

Your 2019 Formulary

Effective July 1, 2019



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 chosen by your plan 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 approved by the U.S. Food and Drug Administration (FDA).

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. BriovaRx®, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx at **1-855-4BRIOVA (1-855-427-4682)** and have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications





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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier i-G	 Generic specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier i-P	 Preferred specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier i-NP	 Non-preferred specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier E	 Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

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

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

Table of Contents

Analgesics - Drugs for Pain.....	6	Genitourinary Agents - Drugs for Prostate	
Analgesics - Drugs for Pain and Inflammation.	6	Conditions.....	20
Anesthetics.....	7	Hormonal Agents - Adrenal.....	21
Anti-Addiction / Substance Abuse Treatment		Hormonal Agents - Men's Health.....	21
Agents.....	7	Hormonal Agents - Osteoporosis.....	21
Antibacterials.....	7	Hormonal Agents - Pituitary.....	21
Anticoagulants.....	8	Hormonal Agents - Sex Hormones and Birth	
Anticonvulsants - Drugs for Seizures.....	8	Control.....	22
Antidementia Agents - Drugs for Alzheimer's		Hormonal Agents - Thyroid.....	23
Disease and Dementia.....	9	Immunological Agents - Drugs for Immune	
Antidepressants.....	9	System Stimulation or Suppression.....	24
Antiemetics - Drugs for Nausea and Vomiting..	9	Inflammatory Bowel Disease Agents.....	25
Antifungals.....	10	Metabolic Bone Disease Agents - Drugs for	
Antigout Agents.....	10	Osteoporosis.....	25
Antimigraine Agents.....	10	Miscellaneous Therapeutic Agents.....	25
Antineoplastics - Drugs for Cancer.....	10	Ophthalmic Agents - Drugs for Eye Allergy,	
Antiparasitics.....	10	Infection and Inflammation.....	26
Antiparkinson Agents.....	10	Ophthalmic Agents - Drugs for Glaucoma.....	26
Antiplatelets.....	10	Ophthalmic Agents - Drugs for Miscellaneous	
Antipsychotics - Drugs for Mood Disorders....	11	Eye Conditions.....	26
Antivirals.....	11	Otic Agents - Drugs for Ear Conditions.....	26
Anxiolytics - Drugs for Anxiety.....	12	Respiratory Tract / Pulmonary Agents -	
Bipolar Agents - Drugs for Mood Disorders....	12	Drugs for Allergies, Cough, Cold.....	27
Blood Products / Modifiers / Volume		Respiratory Tract / Pulmonary Agents -	
Expanders - Drugs for Bleeding Disorders...	12	Drugs for Asthma and Other Lung	
Cardiovascular Agents - Drugs for Heart and		Conditions.....	27
Circulation Conditions.....	12	Respiratory Tract / Pulmonary Agents -	
Central Nervous System Agents - Drugs for		Drugs for Cystic Fibrosis.....	28
Attention Deficit Disorder.....	14	Respiratory Tract / Pulmonary Agents -	
Central Nervous System Agents - Drugs for		Drugs for Pulmonary Hypertension.....	28
Multiple Sclerosis.....	15	Skeletal Muscle Relaxants - Drugs for	
Central Nervous System Agents -		Muscle Pain and Spasm.....	29
Miscellaneous.....	15	Sleep Disorder Agents.....	29
Dental and Oral Agents - Drugs for Mouth		Index of Drugs.....	30
and Throat Conditions.....	15		
Dermatological Agents - Drugs for Skin			
Conditions.....	15		
Diabetes - Antidiabetic Agents.....	16		
Diabetes - Glucose Monitoring.....	17		
Diabetes - Glycemic Agents.....	18		
Diabetes - Insulins.....	18		
Electrolytes / Minerals / Metals / Vitamins.....	19		
Gastrointestinal Agents - Drugs for Acid			
Reflux and Ulcer.....	19		
Gastrointestinal Agents - Drugs for Bowel,			
Intestine and Stomach Conditions.....	19		
Genetic or Enzyme Disorder: Drugs for			
Replacement, Modifiers, Treatment.....	20		
Genitourinary Agents - Drugs for Bladder,			
Genital and Kidney Conditions.....	20		

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
ARYMO ER	E	
BELBUCA	2	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL

Drug Name	Drug Tier	Notes
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	E	
ROXYBOND	3	QL
SUBSYS	E	
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
trezix oral capsule 320.5-30-16 mg	1	QL
XTAMPZA ER	E	
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	E	
Analgesics - Drugs for Pain and Inflammation		
CAMBIA	E	
CELEBREX	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
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID TRANSDERMAL SOLUTION 2 %	E	
SPRIX	E	
sulindac oral	1	
VIMOVO	E	
VIVLODEX	3	ST
VOLTAREN GEL 1%	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	

Drug Name	Drug Tier	Notes
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
Antibacterials		
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	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	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
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX MPC	E	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
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	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	

Drug Name	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XIFAXAN	3	PA
XIMINO	3	
Anticoagulants		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium	i-G	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine 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
OXTELLAR XR	E	
phenytoin sodium extended	1	
SABRIL ORAL PACKET	E	SP
topiramate oral tablet	1	
TROKENDI XR	E	
VIMPAT INTRAVENOUS	E	
VIMPAT ORAL	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
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	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
fluvoxamine maleate	1	
FORFIVO XL	3	QL
LEXAPRO ORAL TABLET	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PRISTIQ	E	
PROZAC ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet 5 mg	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	

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
SANCUSO	E	
VARUBI ORAL	3	QL
Antifungals		
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	++
KERYDIN	E	++
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
ULORIC	2	ST
ZURAMPIC	3	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
AJOVY	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
MIGRANAL	3	QL
ONZETRA XSAIL	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
ZEMBRACE SYMTOUCH	E	

Drug Name	Drug Tier	Notes
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP; QL
capecitabine	1	PA; SP
IBRANCE	3	PA; SP; QL
IDHIFA	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP; QL
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
YONSA	3	PA; SP
Antiparasitics		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOLOSEC	3	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	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
clopidogrel bisulfate oral	1	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	E	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	E	
aripiprazole oral tablet	1	QL
ARISTADA	E	
ARISTADA INITIO	E	
haloperidol oral	1	
INVEGA SUSTENNA	E	
INVEGA TRINZA	E	
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	E	SP
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	SP
HARVONI	2	PA; SP; QL

Drug Name	Drug Tier	Notes
INTELENCE	2	SP
ISENTRESS ORAL TABLET	2	SP
JULUCA	2	SP
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
SOFOSBUVIR-VELPATASVIR	E	M; SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL

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

Drug Name	Drug Tier	Notes
ZOVIRAX EXTERNAL CREAM	3	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL	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	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
ADYNOVATE	i-P	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	i-P	SP
ELOCTATE	i-P	SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	E	SP

