	11	CHANTIX.....	7
amlodipine besylate-benazepril		BESIVANCE.....	24	CHANTIX CONTINUING	
hcl.....	12	betamethasone dipropionate....	15	MONTH PAK.....	7

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

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

LUPRON DEPOT (3-MONTH)..	20	MOXEZA.....	24	NOVOLIN N FLEXPEN	
LUPRON DEPOT (4-MONTH)		moxifloxacin hcl.....	24	RELION.....	18
INTRAMUSCULAR KIT 30MG..	20	MULPLETA.....	12	NOVOLIN N VIAL.....	18
LUPRON DEPOT (6-MONTH)		MULTAQ.....	13	NOVOLIN R FLEXPEN.....	18
INTRAMUSCULAR KIT 45MG..	20	mupirocin.....	8	NOVOLIN R FLEXPEN	
LYNPARZA.....	10	MVASI.....	10	RELION.....	18
LYRICA.....	14	mycophenolate mofetil.....	23	NOVOLIN R VIAL.....	18
MAKENA.....	21	mycophenolate sodium.....	23	NOVOLOG FLEXPEN.....	18
MAVENCLAD (10 TABS).....	14	MYRBETRIQ.....	19	NOVOLOG MIX 70/30	
MAVENCLAD (4 TABS).....	14	nabumetone.....	7	FLEXPEN.....	18
MAVENCLAD (5 TABS).....	14	nadolol.....	13	NOVOLOG MIX 70/30 VIAL.....	18
MAVENCLAD (6 TABS).....	14	naltrexone hcl.....	8	NOVOLOG PENFILL.....	18
MAVENCLAD (7 TABS).....	14	NAMZARIC.....	9	NOVOLOG U-100 VIAL.....	18
MAVENCLAD (8 TABS).....	14	NAPRELAN.....	7	NOVOTWIST PEN NEEDLE....	18
MAVENCLAD (9 TABS).....	14	naproxen.....	7	np thyroid.....	22
MAVYRET.....	11	naproxen sodium.....	7	NUBEQA.....	10
MAYZENT.....	14	NARCAN.....	8	NUCALA.....	25
MAYZENT STARTER PACK....	14	NASCOBAL.....	18	NUCYNTA.....	7
meclizine hcl.....	9	NATAZIA.....	21	NUTROPIN AQ NUSPIN 10....	20
medroxyprogesterone acetate..	21	NATAZIA.....	21	NUTROPIN AQ NUSPIN 20....	20
meloxicam.....	7	NATURE-THROID.....	22	NUTROPIN AQ NUSPIN 5.....	20
memantine hcl.....	9	neomycin-polymyxin-dexameth	24	NUVARING.....	21
MENOPUR.....	20	neomycin-polymyxin-hc.....	24	NUWIQ.....	12
mesalamine.....	23	NEULASTA.....	12	NUZYRA.....	8
metaxalone.....	26	NEULASTA ONPRO.....	12	nystatin.....	10
metformin hcl er.....	16	nifedipine er.....	13	ODEFSEY.....	11
metformin hcl er (mod).....	16	nifedipine er osmotic release....	13	ofloxacin.....	24
metformin hcl er (osm).....	16	nikki.....	21	olanzapine.....	11
metformin hcl ir.....	16	nitrofurantoin macrocrystal.....	8	olmesartan medoxomil.....	13
methimazole.....	22	nitrofurantoin monohydrate		olmesartan medoxomil-hctz.....	13
methocarbamol.....	26	macrocrystals.....	8	olmesartan-amlodipine-hctz.....	13
methotrexate.....	23	nitroglycerin.....	13	olopatadine hcl.....	24
methotrexate sodium.....	23	NITYR.....	19	OMECLAMOX-PAK.....	19
methylphenidate hcl.....	14	NIVESTYM.....	12	omega-3-acid ethyl esters.....	13
methylphenidate hcl er.....	14	NOCDURNA.....	20	omeprazole.....	19
methylphenidate hcl er (la).....	14	NORDITROPIN FLEXPRO.....	20	ondansetron hcl.....	10
methylprednisolone.....	20	norethindrone.....	21	ondansetron odt.....	10
metoclopramide hcl.....	10	norethindrone acetate.....	21	ONETOUCH ULTRA 2 KIT	
metoprolol succinate er.....	13	norethindrone acet-ethinyl est...21		W/DEVICE.....	17
metoprolol tartrate.....	13	norgestimate-ethinyl estradiol		ONETOUCH ULTRA BLUE	
metronidazole.....	8, 15	triphasic.....	21	TEST STRIPS.....	17
MINIVELLE.....	21	nortrel 1/35 (21).....	21	ONETOUCH ULTRA MINI KIT	
minocycline hcl.....	8	nortrel 1/35 (28).....	21	W/DEVICE.....	17
mirtazapine.....	9	nortriptyline hcl.....	9	ONETOUCH VERIO FLEX	
MIRVASO.....	15	NOVOEIGHT.....	12	SYSTEM KIT W/DEVICE.....	17
misoprostol.....	18	NOVOFINE AUTOCOVER		ONETOUCH VERIO IQ	
modafinil.....	26	PEN NEEDLE.....	18	SYSTEM.....	17
mometasone furoate.....	15	NOVOFINE PEN NEEDLE.....	18	ONETOUCH VERIO KIT	
mono-linyah.....	21	NOVOFINE PLUS PEN		W/DEVICE.....	17
montelukast sodium.....	25	NEEDLE.....	18	ONETOUCH VERIO SYNC	
morphine sulfate er.....	7	NOVOLIN 70/30 FLEXPEN.....	18	SYSTEM KIT W/DEVICE.....	17
MOTEGRITY.....	19	NOVOLIN 70/30 VIAL.....	18	ONEXTON.....	15
MOVANTIK.....	19	NOVOLIN N FLEXPEN.....	18	OPSUMIT.....	26

