



# Your 2019 Formulary

Effective July 1, 2019



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



Call the number on your member ID card.



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

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

**Select Standard**

## Understanding your formulary

### What is a formulary?

A formulary is a list of prescribed medications chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

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

### How do I use my formulary?

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

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

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

## 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.

### 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>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> – Must try lower-cost medication(s) before a higher-cost medication can be covered.
<b>3P</b>	Tier 3 preferred

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
<b>Analgesics - Drugs for Pain</b>								
acetaminophen-codeine #2	1	QL	OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL			
acetaminophen-codeine #3	1	QL	ROXYBOND	3	QL			
acetaminophen-codeine #4	1	QL	tramadol hcl ir	1	QL			
acetaminophen-codeine oral tablet	1	QL	tramadol-acetaminophen	1	QL			
apap-caff-dihydrocodeine oral capsule	1	QL	trezix oral capsule 320.5-30-16 mg	1	QL			
BELBUCA	2	PA; QL	<b>Analgesics - Drugs for Pain and Inflammation</b>					
butalbital-apap-caffeine oral capsule	1		celecoxib oral	1	QL			
butalbital-apap-caffeine oral tablet 50-325-40 mg	1		diclofenac potassium	1				
EMBEDA	2	PA; QL	diclofenac sodium oral	1				
fentanyl	1	PA; QL	diclofenac sodium transdermal gel 1 %	1	QL			
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL	etodolac oral tablet	1				
hydromorphone hcl oral tablet	1	QL	FLECTOR	3	QL			
HYSINGLA ER	2	PA; QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1				
morphine sulfate er oral tablet extended release	1	PA; QL	indomethacin oral	1				
NUCYNTA	3	QL	ketorolac tromethamine oral	1	QL			
oxycodone hcl oral tablet	1	QL	meloxicam oral tablet	1				
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	nabumetone oral	1				
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG								
naproxen oral tablet	1		VIVLODEX	3	ST			
naproxen sodium oral tablet 275 mg, 550 mg	1		ZORVOLEX	3	ST			
sulindac oral	1							

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

Drug Name	Drug Tier	Notes
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
<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 STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
<b>Antibacterials</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	