Drug Name	Drug Tier	Notes
FULPHILA	E	SP
GRANIX	E	SP
JIVI	i-P	SP
KOGENATE FS	i-P	SP
KOVALTRY	i-P	SP
MULPLETA	2	PA; SP
NEULASTA ONPRO	i-P	PA; SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	E	SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	E	SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL
NOVOEIGHT	i-P	SP
NUWIQ	i-P	SP
PROCRT	i-P	PA; SP; QL
UDENYCA	i-P	PA; SP; QL
ZARXIO	i-P	PA; SP; QL
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium 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
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	

Drug Name	Drug Tier	Notes
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
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 oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
labetalol hcl oral	1	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	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
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
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	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	i-P	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	ST
REPATHA	i-P	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	i-P	PA; SP; QL
REPATHA SURECLICK	i-P	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	

Drug Name	Drug Tier	Notes
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
TOPROL XL	E	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VYTORIN	E	
ZETIA	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	E	
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
CONCERTA	E	
COTEMPLA XR-ODT	3	ST; QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
guanfacine hcl er	1	
methylphenidate hcl er	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 oral tablet	1	QL
VYVANSE	2	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	i-P	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	i-P	PA; SP; QL
AVONEX VIAL INTRAMUSCULAR KIT	i-P	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	i-P	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	E	SP
GILENYA	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP; QL

Drug Name	Drug Tier	Notes
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP; QL
TECFIDERA	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	++; QL
AUSTEDO	3	PA; SP; QL
CONTRAVE	2	++
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
LYRICA ORAL CAPSULE	2	QL
phentermine hcl oral capsule 30 mg	1	++
phentermine hcl oral tablet	1	++
SAXENDA	3	++
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	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
adapalene external gel	1	++
AKTIPAK	E	
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
claravis	1	PA
CLINDAGEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DUAC	E	
DUPIXENT	i-P	PA; SP; QL
ENSTILAR	3	QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	PA
NORITATE	E	
ONEXTON	3	

Drug Name	Drug Tier	Notes
ORACEA	3	
OXSORALEN ULTRA	2	
QBREXZA	3	QL
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 0.08 %	2	++
SOOLANTRA	2	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tretinoin external cream	1	++
VECTICAL	3	
VELTIN	E	
ZIANA	E	
ZYCLARA	3	
ZYCLARA PUMP	3	
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FARXIGA	E		SOLIQUA	2	ST; QL
FORTAMET	E		STEGLATRO	E	
glimepiride	1		STEGLUJAN	E	
glipizide er	1		SYNJARDY	2	ST
glipizide ir	1		SYNJARDY XR	2	ST
glipizide xl	1		TRADJENTA	2	ST
GLUMETZA	E		TRULICITY	2	ST; QL
glyburide oral	1		VICTOZA	2	ST; QL
glyburide-metformin	1		XIGDUO XR	E	
GLYXAMBI	2	ST	Diabetes - Glucose Monitoring		
INVOKAMET	2	ST	ACCU-CHEK AVIVA DEVICE	E	++
INVOKAMET XR	2	ST	ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	++
INVOKANA	2	ST	ACCU-CHEK AVIVA PLUS	E	++
JANUMET	2	ST	ACCU-CHEK COMPACT PLUS CARE KIT	E	++
JANUMET XR	2	ST	ACCU-CHEK COMPACT PLUS TEST STRIPS	E	++
JANUVIA	2	ST	ACCU-CHEK FASTCLIX LANCET KIT	2	++
JARDIANCE	2	ST	ACCU-CHEK FASTCLIX LANCETS	2	++
JENTADUETO	2	ST	ACCU-CHEK GUIDE	E	++
JENTADUETO XR	2	ST	ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	++
KAZANO	E		ACCU-CHEK MULTICLIX LANCETS	2	++
KOMBIGLYZE XR	E		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	++
metformin hcl er	1		ACCU-CHEK SMARTVIEW TEST STRIPS	E	++
metformin hcl er (mod)	E		ACCU-CHEK SOFT TOUCH LANCETS	2	++
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	E				
metformin hcl oral tablet	1				
NESINA	E				
ONGLYZA	E				
OSENI	E				
OZEMPIC	2	ST; QL			
pioglitazone hcl	1				
QTERN	E				
SEGLUROMET	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
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
ACCU-CHEK SOFTCLIX LANCETS	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	++
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL
ONETOUCH ULTRA MINI KIT W/DEVICE	2	++
ONE TOUCH VERIO KIT W/DEVICE	2	++
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	++
ONETOUCH VERIO STRIP IN VITRO	2	++; QL
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	++
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
Diabetes - Glycemic Agents		
GLUCAGON EMERGENCY	2	

Drug Name	Drug Tier	Notes
Diabetes - Insulins		
ADMELOG	E	++
ADMELOG SOLOSTAR	E	++
APIDRA SOLOSTAR	E	++
APIDRA VIAL	E	++
BASAGLAR KWIKPEN	E	++
FIASP	E	++
FIASP FLEXTOUCH	E	++
HUMALOG U-100 AND U-200 KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++
HUMALOG 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	++
LANTUS U-100 SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTOUCH	E	++
LEVEMIR U-100 VIAL	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
NOVOFINE AUTOCOVER PEN NEEDLE	2	++
NOVOFINE PEN NEEDLE 32G X 6 MM	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
NOVOLIN 70/30 RELION	E	++
NOVOLIN 70/30 VIAL	E	++
NOVOLIN N RELION	E	++
NOVOLIN N VIAL	E	++
NOVOLIN R RELION	E	++
NOVOLIN R VIAL	E	++
NOVOLOG U-100 FLEXPEN	E	++
NOVOLOG MIX 70/30 FLEXPEN	E	++
NOVOLOG MIX 70/30 VIAL	E	++
NOVOLOG U-100 PENFILL	E	++
NOVOLOG U-100 VIAL	E	++
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	++
TOUJEO MAX SOLOSTAR	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA	E	++
TRESIBA FLEXTOUCH	E	++
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
klor-con m20	1	
LOKELMA	3	

Drug Name	Drug Tier	Notes
potassium chloride cryser	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	++
CARAFATE ORAL TABLET	E	
esomeprazole magnesium	E	++
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	++
omeppi	E	++
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	++
pantoprazole sodium oral	1	QL
PREVACID	E	++
sucralfate oral tablet	1	
ZEGERID	E	++
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL

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

Drug Name	Drug Tier	Notes
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	3	
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
RELISTOR ORAL	E	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	i-P	PA; SP
VIOKACE	E	

Drug Name	Drug Tier	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	3	++; QL
DEPEN TITRATABS	2	SP
INTRAROSA	3	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	E	++
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
STAXYN	E	++
STENDRA	E	++
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	ST
VIAGRA	E	++
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	

