



2019

Your Prescription Drug List/Formulary

EFFECTIVE JULY 1, 2019

Please read:

This document contains information about the drugs covered under your pharmacy benefit plan.

For a complete list of covered drugs or if you have questions:

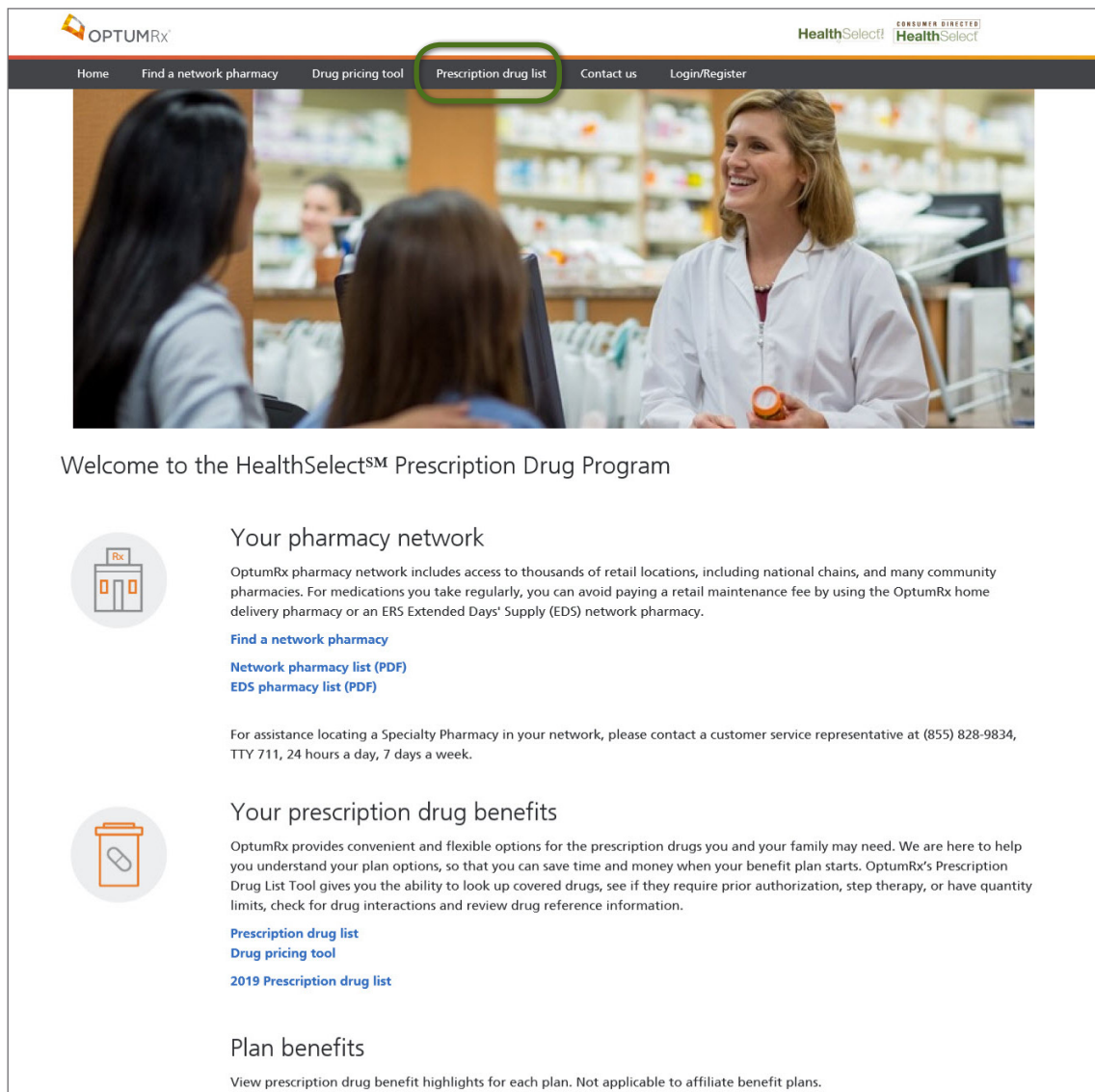
- Call a customer care representative toll-free at **(855) 828-9834 (TTY 711)**.
- Visit **www.HealthSelectRx.com**
 - Locate an OptumRx in-network pharmacy
 - Look up possible lower-cost medication alternatives
 - Compare medication pricing and options

Your Prescription Drug List / Formulary

This formulary outlines the most commonly prescribed medications covered under your plan's prescription drug benefits. The formulary is also known as the Prescription Drug List (PDL). A formulary identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. An important part of the formulary is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to www.HealthSelectRx.com for complete and up-to-date drug information

Since the formulary may change, we encourage you to visit our website, www.HealthSelectRx.com and click on **Prescription Drug List**. This website is the best source for up-to-date information about all of the medications your pharmacy benefit covers, possible lower-cost options and cost comparisons.




The screenshot shows the website's navigation bar with the following links: Home, Find a network pharmacy, Drug pricing tool, Prescription drug list (highlighted with a green circle), Contact us, and Login/Register. Below the navigation bar is a photograph of a pharmacist in a white lab coat smiling at two customers in a pharmacy setting. A green arrow points from the right side of the page towards the 'Prescription drug list' link in the navigation bar.

OPTUMRx HealthSelectSM CONSUMER DIRECTED HealthSelect

Home Find a network pharmacy Drug pricing tool **Prescription drug list** Contact us Login/Register


Welcome to the HealthSelectSM Prescription Drug Program

 **Your pharmacy network**

OptumRx pharmacy network includes access to thousands of retail locations, including national chains, and many community pharmacies. For medications you take regularly, you can avoid paying a retail maintenance fee by using the OptumRx home delivery pharmacy or an ERS Extended Days' Supply (EDS) network pharmacy.

[Find a network pharmacy](#)
[Network pharmacy list \(PDF\)](#)
[EDS pharmacy list \(PDF\)](#)

For assistance locating a Specialty Pharmacy in your network, please contact a customer service representative at (855) 828-9834, TTY 711, 24 hours a day, 7 days a week.