Drug Name	Drug Tier	Notes
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3		levetiracetam oral tablet	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1		oxcarbazepine oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1		phenytoin sodium extended	1	
XIFAXAN	3	PA	topiramate oral tablet	1	
XIMINO	3		VIMPAT	3	
<b>Anticoagulants</b>			zonisamide oral	1	
BEVYXXA	3	QL	<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ELIQUIS	2	QL	donepezil hcl oral tablet	1	
ELIQUIS STARTER PACK	2	QL	memantine hcl oral tablet 10 mg, 5 mg	1	
enoxaparin sodium	1	SP; QL	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
PRADAXA	2	QL	<b>Antidepressants</b>		
SAVAYSA	3	QL	amitriptyline hcl oral	1	
warfarin sodium oral	1		bupropion hcl er (sr)	1	QL
XARELTO	2	QL	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
XARELTO STARTER PACK	2	QL	bupropion hcl oral	1	
<b>Anticonvulsants - Drugs for Seizures</b>			citalopram hydrobromide oral tablet	1	
carbamazepine oral tablet	1		desvenlafaxine succinate er	1	QL
divalproex sodium er oral tablet extended release 24 hour	1		doxepin hcl oral capsule	1	
divalproex sodium oral tablet delayed release	1		duloxetine hcl oral	1	QL
gabapentin oral capsule	1		escitalopram oxalate oral tablet	1	
gabapentin oral tablet	1		fluoxetine hcl oral capsule	1	
lamotrigine oral tablet	1		fluoxetine hcl oral tablet	1	
			fluvoxamine maleate	1	
			FORFIVO XL	3	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mirtazapine oral tablet	1		ketoconazole external shampoo	1	
nortriptyline hcl oral capsule	1		nystatin external cream	1	
paroxetine hcl er	1		nystatin mouth/throat	1	
paroxetine hcl oral tablet	1		terbinafine hcl oral	1	QL
sertraline hcl oral tablet	1		terconazole vaginal cream	1	
trazodone hcl oral tablet 100 mg	1		<b>Antigout Agents</b>		
TRINTELLIX	3	ST; QL	allopurinol oral	1	
venlafaxine hcl	1		COLCHICINE ORAL TABLET	3	ST
venlafaxine hcl er	1		COLCRYS	2	
VIIBRYD ORAL TABLET	3	QL	ULORIC	2	ST
VIIBRYD STARTER PACK	3	QL	ZURAMPIC	3	ST
<b>Antiemetics - Drugs for Nausea and Vomiting</b>			<b>Antimigraine Agents</b>		
AKYNZEO ORAL	3	QL	AIMOVIG	2	PA; QL
meclizine hcl oral tablet	1		eletriptan hydrobromide	1	QL
metoclopramide hcl oral tablet 5 mg	1		EMGALITY	2	PA; QL
ondansetron hcl oral tablet 24 mg	1	QL	MIGRALAN	3	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1		rizatriptan benzoate	1	QL
ondansetron odt	1		sumatriptan succinate oral	1	QL
prochlorperazine maleate oral	1		<b>Antineoplastics - Drugs for Cancer</b>		
VARUBI ORAL	3	QL	anastrozole oral	1	
<b>Antifungals</b>			CABOMETYX	2	PA; SP
CRESEMBA ORAL	3		capecitabine	1	PA; SP
fluconazole oral tablet	1		IBRANCE	3	PA; SP
GYNIAZOLE-1	3		IDHIFA	3	PA; SP; QL
KERYDIN	3	PA	letrozole oral	1	
ketonconazole external cream	1		mercaptopurine oral	1	SP
			REVLIMID	3	PA; SP
			SPRYCEL	2	PA; SP
			tamoxifen citrate oral	1	
			XTANDI	3	PA; SP

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

Drug Name	Drug Tier	Notes
YONSA	3	PA; SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOLOSEC	3	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
ZELAPAR	3	
<b>Antiplatelets</b>		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
ZONTIVITY	3	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
haloperidol oral	1	