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

Drug Name	Drug Tier	Notes
RAPAFLO	3	
tamsulosin hcl	1	
terazosin hcl oral	1	
Hormonal Agents - Adrenal		
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	3	
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	

Drug Name	Drug Tier	Notes
RAYOS	E	
SERNIVO	3	
TOPICORT SPRAY	E	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
VOGELXO PUMP	E	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	E	
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
BRAVELLE	E	++; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	i-P	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
FOLLISTIM AQ SUBCUTANEOUS	E	++; SP
GENOTROPIN	E	++; SP
GENOTROPIN MINIQUICK	E	++; SP
GONAL-F	i-P	PA; ++; SP
GONAL-F RFF	i-P	PA; ++; SP
GONAL-F RFF REDIJECT	i-P	PA; ++; SP
HP ACTHAR	i-P	PA; SP
HUMATROPE	E	++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	i-P	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	i-P	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	i-P	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	i-P	PA; SP
NOCDURNA	3	
NOCTIVA	E	
NORDITROPIN FLEXPRO	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 10	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 20	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 5	i-P	PA; ++; SP
OMNITROPE SUBCUTANEOUS SOLUTION	i-P	PA; ++; SP

Drug Name	Drug Tier	Notes
ORLISSA	2	PA; QL
OVIDREL	i-P	++; SP
SAIZEN	E	++; SP
SAIZENPREP	E	++; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	E	SP
ZOMACTON	E	++; SP
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	++
aviane	1	++
BEYAZ	E	++
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
CLIMARA PRO	2	
cryelle-28	1	++
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce oral tablet 0.15-30 mg-mcg	1	++
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	++
IMVEXXY MAINTENANCE PACK	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
IMVEXXY STARTER PACK	3	
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	3	++
loryna	1	++
low-ogestrel	1	++
MAKENA INTRAMUSCULAR	i-P	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1/20	1	++
MINASTRIN 24 FE	E	++
MINIVELLE	3	
MIRENA (52 MG)	E	++
mono-lynyah	1	++
mononessa	1	++
NATAZIA	2	++
nikki	1	++
norethindrone acet-ethinyl est oral tablet	1	++
norethindrone oral	1	++
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
nortrel 1/35 (21)	1	++

Drug Name	Drug Tier	Notes
nortrel 1/35 (28)	1	++
NUVARING	2	++
ocella	1	++
ORTHO TRI-CYCLEN (28)	E	++
ORTHO TRI-CYCLEN LO	E	++
portia-28	1	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	++
tri-estarylla	1	++
tri-lynyah	1	++
tri-lo-marzia	1	++
tri-previfem	1	++
tri-sprintec	1	++
VAGIFEM VAGINAL TABLET 10 MCG	E	
vienva	1	++
viorele	1	++
VIVELLE-DOT	E	
xulane	1	++
YAZ	E	++
yuvafem	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
CYTOMEL	E	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole 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
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	ST
SYNTHROID	3	ST
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA	i-P	PA; 3P; SP
ACTEMRA ACTPEN	i-P	PA; 3P; SP
azathioprine oral	1	
CIMZIA PREFILLED KIT	i-P	PA; SP
CIMZIA STARTER KIT	i-P	PA; SP
CIMZIA VIAL KIT	i-P	PA; SP
COSENTYX 150 MG/ML	i-P	PA; 3P; SP
COSENTYX 300 DOSE	i-P	PA; 3P; SP
COSENTYX SENSOREADY 300 DOSE	i-P	PA; 3P; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	i-P	PA; 3P; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP
FIRAZYR	i-P	PA; SP

Drug Name	Drug Tier	Notes
HAEGARDA	i-P	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	i-P	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	i-P	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	i-P	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	i-P	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	i-P	PA; SP
INFLECTRA	i-P	PA; SP
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
OTEZLA ORAL TABLET	2	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
PROGRAF ORAL CAPSULE	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
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL
REMICADE	E	SP
RENFLEXIS	i-P	PA; SP
RUCONEST	i-P	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	i-P	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP
STELARA INTRAVENOUS	i-P	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP
tacrolimus oral	1	SP
TALTZ	E	SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP
XELJANZ	3	PA; 3P; SP
XELJANZ XR	3	PA; 3P; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	

Drug Name	Drug Tier	Notes
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	i-P	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	i-P	PA; SP
Miscellaneous Therapeutic Agents		
	i-NP	PA; Non- Cosmetic; SP
BOTOX		
CETYLEV	3	
EUFLEXXA INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC ONE INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	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
TAKHZYRO	i-P	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	E	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	

Drug Name	Drug Tier	Notes
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
RHOPRESSA	2	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
VYZULTA	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACFT	3	ST
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic	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	Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			ANORO ELLIPTA	2	QL
ASTEPRO NASAL SOLUTION 0.15 %	3	QL	ARNUITY ELLIPTA	2	QL
azelastine hcl nasal	1	QL	ASMANEX 120 METERED DOSES	E	
benzonatate	1		ASMANEX 14 METERED DOSES	E	
DYMISTA	2	QL	ASMANEX 30 METERED DOSES	E	
hydrocodone polst-cpm polst er oral suspension extended release	1	PA; QL	ASMANEX 60 METERED DOSES	E	
ipratropium bromide nasal	1		ASMANEX 7 METERED DOSES	E	
NASONEX	E	++	ASMANEX HFA	E	
promethazine hcl oral tablet	1		ATROVENT HFA	3	QL
promethazine-codeine oral syrup	1	PA; QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
promethazine-dm	1		BEVESPI AEROSPHERE	E	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1		BREO ELLIPTA	2	QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	i-NP	PA; SP	budesonide inhalation	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			COMBIVENT RESPIMAT	2	QL
ADVAIR DISKUS	2	QL	DULERA	E	
ADVAIR HFA	2	QL	EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	Made by Impax; M
AIRDUO RESPICLICK 113/14	E		EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	Made by Impax; M
AIRDUO RESPICLICK 232/14	E		EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
AIRDUO RESPICLICK 55/14	E		EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
albuterol sulfate inhalation	1	QL			
ALVESCO	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
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	ST
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDHALER	2	QL

Drug Name	Drug Tier	Notes
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT	2	QL
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
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
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL

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

Drug Name	Drug Tier	Notes
TRACLEER	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

