

# Your 2020 Formulary

Effective January 1, 2020



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



Call the number on your member ID card.



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

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

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

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

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

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

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

### **What are tiers?**

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

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

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

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

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

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

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

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

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### **About this formulary**

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

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

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

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

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

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

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. 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
<b>Analgesics - Drugs for Pain</b>		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
ARYMO ER	E	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	E	
CONZIP	E	
DILAUDID ORAL	E	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	M
FENTORA	E	

Drug Name	Drug Tier	Notes
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
KADIAN	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL
MS CONTIN	E	
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
ROXICODONE	E	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	3	QL
SUBSYS	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	M
tramadol hcl ir	1	QL
trezix	1	QL
TYLENOL WITH CODEINE #3	E	

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

Drug Name	Drug Tier	Notes
TYLENOL WITH CODEINE #4	E	
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	E	
ZOHYDRO ER	E	
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
SPRIX	E	
VIMOVO	E	

Drug Name	Drug Tier	Notes
VOLTAREN	E	
ZORVOLEX	E	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX CONTINUING MONTH PAK	3	++; QL
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	2	QL
<b>Antibacterials</b>		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	

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



Drug Name	Drug Tier	Notes
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	

Drug Name	Drug Tier	Notes
MINOLIRA	E	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XEPI	3	
XIMINO	3	
<b>Anticoagulants</b>		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	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
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	E	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	

Drug Name	Drug Tier	Notes
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	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	
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	

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
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	
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 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	

Drug Name	Drug Tier	Notes
SANCUSO	E	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	3	QL
<b>Antifungals</b>		
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	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL	E	
COLCRYS	2	
MITIGARE	E	
ULORIC	3	ST
<b>Antimigraine Agents</b>		
AIMOVIG	2	PA; QL
AJOVY	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	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
MAXALT-MLT	E	
ONZETRA XSAIL	E	
RELPAX	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TREXIMET	E	
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BENDAMUSTINE HCL	E	SP
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
GLEEVEC	E	SP
IBRANCE	3	PA; SP
IDHIFA	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
XTANDI	3	PA; SP
YONSA	3	PA; SP
<b>Antiparasitics</b>		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	

Drug Name	Drug Tier	Notes
SOLOSEC	3	
<b>Antiparkinson Agents</b>		
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>		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	
<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
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	2	QL
SEROQUEL	E	
SEROQUEL XR	E	

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

Drug Name	Drug Tier	Notes
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	
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI ORAL TABLET 90-400 MG	2	PA; SP; QL
ISENTRESS ORAL TABLET	2	
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
PREZISTA ORAL TABLET	2	
ritonavir	1	
SOFOVIR-SOFOSBUVIR-VELPATASVIR	E	M; SP
STRIBILD	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
tenofovir disoproxil fumarate	1	

Drug Name	Drug Tier	Notes
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA	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
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

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

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRIT	E	SP
RETACRIT	2	PA; SP
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
<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	

Drug Name	Drug Tier	Notes
atorvastatin calcium oral	1	
AVAPRO	E	
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	
CARDIZEM LA	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
choline fenofibrate	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
COREG	E	
COREG CR	E	
CORLANOR ORAL TABLET	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	

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
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	E	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	

Drug Name	Drug Tier	Notes
KAPSPARGO SPRINKLE	E	
labetalol hcl oral	1	
LASIX	E	
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	PA

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

Drug Name	Drug Tier	Notes
PRALUENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 150 MG/ML, 75 MG/ML	2	PA; QL
PRAVACHOL	E	
pravastatin sodium	1	
prazosin hcl oral capsule 1 mg, 5 mg	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
RANEXA	E	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	

Drug Name	Drug Tier	Notes
valsartan	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS ER	3	PA; ST; QL
amphetamine- dextroamphetamine	1	PA; QL
amphetamine- dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
CONCERTA	E	
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; QL
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
methylphenidate hcl er	1	PA; QL

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



Drug Name	Drug Tier	Notes
methylphenidate hcl oral tablet	1	PA; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	PA; QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
EXTAVIA	E	SP
GILENYA	3	PA; 3P; SP; QL
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
<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

Drug Name	Drug Tier	Notes
HORIZANT	3	PA; QL
LYRICA	E	
phentermine hcl oral capsule 30 mg	1	++
phentermine hcl oral tablet	1	++
SAXENDA	3	++
TIGLUTIK	3	PA; SP; QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
ADAPALENE EXTERNAL LOTION	E	M; ++
AKTIPAK	E	
ALA SCALP	E	
APEXICON E	E	
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
BRYHALI	3	
CAPEX	E	

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
claravis	1	PA
CLINDAGEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE EXTERNAL SWAB	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CLODERM PUMP EXTERNAL CREAM 0.1 %	E	
clotrimazole-betamethasone external cream	1	
CORDRAN EXTERNAL TAPE	E	
DESONATE	E	
DIFFERIN EXTERNAL CREAM	E	++
DIFFERIN EXTERNAL GEL 0.3 %	E	++
DIFFERIN EXTERNAL LOTION	E	++

Drug Name	Drug Tier	Notes
DIFFERIN GEL 0.1 % EXTERNAL (OTC)	E	
DIFFERIN GEL 0.1 % EXTERNAL (RX)	E	++
DUAC	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL GEL	E	
fluocinonide external cream	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMIQUIMOD PUMP	E	
IMPOYZ	E	
KENALOG EXTERNAL	E	
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MICORT-HC	E	

