



# Your 2020 Formulary

Effective July 1, 2020



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



Call the number on your member ID card.



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

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

## Understanding your formulary

### What is a formulary?

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

To create the list, 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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## Medication tips

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>			hydrocodone-acetaminophen oral tablet	1	QL
ABSTRAL	E		hydromorphone hcl oral tablet	1	QL
acetaminophen-codeine #2	1	QL	HYSINGLA ER	2	PA; QL
acetaminophen-codeine #3	1	QL	KADIAN	E	
acetaminophen-codeine #4	1	QL	LAZANDA	E	
acetaminophen-codeine oral tablet	1	QL	morphine sulfate er oral tablet extended release	1	PA; QL
APADAZ	E		MS CONTIN	E	
apap-caff-dihydrocodeine oral capsule	1	QL	NORCO	E	
ARYMO ER	E		NUCYNTA	E	
BELBUCA	2	PA; QL	NUCYNTA ER	E	
BENZHYDROCODON E-ACETAMINOPHEN	E		OXYCODONE HCL	E	
butilbital-apap-caffeine	1		OXYCODONE HCL ER	E	M
BUTTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	E		oxycodone hcl oral tablet	1	QL
CONZIP	E		oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
DILAUDID ORAL	E		OXYCONTIN	2	PA; QL
DURAGESIC-100	E		PERCOCET	E	
DURAGESIC-12	E		ROXICODONE	E	
DURAGESIC-25	E		SUBSYS	E	
DURAGESIC-50	E		TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	M
DURAGESIC-75	E		tramadol hcl oral tablet 50 mg	1	QL
fentanyl	1	PA; QL	TREZIX	3	QL
FENTANYL CITRATE Buccal TABLET	E	M	TYLENOL WITH CODEINE #3	E	
FENTORA	E		TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG	E	
FIORICET	E				
FIORICET/CODEINE	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	Drug Name	Drug Tier	Notes
ULTRACET	E		naproxen sodium oral tablet 275 mg, 550 mg	1	
ULTRAM	E		PENNSAID	E	
XTAMPZA ER	E		QMIIZ ODT	E	
ZOHYDRO ER	E		SPRIX	E	
<b>Analgesics - Drugs for Pain and Inflammation</b>			VIMOVO	E	
ARTHROTEC	E		VOLTAREN	E	
CAMBIA	E		ZIPSOR	E	
CELEBREX	E		ZORVOLEX	E	
celecoxib oral	1	QL	<b>Anesthetics</b>		
diclofenac sodium oral	1		lidocaine external ointment	1	
diclofenac sodium transdermal gel 1 %	1	QL	lidocaine external patch 5 %	1	
DUEXIS	E		lidocaine-prilocaine external cream	1	
etadolac oral tablet	1		LIDODERM	E	
FLECTOR	E		ZTLIDO	E	
ibuprofen oral tablet 200 mg	E		<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		BUNAVAIL	3	QL
indomethacin oral capsule 25 mg, 50 mg	1		buprenorphine hcl sublingual	1	QL
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	E	M	buprenorphine hcl-naloxone hcl	1	QL
ketorolac tromethamine oral	1	QL	CHANTIX	3	++; QL
meloxicam oral	1		CHANTIX CONTINUING MONTH PAK	3	++; QL
MOBIC	E		CHANTIX STARTING MONTH PAK	3	++; QL
nabumetone oral	1		naltrexone hcl oral	1	
NALFON	E		NARCAN	2	
NAPRELAN	3		SUBOXONE	E	
naproxen oral tablet	1		ZUBSOLV	2	QL
naproxen sodium oral tablet 220 mg	E		<b>Antibacterials</b>		
			ACTICLATE	E	
			amoxicillin oral capsule	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
amoxicillin oral suspension reconstituted	1		metronidazole oral tablet	1	
amoxicillin oral tablet	1		metronidazole vaginal	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1		minocycline hcl oral capsule	1	
amoxicillin-potassium clavulanate oral tablet	1		MINOLIRA	E	
azithromycin oral suspension reconstituted	1		mupirocin external	1	
azithromycin oral tablet	1		nitrofurantoin macrocrystal oral	1	
cefdinir	1		nitrofurantoin monohydrate macrocrystals	1	
cefuroxime axetil	1		NUZYRA ORAL	3	
cephalexin oral capsule	1		penicillin v potassium oral tablet	1	
cephalexin oral suspension reconstituted	1		SEYSARA	3	ST
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1		SILVADENE	E	
clarithromycin oral tablet	1		SOLODYN	E	
clindamycin hcl oral	1		SOLOSEC	3	
CLINDESSE	3		sulfamethoxazole-trimethoprim oral	1	
DIFICID	3		TARGADOX	E	
DORYX	E		XENLETA INTRAVENOUS	E	
DORYX MPC	E		XENLETA ORAL	3	
doxycycline hyclate oral capsule	1		XEPI	3	
doxycycline hyclate oral tablet	1		XIMINO	3	
doxycycline monohydrate oral capsule	1		<b>Anticoagulants</b>		
doxycycline monohydrate oral tablet	1		BEVYXXA	3	QL
levofloxacin oral tablet	1		ELIQUIS	2	QL
			ELIQUIS DVT/PE STARTER PACK	2	QL
			enoxaparin sodium	1	SP; QL
			PRADAXA	2	QL
			warfarin sodium oral	1	
			XARELTO	2	QL
			XARELTO STARTER PACK	2	QL

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

Drug Name	Drug Tier	Notes
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	

Drug Name	Drug Tier	Notes
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VIMPAT INTRAVENOUS	E	
VIMPAT ORAL	3	
ZONEGRAN	E	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
BRISDELLE	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	QL
bupropion hcl oral	1	
CELEXA	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
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 50 mg, 75 mg	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	

Drug Name	Drug Tier	Notes
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 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
scopolamine	1	
VARUBI ORAL TABLET 90 MG	3	QL
<b>Antifungals</b>		
ciclopirox external solution	E	++
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
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	
TOLSURA	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
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine tablet 0.6 mg oral	1	Made by Mylan
colchicine tablet 0.6 mg oral	E	Made by Par
colchicine tablet 0.6 mg oral	E	Made by Prasco
COLCRYS	2	
MITIGARE	E	
<b>Antimigraine Agents</b>		
AIMOVIG	2	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
ONZETRA XSAIL	E	
RELPAX	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	

Drug Name	Drug Tier	Notes
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	E	SP
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BENDAMUSTINE HCL	E	SP
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
ERLEADA	E	SP
GLEEVEC	E	SP
IBRANCE ORAL CAPSULE	3	PA; SP
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUWICA ORAL TABLET	3	PA; SP
KANJINTI	2	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
OGIVRI	E	SP
REVLIMID	2	PA; SP
RUBRACA	2	PA; SP
RUXIENCE	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP

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
XPOVIO (100 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (60 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (80 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (80 MG TWICE WEEKLY)	3	PA; SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
<b>Antiparasitics</b>		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
permethrin external	1	
PLAQUENIL	E	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	PA; SP
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
<b>Antiplatelets</b>		
ASPIRIN-OMEPRAZOLE	E	M
BRILINTA	2	

Drug Name	Drug Tier	Notes
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
ABILIFY MAINTENA	E	
aripiprazole oral tablet	1	QL
ARISTADA	E	
ARISTADA INITIO	E	
INVEGA SUSTENNA	E	
INVEGA TRINZA	E	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	E	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	2	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA	E	
<b>Antivirals</b>		
acyclovir oral tablet	1	
ATRIPLA	E	
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	PA

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

Drug Name	Drug Tier	Notes
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	E	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX	E	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	QL

Drug Name	Drug Tier	Notes
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
<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	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRT	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
RETACRIT	2	PA; SP
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; 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	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	E	
cartia xt	1	

Drug Name	Drug Tier	Notes
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
COREG	E	
COREG CR	E	
CORLANOR ORAL TABLET	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	E	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	

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
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	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	

Drug Name	Drug Tier	Notes
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	
olmesartanamlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
PRAVACHOL	E	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL

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
REPATHA SURECLICK	2	PA; QL	<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
rosuvastatin calcium	1		ADDERALL	E	
simvastatin oral tablet	1		ADDERALL XR	E	
sotalol hcl oral	1		ADHANSIA XR	E	
spironolactone oral	1		amphetamine-dextroamphetamine	1	PA; QL
TEKTURNA	2		amphetamine-dextroamphetamine er	1	PA; QL
TEKTURNA HCT	2	ST	atomoxetine hcl	1	QL
telmisartan	1		CONCERTA	E	
telmisartan-hctz	1		dexmethylphenidate hcl er	1	PA; QL
TENORMIN	E		dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
TIKOSYN	E		EVEKEO	E	
TOPROL XL	E		FOCALIN	E	
torsemide	1		FOCALIN XR	E	
triamterene-hctz	1		guanfacine hcl er	1	PA
TRIBENZOR	E		INTUNIV	E	
TRICOR	E		JORNAY PM	3	PA; ST; QL
valsartan	1		methylphenidate hcl er	1	PA; QL
valsartan-hydrochlorothiazide	1		methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
VASCEPA	3	PA	methylphenidate hcl oral tablet	1	PA; QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		RITALIN	E	
verapamil hcl er oral tablet extended release	1		RITALIN LA	E	
VYTORIN	E		STRATTERA	E	
WELCHOL	E		VYVANSE	2	PA; QL
ZESTRIL	E		<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
ZETIA	E		AMPYRA	3	PA; SP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	E				
ZYPITAMAG	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
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
EXTAVIA	E	SP
GILENYA	3	PA; 3P; SP; QL
glatiramer acetate	1	PA; SP; QL
MAVENCLAD (10 TABS)	3	PA; 3P; SP
MAVENCLAD (4 TABS)	3	PA; 3P; SP
MAVENCLAD (5 TABS)	3	PA; 3P; SP
MAVENCLAD (6 TABS)	3	PA; 3P; SP
MAVENCLAD (7 TABS)	3	PA; 3P; SP
MAVENCLAD (8 TABS)	3	PA; 3P; SP
MAVENCLAD (9 TABS)	3	PA; 3P; SP
MAYZENT	3	PA; 3P; SP; QL
MAYZENT STARTER PACK	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	++; QL
ADIPEX-P	E	++
AUSTEDO	3	PA; SP; QL
CONTRAVE	2	++
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT	3	PA; QL
LYRICA	E	
phentermine hcl oral capsule 30 mg	1	++
phentermine hcl oral tablet	1	++
pregabalin oral capsule	1	QL
SAXENDA	3	++
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; SP; QL
VYLEESI	3	++; QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ABSORICA LD	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
ALA SCALP	E	
APEXICON E	E	

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
BENZACLIN	E		DIFFERIN EXTERNAL CREAM	E	++
BENZACLIN WITH PUMP	E		DIFFERIN EXTERNAL GEL 0.3 %	E	++
BENZAMYCIN	E		DIFFERIN EXTERNAL LOTION	E	++
betamethasone dipropionate external cream	1		DUOBRII	E	
BRYHALI	3		DUPIXENT	2	PA; SP; QL
CALCIPOTRIENE EXTERNAL FOAM	E	M	ELIDEL	E	
CAPEX	E		ENSTILAR	3	QL
claravis	1	PA	EPIDUO	E	
CLINDAGEL	E		EPIDUO FORTE	3	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1		EUCRISA	2	ST
clindamycin phosphate external lotion	1		FINACEA EXTERNAL GEL	E	
clindamycin phosphate external solution	1		fluocinonide external cream	1	
clindamycin phosphate external swab	1		FLUOROPLEX	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M	FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
clindamycin phosphate gel 1 % external	1		fluorouracil external cream 5 %	1	
clobetasol propionate external cream	1		HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
clobetasol propionate external ointment	1		HALOG	E	
clobetasol propionate external solution	1		hydrocortisone external cream 0.5 %	E	
CLOBEX	E		hydrocortisone external cream 1 %, 2.5 %	1	
CLOBEX SPRAY	E		hydrocortisone external ointment 0.5 %	E	
CLODERM	E		hydrocortisone external ointment 1 %, 2.5 %	1	
CORDRAN EXTERNAL TAPE	E		imiquimod external	1	
DESONATE	E		IMIQUIMOD PUMP	E	M
			IMPOYZ	E	
			KENALOG EXTERNAL	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
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MICORT-HC EXTERNAL CREAM 2.5 %	E	
MIRVASO	2	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	3	
ORACEA	E	
PANDEL	E	
PROPECIA	E	
PSORCON	E	
QBREXZA	3	QL
RETIN-A	E	++
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	++
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	++
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA; ++
SERNIVO	3	
SOOLANTRA	2	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external ointment	1	

Drug Name	Drug Tier	Notes
TAZORAC EXTERNAL CREAM 0.1 %	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	PA; ++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
ZIANA	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
<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	ST; QL
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG	E	

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
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	E	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	ST; QL
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 60	3	PA
SYNJARDY	2	ST

Drug Name	Drug Tier	Notes
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	E	++
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	++
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	++
ACCU-CHEK COMPACT PLUS CARE KIT	E	++
ACCU-CHEK COMPACT PLUS CONTROL	E	++
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	++
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK GUIDE KIT W/DEVICE	E	++
ACCU-CHEK GUIDE CONTROL	E	++
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	++
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	++
ACCU-CHEK SMARTVIEW CONTROL	E	++
ACCU-CHEK SMARTVIEW TEST STRIPS	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	Drug Name	Drug Tier	Notes
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++	ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	++	V-GO 20	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	++	V-GO 30	2	++
FREESTYLE LIBRE 14 DAY READER	E	++	V-GO 40	2	++
FREESTYLE LIBRE 14 DAY SENSOR	E	++	<b>Diabetes - Glycemic Agents</b>		
FREESTYLE LIBRE READER	E	++	BAQSIMI ONE PACK	2	++
FREESTYLE LIBRE SENSOR SYSTEM	E	++	BAQSIMI TWO PACK	2	++
LANCETS	2	++	GLUCAGON EMERGENCY KIT	2	Made by Lilly; ++
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++	GLUCAGON EMERGENCY KIT	2	Made by Fresenius; ++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL	GVOKE PFS	2	++
ONETOUCH ULTRA MINI KIT W/DEVICE	2	++	<b>Diabetes - Insulins</b>		
ONETOUCH VERIO KIT W/DEVICE	2	++	ADMELOG	E	++
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++	ADMELOG SOLOSTAR	E	++
ONETOUCH VERIO TEST STRIPS	2	++; QL	APIDRA SOLOSTAR	E	++
ONETOUCH VERIO IQ SYSTEM	2	++	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	++
			FIASP PENFILL	E	++
			HUMALOG	2	++
			HUMALOG KWIKPEN	2	++
			HUMALOG MIX 50/50 KWIKPEN	2	++
			HUMALOG MIX 50/50 VIAL	2	++
			HUMALOG MIX 75/25 KWIKPEN	2	++