Index of Drugs

abacavir sulfate-lamivudine	11	ADMELOG SOLOSTAR.....	18	APIDRA SOLOSTAR.....	18
ABILIFY MAINTENA.....	11	ADVAIR DISKUS.....	27	APIDRA VIAL.....	18
ABSORICA.....	15	ADVAIR HFA.....	27	apri.....	22
ABSTRAL.....	6	ADYNOVATE.....	12	APRISO.....	25
ACANYA.....	15	AFSTYLA.....	12	aripiprazole.....	11
ACCU-CHEK AVIVA		AIMOVIG.....	10	ARISTADA.....	11
CONNECT KIT W/DEVICE..	17	AIRDUO RESPICLICK		ARISTADA INITIO.....	11
ACCU-CHEK AVIVA		113/14.....	27	ARMOUR THYROID.....	23
DEVICE.....	17	AIRDUO RESPICLICK		ARNUITY ELLIPTA.....	27
ACCU-CHEK AVIVA PLUS	17	232/14.....	27	ARYMO ER.....	6
ACCU-CHEK COMPACT		AIRDUO RESPICLICK		ASACOL HD.....	25
PLUS CARE KIT.....	17	55/14.....	27	ASMANEX 120 METERED	
ACCU-CHEK COMPACT		AJOVY.....	10	DOSES.....	27
PLUS TEST STRIPS.....	17	AKTIPAK.....	16	ASMANEX 14 METERED	
ACCU-CHEK FASTCLIX		AKYNZEO.....	9	DOSES.....	27
LANCET KIT.....	17	albuterol sulfate.....	27	ASMANEX 30 METERED	
ACCU-CHEK FASTCLIX		alendronate sodium.....	25	DOSES.....	27
LANCETS.....	17	alfuzosin hcl er.....	20	ASMANEX 60 METERED	
ACCU-CHEK GUIDE.....	17	allopurinol.....	10	DOSES.....	27
ACCU-CHEK MULTICLIX		ALOGLIPTIN BENZOATE..	16	ASMANEX 7 METERED	
LANCET DEVICE KIT.....	17	ALOGLIPTIN-		DOSES.....	27
ACCU-CHEK MULTICLIX		METFORMIN HCL.....	16	ASMANEX HFA.....	27
LANCETS.....	17	ALOGLIPTIN-		ASTEPRO.....	27
ACCU-CHEK NANO		PIOGLITAZONE.....	16	atenolol.....	12
SMARTVIEW KIT		ALPHAGAN P.....	26	atenolol-chlorthalidone.....	12
W/DEVICE.....	17	alprazolam.....	12	ATIVAN.....	12
ACCU-CHEK		ALVESCO.....	27	atomoxetine hcl.....	14
SMARTVIEW TEST		AMBIEN.....	29	atorvastatin calcium.....	12
STRIPS.....	17	AMBIEN CR.....	29	ATRIPLA.....	11
ACCU-CHEK SOFT		amiodarone hcl.....	12	ATROVENT HFA.....	27
TOUCH LANCETS.....	17	AMITIZA.....	19	AUBAGIO.....	15
ACCU-CHEK SOFTCLIX		amitriptyline hcl.....	9	AURYXIA.....	20
LANCET DEVICE KIT.....	18	amlodipine besylate.....	12	AUSTEDO.....	15
ACCU-CHEK SOFTCLIX		amlodipine besylate-		AUVI-Q.....	27
LANCETS.....	18	benazepril hcl.....	12	aviane.....	22
acetaminophen-codeine.....	6	amlodipine besylate-		AVONEX PEN.....	15
acetaminophen-codeine #2..	6	valsartan.....	12	AVONEX PREFILLED.....	15
acetaminophen-codeine #3..	6	amlodipine-olmesartan.....	12	AVONEX VIAL	
acetaminophen-codeine #4..	6	amoxicillin.....	7	INTRAMUSCULAR KIT.....	15
ACIPHEX.....	19	amoxicillin-potassium		AZASITE.....	26
ACTEMRA.....	24	clavulanate.....	7	azathioprine.....	24
ACTEMRA ACTPEN.....	24	amphetamine-		azelastine hcl.....	27
ACTICLATE.....	7	dextroamphetamine.....	14	azithromycin.....	7
acyclovir.....	11	amphetamine-		AZOPT.....	26
ACZONE.....	15	dextroamphetamine er.....	14	AZOR.....	13
adapalene.....	16	AMPYRA.....	15	baclofen.....	29
ADDERALL XR.....	14	AMRIX.....	29	BASAGLAR KWIKPEN.....	18
ADDYI.....	15	anastrozole.....	10	BELBUCA.....	6
ADEMPAS.....	28	ANDRODERM.....	21	benazepril hcl.....	13
ADLYXIN.....	16	ANDROGEL.....	21	benazepril-	
ADLYXIN STARTER		ANDROGEL PUMP.....	21	hydrochlorothiazide.....	13
PACK.....	16	ANORO ELLIPTA.....	27	BENICAR.....	13
ADMELOG.....	18	apap-caff-dihydrocodeine.....	6	BENICAR HCT.....	13

