

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 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 option for some conditions. Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

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.
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

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

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

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
APADAZ	E	
apap-caff-dihydrocodeine oral capsule	1	QL
ARYMO ER	E	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	E	
CONZIP	E	
DILAUDID ORAL	E	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
fentanyl	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET	E	M
FENTORA	E	
FIORICET	E	

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

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

Drug Name	Drug Tier	Notes
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG	E	
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	E	
ZOHYDRO ER	E	
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral tablet	1	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	E	M
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet	1	

Drug Name	Drug Tier	Notes
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	E	
VIMOVO	E	
VOLTAREN	E	
ZIPSOR	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
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
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	2	QL
Antibacterials		
ACTICLATE	E	
amoxicillin 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
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	

Drug Name	Drug Tier	Notes
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MINOLIRA	E	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral	1	
TARGADOX	E	
XENLETA	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

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
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NEURONTIN	E	
ONFI	E	

Drug Name	Drug Tier	Notes
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VIMPAT	3	
ZONEGRAN	E	
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	
BRISDELLE	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	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
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
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
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL

Drug Name	Drug Tier	Notes
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
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	
SANCUSO	E	
scopolamine	1	
VARUBI ORAL TABLET 90 MG	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	
JUBLIA	E	
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	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
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine tablet 0.6 mg oral	1	Made by Mylan
colchicine tablet 0.6 mg oral	E	Made by Par
colchicine tablet 0.6 mg oral	E	Made by Prasco
COLCRYS	2	
MITIGARE	E	
Antimigraine Agents		
AIMOVIG	2	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
ONZETRA XSAIL	E	
RELPAX	E	

Drug Name	Drug Tier	Notes
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	E	SP
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BENDAMUSTINE HCL	E	SP
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
ERLEADA	E	SP
GLEEVEC	E	SP
IBRANCE ORAL CAPSULE	3	PA; SP
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL TABLET	3	PA; SP
KANJINTI	2	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
OGIVRI	E	SP
REVLIMID	2	PA; SP
RUBRACA	2	PA; SP

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
RUXIENCE	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	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
YONSA	E	SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	PA; SP

Drug Name	Drug Tier	Notes
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
ASPIRIN- OMEPRAZOLE	E	M
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	2	QL
SEROQUEL	E	
SEROQUEL XR	E	

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Drug Name	Drug Tier	Notes
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA	E	
Antivirals		
acyclovir oral tablet	1	
ATRIPLA	E	
BARACLUDE ORAL TABLET	E	SP
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	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	E	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
valacyclovir hcl oral	1	QL
VALTREX	E	

Drug Name	Drug Tier	Notes
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
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

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
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRIT	E	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		
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	

Drug Name	Drug Tier	Notes
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
COREG	E	
COREG CR	E	
CORLANOR ORAL TABLET	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin 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
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	E	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	

Drug Name	Drug Tier	Notes
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	

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

Drug Name	Drug Tier	Notes
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
PRAVACHOL	E	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral tablet	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	

Drug Name	Drug Tier	Notes
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
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	
verapamil hcl er oral tablet extended release	1	
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADHANSIA XR	E	
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL

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

Drug Name	Drug Tier	Notes
atomoxetine hcl	1	QL
CONCERTA	E	
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
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
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
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
EXTAVIA	E	SP
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
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
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	PA; QL
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
CONTRAVE	2	PA
GRALISE	3	ST; QL
GRALISE STARTER	3	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
HORIZANT	3	PA; QL
LYRICA	E	
phentermine hcl oral capsule 30 mg	1	PA
phentermine hcl oral tablet	1	PA
pregabalin oral capsule	1	QL
SAXENDA	3	PA
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
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
ALA SCALP	E	
APEXICON E	E	
BENZACLIN	E	
BENZACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	

Drug Name	Drug Tier	Notes
BRYHALI	3	
CALCIPOTRIENE EXTERNAL FOAM	E	M
CAPEX	E	
claravis	1	PA
CLINDAGEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CORDRAN EXTERNAL TAPE	E	
DESONATE	E	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	

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
DUOBRII	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL GEL	E	
fluocinonide external cream	1	
FLUROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG	E	
hydrocortisone external cream	1	
hydrocortisone external ointment	1	
imiquimod external	1	
IMIQUIMOD PUMP	E	M
IMPOYZ	E	
KENALOG EXTERNAL	E	
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	

Drug Name	Drug Tier	Notes
MICORT-HC EXTERNAL CREAM 2.5 %	E	
MIRVASO	2	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	3	
ORACEA	E	
PANDEL	E	
PROPECIA	E	
PSORCON	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
SERNIVO	3	
SOOLANTRA	2	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external ointment	1	
TAZORAC EXTERNAL CREAM 0.1 %	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	PA

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

Drug Name	Drug Tier	Notes
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
ZIANA	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON	2	ST; QL
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG	E	

Drug Name	Drug Tier	Notes
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	E	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	QL
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	

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

Drug Name	Drug Tier	Notes
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 DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS CONTROL	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK GUIDE CONTROL	E	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	

Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW CONTROL	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
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	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE READER	E	
FREESTYLE LIBRE SENSOR SYSTEM	E	
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	

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
ONETOUGH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUGH VERIO TEST STRIPS	2	QL
ONETOUGH VERIO IQ SYSTEM	2	
ONETOUGH 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		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
FIASP	E	
FIASP FLEXTOUCH	E	

Drug Name	Drug Tier	Notes
FIASP PENFILL	E	
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	
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	
INSULIN ASP PROT & ASP FLEXPEN	E	M
INSULIN ASPART	E	M
INSULIN ASPART FLEXPEN	E	M
INSULIN ASPART PENFILL	E	M
INSULIN ASPART PROT & ASPART	E	M
INSULIN LISPRO	E	M
INSULIN LISPRO (1 UNIT DIAL)	E	M
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	

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

Drug Name	Drug Tier	Notes
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE	2	
TOUJEO MAX SOLOSTAR	2	

Drug Name	Drug Tier	Notes
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
AZESCO	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg, 800 mcg	1	
K-TAB	E	
LOKELMA	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
PREGENNA	E	
PRENATE	E	
PRENATE DHA	E	
PRENATE ELITE	E	
PRENATE ENHANCE	E	
PRENATE ESSENTIAL	E	
PRENATE MINI	E	
PRENATE PIXIE	E	
PRENATE RESTORE	E	
sodium fluoride oral tablet chewable	1	

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
TRINAZ	E	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
ZALVIT	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL
esomeprazole magnesium oral capsule delayed release	E	
famotidine oral tablet	1	
gnp lansoprazole	1	QL
lansoprazole oral capsule delayed release	1	QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral	1	QL
PREVACID	E	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	E	

Drug Name	Drug Tier	Notes
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	QL
ranitidine hcl oral	1	
sucralfate oral tablet	1	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
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	
GOLYTELY	E	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTELY WITH FLAVOR PACKS	E	

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

Drug Name	Drug Tier	Notes
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
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
PANCREAZE	E	
PERTZYE	E	
STRENSIQ	2	PA; SP
VIOKACE	E	
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
DEPEN TITRATABS	2	SP
INTRAROSA	3	
LEVITRA	E	
MYRBETRIQ	2	

Drug Name	Drug Tier	Notes
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL	E	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
solifenacin succinate	1	
STAXYN	E	
STENDRA	E	
tadalafil oral	1	QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	E	
VIAGRA	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
Hormonal Agents - Adrenal		
CORTEF	E	
dexamethasone oral tablet	1	