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
MIRVASO	2	
mometasone furoate external cream	1	
myorisan	1	PA
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	++
SERNIVO	3	
SOOLANTRA	2	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
TAZORAC EXTERNAL CREAM 0.1 %	E	
TOLAK	3	
TOPICORT SPRAY	E	
tretinoin external cream	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	

Drug Name	Drug Tier	Notes
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	E	
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUCOPHAGE	E	
GLUCOPHAGE XR	E	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST

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
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	
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	E	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	E	++
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	++
ACCU-CHEK AVIVA PLUS	E	++

Drug Name	Drug Tier	Notes
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	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	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	++

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
FREESTYLE LIBRE 14 DAY READER	E	++
FREESTYLE LIBRE 14 DAY SENSOR	E	++
FREESTYLE LIBRE READER	E	++
FREESTYLE LIBRE SENSOR SYSTEM	E	++
LANCETS	2	++
ONETOUCH ULTRA 2	2	++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL
ONETOUCH ULTRA MINI	2	++
ONE TOUCH VERIO KIT W/DEVICE	2	++
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++
ONETOUCH VERIO TEST STRIPS	2	++; QL
ONETOUCH VERIO IQ SYSTEM	2	++
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	++
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
<b>Diabetes - Glycemic Agents</b>		
GLUCAGON EMERGENCY	2	
<b>Diabetes - Insulins</b>		
ADMELOG	E	++
ADMELOG SOLOSTAR	E	++
APIDRA SOLOSTAR	E	++
APIDRA VIAL	E	++
BASAGLAR KWIKPEN	E	++

Drug Name	Drug Tier	Notes
BD AUTOSHIELD DUO PEN NEEDLES	2	++
BD ULTRA-FINE INSULIN SYRINGES	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
FIASP	E	++
FIASP FLEXTOUCH	E	++
HUMALOG KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++
HUMALOG U-100 VIAL AND CARTRIDGE	2	++
HUMULIN 70/30 KWIKPEN	2	++
HUMULIN 70/30 VIAL	2	++
HUMULIN N KWIKPEN	2	++
HUMULIN N VIAL	2	++
HUMULIN R U-500 KWIKPEN	2	++
HUMULIN R U-500 VIAL (CONCENTRATED)	2	++
HUMULIN R VIAL	2	++
INSULIN LISPRO	E	++
INSULIN LISPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	++
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++

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

Drug Name	Drug Tier	Notes
LEVEMIR U-100 FLEXTOUCH	E	++
LEVEMIR U-100 VIAL	E	++
NOVOFINE AUTOCOVER PEN NEEDLE	2	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
NOVOLIN 70/30 FLEXPEN	E	++
NOVOLIN 70/30 FLEXPEN RELION	E	++
NOVOLIN 70/30 RELION	E	++
NOVOLIN 70/30 VIAL	E	++
NOVOLIN N RELION	E	++
NOVOLIN N VIAL	E	++
NOVOLIN R RELION	E	++
NOVOLIN R VIAL	E	++
NOVOLOG FLEXPEN	E	++
NOVOLOG MIX 70/30 FLEXPEN	E	++
NOVOLOG MIX 70/30 VIAL	E	++
NOVOLOG PENFILL	E	++
NOVOLOG U-100 VIAL	E	++
NOVOTWIST PEN NEEDLE	2	++
TOUJEO MAX SOLOSTAR	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA	E	++
TRESIBA FLEXTOUCH	E	++
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
CARNITOR	E	

Drug Name	Drug Tier	Notes
CARNITOR SF	E	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	E	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
klor-con m20	1	
K-TAB	E	
LOKELMA	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	E	++
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	E	++
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	++
CARAFATE ORAL TABLET	E	
esomeprazole magnesium	E	++
famotidine oral tablet 20 mg, 40 mg	E	++
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	++
omeppi	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
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	++
pantoprazole sodium oral	1	QL
PREVACID	E	++
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	++
PROTONIX ORAL TABLET DELAYED RELEASE	E	++
ranitidine hcl oral capsule	E	++
ranitidine hcl oral syrup	1	++
ranitidine hcl oral tablet 150 mg, 300 mg	E	++
sucralfate oral tablet	1	
ZEGERID	E	++
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
GOLYTELY	E	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	

Drug Name	Drug Tier	Notes
MOVIPREP	E	
NULYTELY WITH FLAVOR PACKS	E	
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	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	3	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	

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
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
STAXYN	E	++
STENDRA	E	++
tadalafil oral	1	++; QL
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	

Drug Name	Drug Tier	Notes
methylprednisolone oral tablet therapy pack	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
TESTIM	E	
TESTOSTERONE CYPIONATE INJECTION	3	PA
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	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
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Parathyroid</b>		
SENSIPAR	E	
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	2	PA; SP
CETROTIDE	E	++; SP
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate subcutaneous solution 250 mcg/0.5ml	1	PA; Made by Organon/Merck; ++; SP
GENOTROPIN	E	++; SP
GENOTROPIN MINIQUICK	E	++; SP
GONAL-F	E	++; SP
GONAL-F RFF	E	++; SP
GONAL-F RFF REDIJECT	E	++; SP
HUMATROPE	E	++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	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
NOCDURNA	3	
NOCTIVA	E	

Drug Name	Drug Tier	Notes
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	2	PA; ++; SP
ORLISSA	2	PA; QL
SAIZEN	E	++; SP
SAIZENPREP	E	++; SP
SANDOSTATIN	E	SP
ZOMACTON	E	++; SP
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
apri	1	++
aviane	1	++
BEYAZ	E	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	++
DELESTROGEN	E	
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce	1	++
estarylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	