Drug Name	Drug Tier	Notes
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	3	ST; SP
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	SP
HARVONI	2	PA; SP; QL
INTELENCE	2	SP
ISENTRESS ORAL TABLET	2	SP
JULUCA	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP	<b>Bipolar Agents - Drugs for Mood Disorders</b>		
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP	lithium carbonate er	1	
STRIBILD	3	SP	lithium carbonate oral capsule	1	
SYMFI	2	SP	<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
SYMFI LO	2	SP	ADYNOVATE	3	SP
TAMIFLU ORAL CAPSULE 75 MG	3	QL	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; SP
tenofovir disoproxil fumarate	1	SP	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
TIVICAY	2	SP	ELOCTATE	3	SP
TRIUMEQ	2	SP	JIVI	3	SP
TRUVADA	2	SP	KOGENATE FS	3	SP
valacyclovir hcl oral	1	QL	KOVALTRY	3	SP
VOSEVI	2	PA; SP; QL	MULPLETA	2	PA; SP
XOFLUZA	3	QL	NEULASTA ONPRO	3	PA; SP
ZOVIRAX EXTERNAL	3		NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
<b>Anxiolytics - Drugs for Anxiety</b>					
alprazolam oral tablet	1	QL	NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
buspirone hcl oral	1		NOVOEIGHT	3	SP
clonazepam oral tablet	1	QL	NUWIQ	3	SP
diazepam oral tablet	1				
hydroxyzine hcl oral tablet	1				
hydroxyzine pamoate oral	1				
lorazepam oral tablet	1	QL			
triazolam	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	Drug Name	Drug Tier	Notes
PROCRT	2	PA; SP	diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
UDENYCA	3	PA; SP	diltiazem hcl oral	1	
ZARXIO	2	PA; SP	doxazosin mesylate oral	1	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>					
amiodarone hcl oral	1		EDARBI	3	ST
amlodipine besylate oral	1		EDARBYCLOR	3	ST
amlodipine besylate- benazepril hcl	1		enalapril maleate oral	1	
amlodipine besylate- valsartan	1		ENTRESTO	2	QL
amlodipine-olmesartan	1		ezetimibe	1	
atenolol oral	1		ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
atenolol-chlorthalidone	1		ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
atorvastatin calcium oral	1		fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
benazepril hcl oral	1		fenofibrate oral tablet	1	
benazepril- hydrochlorothiazide	1		fenofibric acid oral capsule delayed release	1	
bisoprolol fumarate	1		flecainide acetate	1	
bisoprolol- hydrochlorothiazide	1		furosemide oral tablet	1	
bumetanide oral	1		gemfibrozil oral	1	
BYSTOLIC	2		guanfacine hcl oral	1	
BYVALSON	2		hydralazine hcl oral	1	
cartia xt	1		hydrochlorothiazide oral	1	
carvedilol	1		irbesartan	1	
chlorthalidone oral tablet 25 mg, 50 mg	1		irbesartan- hydrochlorothiazide	1	
choline fenofibrate	1		isosorbide mononitrate er	1	
clonidine hcl oral	1		labetalol hcl oral	1	
CORLANOR	3	PA; QL	lisinopril oral	1	
digoxin oral tablet	1		lisinopril- hydrochlorothiazide	1	
diltiazem hcl er beads	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LIVALO	3	ST	REPATHA	2	PA; SP; QL
losartan potassium	1		PUSHTRONEX SYSTEM		
losartan potassium-hctz	1		REPATHA SURECLICK	2	PA; SP; QL
lovastatin	1		rosuvastatin calcium	1	
metoprolol succinate er	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
metoprolol tartrate oral	1		simvastatin oral tablet 80 mg	1	PA
MULTAQ	3		sotalol hcl oral	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1		spironolactone oral	1	
niacin er (antihyperlipidemic)	1		TEKTURNA	2	ST
nifedipine er	1		TEKTURNA HCT	2	ST
nifedipine er osmotic release	1		telmisartan	1	
nitroglycerin sublingual	1		torsemide oral	1	
olmesartan medoxomil oral	1		triamterene-hctz oral capsule 37.5-25 mg	1	
olmesartan medoxomil-hctz	1		triamterene-hctz oral tablet	1	
omega-3-acid ethyl esters	1		valsartan	1	
pentoxifylline er	1		valsartan-hydrochlorothiazide	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL	VASCEPA	2	
pravastatin sodium	1		verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
prazosin hcl oral	1		verapamil hcl oral	1	
propranolol hcl er	1		<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
propranolol hcl oral tablet	1		ADDERALL XR	3	PA; ST; QL
quinapril hcl	1		amphetamine-dextroamphetamine	1	PA; QL
ramipril	1		amphetamine-dextroamphetamine er	1	PA; QL
RANEXA	2	ST	atomoxetine hcl	1	QL
REPATHA	2	PA; SP; QL	COTEMPLA XR-ODT	3	PA; ST; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
dexmethylphenidate hcl	1	PA; QL	REBIF			
dexmethylphenidate hcl er	1	PA; QL	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	
guanfacine hcl er	1		REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	
methylphenidate hcl er	1	PA; QL	TECFIDERA	2	PA; SP; QL	
methylphenidate hcl oral tablet	1	PA; QL	<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>			
VYVANSE	2	PA; QL	<b>Central Nervous System Agents - Miscellaneous</b>			
AMPYRA	3	PA; SP; QL	ADDYI	3	PA; QL	
AUBAGIO	3	PA; SP; QL	AUSTEDO	3	PA; SP; QL	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL	CONTRAVE	2	PA	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL	GRALISE	3	ST; QL	
AVONEX VIAL INTRAMUSCULAR KIT	2	PA; SP; QL	GRALISE STARTER	3	ST; QL	
BETASERON SUBCUTANEOUS KIT	2	PA; SP; QL	HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL	LYRICA ORAL CAPSULE	2	QL	
GILENYA	3	PA; 3P; SP; QL	phentermine hcl oral capsule 30 mg	1	PA	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; SP; QL	phentermine hcl oral tablet	1	PA	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; SP; QL	SAXENDA	3	PA	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>						
chlorhexidine gluconate mouth/throat						
lidocaine viscous						
<b>Dermatological Agents - Drugs for Skin Conditions</b>						
ABSORICA						
ACZONE EXTERNAL GEL 7.5 %						
adapalene external gel						