BENZACLIN.....	16	carvedilol.....	13	COSENTYX 300 DOSE.....	24
BENZACLIN WITH PUMP..	16	cefdinir.....	7	COSENTYX	
BENZAMYCIN.....	16	cefuroxime axetil.....	7	SENSOREADY 300 DOSE..	24
benzonatate.....	27	CELEBREX.....	6	COSENTYX	
benztropine mesylate.....	10	celecoxib.....	7	SENSOREADY PEN.....	24
BESIVANCE.....	26	cephalexin.....	7	COSOPT PF.....	26
betamethasone valerate.....	21	CERDELGA.....	20	COTEMPLA XR-ODT.....	14
BETASERON.....	15	CETROTIDE.....	21	CREON.....	20
BETHKIS.....	28	CETYLEV.....	25	CRESEMBA.....	10
BETIMOL.....	26	CHANTIX STARTING		CRESTOR.....	13
BEVESPI AEROSPHERE..	27	MONTH PAK.....	7	cryselle-28.....	22
BEVYXXA.....	8	chlorhexidine gluconate.....	15	cyanocobalamin.....	19
BEYAZ.....	22	chlorthalidone.....	13	cyclobenzaprine hcl.....	29
BINOSTO.....	25	choline fenofibrate.....	13	CYMBALTA.....	9
bisoprolol fumarate.....	13	CIALIS.....	20	CYTOMEL.....	23
bisoprolol-		cilostazol.....	10	DELZICOL.....	25
hydrochlorothiazide.....	13	CIMDUO.....	11	DEPEN TITRATABS.....	20
blisovi 24 fe.....	22	CIMZIA.....	24	DEPO-TESTOSTERONE..	21
blisovi fe 1.5/30.....	22	CIMZIA PREFILLED KIT ...	24	DESCOVY.....	11
blisovi fe 1/20.....	22	CIMZIA STARTER KIT.....	24	desvenlafaxine succinate	
BOTOX.....	25	CIPRODEX.....	26	er.....	9
BRAVELLE.....	21	ciprofloxacin hcl.....	8, 26	dexamethasone.....	21
BREO ELLIPTA.....	27	citalopram hydrobromide.....	9	DEXCOM G4 / G5 / G6	
BRILINTA.....	10	claravis.....	16	RECEIVER,	
brimonidine tartrate.....	26	clarithromycin.....	8	TRANSMITTER, SENSOR	
BROMSITE.....	26	CLENPIQ.....	19	(INCLUDING PLATINUM,	
budesonide.....	27	CLIMARA PRO.....	22	PLATINUM PEDIATRIC)....	18
bumetanide.....	13	CLINDAGEL.....	16	dexmethylphenidate hcl.....	14
BUNAVAIL.....	7	clindamycin hcl.....	8	dexmethylphenidate hcl er..	14
buprenorphine hcl.....	7	clindamycin phosphate.....	16	diazepam.....	12
buprenorphine hcl-		CLINDAMYCIN		diclofenac potassium.....	7
naloxone hcl.....	7	PHOSPHATE.....	16	diclofenac sodium.....	7
bupropion hcl.....	9	clindamycin phosphate-		dicyclomine hcl.....	19
bupropion hcl er (sr).....	9	benzoyl peroxide.....	16	DIFICID.....	8
bupropion hcl er (xl).....	9	CLINDESSE.....	8	digoxin.....	13
buspirone hcl.....	12	clobetasol propionate.....	21	DILANTIN.....	8
butalbital-apap-caffeine.....	6	CLOBEX.....	21	DILANTIN INFATABS.....	8
BYDUREON.....	16	CLOBEX SPRAY.....	21	diltiazem hcl.....	13
BYDUREON BCISE		clonazepam.....	12	diltiazem hcl er beads.....	13
AUTOINJECTOR.....	16	clonidine hcl.....	13	diltiazem hcl er coated	
BYETTA 10 MCG PEN.....	16	clopidogrel bisulfate.....	11	beads.....	13
BYETTA 5 MCG PEN.....	16	clotrimazole-		DIOVAN.....	13
BYSTOLIC.....	13	betamethasone.....	16	DIOVAN HCT.....	13
BYVALSON.....	13	COLCHICINE.....	10	DIPENTUM.....	25
CABOMETYX.....	10	COLCRYST.....	10	diphenoxylate-atropine.....	19
calcitriol.....	25	COMBIGAN.....	26	divalproex sodium.....	8
CAMBIA.....	6	COMBIVENT RESPIMAT ...	27	divalproex sodium er.....	8
capecitabine.....	10	COMPLERA.....	11	DIVIGEL.....	22
CARAFATE.....	19	CONCERTA.....	14	donepezil hcl.....	9
carbamazepine.....	8	CONTRAVE.....	15	DORYX.....	8
carbidopa-levodopa.....	10	COPAXONE.....	15	DORYX MPC.....	8
carisoprodol.....	29	CORLANOR.....	13	dorzolamide hcl-timolol mal	26
cartia xt.....	13	COSENTYX 150 MG/ML....	24	doxazosin mesylate.....	13

doxepin hcl.....	9	EUFLEXXA.....	25	GONAL-F RFF REDIJECT.	22
doxycycline hyclate.....	8	EXTAVIA.....	15	GRALISE.....	15
doxycycline monohydrate.....	8	ezetimibe.....	13	GRALISE STARTER.....	15
drospirenone-ethinyl		ezetimibe-simvastatin.....	13	GRANIX.....	12
estradiol.....	22	FARXIGA.....	17	guanfacine hcl.....	13
DUAC.....	16	fenofibrate.....	13	guanfacine hcl er.....	14
DUAVEE.....	22	fenofibrate micronized.....	13	GYNAZOLE-1.....	10
DUEXIS.....	7	fenofibric acid.....	13	HAEGARDA.....	24
DULERA.....	27	fentanyl.....	6	HALOG.....	21
duloxetine hcl.....	9	FENTORA.....	6	haloperidol.....	11
DUPIXENT.....	16	FIASP.....	18	HARVONI.....	11
DURAGESIC-100.....	6	FIASP FLEXTOUCH.....	18	HORIZANT.....	15
DURAGESIC-12.....	6	finasteride.....	20	HP ACTHAR.....	22
DURAGESIC-25.....	6	FIRAZYR.....	24	HUMALOG KWIKPEN.....	18
DURAGESIC-50.....	6	flecainide acetate.....	13	HUMALOG MIX 50/50	
DURAGESIC-75.....	6	FLECTOR.....	7	KWIKPEN.....	18
DYMISTA.....	27	FLOVENT DISKUS.....	28	HUMALOG MIX 50/50	
EDARBI.....	13	FLOVENT HFA.....	28	VIAL.....	18
EDARBYCLOR.....	13	fluconazole.....	10	HUMALOG MIX 75/25	
EFFEXOR XR.....	9	fluocinonide.....	21	KWIKPEN.....	18
ELESTRIN.....	22	FLUOROPLEX.....	16	HUMALOG MIX 75/25	
eletriptan hydrobromide.....	10	fluoxetine hcl.....	9	VIAL.....	18
ELIQUIS.....	8	fluvoxamine maleate.....	9	HUMALOG U-100 JUNIOR	
ELIQUIS STARTER PACK... 8		folic acid.....	19	KWIKPEN.....	18
ELOCTATE.....	12	FOLLISTIM AQ.....	22	HUMALOG U-100 VIAL	
EMBEDA.....	6	FORFIVO XL.....	9	AND CARTRIDGE.....	18
EMGALITY.....	10	FORTAMET.....	17	HUMATROPE.....	22
EMVERM.....	10	FORTEO.....	25	HUMIRA.....	24
enalapril maleate.....	13	FORTESTA.....	21	HUMIRA PEDIATRIC	
ENBREL.....	24	FULPHILA.....	12	CROHNS START.....	24
ENBREL SURECLICK.....	24	furosemide.....	13	HUMIRA PEN.....	24
ENDOMETRIN.....	22	gabapentin.....	8	HUMIRA PEN-CD/UC/HS	
enoxaparin sodium.....	8	gavilyte-g.....	19	STARTER.....	24
enskyce.....	22	gemfibrozil.....	13	HUMIRA PEN-	
ENSTILAR.....	16	GENOTROPIN.....	22	PS/UV/ADOL HS START... 24	
entecavir.....	11	GENOTROPIN		HUMULIN 70/30	
ENTRESTO.....	13	MINIQUICK.....	22	KWIKPEN.....	18
EPCLUSA.....	11	gentamicin sulfate.....	26	HUMULIN 70/30 VIAL.....	18
EPIDUO.....	16	GENVOYA.....	11	HUMULIN N KWIKPEN.....	18
EPIDUO FORTE.....	16	gianvi.....	22	HUMULIN N VIAL.....	18
EPINEPHRINE.....	27	GILENYA.....	15	HUMULIN R U-500	
epinephrine.....	28	glimepiride.....	17	KWIKPEN.....	18
EPIPEN 2-PAK.....	28	glipizide er.....	17	HUMULIN R U-500 VIAL	
EPIPEN JR 2-PAK.....	28	glipizide ir.....	17	(CONCENTRATED).....	18
EPOGEN.....	12	glipizide xl.....	17	HUMULIN R VIAL.....	18
ergocalciferol.....	19	GLUCAGON		hydralazine hcl.....	13
erythromycin.....	26	EMERGENCY.....	18	hydrochlorothiazide.....	13
escitalopram oxalate.....	9	GLUMETZA.....	17	hydrocodone polst-cpm	
esomeprazole magnesium.. 19		glyburide.....	17	polst er.....	27
estradiol.....	22	glyburide-metformin.....	17	hydrocodone-	
eszopiclone.....	29	GLYXAMBI.....	17	acetaminophen.....	6
etodolac.....	7	GONAL-F.....	22	hydrocortisone.....	21
EUCRISA.....	16	GONAL-F RFF.....	22	hydromorphone hcl.....	6