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
estradiol vaginal cream	1	
GENERESS FE	E	++
gianvi	1	++
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kariva	1	++
larissia	1	++
lessina	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	E	++
LOESTRIN 1.5/30 (21)	E	++
LOESTRIN 1/20 (21)	E	++
LOESTRIN FE 1.5/30	E	++
LOESTRIN FE 1/20	E	++
loryna	1	++
low-ogestrel	1	++
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	++
MINIVELLE	3	
MIRENA (52 MG)	E	++
mono-lynyah	1	++
NATAZIA	2	++
nikki	1	++

Drug Name	Drug Tier	Notes
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	++
norethindrone oral	1	++
norgestimate-ethinyl estradiol triphasic	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
NUVARING	2	++
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	++
sprintec 28	1	++
syeda	1	++
TAYTULLA	3	++
tri femynor	1	++
tri-lynyah	1	++
tri-lo-marzia	1	++
tri-lo-sprintec	1	++
tri-sprintec	1	++
VAGIFEM	E	
vienva	1	++
VIVELLE-DOT	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
xulane	1	++
YASMIN 28	E	++
YAZ	E	++
yuvaferm	1	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	ST
CYTOMEL	E	
levothyroxine sodium oral	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	ST
SYNTHROID	E	
TIROSINT	E	
TIROSINT-SOL	E	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP

Drug Name	Drug Tier	Notes
cyclosporine modified oral capsule	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
PANZYGA	E	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI	2	PA; SP

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

Drug Name	Drug Tier	Notes
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
tacrolimus oral	1	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	2	
UCERIS ORAL	E	
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
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	

Drug Name	Drug Tier	Notes
FORTEO	2	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
GEL-ONE	E	SP
GELSYN-3	2	PA; SP
GENVISC 850	E	SP
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TAKHZYRO	3	PA; SP
TRIVISC	E	SP
VISCO-3	E	SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	E	
INVELTYS	3	

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
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC GEL	3	QL
LOTEMAX OPTHALMIC OINTMENT	3	QL
LOTEMAX OPTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PATADAY	E	
PATANOL	E	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
VIGAMOX	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	

Drug Name	Drug Tier	Notes
COSOPT	E	
COSOPT PF OPTHALMIC SOLUTION 22.3-6.8 MG/ML	E	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
TRAVATAN Z	2	QL
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACAFT	3	ST
LATISSE	E	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	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
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	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>		
ASTEPRO	3	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
benzonatate	1	
CLARINEX	E	++
CLARINEX ORAL SYRUP 0.5 MG/ML	E	++
CLARINEX-D 12 HOUR	E	
DYMISTA	2	QL
hydrocodone polst-cpm polst er	1	PA; QL
ipratropium bromide nasal	1	
NASONEX	E	++
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL

Drug Name	Drug Tier	Notes
promethazine-dm	1	
pseudoephedrine- bromphen-dm	1	
XHANCE	E	++
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	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	E	Made by Par; M
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	Made by Prasco; M
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	Made by Teva; M
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	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
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	E	
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan

Drug Name	Drug Tier	Notes
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
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
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	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
SYMBICORT	2	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	E	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	3	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
YUPELRI	E	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
KITABIS PAK	E	SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
REMODULIN	E	SP

Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	3	PA; SP; QL
TRACLEER 32 MG	2	PA; SP; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	QL
temazepam	1	QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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



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diazepam.....	13	eletriptan hydrobromide.....	11	FINACEA.....	18
diclofenac sodium.....	8	ELIDEL.....	18	finasteride.....	24
dicyclomine hcl.....	23	ELIQUIS.....	9	FIORICET.....	7
DIFFERIN.....	18	ELIQUIS STARTER PACK.....	9	FIORICET/CODEINE.....	7
DIFICID.....	9	ELOCTATE.....	14	FIRAZYR.....	27
digoxin.....	14	EMBEDA.....	7	flecainide acetate.....	15
DILANTIN.....	10	EMGALITY.....	11	FLECTOR.....	8
DILANTIN INFATABS.....	10	EMVERM.....	12	FLOMAX.....	24
DILAUDID.....	7	enalapril maleate.....	15	FLOVENT DISKUS.....	31
diltiazem hcl er beads.....	14	ENBREL.....	27	FLOVENT HFA.....	31
diltiazem hcl er coated beads...	14	ENBREL SURECLICK.....	27	fluconazole.....	11
dilt-xr.....	15	ENDOMETRIN.....	25	fluocinonide.....	18
DIOVAN.....	15	enoxaparin sodium.....	9	FLUOROPLEX.....	18
DIOVAN HCT.....	15	enskyce.....	25	FLUOROURACIL.....	18
DIPENTUM.....	28	ENSTILAR.....	18	fluorouracil.....	18
diphenoxylate-atropine.....	23	entecavir.....	13	fluoxetine hcl.....	11
divalproex sodium.....	10	ENTRESTO.....	15	fluvoxamine maleate.....	11
divalproex sodium er.....	10	EPCLUSA.....	13	FOCALIN.....	16
DIVIGEL.....	25	EPIDIOLEX.....	10	FOCALIN XR.....	16
donepezil hcl.....	10	EPIDUO.....	18	folic acid.....	22
DORYX.....	9	EPIDUO FORTE.....	18	FOLLISTIM AQ.....	25
DORYX MPC.....	9	EPINEPHRINE.....	31	FORFIVO XL.....	11
dorzolamide hcl-timolol mal.....	29	epinephrine.....	31	FORTAMET.....	19
DOVATO.....	13	EPIPEN 2-PAK.....	31	FORTEO.....	28
doxazosin mesylate.....	15	EPIPEN JR 2-PAK.....	31	FORTESTA.....	24
doxepin hcl.....	10	EPOGEN.....	14	FREESTYLE LIBRE 14 DAY READER.....	21
doxycycline hyclate.....	9	ergocalciferol.....	22	FREESTYLE LIBRE 14 DAY SENSOR.....	21
DOXYCYCLINE HYCLATE.....	9	erythromycin.....	28	FREESTYLE LIBRE READER..	21
doxycycline monohydrate.....	9	escitalopram oxalate.....	10	FREESTYLE LIBRE SENSOR SYSTEM.....	21
drospirenone-ethinyl estradiol...	25	esomeprazole magnesium.....	22	FULPHILA.....	14
DUAC.....	18	estarylla.....	25	furosemide.....	15
DUAVEE.....	25	ESTRACE.....	25	gabapentin.....	10
DUEXIS.....	8	estradiol.....	25, 26	ganirelix acetate.....	25
DULERA.....	31	estradiol.....	25, 26	gavilyte-g.....	23
duloxetine hcl.....	10	eszopiclone.....	32	GEL-ONE.....	28
DUPIXENT.....	18	etodolac.....	8	GELSYN-3.....	28
DURAGESIC-100.....	7	EUCRISA.....	18	gemfibrozil.....	15
DURAGESIC-12.....	7	EUFLEXXA.....	28	GENERESS FE.....	26
		EVEKEO.....	16	GENOTROPIN.....	25
		EXFORGE.....	15		
		EXFORGE HCT.....	15		
		EXTAVIA.....	17		
		ezetimibe.....	15		