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

Drug Name	Drug Tier	Notes
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
VOGELXO	E	

Drug Name	Drug Tier	Notes
VOGELXO PUMP	E	
XYOSTED	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
FOLLISTIM AQ	2	PA; SP
ganirelix acetate	1	PA; Made by Organon/Merk; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
HUMATROPE	E	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP

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
MENOPUR	3	PA; SP
NOCDURNA	3	
NOCTIVA	E	
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
OMNITROPE	E	SP
ORLISSA	2	PA; QL
OVIDREL	3	PA; SP
SAIZEN	E	SP
SAIZENPREP	E	SP
SANDOSTATIN	E	SP
ZOMACTON	E	SP
Hormonal Agents - Sex Hormones and Birth Control		
ANNOVERA	E	
apri	1	
aviane	1	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	E	
DIVIGEL	3	

Drug Name	Drug Tier	Notes
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	
enskyce	1	
errin	1	
estarylla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
EVAMIST	3	
femynor	1	
GENERESS FE	E	
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

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
levonorgest-eth estrad 91-day oral tablet 0.15- 0.03 & 0.01 mg, 0.15- 0.03 mg	1	QL
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
low-ogestrel	1	
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	
MINIVELLE	3	
MIRENA (52 MG)	3	
mono-linyah	1	
NATAZIA	2	
nikki	1	
norethindrone acetate oral	1	
norethindrone acet- ethinyl est	1	
norethindrone oral	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	3	
ORTHO MICRONOR	E	

Drug Name	Drug Tier	Notes
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 1/35 (28)	E	
ORTHO-NOVUM 7/7/7 (28)	E	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
PROMETRIUM	E	
SAFYRAL	E	
SEASONIQUE	E	
SLYND	E	
sprintec 28	1	
syeda	1	
TAYTULLA	3	
tri femynor	1	
tri-linyah	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
tri-sprintec	1	
VAGIFEM	E	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
xulane	1	
YASMIN 28	E	
YAZ	E	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
CYTOMEL	E	

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

Drug Name	Drug Tier	Notes
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	E	
TIROSINT	E	
TIROSINT-SOL	E	
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 (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP

Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY PEN	E	SP
CUTAQUIG	E	SP
cyclosporine modified oral capsule	1	SP
ENBREL MINI	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP
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
OLUMIANT	E	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
PANZYGA	E	SP

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

Drug Name	Drug Tier	Notes
PROGRAF ORAL CAPSULE	3	SP
RASUVO	2	PA; QL
REMICADE	E	SP
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	
ASACOL HD	E	
CANASA	E	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
sulfasalazine oral tablet	1	
UCERIS ORAL	E	
UCERIS RECTAL	3	

Drug Name	Drug Tier	Notes
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	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
FIRDAPSE	E	SP
GEL-ONE	E	SP
GELSYN-3	2	PA; SP
GENVISC 850	E	SP
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP

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
SODIUM HYALURONATE INTRA-ARTICULAR	E	SP
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TRIVISC	E	SP
VISCO-3	E	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	

Drug Name	Drug Tier	Notes
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PATADAY OPHTHALMIC SOLUTION 0.2 %	E	
PATANOL OPHTHALMIC SOLUTION 0.1 %	E	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	

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Drug Name	Drug Tier	Notes
timolol maleate ophthalmic solution	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
TRAVATAN Z	3	QL
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LATISSE	E	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	
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	

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

Drug Name	Drug Tier	Notes
ARNUIITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	M
COMBIVENT RESPIMAT	2	QL
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL

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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
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL

Drug Name	Drug Tier	Notes
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
wixela inhub	1	QL
XOPENEX HFA	E	
YUPELRI	E	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
KITABIS PAK	E	SP
PULMOZYME	2	PA; SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
REMODULIN	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL

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Drug Name	Drug Tier	Notes
TRACLEER 62.5 MG, 125 MG	E	SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
NORGESIC FORTE	E	
ORPHENGESIC FORTE	E	M
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL

Drug Name	Drug Tier	Notes
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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BETIMOL.....	32	CARDIZEM LA.....	15	clonidine hcl.....	15
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BEVYXXA.....	9	CARNITOR.....	24	clotrimazole.....	11
BEYAZ.....	28	CARNITOR SF.....	24	clotrimazole-betamethasone....	11
BIJUVA.....	28	cartia xt.....	15	COLCHICINE.....	12
BIKTARVY.....	14	carvedilol.....	15	colchicine.....	12
BINOSTO.....	31	CATAPRES-TTS-1.....	15	COLCRYS.....	12
bisoprolol fumarate.....	15	CATAPRES-TTS-2.....	15	COLESTID.....	15
bisoprolol-hydrochlorothiazide..	15	CATAPRES-TTS-3.....	15	COLESTID FLAVORED.....	15
blisovi 24 fe.....	28	cefdinir.....	9	COMBIGAN.....	32
blisovi fe 1.5/30.....	28	cefuroxime axetil.....	9	COMBIVENT RESPIMAT.....	34
blisovi fe 1/20.....	28	CELEBREX.....	8	CONCERTA.....	18
BOTOX.....	31	celecoxib.....	8	CONTRAVE.....	18
BREO ELLIPTA.....	34	CELEXA.....	11	CONZIP.....	7
BRILINTA.....	13	cephalexin.....	9	COPAXONE.....	18
brimonidine tartrate.....	32	CERDELGA.....	26	CORDRAN.....	19
BRISDELLE.....	10	cetirizine hcl.....	33	COREG.....	15
BROMSITE.....	32	CETROTIDE.....	27	COREG CR.....	15
BRYHALI.....	19	CHANTIX.....	8	CORLANOR.....	15
budesonide.....	34	CHANTIX CONTINUING		CORTEF.....	26
BUDESONIDE-		MONTH PAK.....	8	COSENTYX (300 MG DOSE)...	30
FORMOTEROL FUMARATE....	34	CHANTIX STARTING MONTH		COSENTYX 150 MG/ML.....	30
bumetanide.....	15	PAK.....	8	COSENTYX SENSOREADY	
BUNAVAIL.....	8	chlorhexidine gluconate.....	19	(300 MG).....	30