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
HUMALOG MIX 75/25 VIAL	2	++	NOVOLIN 70/30 FLEXPEN	E	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++	NOVOLIN 70/30 FLEXPEN RELION	E	++
HUMULIN 70/30 KWIKPEN	2	++	NOVOLIN 70/30 RELION	E	++
HUMULIN 70/30 VIAL	2	++	NOVOLIN 70/30 VIAL	E	++
HUMULIN N KWIKPEN	2	++	NOVOLIN N FLEXPEN	E	++
HUMULIN N VIAL	2	++	NOVOLIN N FLEXPEN RELION	E	++
HUMULIN R U-500 KWIKPEN	2	++	NOVOLIN N RELION	E	++
HUMULIN R U-500 VIAL (CONCENTRATED)	2	++	NOVOLIN N VIAL	E	++
HUMULIN R VIAL	2	++	NOVOLIN R FLEXPEN	E	++
INSULIN ASP PROT & ASP FLEXPEN	E	M; ++	NOVOLIN R FLEXPEN RELION	E	++
INSULIN ASPART	E	M; ++	NOVOLIN R RELION	E	++
INSULIN ASPART FLEXPEN	E	M; ++	NOVOLIN R VIAL	E	++
INSULIN ASPART PENFILL	E	M; ++	NOVOLOG FLEXPEN	E	++
INSULIN ASPART PROT & ASPART	E	M; ++	NOVOLOG MIX 70/30 FLEXPEN	E	++
INSULIN LISPRO	E	M; ++	NOVOLOG MIX 70/30 VIAL	E	++
INSULIN LISPRO (1 UNIT DIAL)	E	M; ++	NOVOTWIST PEN NEEDLE	2	++
LANTUS SOLOSTAR	2	++	TOUJEO MAX SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++	TOUJEO SOLOSTAR	2	++
LEVEMIR U-100 FLEXTOUCH	E	++	TRESIBA	E	++
LEVEMIR U-100 VIAL	E	++	TRESIBA FLEXTOUCH	E	++
NOVOFINE AUTOCOVER PEN NEEDLE	2	++	<b>Electrolytes / Minerals / Metals / Vitamins</b>		
NOVOFINE PEN NEEDLE	2	++	AZESCO	E	++
NOVOFINE PLUS PEN NEEDLE	2	++	CARNITOR ORAL	E	
			CARNITOR SF	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
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocaliferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
folic acid oral tablet 800 mcg	E	
K-TAB	E	
LOKELMA	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	E	++
NASCOBAL	3	++
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
PREGENNA	E	++
PRENATE	E	++
PRENATE DHA	E	++
PRENATE ELITE	E	++
PRENATE ENHANCE	E	++
PRENATE ESSENTIAL	E	++
PRENATE MINI	E	++
PRENATE PIXIE	E	++
PRENATE RESTORE	E	++
sodium fluoride oral tablet chewable	E	++
TRINAZ	E	++
VELTASSA	3	
vitamin d (ergocaliferol) oral capsule 1.25 mg (50000 ut)	1	++
ZALVIT	E	++

Drug Name	Drug Tier	Notes
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	++
CARAFATE ORAL TABLET	E	
esomeprazole magnesium oral capsule delayed release	E	++
famotidine oral tablet	E	++
gnp lansoprazole	E	++
lansoprazole capsule delayed release 15 mg oral (otc)	E	++
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	++
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	++
pantoprazole sodium oral	1	QL
PREVACID	E	++
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	E	++
PROTONIX ORAL TABLET DELAYED RELEASE	E	++
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M; ++
ranitidine hcl oral capsule	E	++
ranitidine hcl oral syrup	1	++
ranitidine hcl oral tablet	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
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	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	E	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTLY WITH FLAVOR PACKS	E	
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
PLENUVU	3	
PREPOPIK	3	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	

Drug Name	Drug Tier	Notes
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ	2	PA; 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	++; QL
solifenacin succinate	1	
STAXYN	E	++
STENDRA	E	++
tadalafil 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.

Drug Name	Drug Tier	Notes
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
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	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	

Drug Name	Drug Tier	Notes
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	3	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	++; SP
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon/Merk; ++; SP
GENOTROPIN	E	++; SP
GENOTROPIN MINIQUICK	E	++; SP

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
GONAL-F	E	++; SP
GONAL-F RFF	E	++; SP
GONAL-F RFF REDIRECT	E	++; SP
HUMATROPE	E	++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
MENOPUR	3	PA; ++; SP
NOCDURNA	3	
NOCTIVA	E	
NORDITROPIN FLEXPRO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	2	PA; ++; SP
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	2	PA; ++; SP
OMNITROPE	E	++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
SAIZEN	E	++; SP
SAIZENPREP	E	++; SP
SANDOSTATIN	E	SP
ZOMACTON	E	++; SP

Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ANNOVERA	E	++
apri	1	++
aviane	1	++
BEYAZ	E	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	++
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	E	
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce	1	++
errin	1	++
estarrylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
EVAMIST	3	
femynor	1	++
GENERESS FE	E	++
gianvi	1	++
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	

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Drug Name	Drug Tier	Notes
isibloom	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kariva	1	++
kurvelo	1	++
larin fe 1/20	1	++
larissia	1	++
lessina	1	++
levonorgest-eth est & eth est	1	++; QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	++; QL
levonorgestrel-ethynodiol diacetate oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	E	++
LOESTRIN 1.5/30 (21)	E	++
LOESTRIN 1/20 (21)	E	++
LOESTRIN FE 1.5/30	E	++
LOESTRIN FE 1/20	E	++
low-ogestrel	1	++
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	++
MINIVELLE	3	
MIRENA (52 MG)	E	++
mono-linyah	1	++
NATAZIA	2	++
nikki	1	++

Drug Name	Drug Tier	Notes
norethindrone acetate oral	1	
norethindrone acet-ethynodiol diacetate oral	1	++
norethindrone oral	1	++
norgestimate-ethynodiol diacetate oral	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
NUVARING	3	++
ORTHO MICRONOR	E	++
ORTHO TRI-CYCLEN LO	E	++
ORTHO-NOVUM 1/35 (28)	E	++
ORTHO-NOVUM 7/7/7 (28)	E	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
PROMETRIUM	E	
SAFYRAL	E	++
SEASONIQUE	E	++
SLYND	E	++
sprintec 28	1	++
syeda	1	++
TAYTULLA	3	++
tri femynor	1	++
tri-linyah	1	++
tri-lo-marzia	1	++
tri-lo-sprintec	1	++
tri-sprintec	1	++
VAGIFEM	E	
vienna	1	++
viorele	1	++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VIVELLE-DOT	E		COSENTYX (300 MG DOSE)	E	SP
xulane	1	++	COSENTYX 150 MG/ML	E	SP
YASMIN 28	E	++	COSENTYX SENSOREADY (300 MG)	E	SP
YAZ	E	++	COSENTYX SENSOREADY PEN	E	SP
<b>Hormonal Agents - Thyroid</b>			CUTAQUIG	E	SP
ARMOUR THYROID	3	ST	cyclosporine modified oral capsule	1	SP
CYTOMEL	E		ENBREL MINI	3	PA; SP
euthyrox	1		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
levothyroxine sodium oral	1		ENBREL SURECLICK	3	PA; SP
liothyronine sodium oral	1		FIRAZYR	3	PA; SP
methimazole oral	1		HAEGARDA	3	PA; SP
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	HUMIRA	2	PA; SP
np thyroid oral tablet 60 mg	1		HUMIRA PEDIATRIC CROHNS START	2	PA; SP
SYNTHROID	E		HUMIRA PEN	2	PA; SP
TIROSINT	E		HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
TIROSINT-SOL	E		HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>			INFLECTRA	2	PA; SP
ACTEMRA ACTPEN	3	PA; 3P; SP	leflunomide oral	1	
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP	methotrexate oral	1	
azathioprine oral	1		methotrexate sodium oral	1	
CIMZIA	2	PA; SP	mycophenolate mofetil oral capsule	1	SP
CIMZIA PREFILLED KIT	2	PA; SP	mycophenolate mofetil oral tablet	1	SP
CIMZIA STARTER KIT	2	PA; SP	mycophenolate sodium	1	SP
			OLUMIANT	E	SP

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Drug Name	Drug Tier	Notes
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
PANZYGA	E	SP
PROGRAF ORAL CAPSULE	3	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	2	PA; SP
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA	2	PA; SP
tacrolimus oral	1	SP
TAKHZYRO	3	PA; SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
<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 RECTAL FOAM 1-1 %	2	
sulfasalazine oral tablet	1	

Drug Name	Drug Tier	Notes
UCERIS ORAL	E	
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
RAYALDEE	3	
TYMLOS	2	PA; SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
SENSIPAR	E	
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
FIRDAPSE	E	SP
GEL-ONE	E	
GELSYN-3	2	PA; SP
GENVISC 850	E	
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
olopatadine hcl ophthalmic	1	
PATADAY OPHTHALMIC SOLUTION 0.2 %	E	
PATANOL OPHTHALMIC SOLUTION 0.1 %	E	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
VIGAMOX	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC	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
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
TRAVATAN Z	3	QL
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LATISSE	E	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XiIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	QL
benzonatate	1	
CLARINEX	E	++