GENOTROPIN MINIQUICK.....	25	HUMIRA PEN-PS/UV/ADOL		INVOKAMET XR.....	19
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GENVISC 850.....	28	HUMULIN 70/30 KWIKPEN.....	21	ipratropium bromide.....	30
GENVOYA.....	13	HUMULIN 70/30 VIAL.....	21	ipratropium-albuterol.....	31
gianvi.....	26	HUMULIN N KWIKPEN.....	21	irbesartan.....	15
GILENYA.....	17	HUMULIN N VIAL.....	21	irbesartan-hydrochlorothiazide..	15
GLEEVEC.....	12	HUMULIN R U-500 KWIKPEN..	21	ISENTRESS.....	13
glimepiride.....	19	HUMULIN R U-500 VIAL		isibloom.....	26
glipizide er.....	19	(CONCENTRATED).....	21	isosorbide mononitrate er.....	15
glipizide ir.....	19	HUMULIN R VIAL.....	21	JANUMET.....	19
GLUCAGON EMERGENCY.....	21	HYALGAN.....	28	JANUMET XR.....	20
GLUCOPHAGE.....	19	hydralazine hcl.....	15	JANUVIA.....	20
GLUCOPHAGE XR.....	19	hydrochlorothiazide.....	15	JARDIANCE.....	20
GLUMETZA.....	19	hydrocodone polst-cpm polst		JENTADUETO.....	20
glyburide.....	19	er.....	30	JENTADUETO XR.....	20
GLYXAMBI.....	19	hydrocodone-acetaminophen....	7	JIVI.....	14
GOCOVRI.....	12	hydrocortisone.....	18, 24	JUBLIA.....	11
GOLYTELY.....	23	hydromorphone hcl.....	7	JULUCA.....	13
GONAL-F.....	25	hydroxychloroquine sulfate.....	12	junel 1/20.....	26
GONAL-F RFF.....	25	hydroxyzine hcl.....	13	junel fe 1.5/30.....	26
GONAL-F RFF REDIJECT.....	25	hydroxyzine pamoate.....	13	junel fe 1/20.....	26
GRALISE.....	17	HYMOVIS.....	28	junel fe 24.....	26
GRALISE STARTER.....	17	HYSINGLA ER.....	7	KADIAN.....	7
GRANIX.....	14	HYZAAR.....	15	KAPSPARGO SPRINKLE.....	15
guanfacine hcl.....	15	ibandronate sodium.....	28	kariva.....	26
guanfacine hcl er.....	16	IBRANCE.....	12	KAZANO.....	20
GYNAZOLE-1.....	11	ibu.....	8	KENALOG.....	18, 24
HAEGARDA.....	27	ibuprofen.....	8	KEPPRA.....	10
HALOBETASOL		IDHIFA.....	12	KEPPRA XR.....	10
PROPIONATE.....	18	ILEVRO.....	28	KERYDIN.....	11
HALOG.....	18	IMIQUIMOD PUMP.....	18	ketoconazole.....	11
HARVONI.....	13	IMITREX.....	11	ketorolac tromethamine.....	8, 29
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HUMALOG MIX 50/50		IMPOYZ.....	18	KOGENATE FS.....	14
KWIKPEN.....	21	IMVEXXY MAINTENANCE		KOMBIGLYZE XR.....	20
HUMALOG MIX 50/50 VIAL.....	21	PACK.....	26	KOVALTRY.....	14
HUMALOG MIX 75/25		IMVEXXY STARTER PACK.....	26	K-TAB.....	22
KWIKPEN.....	21	INBRIJA.....	12	labetalol hcl.....	15
HUMALOG MIX 75/25 VIAL.....	21	INCRUSE ELLIPTA.....	31	LAMICTAL.....	10
HUMALOG U-100 JUNIOR		INDERAL LA.....	15	LAMICTAL ODT.....	10
KWIKPEN.....	21	INDERAL XL.....	15	LAMICTAL STARTER.....	10
HUMALOG U-100 VIAL AND		indomethacin.....	8	LAMICTAL XR.....	10
CARTRIDGE.....	21	INFLECTRA.....	27	lamotrigine.....	10
HUMATROPE.....	25	INNOPRAN XL.....	15	LANCETS.....	21
HUMIRA.....	27	INSULIN LISPRO.....	21	LANTUS SOLOSTAR.....	21
HUMIRA PEDIATRIC		INTRAROSA.....	23	LANTUS U-100 VIAL.....	21
CROHNS START.....	27	INTUNIV.....	16	larissia.....	26
HUMIRA PEN.....	27	INVEGA SUSTENNA.....	12	LASIX.....	15
HUMIRA PEN-CD/UC/HS		INVEGA TRINZA.....	12	LASTACFT.....	29
STARTER.....	27	INVELTYS.....	28	latanoprost.....	29
		INVOKAMET.....	19	LATISSE.....	29

