

Your 2020 Formulary

Effective July 1, 2020



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 the toll-free member phone number on your ID card.



Visit your plan's member website listed on your ID card.

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

Your Formulary

This Formulary outlines the most commonly prescribed medications from your plan's complete pharmacy benefit coverage list, also known as a 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 your plan's member website for complete and up-to-date drug information

Since the Formulary may change, we encourage you to visit our website, your plan's member website, which should be listed on your ID card. 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.

At OptumRx, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the Formulary.

What is a Formulary?

This document is a list of commonly prescribed medications preferred by your plan sponsor for their safety, cost and effectiveness. Drugs are listed by common categories or class. They 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).

Please note: Where differences are noted between this Formulary and your benefit plan documents, the benefit plan documents will rule. It is not intended to be a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan. You may also log on to your plan's member website or call the toll-free member phone number on your ID card for more information.

How do I use my Formulary?

When choosing a medication, you and your doctor should consult the Formulary. It will help you and your doctor choose the most cost-effective prescription drugs. 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 in this document, please visit your plan's member website or call the toll-free member phone number on your ID card.

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 customer service at the toll-free member phone number on your ID card.

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 employer or plan sponsor. This is how much you will pay when you fill a prescription. 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.

Check your benefit plan documents to find out your specific pharmacy plan costs.

\$	Drug Tier	Includes	Helpful Tips
	Tier 1 Lowest Cost	Generic drugs.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Single-source brand drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Multi-source brand drugs.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please note: Some plans may have two or four tiers, while others may not have any. If you have a high deductible plan, the tier cost levels will apply once you hit your deductible. Refer to your enrollment and plan materials on your plan's member website, or call the toll-free member phone number on your ID card for more information about your benefit plan.

Why are some medications excluded from coverage?

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

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 initial coverage decision by calling the toll-free member phone number on the back of your ID card.

Should I talk to my doctor about OTC medications?

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 your out-of-pocket expense for prescription medications.

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. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Clobex**) and generic drugs in plain type (for example, clobetasol).

What if my doctor writes a brand-name prescription?

The next time 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. Visit your plan's member website to make sure.

Are you 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 and have your prescriptions delivered right to your home or office.

How do I get updated information about my pharmacy benefit?

Since the Formulary may change during your plan year, we encourage you to visit your plan's member website or call the toll-free member phone number on your ID card for more current information.

When you register at on our website and open an account, you can use the website's helpful tools and features to:

- Look up the price of drugs covered by your plan
- Find lower-cost options
- Refill and renew home delivery prescriptions
- View your order status and claims history
- View your benefits in real time

Programs and Limits

Some medications are noted with letters or symbols next to them. The letters and symbols refer to our pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

AR	Age Restrictions – Some restrictions may apply based on patient age.
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy – Trial of lower cost medication(s) is required before a higher-cost medication is covered.
QL	Quantity Limits – Amount of medication covered per copayment or in a specific time period.
SP	Specialty Medication – Medication is designated as a specialty pharmacy drug.
E	Excluded – May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered.

To learn more about a pharmacy program or to find out if it applies to you, please visit your plan's member website or call the toll-free member phone number on your ID card.

Excluded brand-name medications with generic equivalents for 2018*

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified to have available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Aciphex	Concerta	Effexor XR	Ortho Tri Cyclen	Tamiflu	Xanax XR
Acticlate	Crestor	Glumetza	Ortho Tri Cyclen Lo	Tobi Nebulizer	Yaz
Adderall XR	Cymbalta	Kadian	Percocet	Tobradex	Zegerid
Alphagan P	Cytomel	Lexapro	Prevacid	Toprol XL	Zetia
Ambien	Depo — Testost Inj	Lidoderm	Pristiq	Tribenzor	Ziana
Ambien CR	Dilantin	Lipitor	Prozac	Vagifem	Zoloft
Androgel 1%	Dilantin Chewable	Lovaza	Pulmicort Inhalation Suspension	Valium	Zomig
Azor	Diovan	Lunesta	Retin-A Micro Gel	Vitafol	Zomig ZMT
Benicar	Dilantin Suspension	Minastrin	Singulair	Vivelle-Dot	Zovirax (tab, cap, ointment, suspension)
Benicar HCT	Diovan HCT	Nasonex	Taclonex Ointment	Voltaren	
Benzamycin	Duac	Nexium		Vytorin	
Benzaclin	Duragesic	Nitrostat		Wellbutrin	
Beyaz		Norco		Wellbutrin SR	
Carafate		Norvasc		Wellbutrin XL	
Celebrex		Nuvigil		Xanax	

*These brand-name medications have been identified to have available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the following medication list.



More information

If you have additional questions please call customer service, 24 hours a day, 7 days a week using the toll-free member phone number on your ID card. Or visit your plan's member website.

