



2024 Premium Standard Formulary

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 or log on to the Optum Rx app to:

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

Understanding your formulary

What is a formulary?

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

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors 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. 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.

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.

If 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 is similar to another prescription or over-the-counter (OTC) medication.

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

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

Medication tips

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

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. 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 ask how you can have your prescriptions delivered right to your home or doctor's office.



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



Over-the-counter medications (OTC)

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 lower your 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	\$\$\$ Higher-cost brand name and some generics	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 Optum Rx 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.

Premium Standard Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
bac	1	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS	E	
CONZIP	E	
DILAUDID ORAL	E	
endocet	1	QL
FENTANYL CITRATE BUCCAL TABLET	E	M
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	
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
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	QL

Drug Name	Drug Tier	Notes
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	
QDOLO	E	
ROXICODONE	E	
ROXYBOND	E	
SEGLENTIS	E	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
TRAMADOL HCL ORAL SOLUTION	E	M
tramadol hcl oral tablet	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	QL
DICLOFENAC PATCH 1.3%	E	M
diclofenac potassium oral tablet	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
DUEXIS	E	
ELYXYB	E	
etodolac oral tablet	1	
FLECTOR	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
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NALFON	E	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA
naproxen oral tablet	1	
PENNSAID	E	
RELAFEN DS	E	
SPRIX	E	
VIMOVO	E	
ZIPSOR	E	
Anesthetics		
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	

Drug Name	Drug Tier	Notes
LIDOCAN III EXTERNAL PATCH 5 %	E	
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
OPVEE	2	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate	1	++; QL
VIVITROL	3	SP
ZIMHI	3	
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	

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
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefadroxil oral capsule	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MINOLIRA	E	

Drug Name	Drug Tier	Notes
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
XACIATO	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	E	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium 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
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
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	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide oral tablet	1	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	

Drug Name	Drug Tier	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
primidone oral	1	
QUDEXY XR	E	
roweepra	1	
SABRIL	E	SP
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VALTOCO	3	QL
VIMPAT	E	
XCOPRI	3	ST
ZONEGRAN	E	
ZONISADE	E	
zonisamide 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
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
ADUHELM	E	SP
donepezil hcl oral tablet	1	
LEQEMBI	E	SP
memantine hcl oral tablet	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
AUVELITY	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	

Drug Name	Drug Tier	Notes
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
LYBALVI	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
SERTRALINE HCL ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE ER	E	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour	1	
vilazodone hcl	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
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
GIMOTI	E	
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
BREXAFEMME	E	
ciclodan	1	++
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL CAPSULE 186 MG	3	PA
fluconazole oral tablet	1	

Drug Name	Drug Tier	Notes
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
VIVJOA	E	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral tablet	1	
GLOPERBA	E	
MITIGARE	E	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
CAMBIA	E	
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	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
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	E	
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	QL
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
QULIPTA	2	PA; QL
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
ZEMBRACE SYMTOUCH	E	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
AFINITOR	E	SP

Drug Name	Drug Tier	Notes
AFINITOR DISPERZ	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	SP
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Apotex; SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Baxter; SP
BESREMI	E	SP
CABOMETYX	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	SP
COSELA	E	SP
COTELLIC	3	PA; SP
DARZALEX FASPRO	E	SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
EXKIVITY	3	SP
FOTIVDA	E	SP
GAVRETO	3	PA; SP
GLEEVEC	E	SP
HERZUMA	E	SP
IBRANCE ORAL TABLET	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	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
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
INQOVI	E	SP
KANJINTI	2	PA; SP
KISQALI FEMARA	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; SP
KOSELUGO	3	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MEKINIST	3	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
OGIVRI	E	SP
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PEMAZYRE	E	SP
PHESGO	2	PA; SP
PIQRAY	3	PA; SP
POMALYST	3	PA; SP
RETEVMO	3	PA; SP
REVLIMID	2	PA; SP
REZLIDHIA	E	SP

Drug Name	Drug Tier	Notes
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	2	PA; SP
RYDAPT	3	PA; SP
RYLAZE	E	SP
SCEMBLIX ORAL TABLET 20 MG	3	PA; SP; QL
SCEMBLIX ORAL TABLET 40 MG	3	PA; SP
SPRYCEL	2	PA; SP
STIVARGA	2	PA; SP
SUTENT	E	SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSE ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSE ORAL TABLET 80 MG	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
TASIGNA	3	PA; SP
TAZVERIK	E	SP
temozolomide	1	PA; SP
TEPMETKO	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP
VEGZELMA	E	SP
VERZENIO	3	PA; SP
VIJOICE	E	SP
VITRAKVI	3	PA; SP
VIVIMUSTA	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
XALKORI ORAL CAPSULE	E	SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
DHIVY	E	
GOCOVRI	E	
INBRIJA	3	PA; SP
NEUPRO	3	
NOURIANZ	3	PA
ONGENTYS	3	ST
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST

Drug Name	Drug Tier	Notes
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	E	
lurasidone hcl	1	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
RYKINDO	3	++
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	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
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	++
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA	E	
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral tablet	1	
APRETUDE	E	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	E	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	
emtricitabine-tenofovir df	1	
EPCLUSA	2	PA; SP; QL
HARVONI	2	PA; SP; QL
JULUCA	2	
LAGEVRIO	3	QL
LEDIPASVIR- SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
SOFOSBUVIR- VELPATASVIR	E	M; SP

Drug Name	Drug Tier	Notes
SYMFI	2	
SYMFI LO	2	
SYMTUZA	3	
TAMIFLU	E	
TRIUMEQ	2	
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	E	
VOCABRIA	E	
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	
bupirone 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
LOREEV XR	E	
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	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
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
DOPTELET	3	PA; SP
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
EPOGEN	E	SP
ESPEROCT	3	SP
FULPHILA	E	SP
FYLNETRA	E	SP
GRANIX	E	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP

Drug Name	Drug Tier	Notes
NYVEPRIA	E	SP
PROCRIT	2	PA; SP
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RELEUKO	E	SP
RETACRIT	2	PA; SP
ROLVEDON	E	SP
SEVENFACT	E	SP
SOLIRIS	3	PA; SP
STIMUFEND	E	SP
TAVALISSE	3	PA; SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP
UDENYCA ONBODY	3	PA; SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	E	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	
ASPRUZYO SPRINKLE	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
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	E	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
CAMZYOS	E	SP
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	
COLESTID FLAVORED ORAL GRANULES 5 GM	E	

Drug Name	Drug Tier	Notes
CONJUPRI	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	E	M
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	E	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	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
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	PA
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
INPEFA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LEQVIO	E	
LESCOL XL	E	
LEVAMLODIPINE MALEATE	E	M
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
LODOCO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	

Drug Name	Drug Tier	Notes
MICARDIS	E	
MICARDIS HCT	E	
minoxidil oral	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL

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

Drug Name	Drug Tier	Notes
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
ROSZET	E	
simvastatin oral	1	
SOAANZ	E	
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	M
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT	E	
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
DYANAVEL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate oral capsule	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	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
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral tablet	1	QL
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	3	ST; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE ORAL CAPSULE	3	ST; QL
XELSTRYM	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	SP
AUBAGIO	E	SP
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	E	SP

Drug Name	Drug Tier	Notes
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
EXTAVIA	E	SP
fingolimod hcl	1	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	E	SP
glatiramer acetate	1	PA; SP; QL
glatopa	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
PONVORY	E	SP
PONVORY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TASCENSO ODT	E	SP
TECFIDERA	E	SP
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL

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

Drug Name	Drug Tier	Notes
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
CONTRACE	E	
DAYBUE	E	SP
EXSERVAN	E	
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
IMCIVREE	E	SP
INGREZZA	3	PA; SP; QL
LYRICA	E	
LYRICA CR	E	
phentermine hcl oral	1	++
pregabalin oral capsule	1	QL
QSYMIA	3	PA; ++
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
SAXENDA	3	PA; ++; QL
TEGLUTIK	2	PA; QL
TEGSEDI	3	PA; SP; QL
VYLEESI	3	PA; ++; QL
WEGOVY	3	PA; ++; QL

Drug Name	Drug Tier	Notes
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
accutane	1	
ACZONE	E	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ALA SCALP	E	
ala-cort	1	
amnesteem	1	
AMZEEQ	3	
APEXICON E	E	
ARAZLO	E	
azelaic acid external	1	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external ointment	1	
CAPEX	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
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	E	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CORDRAN	E	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
DUOBRII	E	
DUPIXENT	2	PA; SP; QL

Drug Name	Drug Tier	Notes
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EPSOLAY	E	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
fluocinonide external cream	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYFTOR	E	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPOYZ	E	
isotretinoin oral	1	
KENALOG EXTERNAL	E	
KLISYRI	3	ST
LEXETTE	E	
LITFULO	3	PA; SP; QL
METROGEL	E	

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

Drug Name	Drug Tier	Notes
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
NORITATE	E	
ONEXTON	1	
OPZELURA	E	
ORACEA	E	
PANDEL	E	
PROPECIA	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 %	3	PA; ++
RHOFADE	E	
SANTYL	3	QL
SOOLANTRA	3	
SORILUX	E	
TACLONEX	3	QL
tacrolimus external	1	QL
TAZAROTENE EXTERNAL FOAM	E	
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	++

Drug Name	Drug Tier	Notes
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
triderm	1	
TWYNEO	3	
ULTRAVATE	E	
VECTICAL	E	
VELTIN EXTERNAL GEL 1.2-0.025 %	E	
VERDESO EXTERNAL FOAM 0.05 %	E	
VTAMA	3	PA
VYJUVEK	3	PA; SP; QL
WINLEVI	E	
WYNZORA	3	QL
zenatane	1	
ZIANA	E	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BRENZAVVY	E	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
BYETTA 10 MCG PEN	2	PA; QL

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

Drug Name	Drug Tier	Notes
BYETTA 5 MCG PEN	2	PA; QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	M
DAPAGLIFLOZIN PROPANEDIOL	E	M
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA; QL

Drug Name	Drug Tier	Notes
ONGLYZA	E	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	PA; QL
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRIJARDY XR	2	
TRULICITY	2	PA; QL
TZIELD	E	
VICTOZA	2	PA; QL
XIGDUO XR	2	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CEQR SIMPLICITY 2U 10PK	2	++
CEQR SIMPLICITY INSERTER	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR	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
CONTOUR NEXT MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT	2	++
CONTOUR NEXT GEN TEST STRIPS	2	++; QL
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
DEXCOM G7 RECEIVER	2	PA; ++
DEXCOM G7 SENSOR	2	PA; ++
ENLITE GLUCOSE SENSOR	3	PA; ++
EVERSENSE E3 SENSOR/HOLDER	E	
EVERSENSE E3 SMART TRANSMITTER	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 READER	E	

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 3 SENSOR	E	
FREESTYLE LIBRE READER	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN CONNECT TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN SENSOR (3)	3	PA; ++
GUARDIAN SENSOR 3	3	PA; ++
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
TEMPO REFILL	E	
TEMPO SMART BUTTON	E	
TEMPO WELCOME	E	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGEN HYPOKIT	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
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius
GVOKE HYOPEN 1-PACK	E	
GVOKE HYOPEN 2-PACK	E	
GVOKE KIT	E	
GVOKE PFS	E	
ZEGALOGUE	2	
Diabetes - Insulins		
ADMELOG	1	++
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN	E	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
FIASP	1	++
FIASP FLEXTOUCH	1	++
FIASP PENFILL	1	++
HUMALOG	1	++
HUMALOG KWIKPEN	1	++
HUMALOG MIX 50/50 KWIKPEN	1	++
HUMALOG MIX 50/50 VIAL	1	++

Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25 KWIKPEN	1	++
HUMALOG MIX 75/25 VIAL	1	++
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N KWIKPEN	1	++
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R U-500 VIAL	1	++
HUMULIN R VIAL	1	++
INSULIN ASP PROT & ASP FLEXPEN	E	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	
INSULIN ASPART PENFILL	E	
INSULIN ASPART PROT & ASPART	E	
INSULIN DEGLUDEC	E	
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE-YFGN	E	
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	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
INSULIN LISPRO PROT & LISPRO	1	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LEVEMIR FLEXPEN	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	1	++
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	++
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	++
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	++
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 RELION	E	

Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	1	++
TOUJEO SOLOSTAR	1	++
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
CUVRIOR	E	SP
cyanocobalamin injection solution 1000 mcg/ml	1	++
cyanocobalamin nasal	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
JYNARQUE	E	SP
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	E	
LOKELMA	3	

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

Drug Name	Drug Tier	Notes
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), 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	E	
dexlansoprazole	1	++; QL
esomeprazole magnesium oral capsule delayed release	1	++; QL
famotidine oral suspension reconstituted	1	++
famotidine oral tablet 20 mg, 40 mg	1	++
KONVOMEK	E	
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL

Drug Name	Drug Tier	Notes
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	++; QL
sucralfate oral tablet	1	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	1	
gavilyte-g	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GOLYTELY	E	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate sublingual	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
IBSRELA	E	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
PLENVU	E	
PYLERA	3	
REBYOTA	3	PA; SP
RELISTOR	E	
RELTONE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	3	
TRULANCE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	M
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
VOWST	E	SP

Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
AMONDYS 45	E	SP
BUPHENYL	E	SP
CERDELGA	3	PA; SP
CREON	2	
ELEVIDYS	E	SP
ELFABRIO	E	SP
EXONDYS 51	E	SP
FABRAZYME	2	PA; SP
JAVYGTOR	E	SP
KUVAN	E	SP
NITYR	3	PA; SP
OLPRUVA (2 GM DOSE)	E	SP
OLPRUVA (3 GM DOSE)	E	SP
OLPRUVA (4 GM DOSE)	E	SP
OLPRUVA (5 GM DOSE)	E	SP
OLPRUVA (6 GM DOSE)	E	SP
OLPRUVA (6.67 GM DOSE)	E	SP
ORFADIN	3	PA; SP
PALYNZIQ	E	SP
PANCREAZE	E	
PERTZYE	E	
PHEBURANE	3	PA; SP
RAVICTI	E	SP
STRENSIQ	2	PA; SP
VIOKACE	E	
VYONDYS 53	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
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
VILTEPSO	E	SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	E	
CIALIS	E	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ELMIRON	E	
GEMTESA	E	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	E	
tadalafil oral	1	++; QL

Drug Name	Drug Tier	Notes
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	
TOVIAZ	E	
VELPHORO	3	
VESICARE	E	
VESICARE LS	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	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral	1	
prednisolone oral solution	1	

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

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL PUMP	E	
AVEED	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel	1	PA
TLANDO	E	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
CORTROPHIN	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP

Drug Name	Drug Tier	Notes
ganirelix acetate	1	PA; Made by Organon; ++; 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
ISTURISA	E	SP
LANREOTIDE ACETATE	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
LUPRON DEPOT-PED (6-MONTH)	3	PA; SP
MENOPUR	3	PA; ++; SP
MYCAPSSA	E	SP
NGENLA	3	PA; ++; SP
NORDITROPIN FLEXPPO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	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
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	2	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
RECORLEV	E	SP
SAIZEN	E	SP
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SKYTROFA	3	PA; ++; SP
SOGROYA	E	SP
SOMATULINE DEPOT	3	PA; SP
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
ZOMACTON	E	SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	++
altavera	1	++
alyacen 1/35	1	++
amabelz	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	++; QL
ANNOVERA	3	++; QL
apri	1	++
ashlyna	1	++; QL
aubra eq	1	++
aurovela 1.5/30	1	++

Drug Name	Drug Tier	Notes
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
balziva	1	++
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
briellyn	1	++
camila	1	++
camrese	1	++; QL
camrese lo	1	++; QL
chateal eq	1	++
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	++
cyred eq	1	++
dasetta 1/35	1	++
daysee	1	++; QL
deblitane	1	++
DELESTROGEN	E	
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
elinest	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
eluryng	1	++
ENDOMETRIN	2	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
haloette	1	++
heather	1	++
iclevia	1	++; QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
introvale	1	++; QL
isibloom	1	++
jaimiess	1	++; QL
jasmiel	1	++

Drug Name	Drug Tier	Notes
jencycla	1	++
jolessa	1	++; QL
juleber	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	++
kalliga	1	++
kurvelo	1	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonorgest-eth est & eth est	1	++; QL
levonorgest-eth estrad 91-day	1	++; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
levora 0.15/30 (28)	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	
lojaimiess	1	++; QL
loryna	1	++
low-ogestrel	1	++
lo-zumandimine	1	++
lutra	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
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin 24 fe	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
mimvey	1	
MIRENA (52 MG)	3	++
mono-linyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
necon 0.5/35 (28)	1	++
NEXTSTELLIS	E	
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	1	++
norethin ace-eth estrad-fe oral tablet	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norgestimate-eth estradiol	1	++
norgestimate-ethinyl estradiol triphasic	1	++

Drug Name	Drug Tier	Notes
norlyroc	1	++
nortrel 0.5/35 (28)	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
nylia 1/35	1	++
nymyo	1	++
ocella	1	++
ORIAHNN	2	PA; QL
philith	1	++
portia-28	1	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
reclipsen	1	++
rivelsa	1	++; QL
SAFYRAL	E	
setlakin	1	++; QL
sharobel	1	++
simpesse	1	++; QL
SLYND	E	
sprintec 28	1	++
sronyx	1	++
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	1	++
tri-estarylla	1	++
tri-linyah	1	++
tri-lo-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	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
tri-mili	1	++
tri-nymyo	1	++
tri-sprintec	1	++
tri-vylibra	1	++
tri-vylibra lo	1	++
turqoz	1	++
TWIRLA	E	
VAGIFEM	E	
vestura	1	++
vienva	1	++
VIVELLE-DOT	E	
vyfemla	1	++
vylibra	1	++
wera	1	++
xulane	1	++
YASMIN 28	E	
YAZ	E	
yuvafem	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ADTHYZA	3	ST
ARMOUR THYROID	3	ST
CYTOMEL	E	
ERMEZA	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	

Drug Name	Drug Tier	Notes
methimazole oral	1	
NIVA THYROID	3	ST
np thyroid oral tablet 15 mg, 30 mg, 60 mg	1	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	SP
ABRILADA (2 PEN)	E	SP
ABRILADA (2 SYRINGE)	E	SP
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
ADALIMUMAB-AACF (2 PEN)	E	SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-ADBM (2 PEN)	2	PA; SP; QL
ADALIMUMAB-ADBM (2 SYRINGE)	2	PA; SP; QL
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	PA; SP; QL
ADALIMUMAB-ADBM(PS/UV STARTER)	2	PA; SP; QL
ADALIMUMAB-FKJP	E	SP
AMJEVITA	2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
AMJEVITA-PED 10KG TO <15KG	2	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG	2	PA; SP; QL
ASCENIV	E	SP
AVSOLA	2	PA; SP
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA STARTER KIT	2	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	2	PA; SP; QL
CINRYZE	E	SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
CUTAQUIG	E	SP
CYLTEZO (2 PEN)	2	PA; SP; QL
CYLTEZO (2 SYRINGE)	2	PA; SP; QL
CYLTEZO-CD/UC/HS STARTER	2	PA; SP; QL
CYLTEZO-PSORIASIS/UV STARTER	2	PA; SP; QL
ENBREL	2	PA; SP; QL

Drug Name	Drug Tier	Notes
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
FIRAZYR	E	SP
HADLIMA	E	SP
HADLIMA PUSHTOUCH	E	SP
HAEGARDA	3	PA; SP
HIZENTRA	3	PA; SP
HULIO (2 PEN)	E	SP
HULIO (2 SYRINGE)	E	SP
HUMIRA (2 PEN)	2	PA; SP; QL
HUMIRA (2 SYRINGE)	2	PA; SP; QL
HUMIRA-CD/UC/HS STARTER	2	PA; SP; QL
HUMIRA-PED<40KG CROHNS STARTER	2	PA; SP; QL
HUMIRA-PED>=40KG CROHNS START	2	PA; SP; QL
HUMIRA-PED>=40KG UC STARTER	2	PA; SP; QL
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA; Made by Sandoz; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	2	PA; Made by Sandoz; SP; QL
HYRIMOZ-CROHNS/UC STARTER	2	PA; Made by Sandoz; SP; QL

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

Drug Name	Drug Tier	Notes
HYRIMOZ-PED<40KG CROHN STARTER	2	PA; Made by Sandoz; SP; QL
HYRIMOZ-PED>=40KG CROHN START	2	PA; Made by Sandoz; SP; QL
HYRIMOZ-PLAQUE PSORIASIS START	2	PA; Made by Sandoz; SP; QL
IDACIO (2 PEN)	E	SP
IDACIO (2 SYRINGE)	E	SP
IDACIO-CROHNS/UC STARTER	E	SP
IDACIO-PSORIASIS STARTER	E	SP
INFLECTRA	2	PA; SP
INFLIXIMAB	E	SP
JOENJA	E	SP
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
OLUMIANT	3	PA; SP; QL
ORENCIA CLICKJECT	3	PA; 3P; SP; QL
ORENCIA INTRAVENOUS	3	PA; 3P; SP

Drug Name	Drug Tier	Notes
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
OTREXUP	E	
PANZYGA	E	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	E	SP
REZUROCK	E	SP
RINVOQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
SOTYKTU	3	PA; 3P; SP; QL
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; SP
TALTZ	3	PA; 3P; SP; QL
TREMFYA	2	PA; SP; QL
TREXALL	3	
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	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
YUFLYMA (1 PEN)	E	SP
YUFLYMA (2 PEN)	E	SP
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	SP
YUFLYMA-CD/UC/HS STARTER	E	SP
YUSIMRY	E	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide oral	1	
CANASA	E	
CORTIFOAM	3	
DELZICOL	E	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release	1	
PENTASA	E	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral tablet	1	
TARPEYO	E	SP
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
FORTEO	E	SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BD ULTRA-FINE PEN NEEDLES	2	++
DOJOLVI	E	
DUROLANE	2	PA
DYSPORT	2	PA
ENDARI	3	PA
EUFLEXXA	2	PA
FIRDAPSE	E	SP
GEL-ONE	E	
GELSYN-3	2	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
GENVISC 850	E	
HYALGAN	E	
HYMOVIS	E	
KERENDIA	3	PA; QL
LIVMARLI	E	SP
MONOVISC	E	
MYOBLOC	2	PA
NOVOFINE AUTOCOVER PEN NEEDLE	2	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
OMNIPOD 5 G6 INTRO (GEN 5)	2	++
OMNIPOD 5 G6 PODS (GEN 5)	2	++
OMNIPOD CLASSIC PODS (GEN 3)	2	++
OMNIPOD DASH INTRO (GEN 4)	2	++
OMNIPOD DASH PODS (GEN 4)	2	++
OMNIPOD GO	2	++
ORTHOVISC	E	
OXBRYTA	E	SP
PALFORZIA	E	SP
PHEXXI	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
SYNVISC	E	
SYNVISC ONE	E	
TAVNEOS	E	SP
TRILURON	E	
TRIVISC	E	

Drug Name	Drug Tier	Notes
VEOZAH	E	
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
VISCO-3	E	
VYVGART	3	PA; SP
VYVGART HYTRULO	3	PA; SP
XEOMIN	2	PA
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BEPREVE	E	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin- dexameth ophthalmic ointment	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
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PROLENSA	E	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	E	
ZERVIATE	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
COMBIGAN	E	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IYUZEH	E	
latanoprost ophthalmic	1	
LUMIGAN	2	QL

Drug Name	Drug Tier	Notes
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	E	
TRAVATAN Z	E	
VUITY	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
BYOOVIZ	E	SP
CEQUA	E	
CIMERLI	2	PA; SP
cyclosporine ophthalmic	E	
IZERVAY	3	PA; SP
LATISSE	E	
LUCENTIS	E	SP
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
TYRVAYA	3	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
VERKAZIA	E	
XIIDRA	2	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution 1 mg/ml	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	