 **Your prescription drug benefits**

OptumRx provides convenient and flexible options for the prescription drugs you and your family may need. We are here to help you understand your plan options, so that you can save time and money when your benefit plan starts. OptumRx's Prescription Drug List Tool gives you the ability to look up covered drugs, see if they require prior authorization, step therapy, or have quantity limits, check for drug interactions and review drug reference information.

[Prescription drug list](#)
[Drug pricing tool](#)
[2019 Prescription drug list](#)

Plan benefits

View prescription drug benefit highlights for each plan. Not applicable to affiliate benefit plans.

UNDERSTANDING YOUR PRESCRIPTION DRUG LIST/FORMULARY

What is a formulary?

This document is a list of prescription medications covered by your plan for their safety, cost and effectiveness. Medications are listed by categories or class 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).

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents will rule. This may not be a complete list of medications, and not all medications listed may be covered under your plan. Please look at the Master Benefit Plan Document (MBPD) provided by your plan for full details.

How do I use my formulary?

You and your doctor can consult the formulary to help you select 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. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed on this document, it may not be covered by the HealthSelect Prescription Drug Program or Consumer Directed HealthSelect Prescription Drug Program. Please visit www.HealthSelectRx.com and click on **Prescription Drug List** for the most up to date list of medications covered under your plan. If you have any questions, call a customer care representative toll-free at **(855) 828-9834 (TTY 711)**.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your plan. This is how much you will pay when you fill a prescription. The HealthSelect of Texas Prescription Drug Program has different copays assigned depending on which tier a drug is. The Consumer Directed HealthSelect Prescription Drug Program has coinsurance assigned for each drug tier that applies once the annual combined medical and pharmacy deductible is met. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic 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.

For the most up-to-date list, call a customer care representative, 24 hours a day, 7 days a week toll-free at **(855) 828-9834 (TTY 711)**.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your prescription drug plan when it works the same as or similar to another prescription medication or an over-the-counter (OTC) medication that is more cost-effective.

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

You (or your authorized representative) and your doctor can ask for an appeal to cover an excluded medication by calling a customer care representative toll-free at **(855) 828-9834 (TTY 711)**.

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 of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than prescription medications covered under your prescription drug plan.

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 equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always.

What if I am taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically 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 **(855) 427-4682** and have your prescriptions delivered right to your home or doctor's office.

READING YOUR FORMULARY

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

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your prescription drug plan has multiple tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you hit your deductible.

Drug Tier	Includes	Helpful Tips
\$ Tier 1 Lowest Cost	Lower-cost, commonly used generic drugs. Some low-cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$ Tier 2 Mid-range Cost	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
\$\$\$ Tier 3 Highest Cost	Mostly higher-cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
⊘ Tier E	Excluded	May be excluded from coverage or subject to 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 determines how these medications may be covered for you.

PA **Prior Authorization** – Your doctor is required to provide additional information before the drug will be covered by your prescription drug plan.

ST **Step Therapy** – Requires you to first try a cost-effective medication before the more expensive medication will be covered.

QL **Quantity Limit** – Limits the amount of a medication that will be covered under your prescription drug plan.

SP **Specialty Medication** – Drugs that are used in the treatment of rare or complex conditions and are typically injected or infused, are high cost, have special delivery and storage requirements, or require close monitoring or care coordination with your doctor.

E **Excluded** – Drugs that are not covered by your health plan. Lower-cost options are available and covered.

Table of Contents

Analgesics - Drugs for Pain.....	9
Analgesics - Drugs for Pain and Inflammation.....	9
Anesthetics.....	9
Anti-Addiction / Substance Abuse Treatment Agents.....	10
Antibacterials.....	10
Anticoagulants.....	11
Anticonvulsants - Drugs for Seizures.....	11
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	11
Antidepressants.....	11
Antiemetics - Drugs for Nausea and Vomiting.....	12
Antifungals.....	12
Antigout Agents.....	12
Antimigraine Agents.....	12
Antineoplastics - Drugs for Cancer.....	12
Antiparasitics.....	13
Antiparkinson Agents.....	13
Antiplatelets.....	13
Antipsychotics - Drugs for Mood Disorders.....	13
Antivirals.....	13
Anxiolytics - Drugs for Anxiety.....	14
Bipolar Agents - Drugs for Mood Disorders.....	14
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders.....	14
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	15
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	17
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	17
Central Nervous System Agents - Miscellaneous.....	18
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	18
Dermatological Agents - Drugs for Skin Conditions.....	18
Diabetes - Antidiabetic Agents.....	19
Diabetes - Glycemic Agents.....	19
Diabetes - Insulins.....	19
Electrolytes / Minerals / Metals / Vitamins.....	20
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	20
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	20
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment.....	21
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	21
Genitourinary Agents - Drugs for Prostate Conditions.....	21
Hormonal Agents - Adrenal.....	21
Hormonal Agents - Men's Health.....	22
Hormonal Agents - Osteoporosis.....	22
Hormonal Agents - Pituitary.....	22
Hormonal Agents - Sex Hormones and Birth Control.....	23
Hormonal Agents - Thyroid.....	24
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	24
Inflammatory Bowel Disease Agents.....	26
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	26
Miscellaneous Therapeutic Agents.....	26
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	26
Ophthalmic Agents - Drugs for Glaucoma.....	27
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	27
Otic Agents - Drugs for Ear Conditions.....	27

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	27
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	28
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis	29
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	29
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	29
Sleep Disorder Agents	29

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
EMBEDA	2	PA; QL
fentanyl	1	PA; 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
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
NUCYNTA	E	
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL

Drug Name	Drug Tier	Notes
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	ST
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
sulindac oral	1	
ZORVOLEX	E	
Anesthetics		
lidocaine external patch 5 %	1	
lidocaine ointment 5 % external	1	
lidocaine ointment 5 % external	1	QL
lidocaine-prilocaine external cream	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX STARTING MONTH PAK	\$0	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	

Drug Name	Drug Tier	Notes
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, 50 mg	1	
doxycycline hyclate oral tablet 150 mg, 75 mg	1	ST
doxycycline hyclate oral tablet 20 mg	E	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule 50 mg	1	
doxycycline monohydrate oral tablet	1	ST
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	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XIFAXAN	3	PA
XIMINO	3	
Anticoagulants		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	