ORENCIA.....	23	progesterone micronized.....	22	RYTARY.....	11
ORENCIA CLICKJECT.....	23	PROGRAF.....	23	SAPHRIS.....	11
ORENITRAM.....	26	PROLENSA.....	24	SAXENDA.....	15
ORILISSA.....	21	PROLIA.....	23	scopolamine.....	10
oseltamivir phosphate.....	11	promethazine hcl.....	25	SEREVENT DISKUS.....	26
OSPHENA.....	20	promethazine-codeine.....	25	SERNIVO.....	16
OTEZLA.....	23	promethazine-dm.....	25	sertraline hcl.....	9
OTOVEL.....	24	propranolol hcl.....	13	SEYSARA.....	8
OVIDREL.....	21	propranolol hcl er.....	13	sildenafil citrate.....	19, 26
oxcarbazepine.....	9	pseudoephedrine-bromphen- dm.....	25	SILENOR.....	26
oxybutynin chloride.....	19	PULMICORT FLEXHALER.....	26	SIMBRINZA.....	24
oxybutynin chloride er.....	19	PULMOZYME.....	26	SIMPONI.....	23
oxycodone hcl.....	7	PYLERA.....	19	SIMPONI ARIA.....	23
oxycodone-acetaminophen.....	7	QBREXZA.....	15	simvastatin.....	13
OXYCONTIN.....	7	QMIIZ ODT.....	7	sirolimus.....	23
OZEMPIC.....	16	quetiapine fumarate.....	11	SKYRIZI (150 MG DOSE).....	23
pantoprazole sodium.....	19	quetiapine fumarate er.....	11	solifenacin succinate.....	19
paroxetine hcl.....	9	quinapril hcl.....	13	SOLIQUA.....	16
PAZEO.....	24	QVAR REDHALER.....	26	SOLOSEC.....	8
peg 3350-kcl-na bicarb-nacl.....	19	raloxifene hcl.....	20	SOOLANTRA.....	16
penicillin v potassium.....	8	ramipril.....	13	sotalol hcl.....	13
PENTASA.....	23	ranitidine hcl.....	19	SPIRIVA HANDIHALER.....	26
PERFOROMIST.....	26	ranolazine er.....	13	SPIRIVA RESPIMAT.....	26
permethrin.....	11	RASUVO.....	23	spironolactone.....	13
phenazopyridine hcl.....	19	RAYALDEE.....	23	sprintec 28.....	22
phentermine hcl.....	14, 15	REBIF.....	14	SPRYCEL.....	10
pioglitazone hcl.....	16	REBIF REBIDOSE.....	14	STELARA.....	23
PLENVU.....	19	REBIF REBIDOSE.....	14	STENDRA.....	19
polymyxin b-trimethoprim.....	24	TITRATION PACK.....	14	STIOLTO RESPIMAT.....	26
potassium chloride crys er.....	18	REBIF TITRATION PACK.....	14	STRENSIQ.....	19
potassium chloride er.....	18	RENFLEXIS.....	23	SUBOXONE.....	8
potassium citrate er.....	18	REPATHA.....	13	sucralfate.....	19
PRADAXA.....	8	REPATHA PUSHTRONEX.....	13	sulfamethoxazole-trimethoprim... 8	
PRALUENT.....	13	SYSTEM.....	13	sulfasalazine.....	23
pramipexole dihydrochloride.....	11	REPATHA SURECLICK.....	13	sumatriptan succinate.....	10
prasugrel hcl.....	11	RESTASIS.....	24	SUNOSI.....	26
pravastatin sodium.....	13	RESTASIS MULTIDOSE.....	24	SUPREP BOWEL PREP KIT ...	19
prazosin hcl.....	13	RETACRIT.....	12	syeda.....	22
prednisolone.....	20	RETIN-A MICRO PUMP.....	16	SYMBICORT.....	26
prednisolone acetate.....	24	REVLIMID.....	10	SYMFI.....	11
prednisolone sodium phosphate.....	20	REXULTI.....	11	SYMFI LO.....	11
prednisone.....	20	RHOPRESSA.....	24	SYMJEPI.....	26
pregabalin.....	15	RINVOQ.....	23	SYMLINPEN 60.....	16
PREMARIN.....	22	risperidone.....	11	SYMPAZAN.....	9
PREMPHASE.....	22	rizatriptan benzoate.....	10	SYMPROIC.....	19
PREMPRO.....	22	ROCKLATAN.....	24	SYNJARDY.....	16
PREPOPIK.....	19	ropinirole hcl.....	11	SYNJARDY XR.....	16
PREZCOBIX.....	11	rosuvastatin calcium.....	13	SYNTHROID.....	22
PROAIR HFA.....	26	RUBRACA.....	10	TACLONEX.....	16
PROAIR RESPICLICK.....	26	RUCONEST.....	23	tacrolimus.....	16, 23
prochlorperazine maleate.....	10	RUXIENCE.....	10	tadalafil.....	19
PROCTOFOAM HC.....	23	RYBELSUS.....	16	TAKHZYRO.....	23
				TALTZ.....	23