Drug Name	Drug Tier	Notes
CLARINEX-D 12 HOUR	E	
ciproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
ipratropium bromide nasal	1	
NASONEX	E	++
NUCALA	2	PA; SP; QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	E	++
XOLAIR	2	PA; SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Perrigo; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Teva; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	Made by Par; M	COMBIVENT RESPIMAT	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	Made by Prasco; M	DULERA	E	
albuterol sulfate inhalation	1	QL	epinephrine injection solution auto-injector	1	
ALVESCO	E		EPIPEN 2-PAK	3	ST
ANORO ELLIPTA	2	QL	EPIPEN JR 2-PAK	E	
ARNUITY ELLIPTA	2	QL	FLOVENT DISKUS	2	QL
ASMANEX (120 METERED DOSES)	E		FLOVENT HFA	2	QL
ASMANEX (14 METERED DOSES)	E		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
ASMANEX (30 METERED DOSES)	E		INCRUSE ELLIPTA	2	QL
ASMANEX (60 METERED DOSES)	E		ipratropium-albuterol	1	QL
ASMANEX (7 METERED DOSES)	E		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
ASMANEX HFA	E		LONHALA MAGNAIR REFILL KIT	3	QL
ATROVENT HFA	3	QL	LONHALA MAGNAIR STARTER KIT	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E		montelukast sodium oral tablet	1	
BEVESPI AEROSPHERE	E		montelukast sodium oral tablet chewable	1	
BREO ELLIPTA	2	QL	PERFOROMIST	3	QL
budesonide inhalation	1	QL	PROAIR DIGITALER	E	
BUDESONIDE-FORMOTEROL FUMARATE	E	M	PROAIR HFA	E	
			PROAIR RESPICLICK	E	
			PROVENTIL HFA	E	
			PULMICORT FLEXHALER	2	QL
			PULMICORT SUSPENSION	E	
			QVAR REDIHALER	E	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
SEEBRI NEOHALER	E		OPSUMIT	2	PA; SP; QL	
SEREVENT DISKUS	2	QL	ORENITRAM	3	PA; SP	
SINGULAIR	E		REMODULIN	E	SP	
SPIRIVA HANDIHALER	2	QL	sildenafil citrate oral tablet 20 mg	1	PA; SP; QL	
SPIRIVA RESPIMAT	2	QL	TRACLEER 62.5 MG, 125 MG	E	SP	
STIOLTO RESPIMAT	2	QL	<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>			
SYMBICORT	2	QL	AMRIX	E		
SYMJEPI	3		baclofen oral	1		
TRELEGY ELLIPTA	2	QL	carisoprodol oral	1		
TUDORZA PRESSAIR	E		cyclobenzaprine hcl oral	1		
UTIBRON NEOHALER	E		LORZONE	3		
VENTOLIN HFA	2	QL	metaxalone	1		
wixela inhub	1	QL	methocarbamol oral	1		
XOPENEX HFA	E		NORGESIC FORTE	E		
YUPELRI	E		ORPHENGESIC FORTE	E	M	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>			SKELAXIN	E		
BETHKIS	2	SP	SOMA	E		
KITABIS PAK	E	SP	tizanidine hcl oral	1		
PULMOZYME	2	PA; SP	ZANAFLEX	E		
TOBI NEBULIZER	E	SP	<b>Sleep Disorder Agents</b>			
TOBI PODHALER	E	SP	AMBIEN	E		
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP	AMBIEN CR	E		
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP	armodafinil	1	PA; QL	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>			eszopiclone	1	QL	
ADCIRCA	E	SP	LUNESTA	E		
ADEMPAS	2	PA; SP; QL	modafinil	1	PA; QL	
LETAIRIS	E	SP	NUVIGIL	E		
			PROVIGIL	E		
			RESTORIL	E		
			SILENOR	3	QL	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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baclofen.....	34	buprenorphine hcl-naloxone		ciclopirox.....	11
BAQSIMI ONE PACK.....	22	hcl.....	8	CIMDUO.....	13
BAQSIMI TWO PACK.....	22	bupropion hcl.....	10	CIMZIA.....	29
BARACLUDÉ.....	13	bupropion hcl er (sr).....	10	CIMZIA PREFILLED KIT.....	29
BASAGLAR KWIKPEN.....	22	bupropion hcl er (xl).....	10	CIMZIA STARTER KIT.....	29
BD AUTOSHIELD DUO PEN NEEDLES.....	22	BUPROPION HCL ER (XL).....	10	CIPRODEX.....	32
BD ULTRA-FINE INSULIN SYRINGES.....	22	buspirone hcl.....	14	ciprofloxacin hcl.....	9, 31
BD ULTRA-FINE PEN NEEDLES.....	22	butalbital-apap-caffeine.....	7	citalopram hydrobromide.....	11
BELBUCA.....	7	BUTRANS.....	7	claravis.....	19
BELRAPZO.....	12	BYDUREON.....	20	CLARINEX.....	32
benazepril hcl.....	15	BYDUREON BCISE		CLARINEX-D 12 HOUR.....	32
BENDAMUSTINE HCL.....	12	AUTOINJECTOR.....	20	clarithromycin.....	9
BENICAR.....	15	BYETTA 10 MCG PEN.....	20	CLENPIQ.....	25
BENICAR HCT.....	15	BYETTA 5 MCG PEN.....	20	CLIMARA.....	27
BENZA CLIN.....	19	BYSTOLIC.....	15	CLIMARA PRO.....	27
BENZA CLIN WITH PUMP.....	19	cabergoline.....	26	CLINDAGEL.....	19
BENZAMYCIN.....	19	CABOMETYX.....	12	clindamycin hcl.....	9
BENZHYDROCODONE-ACETAMINOPHEN.....	7	CALCIPOTRIENE.....	19	clindamycin phosphate.....	19
benzonatate.....	32	calcitriol.....	30	CLINDAMYCIN PHOSPHATE..	19
benztropine mesylate.....	13	CAMBIA.....	8	clindamycin phosphate- benzoyl peroxide.....	19
BESIVANCE.....	31	CANASA.....	30	CLINDESSE.....	9
betamethasone dipropionate....	19	candesartan cilexetil.....	15	clobetasol propionate.....	19
BETASERON.....	18	capecitabine.....	12	CLOBEX.....	19
BETHKIS.....	34	CAPEX.....	19	CLOBEX SPRAY.....	19
BETIMOL.....	31	CARAFATE.....	24	CLODERM.....	19
BEVESPI AEROSPHERE.....	33	carbamazepine.....	10	clonazepam.....	14
BEVYXXA.....	9	CARBATROL.....	10	clonidine hcl.....	15
BEYAZ.....	27	carbidopa-levodopa.....	13	clopidogrel bisulfate.....	13
BIJUVA.....	27	CARDIZEM LA.....	15	clotrimazole.....	11
BIKTARVY.....	13	carisoprodol.....	34	clotrimazole-betamethasone....	11
BINOSTO.....	30	CARNITOR.....	23	COLCHICINE.....	12
bisoprolol fumarate.....	15	CARNITOR SF.....	23	colchicine.....	12
bisoprolol-hydrochlorothiazide..	15	cartia xt.....	15	COLCRYS.....	12
blisovi 24 fe.....	27	carvedilol.....	15	CATAPRES-TTS-1.....	15
blisovi fe 1.5/30.....	27	CATAPRES-TTS-2.....	15	COLESTID.....	15
blisovi fe 1/20.....	27	CATAPRES-TTS-3.....	15	COLESTID FLAVORED.....	15
BOTOX.....	30	cefdinir.....	9	COMBIGAN.....	31
BREO ELLIPTA.....	33	cefuroxime axetil.....	9	COMBIVENT RESPIMAT.....	33
BRILINTA.....	13	CELEBREX.....	8	CONCERTA.....	17
brimonidine tartrate.....	31	celecoxib.....	8	CONTRAVE.....	18
BRISDELLE.....	10	CELEXA.....	10	CONZIP.....	7
BROMSITE.....	31	cephalexin.....	9	COPAXONE.....	18
BRYHALI.....	19	CERDELGA.....	25	CORDRAN.....	19
budesonide.....	33	CETROTIDE.....	26	COREG.....	15
BUDESONIDE- FORMOTEROL FUMARATE....	33	CHANTIX.....	8	COREG CR.....	15
bumetanide.....	15	CHANTIX CONTINUING		CORLANOR.....	15
BUNAVAIL.....	8	MONTH PAK.....	8	CORTEF.....	26
		CHANTIX STARTING MONTH		COSENTYX (300 MG DOSE)...	29
		PAK.....	8	COSENTYX 150 MG/ML.....	29
		chlorhexidine gluconate.....	18	COSENTYX SENSOREADY	
		chlorthalidone.....	15	(300 MG).....	29