Drug Name	Drug Tier	Notes
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
phenytoin sodium extended	1	
topiramate oral tablet	1	
VIMPAT INTRAVENOUS	E	
VIMPAT ORAL	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 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
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet 5 mg	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
VARUBI ORAL	3	QL
Antifungals		
CRESEMBA ORAL	3	

Drug Name	Drug Tier	Notes
fluconazole oral tablet	1	
GYNAZOLE-1	3	
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo 2 %	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
ULORIC	2	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	E	
MIGRANAL	3	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
IDHIFA	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
YONSA	3	PA; SP
Antiparasitics		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOLOSEC	3	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
ZONTIVITY	3	

Drug Name	Drug Tier	Notes
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral tablet	1	QL
ARISTADA	E	
ARISTADA INITIO	E	
haloperidol oral	1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	3	
LATUDA	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	E	SP
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP; QL
EPCLUSA	3	PA; SP; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
GENVOYA	3	SP
HARVONI	3	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
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE 75 MG	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL
ZOVIRAX EXTERNAL CREAM	3	

Drug Name	Drug Tier	Notes
ZOVIRAX EXTERNAL OINTMENT	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
ADYNOVATE	3	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
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
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
ELOCTATE	3	SP
JIVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	2	PA; SP
NEULASTA ONPRO	3	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRIT	2	PA; SP
UDENYCA	3	PA; SP
ZARXIO	2	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	ST
fenofibrate oral tablet 120 mg, 40 mg	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
fenofibrate oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	ST
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan- hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril- hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	

Drug Name	Drug Tier	Notes
olmesartan medoxomil oral	1	
olmesartan medoxomil- hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	3	ST
REPATHA	2	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
REPATHA SURECLICK	2	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
toremide oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	E	
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
COTEMPLA XR-ODT	3	PA; ST; QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; ST; QL
guanfacine hcl er	1	
methylphenidate hcl er oral tablet extended release	1	PA; ST; QL
methylphenidate hcl er oral tablet extended release 24 hour	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL
AVONEX VIAL INTRAMUSCULAR KIT	2	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
GILENYA	3	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; QL
AUSTEDO	3	PA; SP; QL
CONTRACE	E	
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
LYRICA ORAL CAPSULE	2	QL
phentermine hcl oral capsule 30 mg	E	
phentermine hcl oral tablet	E	
SAXENDA	E	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	E	
lidocaine viscous	1	
Dermatological Agents - Drugs for Skin Conditions		
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	PA
claravis	1	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	ST
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	

Drug Name	Drug Tier	Notes
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DUPIXENT	2	PA; SP; QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	PA
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	2	PA
SOOLANTRA	2	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tretinoin external cream	1	PA
VECTICAL	3	
ZYCLARA	3	
ZYCLARA PUMP	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
Diabetes - Antidiabetic Agents		
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST
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)	E	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	E	
metformin hcl oral tablet	1	
ONGLYZA	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
SOLIQUA	2	ST; QL

Drug Name	Drug Tier	Notes
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
Diabetes - Glycemic Agents		
GLUCAGON EMERGENCY	2	
Diabetes - Insulins		
HUMALOG U-100 AND U-200 KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	2	
HUMULIN R VIAL	2	
LANTUS U-100 SOLOSTAR	2	
LANTUS U-100 VIAL	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOFINE AUTOCOVER PEN NEEDLE	\$0	
NOVOFINE PEN NEEDLE 32G X 6 MM	\$0	
NOVOFINE PLUS PEN NEEDLE	\$0	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N VIAL	E	
NOVOLIN R VIAL	E	
NOVOLOG U-100 FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG U-100 PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE 32G X 5 MM	\$0	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	

Drug Name	Drug Tier	Notes
LOKELMA	3	
potassium chloride cryser	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
DEXILANT	2	QL
esomeprazole magnesium oral capsule delayed release	E	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	ST; QL
omeprazole oral capsule delayed release	1	ST; QL
pantoprazole sodium oral	1	ST; QL
rabeprazole sodium	1	ST; QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	\$0	QL
LINZESS	2	ST; QL
MOVANTIK	E	
MOVIPREP	3	
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	3	PA; SP
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	

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	3	QL
DEPEN TITRATABS	2	SP
INTRAROSA	3	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	E	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	3	ST
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	3	
tamsulosin hcl	1	
terazosin hcl oral	1	
Hormonal Agents - Adrenal		
betamethasone valerate external cream	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	3	
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide cream 0.1 % external	1	
fluocinonide cream 0.1 % external	E	
fluocinonide external cream 0.05 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
triamcinolone acetonide external cream	1	

Drug Name	Drug Tier	Notes
triamcinolone acetonide external ointment	1	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
GONAL-F	2	PA; SP
GONAL-F RFF	2	PA; SP
GONAL-F RFF REDIJECT	2	PA; SP
HP ACTHAR	2	PA; 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

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOCDURNA	3	
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 SUBCUTANEOUS SOLUTION	2	PA; SP
ORLISSA	2	PA; QL
OVIDREL	3	PA; SP
Hormonal Agents - Sex Hormones and Birth Control		
apri	\$0	QL
aviane	\$0	QL
blisovi 24 fe	\$0	QL
blisovi fe 1.5/30	\$0	QL
CLIMARA PRO	2	
cryselle-28	\$0	QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
drospirenone-ethinyl estradiol	\$0	QL
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	PA
enskyce oral tablet 0.15-30 mg-mcg	\$0	QL
estradiol oral	1	

Drug Name	Drug Tier	Notes
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	\$0	QL
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
junel 1/20	\$0	QL
junel fe 1.5/30	\$0	QL
junel fe 1/20	\$0	QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	\$0	QL
LO LOESTRIN FE	\$0	QL
loryna	\$0	QL
low-ogestrel	\$0	QL
MAKENA INTRAMUSCULAR	2	PA; SP
medroxyprogesterone acetate intramuscular	\$0	QL
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	\$0	QL
microgestin 1/20	\$0	QL
microgestin fe 1/20	\$0	QL
MINIVELLE	3	
MIRENA (52 MG)	E	
mono-linyah	\$0	QL
NATAZIA	\$0	QL
nikki	\$0	QL
norethindrone acet-ethinyl est oral tablet	\$0	QL
norethindrone oral	\$0	QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	\$0	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
norgestimate-ethinyl estradiol triphasic	\$0	QL
nortrel 1/35 (21)	\$0	QL
nortrel 1/35 (28)	\$0	QL
NUVARING	\$0	QL
ocella	\$0	QL
portia-28	\$0	QL
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	\$0	QL
tri-estarylla	\$0	QL
tri-linyah	\$0	QL
tri-lo-marzia	\$0	QL
tri-previfem	\$0	QL
tri-sprintec	\$0	QL
vienva	\$0	QL
viorele	\$0	QL
xulane	\$0	QL
yuvaferm	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	