Drug Name	Drug Tier	Notes
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
RYALTRIS	3	QL
XHANCE	E	
ZETONNA	3	++; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRDUO DIGIHALER	E	
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
AIRSUPRA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	M
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARMONAIR DIGIHALER	E	
ARNUIITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	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
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q	3	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	1	QL
breyna	E	
BREZTRI AEROSPHERE	2	QL
BROVANA	E	
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
ESBRIET	E	SP
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
FLUTICASONE FUROATE-VILANTEROL	E	M
FLUTICASONE PROPIONATE DISKUS	E	M
FLUTICASONE PROPIONATE HFA	E	M

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	M
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	M
INCRUSE ELLIPTA	E	
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	2	QL

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Drug Name	Drug Tier	Notes
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
VENTOLIN HFA	E	
wixela inhub	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
XOPENEX HFA	E	
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	SP
CAYSTON	E	SP
KITABIS PAK	E	SP
PULMOZYME	2	PA; SP
TOBI NEBULIZER	E	SP

Drug Name	Drug Tier	Notes
TOBI PODHALER	3	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
LIQREV	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN	E	SP
REVATIO	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TADLIQ	E	SP
TRACLEER 62.5 MG, 125 MG	E	SP
treprostinil	1	PA; Made by Sandoz; SP
TYVASO	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL

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

Drug Name	Drug Tier	Notes
TYVASO REFILL	3	PA; SP; QL
TYVASO STARTER	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
BACLOFEN ORAL SOLUTION 10 MG/5ML	E	
BACLOFEN ORAL SOLUTION 5 MG/5ML	E	M
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
FLEQSUVY	E	
LORZONE	3	
LYVISPAH	E	
methocarbamol oral	1	
NORGESIC	E	
NORGESIC FORTE	E	
ORPHENGESIC FORTE	E	M
OZOBAX DS	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL

Drug Name	Drug Tier	Notes
HETLIOZ	E	SP
HETLIOZ LQ	E	SP
LUMRYZ	E	SP
LUNESTA	E	
modafinil oral	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
RESTORIL	E	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; Made by Hikma; M; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	Made by Amneal; M; SP
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	E	SP
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	E	
zolpidem tartrate oral tablet	1	QL

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

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citalopram hydrobromide.....	10	CORTISONE ACETATE.....	30	DEPEN TITRATABS.....	30
claravis.....	22	CORTROPHIN.....	31	DEPO-TESTOSTERONE.....	31
CLARINEX.....	41	COSELA.....	12	DESCOVY.....	15
CLARINEX-D 12 HOUR.....	41	COSENTYX (300 MG DOSE)...	36	desmopressin acetate.....	31
clarithromycin.....	8	COSENTYX 150 MG/ML.....	36	desvenlafaxine succinate er.....	10
CLENPIQ.....	28	COSENTYX SENSOREADY		dexamethasone.....	30
CLEOCIN.....	8	(300 MG).....	36	DEXCOM G6 RECEIVER.....	25
CLIMARA.....	32	COSENTYX SENSOREADY		DEXCOM G6 SENSOR.....	25
CLIMARA PRO.....	32	PEN.....	36	DEXCOM G6 TRANSMITTER..	25
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clindacin-p.....	22	COSOPT.....	40	DEXCOM G7 SENSOR.....	25
CLINDAGEL.....	22	COSOPT PF.....	40	DEXILANT.....	28
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benzoyl peroxide.....	22	CREON.....	29	dextroamphetamine sulfate.....	19
CLINDESSE.....	8	CRESEMBA.....	11	DHIVY.....	14
clobetasol propionate.....	22	CRESTOR.....	17	diazepam.....	15
CLOBEX.....	22	cryselle-28.....	32	DICLOFENAC PATCH 1.3%.....	6
CLOBEX SPRAY.....	22	CUPRIMINE.....	30	diclofenac potassium.....	6
CLODERM.....	22	CUTAQUIG.....	36	diclofenac sodium.....	6
clonazepam.....	15	CUVRIOR.....	27	dicyclomine hcl.....	28
clonidine hcl.....	17	cyanocobalamin.....	27	DIFFERIN.....	22
clopidogrel bisulfate.....	14	cyclobenzaprine hcl.....	44	DIFICID.....	8
clotrimazole.....	11	cyclosporine.....	40	digoxin.....	17
clotrimazole-betamethasone.....	11	CYLTEZO (2 PEN).....	36	DILANTIN.....	9
colchicine.....	11	CYLTEZO (2 SYRINGE).....	36	DILANTIN INFATABS.....	9
COLESTID.....	17	CYLTEZO-CD/UC/HS		DILAUDID.....	6
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COMBIGAN.....	40	CYLTEZO-PSORIASIS/UV		dimethyl fumarate.....	20
COMBIVENT RESPIMAT.....	42	STARTER.....	36	DIOVAN.....	17
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dorzolamide hcl-timolol mal pf..	40	ENSTILAR.....	22	FABRAZYME.....	29
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DOVATO.....	15	EPCLUSA.....	15	famotidine.....	28
doxazosin mesylate.....	17	EPIDIOLEX.....	9	FARXIGA.....	24
doxepin hcl.....	10	EPIDUO.....	22	FASENRA.....	42
doxycycline hyclate.....	8	EPIDUO FORTE.....	22	FASENRA PEN.....	42
DOXYCYCLINE HYCLATE.....	8	epinephrine.....	42	fenofibrate.....	17
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drospirenone-ethinyl estradiol...	32	EPIPEN JR 2-PAK.....	42	FENTANYL CITRATE.....	6
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DUOBRII.....	22	ERLEADA.....	12	finasteride.....	30
DUPIXENT.....	22	ERMEZA.....	35	finngolimod hcl.....	20
DUROLANE.....	38	errin.....	33	FIORICET.....	6
dutasteride.....	30	erythromycin.....	39	FIORICET/CODEINE.....	6
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DYMISTA.....	41	escitalopram oxalate.....	10	FIRDAPSE.....	38
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ELESTRIN.....	32	estradiol-norethindrone acet.....	33	fluconazole.....	11
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ELEVIDYS.....	29	eszopiclone.....	44	fluocinonide.....	22
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elinest.....	32	EUCRISA.....	22	FLUTICASON FUROATE-	
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LORZONE.....	44	metformin hcl er (mod).....	24	mupirocin.....	8
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LUCENTIS.....	40	methylphenidate hcl er (la).....	19	na sulfate-k sulfate-mg sulf.....	29
LUMAKRAS.....	13	methylphenidate hcl er (osm)....	20	nabumetone.....	7
LUMIGAN.....	40	methylphenidate hcl er (xr).....	20	nadolol.....	18

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naltrexone hcl.....	7	norlyroc.....	34	NUZYRA.....	8
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nitrofurantoin macrocrystal.....	8	NOVOLOG FLEXPEN.....	27	OMNIPOD 5 G6 PODS (GEN.....	
nitrofurantoin monohydrate.....	8	NOVOLOG FLEXPEN.....		5).....	39
nitroglycerin.....	18	RELION.....	27	OMNIPOD CLASSIC PODS.....	
NITROSTAT.....	18	NOVOLOG MIX 70/30.....		(GEN 3).....	39
NITYR.....	29	FLEXPEN.....	27	OMNIPOD DASH INTRO.....	
NIVA THYROID.....	35	NOVOLOG MIX 70/30.....		(GEN 4).....	39
NIVESTYM.....	16	RELION.....	27	OMNIPOD DASH PODS (GEN.....	
nora-be.....	34	NOVOLOG MIX 70/30 VIAL.....	27	4).....	39
NORDITROPIN FLEXPRO.....	31	NOVOLOG PENFILL.....	27	OMNIPOD GO.....	39
norelgestromin-eth estradiol.....	34	NOVOLOG RELION.....	27	OMNITROPE.....	32
norethin ace-eth estrad-fe.....	34	NOVOLOG U-100 VIAL.....	27	ondansetron hcl.....	11
norethindrone.....	34	np thyroid.....	35	ondansetron odt.....	11
norethindrone acetate.....	34	NUBEQA.....	13	ONETOUCH ULTRA 2 KIT.....	
norethindrone acet-ethinyl est...34		NUCALA.....	42	W/DEVICE.....	25
NORGESIC.....	44	NUCYNTA.....	6	ONETOUCH ULTRA TEST.....	
NORGESIC FORTE.....	44	NUCYNTA ER.....	6	STRIPS.....	25
norgestimate-eth estradiol.....	34	NURTEC.....	12	ONETOUCH VERIO FLEX.....	
norgestimate-ethinyl estradiol.....	34	NUTROPIN AQ NUSPIN 10.....	31	SYSTEM.....	25
triphasic.....	34	NUTROPIN AQ NUSPIN 20.....	32	ONETOUCH VERIO KIT.....	
		NUTROPIN AQ NUSPIN 5.....	32	W/DEVICE.....	25
		NUVESSA.....	8		

ONETOUCH VERIO		PAXLOVID (150/100).....	15	PREVACID.....	28
REFLECT KIT W/DEVICE.....	25	PAXLOVID (300/100).....	15	PREVACID SOLUTAB.....	28
ONEXTON.....	23	peg 3350-kcl-na bicarb-nacl.....	29	PREZCOBIX.....	15
ONFI.....	9	peg-3350/electrolytes.....	29	primidone.....	9
ONGENTYS.....	14	PEMAZYRE.....	13	PRISTIQ.....	10
ONGLYZA.....	24	penicillamine.....	30	PROAIR DIGIHALER.....	42
ONTRUZANT.....	13	penicillin v potassium.....	8	PROAIR RESPICLICK.....	42
ONZETRA XSAIL.....	12	PENNSAID.....	7	prochlorperazine maleate.....	11
OPSUMIT.....	43	PENTASA.....	38	PROCRT.....	16
OPVEE.....	7	PERCOCET.....	6	PROCTOFOAM HC.....	38
OPZELURA.....	23	PERFOROMIST.....	42	procto-med hc.....	38
ORACEA.....	23	periogard.....	21	proctosol hc.....	38
ORENCIA.....	37	PERSERIS.....	14	proctozone-hc.....	38
ORENCIA CLICKJECT.....	37	PERTZYE.....	29	progesterone.....	34
ORENITRAM.....	43	PHEBURANE.....	29	PROLENSA.....	40
ORENITRAM MONTH 1.....	43	phenazo.....	30	PROLIA.....	38
ORENITRAM MONTH 2.....	43	phenazopyridine hcl.....	30	PROMACTA.....	16
ORENITRAM MONTH 3.....	43	phentermine hcl.....	21	promethazine hcl.....	11
ORFADIN.....	29	PHESGO.....	13	promethazine-dm.....	41
ORGOVYX.....	13	PHEXXI.....	39	PROMETRIUM.....	34
ORIAHNN.....	34	philit.....	34	PROPECIA.....	23
ORLISSA.....	32	pioglitazone hcl.....	24	propranolol hcl.....	18
ORLADEYO.....	37	PIQRAY.....	13	propranolol hcl er.....	18
ORPHENGESIC FORTE.....	44	PLAQUENIL.....	14	PROTONIX.....	28
ORTHOVISC.....	39	PLAVIX.....	14	PROVENTIL HFA.....	42
oseltamivir phosphate.....	15	PLEGRIDY.....	20	PROVIGIL.....	44
OSMOLEX ER.....	14	PLEGRIDY STARTER PACK...	20	PROZAC.....	10
OSPHENA.....	32	PLENVU.....	29	pseudoephedrine-bromphen-	
OTEZLA.....	37	polymyxin b-trimethoprim.....	40	dm.....	41
OTREXUP.....	37	POMALYST.....	13	PULMICORT FLEXHALER.....	42
OVIDREL.....	32	PONVORY.....	20	PULMICORT SUSPENSION...	42
OXBRYTA.....	39	PONVORY STARTER PACK...	20	PULMOZYME.....	43
oxcarbazepine.....	9	portia-28.....	34	PYLERA.....	29
OXTELLAR XR.....	9	potassium chloride crys er.....	28	QBREXZA.....	23
oxybutynin chloride.....	30	potassium chloride er.....	28	QDOLO.....	6
oxybutynin chloride er.....	30	potassium citrate er.....	28	QELBREE.....	20
OXYCODONE HCL.....	6	PRADAXA.....	8	QNASL.....	41
oxycodone hcl.....	6	PRALUENT.....	18	QNASL CHILDRENS.....	41
OXYCODONE HCL ER.....	6	pramipexole dihydrochloride.....	14	QSYMIA.....	21
oxycodone-acetaminophen.....	6	prasugrel hcl.....	14	QTERN.....	24
OXYCONTIN.....	6	pravastatin sodium.....	18	QUDEXY XR.....	9
OZEMPIC.....	24	prazosin hcl.....	18	QUESTRAN.....	18
OZOBAX DS.....	44	PRED FORTE.....	40	QUESTRAN LIGHT.....	18
PALFORZIA.....	39	PRED MILD.....	40	quetiapine fumarate.....	14
PALYNZIQ.....	29	prednisolone.....	30	quetiapine fumarate er.....	14
PANCREAZE.....	29	prednisolone acetate.....	40	QUILLICHEW ER.....	20
PANDEL.....	23	prednisolone sodium		QUILLIVANT XR.....	20
PANRETIN.....	13	phosphate.....	31	QULIPTA.....	12
pantoprazole sodium.....	28	prednisone.....	31	QUVIVIQ.....	44
PANZYGA.....	37	pregabalin.....	21	QVAR REDIHALER.....	42
paroxetine hcl.....	10	PREMARIN.....	34	RABEPRAZOLE SODIUM.....	28
PAXIL.....	10	PREMPHASE.....	34	rabeprazole sodium.....	28
PAXIL CR.....	10	PREMPRO.....	34	RADICAVA ORS.....	21