COSENTYX SENSOREADY		DORYX MPC.....	9	EPIPEN JR 2-PAK.....	33
PEN.....	29	dorzolamide hcl-timolol mal.....	31	EPOGEN.....	14
COSOPT.....	31	dorzolamide hcl-timolol mal pf..	31	ergocalciferol.....	24
COZAAR.....	15	DOVATO.....	14	ERLEADA.....	12
CREON.....	25	doxazosin mesylate.....	15	errin.....	27
CRESEMBOLA.....	11	doxepin hcl.....	11	erythromycin.....	31
CRESTOR.....	15	doxycycline hydiate.....	9	escitalopram oxalate.....	11
cryselle-28.....	27	doxycycline monohydrate.....	9	esomeprazole magnesium.....	24
CUTAQUIG.....	29	drospirenone-ethinyl estradiol...	27	estarylla.....	27
cyanocobalamin.....	24	DUAVEE.....	27	ESTRACE.....	27
cyclobenzaprine hcl.....	34	DUEXIS.....	8	estradiol.....	27
cyclosporine modified.....	29	DULERA.....	33	eszopiclone.....	34
CYMBALTA.....	11	duloxetine hcl.....	11	etodolac.....	8
cypoheptadine hcl.....	32	DUOBRII.....	19	EUCRISA.....	19
CYTOMEL.....	29	DUPIXENT.....	19	EUFLEXXA.....	30
DELESTROGEN.....	27	DURAGESIC-100.....	7	euthyrox.....	29
DELZICOL.....	30	DURAGESIC-12.....	7	EVAMIST.....	27
DEPAKOTE.....	10	DURAGESIC-25.....	7	EVEKEO.....	17
DEPAKOTE ER.....	10	DURAGESIC-50.....	7	EXFORGE.....	15
DEPAKOTE SPRINKLES.....	10	DURAGESIC-75.....	7	EXFORGE HCT.....	15
DEPEN TITRATABS.....	25	DUROLANE.....	30	EXTAVIA.....	18
DEPO-TESTOSTERONE.....	26	dutasteride.....	26	ezetimibe.....	15
DESCOVY.....	13	DYAZIDE.....	15	ezetimibe-simvastatin.....	15
DESONATE.....	19	DYMISTA.....	32	famotidine.....	24
desvenlafaxine succinate er.....	11	EDARBI.....	15	FARXIGA.....	20
dexamethasone.....	26	EDARBYCLOR.....	15	FASENRA.....	32
DEXCOM G4 / G5 / G6		EFFEXOR XR.....	11	FASENRA PEN.....	32
RECEIVER, TRANSMITTER,		ELESTRIN.....	27	femynor.....	27
SENSOR (INCLUDING		eletriptan hydrobromide.....	12	fenofibrate.....	15
PLATINUM, PLATINUM		ELIDEL.....	19	fenofibrate micronized.....	15
PEDIATRIC).....	22	ELIQUIS.....	9	fenofibric acid.....	16
dexmethylphenidate hcl.....	17	ELIQUIS DVT/PE STARTER		fentanyl.....	7
dexmethylphenidate hcl er.....	17	PACK.....	9	FENTANYL CITRATE.....	7
diazepam.....	14	ELOCTATE.....	14	FENTORA.....	7
diclofenac sodium.....	8	EMGALITY.....	12	FIASP.....	22
dicyclomine hcl.....	25	EMGALITY (300 MG DOSE)....	12	FIASP FLEXTOUCH.....	22
DIFFERIN.....	19	EMVERM.....	13	FIASP PENFILL.....	22
DIFICID.....	9	enalapril maleate.....	15	FINACEA.....	19
digoxin.....	15	ENBREL.....	29	finasteride.....	26
DILANTIN.....	10	ENBREL MINI.....	29	FIORICET.....	7
DILANTIN INFATABS.....	10	ENBREL SURECLICK.....	29	FIORICET/CODEINE.....	7
DILAUDID.....	7	ENDOMETRIN.....	27	FIRAZYR.....	29
diltiazem hcl er coated beads...	15	enoxaparin sodium.....	9	FIRDAPSE.....	30
dilt-xr.....	15	enskyce.....	27	flecainide acetate.....	16
DIOVAN.....	15	ENSTILAR.....	19	FLECTOR.....	8
DIOVAN HCT.....	15	entecavir.....	14	FLOMAX.....	26
DIPENTUM.....	30	ENTRESTO.....	15	FLOVENT DISKUS.....	33
diphenoxylate-atropine.....	25	EPCLUSIA.....	14	FLOVENT HFA.....	33
divalproex sodium.....	10	EPIDIOLEX.....	10	fluconazole.....	11
divalproex sodium er.....	10	EPIDUO.....	19	fluocinonide.....	19
DIVIGEL.....	27	EPIDUO FORTE.....	19	FLUOROPLEX.....	19
donepezil hcl.....	10	epinephrine.....	33	FLUOROURACIL.....	19
DORYX.....	9	EPIPEN 2-PAK.....	33	fluorouracil.....	19