Drug Name	Drug Tier	Notes
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	ST
SYNTHROID	3	ST
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA	3	PA; SP
ACTEMRA ACTPEN	3	PA; SP
azathioprine oral	1	
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
CIMZIA VIAL KIT	2	PA; SP
COSENTYX 150 MG/ML	3	PA; SP
COSENTYX 300 DOSE	3	PA; SP
COSENTYX SENSOREADY 300 DOSE	3	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
FIRAZYR	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP
INFLECTRA	2	PA; SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OTEZLA ORAL TABLET	2	PA; SP

Drug Name	Drug Tier	Notes
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
PROGRAF ORAL CAPSULE	3	SP
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
RENFLEXIS	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
tacrolimus oral	1	SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
XELJANZ	3	PA; SP
XELJANZ XR	3	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
Inflammatory Bowel Disease Agents		
APRISO	2	
DIPENTUM	E	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	1	ST
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	2	PA; SP
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP

Drug Name	Drug Tier	Notes
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
TAKHZYRO	3	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
RHOPRESSA	2	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAFT	3	ST
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
polymyxin b- trimethoprim	1	
RESTASIS	2	PA

Drug Name	Drug Tier	Notes
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA
tobramycin- dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
desloratadine oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er oral suspension extended release	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
promethazine hcl oral tablet	1	
promethazine-codeine oral syrup	1	PA; QL
promethazine-dm oral syrup	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL
albuterol sulfate inhalation	1	QL
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	ST; Made by Impax

Drug Name	Drug Tier	Notes
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	ST; Made by Impax
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	ST
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
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

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Drug Name	Drug Tier	Notes
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	E	
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT	2	QL
TRELEGY ELLIPTA	2	ST; QL
VENTOLIN HFA	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
TOBI PODHALER	E	SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
LETAIRIS	3	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER	2	PA; SP; QL

Drug Name	Drug Tier	Notes
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral tablet 5 mg, 7.5 mg	1	
cyclobenzaprine hcl tablet 10 mg oral	1	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section on page 6 of this booklet.

Index of Drugs

abacavir sulfate-lamivudine	13	ASTEPRO	27	BYDUREON BCISE	
ABILIFY MAINTENA	13	atenolol	15	AUTOINJECTOR	19
acetaminophen-codeine	9	atenolol-chlorthalidone	15	BYETTA 10 MCG PEN	19
acetaminophen-codeine #2	9	atomoxetine hcl	17	BYETTA 5 MCG PEN	19
acetaminophen-codeine #3	9	atorvastatin calcium	15	BYSTOLIC	15
acetaminophen-codeine #4	9	ATRIPLA	13	BYVALSON	15
ACTEMRA	24	ATROVENT HFA	28	CABOMETYX	12
ACTEMRA ACTPEN	24	AUBAGIO	17	calcitriol	26
acyclovir	13	AURYXIA	21	capecitabine	13
ACZONE	18	AUSTEDO	18	carbamazepine	11
adapalene	18	aviane	23	carbidopa-levodopa	13
ADDERALL XR	17	AVONEX PEN	17	carisoprodol	29
ADDYI	18	AVONEX PREFILLED	17	cartia xt	15
ADEMPAS	29	AVONEX VIAL		carvedilol	15
ADVAIR DISKUS	28	INTRAMUSCULAR KIT	17	cefdinir	10
ADVAIR HFA	28	AZASITE	26	cefuroxime axetil	10
ADYNOVATE	14	azathioprine	24	celecoxib	9
AFSTYLA	14	azelastine hcl	27	cephalexin	10
AIMOVIG	12	azithromycin	10	CERDELGA	21
AKYNZEO	12	AZOPT	27	cetirizine hcl	27
albuterol sulfate	28	baclofen	29	CETROTIDE	22
alendronate sodium	26	BELBUCA	9	CHANTIX STARTING MONTH	
alfuzosin hcl er	21	benazepril hcl	15	PAK	10
allopurinol	12	benazepril-hydrochlorothiazide ..	15	chlorhexidine gluconate	18
ALPHAGAN P	27	benzonatate	27	chlorthalidone	15
alprazolam	14	benztropine mesylate	13	choline fenofibrate	15
amiodarone hcl	15	BESIVANCE	26	CIALIS	21
amitriptyline hcl	11	betamethasone valerate	21	cilostazol	13
amlodipine besylate	15	BETASERON	17	CIMDUO	13
amlodipine besylate-benazepril		BETHKIS	29	CIMZIA	24
hcl	15	BETIMOL	27	CIMZIA PREFILLED KIT	24
amlodipine besylate-valsartan ..	15	BEVYXXA	11	CIMZIA STARTER KIT	24
amlodipine-olmesartan	15	BINOSTO	26	CIPRODEX	27
amoxicillin	10	bisoprolol fumarate	15	ciprofloxacin hcl	10, 26
amoxicillin-potassium		bisoprolol-hydrochlorothiazide ..	15	citalopram hydrobromide	11
clavulanate	10	blisovi 24 fe	23	claravis	18
amphetamine-		blisovi fe 1.5/30	23	clarithromycin	10
dextroamphetamine	17	BOTOX	26	CLENPIQ	20
amphetamine-		BREO ELLIPTA	28	CLIMARA PRO	23
dextroamphetamine er	17	BRILINTA	13	clindamycin hcl	10
AMPYRA	17	brimonidine tartrate	27	clindamycin phosphate	18
anastrozole	12	budesonide	28	CLINDAMYCIN PHOSPHATE ..	18
ANDRODERM	22	bumetanide	15	clindamycin phosphate-	
ANDROGEL PUMP	22	BUNAVAIL	10	benzoyl peroxide	18
ANORO ELLIPTA	28	buprenorphine hcl	10	CLINDESSE	10
apri	23	buprenorphine hcl-naloxone		clobetasol propionate	22
APRISO	26	hcl	10	CLOBEX	22
ARANESP (ALBUMIN FREE) ...	14	bupropion hcl	11	CLOBEX SPRAY	22
aripiprazole	13	bupropion hcl er (sr)	11	clonazepam	14
ARISTADA	13	bupropion hcl er (xl)	11	clonidine hcl	15
ARISTADA INITIO	13	buspirone hcl	14	clopidogrel bisulfate	13
ARMOUR THYROID	24	butalbital-apap-caffeine	9	clotrimazole-betamethasone	18
ARNUITY ELLIPTA	28	BYDUREON	19	COLCHICINE	12