RADICAVA ORS STARTER KIT.....	21	RITALIN.....	20	simvastatin.....	19
ramipril.....	18	RITALIN LA.....	20	SINGULAIR.....	43
ranolazine er.....	18	rivelsa.....	34	SKYRIZI.....	37
RASUVO.....	37	rizatriptan benzoate.....	12	SKYRIZI PEN.....	37
RAVICTI.....	29	ROCKLATAN.....	40	SKYTROFA.....	32
RAYALDEE.....	38	ROLVEDON.....	16	SLYND.....	34
RAYOS.....	31	ropinirole hcl.....	14	SOAANZ.....	19
REBIF.....	20	rosuvastatin calcium.....	19	SODIUM OXYBATE.....	44
REBIF REBIDOSE.....	20	ROSZET.....	19	SOFOBUVIR-VELPATASVIR.....	15
REBIF REBIDOSE TITRATION PACK.....	20	roweepra.....	9	SOGROYA.....	32
REBIF TITRATION PACK.....	20	ROXICODONE.....	6	solifenacin succinate.....	30
REBINYN.....	16	ROXYBOND.....	6	SOLIQUA.....	24
REBYOTA.....	29	ROZLYTREK.....	13	SOLIRIS.....	16
reclipsen.....	34	RUBRACA.....	13	SOLODYN.....	8
RECOMBINATE.....	16	RUCONEST.....	37	SOMA.....	44
RECORLEV.....	32	RUXIENCE.....	13	SOMATULINE DEPOT.....	32
RELAFEN DS.....	7	RYALTRIS.....	41	SOOLANTRA.....	23
RELEUKO.....	16	RYBELSUS.....	24	SORILUX.....	23
RELEXXII.....	20	RYDAPT.....	13	SOTYKTU.....	37
RELISTOR.....	29	RYKINDO.....	14	SPIRIVA HANDIHALER.....	43
RELPAK.....	12	RYLAZE.....	13	SPIRIVA RESPIMAT.....	43
RELTONE.....	29	RYTARY.....	14	spironolactone.....	19
REMICADE.....	37	SABRIL.....	9	SPRAVATO (56 MG DOSE).....	10
REMODULIN.....	43	SAFYRAL.....	34	SPRAVATO (84 MG DOSE).....	10
RENFLEXIS.....	37	SAIZEN.....	32	sprintec 28.....	34
REPATHA.....	18	SANCUSO.....	11	SPRIX.....	7
REPATHA PUSHTRONEX SYSTEM.....	18	SANDOSTATIN.....	32	SPRYCEL.....	13
REPATHA SURECLICK.....	19	SANTYL.....	23	sronyx.....	34
RESTASIS.....	40	SAPHRIS.....	14	STEGLATRO.....	24
RESTASIS MULTIDOSE.....	40	SAXENDA.....	21	STEGLUJAN.....	24
RESTORIL.....	44	SCEMBLIX.....	13	STELARA.....	37
RETACRIT.....	16	scopolamine.....	11	STENDRA.....	30
RETEVMO.....	13	SECUADO.....	14	STIMUFEND.....	16
RETIN-A.....	23	SEGLENTIS.....	6	STIOLTO RESPIMAT.....	43
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	23	SEGLUROMET.....	24	STIVARGA.....	13
RETIN-A MICRO PUMP.....	23	SEMGLEE (YFGN).....	27	STRATTERA.....	20
REVATIO.....	43	SENSIPAR.....	38	STRENSIQ.....	29
REVLIMID.....	13	SEREVENT DISKUS.....	43	STRIVERDI RESPIMAT.....	43
REXULTI.....	14	SEROQUEL.....	14	SUBLOCADE.....	7
REYVOW.....	12	SEROQUEL XR.....	14	SUBOXONE.....	7
REZLIDHIA.....	13	SERTRALINE HCL.....	10	subvenite.....	9
REZUROCK.....	37	sertraline hcl.....	10	sucralfate.....	28
REZVOGLAR KWIKPEN.....	27	setlakin.....	34	SUFLAVE.....	29
RHOFADE.....	23	SEVENFACT.....	16	sulfamethoxazole-trimethoprim... ..	8
RHOPRESSA.....	40	SEYSARA.....	8	sulfasalazine.....	38
RIABNI.....	13	sharobel.....	34	sulfatrim pediatric.....	8
RINVOQ.....	37	SIGNIFOR.....	32	sumatriptan succinate.....	12
RISPERDAL.....	14	sildenafil citrate.....	30, 43	SUNOSI.....	44
risperidone.....	14	SILVADENE.....	8	SUPARTZ FX.....	39
		SIMBRINZA.....	40	SUPPRELIN LA.....	32
		simpesse.....	34	SUPREP BOWEL PREP KIT... ..	29
		SIMPONI.....	37	SUTAB.....	29
		SIMPONI ARIA.....	37	SUTENT.....	13

syeda.....	34	TENORMIN.....	19	trazodone hcl.....	10
SYMBICORT.....	43	TEPMETKO.....	13	TREANDA.....	13
SYMFI.....	15	terbinafine hcl.....	11	TRELEGY ELLIPTA.....	43
SYMFI LO.....	15	terconazole.....	11	TREMFYA.....	37
SYMLINPEN 120.....	24	TERIPARATIDE		treprostinil.....	43
SYMLINPEN 60.....	24	(RECOMBINANT).....	38	TRESIBA.....	27
SYMPAZAN.....	9	TESTIM.....	31	TRESIBA FLEXTOUCH.....	27
SYMPROIC.....	29	TESTOPEL.....	31	tretinoin.....	23
SYMTUZA.....	15	testosterone.....	31	TREXALL.....	37
SYNJARDY.....	24	testosterone cypionate.....	31	TREXIMET.....	12
SYNJARDY XR.....	24	TEZSPIRE.....	43	TREZIX.....	6
SYNOJOYNT.....	39	THIOLA.....	30	triamcinolone acetonide.....	23
SYNTHROID.....	35	THIOLA EC.....	30	triamcinolone in absorbase.....	23
SYNVISC.....	39	THYQUIDITY.....	35	triamterene-hctz.....	19
SYNVISC ONE.....	39	TIKOSYN.....	19	triazolam.....	15
TABRECTA.....	13	timolol maleate.....	40	TRIBENZOR.....	19
TACLONEX.....	23	timolol maleate (once-daily).....	40	TRICOR.....	19
tacrolimus.....	23, 37	timolol maleate ocudose.....	40	triderm.....	23
tadalafil.....	30	timolol maleate pf.....	40	tri-estarylla.....	34
TADLIQ.....	43	TIMOPTIC OCUDOSE.....	40	TRIJARDY XR.....	24
TAFINLAR.....	13	tiotropium bromide		TRIKAFTA.....	43
TAGRISSE.....	13	monohydrate.....	43	TRILEPTAL.....	9
TAKHZYRO.....	37	TIROSINT.....	35	tri-lynyah.....	34
TALICIA.....	29	TIROSINT-SOL.....	35	tri-lo-estarylla.....	34
TALTZ.....	37	tizanidine hcl.....	44	tri-lo-marzia.....	34
TALZENNA.....	13	TLANDO.....	31	tri-lo-mili.....	34
TAMIFLU.....	15	TOBI NEBULIZER.....	43	tri-lo-sprintec.....	34
tamoxifen citrate.....	13	TOBI PODHALER.....	43	TRILURON.....	39
tamsulosin hcl.....	30	TOBRADEX ST.....	40	tri-mili.....	35
TARGADOX.....	8	tobramycin.....	40	TRINTELLIX.....	10
TARGRETIN.....	13	TOBRAMYCIN.....	43	tri-nymyo.....	35
tarina 24 fe.....	34	tobramycin-dexamethasone.....	40	TRIPTODUR.....	32
tarina fe 1/20 eq.....	34	TOLSURA.....	11	tri-sprintec.....	35
TARPEYO.....	38	tolterodine tartrate er.....	30	TRIUMEQ.....	15
TASCENSO ODT.....	20	TOPAMAX.....	9	TRIVISC.....	39
TASIGNA.....	13	TOPAMAX SPRINKLE.....	9	tri-vylibra.....	35
TAVALISSE.....	16	TOPICORT SPRAY.....	23	tri-vylibra lo.....	35
TAVNEOS.....	39	topiramate.....	9	TROKENDI XR.....	9
TAZAROTENE.....	23	TOPROL XL.....	19	TRUDHESA.....	12
TAZORAC.....	23	torsemide.....	19	TRULANCE.....	29
TAZVERIK.....	13	TOSYMRA.....	12	TRULICITY.....	24
TECFIDERA.....	20	TOUJEO MAX SOLOSTAR.....	27	TRUVADA.....	15
TEGLUTIK.....	21	TOUJEO SOLOSTAR.....	27	TRUXIMA.....	13
TEGRETOL.....	9	TOVIAZ.....	30	TUDORZA PRESSAIR.....	43
TEGRETOL-XR.....	9	TRACLEER.....	43	turqoz.....	35
TEGSEDI.....	21	TRADJENTA.....	24	TWIRLA.....	35
TEKTURNA.....	19	TRAMADOL HCL (ER		TWYNEO.....	23
telmisartan.....	19	BIPHASIC).....	6	TYMLOS.....	38
temazepam.....	44	TRAMADOL HCL IR.....	6	TYRVAYA.....	40
temozolomide.....	13	tramadol hcl ir.....	6	TYVASO.....	43
TEMPO REFILL.....	25	tranexamic acid.....	16	TYVASO DPI MAINTENANCE	
TEMPO SMART BUTTON.....	25	TRAVATAN Z.....	40	KIT.....	43
TEMPO WELCOME.....	25	TRAZIMERA.....	13	TYVASO DPI TITRATION KIT..	43