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
claravis	1	PA	TACLONEX	3	QL
clindamycin phosphate- benzoyl peroxide external gel 1-5 %	1		tretinoin external cream	1	PA
clindamycin phosphate external lotion	1		VECTICAL	3	
clindamycin phosphate external solution	1		ZYCLARA	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST	ZYCLARA PUMP	3	
clindamycin phosphate gel 1 % external	1		<b>Diabetes - Antidiabetic Agents</b>		
clotrimazole- betamethasone external cream	1		BYDUREON BCISE AUTOINJECTOR	2	ST; QL
DUPIXENT	2	PA; SP; QL	BYDUREON PEN	2	ST; QL
ENSTILAR	3	QL	BYETTA 10 MCG PEN	2	ST; QL
EPIDUO	3		BYETTA 5 MCG PEN	2	ST; QL
EPIDUO FORTE	3		FARXIGA	3	ST
EUCRISA	2	ST	glimepiride	1	
FLUOROPLEX	3		glipizide er	1	
METROGEL EXTERNAL GEL	3		glipizide ir	1	
metronidazole external gel	1		glipizide xl	1	
MIRVASO	2		glyburide oral	1	
myorisan	1	PA	glyburide-metformin	1	
ONEXTON	3		GLYXAMBI	2	ST
ORACEA	3		INVOKAMET	2	ST
OXSORALEN ULTRA	2		INVOKAMET XR	2	ST
QBREXZA	3	QL	INVOKANA	2	ST
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	2	PA	JANUMET	2	ST
SOOLANTRA	2		JANUMET XR	2	ST
			JANUVIA	2	ST
			JARDIANCE	2	ST
			JENTADUETO	2	ST
			JENTADUETO XR	2	ST
			metformin hcl er	1	
			metformin hcl er (mod)	1	PA
			metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
metformin hcl oral tablet	1		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	
ONGLYZA	3	ST	ACCU-CHEK SMARTVIEW TEST STRIPS	2	QL
OZEMPIC	2	ST; QL	ACCU-CHEK SOFT TOUCH LANCETS	2	
pioglitazone hcl	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
SOLIQUA	2	ST; QL	ACCU-CHEK SOFTCLIX LANCETS	2	
SYNJARDY	2	ST	BAYER CONTOUR MONITOR KIT	3	ST
SYNJARDY XR	2	ST	BAYER CONTOUR NEXT MONITOR	3	ST
TRADJENTA	2	ST	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	
TRULICITY	2	ST; QL	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	
VICTOZA	2	ST; QL	ONETOUCH ULTRA 2 KIT W/DEVICE	2	
<b>Diabetes - Glucose Monitoring</b>			ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2		ONETOUCH ULTRA MINI KIT W/DEVICE	2	
ACCU-CHEK AVIVA PLUS	2		ONE TOUCH VERIO KIT W/DEVICE	2	
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	QL	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ACCU-CHEK COMPACT PLUS CARE KIT	2				
ACCU-CHEK COMPACT PLUS TEST STRIPS	2	QL			
ACCU-CHEK FASTCLIX LANCET KIT	2				
ACCU-CHEK FASTCLIX LANCETS	2				
ACCU-CHEK GUIDE	2				
ACCU-CHEK GUIDE TEST STRIPS	2	QL			
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2				
ACCU-CHEK MULTICLIX LANCETS	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
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2		HUMULIN R U-500 VIAL (CONCENTRATED)	2	
ONETOUCH VERIO STRIP IN VITRO	2	QL	HUMULIN R VIAL	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2		LANTUS U-100 SOLOSTAR	2	
V-GO 20	2		LANTUS U-100 VIAL	2	
V-GO 30	2		LEVEMIR U-100 FLEXTOUCH	2	
V-GO 40	2		LEVEMIR U-100 VIAL	2	
<b>Diabetes - Glycemic Agents</b>			NOVOFINE AUTOCOVER PEN NEEDLE	2	