hydroxychloroquine sulfate	10	labetalol hcl	13	LUMIGAN	26
hydroxyzine hcl	12	lamotrigine	8	LUNESTA	29
hydroxyzine pamoate	12	LANTUS SOLOSTAR	18	LUPRON DEPOT (1-	
HYSINGLA ER	6	LANTUS U-100 VIAL	18	MONTH)	22
ibandronate sodium	25	LASTACRAFT	26	LUPRON DEPOT (3-	
IBRANCE	10	latanoprost	26	MONTH)	22
ibuprofen	7	LATUDA	11	LUPRON DEPOT (4-	
IDHIFA	10	LAZANDA	6	MONTH)	
ILEVRO	26	LEDIPASVIR-		INTRAMUSCULAR KIT	
IMVEXXY MAINTENANCE		SOFOSBUVIR	11	30MG	22
PACK	22	LETAIRIS	28	LUPRON DEPOT (6-	
IMVEXXY STARTER		letrozole	10	MONTH)	
PACK	23	LEVALBUTEROL HFA	28	INTRAMUSCULAR KIT	
INCRUSE ELLIPTA	28	LEVEMIR U-100		45MG	22
indomethacin	7	FLEXTOUCH	18	LYRICA	15
INFLECTRA	24	LEVEMIR U-100 VIAL	18	MAKENA	23
INTELENCE	11	levetiracetam	8	MAVYRET	11
INTRAROSA	20	LEVITRA	20	meclizine hcl	9
INVEGA SUSTENNA	11	levofloxacin	8	medroxyprogesterone	
INVEGA TRINZA	11	levonorgestrel-ethinyl		acetate	23
INVOKAMET	17	estradiol	23	meloxicam	7
INVOKAMET XR	17	levo-t	23	memantine hcl	9
INVOKANA	17	levothyroxine sodium	23	mercaptopurine	10
ipratropium bromide	27, 28	levoxyl	23	mesalamine	25
ipratropium-albuterol	28	LEXAPRO	9	metaxalone	29
irbesartan	13	LIALDA	25	metformin hcl er	17
irbesartan-		lidocaine	7	metformin hcl er (mod)	17
hydrochlorothiazide	13	lidocaine viscous	15	metformin hcl er (osm)	17
ISENTRESS	11	lidocaine-prilocaine	7	metformin hcl ir	17
isosorbide mononitrate er	13	LIDODERM	7	methimazole	23
JANUMET	17	LINZESS	19	methocarbamol	29
JANUMET XR	17	liothyronine sodium	23	methotrexate	24
JANUVIA	17	LIPITOR	13	methotrexate sodium	24
JARDIANCE	17	lisinopril	13	methylphenidate hcl	15
JENTADUETO	17	lisinopril-		methylphenidate hcl er	14
JENTADUETO XR	17	hydrochlorothiazide	13	methylprednisolone	21
JIVI	12	lithium carbonate	12	metoclopramide hcl	9
JUBLIA	10	lithium carbonate er	12	metoprolol succinate er	13
JULUCA	11	LIVALO	13	metoprolol tartrate	13
junel 1/20	23	LO LOESTRIN FE	23	METROGEL	16
junel fe 1.5/30	23	LOKELMA	19	metronidazole	8, 16
junel fe 1/20	23	LONHALA MAGNAIR		microgestin 1.5/30	23
KADIAN	6	REFILL KIT	28	microgestin 1/20	23
KAPSPARGO SPRINKLE	13	LONHALA MAGNAIR		microgestin fe 1/20	23
KAZANO	17	STARTER KIT	28	MIGRANAL	10
KERYDIN	10	lorazepam	12	MINASTRIN 24 FE	23
ketoconazole	10	loryna	23	MINIVELLE	23
ketorolac tromethamine	7, 26	LORZONE	29	minocycline hcl	8
KITABIS PAK	28	losartan potassium	13	MINOLIRA	8
klor-con m20	19	losartan potassium-hctz	13	MIRENA (52 MG)	23
KOGENATE FS	12	lovastatin	13	mirtazapine	9
KOMBIGLYZE XR	17	LOVAZA	13	MIRVASO	16
KOVALTRY	12	low-ogestrel	23	modafinil	29