TYVASO REFILL.....	44	VILTEPSO.....	30	XELJANZ XR.....	37
TYVASO STARTER.....	44	VIMOVO.....	7	XELSTRYM.....	20
TZIELD.....	24	VIMPAT.....	9	XEMBIFY.....	37
UBRELVY.....	12	VIOKACE.....	29	XEOMIN.....	39
UCERIS.....	38	VISCO-3.....	39	XEPI.....	8
UDENYCA.....	16	vitamin d (ergocalciferol).....	28	XHANCE.....	41
UDENYCA ONBODY.....	16	VITRAKVI.....	13	XIFAXAN.....	8
ULTOMIRIS.....	16	VIVELLE-DOT.....	35	XIGDUO XR.....	24
ULTRAVATE.....	23	VIVIMUSTA.....	13	XIIDRA.....	41
unithroid.....	35	VIVITROL.....	7	XIMINO.....	8
URSODIOL.....	29	VIVJOA.....	11	XOFLUZA (40 MG DOSE).....	15
UZEDY.....	15	VOCABRIA.....	15	XOFLUZA (80 MG DOSE).....	15
VAGIFEM.....	35	VOGELXO.....	31	XOLAIR.....	43
valacyclovir hcl.....	15	VOGELXO PUMP.....	31	XOPENEX HFA.....	43
VALIUM.....	15	VOQUEZNA DUAL PAK.....	29	XTAMPZA ER.....	6
VALSARTAN.....	19	VOQUEZNA TRIPLE PAK.....	29	XTANDI.....	14
valsartan.....	19	VOSEVI.....	15	xulane.....	35
valsartan-hydrochlorothiazide.....	19	VOWST.....	29	XYNTHA.....	16
VALTOCO.....	9	VRAYLAR.....	15	XYNTHA SOLOFUSE.....	16
VALTREX.....	15	VTAMA.....	23	XYOSTED.....	31
varenicline tartrate.....	7	VUITY.....	40	XYREM.....	44
VARUBI (180 MG DOSE).....	11	VUMERITY.....	20	XYWAV.....	44
VASCEPA.....	19	vyfemla.....	35	YASMIN 28.....	35
VECTICAL.....	23	VYJUVEK.....	23	YAZ.....	35
VEGZELMA.....	13	VYLEESI.....	21	YONSA.....	14
VELPHORO.....	30	vylibra.....	35	YOSPRALA.....	14
VELTASSA.....	28	VYONDYS 53.....	29	YUFLYMA (1 PEN).....	38
VELTIN.....	23	VYTORIN.....	19	YUFLYMA (2 PEN).....	38
VEMLIDY.....	15	VYVANSE.....	20	YUFLYMA (2 SYRINGE).....	38
VENLAFAXINE BESYLATE		VYVGART.....	39	YUFLYMA-CD/UC/HS	
ER.....	10	VYVGART HYTRULO.....	39	STARTER.....	38
venlafaxine hcl.....	10	VYZULTA.....	40	YUPELRI.....	43
venlafaxine hcl er.....	10	WAKIX.....	44	YUSIMRY.....	38
VENTOLIN HFA.....	43	warfarin sodium.....	8	yuvafem.....	35
VEOZAH.....	39	WEGOVI.....	21	zafemy.....	35
verapamil hcl er.....	19	WELCHOL.....	19	ZANAFLEX.....	44
VERDESO.....	23	WELLBUTRIN SR.....	11	ZARXIO.....	16
VERKAZIA.....	41	WELLBUTRIN XL.....	11	ZAVZPRET.....	12
VERQUVO.....	19	wera.....	35	ZEGALOGUE.....	26
VERZENIO.....	13	WILATE.....	16	ZEGERID.....	28
VESICARE.....	30	WINLEVI.....	23	ZEJULA.....	14
VESICARE LS.....	30	wixela inhub.....	43	ZELBORAF.....	14
vestura.....	35	WYNZORA.....	23	ZEMBRACE SYMTOUCH.....	12
V-GO 20.....	39	XACIATO.....	8	zenatane.....	23
V-GO 30.....	39	XALATAN.....	40	ZENPEP.....	30
V-GO 40.....	39	XALKORI.....	14	ZENZEDI.....	20
VIAGRA.....	30	XANAX.....	15	ZEPOSIA.....	20
VIBERZI.....	29	XANAX XR.....	15	ZEPOSIA 7-DAY STARTER	
VICTOZA.....	24	XARELTO.....	9	PACK.....	21
vienva.....	35	XARELTO STARTER PACK.....	9	ZEPOSIA STARTER KIT.....	21
VIGAMOX.....	40	XCOPRI.....	9	ZERVIAE.....	40
VIJOICE.....	13	XDEMVI.....	40	ZESTRIL.....	19
vilazodone hcl.....	10	XELJANZ.....	37	ZETIA.....	19

ZETONNA.....	41
ZIANA.....	23
ZIEXTENZO.....	16
ZILXI.....	23
ZIMHI.....	7
ZIOPTAN.....	40
ziprasidone hcl.....	15
ZIPSOR.....	7
ZIRABEV.....	14
ZOCOR.....	19
ZOLGENSMA.....	30
ZOLOFT.....	11
ZOLPIDEM TARTRATE.....	44
zolpidem tartrate.....	44
zolpidem tartrate er.....	44
ZOMACTON.....	32
ZONEGRAN.....	9
ZONISADE.....	9
zonisamide.....	9
ZORYVE.....	23
ZOVIRAX.....	15
ZTLIDO.....	7
ZUBSOLV.....	7
zumandimine.....	35
ZYCLARA.....	23
ZYCLARA PUMP.....	23
ZYLET.....	41
ZYPITAMAG.....	19
ZYPREXA.....	15
ZYTIGA.....	14

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Premium

July 1, 2024 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements



Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications	
ANALGESICS			
Non-Steroidal Anti-Inflammatory Agents	Oral	Diclofenac cap 35mg (M), Zorvolex	celecoxib, diclofenac, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac
		Qmiiz ODT	meloxicam
		Relafen DS	nabumetone
	Other	Ketorolac nasal spray (M), Sprix nasal spray	diclofenac, ibuprofen, meloxicam
	Topical	Diclofenac patch (M), Flector, Licart	Any preferred/generic oral non-steroidal anti-inflammatory agent (examples: diclofenac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, naproxen)
Opioid Analgesics	Combinations	Apadaz, Benzhydrocodone/acetaminophen	endocet, hydrocodone/acetaminophen, oxycodone/acetaminophen
		Seglantis	tramadol, celecoxib
	Oral Long-Acting	Nucynta ER, Oxycodone ER (M)	hydrocodone bitartrate ER 24HR, hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Hysingla ER, OxyContin, Xtampza ER
		Conzip, Tramadol ER 100mg, 200mg, 300mg cap (M)	tramadol ER

(M) Co-branded product

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

² Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. **Continuation of Therapy** will not be provided for any other excluded drugs.

Preferred NDCs only

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications	
ANALGESICS			
Opioid Analgesics	Oral Short-Acting	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
		Qdolo, Tramadol solution (M)	tramadol tab
		Roxybond	oxycodone IR
	Transmucosal Fentanyl Analgesics	Fentora, Fentanyl Citrate Buccal Tab (M), Lazanda, Subsys	fentanyl citrate lozenge
Skeletal Muscle Relaxants	Norgesic, Norgesic Forte, Orphenesic Forte (M)	orphenadrine tab, aspirin	
Spasticity	Baclofen solution, Lyvispah, Ozobax/Ozobax DS solution	baclofen tab	
ANTIANSIETY AGENTS			
Antianxiety Agents	Loreev XR	clonazepam, diazepam, lorazepam, oxazepam, temazepam	
ANTIBACTERIALS			
Oral Antibiotics	Doryx, Doryx MPC, Doxycycline Hyclate DR 80mg, Minolira	doxycycline, minocycline	
	Lymepak	doxycycline	
	Nitrofurantoin susp 50mg/5ml	nitrofurantoin cap, susp 25mg/5ml, tab	
	Xifaxan 200mg tab	Please talk to your doctor about clinically appropriate options.	
Vaginal Anti-Infectives	Cleocin vaginal suppositories, Nuversa gel	clindamycin vaginal cream, metronidazole vaginal gel, Clindesse cream, Xaciato	
ANTICONVULSANTS			
Seizure Disorders	Elepsia XR ¹	levetiracetam	
	Eprontia ¹	topiramate sprinkle	
	Oxtellar XR ¹	oxcarbazepine IR	
	Zonisade susp ¹	zonisamide cap	

(M) Co-branded product

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Preferred NDCs only

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
ANTIDEPRESSANTS		
Antidepressants	Bupropion XL (M) ¹ , Forfivo XL ¹	bupropion XL
	Auvelity ¹	bupropion, citalopram tab, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine ER/IR, sertraline tab/sol, venlafaxine ER/IR
	Citalopram cap 30mg ¹	citalopram tab
	Sertraline cap ¹	sertraline tab
	Venlafaxine ER 112.5mg ¹	venlafaxine ER 37.5mg, 75mg, 150mg, 225mg
ANTIFUNGALS, ORAL		
Oral Antifungals	Brexafemme, Vivjoa	fluconazole tab
	Tolsura	itraconazole cap
ANTIMIGRAINES		
CGRP Antagonists	Emgality 120mg/ml	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Ajovy
Ergotamine Derivative (alpha)	Trudhesa	dihydroergotamine
Non-Steroidal Anti-Inflammatory Agents	Elyxyb	eletriptan, frovatriptan, rizatriptan, sumatriptan, zolmitriptan
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
	Reyvow	Nurtec ODT, Ubrelvy, Zavzpret
ANTIPARKINSON AGENTS		
Parkinson's Disease	Dhivy	carbidopa/levodopa IR, carbidopa/levodopa ODT
	Gocovri	amantadine, carbidopa-levodopa, rasagiline, pramipexole, ropinirole, selegiline
	Osmolex ER	amantadine
ANTIPSYCHOTICS		
Atypical Antipsychotics	Lybalvi ¹ , Secuado ¹	aripiprazole, asenapine, clozapine, olanzapine, paliperidone ER, quetiapine ER/IR, risperidone, ziprasidone

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ANTIVIRALS		
Hepatitis B drugs	Vemlidy ¹	entecavir, tenofovir disoproxil fumarate
Hepatitis C drugs	Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M)	Eplclusa, Harvoni, Mavyret, Vosevi
HIV Drugs	Apretude	emtricitabine/ tenofovir disoproxil fumarate
	Cabenuva ¹ , Descovy ² , Temixys ¹ , Vocabria ¹	Please talk to your doctor about clinically appropriate options.
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Attention Deficit Disorder	Adhansia XR, Adzenys XR, Cotempla XR-ODT, Dyanavel XR chew tab/suspension, Quillichew ER, Quillivant XR, Xelstrym, Zenedi 2.5 mg, 7.5 mg	amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER, Azstarys, Jornay PM
	Qelbree	atomoxetine, clonidine ER, guanfacine ER
Multiple Sclerosis	Extavia, Plegridy, Rebif, Rebif Rebidose	Avonex, Betaseron
	Ponvory	dimethyl fumarate DR, fingolimod, glatopa, glatiramer, teriflunomide, Avonex, Bafiertam, Betaseron, Copaxone 40mg/ml, Kesimpta, Vumerity
	Tascenso ODT	fingolimod
CARDIOVASCULAR		
Angina	Aspruzyo sprinkle	ranolazine
Cholesterol-Lowering Agents	Atorvaliq	atorvastatin
	Ezetimibe/Rosuvastatin (M), Roszet	atorvastatin, ezetimibe, rosuvastatin, simvastatin
	Zypitamag	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	Leqvio, Praluent	Repatha
Edema	Soaanz	bumetanide, furosemide, torsemide
Heart Failure	Furoscix	furosemide
Hypertension	Conjupri, Levamlodipine (M), Katerzia	amlodipine

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CARDIOVASCULAR		
Hypertension	Inderal XL, Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
	Valsartan oral sol (M)	candesartan, losartan, valsartan tab
Hypertension with Osteoarthritis	Consensi	amlodipine, celecoxib
Hypertrophic Cardiomyopathy (HCM)	Camzyos	Please talk to your doctor about clinically appropriate options.
CHEMOTHERAPY AGENTS		
Alkylating Agents	Belrapzo, Bendamustine Sol (by Apotex), Bendamustine Sol (by Baxter), Vivimusta	generic bendamustine
Antiandrogens	Yonsa	Xtandi
Asparaginase Enzyme Therapy Agents	Rylaze	Oncaspar
Combination Agents	Inqovi	Please talk to your doctor about clinically appropriate options.
Cytolytic Antibodies	Riabni, Truxima	Ruxience
HER-2 Inhibitors	Herzuma, Ogivri, Ontruzant	Kanjinti, Phesgo, Trazimera
Isocitrate Dehydrogenase-1 Inhibitors (IDH1)	Rezlidhia	Tibsovo
Kinase Inhibitors	Fotivda	Please talk to your doctor about clinically appropriate options.
	Imbruvica 140mg, 280mg tab	Calquence; Imbruvica 70mg cap, 140mg cap; Imbruvica 420mg tab, 560mg tab; Imbruvica susp
	Pemazyre	Please talk to your doctor about clinically appropriate options.
	Rezurock	Imbruvica 70mg cap, 140mg cap; Imbruvica 420mg tab, 560mg tab; Imbruvica susp; Jakafi
	Tepmetko	Tabrecta
	Xalkori	Please talk to your doctor about clinically appropriate options.
Methyltransferase Inhibitors	Tazverik	Please talk to your doctor about clinically appropriate options.