GLUCAGON EMERGENCY	2		NOVOFINE PEN NEEDLE 32G X 6 MM	2	
<b>Diabetes - Insulins</b>			NOVOFINE PLUS PEN NEEDLE	2	
HUMALOG U-100 AND U-200 KWIKPEN	2		NOVOLIN 70/30 VIAL	2	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN N VIAL	2	
HUMALOG MIX 50/50 VIAL	2		NOVOLIN R VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLOG U-100 FLEXPEN	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLOG MIX 70/30 FLEXPEN	2	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLOG MIX 70/30 VIAL	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2		NOVOLOG U-100 PENFILL	2	
HUMULIN 70/30 KWIKPEN	2		NOVOLOG U-100 VIAL	2	
HUMULIN 70/30 VIAL	2		NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
HUMULIN N KWIKPEN	2		TOUJEO MAX SOLOSTAR	2	
HUMULIN N VIAL	2		TOUJEO SOLOSTAR	2	
HUMULIN R U-500 KWIKPEN	2		TRESIBA FLEXTOUCH	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Electrolytes / Minerals / Metals / Vitamins</b>					
cyanocobalamin injection solution 1000 mcg/ml	1		CLENPIQ	3	
ergocalciferol oral capsule	1		dicyclomine hcl oral capsule	1	
folic acid oral tablet 1 mg	1		dicyclomine hcl oral tablet	1	
klor-con m20	1		diphenoxylate-atropine oral tablet	1	
LOKELMA	3		gavilyte-g	1	
potassium chloride crys er	1		LINZESS	2	ST; QL
potassium chloride er	1		MOVANTIK	2	ST; QL
potassium citrate er	1		MOVIPREP	3	
VELTASSA	3		OMECLAMOX-PAK	2	
vitamin d (ergocalciferol) oral capsule 50000 unit	1		PLENU	3	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>					
DEXILANT	2	QL	PREPOPIK	3	
esomeprazole magnesium	1	QL	PYLERA	2	
famotidine oral tablet 20 mg, 40 mg	1		SUPREP BOWEL PREP KIT	3	
lansoprazole oral capsule delayed release	1	QL	SYMPROIC	2	ST; QL
omeprazole oral capsule delayed release	1	QL	VIBERZI	3	PA; QL
pantoprazole sodium oral	1	QL	<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
rabeprazole sodium	1	QL	CERDELGA	3	PA; SP
ranitidine hcl oral capsule	1		CREON	2	
ranitidine hcl oral syrup	1		NITYR	3	PA; SP
ranitidine hcl oral tablet 150 mg, 300 mg	1		STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	3	PA; SP
sucralfate 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	Drug Name	Drug Tier	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2		RAPAFLO	3	
			tamsulosin hcl	1	
			terazosin hcl oral	1	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>			<b>Hormonal Agents - Adrenal</b>		
AURYXIA	3		betamethasone valerate external cream	1	
CIALIS	3	QL	clobetasol propionate external cream	1	
DEPEN TITRATABS	2	SP	clobetasol propionate external ointment	1	
INTRAROSA	3		clobetasol propionate external solution	1	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL	CLOBEX	3	
MYRBETRIQ	2		CLOBEX SPRAY	3	
oxybutynin chloride er	1		dexamethasone oral solution	1	
oxybutynin chloride oral tablet	1		dexamethasone oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		fluocinonide external cream	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL	hydrocortisone external cream 1 %, 2.5 %	1	