mometasone furoate.....	21	NORDITROPIN FLEXPEN ..	22	OLUMIANT	24
mono-linyah.....	23	norethindrone.....	23	OMECLAMOX-PAK.....	20
mononessa.....	23	norethindrone acet-ethinyl		omega-3-acid ethyl esters..	14
montelukast sodium.....	28	est.....	23	omeppi.....	19
morphine sulfate er.....	6	norgestimate-eth estradiol..	23	omeprazole.....	19
MOTOFEN.....	20	norgestimate-ethinyl		omeprazole-sodium	
MOVANTIK.....	20	estradiol triphasic.....	23	bicarbonate.....	19
MOVIPREP.....	20	NORITATE.....	16	OMNITROPE.....	22
MOXEZA.....	26	nortrel 1/35 (21).....	23	ondansetron hcl.....	9
moxifloxacin hcl.....	26	nortrel 1/35 (28).....	23	ondansetron odt.....	9
MULPLETA.....	12	nortriptyline hcl.....	9	ONE TOUCH VERIO KIT	
MULTAQ.....	13	NORVASC.....	14	W/DEVICE.....	18
mupirocin.....	8	NORVIR.....	11	ONETOUCH ULTRA 2.....	18
mycophenolate mofetil.....	24	NOVOEIGHT.....	12	ONETOUCH ULTRA	
mycophenolate sodium.....	24	NOVOFINE AUTOCOVER		BLUE TEST STRIPS.....	18
myorisan.....	16	PEN NEEDLE.....	19	ONETOUCH ULTRA MINI..	18
MYRBETRIQ.....	20	NOVOFINE PEN NEEDLE..	19	ONETOUCH VERIO FLEX	
nabumetone.....	7	NOVOFINE PLUS PEN		SYSTEM KIT W/DEVICE....	18
nadolol.....	14	NEEDLE.....	19	ONETOUCH VERIO IQ	
naltrexone hcl.....	7	NOVOLIN 70/30 RELION...	19	SYSTEM.....	18
NAMZARIC.....	9	NOVOLIN 70/30 VIAL.....	19	ONETOUCH VERIO	
NAPRELAN.....	7	NOVOLIN N RELION.....	19	SYNC SYSTEM KIT	
naproxen.....	7	NOVOLIN N VIAL.....	19	W/DEVICE.....	18
naproxen sodium.....	7	NOVOLIN R RELION.....	19	ONEXTON.....	16
NARCAN.....	7	NOVOLIN R VIAL.....	19	ONGLYZA.....	17
NASONEX.....	27	NOVOLOG FLEXPEN.....	19	ONZETRA XSAIL.....	10
NATAZIA.....	23	NOVOLOG MIX 70/30		OPSUMIT.....	28
NATURE-THROID.....	24	FLEXPEN.....	19	ORACEA.....	16
neomycin-polymyxin-		NOVOLOG MIX 70/30		ORENITRAM.....	28
dexameth.....	26	VIAL.....	19	ORILISSA.....	22
neomycin-polymyxin-hc.....	26	NOVOLOG PENFILL.....	19	orphenadrine citrate er.....	29
NESINA.....	17	NOVOLOG U-100 VIAL.....	19	ORTHO TRI-CYCLEN (28)..	23
NEULASTA.....	12	NOVOTWIST PEN		ORTHO TRI-CYCLEN LO..	23
NEULASTA ONPRO.....	12	NEEDLE.....	19	oseltamivir phosphate.....	11
NEUPOGEN.....	12	NUCYNTA.....	6	OSENI.....	17
NEVANAC.....	26	NUCYNTA ER.....	6	OSMOLEX ER.....	10
NEXIUM.....	19	NUTROPIN AQ NUSPIN		OSPHENA.....	21
niacin er		10.....	22	OTEZLA.....	24
(antihyperlipidemic).....	14	NUTROPIN AQ NUSPIN		OTOVEL.....	26
nifedipine er.....	14	20.....	22	OVIDREL.....	22
nifedipine er osmotic		NUTROPIN AQ NUSPIN 5..	22	oxcarbazepine.....	8
release.....	14	NUVARING.....	23	OXSORALEN ULTRA.....	16
nikki.....	23	NUVIGIL.....	29	OXTELLAR XR.....	9
nitrofurantoin macrocrystal...	8	NUWIQ.....	12	oxybutynin chloride.....	20
nitrofurantoin monohydrate		nystatin.....	10	oxybutynin chloride er.....	20
macrocrystals.....	8	ocella.....	23	oxycodone hcl.....	6
nitroglycerin.....	14	ODEFSEY.....	11	oxycodone-acetaminophen...	6
NITROSTAT.....	14	ofloxacin.....	26	OXYCONTIN.....	6
NITYR.....	20	olanzapine.....	11	OZEMPIC.....	17
NIVESTYM.....	12	olmesartan medoxomil.....	14	PANCREAZE.....	20
NOCDURNA.....	22	olmesartan medoxomil-		pantoprazole sodium.....	19
NOCTIVA.....	22	hctz.....	14	paroxetine hcl.....	9
NORCO.....	6	olopatadine hcl.....	26	paroxetine hcl er.....	9

PAZEO.....	26	propranolol hcl er.....	14	SANDOSTATIN.....	22
penicillin v potassium.....	8	PROVENTIL HFA.....	28	SAPHRIS.....	11
PENNSAID.....	7	PROZAC.....	9	SAVAYSA.....	8
PENTASA.....	25	pseudoephedrine-		SAXENDA.....	15
pentoxifylline er.....	14	bromphen-dm.....	27	SEEBRI NEOHALER.....	28
PERCOCET.....	6	PULMICORT FLEXHALER.....	28	SEGLUROMET.....	17
permethrin.....	10	PULMICORT		SEREVENT DISKUS.....	28
PERTZYE.....	20	SUSPENSION.....	28	SERNIVO.....	21
phenazopyridine hcl.....	20	PYLERA.....	20	sertraline hcl.....	9
phentermine hcl.....	15	QBREXZA.....	16	sildenafil citrate.....	20, 28
phenytoin sodium		QTERN.....	17	SILENOR.....	29
extended.....	9	quetiapine fumarate.....	11	SIMBRINZA.....	26
pioglitazone hcl.....	17	quinapril hcl.....	14	SIMPONI.....	25
PLEGRIDY.....	15	QVAR REDIHALER.....	28	simvastatin.....	14
PLEGRIDY STARTER		raloxifene hcl.....	21	SINGULAIR.....	28
PACK.....	15	ramipril.....	14	SOFOSBUVIR-	
PLENVU.....	20	RANEXA.....	14	VELPATASVIR.....	11
polymyxin b-trimethoprim.....	26	RAPAFLO.....	21	SOLQUA.....	17
portia-28.....	23	RASUVO.....	25	SOLODYN.....	8
potassium chloride crys er..	19	RAYALDEE.....	25	SOLOSEC.....	10
potassium chloride er.....	19	RAYOS.....	21	SOOLANTRA.....	16
potassium citrate er.....	19	REBIF.....	15	SORILUX.....	16
PRADAXA.....	8	REBIF REBIDOSE.....	15	sotalol hcl.....	14
PRALUENT.....	14	REBIF REBIDOSE		SPIRIVA HANDIHALER.....	28
pramipexole		TITRATION PACK.....	15	SPIRIVA RESPIMAT.....	28
dihydrochloride.....	10	REBIF TITRATION PACK..	15	spironolactone.....	14
pravastatin sodium.....	14	RELISTOR.....	20	sprintec 28.....	23
prazosin hcl.....	14	REMICADE.....	25	SPRIX.....	7
prednisolone.....	21	RENFLEXIS.....	25	SPRYCEL.....	10
prednisolone acetate.....	26	REPATHA.....	14	STAXYN.....	20
prednisolone sodium		REPATHA PUSHTRONEX		STEGLATRO.....	17
phosphate.....	21	SYSTEM.....	14	STEGLUJAN.....	17
prednisone.....	21	REPATHA SURECLICK....	14	STELARA.....	25
PREMARIN.....	23	RESTASIS.....	26	STENDRA.....	20
PREMPHASE.....	23	RESTASIS MULTIDOSE...	26	STIOLTO RESPIMAT.....	28
PREMPRO.....	23	RETIN-A MICRO GEL 0.04		STRENSIQ.....	20
PREPOPIK.....	20	%, 0.1 %.....	16	STRIBILD.....	11
PREVACID.....	19	RETIN-A MICRO PUMP....	16	SUBOXONE.....	7
PREZCOBIX.....	11	REVLIMID.....	10	SUBSYS.....	6
PREZISTA.....	11	REXULTI.....	11	sucrafate.....	19
PRISTIQ.....	9	REYATAZ.....	11	sulfamethoxazole-	
PROAIR HFA.....	28	RHOPRESSA.....	26	trimethoprim.....	8
PROAIR RESPICLICK.....	28	risperidone.....	11	sulfasalazine.....	25
prochlorperazine maleate....	9	rizatriptan benzoate.....	10	sulindac.....	7
PROCRIT.....	12	ropinirole hcl.....	10	sumatriptan succinate.....	10
PROCTOFOAM HC.....	25	rosuvastatin calcium.....	14	SUPREP BOWEL PREP	
progesterone micronized....	23	ROXYBOND.....	6	KIT.....	20
PROGRAF.....	24	RUCONEST.....	25	SYMBICORT.....	28
PROLENSA.....	26	RYTARY.....	10	SYMFI.....	11
promethazine hcl.....	27	SABRIL.....	9	SYMFI LO.....	11
promethazine-codeine.....	27	SAIZEN.....	22	SYMPROIC.....	20
promethazine-dm.....	27	SAIZENPREP.....	22	SYNJARDY.....	17
propranolol hcl.....	14	SANCUSO.....	10	SYNJARDY XR.....	17