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CHEMOTHERAPY AGENTS		
Miscellaneous	Besremi	hydroxyurea, Pegasys
	Darzalex Faspro	Please talk to your doctor about clinically appropriate options.
PARP Inhibitors	Rubraca	Lynparza, Zejula
	Talzenna	Lynparza
Vascular Endothelial Growth Factor Inhibitor	Allymsys, Vegzelma	Mvasi, Zirabev
CONTRACEPTIVES		
Gel	Phexxi	Please talk to your doctor about clinically appropriate options.
Oral	Lo Loestrin FE	june1 FE, Iarin FE, microgestin FE, tarina FE, Natazia
	Nextstellis	drosiprene/ethinyl estradiol, Ioryna, nikki
	Slynd	camila, incassia, nora-be, norethindrone, norlyda, norlyroc
Patch	Twirla	levonorgestrel/ethinyl estradiol combined generic oral contraceptive, xulane, zafemy
CORTICOSTEROIDS		
Oral Steroids	Alkindi sprinkle, Cortisone tab 25mg	hydrocortisone
	Hemady	dexamethasone
	Rayos	prednisone
DERMATOLOGICAL AGENTS		
Atopic Dermatitis	Opzelura	betamethasone, fluocinolone, halobetasol, hydrocortisone, pimecrolimus, tacrolimus oint, triamcinolone, Eucrisa
Facial Angiofibroma	Hyftor gel	Please talk to your doctor about clinically appropriate options.
Topical Acne Treatment	Arazlo, Fabior, Tazorac cream 0.05%, Tazarotene foam 0.1%	tazarotene cream, Akliel
	Avita, Differin lotion	adapalene, tretinoin cream/gel, Retin-A micro gel 0.06% and 0.08%
	clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	Onexton

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DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Winlevi	adapalene, clindamycin, dapsone, tazarotene cream, tretinoin cream
Topical Anesthetics	ZTlido	lidocaine patch
Topical Antifungals	Jublia	ciclopirox, terbinafine
Topical Anti-Infectives	Epsolay cream	azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra
	Noritrate cream	azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra, Zilxi
	Rhofade	azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Mirvaso
Topical Corticosteroids	ALA Scalp lotion	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	flucinolone acetonide scalp oil, Derma-Smoothe/FS
	Cordran tape	flurandrenolide
	Halog ointment	betamethasone, mometasone, triamcinolone
	Impeklo lotion	augmented betamethasone dipropionate, clobetasol
	Impoyz cream	clobetasol
	Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetonide
	Trianex ointment 0.05%	hydrocortisone valerate, triamcinolone acetonide
	Ultravate lotion	clobetasol proprionate, fluocinonide, halobetasol proprionate
Verdeso foam	betamethasone, fluocinolone	
Topical Plaque Psoriasis	Calcipotriene foam 0.005% (M), Sorilux	calcipotriene
	Duobrii lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar, Taclonex suspension, Wyzora

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DERMATOLOGICAL AGENTS		
Topical Plaque Psoriasis	Zoryve cream	anthralin, betamethasone, calcitriol, calcipotriene, coal tar, clobetasol, pimecrolimus, tacrolimus, tazarotene, Enstilar, Taclonex suspension, Vtama, Wynzora
DIABETES		
Anti-Hypoglycemic Agents	Glucagen Hypokit, Gvoke Hypopen, Gvoke Kit, Gvoke PFS	glucagon (generic), Baqsimi, Glucagon (made by Fresenius), Zegalogue
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray (Glucocard), Lifescan (Onetouch), Trividia (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Ascencia (Contour, Contour Next)
Continuous Glucose Monitoring (CGM)	Big Foot Unity Pencaps, Eversense, Freestyle Libre	Dexcom
Blood Sugar Regulators Miscellaneous	metformin 625mg	metformin 500mg, 750mg, 850mg, 1000mg
	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	Alogliptin, Alogliptin with metformin, Alogliptin with pioglitazone, Kazano, Nesina, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Glucagon-Like Peptide-1 (GLP1) Agonists	Adlyxin	Bydureon BCise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity
Long-Acting Insulins (Basal)	Insulin Degludec, Insulin Glargine, Insulin Glargine-YFGN, Levemir, Semglee, Semglee-YFGN, Tresiba	Basaglar, Lantus, Rezvoglar, Toujeo
Rapid-Acting Insulins	Insulin Aspart (M), Novolog Relion	Admelog, Apidra, Fiasp, Humalog, Insulin Lispro, Lyumjev, Novolog
Short-Acting Insulins	Novolin Relion	Humulin, Novolin
Sodium-Glucose Co-transporter (SGLT2) Inhibitors - Single Agent	Brenzavvy, Dapagliflozin propanediol (M), Invokana, Inpefa, Steglatro	Farxiga, Jardiance
Sodium-Glucose Co-transporter (SGLT2) Inhibitors - Combination Agents	Dapagliflozin/metformin HCl (M), Invokamet, Invokamet XR, Segluromet	Synjardy, Synjardy XR, Xigduo XR
SGLT2 and DPP4 Combinations	QTERN, Steglujan	Glyxambi, Trijardy XR
Tempo Products	Basaglar Tempo	Basaglar Kwikpen

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DIABETES		
Tempo Products	Humalog Tempo	Humalog Kwikpen
	Lyumjev Tempo	Lyumjev Kwikpen
	Refill kit, Smart button, Welcome kit	Please talk to your doctor about clinically appropriate options.
Type 1 Diabetes	Tzield	Please talk to your doctor about clinically appropriate options.
ENDOCRINE (OTHER)		
Cortisol Synthesis Inhibitors	Isturisa	ketoconazole tab, Korlym
Cushing's Syndrome	Recorlev	ketoconazole tab
Growth Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
	Sogroya	Ngenla, Norditropin, Nutropin, Omnitrope, Skytrofa
Infertility	Gonal-F, Gonal-F RFF	Follistim AQ
Somatostatin Analog	Lanreotide	Somatuline Depot
	Mycapssa	octreotide injection
	Signifor (SQ)	Signifor LAR
Testosterone Replacement	Aveed, Jatenzo, Natesto, Testopel, Tlando	testosterone cypionate, testosterone enanthate, testosterone gel, Androderm
	Xyosted	testosterone cypionate, testosterone enanthate
ENZYME DISORDERS		
Duchenne Muscular Dystrophy (DMD)	Amondys 45, Exondys 51, Viltepso, Vyondys 53	dexamethasone, methylprednisolone, prednisone
	Elevidys	Please talk to your doctor about clinically appropriate options.
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory, Anti-Ulcer Agents	ibuprofen/famotidine	famotidine, ibuprofen
Bowel Prep	Osmoprep, Plenvu	gavilyte, peg 3350, Clenpiq, Suflave, Suprep

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GASTROINTESTINAL		
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Ibsrela, Trulance	lubiprostone, Linzess
Opioid-Induced Constipation (OIC)	Movantik, Relistor	lubiprostone, Symproic
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine DR cap 400mg, Apriso
	mesalamine cap 0.375gm ER	Apriso
	Ortikos	budesonide ER
	Pentasa	mesalamine 400mg DR cap, mesalamine 800mg DR tab, mesalamine 1.2gm tab, Apriso
Pancreatic Enzymes	Pancreaze, Pertzeye, Viokace	Creon, Zenpep
Peptic Ulcers	Dartisla ODT	glycopyrrolate
Proton Pump Inhibitors	omeprazole with sodium bicarbonate (cap, powder pak), Konvomep, Rabeprazole sprinkle cap (M)	dexlansoprazole, esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, rabeprazole
HEMATOLOGICAL		
Coagulation Factors	Sevenfact ¹	Novoseven
Cyclin-Dependent Kinase Inhibitor	Cosela	Nivestym, Zarxio
Erythropoiesis-Stimulating Agents	Epogen	Aranesp, Procrit, Retacrit
Long-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Fulphila, Fylentra, Nyvepria, Rolvedon, Stimufend, Ziextenzo	Neulasta, Udenyca
Short-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Granix, Neupogen, Releuko	Nivestym, Zarxio
IMMUNOMODULATORS		
Calcineurin Inhibitor	Lupkynis	Benlysta
Folate Analog Metabolic Inhibitor	Otrexup, Reditrex	methotrexate, Rasuvo
Immune Globulin, Intravenous (IVIG)	Asceniv, Panzyga	Gammagard, Gammalex, Gamunex-C, Privigen
Immune Globulin, Subcutaneous (SCIG)	Cutaquig	Cuvitru, Hizentra, Xembify
Interleukin-17 (IL-17) Inhibitor	Cosentyx	Taltz

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IMMUNOMODULATORS		
TNF Inhibitor	Infliximab, Remicade, Renflexis	Avsola, Inflectra
TNF Inhibitors/ Humira Biosimilars	Abrilada, Adalimumab-aacf, Adalimumab-fkjp, Hadlima, Hulio, Idacio, Yuflyma, Yusimry	Adalimumab-adaz, Adalimumab-adbm, Amjevita [#] , Cyltezo, Humira [#] , Hyrimoz [#]
IMMUNOTHERAPY		
Allergy Immunotherapy	Palforzia	Please talk to your doctor about clinically appropriate options.
OPHTHALMIC		
Antiglaucoma Drugs	Iyuzeh, Vyzulta	latanoprost ophthalmic solution, tafluprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
Antihistamines	Lastacaft, Zerviate	azelastine ophthalmic solution, bepotastine ophthalmic solution, olopatadine ophthalmic solution
Demodex Blepharitis	Xdemvy	Please talk to your doctor about clinically appropriate options.
Dry Eye Disease	Cequa	Restasis, Xiidra
	cyclosporine ophthalmic emulsion	Restasis
Macular Degeneration	Beovu, Byooviz, Lucentis	Compounded Bevacizumab inj, Cimerli
Non-Steroidal Anti-Inflammatory Agents	Ilevro, Nevanac	bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution
Presbyopia	Vuity	Please talk to your doctor about clinically appropriate options.
Vernal Keratoconjunctivitis	Verkazia	olopatadine, azelastine, cromolyn, dexamethasone sol/susp, prednisolone sol/susp, fluorometholone
OTHER		
Activated Phosphoinositide 3-kinase delta Syndrome (APDS)	Joenja	Please talk to your doctor about clinically appropriate options.