STENDRA	3	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
tolterodine tartrate er	1		hydrocortisone oral	1	
TOVIAZ	3		methylprednisolone oral	1	
VELPHORO	3		mometasone furoate external cream	1	
VESICARE	2	ST	prednisolone oral solution	1	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>			prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
alfuzosin hcl er	1		prednisone oral tablet	1	
finasteride oral tablet 5 mg	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
prednisone oral tablet therapy pack	1		LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
SERNIVO	3		LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
triamcinolone acetonide external cream	1		NOCDURNA	3	
triamcinolone acetonide external ointment	1		NORDITROPIN FLEXPRO	2	PA; SP
<b>Hormonal Agents - Men's Health</b>			NUTROPIN AQ NUSPIN 10	2	PA; SP
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA	NUTROPIN AQ NUSPIN 20	2	PA; SP
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA	NUTROPIN AQ NUSPIN 5	2	PA; SP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA	OMNITROPE SUBCUTANEOUS SOLUTION	2	PA; SP
<b>Hormonal Agents - Osteoporosis</b>			ORILISSA	2	PA; QL
OSPHENA	3		OVIDREL	3	SP
raloxifene hcl	1		<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
<b>Hormonal Agents - Pituitary</b>			apri	1	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP	aviane	1	
GONAL-F	2	PA; SP	blisovi 24 fe	1	
GONAL-F RFF	2	PA; SP	blisovi fe 1.5/30	1	
GONAL-F RFF REDIJECT	2	PA; SP	blisovi fe 1/20	1	
HP ACTHAR	2	PA; SP	CLIMARA PRO	2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP	cryselle-28	1	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP	DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
			drospirenone-ethinyl estradiol	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DUAVEE	2		mononessa	1	
ELESTRIN	3		NATAZIA	2	
ENDOMETRIN	2		nikki	1	
enskyce oral tablet 0.15-30 mg-mcg	1		norethindrone acet-ethinyl est oral tablet	1	
estradiol oral	1		norethindrone oral	1	
estradiol transdermal	1		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
estradiol vaginal cream	1		norgestimate-ethinyl estradiol triphasic	1	
gianvi	1		nortrel 1/35 (21)	1	
IMVEXXY MAINTENANCE PACK	3		nortrel 1/35 (28)	1	
IMVEXXY STARTER PACK	3		NUVARING	2	
junel 1/20	1		ocella	1	
junel fe 1.5/30	1		portia-28	1	
junel fe 1/20	1		PREMARIN ORAL	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1		PREMARIN VAGINAL	2	
LO LOESTRIN FE	3		PREMPHASE	2	
loryna	1		PREMPRO	2	
low-ogestrel	1		progesterone micronized oral	1	
MAKENA INTRAMUSCULAR	2	PA; SP	sprintec 28	1	
medroxyprogesterone acetate intramuscular	1	QL	tri-estarrylla	1	
medroxyprogesterone acetate oral	1		tri-linyah	1	
microgestin 1.5/30	1		tri-lo-marzia	1	
microgestin 1/20	1		tri-previfem	1	
microgestin fe 1/20	1		tri-sprintec	1	
MINIVELLE	3		vienna	1	
MIRENA (52 MG)	3		viorele	1	
mono-linyah	1		xulane	1	
<b>Hormonal Agents - Thyroid</b>					
			yuafem	1	
			ARMOUR THYROID	3	ST