COLCRYS.....	12	EDARBI.....	15	fluvoxamine maleate.....	12
COMBIGAN.....	27	EDARBYCLOR.....	15	folic acid.....	20
COMBIVENT RESPIMAT.....	28	ELESTRIN.....	23	FORFIVO XL.....	12
COMPLERA.....	13	eletriptan hydrobromide.....	12	FORTEO.....	26
CONTRACE.....	18	ELIQUIS.....	11	furosemide.....	16
COPAXONE.....	17	ELIQUIS STARTER PACK.....	11	gabapentin.....	11
CORLANOR.....	15	ELOCTATE.....	15	gavilyte-g.....	21
COSENTYX 150 MG/ML.....	24	EMBEDA.....	9	gemfibrozil.....	16
COSENTYX 300 DOSE.....	24	EMGALITY.....	12	gentamicin sulfate.....	26
COSENTYX SENSOREADY 300 DOSE.....	24	EMVERM.....	13	GENVOYA.....	14
COSENTYX SENSOREADY PEN.....	24	enalapril maleate.....	15	gianvi.....	23
COSOPT PF.....	27	ENBREL.....	25	GILENYA.....	17
COTEMPLA XR-ODT.....	17	ENBREL SURECLICK.....	25	glimepiride.....	19
CREON.....	21	ENDOMETRIN.....	23	glipizide er.....	19
CRESEMBA.....	12	enoxaparin sodium.....	11	glipizide ir.....	19
cryselle-28.....	23	enskyce.....	23	glipizide xl.....	19
cyanocobalamin.....	20	entecavir.....	13	GLUCAGON EMERGENCY.....	19
cyclobenzaprine hcl.....	29	ENTRESTO.....	15	glyburide.....	19
DEPEN TITRATABS.....	21	EPCLUSA.....	13	glyburide-metformin.....	19
DESCOVY.....	13	EPIDUO.....	18	GLYXAMBI.....	19
desloratadine.....	27	EPIDUO FORTE.....	18	GONAL-F.....	22
desvenlafaxine succinate er.....	11	EPINEPHRINE.....	28	GONAL-F RFF.....	22
dexamethasone.....	22	epinephrine.....	28	GONAL-F RFF REDIJECT.....	22
DEXILANT.....	20	EPIPEN 2-PAK.....	28	GRALISE.....	18
dexmethylphenidate hcl.....	17	EPIPEN JR 2-PAK.....	28	GRALISE STARTER.....	18
dexmethylphenidate hcl er.....	17	ergocalciferol.....	20	guanfacine hcl.....	16
diazepam.....	14	erythromycin.....	26	guanfacine hcl er.....	17
diclofenac potassium.....	9	escitalopram oxalate.....	11	GYNAZOLE-1.....	12
diclofenac sodium.....	9	esomeprazole magnesium.....	20	HAEGARDA.....	25
dicyclomine hcl.....	21	estradiol.....	23	haloperidol.....	13
DIFICID.....	10	eszopiclone.....	29	HARVONI.....	14
digoxin.....	15	etodolac.....	9	HORIZANT.....	18
diltiazem hcl.....	15	EUCRISA.....	18	HP ACTHAR.....	22
diltiazem hcl er beads.....	15	EUFLEXXA.....	26	HUMALOG KWIKPEN.....	19
diltiazem hcl er coated beads...	15	ezetimibe.....	15	HUMALOG MIX 50/50	
DIPENTUM.....	26	ezetimibe-simvastatin.....	15	KWIKPEN.....	19
diphenoxylate-atropine.....	21	famotidine.....	20	HUMALOG MIX 50/50 VIAL.....	19
divalproex sodium.....	11	FARXIGA.....	19	HUMALOG MIX 75/25	
divalproex sodium er.....	11	fenofibrate.....	15, 16	KWIKPEN.....	19
DIVIGEL.....	23	fenofibrate micronized.....	15	HUMALOG MIX 75/25 VIAL.....	19
donepezil hcl.....	11	fenofibric acid.....	16	HUMALOG U-100 JUNIOR	
dorzolamide hcl-timolol mal.....	27	fentanyl.....	9	KWIKPEN.....	19
doxazosin mesylate.....	15	finasteride.....	21	HUMALOG U-100 VIAL AND	
doxepin hcl.....	11	FIRAZYR.....	25	CARTRIDGE.....	19
doxycycline hyclate.....	10	flecainide acetate.....	16	HUMIRA.....	25
doxycycline monohydrate.....	10	FLECTOR.....	9	HUMIRA PEDIATRIC	
drospirenone-ethinyl estradiol...	23	FLOVENT DISKUS.....	28	CROHNS START.....	25
DUAVEE.....	23	FLOVENT HFA.....	28	HUMIRA PEN.....	25
duloxetine hcl.....	11	fluconazole.....	12	HUMIRA PEN-CD/UC/HS	
DUPIXENT.....	18	fluocinonide.....	22	STARTER.....	25
DYMISTA.....	27	FLUOROPLEX.....	18	HUMIRA PEN-PS/UV/ADOL	
		fluoxetine hcl.....	12	HS START.....	25
		fluticasone propionate.....	27	HUMULIN 70/30 KWIKPEN.....	19

