

# Your 2020 Formulary

Effective January 1, 2020



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



Call the number on your member ID card.



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

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

### **What is a formulary?**

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

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

### **How do I use my formulary?**

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

### **What are tiers?**

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

### **When does the formulary change?**

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

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

### **Why are some medications excluded from coverage?**

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

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

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

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### **About this formulary**

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

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

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

### **What if my doctor writes a brand-name prescription?**

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

### **What if I am taking a specialty medication?**

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services.

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### **Over-the-counter medications**

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

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## Reading your formulary

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

### Tier information

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier E</b>	⊗ <b>Excluded</b>	May not be covered or need prior authorization. Lower-cost options are available and covered.

### Drug list information

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

<b>M</b>	Authorized generic or cobranded product
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>3P</b>	Tier 3 preferred

### Required prior authorizations\*

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 and Gilenya* Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
Immunomodulators	All other brands non-preferred with prior authorization	Cimzia, Humira, Otezla, Simponi, Stelara, Tremfya

\*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.

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<b>Analgesics - Drugs for Pain</b>		
ABSTRAL	E	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
APADAZ	E	
apap-caff-dihydrocodeine	1	
ARYMO ER	E	
BELBUCA	2	
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	E	
CONZIP	E	
DILAUDID ORAL	E	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
EMBEDA	2	
fentanyl	1	
FENTANYL CITRATE BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	M
FENTORA	E	

Drug Name	Drug Tier	Notes
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
HYSINGLA ER	2	
KADIAN	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	
MS CONTIN	E	
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	
OXYCONTIN	2	
PERCOCET	E	
ROXICODONE	E	
ROXYBOND	3	
SUBSYS	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	M
tramadol hcl ir	1	
trezix	1	
TYLENOL WITH CODEINE #3	E	
TYLENOL WITH CODEINE #4	E	
ULTRACET	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
ULTRAM	E	
XTAMPZA ER	E	
ZOHYDRO ER	E	
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
SPRIX	E	
VIMOVO	E	
VOLTAREN	E	
ZORVOLEX	E	

Drug Name	Drug Tier	Notes
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	2	
<b>Antibacterials</b>		
ACTICLATE	E	
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
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE 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	
mupirocin external	1	

Drug Name	Drug Tier	Notes
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	
SILVADENE	E	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XEPI	3	
XIMINO	3	
<b>Anticoagulants</b>		
BEVYXXA	3	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
enoxaparin sodium	1	SP
PRADAXA	2	
SAVAYSA	3	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	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
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR	E	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VIMPAT	3	
ZONEGRAN	E	

Drug Name	Drug Tier	Notes
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
BRISDELLE	E	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	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
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet 10 mg	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	3	
<b>Antifungals</b>		
CRESEMBA ORAL	3	
fluconazole oral tablet	1	

Drug Name	Drug Tier	Notes
GYNAZOLE-1	3	
JUBLIA	E	
KERYDIN	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
terconazole vaginal cream	1	
TOLSURA	E	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL	E	
COLCRYS	2	
MITIGARE	E	
ULORIC	3	
<b>Antimigraine Agents</b>		
AIMOVIG	2	
AJOVY	E	
eletriptan hydrobromide	1	
EMGALITY	2	
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
ONZETRA XSAIL	E	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
TREXIMET	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
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BENDAMUSTINE HCL	E	SP
CABOMETYX	2	SP
capecitabine	1	SP
GLEEVEC	E	SP
IBRANCE	3	SP
IDHIFA	3	SP
letrozole oral	1	
mercaptopurine oral	1	
REVLIMID	2	SP
SPRYCEL	2	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
XTANDI	3	SP
YONSA	3	SP
<b>Antiparasitics</b>		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
SOLOSEC	3	
<b>Antiparkinson Agents</b>		
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	SP
OSMOLEX ER	E	

Drug Name	Drug Tier	Notes
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	
<b>Antiplatelets</b>		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	
olanzapine oral tablet	1	
PERSERIS	3	
quetiapine fumarate	1	
REXULTI	3	
RISPERDAL	E	
RISPERDAL CONSTA	E	
risperidone oral tablet	1	
SAPHRIS	2	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	
ziprasidone hcl	1	
ZYPREXA	E	
<b>Antivirals</b>		
acyclovir oral tablet	1	
ATRIPLA	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
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	SP
CIMDUO	2	SP
DESCOVY	3	SP
DOVATO	2	SP
entecavir	1	SP
EPCLUSA	2	SP
GENVOYA	3	SP
HARVONI	2	SP
ISENTRESS ORAL TABLET	2	SP
JULUCA	2	SP
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	
PREZCOBIX	2	SP
PREZISTA ORAL TABLET	2	SP
ritonavir	1	SP
SOFOSBUVIR-VELPATASVIR	E	M; SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU	E	
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	3	SP
VOSEVI	2	SP