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
levo-t	1		ENBREL		
levothyroxine sodium oral	1		SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
levoxyl	1		ENBREL SURECLICK		
liothyronine sodium oral	1		SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; SP
methimazole oral	1		FIRAZYR	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	HAEGARDA	3	PA; SP
SYNTHROID	3	ST	HUMIRA PEDIATRIC CROHNS START		
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3		SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	PA; SP
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>			HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	2	PA; SP
ACTEMRA	3	PA; 3P; SP	HUMIRA PEN- CD/UC/HS STARTER	2	PA; SP
ACTEMRA ACTPEN	3	PA; 3P; SP	HUMIRA PEN- PS/UV/ADOL HS START	2	PA; SP
azathioprine oral	1		HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP	INFLECTRA	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP	methotrexate oral	1	
CIMZIA VIAL KIT	2	PA; SP	methotrexate sodium oral	1	
COSENTYX 150 MG/ML	3	PA; 3P; SP	mycophenolate mofetil oral capsule	1	SP
COSENTYX 300 DOSE	3	PA; 3P; SP	mycophenolate mofetil oral tablet	1	SP
COSENTYX SENSOREADY 300 DOSE	3	PA; 3P; SP	mycophenolate sodium	1	SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	3	PA; 3P; SP	OTEZLA ORAL TABLET	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	Drug Name	Drug Tier	Notes		
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP	XELJANZ XR	3	PA; 3P; SP		
PROGRAF ORAL CAPSULE	3	SP	<b>Inflammatory Bowel Disease Agents</b>				
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL	APRISO	2			
RENFLEXIS	2	PA; SP	DIPENTUM	3			
RUCONEST	3	PA; SP	LIALDA	3	ST		
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP	mesalamine oral	1			
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP	PENTASA	3			
STELARA INTRAVENOUS	2	PA; SP	PROCTOFOAM HC	2			
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP	sulfasalazine oral tablet	1			
tacrolimus oral	1	SP	UCERIS	3			
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP	<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>				
XELJANZ	3	PA; 3P; SP	alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1			
			alendronate sodium oral tablet 35 mg, 70 mg	1	QL		
			BINOSTO	3	QL		
			calcitriol oral capsule	1			
			FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP		
			ibandronate sodium oral	1	QL		
			RAYALDEE	3			
			TYMLOS	2	PA; SP		
			<b>Miscellaneous Therapeutic Agents</b>				
				2	PA; Non-Cosmetic; SP		
			BOTOX				
			CETYLEV	3			
			EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP	COSOPT PF	3	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP	dorzolamide hcl-timolol mal	1	
TAKHZYRO	3	PA; SP	latanoprost ophthalmic	1	QL
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>			LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
AZASITE	3		RHOPRESSA	2	
BESIVANCE	3		SIMBRINZA	2	
ciprofloxacin hcl ophthalmic	1		timolol maleate ophthalmic solution	1	
erythromycin ophthalmic	1		TIMOPTIC OCUDOSE	3	
gentamicin sulfate ophthalmic solution	1		TRAVATAN Z	2	QL
ketorolac tromethamine ophthalmic	1		ZIOPTAN	3	QL
MOXEZA	2		<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
moxifloxacin hcl ophthalmic	1		LASTACAFT	3	ST
ofloxacin ophthalmic	1		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
olopatadine hcl ophthalmic	1		polymyxin b-trimethoprim	1	
PAZEO	2		RESTASIS	2	PA
prednisolone acetate ophthalmic	1		RESTASIS MULTIDOSE	2	PA
PROLENSA	2	QL	tobramycin-dexamethasone	1	
tobramycin ophthalmic	1		XIIDRA	2	PA
<b>Ophthalmic Agents - Drugs for Glaucoma</b>			<b>Otic Agents - Drugs for Ear Conditions</b>		
ALPHAGAN P	2		CIPRODEX	2	
AZOPT	2		neomycin-polymyxin-hc otic	1	
BETIMOL	3		ofloxacin otic	1	
brimonidine tartrate ophthalmic	1		OTOVEL	3	
COMBIGAN	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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>					
ASTEPRO NASAL SOLUTION 0.15 %	3	QL	ZETONNA	3	QL
azelastine hcl nasal	1	QL	<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
benzonatate	1		ADVAIR DISKUS	2	QL
cetirizine hcl oral solution	1		ADVAIR HFA	2	QL