SYNTHROID.....	24	tretinoin.....	16	viorele.....	23
SYNVISC.....	25	trezix.....	6	vitamin d (ergocalciferol).....	19
SYNVISC ONE.....	25	triamcinolone acetonide.....	21	VIVELLE-DOT.....	23
TACLONEX.....	16	triamterene-hctz.....	14	VIVLODEX.....	7
tacrolimus.....	25	triazolam.....	12	VOGELXO.....	21
TAKHZYRO.....	26	TRIBENZOR.....	14	VOGELXO PUMP.....	21
TALTZ.....	25	tri-estarylla.....	23	VOLTAREN.....	7
TAMIFLU.....	11	tri-lynyah.....	23	VOSEVI.....	11
tamoxifen citrate.....	10	tri-lo-marzia.....	23	VRAYLAR.....	11
tamsulosin hcl.....	21	TRINTELLIX.....	9	VYTORIN.....	14
TECFIDERA.....	15	tri-previfem.....	23	VYVANSE.....	15
TEKTURNIA.....	14	tri-sprintec.....	23	VYZULTA.....	26
TEKTURNIA HCT.....	14	TRIUMEQ.....	11	warfarin sodium.....	8
telmisartan.....	14	TROKENDI XR.....	9	WELLBUTRIN SR.....	9
temazepam.....	29	TRULANCE.....	20	WELLBUTRIN XL.....	9
tenofovir disoproxil fumarate.....	11	TRULICITY.....	17	XANAX.....	12
terazosin hcl.....	21	TRUVADA.....	11	XANAX XR.....	12
terbinafine hcl.....	10	TUDORZA PRESSAIR.....	28	XARELTO.....	8
terconazole.....	10	TYMLOS.....	25	XARELTO STARTER PACK.....	8
TESTIM.....	21	UCERIS.....	25	XELJANZ.....	25
testosterone cypionate.....	21	UDENYCA.....	12	XELJANZ XR.....	25
timolol maleate.....	26	ULORIC.....	10	XIFAXAN.....	8
TIMOPTIC OCUDOSE.....	26	UTIBRON NEOHALER.....	28	XIGDUO XR.....	17
TIROSINT.....	24	VAGIFEM.....	23	XIIDRA.....	26
TIVICAY.....	11	valacyclovir hcl.....	11	XIMINO.....	8
tizanidine hcl.....	29	VALIUM.....	12	XOFLUZA.....	11
TOBI NEBULIZER.....	28	valsartan.....	14	XOLAIR.....	27
TOBI PODHALER.....	28	valsartan-hydrochlorothiazide.....	14	XOPENEX HFA.....	28
TOBRADEX.....	26	VARUBI.....	10	XTAMPZA ER.....	6
tobramycin.....	26, 28	VASCEPA.....	14	XTANDI.....	10
TOBRAMYCIN.....	28	VECTICAL.....	16	xulane.....	23
tobramycin-dexamethasone.....	26	VELPHORO.....	20	YAZ.....	23
tolterodine tartrate er.....	20	VELTASSA.....	19	YONSA.....	10
TOPICORT SPRAY.....	21	VELTIN.....	16	yuvafem.....	23
topiramate.....	9	venlafaxine hcl.....	9	ZARXIO.....	12
TOPROL XL.....	14	venlafaxine hcl er.....	9	ZEGERID.....	19
torsemide.....	14	VENTOLIN HFA.....	28	ZELAPAR.....	10
TOUJEO MAX		verapamil hcl.....	14	ZEMBRACE SYMTOUCH..	10
SOLOSTAR.....	19	verapamil hcl er.....	14	ZENPEP.....	20
TOUJEO SOLOSTAR.....	19	VESICARE.....	20	ZETIA.....	14
TOVIAZ.....	20	V-GO 20.....	18	ZIANA.....	16
TRACLEER.....	29	V-GO 30.....	18	ZIOPTAN.....	26
TRADJENTA.....	17	V-GO 40.....	18	ziprasidone hcl.....	11
tramadol hcl ir.....	6	VIAGRA.....	20	ZOHYDRO ER.....	6
tramadol-acetaminophen.....	6	VIBERZI.....	20	ZOLOFT.....	9
TRAVATAN Z.....	26	VICTOZA.....	17	zolpidem tartrate.....	29
trazodone hcl.....	9	vienna.....	23	zolpidem tartrate er.....	29
TRELEGY ELLIPTA.....	28	VIIBRYD.....	9	ZOMACTON.....	22
TREMFYA.....	25	VIIBRYD STARTER PACK...9		ZOMIG.....	10
TRESIBA.....	19	VIMOVO.....	7	ZOMIG ZMT.....	10
TRESIBA FLEXTOUCH.....	19	VIMPAT.....	9	zonisamide.....	9
		VIOKACE.....	20	ZONTIVITY.....	11

ZORVOLEX.....	7
ZOVIRAX.....	12
ZTLIDO.....	7
ZUBSOLV.....	7
ZURAMPIC.....	10
ZYCLARA.....	16
ZYCLARA PUMP.....	16
ZYPITAMAG.....	14



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Multi-language interpreter services

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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.

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

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

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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.

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध 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 shqodí ninaaltsos nit'i'izi bee nééhozinígíí bine'déę t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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



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