TAMIFLU.....	11	tri-sprintec.....	22	XPOVIO (60 MG ONCE	
tamoxifen citrate.....	10	TRIUMEQ.....	11	WEEKLY).....	10
tamsulosin hcl.....	20	TRULANCE.....	19	XPOVIO (80 MG ONCE	
TAPERDEX 12-DAY.....	20	TRULICITY.....	16	WEEKLY).....	10
TAPERDEX 6-DAY.....	20	TRUVADA.....	11	XPOVIO (80 MG TWICE	
TAPERDEX 7-DAY.....	20	TYMLOS.....	23	WEEKLY).....	10
TAYTULLA.....	22	UCERIS.....	23	XTANDI.....	10
TECFIDERA.....	14	UDENYCA.....	12	xulane.....	22
TEGSEDI.....	15	ULTOMIRIS.....	12	XYOSTED.....	20
TEKTURNA.....	13	valacyclovir hcl.....	11	XYREM.....	26
TEKTURNA HCT.....	13	valsartan.....	13	ZARXIO.....	12
telmisartan.....	13	valsartan-hydrochlorothiazide... 13		ZEJULA.....	10
telmisartan-hctz.....	13	VARUBI.....	10	ZELNORM.....	19
temazepam.....	26	VASCEPA.....	13	ZENPEP.....	19
temozolomide.....	10	VELPHORO.....	19	ZIOPTAN.....	24
terazosin hcl.....	20	VELTASSA.....	18	ziprasidone hcl.....	11
terbinafine hcl.....	10	VEMLIDY.....	11	ZIRABEV.....	10
terconazole.....	10	venlafaxine hcl.....	9	zolpidem tartrate.....	26
testosterone.....	20	venlafaxine hcl er.....	9	zolpidem tartrate er.....	26
testosterone cypionate.....	20	VENTOLIN HFA.....	26	zonisamide.....	9
TIGLUTIK.....	15	verapamil hcl er.....	13, 14	ZUBSOLV.....	8
timolol maleate.....	24	V-GO 20.....	17		
TIROSINT.....	22	V-GO 30.....	17		
TIROSINT-SOL.....	22	V-GO 40.....	17		
TIVICAY.....	11	VIBERZI.....	19		
tizanidine hcl.....	26	VICTOZA.....	16		
TOBI PODHALER.....	26	vienva.....	22		
tobramycin-dexamethasone.....	24	VIIBRYD.....	9		
tolterodine tartrate er.....	19	VIIBRYD STARTER PACK.....	9		
topiramate.....	9	VIMPAT.....	9		
torseamide.....	13	viorele.....	22		
TOUJEO MAX SOLOSTAR.....	18	vitamin d (ergocalciferol).....	18		
TOUJEO SOLOSTAR.....	18	VOSEVI.....	11		
TOVIAZ.....	19	VRAYLAR.....	11		
TRADJENTA.....	16	VYLEESI.....	15		
tramadol hcl ir.....	7	VYVANSE.....	14		
TRAVATAN Z.....	24	WAKIX.....	26		
TRAZIMERA.....	10	warfarin sodium.....	8		
trazodone hcl.....	9	wixela inhub.....	26		
TRELEGY ELLIPTA.....	26	XARELTO.....	8		
TREMFYA.....	23	XARELTO STARTER PACK.....	8		
TRESIBA.....	18	XELJANZ.....	23		
TRESIBA FLEXTOUCH.....	18	XELJANZ XR.....	23		
tretinoin.....	16	XENLETA.....	8		
TREZIX.....	7	XEPI.....	8		
tri femynor.....	22	XIGDUO XR.....	16		
triamcinolone acetonide.....	16	XIIDRA.....	24		
triamterene-hctz.....	13	XIMINO.....	8		
triazolam.....	12	XOFLUZA (40 MG DOSE).....	11		
tri-linyah.....	22	XOFLUZA (80 MG DOSE).....	11		
tri-lo-marzia.....	22	XOLAIR.....	25		
tri-lo-sprintec.....	22	XPOVIO (100 MG ONCE			
TRINTELLIX.....	9	WEEKLY).....	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)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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

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

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

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

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

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

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

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

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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