desloratadine oral tablet	1		albuterol sulfate inhalation	1	QL
DYMISTA	2	QL	ANORO ELLIPTA	2	QL
fluticasone propionate nasal	1		ARNUITY ELLIPTA	2	QL
hydrocodone polst-cpm polster oral suspension extended release	1	PA; QL	ATROVENT HFA	3	QL
ipratropium bromide nasal	1		BREO ELLIPTA	2	QL
levocetirizine dihydrochloride oral tablet	1		budesonide inhalation	1	QL
mometasone furoate nasal	1	QL	COMBIVENT RESPIMAT	2	QL
OMNARIS	3	QL	EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	Made by Impax
promethazine hcl oral tablet	1		EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	Made by Impax
promethazine-codeine oral syrup	1	PA; QL	EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
promethazine-dm	1		EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1		epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
QNASL	3	QL	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	ST
QNASL CHILDRENS	3	QL			
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST	VENTOLIN HFA	2	QL
FLOVENT DISKUS	2	QL	<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
FLOVENT HFA	2	QL	BETHKIS	2	SP
INCRAUSE ELLIPTA	2	QL	TOBI PODHALER	3	SP; QL
ipratropium bromide inhalation	1	QL	<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ipratropium-albuterol	1	QL	ADEMPAS	2	PA; SP; QL
LONHALA MAGNAIR REFILL KIT	3	QL	LETAIRIS	2	PA; SP; QL
LONHALA MAGNAIR STARTER KIT	3	QL	OPSUMIT	2	PA; SP; QL
montelukast sodium oral tablet	1		ORENITRAM	3	PA; SP
montelukast sodium oral tablet chewable	1		sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
PROAIR HFA	2	QL	TRACLEER	2	PA; SP; QL
PROAIR RESPICLICK	2	QL	<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
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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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timolol maleate	24	venlafaxine hcl	9		
TIMOPTIC OCUDOSE	24	venlafaxine hcl er	9		
TIROSINT	22	VENTOLIN HFA	26		
TIVICAY	11	verapamil hcl	13		
tizanidine hcl	26	verapamil hcl er	13		
TOBI PODHALER	26	VESICARE	19		
tobramycin	24	V-GO 20	17		
tobramycin-dexamethasone	24	V-GO 30	17		
tolterodine tartrate er	19	V-GO 40	17		
topiramate	8	VIBERZI	18		
torsemide	13	VICTOZA	16		
TOUJEO MAX		vienna	21		
SOLOSTAR	17	VIIBRYD	9		
TOUJEO SOLOSTAR	17	VIIBRYD STARTER PACK	9		
TOVIAZ	19	VIMPAT	8		
TRACLEER	26	viorele	21		
TRADJENTA	16	vitamin d (ergocalciferol)	18		
tramadol hcl ir	6	VIVLODEX	6		
tramadol-acetaminophen	6	VOSEVI	11		
TRAVATAN Z	24	VRAYLAR	10		
trazodone hcl	9	VYVANSE	14		
TRELEGY ELLIPTA	26	warfarin sodium	8		
TREMFYA	23	XARELTO	8		
TRESIBA FLEXTOUCH	17	XARELTO STARTER			
tretinoin	15	PACK	8		
trezix	6	XELJANZ	23		
triamcinolone acetonide	20	XELJANZ XR	23		
triamterene-hctz	13	XIFAXAN	8		
triazolam	11	XIIDRA	24		
tri-estarrylla	21	XIMINO	8		
		XOFLUZA	11		
		XOLAIR	25		



## 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. Pakitawaqan ang toll-free na numero ng telefono 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)، فان 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 benefisyé 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**), 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。

**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.

धूयान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेबाएं, निशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ़री फोन नंबर पर काल 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.

ចំណាត់ការមួលដារ: ហើយសិរីអនកទិញបាយកាសមេដ្ឋាន (Khmer) សរុបនឹងបាយកាស នៅតាមរយៈតម្លៃលាន គឺមានសំបាបអនុការ សម្រាប់សំបាបទីខាងក្រោមផ្ទះ និងបាយកាសទាំងអស់។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguaheng 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 yániłti'go, saad bee áka'anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i. T'áá shqodí ninaaltsoos nitl'izí bee nééhozinígíí bine'dééj; t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodilñih.

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 kaarkaaqa aqoonsiga.



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

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