Drug Name	Drug Tier	Notes
XOFLUZA	3	
ZOVIRAX	E	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
ADYNOVATE	3	SP
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE)	2	SP
ELOCTATE	3	SP
EPOGEN	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP

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

Drug Name	Drug Tier	Notes
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	2	SP
NEULASTA	3	SP
NEULASTA ONPRO	3	SP
NEUPOGEN	E	SP
NIVESTYM	2	SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRIT	E	SP
RETACRIT	2	SP
UDENYCA	3	SP
ULTOMIRIS	3	SP
ZARXIO	2	SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	

Drug Name	Drug Tier	Notes
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
CARDIZEM LA	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
choline fenofibrate	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
COREG	E	
COREG CR	E	
CORLANOR ORAL TABLET	3	
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	E	
EDARBI	3	
EDARBYCLOR	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
enalapril maleate oral	1	
ENTRESTO	2	
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
labetalol hcl oral	1	
LASIX	E	
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	

Drug Name	Drug Tier	Notes
lisinopril-hydrochlorothiazide	1	
LIVALO	3	
losartan potassium	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PRALUENT	2	SP
PRAVACHOL	E	
pravastatin sodium	1	
prazosin hcl oral capsule 1 mg, 5 mg	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	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
ramipril	1	
RANEXA	E	
REPATHA	2	SP
REPATHA PUSHTRONEX SYSTEM	2	SP
REPATHA SURECLICK	2	SP
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
valsartan	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	

Drug Name	Drug Tier	Notes
ZOCOR	E	
ZYPITAMAG	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS ER	3	
amphetamine- dextroamphetamine	1	
amphetamine- dextroamphetamine er	1	
atomoxetine hcl	1	
CONCERTA	E	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
methylphenidate hcl er	1	
methylphenidate hcl oral tablet	1	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	3	SP
AUBAGIO	3	SP
AVONEX PEN	2	SP
AVONEX PREFILLED	2	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
BETASERON	2	SP
COPAXONE	2	SP
EXTAVIA	E	SP
GILENYA	3	3P; SP
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF	3	SP
REBIF REBIDOSE	3	SP
REBIF REBIDOSE TITRATION PACK	3	SP
REBIF TITRATION PACK	3	SP
TECFIDERA	2	SP
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	
ADIPEX-P	E	
AUSTEDO	3	SP
CONTRACE	2	
GRALISE	3	
GRALISE STARTER	3	
HORIZANT	3	
LYRICA	E	
phentermine hcl oral capsule 30 mg	1	
phentermine hcl oral tablet	1	
SAXENDA	3	
TIGLUTIK	3	SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	

Drug Name	Drug Tier	Notes
lidocaine viscous mouth/throat solution 2 %	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
ADAPALENE EXTERNAL LOTION	E	M
AKTIPAK	E	
ALA SCALP	E	
APEXICON E	E	
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
BRYHALI	3	
CAPEX	E	
claravis	1	
CLINDAGEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M

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
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CLODERM PUMP EXTERNAL CREAM 0.1 %	E	
clotrimazole-betamethasone external cream	1	
CORDRAN EXTERNAL TAPE	E	
DESONATE	E	
DIFFERIN	E	
DUAC	E	
DUPIXENT	2	SP
ELIDEL	E	
ENSTILAR	3	
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	
FINACEA EXTERNAL GEL	E	
fluocinonide external cream	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	

Drug Name	Drug Tier	Notes
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMIQUIMOD PUMP	E	
IMPOYZ	E	
KENALOG EXTERNAL	E	
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MICORT-HC	E	
MIRVASO	2	
mometasone furoate external cream	1	
myorisan	1	
NORITATE	E	
ONEXTON	3	
ORACEA	E	
PANDEL	E	
PROPECIA	E	
PSORCON	E	
QBREXZA	3	
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	
SERNIVO	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
SOOLANTRA	2	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	
TAZORAC EXTERNAL CREAM 0.1 %	E	
TOLAK	3	
TOPICORT SPRAY	E	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
ZIANA	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
<b>Diabetes - Antidiabetic Agents</b>		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON	2	
BYDUREON BCISE AUTOINJECTOR	2	