COSENTYX SENSOREADY			
PEN.....	30	donepezil hcl.....	10
COSOPT.....	32	DORYX.....	9
COZAAR.....	15	DORYX MPC.....	9
CREON.....	26	dorzolamide hcl-timolol mal.....	32
CRESEMBA.....	11	dorzolamide hcl-timolol mal pf..	32
CRESTOR.....	15	DOVATO.....	14
cryselle-28.....	28	doxazosin mesylate.....	16
CUTAQUIG.....	30	doxepin hcl.....	11
cyanocobalamin.....	24	doxycycline hyclate.....	9
cyclobenzaprine hcl.....	36	doxycycline monohydrate.....	9
cyclosporine modified.....	30	drospirenone-ethinyl estradiol...	28
CYMBALTA.....	11	DUAVEE.....	28
cyproheptadine hcl.....	33	DUEXIS.....	8
CYTOMEL.....	29	DULERA.....	34
DELESTROGEN.....	28	duloxetine hcl.....	11
DELZICOL.....	31	DUOBRII.....	20
DEPAKOTE.....	10	DUPIXENT.....	20
DEPAKOTE ER.....	10	DURAGESIC-100.....	7
DEPAKOTE SPRINKLES.....	10	DURAGESIC-12.....	7
DEPEN TITRATABS.....	26	DURAGESIC-25.....	7
DEPO-TESTOSTERONE.....	27	DURAGESIC-50.....	7
DESCOVY.....	14	DURAGESIC-75.....	7
desloratadine.....	33	DUROLANE.....	31
DESONATE.....	19	dutasteride.....	26
desvenlafaxine succinate er.....	11	DYAZIDE.....	16
dexamethasone.....	26	DYMISTA.....	33
DEXCOM G4 / G5 / G6		EDARBI.....	16
RECEIVER, TRANSMITTER,		EDARBYCLOR.....	16
SENSOR (INCLUDING		EFFEXOR XR.....	11
PLATINUM, PLATINUM		ELESTRIN.....	28
PEDIATRIC).....	22	eletriptan hydrobromide.....	12
DEXILANT.....	25	ELIDEL.....	20
dexmethylphenidate hcl.....	18	ELIQUIS.....	9
dexmethylphenidate hcl er.....	18	ELIQUIS DVT/PE STARTER	
diazepam.....	14	PACK.....	9
diclofenac sodium.....	8	ELOCTATE.....	15
dicyclomine hcl.....	25	EMGALITY.....	12
DIFFERIN.....	19	EMGALITY (300 MG DOSE)....	12
DIFICID.....	9	EMVERM.....	13
digoxin.....	15	enalapril maleate.....	16
DILANTIN.....	10	ENBREL.....	30
DILANTIN INFATABS.....	10	ENBREL MINI.....	30
DILAUDID.....	7	ENBREL SURECLICK.....	30
diltiazem hcl er coated beads...	16	ENDOMETRIN.....	28
dilt-xr.....	16	enoxaparin sodium.....	9
DIOVAN.....	16	enskyce.....	28
DIOVAN HCT.....	16	ENSTILAR.....	20
DIPENTUM.....	31	entecavir.....	14
diphenoxylate-atropine.....	25	ENTRESTO.....	16
divalproex sodium.....	10	EPCLUSA.....	14
divalproex sodium er.....	10	EPIDIOLEX.....	10
DIVIGEL.....	28	EPIDUO.....	20
		EPIDUO FORTE.....	20
		epinephrine.....	34
		EPIPEN 2-PAK.....	34
		EPIPEN JR 2-PAK.....	34
		EPOGEN.....	15
		ergocalciferol.....	24
		ERLEADA.....	12
		errin.....	28
		erythromycin.....	32
		escitalopram oxalate.....	11
		esomeprazole magnesium.....	25
		estarylla.....	28
		ESTRACE.....	28
		estradiol.....	28
		eszopiclone.....	36
		etodolac.....	8
		EUCRISA.....	20
		EUFLEXXA.....	31
		euthyrox.....	30
		EVAMIST.....	28
		EVEKEO.....	18
		EXFORGE.....	16
		EXFORGE HCT.....	16
		EXTAVIA.....	18
		ezetimibe.....	16
		ezetimibe-simvastatin.....	16
		famotidine.....	25
		FARXIGA.....	21
		FASENRA.....	33
		FASENRA PEN.....	33
		femynor.....	28
		fenofibrate.....	16
		fenofibrate micronized.....	16
		fenofibric acid.....	16
		fentanyl.....	7
		FENTANYL CITRATE.....	7
		FENTORA.....	7
		FIASP.....	23
		FIASP FLEXTOUCH.....	23
		FIASP PENFILL.....	23
		FINACEA.....	20
		finasteride.....	26
		FIORICET.....	7
		FIORICET/CODEINE.....	7
		FIRAZYR.....	30
		FIRDAPSE.....	31
		flecainide acetate.....	16
		FLECTOR.....	8
		FLOMAX.....	26
		FLOVENT DISKUS.....	34
		FLOVENT HFA.....	34
		fluconazole.....	11
		fluocinonide.....	20
		FLUOROPLEX.....	20

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

JANUMET XR.....	21	leflunomide.....	30	LUPRON DEPOT (1-MONTH)..	27
JANUVIA.....	21	LESCOL XL.....	16	LUPRON DEPOT (3-MONTH)..	27
JARDIANCE.....	21	lessina.....	28	LUPRON DEPOT (4-MONTH)	
JENTADUETO.....	21	LETAIRIS.....	35	INTRAMUSCULAR KIT 30MG..	27
JENTADUETO XR.....	21	letrozole.....	12	LUPRON DEPOT (6-MONTH)	
JIVI.....	15	LEVALBUTEROL HFA.....	35	INTRAMUSCULAR KIT 45MG..	27
JORNAY PM.....	18	LEVEMIR U-100 FLEXTOUCH..	24	LYNPARZA.....	12
JUBLIA.....	11	LEVEMIR U-100 VIAL.....	24	LYRICA.....	19
JULUCA.....	14	levetiracetam.....	10	MAKENA.....	29
junel 1.5/30.....	28	LEVITRA.....	26	MAVENCLAD (10 TABS).....	18
junel 1/20.....	28	levocetirizine dihydrochloride....	33	MAVENCLAD (4 TABS).....	18
junel fe 1.5/30.....	28	levofloxacin.....	9	MAVENCLAD (5 TABS).....	18
junel fe 1/20.....	28	levonorgest-eth est & eth est....	28	MAVENCLAD (6 TABS).....	18
junel fe 24.....	28	levonorgest-eth estrad 91-day..	29	MAVENCLAD (7 TABS).....	18
KADIAN.....	7	levonorgestrel-ethinyl estrad.....	29	MAVENCLAD (8 TABS).....	18
KANJINTI.....	12	levothyroxine sodium.....	30	MAVENCLAD (9 TABS).....	18
KAPSPARGO SPRINKLE.....	16	LEXAPRO.....	11	MAVYRET.....	14
kariva.....	28	LEXETTE.....	20	MAXALT.....	12
KATERZIA.....	16	LIALDA.....	31	MAXALT-MLT.....	12
KAZANO.....	21	lidocaine.....	8	MAYZENT.....	18
KENALOG.....	20, 27	lidocaine viscous hcl.....	19	MAYZENT STARTER PACK....	18
KEPPRA.....	10	lidocaine-prilocaine.....	8	meclizine hcl.....	11
KEPPRA XR.....	10	LIDODERM.....	8	medroxyprogesterone acetate..	29
KERYDIN.....	11	LINZESS.....	25	meloxicam.....	8
ketoconazole.....	11	liothyronine sodium.....	30	memantine hcl.....	10
KETOROLAC		LIPITOR.....	16	MENOPUR.....	28
TROMETHAMINE.....	8	lisinopril.....	16	mesalamine.....	31
ketorolac tromethamine.....	8, 32	lisinopril-hydrochlorothiazide....	16	metaxalone.....	36
KITABIS PAK.....	35	lithium carbonate.....	14	metformin hcl er.....	21
KLONOPIN.....	14	lithium carbonate er.....	14	metformin hcl er (mod).....	21
KOMBIGLYZE XR.....	21	LIVALO.....	16	metformin hcl er (osm).....	21
K-TAB.....	24	LO LOESTRIN FE.....	29	metformin hcl ir.....	21
kurvelo.....	28	LOESTRIN 1.5/30 (21).....	29	methimazole.....	30
labetalol hcl.....	16	LOESTRIN 1/20 (21).....	29	methocarbamol.....	36
lactulose.....	25	LOESTRIN FE 1.5/30.....	29	methotrexate.....	30
LAMICTAL.....	10	LOESTRIN FE 1/20.....	29	methotrexate sodium.....	30
LAMICTAL ODT.....	10	LOKELMA.....	24	methylphenidate hcl.....	18
LAMICTAL STARTER.....	10	LONHALA MAGNAIR REFILL		methylphenidate hcl er.....	18
LAMICTAL XR.....	10	KIT.....	35	methylphenidate hcl er (la).....	18
lamotrigine.....	10	LONHALA MAGNAIR		methylprednisolone.....	27
lamotrigine er.....	10	STARTER KIT.....	35	metoclopramide hcl.....	11
LANCETS.....	22	lorazepam.....	14	metoprolol succinate er.....	16
lansoprazole.....	25	LORZONE.....	36	metoprolol tartrate.....	16
LANTUS SOLOSTAR.....	23	losartan potassium.....	16	METROGEL.....	20
LANTUS U-100 VIAL.....	23	losartan potassium-hctz.....	16	metronidazole.....	9, 20
larin fe 1/20.....	28	LOTEMAX.....	32	MICARDIS.....	16
larissia.....	28	LOTEMAX SM.....	32	MICARDIS HCT.....	16
LASIX.....	16	LOTREL.....	16	MICORT-HC.....	20
latanoprost.....	32	lovastatin.....	16	MINASTRIN 24 FE.....	29
LATISSE.....	33	LOVAZA.....	16	MINIVELLE.....	29
LATUDA.....	13	low-ogestrel.....	29	minocycline hcl.....	9
LAZANDA.....	7	LUMIGAN.....	32	MINOLIRA.....	9
LEDIPASVIR-SOFOSBUVIR....	14	LUNESTA.....	36	MIRENA (52 MG).....	29