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
APADAZ	E	
apap-caff-dihydrocodeine oral capsule	1	QL
ARYMO ER	E	
BELBUCA	2	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	E	
CONZIP	E	
DILAUDID ORAL	E	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
fentanyl	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET	E	
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone- acetaminophen oral tablet	1	QL

Drug Name	Drug Tier	Notes
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
KADIAN	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL
MS CONTIN	E	
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL ER	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	2	PA; QL
PERCOCET	E	
ROXICODONE	E	
SUBSYS	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL
TYLENOL WITH CODEINE #3	E	
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	E	
ZOHYDRO ER	E	
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CELEBREX	E	

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

Drug Name	Drug Tier	Notes
celecoxib oral	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral tablet 200 mg	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 220 mg	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
SPRIX	E	
VIMOVO	E	
VOLTAREN	E	
ZIPSOR	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	

Drug Name	Drug Tier	Notes
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	2	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	2	ST
CHANTIX CONTINUING MONTH PAK	2	ST
CHANTIX STARTING MONTH PAK	2	ST
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG	2	
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
Antibacterials		
ACTICLATE	E	
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	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
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID	2	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet 20 mg	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MINOLIRA	E	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	2	
penicillin v potassium oral tablet	1	
SEYSARA	2	

Drug Name	Drug Tier	Notes
SILVADENE	E	
SOLODYN	E	
SOLOSEC	2	
sulfamethoxazole-trimethoprim oral	1	
TARGADOX	E	
XENLETA	2	
XEPI	2	
XIMINO	2	
Anticoagulants		
BEVYXXA	2	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium	1	SP
PRADAXA	2	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	2	PA; SP
gabapentin oral capsule	1	
gabapentin 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
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	2	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VIMPAT	2	
ZONEGRAN	E	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	
Antidepressants		
amitriptyline hcl oral	1	

Drug Name	Drug Tier	Notes
BRISDELLE	E	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 50 mg, 75 mg	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	2	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	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
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet 10 mg	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
scopolamine	1	
Antifungals		
ciclopirox external solution	1	
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	2	
fluconazole oral tablet	1	
GYNAZOLE-1	2	
JUBLIA	E	
KERYDIN	2	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	

Drug Name	Drug Tier	Notes
terbinafine hcl oral	1	
terconazole vaginal cream	1	
TOLSURA	E	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	E	
COLCRYS	2	
MITIGARE	E	
Antimigraine Agents		
AIMOVIG	2	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	
CAMBIA	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
ONZETRA XSAIL	E	
RELPAK	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	

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

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

Drug Name	Drug Tier	Notes
TRUXIMA	E	SP
XPOVIO (100 MG ONCE WEEKLY)	2	PA; SP
XPOVIO (60 MG ONCE WEEKLY)	2	PA; SP
XPOVIO (80 MG ONCE WEEKLY)	2	PA; SP
XPOVIO (80 MG TWICE WEEKLY)	2	PA; SP
XTANDI	2	PA; SP
YONSA	E	SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	2	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
permethrin external	1	
PLAQUENIL	3	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	2	PA; SP
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	2	
Antiplatelets		
ASPIRIN-OMEPRAZOLE	E	
BRILINTA	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
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY MAINTENA	2	
aripiprazole oral tablet	1	
ARISTADA	2	
ARISTADA INITIO	2	
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
LATUDA	2	
olanzapine oral tablet	1	
PERSERIS	2	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	2	
RISPERDAL	E	
risperidone oral tablet	1	
SAPHRIS	2	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	2	
ziprasidone hcl	1	
ZYPREXA	E	
Antivirals		
acyclovir oral tablet	1	
ATRIPLA	E	
BARACLUDGE ORAL TABLET	E	SP
BIKTARVY	2	
CIMDUO	2	
DESCOVY	2	PA
DOVATO	2	
entecavir	1	SP

Drug Name	Drug Tier	Notes
EPCLUSA	2	PA; SP; QL
GENVOYA	2	
HARVONI	2	PA; SP; QL
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	SP
MAVYRET	2	PA; SP; QL
ODEFSEY	2	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	E	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	2	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	2	QL
XOFLUZA (80 MG DOSE)	2	QL
ZOVIRAX EXTERNAL	E	
ZOVIRAX ORAL SUSPENSION	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam 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
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
XANAX	E	
XANAX XR	E	
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	2	SP
AFSTYLA	2	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	2	SP
EPOGEN	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	2	SP
MULPLETA	2	PA; SP
NEULASTA	2	PA; SP
NEULASTA ONPRO	2	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIPT	E	SP
RETACRIT	2	PA; SP
UDENYCA	2	PA; SP
ULTOMIRIS	2	PA; SP