LATUDA.....	12	LUNESTA.....	32	MOTTEGRITY.....	23
LAZANDA.....	7	LUPRON DEPOT (1-MONTH) ..	25	MOTOFEN.....	23
LEDIPASVIR-SOFOSBUVIR....	13	LUPRON DEPOT (3-MONTH) ..	25	MOVANTIK.....	23
leflunomide.....	27	LUPRON DEPOT (4-MONTH)		MOVIPREP.....	23
LESCOL XL.....	15	INTRAMUSCULAR KIT 30MG ..	25	MOXEZA.....	29
lessina.....	26	LUPRON DEPOT (6-MONTH)		moxifloxacin hcl.....	29
LETAIRIS.....	32	INTRAMUSCULAR KIT 45MG ..	25	MS CONTIN.....	7
letrozole.....	12	LYRICA.....	17	MULPLETA.....	14
LEVALBUTEROL HFA.....	31	MAKENA.....	26	MULTAQ.....	15
LEVEMIR U-100 FLEXTOUCH..	22	MAVYRET.....	13	multivitamin/fluoride.....	22
LEVEMIR U-100 VIAL.....	22	MAXALT.....	11	mupirocin.....	9
levetiracetam.....	10	MAXALT-MLT.....	12	mycophenolate mofetil.....	27
LEVITRA.....	23	meclizine hcl.....	11	mycophenolate sodium.....	27
levofloxacin.....	9	medroxyprogesterone acetate..	26	myorisan.....	19
levonorgestrel-ethinyl estrad....	26	meloxicam.....	8	MYRBETRIQ.....	23
levothyroxine sodium.....	27	memantine hcl.....	10	nabumetone.....	8
LEXAPRO.....	11	mercaptapurine.....	12	nadolol.....	15
LEXETTE.....	18	mesalamine.....	28	NALFON.....	8
LIALDA.....	28	metaxalone.....	32	naltrexone hcl.....	8
lidocaine.....	8	metformin hcl er.....	20	NAMZARIC.....	10
lidocaine viscous.....	17	metformin hcl er (mod).....	20	NAPRELAN.....	8
lidocaine-prilocaine.....	8	metformin hcl er (osm).....	20	naproxen.....	8
LIDODERM.....	8	metformin hcl ir.....	20	naproxen sodium.....	8
LINZESS.....	23	methimazole.....	27	NARCAN.....	8
liothyronine sodium.....	27	methocarbamol.....	32	NASONEX.....	30
LIPITOR.....	15	methotrexate.....	27	NATAZIA.....	26
lisinopril.....	15	methotrexate sodium.....	27	NATROBA.....	12
lisinopril-hydrochlorothiazide....	15	methylphenidate hcl.....	17	NATURE-THROID.....	27
lithium carbonate.....	13	methylphenidate hcl er.....	16	neomycin-polymyxin-dexameth	29
lithium carbonate er.....	13	methylprednisolone.....	24	neomycin-polymyxin-hc.....	30
LIVALO.....	15	metoclopramide hcl.....	11	NESINA.....	20
LO LOESTRIN FE.....	26	metoprolol succinate er.....	15	NEULASTA.....	14
LOESTRIN 1.5/30 (21).....	26	metoprolol tartrate.....	15	NEULASTA ONPRO.....	14
LOESTRIN 1/20 (21).....	26	METROGEL.....	18	NEUPOGEN.....	14
LOESTRIN FE 1.5/30.....	26	metronidazole.....	9, 18	NEURONTIN.....	10
LOESTRIN FE 1/20.....	26	MICARDIS.....	15	NEVANAC.....	29
LOKELMA.....	22	MICARDIS HCT.....	15	NEXIUM.....	22
LONHALA MAGNAIR REFILL		MICORT-HC.....	18	NIASPAN.....	15
KIT.....	31	MINASTRIN 24 FE.....	26	nifedipine er.....	15
LONHALA MAGNAIR		MINIVELLE.....	26	nifedipine er osmotic release....	15
STARTER KIT.....	31	minocycline hcl.....	9	nikki.....	26
lorazepam.....	13	MINOLIRA.....	9	nitrofurantoin macrocrystal.....	9
loryna.....	26	MIRENA (52 MG).....	26	nitrofurantoin monohydrate	
LORZONE.....	32	mirtazapine.....	11	macrocrystals.....	9
losartan potassium.....	15	MIRVASO.....	19	nitroglycerin.....	15
losartan potassium-hctz.....	15	MITIGARE.....	11	NITROSTAT.....	15
LOTEMAX.....	29	MOBIC.....	8	NITYR.....	23
LOTEMAX SM.....	29	modafinil.....	32	NIVESTYM.....	14
LOTREL.....	15	mometasone furoate.....	19	NOCDURNA.....	25
lovastatin.....	15	mono-lynyah.....	26	NOCTIVA.....	25
LOVAZA.....	15	MONOVISC.....	28	NORCO.....	7
low-ogestrel.....	26	montelukast sodium.....	31	NORDITROPIN FLEXPRO.....	25
LUMIGAN.....	29	morphine sulfate er.....	7	norethindrone.....	26