mirtazapine.....	11	nitrofurantoin macrocrystal.....	9	NUCYNTA.....	7
MIRVASO.....	20	nitrofurantoin monohydrate		NUCYNTA ER.....	7
misoprostol.....	25	macrocrystals.....	9	NULYTELY WITH FLAVOR	
MITIGARE.....	12	nitroglycerin.....	16	PACKS.....	25
MOBIC.....	8	NITROSTAT.....	16	NUTROPIN AQ NUSPIN 10.....	28
modafinil.....	36	NITYR.....	26	NUTROPIN AQ NUSPIN 20.....	28
mometasone furoate.....	20, 33	NIVESTYM.....	15	NUTROPIN AQ NUSPIN 5.....	28
mono-lynyah.....	29	NOCDURNA.....	28	NUVARING.....	29
MONOVISC.....	31	NOCTIVA.....	28	NUVIGIL.....	36
montelukast sodium.....	35	NORCO.....	7	NUWIQ.....	15
morphine sulfate er.....	7	NORDITROPIN FLEXPRO.....	28	NUZYRA.....	9
MOTEGRITY.....	25	norethindrone.....	29	nystatin.....	12
MOTOFEN.....	25	norethindrone acetate.....	29	ODEFSEY.....	14
MOVANTIK.....	25	norethindrone acet-ethinyl est...29		ofloxacin.....	32, 33
MOVIPREP.....	25	NORGESIC FORTE.....	36	OGIVRI.....	12
MOXEZA.....	32	norgestimate-ethinyl estradiol		olanzapine.....	13
moxifloxacin hcl.....	32	triphasic.....	29	olmesartan medoxomil.....	17
MS CONTIN.....	7	NORITATE.....	20	olmesartan medoxomil-hctz.....	17
MULPLETA.....	15	nortrel 1/35 (21).....	29	olmesartan-amlodipine-hctz.....	17
MULTAQ.....	16	nortrel 1/35 (28).....	29	olopatadine hcl.....	32
multivitamin/fluoride.....	24	nortriptyline hcl.....	11	OLUMIANT.....	30
mupirocin.....	9	NORVASC.....	16	OMECLAMOX-PAK.....	26
MVASI.....	12	NOVOEIGHT.....	15	omega-3-acid ethyl esters.....	17
mycophenolate mofetil.....	30	NOVOFINE AUTOCOVER		omeprazole.....	25
mycophenolate sodium.....	30	PEN NEEDLE.....	24	omeprazole-sodium	
MYRBETRIQ.....	26	NOVOFINE PEN NEEDLE.....	24	bicarbonate.....	25
nabumetone.....	8	NOVOFINE PLUS PEN		OMNARIS.....	33
nadolol.....	16	NEEDLE.....	24	OMNITROPE.....	28
NALFON.....	8	NOVOLIN 70/30 FLEXPEN.....	24	ondansetron hcl.....	11
naltrexone hcl.....	8	NOVOLIN 70/30 FLEXPEN		ondansetron odt.....	11
NAMZARIC.....	10	RELION.....	24	ONETOUCH ULTRA 2 KIT	
NAPRELAN.....	8	NOVOLIN 70/30 RELION.....	24	W/DEVICE.....	22
naproxen.....	8	NOVOLIN 70/30 VIAL.....	24	ONETOUCH ULTRA BLUE	
naproxen sodium.....	8	NOVOLIN N FLEXPEN.....	24	TEST STRIPS.....	22
NARCAN.....	8	NOVOLIN N FLEXPEN		ONETOUCH ULTRA MINI KIT	
NASCOBAL.....	24	RELION.....	24	W/DEVICE.....	22
NASONEX.....	33	NOVOLIN N RELION.....	24	ONETOUCH VERIO FLEX	
NATAZIA.....	29	NOVOLIN N VIAL.....	24	SYSTEM KIT W/DEVICE.....	23
NATROBA.....	13	NOVOLIN R FLEXPEN.....	24	ONETOUCH VERIO IQ	
NATURE-THROID.....	30	NOVOLIN R FLEXPEN		SYSTEM.....	23
neomycin-polymyxin-dexameth	33	RELION.....	24	ONETOUCH VERIO KIT	
neomycin-polymyxin-hc.....	33	NOVOLIN R RELION.....	24	W/DEVICE.....	22, 23
NESINA.....	21	NOVOLIN R VIAL.....	24	ONETOUCH VERIO SYNC	
NEULASTA.....	15	NOVOLOG FLEXPEN.....	24	SYSTEM KIT W/DEVICE.....	23
NEULASTA ONPRO.....	15	NOVOLOG MIX 70/30		ONEXTON.....	20
NEUPOGEN.....	15	FLEXPEN.....	24	ONFI.....	10
NEURONTIN.....	10	NOVOLOG MIX 70/30 VIAL.....	24	ONGLYZA.....	21
NEVANAC.....	32	NOVOLOG PENFILL.....	24	ONZETRA XSAIL.....	12
NEXIUM.....	25	NOVOLOG U-100 VIAL.....	24	OPSUMIT.....	35
NIASPAN.....	16	NOVOTWIST PEN NEEDLE....	24	ORACEA.....	20
nifedipine er.....	16	np thyroid.....	30	ORENCIA.....	30
nifedipine er osmotic release....	16	NUBEQA.....	12	ORENCIA CLICKJECT.....	30
nikki.....	29	NUCALA.....	33	ORENITRAM.....	35