fluoxetine hcl	11	GONAL-F RFF REDIJECT	27	HYZAAR	16
fluticasone-salmeterol	33	GRALISE	18	ibandronate sodium	30
fluvoxamine maleate	11	GRALISE STARTER	18	IBRANCE	12
FOCALIN	17	GRANIX	14	ibuprofen	8
FOCALIN XR	17	guanfacine hcl	16	IDHIFA	12
folic acid	24	guanfacine hcl er	17	ILEVRO	31
FOLLISTIM AQ	26	GVOKE PFS	22	imatinib mesylate	12
FORFIVO XL	11	GYNAZOLE-1	11	IMBRUVICA	12
FORTAMET	20	HAEGARDA	29	imiquimod	19
FORTEO	30	HALOBETASOL		IMIQUIMOD PUMP	19
FORTESTA	26	PROPIONATE	19	IMITREX	12
FREESTYLE LIBRE 14 DAY READER	22	HALOG	19	IMITREX STATDOSE REFILL	12
FREESTYLE LIBRE 14 DAY SENSOR	22	HARVONI	14	IMITREX STATDOSE SYSTEM	12
FREESTYLE LIBRE READER	22	HEMANGEOL	16	IMPOYZ	19
FREESTYLE LIBRE SENSOR SYSTEM	22	HORIZANT	18	IMVEXXY MAINTENANCE PACK	27
FULPHILA	14	HUMALOG	22	IMVEXXY STARTER PACK	27
furosemide	16	HUMALOG KWIKPEN	22	INBRIJA	13
gabapentin	10	HUMALOG MIX 50/50		INCRUSE ELLIPTA	33
ganirelix acetate	26	KWIKPEN	22	INDERAL LA	16
gavilyte-g	25	HUMALOG MIX 50/50 VIAL	22	INDERAL XL	16
GEL-ONE	30	HUMALOG MIX 75/25		indomethacin	8
GELSYN-3	30	KWIKPEN	22	INFLECTRA	29
gemfibrozil	16	HUMATROPE	27	INNOPRAN XL	16
GENERESS FE	27	HUMIRA	29	INSULIN ASP PROT & ASP FLEXPEN	23
GENOTROPIN	26	HUMIRA PEDIATRIC		INSULIN ASPART	23
GENOTROPIN MINIQUICK	26	CROHNS START	29	INSULIN ASPART FLEXPEN	23
gentamicin sulfate	31	HUMIRA PEN	29	INSULIN ASPART PENFILL	23
GENVISC 850	30	HUMIRA PEN-CD/UC/HS		INSULIN ASPART PROT & ASPART	23
GENVOYA	14	STARTER	29	INSULIN LISPRO	23
gianvi	27	HUMIRA PEN-PS/UV/ADOL		INSULIN LISPRO (1 UNIT)	
GILENYA	18	HS START	29	DIAL)	23
glatiramer acetate	18	HUMULIN 70/30 KWIKPEN	23	INTRAROSA	25
GLEEVEC	12	HUMULIN 70/30 VIAL	23	INTUNIV	17
glimepiride	20	HUMULIN N KWIKPEN	23	INVEGA SUSTENNA	13
glipizide er	20	HUMULIN N VIAL	23	INVEGA TRINZA	13
glipizide ir	20	HUMULIN R U-500 KWIKPEN	23	INVELTYS	31
GLUCAGON EMERGENCY KIT	22	HUMULIN R U-500 VIAL (CONCENTRATED)	23	INVOKAMET	21
GLUCOPHAGE	20	HUMULIN R VIAL	23	INVOKAMET XR	21
GLUCOPHAGE XR	21	HYALGAN	30	INVOKANA	21
GLUMETZA	21	hydralazine hcl	16	ipratropium bromide	32
glyburide	21	hydrochlorothiazide	16	ipratropium-albuterol	33
glycopyrrolate	25	hydrocodone-acetaminophen	7	irbesartan	16
GLYCOPYRROLATE	25	hydrocortisone	19, 26	irbesartan-hydrochlorothiazide	16
GLYXAMBI	21	hydromorphone hcl	7	isibloom	28
gnp lansoprazole	24	hydroxychloroquine sulfate	13	isosorbide mononitrate er	16
GOCOVRI	13	hydroxyzine hcl	14	JANUMET	21
GOLYTELY	25	hydroxyzine pamoate	14	JANUMET XR	21
GONAL-F	27	HYMOVIS	30	JANUVIA	21
GONAL-F RFF	27	HYSINGLA ER	7	JARDIANCE	21

JENTADUETO .....	21	LETAIRIS .....	34	LUPRON DEPOT (6-MONTH)	
JENTADUETO XR.....	21	letrozole .....	12	INTRAMUSCULAR KIT 45MG ..27	
JIVI .....	14	LEVALBUTEROL HFA .....	33	LYNPARZA .....	12
JORNAY PM .....	17	LEVEMIR U-100 FLEXTOUCH ..23	23	LYRICA .....	18
JUBLIA .....	11	LEVEMIR U-100 VIAL .....	23	MAKENA .....	28
JULUCA .....	14	levetiracetam .....	10	MAVENCLAD (10 TABS) .....	18
junel 1.5/30 .....	28	LEVITRA .....	25	MAVENCLAD (4 TABS) .....	18
junel 1/20 .....	28	levofloxacin .....	9	MAVENCLAD (5 TABS) .....	18
junel fe 1.5/30 .....	28	levonorgest-eth est & eth est ..	28	MAVENCLAD (6 TABS) .....	18
junel fe 1/20 .....	28	levonorgest-eth estrad 91-day ..	28	MAVENCLAD (7 TABS) .....	18
junel fe 24 .....	28	levonorgestrel-ethinyl estrad ..	28	MAVENCLAD (8 TABS) .....	18
KADIAN .....	7	levothyroxine sodium .....	29	MAVENCLAD (9 TABS) .....	18
KANJINTI .....	12	LEXAPRO .....	11	MAVYRET .....	14
KAPSPARGO SPRINKLE .....	16	LEXETTE .....	20	MAXALT .....	12
kariva .....	28	LIALDA .....	30	MAXALT-MLT .....	12
KATERZIA .....	16	lidocaine .....	8	MAYZENT .....	18
KAZANO .....	21	lidocaine viscous hcl .....	18	MAYZENT STARTER PACK ..	18
KENALOG .....	19, 26	lidocaine-prilocaine .....	8	meclizine hcl .....	11
KEPPRA .....	10	LIDODERM .....	8	medroxyprogesterone acetate ..	28
KEPPRA XR .....	10	LINZESS .....	25	meloxicam .....	8
KERYDIN .....	11	liothyronine sodium .....	29	memantine hcl .....	10
ketoconazole .....	11	LIPITOR .....	16	MENOPUR .....	27
KETOROLAC .....		lisinopril .....	16	mesalamine .....	30
TROMETHAMINE .....	8	lisinopril-hydrochlorothiazide ..	16	metaxalone .....	34
ketorolac tromethamine .....	8, 31	lithium carbonate .....	14	metformin hcl er .....	21
KITABIS PAK .....	34	lithium carbonate er .....	14	metformin hcl er (mod) .....	21
KLONOPIN .....	14	LIVALO .....	16	metformin hcl er (osm) .....	21
KOMBIGLYZE XR .....	21	LO LOESTRIN FE .....	28	metformin hcl ir .....	21
K-TAB .....	24	LOESTRIN 1.5/30 (21) .....	28	methimazole .....	29
kurvelo .....	28	LOESTRIN 1/20 (21) .....	28	methocarbamol .....	34
labetalol hcl .....	16	LOESTRIN FE 1.5/30 .....	28	methotrexate .....	29
lactulose .....	25	LOESTRIN FE 1/20 .....	28	methotrexate sodium .....	29
LAMICTAL .....	10	LOKELMA .....	24	methylphenidate hcl .....	17
LAMICTAL ODT .....	10	LONHALA MAGNAIR REFILL		methylphenidate hcl er .....	17
LAMICTAL STARTER .....	10	KIT .....	33	methylphenidate hcl er (la) .....	17
LAMICTAL XR .....	10	LONHALA MAGNAIR		methylprednisolone .....	26
lamotrigine .....	10	STARTER KIT .....	33	metoclopramide hcl .....	11
lamotrigine er .....	10	lorazepam .....	14	metoprolol succinate er .....	16
LANCTS .....	22	LORZONE .....	34	metoprolol tartrate .....	16
lansoprazole .....	24	losartan potassium .....	16	METROGEL .....	20
LANTUS SOLOSTAR .....	23	losartan potassium-hctz ..	16	metronidazole .....	9, 20
LANTUS U-100 VIAL .....	23	LOTEMAX .....	31	MICARDIS .....	16
larin fe 1/20 .....	28	LOTEMAX SM .....	31	MICARDIS HCT .....	16
larissia .....	28	LOTREL .....	16	MICORT-HC .....	20
LASIX .....	16	lovastatin .....	16	MINASTRIN 24 FE .....	28
Iatanoprost .....	31	LOVAZA .....	16	MINIVELLE .....	28
LATISSE .....	32	low-ogestrel .....	28	minocycline hcl .....	9
LATUDA .....	13	LUMIGAN .....	31	MINOLIRA .....	9
LAZANDA .....	7	LUNESTA .....	34	MIRENA (52 MG) .....	28
LEDIPASVIR-SOFOSBUVIR .....	14	LUPRON DEPOT (1-MONTH) ..27	27	mirtazapine .....	11
leflunomide .....	29	LUPRON DEPOT (3-MONTH) ..27	27	MIRVASO .....	20
LESCOL XL .....	16	LUPRON DEPOT (4-MONTH)		misoprostol .....	24
lessina .....	28	INTRAMUSCULAR KIT 30MG ..27		MITIGARE .....	12

