

Your 2019 Formulary

Effective July 1, 2019



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



Call the number on your member ID card.



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

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

What is a formulary?

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

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

Over-the-counter medications

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

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..

PA	Prior Authorization – Your doctor is required to give OptumRx more information to determine coverage.
QL	Quantity Limit – Medication may be limited to a certain quantity.
SP	Specialty Medication – Medication is designated as specialty.
ST	Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
3P	Tier 3 preferred

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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
apap-caff-dihydrocodeine oral capsule	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	3	QL
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

Drug Name	Drug Tier	Notes
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
ROXYBOND	3	QL
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
trezix oral capsule 320.5-30-16 mg	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	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
sulindac oral	1	
VIVLODEX	3	ST
ZORVOLEX	3	ST

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

Drug Name	Drug Tier	Notes
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
Antibacterials		
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	

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
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	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	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL

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

Drug Name	Drug Tier	Notes
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	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
KERYDIN	3	PA
ketoconazole external cream	1	

Drug Name	Drug Tier	Notes
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
ULORIC	2	ST
ZURAMPIC	3	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
MIGRANAL	3	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP
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

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
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	
RYTARY	3	ST
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
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
Antivirals		
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
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	3	QL
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	3	
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

Drug Name	Drug Tier	Notes
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
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

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
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	
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	

Drug Name	Drug Tier	Notes
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	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Notes
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	
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	2	ST
REPATHA	2	PA; SP; QL

Drug Name	Drug Tier	Notes
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	
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	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	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
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	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; 3P; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL

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

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

Drug Name	Drug Tier	Notes
claravis	1	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DUPIXENT	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	PA
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	2	PA
SOOLANTRA	2	

Drug Name	Drug Tier	Notes
TACLONEX	3	QL
tretinoin external cream	1	PA
VECTICAL	3	
ZYCLARA	3	
ZYCLARA PUMP	3	
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	3	ST
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)	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	
Diabetes - Glucose Monitoring			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	
Diabetes - Glycemic Agents			NOVOFINE AUTOCOVER PEN NEEDLE	2	
GLUCAGON EMERGENCY	2		NOVOFINE PEN NEEDLE 32G X 6 MM	2	
Diabetes - Insulins			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	

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
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
LOKELMA	3	
potassium chloride crs er	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	1	QL
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral	1	QL
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOVANTIK	2	ST; QL
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

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
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	3	QL
DEPEN TITRATABS	2	SP
INTRAROSA	3	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL
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	3	QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	ST
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	

Drug Name	Drug Tier	Notes
RAPAFLO	3	
tamsulosin hcl	1	
terazosin hcl oral	1	
Hormonal Agents - Adrenal		
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	3	
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
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	

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
Hormonal Agents - Men's Health			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
Hormonal Agents - Osteoporosis			ORILISSA	2	PA; QL
OSPHENA	3		OVIDREL	3	SP
raloxifene hcl	1		Hormonal Agents - Sex Hormones and Birth Control		
Hormonal Agents - Pituitary			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	

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
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-estarylla	1	
medroxyprogesterone acetate oral	1		tri-lynyah	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		vienva	1	
MIRENA (52 MG)	3		viorele	1	
mono-lynyah	1		xulane	1	
			yuvafem	1	
			Hormonal Agents - Thyroid		
			ARMOUR THYROID	3	ST

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

Drug Name	Drug Tier	Notes
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
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; 3P; SP
ACTEMRA ACTPEN	3	PA; 3P; 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; 3P; SP
COSENTYX 300 DOSE	3	PA; 3P; SP
COSENTYX SENSOREADY 300 DOSE	3	PA; 3P; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; 3P; SP

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

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
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
tacrolimus oral	1	SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
XELJANZ	3	PA; 3P; SP

Drug Name	Drug Tier	Notes
XELJANZ XR	3	PA; 3P; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
DIPENTUM	3	
LIALDA	3	ST
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	2	PA; SP
Miscellaneous Therapeutic Agents		
	2	PA; Non-Cosmetic; SP
BOTOX		
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR 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 of this booklet.

Drug Name	Drug Tier	Notes
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	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	

Drug Name	Drug Tier	Notes
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
RHOPRESSA	2	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
ZIOPTAN	3	QL
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
RESTASIS MULTIDOSE	2	PA
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	

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

Drug Name	Drug Tier	Notes
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
promethazine hcl oral tablet	1	
promethazine-codeine oral syrup	1	PA; QL
promethazine-dm	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

Drug Name	Drug Tier	Notes
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	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	Made by Impax
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	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

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
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST
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
PROVENTIL HFA	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	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	QL

Drug Name	Drug Tier	Notes
VENTOLIN HFA	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
TOBI PODHALER	3	SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
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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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SOLOSTAR.....	17	VIMPAT.....	8		
TOUJEO SOLOSTAR.....	17	viorele.....	21		
TOVIAZ.....	19	vitamin d (ergocalciferol)....18			
TRACLEER.....	26	VIVLODEX.....	6		
TRADJENTA.....	16	VOSEVI.....	11		
tramadol hcl ir.....	6	VRAYLAR.....	10		
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TRAVATAN Z.....	24	warfarin sodium.....	8		
trazodone hcl.....	9	XARELTO.....	8		
TRELEGY ELLIPTA.....	26	XARELTO STARTER			
TREMFYA.....	23	PACK.....	8		
TRESIBA FLEXTOUCH.....	17	XELJANZ.....	23		
tretinoin.....	15	XELJANZ XR.....	23		
trexix.....	6	XIFAXAN.....	8		
triamcinolone acetonide.....	20	XIIDRA.....	24		
triamterene-hctz.....	13	XIMINO.....	8		
triazolam.....	11	XOFLUZA.....	11		
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Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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