norethindrone acetate.....	26	omeprazole.....	23	paroxetine hcl.....	11
norethindrone acet-ethinyl est...26		omeprazole-sodium		PATADAY.....	29
norgestimate-ethinyl estradiol		bicarbonate.....	23	PATANOL.....	29
triphasic.....	26	OMNITROPE.....	25	PAXIL.....	11
NORITATE.....	19	ondansetron hcl.....	11	PAXIL CR.....	11
nortrel 1/35 (21).....	26	ondansetron odt.....	11	PAZEO.....	29
nortrel 1/35 (28).....	26	ONE TOUCH VERIO KIT		penicillin v potassium.....	9
nortriptyline hcl.....	11	W/DEVICE.....	21	PENNSAID.....	8
NORVASC.....	15	ONETOUCH ULTRA 2.....	21	PENTASA.....	28
NOVOEIGHT.....	14	ONETOUCH ULTRA BLUE		PERCOCET.....	7
NOVOFINE AUTOCOVER		TEST STRIPS.....	21	PERSERIS.....	12
PEN NEEDLE.....	22	ONETOUCH ULTRA MINI.....	21	PERTZYE.....	23
NOVOFINE PEN NEEDLE.....	22	ONETOUCH VERIO FLEX		phenazopyridine hcl.....	24
NOVOFINE PLUS PEN		SYSTEM KIT W/DEVICE.....	21	phentermine hcl.....	17
NEEDLE.....	22	ONETOUCH VERIO IQ		pioglitazone hcl.....	20
NOVOLIN 70/30 FLEXPEN.....	22	SYSTEM.....	21	PLAQUENIL.....	12
NOVOLIN 70/30 FLEXPEN		ONETOUCH VERIO SYNC		PLAVIX.....	12
RELION.....	22	SYSTEM KIT W/DEVICE.....	21	PLEGRIDY.....	17
NOVOLIN 70/30 RELION.....	22	ONEXTON.....	19	PLEGRIDY STARTER PACK... 17	
NOVOLIN 70/30 VIAL.....	22	ONFI.....	10	PLENVU.....	23
NOVOLIN N RELION.....	22	ONGLYZA.....	20	polymyxin b-trimethoprim.....	29
NOVOLIN N VIAL.....	22	ONZETRA XSAIL.....	12	potassium chloride crys er.....	22
NOVOLIN R RELION.....	22	OPSUMIT.....	32	potassium chloride er.....	22
NOVOLIN R VIAL.....	22	ORACEA.....	19	potassium citrate er.....	22
NOVOLOG FLEXPEN.....	22	ORENCIA.....	27	PRADAXA.....	9
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FLEXPEN.....	22	ORENITRAM.....	32	pramipexole dihydrochloride.... 12	
NOVOLOG MIX 70/30 VIAL.....	22	ORILISSA.....	25	PRAVACHOL.....	16
NOVOLOG PENFILL.....	22	ORTHO MICRONOR.....	26	pravastatin sodium.....	16
NOVOLOG U-100 VIAL.....	22	ORTHO TRI-CYCLEN LO.....	26	prazosin hcl.....	16
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NUCYNTA.....	7	ORTHO-NOVUM 7/7/7 (28).....	26	prednisolone.....	24
NUCYNTA ER.....	7	ORTHOVISC.....	28	prednisolone acetate.....	29
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PACKS.....	23	OSENI.....	20	phosphate.....	24
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NUVARING.....	26	OTOVEL.....	30	PREMPRO.....	26
NUVIGIL.....	32	oxcarbazepine.....	10	PREPOPIK.....	23
NUWIQ.....	14	OXTELLAR XR.....	10	PREVACID.....	23
NUZYRA.....	9	oxybutynin chloride.....	24	PREVACID SOLUTAB.....	23
nystatin.....	11	oxybutynin chloride er.....	23	PREZCOBIX.....	13
ODEFSEY.....	13	OXYCODONE HCL.....	7	PREZISTA.....	13
ofloxacin.....	29, 30	oxycodone hcl.....	7	PRINIVIL.....	16
olanzapine.....	12	OXYCODONE HCL ER.....	7	PRISTIQ.....	11
olmesartan medoxomil.....	15	oxycodone-acetaminophen.....	7	PROAIR HFA.....	31
olmesartan medoxomil-hctz..... 15		OXYCONTIN.....	7	PROAIR RESPICLICK.....	31
olopatadine hcl.....	29	OZEMPIC.....	20	prochlorperazine maleate..... 11	
OLUMIANT.....	27	PANCREAZE.....	23	PROCRIT.....	14
OMECLAMOX-PAK.....	23	PANDEL.....	19	PROCTOFOAM HC.....	28
omega-3-acid ethyl esters.....	15	pantoprazole sodium.....	23	progesterone micronized.....	26
omeppi.....	22	PANZYGA.....	27	PROLENSA.....	29