MOBIC.....	8	NITROSTAT.....	16	NUTROPIN AQ NUSPIN 10.....	27
modafinil.....	34	NITYR.....	25	NUTROPIN AQ NUSPIN 20.....	27
mometasone furoate.....	20	NIVESTYM.....	14	NUTROPIN AQ NUSPIN 5.....	27
mono-linyah.....	28	NOCDURNA.....	27	NUVARING.....	28
MONOVISC.....	30	NOCTIVA.....	27	NUVIGIL.....	34
montelukast sodium.....	33	NORCO.....	7	NUWIQ.....	14
morphine sulfate er.....	7	NORDITROPIN FLEXPRO.....	27	NUZYRA.....	9
MOTEGRITY.....	25	norethindrone.....	28	nystatin.....	11
MOTOFEN.....	25	norethindrone acetate.....	28	ODEFSEY.....	14
MOVANTIK.....	25	norethindrone acet-ethinyl est.....	28	ofloxacin.....	31, 32
MOVIPREP.....	25	NORGESIC FORTE.....	34	OGIVRI.....	12
MOXEZA.....	31	norgestimate-ethinyl estradiol		olanzapine.....	13
moxifloxacin hcl.....	31	triphasic.....	28	olmesartan medoxomil.....	16
MS CONTIN.....	7	NORITATE.....	20	olmesartan medoxomil-hctz.....	16
MULPLETA.....	14	nortrel 1/35 (21).....	28	olmesartan-amlodipine-hctz.....	16
MULTAQ.....	16	nortrel 1/35 (28).....	28	olopatadine hcl.....	31
multivitamin/fluoride.....	24	nortriptyline hcl.....	11	OLUMIANT.....	29
mupirocin.....	9	NORVASC.....	16	OMECLAMOX-PAK.....	25
MVASI.....	12	NOVOEIGHT.....	14	omega-3-acid ethyl esters.....	16
mycophenolate mofetil.....	29	NOVOFINE AUTOCOVER		omeprazole.....	24
mycophenolate sodium.....	29	PEN NEEDLE.....	23	omeprazole-sodium	
MYRBETRIQ.....	25	NOVOFINE PEN NEEDLE.....	23	bicarbonate.....	24
nabumetone.....	8	NOVOFINE PLUS PEN		OMNITROPE.....	27
nadolol.....	16	NEEDLE.....	23	ondansetron hcl.....	11
NALFON.....	8	NOVOLIN 70/30 FLEXPEN.....	23	ondansetron odt.....	11
naltrexone hcl.....	8	NOVOLIN 70/30 FLEXPEN		ONETOUCH ULTRA 2 KIT	
NAMZARIC.....	10	RELION.....	23	W/DEVICE.....	22
NAPRELAN.....	8	NOVOLIN 70/30 RELION.....	23	ONETOUCH ULTRA BLUE	
naproxen.....	8	NOVOLIN 70/30 VIAL.....	23	TEST STRIPS.....	22
naproxen sodium.....	8	NOVOLIN N FLEXPEN.....	23	ONETOUCH ULTRA MINI KIT	
NARCAN.....	8	NOVOLIN N FLEXPEN		W/DEVICE.....	22
NASCOBAL.....	24	RELION.....	23	ONETOUCH VERIO FLEX	
NASONEX.....	32	NOVOLIN N RELION.....	23	SYSTEM KIT W/DEVICE.....	22
NATAZIA.....	28	NOVOLIN N VIAL.....	23	ONETOUCH VERIO IQ	
NATROBA.....	13	NOVOLIN R FLEXPEN.....	23	SYSTEM.....	22
NATURE-THROID.....	29	NOVOLIN R FLEXPEN		ONETOUCH VERIO KIT	
neomycin-polymyxin-dexameth	32	RELION.....	23	W/DEVICE.....	22
neomycin-polymyxin-hc.....	32	NOVOLIN R RELION.....	23	ONETOUCH VERIO SYNC	
NESINA.....	21	NOVOLIN R VIAL.....	23	SYSTEM KIT W/DEVICE.....	22
NEULASTA.....	14	NOVOLOG FLEXPEN.....	23	ONEXTON.....	20
NEULASTA ONPRO.....	14	NOVOLOG MIX 70/30		ONFI.....	10
NEUPOGEN.....	14	FLEXPEN.....	23	ONGLYZA.....	21
NEURONTIN.....	10	NOVOLOG MIX 70/30 VIAL.....	23	ONZETRA XSAIL.....	12
NEVANAC.....	31	NOVOLOG PENFILL.....	23	OPSUMIT.....	34
NEXIUM.....	24	NOVOLOG U-100 VIAL.....	23	ORACEA.....	20
NIASPAN.....	16	NOVOTWIST PEN NEEDLE.....	23	ORENCIA.....	30
nifedipine er.....	16	np thyroid.....	29	ORENCIA CLICKJECT.....	30
nifedipine er osmotic release....	16	NUBEQA.....	12	ORENITRAM.....	34
nikki.....	28	NUCALA.....	32	ORILISSA.....	27
nitrofurantoin macrocrystal.....	9	NUCYNTA.....	7	ORPHENGESIC FORTE.....	34
nitrofurantoin monohydrate		NUCYNTA ER.....	7	ORTHO MICRONOR.....	28
macrocryystals.....	9	NULYTELY WITH FLAVOR		ORTHO TRI-CYCLEN LO.....	28
nitroglycerin.....	16	PACKS.....	25	ORTHO-NOVUM 1/35 (28).....	28

ORTHO-NOVUM 7/7/7 (28).....	28	prasugrel hcl.....	13	PULMICORT FLEXHALER.....	33
ORTHOVISC.....	31	PRAVACHOL.....	16	PULMICORT SUSPENSION....	33
oseltamivir phosphate.....	14	pravastatin sodium.....	16	PULMOZYME.....	34
OSENI.....	21	prazosin hcl.....	16	PYLERA.....	25
OSMOLEX ER.....	13	PRED FORTE.....	31	QBREXZA.....	20
OSPHENA.....	26	prednisolone.....	26	QMIIZ ODT.....	8
OTEZLA.....	30	prednisolone acetate.....	31	QTERN.....	21
OTOVEL.....	32	prednisolone sodium		QUDEXY XR.....	10
OVIDREL.....	27	phosphate.....	26	QUESTRAN.....	16
oxcarbazepine.....	10	prednisone.....	26	QUESTRAN LIGHT.....	16
OXTELLAR XR.....	10	pregabalin.....	18	quetiapine fumarate.....	13
oxybutynin chloride.....	25	PREGENNA.....	24	quetiapine fumarate er.....	13
oxybutynin chloride er.....	25	PREMARIN.....	28	quinapril hcl.....	16
OXYCODONE HCL.....	7	PREMPHASE.....	28	QVAR REDIHALER.....	33
oxycodone hcl.....	7	PREMPRO.....	28	RABEPRAZOLE SODIUM.....	24
OXYCODONE HCL ER.....	7	PRENATE.....	24	raloxifene hcl.....	26
oxycodone-acetaminophen.....	7	PRENATE DHA.....	24	ramipril.....	16
OXYCONTIN.....	7	PRENATE ELITE.....	24	RANEXA.....	16
OZEMPIC.....	21	PRENATE ENHANCE.....	24	ranitidine hcl.....	24
PANCREAZE.....	25	PRENATE ESSENTIAL.....	24	ranolazine er.....	16
PANDEL.....	20	PRENATE MINI.....	24	RASUVO.....	30
pantoprazole sodium.....	24	PRENATE PIXIE.....	24	RAYALDEE.....	30
PANZYGA.....	30	PRENATE RESTORE.....	24	RAYOS.....	26
paroxetine hcl.....	11	PREPOPIK.....	25	REBIF.....	18
PATADAY.....	31	PREVACID.....	24	REBIF REBIDOSE.....	18
PATANOL.....	31	PREVACID SOLUTAB.....	24	REBIF REBIDOSE	
PAXIL.....	11	PREZCOBIX.....	14	TITRATION PACK.....	18
PAXIL CR.....	11	PRINIVIL.....	16	REBIF TITRATION PACK.....	18
PAZEO.....	31	PRISTIQ.....	11	RELISTOR.....	25
peg 3350-kcl-na bicarb-nacl.....	25	PROAIR DIGIHALER.....	33	RELPAX.....	12
penicillin v potassium.....	9	PROAIR HFA.....	33	REMICADE.....	30
PENNSAID.....	8	PROAIR RESPICLICK.....	33	REMODULIN.....	34
PENTASA.....	30	prochlorperazine maleate.....	11	RENAGEL.....	25
PERCOCET.....	7	PROCRT.....	14	RENFLEXIS.....	30
PERFOROMIST.....	33	PROCTOFOAM HC.....	30	REPATHA.....	16
permethrin.....	13	progesterone micronized.....	28	REPATHA PUSHTRONEX	
PERSERIS.....	13	PROGRAF.....	30	SYSTEM.....	16
PERTZYE.....	25	PROLENSA.....	31	REPATHA SURECLICK.....	17
phenazopyridine hcl.....	25	PROLIA.....	30	RESTASIS.....	32
phentermine hcl.....	18	promethazine hcl.....	32	RESTASIS MULTIDOSE.....	32
pioglitazone hcl.....	21	promethazine-codeine.....	32	RESTORIL.....	34
PLAQUENIL.....	13	promethazine-dm.....	32	RETACRIT.....	15
PLAVIX.....	13	PROMETRIUM.....	28	RETIN-A.....	20
PLEGRIDY.....	18	PROPECIA.....	20	RETIN-A MICRO GEL 0.04 %,	
PLEGRIDY STARTER PACK...	18	propranolol hcl.....	16	0.1 %.....	20
PLENUVU.....	25	propranolol hcl er.....	16	RETIN-A MICRO PUMP.....	20
polymyxin b-trimethoprim.....	32	PROTONIX.....	24	REVLIMID.....	12
potassium chloride crys er.....	24	PROVENTIL HFA.....	33	REXULTI.....	13
potassium chloride er.....	24	PROVIGIL.....	34	RHOPRESSA.....	31
potassium citrate er.....	24	PROZAC.....	11	RINVOQ.....	30
PRADAXA.....	9	pseudoephedrine-bromphen- dm.....	32	RISPERDAL.....	13
PRALUENT.....	16	PSORCON.....	20	risperidone.....	13
pramipexole dihydrochloride.....	13			RITALIN.....	17