ORLISSA.....	28	potassium chloride er.....	24	PROVIGIL.....	36
ORPHENGESIC FORTE.....	36	potassium citrate er.....	24	PROZAC.....	11
ORTHO MICRONOR.....	29	PRADAXA.....	9	pseudoephedrine-bromphen- dm.....	33
ORTHO TRI-CYCLEN LO.....	29	PRALUENT.....	17	PSORCON.....	20
ORTHO-NOVUM 1/35 (28).....	29	pramipexole dihydrochloride.....	13	PULMICORT FLEXHALER.....	35
ORTHO-NOVUM 7/7/7 (28).....	29	prasugrel hcl.....	13	PULMICORT SUSPENSION....	35
ORTHOVISC.....	31	PRAVACHOL.....	17	PULMOZYME.....	35
oseltamivir phosphate.....	14	pravastatin sodium.....	17	PYLERA.....	26
OSENI.....	21	prazosin hcl.....	17	QBREXZA.....	20
OSMOLEX ER.....	13	PRED FORTE.....	32	QMIIZ ODT.....	8
OSPHENA.....	27	prednisolone.....	27	QNASL.....	33
OTEZLA.....	30	prednisolone acetate.....	32	QNASL CHILDRENS.....	33
OTOVEL.....	33	prednisolone sodium phosphate.....	27	QTERN.....	21
OVIDREL.....	28	prednisone.....	27	QUDEXY XR.....	10
oxcarbazepine.....	10	pregabalin.....	19	QUESTRAN.....	17
OXTELLAR XR.....	10	PREGENNA.....	24	QUESTRAN LIGHT.....	17
oxybutynin chloride.....	26	PREMARIN.....	29	quetiapine fumarate.....	13
oxybutynin chloride er.....	26	PREMPHASE.....	29	quetiapine fumarate er.....	13
OXYCODONE HCL.....	7	PREMPRO.....	29	quinapril hcl.....	17
oxycodone hcl.....	7	PRENATE.....	24	QVAR REDIHALER.....	35
OXYCODONE HCL ER.....	7	PRENATE DHA.....	24	RABEPRAZOLE SODIUM.....	25
oxycodone-acetaminophen.....	7	PRENATE ELITE.....	24	rabeprazole sodium.....	25
OXYCONTIN.....	7	PRENATE ENHANCE.....	24	raloxifene hcl.....	27
OZEMPIC.....	21	PRENATE ESSENTIAL.....	24	ramipril.....	17
PANCREAZE.....	26	PRENATE MINI.....	24	RANEXA.....	17
PANDEL.....	20	PRENATE PIXIE.....	24	ranitidine hcl.....	25
pantoprazole sodium.....	25	PRENATE RESTORE.....	24	ranolazine er.....	17
PANZYGA.....	30	PREPOPIK.....	26	RASUVO.....	31
paroxetine hcl.....	11	PREVACID.....	25	RAYALDEE.....	31
PATADAY.....	32	PREVACID SOLUTAB.....	25	RAYOS.....	27
PATANOL.....	32	PREZCOBIX.....	14	REBIF.....	18
PAXIL.....	11	PRINIVIL.....	17	REBIF REBIDOSE.....	18
PAXIL CR.....	11	PRISTIQ.....	11	REBIF REBIDOSE TITRATION PACK.....	18
PAZEO.....	32	PROAIR DIGIHALER.....	35	REBIF TITRATION PACK.....	18
peg 3350-kcl-na bicarb-nacl.....	26	PROAIR HFA.....	35	RELISTOR.....	26
penicillin v potassium.....	9	PROAIR RESPICLICK.....	35	RELPAK.....	12
PENNSAID.....	8	prochlorperazine maleate.....	11	REMICADE.....	31
PENTASA.....	31	PROCRIT.....	15	REMODULIN.....	35
PERCOCET.....	7	PROCTOFOAM HC.....	31	RENAGEL.....	26
PERFOROMIST.....	35	progesterone micronized.....	29	RENFLEXIS.....	31
permethrin.....	13	PROGRAF.....	31	REPATHA.....	17
PERSERIS.....	13	PROLENSA.....	32	REPATHA PUSHTRONEX SYSTEM.....	17
PERTZYE.....	26	PROLIA.....	31	REPATHA SURECLICK.....	17
phenazopyridine hcl.....	26	promethazine hcl.....	33	RESTASIS.....	33
phentermine hcl.....	19	promethazine-codeine.....	33	RESTASIS MULTIDOSE.....	33
pioglitazone hcl.....	21	promethazine-dm.....	33	RESTORIL.....	36
PLAQUENIL.....	13	PROMETRIUM.....	29	RETACRIT.....	15
PLAVIX.....	13	PROPECIA.....	20	RETIN-A.....	20
PLEGRIDY.....	18	propranolol hcl.....	17	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	20
PLEGRIDY STARTER PACK...	18	propranolol hcl er.....	17		
PLENVU.....	26	PROTONIX.....	25		
polymyxin b-trimethoprim.....	33	PROVENTIL HFA.....	35		
potassium chloride crys er.....	24				

RETIN-A MICRO PUMP	20	solifenacin succinate	26	TAPERDEX 6-DAY	27
REVLIMID	12	SOLQUA	21	TAPERDEX 7-DAY	27
REXULTI	13	SOLODYN	9	TARGADOX	9
RHOPRESSA	32	SOLOSEC	9	TARGRETIN	13
RINVOQ	31	SOMA	36	TAYTULLA	29
RISPERDAL	13	SOOLANTRA	20	TAZORAC	20
risperidone	13	SORILUX	20	TECFIDERA	18
RITALIN	18	sotalol hcl	17	TEGRETOL	10
RITALIN LA	18	SPIRIVA HANDIHALER	35	TEGRETOL-XR	10
rizatriptan benzoate	12	SPIRIVA RESPIMAT	35	TEGSEDI	19
ROCKLATAN	32	spironolactone	17	TEKTURNA	17
ropinirole hcl	13	sprintec 28	29	TEKTURNA HCT	17
rosuvastatin calcium	17	SPRIX	8	telmisartan	17
ROXICODONE	7	SPRYCEL	13	telmisartan-hctz	17
RUBRACA	12	STAXYN	26	temazepam	36
RUCONEST	31	STEGLATRO	21	TEMIXYS	14
RUXIENCE	13	STEGLUJAN	21	temozolomide	13
RYBELSUS	21	STELARA	31	TENORMIN	17
RYTARY	13	STENDRA	26	terazosin hcl	26
SABRIL	10	STIOLTO RESPIMAT	35	terbinafine hcl	12
SAFYRAL	29	STRATTERA	18	terconazole	12
SAIZEN	28	STRENSIQ	26	TESTIM	27
SAIZENPREP	28	SUBOXONE	8	testosterone	27
SANCUSO	11	SUBSYS	7	testosterone cypionate	27
SANDOSTATIN	28	sucralfate	25	TIGLUTIK	19
SAPHRIS	13	sulfamethoxazole-trimethoprim	9	TIKOSYN	17
SAXENDA	19	sulfasalazine	31	timolol maleate	33
scopolamine	11	sumatriptan succinate	12	TIMOPTIC	33
SEASONIQUE	29	SUNOSI	36	TIMOPTIC OCUDOSE	33
SEEBRI NEOHALER	35	SUPARTZ FX	32	TIMOPTIC-XE	33
SEGLUROMET	21	SUPREP BOWEL PREP KIT	26	TIROSINT	30
SENSIPAR	31	syeda	29	TIROSINT-SOL	30
SEREVENT DISKUS	35	SYMBICORT	35	TIVICAY	14
SERNIVO	20	SYMFI	14	tizanidine hcl	36
SEROQUEL	13	SYMFI LO	14	TOBI NEBULIZER	35
SEROQUEL XR	13	SYMJEPI	35	TOBI PODHALER	35
sertraline hcl	11	SYMLINPEN 60	22	TOBRADEX	33
SEYSARA	9	SYMPAZAN	10	tobramycin	35
sildenafil citrate	26, 35	SYMPROIC	26	TOBRAMYCIN	35
SILENOR	36	SYNJARDY	22	tobramycin-dexamethasone	33
SILVADENE	9	SYNJARDY XR	22	TOLSURA	12
SIMBRINZA	32	SYNTHROID	30	tolterodine tartrate er	26
SIMPONI	31	SYNVISC	32	TOPAMAX	10
SIMPONI ARIA	31	SYNVISC ONE	32	TOPAMAX SPRINKLE	10
simvastatin	17	TACLONEX	20	TOPICORT SPRAY	20
SINGULAIR	35	tacrolimus	20, 31	topiramate	10
sirolimus	31	tadalafil	26	TOPROL XL	17
SKELAXIN	36	TAKHZYRO	31	torsemide	17
SKYRIZI (150 MG DOSE)	31	TALTZ	31	TOSYMRA	12
SLYND	29	TAMIFLU	14	TOUJEO MAX SOLOSTAR	24
sodium fluoride	24	tamoxifen citrate	13	TOUJEO SOLOSTAR	24
SODIUM HYALURONATE	32	tamsulosin hcl	26	TOVIAZ	26
SOFOSBUVIR-VELPATASVIR	14	TAPERDEX 12-DAY	27	TRACLEER	36