promethazine hcl.....	30	RETIN-A MICRO PUMP.....	19	sotalol hcl.....	16
promethazine-codeine.....	30	REVLIMID.....	12	SPIRIVA HANDIHALER.....	31
promethazine-dm.....	30	REXULTI.....	12	SPIRIVA RESPIMAT.....	31
PROMETRIUM.....	26	RHOPRESSA.....	29	spironolactone.....	16
PROPECIA.....	19	RISPERDAL.....	12	sprintec 28.....	26
propranolol hcl.....	16	risperidone.....	12	SPRIX.....	8
propranolol hcl er.....	16	RITALIN.....	17	SPRYCEL.....	12
PROTONIX.....	23	RITALIN LA.....	17	STAXYN.....	24
PROVENTIL HFA.....	31	ritonavir.....	13	STEGLATRO.....	20
PROVIGIL.....	32	rizatriptan benzoate.....	12	STEGLUJAN.....	20
PROZAC.....	11	ROCKLATAN.....	29	STELARA.....	28
pseudoephedrine-bromphen- dm.....	30	ropinirole hcl.....	12	STENDRA.....	24
PSORCON.....	19	rosuvastatin calcium.....	16	STIOLTO RESPIMAT.....	31
PULMICORT FLEXHALER.....	31	ROXICODONE.....	7	STRATTERA.....	17
PULMICORT SUSPENSION....	31	ROXYBOND.....	7	STRENSIQ.....	23
PYLERA.....	23	RUCONEST.....	27	STRIBILD.....	13
QBREXZA.....	19	RYTARY.....	12	SUBOXONE.....	8
QTERN.....	20	SABRIL.....	10	SUBSYS.....	7
QUDEXY XR.....	10	SAFYRAL.....	26	sucralfate.....	23
QUESTRAN.....	16	SAIZEN.....	25	sulfamethoxazole-trimethoprim...9	
QUESTRAN LIGHT.....	16	SAIZENPREP.....	25	sumatriptan succinate.....	12
quetiapine fumarate.....	12	SANCUSO.....	11	SUPARTZ FX.....	28
QVAR REDHALER.....	31	SANDOSTATIN.....	25	SUPREP BOWEL PREP KIT....	23
raloxifene hcl.....	25	SAPHRIS.....	12	syeda.....	26
ramipril.....	16	SAVAYSA.....	9	SYMBICORT.....	32
RANEXA.....	16	SAXENDA.....	17	SYMFI.....	13
ranitidine hcl.....	23	SEASONIQUE.....	26	SYMFI LO.....	13
RASUVO.....	27	SEEBRI NEOHALER.....	31	SYMJEPI.....	32
RAYALDEE.....	28	SEGLUROMET.....	20	SYMPAZAN.....	10
RAYOS.....	24	SENSIPAR.....	25	SYMPROIC.....	23
REBIF.....	17	SEREVENT DISKUS.....	31	SYNJARDY.....	20
REBIF REBIDOSE.....	17	SERNIVO.....	19	SYNJARDY XR.....	20
REBIF REBIDOSE		SEROQUEL.....	12	SYNTHROID.....	27
TITRATION PACK.....	17	SEROQUEL XR.....	12	SYNVISC.....	28
REBIF TITRATION PACK.....	17	sertraline hcl.....	11	SYNVISC ONE.....	28
RELISTOR.....	23	SEYSARA.....	9	TACLONEX.....	19
RELPAK.....	12	sildenafil citrate.....	24, 32	tacrolimus.....	28
REMICADE.....	27	SILENOR.....	32	tadalafil.....	24
REMODULIN.....	32	SILVADENE.....	9	TAKHZYRO.....	28
RENAGEL.....	24	SIMBRINZA.....	29	TALTZ.....	28
RENFLEXIS.....	27	SIMPONI.....	27	TAMIFLU.....	13
REPATHA.....	16	simvastatin.....	16	tamoxifen citrate.....	12
REPATHA PUSHTRONEX		SINGULAIR.....	31	tamsulosin hcl.....	24
SYSTEM.....	16	SKELAXIN.....	32	TAPERDEX 12-DAY.....	24
REPATHA SURECLICK.....	16	SKYRIZI (150 MG DOSE).....	28	TAPERDEX 6-DAY.....	24
RESTASIS.....	29	sodium fluoride.....	22	TAPERDEX 7-DAY.....	24
RESTASIS MULTIDOSE.....	30	SOFOSBUVIR-VELPATASVIR.13		TARGADOX.....	9
RESTORIL.....	32	SOLQUA.....	20	TARGRETIN.....	12
RETACRIT.....	14	SOLODYN.....	9	TAYTULLA.....	26
RETIN-A.....	19	SOLOSEC.....	12	TAZORAC.....	19
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	19	SOMA.....	32	TECFIDERA.....	17
		SOOLANTRA.....	19	TEGRETOL.....	10
		SORILUX.....	19	TEGRETOL-XR.....	10