HUMULIN 70/30 VIAL.....	19	ketoconazole.....	12	LUPRON DEPOT (6-MONTH)	
HUMULIN N KWIKPEN.....	19	ketorolac tromethamine.....	9, 26	INTRAMUSCULAR KIT 45MG..	23
HUMULIN N VIAL.....	19	klor-con m20.....	20	LYRICA.....	18
HUMULIN R U-500 KWIKPEN..	19	KOGENATE FS.....	15	MAKENA.....	23
HUMULIN R U-500 VIAL		KOVALTRY.....	15	MAVYRET.....	14
(CONCENTRATED).....	19	labetalol hcl.....	16	meclizine hcl.....	12
HUMULIN R VIAL.....	19	lamotrigine.....	11	medroxyprogesterone acetate..	23
hydralazine hcl.....	16	lansoprazole.....	20	meloxicam.....	9
hydrochlorothiazide.....	16	LANTUS SOLOSTAR.....	19	memantine hcl.....	11
hydrocodone polst-cpm polst		LANTUS U-100 VIAL.....	19	mercaptopurine.....	13
er.....	27	LASTACAPT.....	27	mesalamine.....	26
hydrocodone-acetaminophen....	9	latanoprost.....	27	metaxalone.....	29
hydrocortisone.....	22	LATUDA.....	13	metformin hcl er.....	19
hydromorphone hcl.....	9	LETAIRIS.....	29	metformin hcl er (mod).....	19
hydroxychloroquine sulfate.....	13	letrozole.....	13	metformin hcl er (osm).....	19
hydroxyzine hcl.....	14	LEVEMIR U-100 FLEXTOUCH..	20	metformin hcl ir.....	19
hydroxyzine pamoate.....	14	LEVEMIR U-100 VIAL.....	20	methimazole.....	24
HYSINGLA ER.....	9	levetiracetam.....	11	methocarbamol.....	29
ibandronate sodium.....	26	LEVITRA.....	21	methotrexate.....	25
IBRANCE.....	13	levocetirizine dihydrochloride....	27	methotrexate sodium.....	25
ibuprofen.....	9	levofloxacin.....	10	methylphenidate hcl.....	17
IDHIFA.....	13	levonorgestrel-ethinyl estrad....	23	methylphenidate hcl er.....	17
IMVEXXY MAINTENANCE		levo-t.....	24	methylprednisolone.....	22
PACK.....	23	levothyroxine sodium.....	24	metoclopramide hcl.....	12
IMVEXXY STARTER PACK.....	23	levoxyl.....	24	metoprolol succinate er.....	16
INCRUSE ELLIPTA.....	28	LIALDA.....	26	metoprolol tartrate.....	16
indomethacin.....	9	lidocaine.....	9	METROGEL.....	18
INFLECTRA.....	25	lidocaine viscous.....	18	metronidazole.....	10, 18
INTELENCE.....	14	lidocaine-prilocaine.....	9	microgestin 1.5/30.....	23
INTRAROSA.....	21	LINZESS.....	21	microgestin 1/20.....	23
INVEGA SUSTENNA.....	13	liothyronine sodium.....	24	microgestin fe 1/20.....	23
INVEGA TRINZA.....	13	lisinopril.....	16	MIGRANAL.....	12
INVOKAMET.....	19	lisinopril-hydrochlorothiazide....	16	MINIVELLE.....	23
INVOKAMET XR.....	19	lithium carbonate.....	14	minocycline hcl.....	10
INVOKANA.....	19	lithium carbonate er.....	14	MIRENA (52 MG).....	23
ipratropium bromide.....	27, 28	LIVALO.....	16	mirtazapine.....	12
ipratropium-albuterol.....	28	LO LOESTRIN FE.....	23	MIRVASO.....	18
irbesartan.....	16	LOKELMA.....	20	modafinil.....	29
irbesartan-hydrochlorothiazide..	16	LONHALA MAGNAIR REFILL		mometasone furoate.....	22, 27
ISENTRESS.....	14	KIT.....	28	mono-lynyah.....	23
isosorbide mononitrate er.....	16	LONHALA MAGNAIR		montelukast sodium.....	28
JANUMET.....	19	STARTER KIT.....	28	morphine sulfate er.....	9
JANUMET XR.....	19	lorazepam.....	14	MOVANTIK.....	21
JANUVIA.....	19	loryna.....	23	MOVIPREP.....	21
JARDIANCE.....	19	losartan potassium.....	16	MOXEZA.....	26
JENTADUETO.....	19	losartan potassium-hctz.....	16	moxifloxacin hcl.....	26
JENTADUETO XR.....	19	lovastatin.....	16	MULPLETA.....	15
JIVI.....	15	low-ogestrel.....	23	MULTAQ.....	16
JULUCA.....	14	LUMIGAN.....	27	mupirocin.....	10
junel 1/20.....	23	LUPRON DEPOT (1-MONTH)..	22	mycophenolate mofetil.....	25
junel fe 1.5/30.....	23	LUPRON DEPOT (3-MONTH)..	22	mycophenolate sodium.....	25
junel fe 1/20.....	23	LUPRON DEPOT (4-MONTH)		myorisan.....	18
KERYDIN.....	12	INTRAMUSCULAR KIT 30MG..	22	MYRBETRIQ.....	21