TRADJENTA.....	22	VECTICAL.....	21	XIGDUO XR.....	22
TRAMADOL HCL ER.....	7	VELPHORO.....	26	XIIDRA.....	33
tramadol hcl ir.....	7	VELTASSA.....	25	XIMINO.....	9
TRAVATAN Z.....	33	VELTIN.....	21	XOFLUZA (40 MG DOSE).....	14
TRAZIMERA.....	13	VEMLIDY.....	14	XOFLUZA (80 MG DOSE).....	14
trazodone hcl.....	11	venlafaxine hcl.....	11	XOLAIR.....	34
TREANDA.....	13	venlafaxine hcl er.....	11	XOPENEX HFA.....	35
TRELEGY ELLIPTA.....	35	VENTOLIN HFA.....	35	XPOVIO (100 MG ONCE	
TREMFYA.....	31	verapamil hcl er.....	17	WEEKLY).....	13
TRESIBA.....	24	VERDESO.....	21	XPOVIO (60 MG ONCE	
TRESIBA FLEXTOUCH.....	24	VESICARE.....	26	WEEKLY).....	13
tretinoin.....	20	V-GO 20.....	23	XPOVIO (80 MG ONCE	
TREXIMET.....	12	V-GO 30.....	23	WEEKLY).....	13
TREZIX.....	7	V-GO 40.....	23	XPOVIO (80 MG TWICE	
tri femynor.....	29	VIAGRA.....	26	WEEKLY).....	13
triamcinolone acetonide.....	21	VIBERZI.....	26	XTAMPZA ER.....	8
triamterene-hctz.....	17	VICTOZA.....	22	XTANDI.....	13
triazolam.....	14	vienva.....	29	xulane.....	29
TRIBENZOR.....	17	VIGAMOX.....	32	XYOSTED.....	27
TRICOR.....	17	VIIBRYD.....	11	XYREM.....	36
TRILEPTAL.....	10	VIIBRYD STARTER PACK.....	11	YASMIN 28.....	29
tri-linyah.....	29	VIMOVO.....	8	YAZ.....	29
tri-lo-marzia.....	29	VIMPAT.....	10	YONSA.....	13
tri-lo-sprintec.....	29	VIOKACE.....	26	YOSPRALA.....	13
TRINAZ.....	25	viorele.....	29	YUPELRI.....	35
TRINTELLIX.....	11	VISCO-3.....	32	ZALVIT.....	25
tri-sprintec.....	29	vitamin d (ergocalciferol).....	25	ZANAFLEX.....	36
TRIUMEQ.....	14	VIVELLE-DOT.....	29	ZARXIO.....	15
TRIVISC.....	32	VOGELXO.....	27	ZEGERID.....	25
TROKENDI XR.....	10	VOGELXO PUMP.....	27	ZEJULA.....	13
TRULANCE.....	26	VOLTAREN.....	8	ZELNORM.....	26
TRULICITY.....	22	VOSEVI.....	14	ZEMBRACE SYMTOUCH.....	12
TRUVADA.....	14	VRAYLAR.....	14	ZENPEP.....	26
TRUXIMA.....	13	VYLEESI.....	19	ZESTRIL.....	17
TUDORZA PRESSAIR.....	35	VYTORIN.....	17	ZETIA.....	17
TYLENOL WITH CODEINE #3... 7		VYVANSE.....	18	ZETONNA.....	34
TYLENOL WITH CODEINE #4... 8		VYZULTA.....	33	ZIANA.....	21
TYMLOS.....	31	WAKIX.....	36	ZIOPTAN.....	33
UCERIS.....	31	warfarin sodium.....	9	ziprasidone hcl.....	14
UDENYCA.....	15	WELCHOL.....	17	ZIPSOR.....	8
ULTOMIRIS.....	15	WELLBUTRIN SR.....	11	ZIRABEV.....	13
ULTRACET.....	8	WELLBUTRIN XL.....	11	ZOCOR.....	17
ULTRAM.....	8	wixela inhub.....	35	ZOHYDRO ER.....	8
ULTRAVATE.....	21	XALATAN.....	33	ZOLOFT.....	11
UTIBRON NEOHALER.....	35	XANAX.....	14	zolpidem tartrate.....	36
VAGIFEM.....	29	XANAX XR.....	14	zolpidem tartrate er.....	36
valacyclovir hcl.....	14	XARELTO.....	9	ZOMACTON.....	28
VALIUM.....	14	XARELTO STARTER PACK.....	10	ZOMIG.....	12
valsartan.....	17	XELJANZ.....	31	ZOMIG ZMT.....	12
valsartan-hydrochlorothiazide... 17		XELJANZ XR.....	31	ZONEGRAN.....	10
VALTREX.....	14	XENLETA.....	9	zonisamide.....	10
VARUBI.....	11	XEPI.....	9	ZORVOLEX.....	8
VASCEPA.....	17	XHANCE.....	34	ZOVIRAX.....	14

ZTLIDO.....	8
ZUBSOLV.....	8
ZYCLARA.....	21
ZYCLARA PUMP.....	21
ZYPITAMAG.....	17
ZYPREXA.....	14
ZYTIGA.....	13



Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមរាយការណ៍យកទៅដល់មន្ត្រីសេវាអប់រំ និងស្រាវជ្រាវស្រុក ឬមន្ត្រីសេវាអប់រំស្រុក ឬមន្ត្រីសេវាអប់រំស្រុក ដើម្បីទទួលបានសេវាបំប្រែភាសាស្រុកសម្រាប់ការសិក្សាស្រាវជ្រាវស្រុក។

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'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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67238F-012020 **Premium Standard**

July 1, 2020 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements

Therapeutic Category	Excluded Medications		Preferred Alternatives
ALLERGIC REACTIONS			
Anaphylaxis Treatment	Auvi-Q (0.15mg, 0.3mg), Epi-Pen JR 0.15mg		epinephrine injection, Epi-Pen 0.3mg
ANALGESICS			
Non-Steroidal Anti-Inflammatory Agents	Oral	Cambia, Zipsor, Zorvolex	celecoxib, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
		Qmiiz ODT	meloxicam
	Topical	Flector	diclofenac patch
		Pennsaid	diclofenac solution
	Other	Ketorolac Nasal Spray (M), Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
Pain	Opioid combinations	Apadaz, Benzhydrocodone/acetaminophen	hydrocodone/acetaminophen, oxycodone/acetaminophen
	Oral Long-Acting Opioid Analgesics	Arymo ER, Kadian ER 200 mg, Nucynta ER, Oxycodone Powder, Oxycodone ER (M), Xtampza ER	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin
		Conzip, Tramadol ER 100mg, 200mg, 300mg (M)	tramadol
	Oral Short-Acting Opioid Analgesics	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
	Transmucosal Fentanyl Analgesics	Abstral, Fentora, Fentanyl Citrate Buccal Tab (M), Lazanda, Subsys	fentanyl citrate lozenge