Drug Name	Drug Tier	Notes
BYETTA 10 MCG PEN	2	
BYETTA 5 MCG PEN	2	
FARXIGA	E	
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUCOPHAGE	E	
GLUCOPHAGE XR	E	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	
pioglitazone hcl	1	
QTERN	E	
SEGLUROMET	E	
SOLIQUA	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
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRULICITY	2	
VICTOZA	2	
XIGDUO XR	E	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS CONTROL	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE CONTROL	E	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	

Drug Name	Drug Tier	Notes
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW CONTROL	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFT TOUCH LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE READER	E	
FREESTYLE LIBRE SENSOR SYSTEM	E	
ONETOUCH ULTRA 2	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	
ONETOUCH ULTRA MINI	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
ONE TOUCH VERIO KIT W/DEVICE	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO TEST STRIPS	2	
ONETOUCH VERIO IQ SYSTEM	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
<b>Diabetes - Glycemic Agents</b>		
GLUCAGON EMERGENCY	2	
<b>Diabetes - Insulins</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
FIASP	E	
FIASP FLEXTOUCH	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	

Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	2	
HUMULIN R VIAL	2	
INSULIN LISPRO	E	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N RELION	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
NOVOLIN N VIAL	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
CARNITOR	E	
CARNITOR SF	E	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
K-TAB	E	
LOKELMA	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
potassium chloride cryser	1	
potassium chloride er	1	

Drug Name	Drug Tier	Notes
potassium citrate er	1	
sodium fluoride oral tablet chewable	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	
esomeprazole magnesium	E	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeppi	E	
omeprazole oral capsule delayed release	1	
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral	1	
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
rabeprazole sodium oral tablet delayed release	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
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
ZEGERID	E	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
GOLYTELY	E	
LINZESS	2	
MOTEGRITY	3	
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTELY WITH FLAVOR PACKS	E	
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	
TRULANCE	E	
VIBERZI	3	

Drug Name	Drug Tier	Notes
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	SP
CREON	2	
NITYR	3	SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ	3	SP
VIOKACE	E	
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CIALIS	E	
DEPEN TITRATABS	2	SP
INTRAROSA	3	
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL	E	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	
STAXYN	E	
STENDRA	E	
tadalafil oral	1	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	

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

Drug Name	Drug Tier	Notes
VESICARE	E	
VIAGRA	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
<b>Hormonal Agents - Adrenal</b>		
CORTEF	E	
dexamethasone oral tablet	1	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral tablet therapy pack	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	
ANDROGEL	E	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
TESTIM	E	
TESTOSTERONE CYPIONATE INJECTION	3	
testosterone cypionate intramuscular	1	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	3	
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Parathyroid</b>		
SENSIPAR	E	
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	2	SP
CETROTIDE	E	SP
FOLLISTIM AQ	2	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
ganirelix acetate	1	Made by Organon/Merck; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
HUMATROPE	E	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	SP
NOCDURNA	3	
NOCTIVA	E	
NORDITROPIN FLEXPRO	2	SP
NUTROPIN AQ NUSPIN 10	2	SP
NUTROPIN AQ NUSPIN 20	2	SP
NUTROPIN AQ NUSPIN 5	2	SP
OMNITROPE	2	SP
ORLISSA	2	
SAIZEN	E	SP
SAIZENPREP	E	SP

Drug Name	Drug Tier	Notes
SANDOSTATIN	E	SP
ZOMACTON	E	SP
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
apri	1	
aviane	1	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	
DELESTROGEN	E	
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	
enskyce	1	
estarylla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
GENERESS FE	E	
gianvi	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	

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

Drug Name	Drug Tier	Notes
junel fe 24	1	
kariva	1	
larissia	1	
lessina	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	
low-ogestrel	1	
MAKENA	2	SP
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	
MINIVELLE	3	
MIRENA (52 MG)	3	
mono-linyah	1	
NATAZIA	2	
nikki	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	
norethindrone oral	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
ORTHO MICRONOR	E	

Drug Name	Drug Tier	Notes
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 1/35 (28)	E	
ORTHO-NOVUM 7/7/7 (28)	E	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
PROMETRIUM	E	
SAFYRAL	E	
SEASONIQUE	E	
sprintec 28	1	
syeda	1	
TAYTULLA	3	
tri femynor	1	
tri-linyah	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
tri-sprintec	1	
VAGIFEM	E	
vienva	1	
VIVELLE-DOT	E	
xulane	1	
YASMIN 28	E	
YAZ	E	
yuvaferm	1	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
levothyroxine sodium oral	1	
liothyronine 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
methimazole oral	1	
NATURE-THROID	3	
SYNTHROID	3	
TIROSINT	E	
TIROSINT-SOL	E	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	3P; SP
ACTEMRA SUBCUTANEOUS	3	3P; SP
azathioprine oral	1	
CIMZIA	2	SP
CIMZIA PREFILLED KIT	2	SP
CIMZIA STARTER KIT	2	SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
cyclosporine modified oral capsule	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
ENBREL SURECLICK	3	SP
FIRAZYR	3	SP
HAEGARDA	3	SP
HUMIRA	2	SP
HUMIRA PEDIATRIC CROHNS START	2	SP
HUMIRA PEN	2	SP