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OTHER		
Alzheimer's Disease	Adlarity	donepezil, galantamine, rivastigmine
	Aduhelm, Leqembi	Please talk to your doctor about clinically appropriate options.
Amyotrophic Lateral Sclerosis (ALS)	Exservan	riluzole
ANCA-Associated Vasculitis	Tavneos	Please talk to your doctor about clinically appropriate options.
Antigout Agents	Allopurinol 200mg tab	allopurinol 100mg, 300mg tab
	Gloperba	colchicine tab
Antihistamines and Combinations	Clarinet-D	desloratadine, pseudoephedrine
Bile Acid Therapy	Livmarli	Please talk to your doctor about clinically appropriate options.
	Reltone, Ursodiol (M)	ursodiol
Cardiovascular Agents	Lodoco	colchicine tab
C-Difficile Infection	Vowst	Rebyota
Chelating Agents	Cuvrior	trientine
	penicillamine cap	penicillamine tab, Depen Titra
Diabetic Gastroparesis	Gimoti	metoclopramide
Fabry Disease	Elfabrio	Fabrazyme
Hereditary Angioedema	Cinryze	Haegarda, Orladeyo, Takhzyro
Insomnia	Quviviq	doxepin tab, eszopiclone, ramelteon, temazepam, triazolam, zaleplon, zolpidem ER/IR, Belsomra, Dayvigo
	Zolpidem 7.5mg cap	zolpidem 5mg, 10mg tab

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OTHER		
Iron Replacement Therapy	Accrufer	ferrous fumarate, ferrous gluconate, ferrous sulfate
Lambert-Eaton Myasthenic Syndrome (LEMS)	Firdapse	Ruzurgi
Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)	Dojolvi	Please talk to your doctor about clinically appropriate options.
Menopause	Veozah	Please talk to your doctor about clinically appropriate options.
Multivitamins	Examples: Folic-K, Genicin Vita-S, Hylavite, Loid, Tronvite, Xvite	Any preferred multivitamin
	Examples: Poly-Vi-Flor chewable, suspension; Poly-Vi-Flor w/Iron chewable, suspension	Any preferred multivitamin with fluoride
Obesity	Contrave	phentermine, Qsymia, Saxenda, Wegovy
	Imcivree	Please talk to your doctor about clinically appropriate options.
Osteoarthritis/Hyaluronic Acid Injections	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3	Durolane, Euflexxa, Gelsyn-3
Phenylketonuria (PKU)	Palynziq	sapropterin
Phosphate Binders	Auryxia	calcium acetate, lanthanum carbonate, sevelamer, Velphoro
PIK3CA-Related Overgrowth Spectrum (PROS)	Vijoice	Please talk to your doctor about clinically appropriate options.
Platelet-Modifying Agent	Yosprala	aspirin, omeprazole
Polycystic Kidney Disease	Jynarque	Please talk to your doctor about clinically appropriate options.

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OTHER		
Prenatal Vitamins	Examples: Azesco, Pregenna, Prenate, Trinaz, Vitafol FE, Vitathely, Zalvit	Any preferred prenatal vitamin
Proteinuria	Tarpeyo	budesonide, methylprednisolone, prednisone
Pulmonary Arterial Hypertension (PAH)	Liqrev	sildenafil susp
	Tadliq	sildenafil susp, tadalafil tab
Rett Syndrome	Daybue	Please talk to your doctor about clinically appropriate options.
Sickle Cell Disease	Oxbryta	hydroxyurea
Sleep Disorder Agents	Hetlioz LQ	Please talk to your doctor about clinically appropriate options.
	Lumryz Pak, Sodium Oxybate (M) (by Amneal), Xyrem	Sodium oxybate (M) (by Hikma), Sunosi, Wakix, Xywav
Thyroid Agents	Ermeza, Levothyroxine caps (M), Thyquidity, Tirosint caps, solution	levothyroxine
RESPIRATORY		
Allergy: Nasal Steroids	Xhance	mometasone furoate, Beconase AQ
COPD: Inhaled Anticholinergics	Incruse Ellipta, Tudorza	Spiriva
	tiotropium bromide cap	Spiriva Handihaler
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination Inhalers	Bevespi, Duaklir	Anoro Ellipta, Stiolto Respimat
Cystic Fibrosis	Cayston, Kitabis pak, Tobramycin neb 300mg/5ml (M)	tobramycin nebulizer soln, TOBI podhaler
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair Digihaler, Asmanex, Asmanex HFA, Flovent Diskus, Flovent HFA, Fluticasone Propionate Aerosol (M), Fluticasone Propionate HFA (M), Pulmicort Flexhaler	Arnuity Ellipta, QVAR Redihaler

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RESPIRATORY		
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	Advair Diskus, Airduo Digihaler, AirDuo Resplick, Dulera, Fluticasone Furoate/Vilanterol (M), Fluticasone/Salmeterol 55mcg/14, 113mcg/14, 232mcg/14 (M), Fluticasone/Salmeterol 45-21mcg, 115-21mcg, 230-21mcg (M)	Advair HFA, Breo Ellipta, Symbicort
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	breyna, budesonide-formoterol 80-4.5mcg, 160-4.5mcg	Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Albuterol HFA (brand alternative for Ventolin HFA made by Prasco) (M), Levalbuterol Inhaler (M), Pro Air Digihaler, Pro Air Resplick, Ventolin HFA, Xopenex HFA	Any generic albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
Sugar Alcohol Inhalation Therapy	Bronchitol	hypertonic saline, Pulmozyme
UROLOGICAL		
Erectile Dysfunction Oral Agents	Stendra	sildenafil
Interstitial Cystitis	Elmiron	amitriptyline, hydroxyzine
Overactive Bladder (OAB)	Gemtesa	darifenacin ER, fesoterodine, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq tablet
	Myrbetriq granules, Vesicare LS	oxybutynin ER/IR
Urea Cycle Disorder (UCD)	Olpruva, Ravicti	sodium phenylbutyrate powder, Pheburane

(M) Co-branded product

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

² Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. **Continuation of Therapy** will not be provided for any other excluded drugs.

Preferred NDCs only

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	Colestid	Kenalog-40 Injection	Plavix	Timoptic Ocudose
Absorica	Combigan	Kenalog spray	Pred Forte	Timoptic-XE
Acanya	Copaxone 20mg	Keppra	Prevacid	TOBI nebulizer solution
Aciphex tablet	Coreg	Keppra XR	Prinivil	Tobradex suspension
Acticlate	Coreg CR	Klonopin	Pristiq	Topamax
Aczone	Cortef	Kombiglyze XR	ProAir HFA	Topamax sprinkle cap
Adcirca	Cosopt solution	K-tab	Prolensa	Topocort spray
Adipex-P	Cosopt PF solution	Kuvan	Prometrium	Toprol XL
Afinitor	Cozaar	Lamictal chewable	Propecia	Toviaz
Afinitor Disperz	Crestor	Lamictal starter kit	Protonix tab	Tracleer 62.5,125mg
Alphagan P	Cuprimine	Lamictal ODT	Proventil HFA	Travatan-Z
Altace	Cymbalta	Lamictal tab	Provigil	Treanda
Ambien	Cytomel	Lamictal XR	Prozac	Treximet
Ambien CR	Daytrana	Lasix	Pulmicort inhalation suspension	Tribenzor
Amitiza	Delestrogen injection	Latisse	Qudexy XR	Tricor
Ampyra	Delzicol	Latuda	Questran	Trileptal
Amrix	Depakote	Lescol XL	Questran Lite	Trokendi XR
AndroGel	Depakote ER	Letairis	Ranexa	Truvada
Arimidex	Depakote sprinkle cap	Levitra	Relafen DS	Uceris tab
Arthrotec	Depo-testosterone injection	Lexapro	Relpax	Ultracet
Asacol HD	Dexilant	Lexette	Remodulin injection	Ultram
Atacand	Differin cream, gel	Lialda	Renagel	Vagifem
Ativan	Dilantin cap 100mg	Lidocan	Restoril	Valium
Atripia	Dilantin chewable	Lidoderm	Retin-A	Valtrex
Aubagio	Dilantin suspension	Lipitor	Retin-A micro gel 0.04%, 0.1%	Vanadom
Avapro	Dilaudid	Livalo	Revatio	Vectical
Avodart	Diovan	Loestrin 21	Risperdal solution, tablet	Veltin
Azopt	Diovan HCT	Loestrin FE	Ritalin	Vesicare tab
Azor	Doryx tab 50, 200mg	Lotrel	Ritalin LA	Viagra
Baraclude	Duexis	Lovaza	Roxicodone	Vigamox
Benicar	Effexor XR	Lunesta	Sabril	Vimovo
Benicar HCT	Elidel	Lyrical	Safyral	Vimpat
Benzamycin	Epiduo gel	Lyrical CR	Sandostatin injection	Vivelle-Dot
Bepreve	EpiPen Jr 0.15mg	Maxalt	Saphris	Volgelxo
Bethkis	Esbriet	Maxalt-MLT	Seasonique	Voltaren gel
Beyaz	Estrace	Metrogel	Sensipar	Vytorin
Brisdelle	Evekeo	Micardis	Seroquel	Welchol
Bromsite	Exforge	Micardis HCT	Seroquel XR	Wellbutrin SR
Brovana	Exforge HCT	Mitigare	Silvadene	Wellbutrin XL
Buphenyl powder, tab	Fioricet	Mobic	Singulair	Xalatan
Butrans	Fioricet w/ codeine	Moviprep	Skelaxin	Xanax
Bystolic	Firazyr	MS Contin	Solodyn	Xanax XR
Cambia	Fleqsuvy	Mydayis	Soma	Yasmin 28
Canasa	Flomax	Nalfon	Strattera	Yaz
Carafate	Focalin XR	Natroba	Suboxone	Zanaflex
Carbatrol	Forteo	Neurontin	Sutent	Zegerid
Cardizem LA 180,240,300, 360, 420mg	Fortesta	Nexium capsule	Synthroid	Zenzedi (5, 10, 15, 20, 30mg)
Carnitor solution, tablet	Generess FE Chewable	Niaspan ER	Taclonex ointment	Zestril
Catapres-TTS patch	Gilenya 0.5mg	Nitrostat	Tamiflu	Zetia
Celebrex	Gleevec	Norvasc	Targadox	Ziana
Celexa	Glucagon kit (Lilly)	Nulytely	Targretin	Zioptan
Cetrotide	Glumetza	Nuvigil	Tazorac cream 0.1%	Zipsor
Cialis	Golytely solution	Onfi	Tazorac gel 0.05%, 0.1%	Zocor
Ciprodex	Halog cream	Onglyza	Tecfidera	Zoloft
Clarinex 5mg tab	Hetlioz	Oracea	Tegretol	Zomig tab
Cleocin vaginal cream	Hyzaar	Ortho Tri-Cyclen Lo	Tegretol-XR	Zomig ZMT
Climara patch	Imitrex	Paxil tab	Tenormin	Zonegran
Clindagel	Inderal LA	Paxil CR	Testim gel	Zovirax
Clobex	Intuniv	Pennsaid	Tikosyn	Zyclusa 3.75%
Cloderm	Javygator	Percocet	Timoptic	Zyprexa
Colcrys		Plaquenil		Zytiga

(M) Co-branded product

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

² Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. **Continuation of Therapy** will not be provided for any other excluded drugs.

Preferred NDCs only

Required Prior Authorization +

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands non-preferred with prior authorization	Epclusa, Harvoni, Mavyret, Vosevi
Multiple Sclerosis	All other brands non-preferred with prior authorization	dalfampridine, dimethyl fumarate DR, fingolimod 0.5mg, glatopa, glatiramer, teriflunomide, Avonex, Bafiertam, Betaseron, Copaxone 40mg/ml, Kesimpta, Vumerity
Immunomodulators	All other brands non-preferred with prior authorization	Adalimumab-adaz, Adalimumab-adbm, Amjevita [#] , Avsola, Cimzia, Cyltezo, Enbrel, Humira [#] , Hyrimoz [#] , Inflectra, Otezla, Rinvoq, Simponi, 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.

Preferred NDCs only

About this document: Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



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(M) Co-branded product

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Preferred NDCs only

Preventive care medications

\$0 cost share medications and products^{1,2,3,5}

Effective July 1, 2024



Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100% – without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives).
- Flu shot and other vaccines

In support of this law, Optum Rx is offering this updated list of no-cost preventive care medications.

You can use your Optum Rx member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

To find a network pharmacy, log on to [optumrx.com](https://www.optumrx.com), select *Pharmacy Locator* on the right hand side of the screen and enter your zip code or call the number on your Optum Rx member ID card. If you get these medications or products from an out-of-network pharmacy, you may have to pay the full cost for them.