TEKTURNA.....	16	TRESIBA FLEXTOUCH.....	22	VESICARE.....	24
TEKTURNA HCT.....	16	tretinoin.....	19	V-GO 20.....	21
telmisartan.....	16	TREXIMET.....	12	V-GO 30.....	21
telmisartan-hctz.....	16	trezix.....	7	V-GO 40.....	21
temazepam.....	32	tri femynor.....	26	VIAGRA.....	24
tenofovir disoproxil fumarate.....	13	triamcinolone acetonide.....	19	VIBERZI.....	23
TENORMIN.....	16	triamterene-hctz.....	16	VICTOZA.....	20
terazosin hcl.....	24	TRIANEX.....	19	vienna.....	26
terbinafine hcl.....	11	triazolam.....	13	VIGAMOX.....	29
terconazole.....	11	TRIBENZOR.....	16	VIIBRYD.....	11
TESTIM.....	24	TRICOR.....	16	VIIBRYD STARTER PACK.....	11
testosterone.....	24	TRILEPTAL.....	10	VIMOVO.....	8
TESTOSTERONE		tri-linyah.....	26	VIMPAT.....	10
CYPIONATE.....	24	tri-lo-marzia.....	26	VIOKACE.....	23
testosterone cypionate.....	24	tri-lo-sprintec.....	26	VISCO-3.....	28
TIGLUTIK.....	17	TRINTELLIX.....	11	vitamin d (ergocalciferol).....	22
TIKOSYN.....	16	tri-sprintec.....	26	VIVELLE-DOT.....	26
timolol maleate.....	29	TRIUMEQ.....	13	VOGELXO.....	24
TIMOPTIC.....	29	TRIVISC.....	28	VOGELXO PUMP.....	24
TIMOPTIC OCUDOSE.....	29	TROKENDI XR.....	10	VOLTAREN.....	8
TIMOPTIC-XE.....	29	TRULANCE.....	23	VOSEVI.....	13
TIROSINT.....	27	TRULICITY.....	20	VRAYLAR.....	13
TIROSINT-SOL.....	27	TRUVADA.....	13	VYTORIN.....	16
TIVICAY.....	13	TUDORZA PRESSAIR.....	32	VYVANSE.....	17
tizanidine hcl.....	32	TYLENOL WITH CODEINE #3... 7		VYZULTA.....	29
TOBI NEBULIZER.....	32	TYLENOL WITH CODEINE #4... 8		warfarin sodium.....	9
TOBI PODHALER.....	32	TYMLOS.....	28	WELCHOL.....	16
TOBRADEX.....	30	UCERIS.....	28	WELLBUTRIN SR.....	11
tobramycin.....	29, 32	UDENYCA.....	14	WELLBUTRIN XL.....	11
TOBRAMYCIN.....	32	ULORIC.....	11	XALATAN.....	29
tobramycin-dexamethasone.....	30	ULTOMIRIS.....	14	XANAX.....	13
TOLAK.....	19	ULTRACET.....	8	XANAX XR.....	13
TOLSURA.....	11	ULTRAM.....	8	XARELTO.....	9
tolterodine tartrate er.....	24	ULTRAVATE.....	19	XARELTO STARTER PACK.....	9
TOPAMAX.....	10	UTIBRON NEOHALER.....	32	XELJANZ.....	28
TOPAMAX SPRINKLE.....	10	VAGIFEM.....	26	XELJANZ XR.....	28
TOPICORT SPRAY.....	19	valacyclovir hcl.....	13	XEPI.....	9
topiramate.....	10	VALIUM.....	13	XHANCE.....	30
TOPROL XL.....	16	valsartan.....	16	XIGDUO XR.....	20
toremide.....	16	valsartan-hydrochlorothiazide... 16		XIIDRA.....	30
TOUJEO MAX SOLOSTAR.....	22	VALTRESX.....	13	XIMINO.....	9
TOUJEO SOLOSTAR.....	22	VARUBI.....	11	XOFLUZA.....	13
TOVIAZ.....	24	VASCEPA.....	16	XOLAIR.....	30
TRACLEER.....	32	VECTICAL.....	19	XOPENEX HFA.....	32
TRADJENTA.....	20	VELPHORO.....	24	XTAMPZA ER.....	8
TRAMADOL HCL ER.....	7	VELTASSA.....	22	XTANDI.....	12
tramadol hcl ir.....	7	VELTIN.....	19	xulane.....	27
TRANSDERM-SCOP (1.5 MG). 11		VEMLIDY.....	13	XYOSTED.....	24
TRAVATAN Z.....	29	venlafaxine hcl.....	11	XYREM.....	32
trazodone hcl.....	11	venlafaxine hcl er.....	11	YASMIN 28.....	27
TRELEGY ELLIPTA.....	32	VENTOLIN HFA.....	32	YAZ.....	27
TREMFYA.....	28	verapamil hcl er.....	16	YONSA.....	12
TRESIBA.....	22	VERDESO.....	19	YUPELRI.....	32



yuvafem.....	27
ZANAFLEX.....	32
ZARXIO.....	14
ZEGERID.....	23
ZEMBRACE SYMTOUCH.....	12
ZENPEP.....	23
ZESTRIL.....	16
ZETIA.....	16
ZIANA.....	19
ZIOPTAN.....	29
ziprasidone hcl.....	13
ZOCOR.....	16
ZOHYDRO ER.....	8
ZOLOFT.....	11
zolpidem tartrate.....	32
zolpidem tartrate er.....	32
ZOMACTON.....	25
ZOMIG.....	12
ZOMIG ZMT.....	12
ZONEGRAN.....	10
zonisamide.....	10
ZONTIVITY.....	12
ZORVOLEX.....	8
ZOVIRAX.....	13
ZTLIDO.....	8
ZUBSOLV.....	8
ZYCLARA.....	19
ZYCLARA PUMP.....	19
ZYPITAMAG.....	16
ZYPREXA.....	13



## Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

## Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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