Drug Name	Drug Tier	Notes
HUMIRA PEN-CD/UC/HS STARTER	2	SP
HUMIRA PEN-PS/UV/ADOL HS START	2	SP
INFLECTRA	2	SP
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA	3	3P; SP
ORENCIA CLICKJECT	3	3P; SP
OTEZLA	2	SP
PANZYGA	E	SP
RASUVO	2	
REMICADE	E	SP
RENFLEXIS	2	SP
RUCONEST	3	SP
SIMPONI	2	SP
SKYRIZI (150 MG DOSE)	2	SP
STELARA INTRAVENOUS	2	SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
tacrolimus oral	1	SP
TALTZ	3	3P; SP
TREMFYA	2	SP
XELJANZ	2	SP
XELJANZ XR	2	SP

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

Drug Name	Drug Tier	Notes
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
ASACOL HD	E	
CANASA	E	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
UCERIS ORAL	E	
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
BINOSTO	3	
calcitriol oral capsule	1	
FORTEO	2	SP
ibandronate sodium oral	1	
RAYALDEE	3	
TYMLOS	2	SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	Non-Cosmetic; SP
DUROLANE	2	SP
EUFLEXXA	2	SP
GEL-ONE	E	SP
GELSYN-3	2	SP
GENVISC 850	E	SP
HYALGAN	E	SP
HYMOVIS	E	SP

Drug Name	Drug Tier	Notes
MONOVISC	E	SP
ORTHOVISC	E	SP
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TAKHZYRO	3	SP
TRIVISC	E	SP
VISCO-3	E	SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	

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Drug Name	Drug Tier	Notes
PATADAY	E	
PATANOL	E	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	
tobramycin ophthalmic	1	
VIGAMOX	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
COSOPT PF OPTHALMIC SOLUTION 22.3-6.8 MG/ML	E	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	

Drug Name	Drug Tier	Notes
TRAVATAN Z	2	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACFT	3	
LATISSE	E	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	
TOBRADEX OPTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	

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

Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate	1	
CLARINEX	E	
CLARINEX ORAL SYRUP 0.5 MG/ML	E	
CLARINEX-D 12 HOUR	E	
desloratadine oral tablet	1	
DYMISTA	2	
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	
NASONEX	E	
OMNARIS	3	
promethazine hcl oral tablet	1	
promethazine-codeine	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	
QNASL CHILDRENS	3	
XHANCE	E	

Drug Name	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	SP
ZETONNA	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Made by Par; M
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Made by Prasco; M
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Made by Teva; M
albuterol sulfate inhalation	1	
ALVESCO	E	
ANORO ELLIPTA	2	
ARNUITY ELLIPTA	2	
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 (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	
budesonide inhalation	1	
COMBIVENT RESPIMAT	2	
DULERA	E	
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan

Drug Name	Drug Tier	Notes
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK	3	
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
INCRUSE ELLIPTA	2	
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	
LONHALA MAGNAIR STARTER KIT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	
SINGULAIR	E	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
SYMBICORT	2	
SYMJEPI	3	
TRELEGY ELLIPTA	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
TUDORZA PRESSAIR	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	
XOPENEX HFA	E	
YUPELRI	E	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
KITABIS PAK	E	SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	SP
ADEMPAS	2	SP
LETAIRIS	E	SP
OPSUMIT	2	SP
ORENITRAM	3	SP
REMODULIN	E	SP
sildenafil citrate oral tablet 20 mg	1	SP
TRACLEER 62.5 MG, 125 MG	3	SP
TRACLEER 32 MG	2	SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	

Drug Name	Drug Tier	Notes
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	
LUNESTA	E	
modafinil	1	
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	
temazepam	1	
XYREM	3	SP
zolpidem tartrate er	1	
zolpidem tartrate oral	1	

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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lidocaine viscous.....	17	metformin hcl er (mod).....	19	NAPRELAN.....	8
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LIDODERM.....	8	metformin hcl ir.....	19	naproxen sodium.....	8
LINZESS.....	23	methimazole.....	27	NARCAN.....	8
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## Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

## Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាបំណុលរបស់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsos nit'i'izí bee nééhozinígíí bine'déę t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com/optumrx](https://optum.com/optumrx).

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