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements⁴

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason
OTC	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy. (Ages up to 55 years)
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg of folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Magnesium Citrate Solution	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
PEG 3350 (generic Miralax) <i>Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</i>	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Prescription	
Generic Colyte sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Generic Golytely sold as: PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year. (Ages 45 - 75 years)
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride

Tobacco Cessation Medications⁴

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

OTC Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

Prescriptions

Bupropion Sustained-Release Tablet

Varenicline Tablet

***These prescription medications are covered after members have tried:
1) One OTC nicotine product and 2) bupropion sustained-release separately.***

Nicotrol Inhaler

Nicotrol Nasal Spray

Human Immunodeficiency Virus Preventive Medications⁴

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be at increased risk for first-time infection with HIV
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of HIV infection. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share.

HIV PrEP medications currently available at \$0

Drug name	Coverage
emtricitabine-tenofovir disoproxil fumarate 200-300mg (generic Truvada)	Copay waiver required for \$0. (Truvada available if unable to take generic)
tenofovir (generic Viread)	Copay waiver required for \$0.
Apretude	Copay waiver required for \$0. (Apretude available if unable to take generics listed above)
Descovy	Copay waiver required for \$0. (Descovy available if unable to take generics listed above)

If you have more questions about current coverage of HIV PrEP medications, please contact your Optum Rx representative.

Breast Cancer Preventive Medications⁴

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

Breast Cancer Medications (prescription)

anastrozole

exemestane

raloxifene

tamoxifen

Statin Preventive Medications⁴

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) – symptomatic coronary artery disease or stroke – use a statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- Have an estimated 10-year risk of a cardiovascular event of 10% or greater.

Statin Medications (prescription)

lovastatin (generic Mevacor) – All strengths

atorvastatin* (generic Lipitor) 10 & 20 mg (Copay waiver review required to confirm risk of CVD)

pravastatin* (generic Pravachol) - All strengths (Copay waiver review required to confirm risk of CVD)

rosuvastatin* (generic Crestor) 5 & 10mg (Copay waiver review required to confirm risk of CVD)

simvastatin* (generic Zocor) 5, 10, 20 & 40 mg (Copay waiver review required to confirm risk of CVD)

*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.

Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at \$0 cost share. A Health Care Reform copay waiver request form can be submitted by a member's provider to request \$0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

Birth Control Caps & Diaphragms (Cervical)

Caya
Femcap
Omniflex
Wide-Seal

Combination Birth Control Pills

Four Phase Birth Control Pills:
Natazia

Generic Alesse & Levlite sold as:

Afirmelle
Aubra EQ
Aviane
Delyla
Falmina
Lessina
Levonor/Ethi
Lutera
Orsythia
Sronyx
Tyblume CHW
Vienna

Generic Beyaz sold as:

Drospire/Eth Estr/Lev

Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35
Nortrel 0.5/35
Wera 0.5/35

Generic Cyclessa Pak sold as:

Velivet Pak

Generic Demulen 1/35 sold as:

Ethy Eth Est 1/35
Kelnor 1/35
Zovia 1/35

Generic Demulen 1/50 sold as:

Ethynodiol 1/50
Kelnor 1/50

Generic Desogen-28 & Ortho-Cept sold as:

Apri
Cyred EQ
Deso/Ethinyl Estradiol
Enskyce
Isibloom
Juleber
Kalliga
Reclipsen
Solia

Generic Estrostep FE sold as:

Noreth/Ethin FE
Tilia FE
Tri-Legest FE

Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW
Wymzya FE CHW

Generic Generess FE chewable sold as:

Kaitlib FE CHW
Layolis FE CHW
Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:

Aurovela 24 FE
Blisovi 24 FE
Hailey 24 FE
Junel 24 FE
Larin 24 FE
Tarina 24 FE

Generic Loestrin 1/20 sold as:

Aurovela 1/20
Junel 1/20
Larin 1/20
Microgestin 1/20
Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30
Hailey 1.5/30
Junel 1.5/30
Larin 1.5/30
Microgestin 1.5/30
Noreth/Ethin 1.5/30

Generic Loestrin FE 1/20 sold as:

Aurovela FE 1/20
Blisovi FE 1/20
Hailey FE 1/20
Junel FE 1/20
Larin FE 1/20
Microgestin FE 1/20
Noreth/Ethin FE 1/20
Tarina FE 1/20 EQ

Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30
Blisovi FE 1.5/30
Hailey FE 1.5/30
Junel FE 1.5/30
Larin FE 1.5/30
Microgestin FE 1.5/30
Nor/Est/FF 1.5/30

Generic Lo/Ovral-28 sold as:

Cryelle-28
Elinest
Low-Ogestrel

Generic LoSeasonique sold as:

Camrese Lo
Levonor/Ethin Estradiol
Lojaimiess

Generic Lybrel 90-20mcg sold as:

Amethyst 90-20mcg
Dolishale 90-20mcg
Levo-Eth Est 90-20mcg

Generic Minastrin 24 CHW FE sold as:

Charlotte 24 CHW FE
Finzala CHW FE
Noreth/Ethin CHW FE

Generic Mircette 28 Day sold as:

Azurette
Deso/Ethinyl Estradiol
Kariva
Pimtrex
Simliya
Viorele
Volnea

Generic Nordette-28 sold as:

Altavera
Ayuna
Chateal Eq
Kurvelo
Levonor/Ethin Estradiol
Levora-28
Marlissa
Portia-28

Generic Ortho-Cyclen sold as:

Estarylla
Mili
Mono-Linyah
Norgest/Ethin
Nymyo
Sprintec 28
Vylibra

For eligible prescriptions – you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Women's Health: Birth Control Products continued

Generic Ortho-Novum 1/35 & Norinyl 1/35 sold as:

Alyacen 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Nylia 1/35

Generic Ortho-Novum 7/7/7 sold as:

Alyacen 7/7/7
Dasetta 7/7/7
Nortrel 7/7/7
Nylia 7/7/7

Generic Ortho Tri-Cyclen sold as:

Norgest/Ethi Estradiol
Tri-Estaryll
Tri Femynor
Tri-Linyah
Tri-Mili
Tri-Nymyo
Tri-Sprintec
Tri-Vylibra
Trinessa

Generic For Ortho Tri-Cyclen Lo sold as:

Norgest/Ethi Estradiol
Tri-Lo-Estaryll
Tri-Lo-Marzia
Tri-Lo Mili
Tri-Lo-Sprintec
Tri-Vylibra Lo

Generic Ovcon-35 sold as:

Balziva
Briellyn
Philith
Vyfemla

Generic Quartette sold as:

Fayosim
Levonor/Ethi Estradiol
Rivelsa

Generic Safyral sold as:
Dros/Eth Est Levomefo
Tydemy

Generic Seasonale sold as:

Iclevia
Introvale
Jolessa
Levonor/Ethinyl Estradiol
Setlakin

Generic Seasonique sold as:

Amethia
Ashlyna
Camrese
Daysee
Jaimiess
Levonor/Ethi Estradiol
Simpesse

Generic Taytulla sold as:

Gemmily
Merzee
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl sold as:

Aranelle
Leena

Generic Triphasil sold as:

Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28 sold as:

Drospir/Ethi
Ocella
Syeda
Zumandimine

Generic Yaz sold as:

Drospir/Ethi
Drospirenone/Ethy Est
Jasmiel
Lo-Zumandimine
Loryna
Nikki
Vestura

Progestin Only Birth Control Pills**Generic Ortho Micronor & Nor-QD sold as:**

Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
Norethindrone
Norlyda
Norlyroc
Sharobel

Birth Control Rings (Vaginal)**Generic NuvaRing**

sold as:
Annovera
EluRyng
Etonogestrel/Ethyl
Estradiol
Haloette

Birth Control Patches (Transdermal)**Generic Ortho Evra**

sold as:
Xulane
Zafemy

Birth Control Shots (Injection)**Generic Depo-Provera**

sold as:
Medroxyprogesterone
150 mg/ml IM

Emergency Birth Control

ella

Over-The-Counter (OTC) Birth Control

(must have a prescription and get them from a network pharmacy for Optum Rx to cover the costs)

Contraceptive films
(e.g. VCF Vaginal)

Contraceptive foams
(e.g. VCF Vaginal Aer)
Contraceptive gels
(e.g. Gynol II, Shur-Seal, VCF Vaginal)

Contraceptive pills
Opill

Condoms:
Various OTC condoms
(e.g., Durex, Kimono, Trustex)
FC2 Female

Generic emergency birth control
(e.g. Aftera, EContra EZ, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action)

Today Sponge

Encare Suppository

Birth Control IUDs and Implants

Kyleena
Liletta
Mirena
Nexplanon
Paragard
Skyla

(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.)

For eligible prescriptions – you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Flu Shot and Immunizations

Plans must provide coverage without cost sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Immunizations may be covered by your medical benefit and not your pharmacy benefit.

Many immunizations can be obtained on a walk-in basis by presenting the Optum Rx member ID card at the time of service. Members should review their benefit plan to determine coverage for immunizations.

Routine Immunizations⁶

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and immunization requirements.

Flu Shots

Flu (Influenza)

Afluria Quad	Flublok Quad	FluMist Quad
Fluad Quad	Flucelvax Quad	Fluzone High-Dose Quad
Fluarix Quad	Flulaval Quad	Fluzone Quad

Other Immunizations

COVID-19

Dengue

Dengvaxia (copy waiver required to determine eligibility)

Hepatitis A

Havrix, Vaqta

Hepatitis B

Engerix-B, Heplisav-B, Recombivax-HB, PreHevbrio

Hepatitis A/Hepatitis B

Twinrix

Human Papilloma Virus (HPV) – Vaccine prevents HPV related cancers (ages 9 - 26 years)

Gardasil 9

Measles, Mumps, Rubella

M-M-R II, PRIORIX

Meningococcal – Vaccine prevents meningitis Groups A, C, Y and W-135

Menquadfi, Menveo, Penbraya

Meningococcal – Vaccine prevents meningitis Group B

Bexsero, Trumenba

Pneumococcal – Vaccine prevents pneumonia

Pneumovax 23, Vaxneuvance, Prevnar 20

Poliovirus

Ipol

Respiratory Syncytial Virus (RSV)

Abrysvo (for pregnant individuals only), Beyfortus (age up to 24 months)

Tdap – Vaccine prevents tetanus, diptheria, pertussis

Adacel, Boostrix

Td – Vaccine prevents tetanus and diptheria

TDVax, Tenuvac

Varicella – Vaccine prevents chicken pox

Varivax

Zoster – Vaccine prevents shingles

Shingrix

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all immunizations on this list are available at all network pharmacies. Contact your local network pharmacy to confirm immunization availability.

Frequently asked questions

Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

Look at the list in this document, log on to optumrx.com, or call the number on your Optum Rx member ID card for a list of medications covered at \$0 cost share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

What happens if a generic medication becomes available?

Prescription brand products may be replaced by newly launched FDA approved generic equivalents.

What if my doctor says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each category of FDA-approved, -cleared and -granted contraceptives typically available through your pharmacy benefit. If your doctor prescribes birth control not on our list that is medically necessary, Optum Rx will cover that recommended drug or product at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

Some methods of birth control, such as IUDs and implants, may be available through your **medical benefit** and not your pharmacy benefit.

Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, for employers who elect a religious or moral accommodation, Optum Rx may provide or arrange for separate contraceptive coverage for those employers' members as allowed by the health reform law.

If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of two \$0-cost fills per year.

What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your Optum Rx member ID card, and asking how to get coverage at no cost.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

How can I get preventive medications to help me stop using tobacco for no cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

Frequently asked questions continued

What if my doctor says I need an HIV PrEP medication that is not on this list?

If your doctor prescribes an HIV PrEP medication not on our list for medical reasons, Optum Rx will cover that recommended drug at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost share?

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for people who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet coverage criteria.

Will this drug list change?

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to optumrx.com, or
- Calling the number on your Optum Rx member ID card.

Are the no cost preventive care medications available at both retail and home delivery pharmacies?

Preventive care medications are available at network retail pharmacies. Most are also available at the Optum® Home Delivery Pharmacy for plans with a home delivery benefit. For example, the Optum Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your Optum Rx member ID card.

What if the health care reform law requirements for preventive care medication coverage change?

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to optumrx.com, or
- Calling the number on your Optum Rx member ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.



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