nabumetone.....	9	NUTROPIN AQ NUSPIN 20.....	23	potassium chloride crys er.....	20
nadolol.....	16	NUTROPIN AQ NUSPIN 5.....	23	potassium chloride er.....	20
naltrexone hcl.....	10	NUVARING.....	24	potassium citrate er.....	20
NAMZARIC.....	11	NUWIQ.....	15	PRADAXA.....	11
NAPRELAN.....	9	nystatin.....	12	PRALUENT.....	16
naproxen.....	9	ocella.....	24	pramipexole dihydrochloride.....	13
naproxen sodium.....	9	ODEFSEY.....	14	pravastatin sodium.....	16
NARCAN.....	10	ofloxacin.....	26, 27	prazosin hcl.....	16
NATAZIA.....	23	olanzapine.....	13	prednisolone.....	22
NATURE-THROID.....	24	olmesartan medoxomil.....	16	prednisolone acetate.....	26
neomycin-polymyxin-dexameth.....	27	olmesartan medoxomil-hctz.....	16	prednisolone sodium	
neomycin-polymyxin-hc.....	27	olopatadine hcl.....	26	phosphate.....	22
NEULASTA.....	15	OMECLAMOX-PAK.....	21	prednisone.....	22
NEULASTA ONPRO.....	15	omega-3-acid ethyl esters.....	16	PREMARIN.....	24
niacin er (antihyperlipidemic)....	16	omeprazole.....	20	PREMPHASE.....	24
nifedipine er.....	16	OMNARIS.....	27	PREMPRO.....	24
nifedipine er osmotic release....	16	OMNITROPE.....	23	PREPOPIK.....	21
nikki.....	23	ondansetron hcl.....	12	PREZCOBIX.....	14
nitrofurantoin macrocrystal.....	10	ondansetron odt.....	12	PREZISTA.....	14
nitrofurantoin monohydrate		ONEXTON.....	18	PROAIR HFA.....	28
macrocrystals.....	10	ONGLYZA.....	19	PROAIR RESPICLICK.....	28
nitroglycerin.....	16	OPSUMIT.....	29	prochlorperazine maleate.....	12
NITYR.....	21	ORACEA.....	18	PROCRIT.....	15
NIVESTYM.....	15	ORENITRAM.....	29	PROCTOFOAM HC.....	26
NOCDURNA.....	23	ORLISSA.....	23	progesterone micronized.....	24
NORDITROPIN FLEXPPO.....	23	orphenadrine citrate er.....	29	PROGRAF.....	25
norethindrone.....	23	oseltamivir phosphate.....	14	PROLENSA.....	26
norethindrone acet-ethinyl est...23		OSPHERA.....	22	promethazine hcl.....	28
norgestimate-eth estradiol.....	23	OTEZLA.....	25	promethazine-codeine.....	28
norgestimate-ethinyl estradiol		OVIDREL.....	23	promethazine-dm.....	28
triphasic.....	24	oxcarbazepine.....	11	propranolol hcl.....	16
nortrel 1/35 (21).....	24	OXSORALEN ULTRA.....	18	propranolol hcl er.....	16
nortrel 1/35 (28).....	24	oxybutynin chloride.....	21	PROVENTIL HFA.....	29
nortriptyline hcl.....	12	oxybutynin chloride er.....	21	pseudoephedrine-bromphen-	
NORVIR.....	14	oxycodone hcl.....	9	dm.....	28
NOVOEIGHT.....	15	oxycodone-acetaminophen.....	9	PULMICORT FLEXHALER.....	29
NOVOFINE AUTOCOVER		OXYCONTIN.....	9	PYLERA.....	21
PEN NEEDLE.....	20	OZEMPIC.....	19	QBREXZA.....	18
NOVOFINE PEN NEEDLE.....	20	pantoprazole sodium.....	20	QNASL.....	28
NOVOFINE PLUS PEN		paroxetine hcl.....	12	QNASL CHILDRENS.....	28
NEEDLE.....	20	paroxetine hcl er.....	12	quetiapine fumarate.....	13
NOVOLIN 70/30 VIAL.....	20	PAZEO.....	26	quinapril hcl.....	16
NOVOLIN N VIAL.....	20	penicillin v potassium.....	10	QVAR REDIHALER.....	29
NOVOLIN R VIAL.....	20	PENTASA.....	26	rabeprazole sodium.....	20
NOVOLOG FLEXPEN.....	20	pentoxifylline er.....	16	raloxifene hcl.....	22
NOVOLOG MIX 70/30		permethrin.....	13	ramipril.....	16
FLEXPEN.....	20	phenazopyridine hcl.....	21	RANEXA.....	16
NOVOLOG MIX 70/30 VIAL.....	20	phentermine hcl.....	18	ranitidine hcl.....	20
NOVOLOG PENFILL.....	20	phenytoin sodium extended.....	11	RAPAFLO.....	21
NOVOLOG U-100 VIAL.....	20	pioglitazone hcl.....	19	RASUVO.....	25
NOVOTWIST PEN NEEDLE....	20	PLENVU.....	21	RAYALDEE.....	26
NUCYNTA.....	9	polymyxin b-trimethoprim.....	27	REBIF.....	17
NUTROPIN AQ NUSPIN 10.....	23	portia-28.....	24	REBIF REBIDOSE.....	17