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
ANALGESICS		
Skeletal Muscle Relaxant Combinations	Norgesic Forte, Orphengesic Forte (M)	orphenadrine tab, aspirin
ANTIBACTERIALS, ORAL		
Oral Antibiotics	Doryx MPC, Doxycycline Hyclate delayed release 80mg, Minolira	doxycycline, minocycline
ANTICONVULSANTS		
Seizure Disorders	Trokendi XR ¹	topiramate ER
	Oxtellar XR ¹	oxcarbazepine IR
	Lamictal ODT Kit	lamotrigine ODT, lamotrigine XR
ANTIFUNGALS, ORAL		
Oral Antifungals	Tolsura	Itraconazole cap
ANTIMIGRAINES		
CGRP Antagonists	Ajovy	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
ANTIPARKINSON AGENTS		
Parkinson's Disease	Gocovri, Osmolex ER	amantadine
ANTIVIRALS		
Hepatitis-C drugs	Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M)	Epclusa, Harvoni, Mavyret, Vosevi
HIV drugs	Atripla ¹ , Temixys ¹	Please talk with your doctor about clinically appropriate options.
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Attention Deficit Disorder	Adhansia XR	Vyvanse
Interferon Beta Medications for Multiple Sclerosis	Extavia ¹ , Plegridy ¹	Avonex, Betaseron
CARDIOVASCULAR		
Cholesterol-Lowering Agents	Zypitamag	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR		
Hypertension	Inderal XL , Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
	Katerzia	amlodipine
CHEMOTHERPY AGENTS		
Alkylating Agents	Belrapzo, Bendamustine, Treanda	Please talk to your doctor about clinically appropriate options.
Antiandrogens	Erleada ¹ , Yonsa ¹ , Zytiga ¹	
Molecular Target Inhibitors	Afinitor oral tab 2.5mg, 5mg, 7.5mg	
Monoclonal Antibodies	Ogivri, Truxima	
CONTRACEPTIVES		
Oral	Lo Loestrin	junel FE, Iarin FE, microgestin FE, tarina FE
	Slynd	Camila, Incassia, Nora-Be, norethindrone, Norlyda, Norlyroc
Vaginal ring	Annovera	etonogestrel-ethinyl estradiol vaginal ring
CORTICOSTEROIDS		
Oral Steroids	Rayos	prednisone
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Aktipak, Clindagel, Clindamycin phosphate 1% gel(M), Veltin	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo Forte, Onexton
	Adapalene lotion (M), Differin lotion	adapalene
Topical anesthetics	ZTlido	lidocaine patch
Topical Antifungals	Jublia	terbinafine, Kerydin
Topical Antiinfectives	Noritrate cream	metronidazole cream/gel/lotion, Soolantra

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
DERMATOLOGICAL AGENTS		
Topical Corticosteroids	ALA Scalp lotion, Micort-HC cream	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	Derma-Smoothe/FS, flucinolone acetonide scalp oil
	Cordran tape	flurandrenolide
	Desonate gel, Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetonide
	Halobetasol foam(M), Lexette	betamethasone, clobetasol, halobetasol cream/ointment
	Halog ointment	fluticasone, halobetasol, triamcinolone
	Impoyz cream	clobetasol
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Ultravate lotion	clobetasol proprionate, fluocinonide, halobetasol proprionate
Topical Immune Response Modifier	Imiquimod cream pump 3.75% (M), Zyclara, Zyclara Pump	imiquimod 5% cream
Topical Plaque Psoriasis	Duobrii Lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar
	Calcipotriene Foam 0.005% (M), Sorilux	calcipotriene
DIABETES		
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(GlucoCard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch products)
Continuous Glucose Monitoring (CGM)	Freestyle Libre	Dexcom
Blood Sugar Regulators Miscellaneous	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER (generic GLUCOPHAGE XR)
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentaducto, Jentaducto XR, Tradjenta
Basal insulins	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Glucagon-Like Peptide-1(GLP1) Agonists	Adlyxin	Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity, Victoza
Insulins	Novolin	Humulin

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
DIABETES		
Rapid-acting insulins	Admelog, Apidra, Fiasp, Insulin Aspart (M), Insulin Lispro (M), Novolog	Humalog
Sodium-glucose co-transporter (SGLT2) Inhibitors - Single agent	Invokana, Steglatro	Farxiga, Jardiance
Sodium-glucose co-transporter (SGLT2) inhibitors - Combination agents	Invokamet, Invokamet XR, Segluromet	Synjardy, Synjardy XR, Xigduo XR
SGLT2 and DPP4 Combinations	QTERN, Steglujan	Glyxambi
ENDOCRINE (OTHER)		
Growth Hormones	Genotropin, Humatrope, Omnitrope, Saizen, Zomacton	Norditropin, Nutropin
Infertility	Bravelle, Gonal-F, Gonal-F RFF	Follistim AQ
	Cetrotide	ganirelix (made by Organon/Merck)
Nocturia	Noctiva	desmopressin, Nocdurna
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory, Anti-Ulcer Agents	Duexis	esomeprazole-naproxen tab, famotidine with ibuprofen
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, Trulance	Linzess
Opioid-Induced Constipation (OIC)	Amitiza, Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine, Apriso
Laxatives	Golytely packets	Gavilyte-C, Gavilyte-H, PEG 3350
	Moviprep	Clenpiq, Plenvu, Prepopik, Suprep
Pancreatic Enzymes	Pancreaze, Pertzeye, Viokace	Creon, Zenpep
Proton pump inhibitors	omeppi, omeprazole with sodium bicarbonate (cap, powder pak), Rabeprazole sprinkle cap (M)	lansoprazole, omeprazole, pantoprazole, Aciphex Sprinkle caps, Dexilant

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Therapeutic Category	Excluded Medications	Preferred Alternatives
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Epogen, Procrit	Aranesp, Retacrit
Immune globulin, intravenous (IVIG)	Panzyga ¹	Please talk to your doctor about clinically appropriate options.
Immune globulin, subcutaneous (SCIG)	Cutaquig ¹	Please talk to your doctor about clinically appropriate options.
Long-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Fulphila	Neulasta, Udenyca
Short-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Granix, Neupogen	Nivestym, Zarxio
IMMUNOMODULATORS		
Interleukin-17 (IL-17) Inhibitor	Cosentyx ¹	Taltz
JAK Inhibitor	Olumiant ¹	Rinvoq, Xeljanz, Xeljanz XR
TNF inhibitor	Remicade	Inflectra, Renflexis
OPHTHALMIC		
Antiglaucoma Drugs	Vyzulta, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
	Timoptic Ocodose	timolol ophthalmic solution
Mast cell stabilizers	Pazeo	azelastine ophthalmic solution, olopatadine ophthalmic solution
Non-steroidal Anti-Inflammatory Agents	Bromsite, Ilevro, Nevanac	bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa
OTHER		
Antigout Agents	Colchicine capsule, Colchicine tablet (made by Par), Colchicine tablet (made by Prasco), Mitigare	Colcrys, colchicine tablet (made by Mylan)
Antihistamines and combinations	Clarinet Syrup	desloratadine
	Clarinet-D	desloratadine with pseudoephedrine
Corticosteroid nasal sprays	Xhance	mometasone furoate, Beconase AQ