RITALIN LA.....	17	SPIRIVA HANDIHALER.....	34	TEGRETOL-XR.....	10
rizatriptan benzoate.....	12	SPIRIVA RESPIMAT.....	34	TEGSEDI.....	18
ROCKLATAN.....	31	spironolactone.....	17	TEKTURNA.....	17
ropinirole hcl.....	13	sprintec 28.....	28	TEKTURNA HCT.....	17
rosuvastatin calcium.....	17	SPRIX.....	8	telmisartan.....	17
ROXICODONE.....	7	SPRYCEL.....	12	telmisartan-hctz.....	17
RUBRACA.....	12	STAXYN.....	25	temazepam.....	35
RUCONEST.....	30	STEGLATRO.....	21	TEMIXYS.....	14
RUXIENCE.....	12	STEGLUJAN.....	21	temozolomide.....	12
RYBELSUS.....	21	STELARA.....	30	TENORMIN.....	17
RYTARY.....	13	STENDRA.....	25	terazosin hcl.....	26
SABRIL.....	10	STIOLTO RESPIMAT.....	34	terbinafine hcl.....	11
SAFYRAL.....	28	STRATTERA.....	17	terconazole.....	11
SAIZEN.....	27	STRENSIQ.....	25	TESTIM.....	26
SAIZENPREP.....	27	SUBOXONE.....	8	testosterone.....	26
SANCUSO.....	11	SUBSYS.....	7	testosterone cypionate.....	26
SANDOSTATIN.....	27	sucralfate.....	25	TIGLUTIK.....	18
SAPHRIS.....	13	sulfamethoxazole-trimethoprim...9	9	TIKOSYN.....	17
SAXENDA.....	18	sulfasalazine.....	30	timolol maleate.....	31
scopolamine.....	11	sumatriptan succinate.....	12	TIMOPTIC.....	31
SEASONIQUE.....	28	SUNOSI.....	35	TIMOPTIC OCUDOSE.....	32
SEEBRI NEOHALER.....	34	SUPARTZ FX.....	31	TIMOPTIC-XE.....	32
SEGLUROMET.....	21	SUPREP BOWEL PREP KIT....25	25	TIROSINT.....	29
SENSIPAR.....	30	syeda.....	28	TIROSINT-SOL.....	29
SEREVENT DISKUS.....	34	SYMBICORT.....	34	TIVICAY.....	14
SERNIVO.....	20	SYMFI.....	14	tizanidine hcl.....	34
SEROQUEL.....	13	SYMFLO LO.....	14	TOBI NEBULIZER.....	34
SEROQUEL XR.....	13	SYMJEPI.....	34	TOBI PODHALER.....	34
sertraline hcl.....	11	SYMLINPEN 60.....	21	TOBRADEX.....	32
SEYSARA.....	9	SYMPAZAN.....	10	tobramycin.....	34
sildenafil citrate.....	25, 34	SYMPROIC.....	25	TOBRAMYCIN.....	34
SILENOR.....	34	SYNJARDY.....	21	tobramycin-dexamethasone.....	32
SILVADENE.....	9	SYNJARDY XR.....	21	TOLSURA.....	11
SIMBRINZA.....	31	SYNTHROID.....	29	tolterodine tartrate er.....	26
SIMPONI.....	30	SYNViSC.....	31	TOPAMAX.....	10
SIMPONI ARIA.....	30	SYNViSC ONE.....	31	TOPAMAX SPRINKLE.....	10
simvastatin.....	17	TACLONEX.....	20	TOPICORT SPRAY.....	20
SINGULAIR.....	34	tacrolimus.....	20, 30	topiramate.....	10
sirolimus.....	30	tadalafil.....	25	TOPROL XL.....	17
SKELAXIN.....	34	TAKHYRO.....	30	torsemide.....	17
SKYRIZI (150 MG DOSE).....	30	TALTZ.....	30	TOSYMRA.....	12
SLYND.....	28	TAMIFLU.....	14	TOUJEO MAX SOLOSTAR....23	
sodium fluoride.....	24	tamoxifen citrate.....	12	TOUJEO SOLOSTAR.....	23
SODIUM HYALURONATE.....	31	tamsulosin hcl.....	26	TOVIAZ.....	26
SOFOSBUVIR-VELPATASVIR.....	14	TAPERDEX 12-DAY.....	26	TRACLEER.....	34
solifenacin succinate.....	25	TAPERDEX 6-DAY.....	26	TRADJENTA.....	21
SOLIQUA.....	21	TAPERDEX 7-DAY.....	26	TRAMADOL HCL ER.....	7
SOLODYN.....	9	TARGADOX.....	9	tramadol hcl ir.....	7
SOLOSEC.....	9	TARGRETIN.....	12	TRAVATAN Z.....	32
SOMA.....	34	TAYTULLA.....	28	TRAZIMERA.....	12
SOOLANTRA.....	20	TAZORAC.....	20	trazodone hcl.....	11
SORILUX.....	20	TECFIDERA.....	18	TREANDA.....	12
sotalol hcl.....	17	TEGRETOL.....	10	TRELEGY ELLIPTA.....	34

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



## 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 معرف 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 idantifikasiyon w.

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

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

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

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

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

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

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

ধ্যান দেঁ: যদি আপনি **হিন্দী (Hindi)** বলতে হো, আপকো ভাষা সহায়তা সেবাএন, নথিলুক উপলব্ধ হো। কৃপ্যা অপনে পহচান পত্ৰ পৰ সূচীবৰ্দ্ধ টোল-ফ্ৰী ফোন নৰে পৰ কাল কৰো।

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 kheeji.

ចំណាប់អាមេរិក: បានសំនួរភ្លាមៗខ្មែរ(Khmer)សាធារណៈសាធារណៈតាមភ្លាមៗ គឺមានសំណោះសារជាមុន។  
មួយចុនដែលត្រូវបានស្វែងរកដោយភ្លាមៗខ្មែរ ដែលមានទីតាំងនៅក្នុងប្រទេសកម្ពុជា។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'lizí bee nééhozinígíí bine'dééjé, t'áá jíík'ehgo béeésh 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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