REBIF REBIDOSE		SYMFI.....	14	tri-lo-marzia.....	24
TITRATION PACK.....	17	SYMFI LO.....	14	TRINTELLIX.....	12
REBIF TITRATION PACK.....	17	SYMPROIC.....	21	tri-previfem.....	24
RENFLEXIS.....	25	SYNJARDY.....	19	tri-sprintec.....	24
REPATHA.....	16	SYNJARDY XR.....	19	TRIUMEQ.....	14
REPATHA PUSHTRONEX		SYNTHROID.....	24	TRULICITY.....	19
SYSTEM.....	16	SYNVISC.....	26	TRUVADA.....	14
REPATHA SURECLICK.....	16	SYNVISC ONE.....	26	TYMLOS.....	26
RESTASIS.....	27	TACLONEX.....	18	UCERIS.....	26
RESTASIS MULTIDOSE.....	27	tacrolimus.....	25	UDENYCA.....	15
RETIN-A MICRO PUMP.....	18	TAKHZYRO.....	26	ULORIC.....	12
REVLIMID.....	13	TAMIFLU.....	14	valacyclovir hcl.....	14
REXULTI.....	13	tamoxifen citrate.....	13	valsartan.....	17
REYATAZ.....	14	tamsulosin hcl.....	21	valsartan-hydrochlorothiazide... 17	
RHOPRESSA.....	27	TECFIDERA.....	17	VARUBI.....	12
risperidone.....	13	TEKTURNA.....	16	VASCEPA.....	17
rizatriptan benzoate.....	12	TEKTURNA HCT.....	16	VECTICAL.....	18
ropinirole hcl.....	13	telmisartan.....	16	VELPHORO.....	21
rosuvastatin calcium.....	16	temazepam.....	29	VELTASSA.....	20
RUCONEST.....	25	tenofovir disoproxil fumarate..... 14		venlafaxine hcl.....	12
SAPHRIS.....	13	terazosin hcl.....	21	venlafaxine hcl er.....	12
SAVAYSA.....	11	terbinafine hcl.....	12	VENTOLIN HFA.....	29
SAXENDA.....	18	terconazole.....	12	verapamil hcl.....	17
SEREVENT DISKUS.....	29	testosterone cypionate.....	22	verapamil hcl er.....	17
sertraline hcl.....	12	timolol maleate.....	27	VESICARE.....	21
sildenafil citrate.....	21, 29	TIMOPTIC OCUDOSE.....	27	VIBERZI.....	21
SILENOR.....	29	TIROSINT.....	24	VICTOZA.....	19
SIMBRINZA.....	27	TIVICAY.....	14	vienna.....	24
SIMPONI.....	25	tizanidine hcl.....	29	VIIBRYD.....	12
simvastatin.....	16	TOBI PODHALER.....	29	VIIBRYD STARTER PACK.....	12
SOLIQUA.....	19	tobramycin.....	26	VIMPAT.....	11
SOLODYN.....	11	tobramycin-dexamethasone.....	27	viorele.....	24
SOLOSEC.....	13	tolterodine tartrate er.....	21	vitamin d (ergocalciferol).....	20
SOOLANTRA.....	18	topiramate.....	11	VOSEVI.....	14
sotalol hcl.....	16	torse mide.....	16	VRAYLAR.....	13
SPIRIVA HANDIHALER.....	29	TOUJEO MAX SOLOSTAR.....	20	VYVANSE.....	17
SPIRIVA RESPIMAT.....	29	TOUJEO SOLOSTAR.....	20	warfarin sodium.....	11
spironolactone.....	16	TOVIAZ.....	21	XARELTO.....	11
sprintec 28.....	24	TRACLEER.....	29	XARELTO STARTER PACK.....	11
SPRYCEL.....	13	TRADJENTA.....	19	XELJANZ.....	25
STELARA.....	25	tramadol hcl ir.....	9	XELJANZ XR.....	25
STENDRA.....	21	tramadol-acetaminophen.....	9	XIFAXAN.....	11
STIOLTO RESPIMAT.....	29	TRAVATAN Z.....	27	XIIDRA.....	27
STRENSIQ.....	21	trazodone hcl.....	12	XIMINO.....	11
STRIBILD.....	14	TRELEGY ELLIPTA.....	29	XOFLUZA.....	14
SUBOXONE.....	10	TREMFYA.....	25	XOLAIR.....	28
sucralfate.....	20	TRESIBA FLEXTOUCH.....	20	XTANDI.....	13
sulfamethoxazole-trimethoprim. 11		tretinoin.....	18	xulane.....	24
sulfasalazine.....	26	triamcinolone acetonide.....	22	YONSA.....	13
sulindac.....	9	triamterene-hctz.....	17	yuvafem.....	24
sumatriptan succinate.....	12	triazolam.....	14	ZARXIO.....	15
SUPREP BOWEL PREP KIT....	21	tri-estarylla.....	24	ZELAPAR.....	13
SYMBICORT.....	29	tri-linyah.....	24	ZENPEP.....	21

ZETONNA.....	28
ZIOPTAN.....	27
ziprasidone hcl.....	13
zolpidem tartrate.....	29
zolpidem tartrate er.....	29
zonisamide.....	11
ZONTIVITY.....	13
ZORVOLEX.....	9
ZOVIRAX.....	14
ZUBSOLV.....	10
ZYCLARA.....	18
ZYCLARA PUMP.....	18

Notice of Nondiscrimination

Optum companies (together, "Optum") provide services to health plans and other health programs or activities. Optum on behalf of itself and its affiliated companies complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optum does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optum provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
Qualified interpreters
- Information written in other languages

If you need these services, please call toll-free **(855) 828-9834 (TTY 711)**, 24 hours a day, 7 days a week.

If you believe that the Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing by mail or email. A grievance must be sent within 60 calendar days of the date that you become aware of the discriminatory action and contain the name and address of the person filing it along with the problem and the requested remedy. A written decision will be sent to you within 30 calendar days. If you disagree with the decision, you may file an appeal within 15 calendar days of receiving the decision.

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: **(888) 445-8745 (TTY 711)**
Fax: (855) 351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help filing a grievance, please call toll-free **(855) 828-9834 (TTY 711)**, 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone or 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 **(800) 868-1019, (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

English Text:

You have the right to get help and information in your language at no cost. To request an interpreter, please call toll-free **(855) 828-9834 (TTY 711)**, 24 hours a day, 7 days a week.

This letter is also available in other formats like large print. To request the document in another format, please call toll-free **(855) 828-9834 (TTY 711)**, 24 hours a day, 7 days a week.

1	Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. TTY 711
2	Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. TTY 711
3	Chinese	您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡上的免付費會員電話號碼，再按 0。聽力語言殘障服務專線 711
4	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711
5	Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخطتك الصحية، واضغط على 0. الهاتف النصي (TTY) 711
6	Urdu	آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی ترجمان سے بات کرنے کے لئے، ٹول فری ممبر فون نمبر پر کال کریں جو آپ کے ہیلتھ پلان آئی ڈی کارڈ پر درج ہے، 0 دبائیں۔ TTY 711
7	Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. TTY 711
8	French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. ATS 711.
9	Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी नःशुल्क प्राप्त करने का अधिकार है। दुभाषण के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फोन करें, 0 दबाएं। TTY 711
10	Persian	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و 0 را فشار دهید. TTY 711
11	German	Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 0. TTY 711
12	Gujarati	તમને વનિ મૂલ્યે મદદ અને તમારી ભાષામાં માહતિ મેળવવાનો અધિકાર છે. દુભાષણ માટે વનિતી કરવા, તમારા હેલ્થ પ્લાન ID કાર્ડ પરની સૂચીમાં આપેલ ટોલ-ફ્રી મેમ્બર ફોન નંબર ઉપર કોલ કરો, 0 દબાવો. TTY 711
13	Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия TTY 711
14	Japanese	ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、0を押してください。TTY専用番号は711です。
15	Laotian	ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທາງບໍລິເວນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍຮອງນາຍພາສາ, ໂທລະຫາດຕາມາຍດາງໂທລະສັບສໍາລັບສະມາຊິກທີ່ໄດ້ລະບົວໃນບັດສະມາຊິກຂອງທ່ານ, ກົດດອກ 0. TTY 711