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
OTHER		
Lambert-Eaton Myasthenic Syndrome (LEMS)	Firdapse	Ruzurgi
Osteoarthritis/Hyaluronic acid injections	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz FX, Synvisc, Synvisc-One, Trivisc, Visco-3	Durolane, Euflexxa, Gelsyn-3
Platelet-Modifying Agent	Aspirin/Omeprazole (M), Yosprala	aspirin with omeprazole
Prenatal vitamins	Examples: Azesco, Pregenna, Prenate, Trinaz, Zalvit	Any preferred prenatal vitamin
Thyroid Agents	Tirosint caps, solution	levothyroxine
RESPIRATORY		
COPD: Inhaled Anticholinergics	Seebri, Tudorza	Incruse Ellipta, Spiriva
	Yupelri	Lonhala Magnair
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination inhalers	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
Cystic Fibrosis (inhaled tobramycin)	Kitabis Pak, TOBI Podhaler, Tobramycin Neb(M)	Bethkis
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, Asmanex HFA, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory , Long-Acting Beta Agonist Combination Inhalers	AirDuo, Budesonide/Formoterol (M), Dulera	fluticasone/salmeterol inhaler, Wixela Inhub, Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Pulmonary Anti-Hypertensives	Tracleer 62.5mg, 125mg tab	bosentan tab
Short-Acting Beta-2 Adrenergic Inhalers	Albuterol HFA Inhaler(M), Levalbuterol Inhaler(M), Proair Digihaler, ProAir HFA, ProAir Respiclick, Proventil HFA, Xopenex HFA	albuterol HFA (generic for PROAIR HFA made by Perrigo), albuterol HFA (generic for PROAIR HFA made by Teva), Ventolin HFA
UROLOGICAL		
Erectile Dysfunction Oral Agents	Stendra	sildenafil

(M) Co-branded product

¹ Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Excluded brand-name medications with generic equivalents

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Abilify	Cozaar	Kenalog spray	Pataday	Tegretol
Acanya	Crestor	Kenalog-40	Patanol	Tegretol-XR
Aciphex tablet	Cymbalta	injection	Paxil	Tenormin
Acticlate	Cytomel	Keppra	Paxil CR	Testim gel
Aczone 5%	Delestrogen injection	Keppra XR	Percocet	Tikosyn
Adcirca	20mg/ml, 40mg/ml	Klonopin	Plavix	Timoptic
Adderall	Delzicol	K-tab	Pravachol	Timoptic-XE
Adderall XR	Depakote	Lamictal chewable	Pred Forte	TOBI nebulizer solution
Adipex-P	Depakote ER	Lamictal starter kit	Prevacid	Tobradex suspension
Alphagan P 0.15%	Depakote sprinkle cap	Lamictal ODT	Prinivil	Topamax
Altace	Depo-testosterone	Lamictal tab	Pristiq	Topamax sprinkle cap
Ambien	injection	Lamictal XR	Prometrium	Topicort spray
Ambien CR	Differin cream, gel	Lasix	Propecia	Toprol XL
Amrix	Dilantin cap 100mg	Latisse	Protonix tab	Treximet
Androgel	Dilantin chewable	Lescol XL	Provigil	Tribenzor
Arimidex	Dilantin suspension	Letairis	Prozac	Tricor
Arthrotec	Dilaudid	Levitra	Pulmicort inhalation	Trileptal
Asacol HD	Diovan	Lexapro	suspension	Tylenol/cod tab
Atacand	Diovan HCT	Lialda	Qudexy XR	Uceris tab
Ativan	Doryx tab	Lidoderm	Questran	Ultracet
Avapro	Duac	Lipitor	Ranexa	Ultram
Avodart	Duragesic	Loestrin 21	Relpax	Vagifem
Azor	Dyazide	Loestrin FE	Remodulin injection	Vallium
Baraclude	Effexor XR	Lotemax suspension	Renagel	Valtrex
Benicar	Elidel	Lotrel	Restoril	Vectical
Benicar HCT	Epiduo gel	Lovaza	Retin-A	Vesicare
Benzaclin	Estrace	Lunesta	Retin-A micro gel	Viagra
Benzamycin	Evekeo	Lyrica	0.04%, 0.1%	Vigamox
Beyaz	Exalgo	Maxalt	Risperdal solution,	Vimovo
Brisdelle	Exforge	Maxalt-MLT	tablet	Vivelle-Dot
Butrans	Exforge HCT	Metrogel	Ritalin	Volgelxo
Canasa	Finacea gel	Micardis	Ritalin LA	Voltaren gel
Carafate	Fioricet	Micardis HCT	Roxicodone	Vytorin
Carbatrol	Fioricet w/ codeine	Minastrin	Sabril	Welchol
Cardizem LA	Flomax	Mobic	Safyral	Wellbutrin
180,240,300, 360, 420mg	Focalin	MS Contin	Sandostatin injection	Xalatan
Carnitor solution, tablet	Focalin XR	Nalfon	Seasonique	Xanax
Catapres-TTS patch	Fortamet	Nasonex	Sensipar	Xanax XR
Celebrex	Fortesta	Natroba	Seroquel	Yasmin 28
Celexa	Generess FE	Neurontin	Seroquel XR	Yaz
Cialis	chewable	Nexium capsule	Silvadene	Zanaflex
Clarinex 5mg tab	Gleevec	Niaspan ER	Singulair	Zegerid
Climara patch	Glucophage	Nitrostat	Skelaxin	Zestril
Clobex	Glucophage XR	Norco	Solodyn	Zetia
Cloderm	Glumetza	Norvasc	Soma	Ziana
Colestid	Golytely solution	Nulytely	Staxyn	Zocor
Concerta	Halog cream	Nuvigil	Strattera	Zohydro ER
Coreg	Hyzaar	Onfi	Suboxone	Zoloft
Coreg CR	Imitrex	Oracea	Synthroid	Zomig tab
Coreg CR	Inderal LA	Ortho Micron	Taclonex ointment	Zomig ZMT
Cortef	Intuniv	Ortho Tri-Cyclen	Tamiflu	Zonegran
Cosopt solution	Kadian	Ortho-Tri-Cyclen Lo	Targadox	Zovirax
Cosopt PF solution	10,20,30,40,50,60, 80,100mg	Ortho-Cyclen	Targretin	Zyprexa
		Ortho-Novum	Tazorac cream 0.1%	

Required Prior Authorization +

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands non-preferred with prior authorization	Eplclusa, Harvoni, Mavyret, Vosevi
Multiple Sclerosis	All other brands non-preferred with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
Immunomodulators	All other brands non-preferred with prior authorization	Cimzia, Humira, Inflectra, Otezla, Renflexis, Rinvoq, Simponi, Simponi Aria, Skyrizi, Stelara, Tremfya, Xeljanz, Xeljanz XR

+ All of the products listed above are currently subject to prior authorization. Preferred medications are required prior to new requests for non-preferred medication(s). Existing utilizers of non-preferred medication(s) within the therapeutic categories of Hepatitis C, Immunomodulators and Multiple Sclerosis will be eligible to remain on current therapy if compliance and efficacy of therapy are demonstrated. Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.

(M) Co-branded product

About this document: Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.



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