Drug Name	Drug Tier	Notes
ZARXIO	2	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
clonidine hcl oral	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COLESTID	E		HYZAAR	E	
COLESTID FLAVORED	E		INDERAL LA	E	
COREG	E		INDERAL XL	E	
COREG CR	E		INNOPRAN XL	E	
CORLANOR ORAL TABLET	2	PA; QL	irbesartan	1	
COZAAR	E		irbesartan-hydrochlorothiazide	1	
CRESTOR	E		isosorbide mononitrate er	1	
digoxin oral tablet	1		KAPSPARGO SPRINKLE	E	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1		KATERZIA	E	
dilt-xr	1		labetalol hcl oral	1	
DIOVAN	E		LASIX	E	
DIOVAN HCT	E		LESCOL XL	E	
doxazosin mesylate oral	1		LIPITOR	E	
DYAZIDE	E		lisinopril oral	1	
EDARBI	2		lisinopril-hydrochlorothiazide	1	
EDARBYCLOR	2		LIVALO	2	
enalapril maleate oral	1		losartan potassium oral	1	
ENTRESTO	2		losartan potassium-hctz	1	
EXFORGE	E		LOTREL	E	
EXFORGE HCT	E		lovastatin	1	
ezetimibe	1		LOVAZA	E	
ezetimibe-simvastatin	1		metoprolol succinate er	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1		metoprolol tartrate oral	1	
fenofibrate oral tablet	1		MICARDIS	E	
fenofibric acid oral capsule delayed release	1		MICARDIS HCT	E	
flecainide acetate	1		MULTAQ	2	
furosemide oral tablet	1		nadolol oral	1	
gemfibrozil oral	1		NIASPAN	E	
guanfacine hcl	1		nifedipine er	1	
HEMANGEOL	2		nifedipine er osmotic release	1	
hydralazine hcl oral	1		nitroglycerin sublingual	1	
hydrochlorothiazide oral	1		NITROSTAT	E	
			NORVASC	E	

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

Drug Name	Drug Tier	Notes
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
PRAVACHOL	E	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral tablet	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	2	
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	

Drug Name	Drug Tier	Notes
TRIBENZOR	E	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADHANSIA XR	E	
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	
CONCERTA	E	
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	

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

Drug Name	Drug Tier	Notes
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	PA; QL
methylphenidate hcl er	1	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	2	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	3	PA; SP; QL
EXTAVIA	E	SP
GILENYA	2	PA; SP; QL
glatiramer acetate	1	PA; SP; QL
MAVENCLAD (10 TABS)	2	PA; SP
MAVENCLAD (4 TABS)	2	PA; SP
MAVENCLAD (5 TABS)	2	PA; SP
MAVENCLAD (6 TABS)	2	PA; SP
MAVENCLAD (7 TABS)	2	PA; SP
MAVENCLAD (8 TABS)	2	PA; SP
MAVENCLAD (9 TABS)	2	PA; SP
MAYZENT	2	PA; SP; QL
MAYZENT STARTER PACK	2	PA; SP; QL
PLEGRIDY	E	SP

Drug Name	Drug Tier	Notes
PLEGRIDY STARTER PACK	E	SP
REBIF	2	PA; SP; QL
REBIF REBIDOSE	2	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	2	PA; SP; QL
REBIF TITRATION PACK	2	PA; SP; QL
TECFIDERA	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	2	PA; QL
ADIPEX-P	E	
AUSTEDO	2	PA; SP; QL
CONTRAVE	2	PA
GRALISE	2	
GRALISE STARTER	2	
HORIZANT	2	PA; QL
LYRICA	E	
phentermine hcl oral capsule 30 mg	1	PA
phentermine hcl oral tablet	1	PA
pregabalin oral capsule	1	
SAXENDA	2	PA
TEGSEDI	2	PA; SP
TIGLUTIK	2	PA; SP; QL
VYLEESI	2	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	2	PA
ACANYA	E	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ACZONE EXTERNAL GEL 5 %	E		CORDRAN EXTERNAL TAPE	E	
ACZONE EXTERNAL GEL 7.5 %	2		DESONATE	E	
ALA SCALP	E		DIFFERIN EXTERNAL CREAM	E	
APEXICON E	E		DIFFERIN EXTERNAL GEL 0.3 %	E	
BENZAACLIN	E		DIFFERIN EXTERNAL LOTION	E	
BENZAACLIN WITH PUMP	E		DUOBRII	E	
BENZAMYCIN	E		DUPIXENT	2	PA; SP; QL
betamethasone dipropionate external cream	1		ELIDEL	E	
CALCIPOTRIENE EXTERNAL FOAM	E		EPIDUO	E	
CAPEX	E		EPIDUO FORTE	2	
claravis	1	PA	EUCRISA	2	
CLINDAGEL	E		FINACEA EXTERNAL GEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1		fluocinonide external cream	1	
clindamycin phosphate external lotion	1		FLUOROPLEX	2	
clindamycin phosphate external solution	1		FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
clindamycin phosphate external swab	1		fluorouracil external cream 5 %	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E		HALOBETASOL PROPIONATE EXTERNAL FOAM	E	
clindamycin phosphate gel 1 % external	1		HALOG EXTERNAL CREAM	E	
clobetasol propionate external cream	1		HALOG EXTERNAL OINTMENT	E	
clobetasol propionate external ointment	1		hydrocortisone external cream 0.5 %	E	
clobetasol propionate external solution	1		hydrocortisone external cream 1 %, 2.5 %	1	
CLOBEX	E		hydrocortisone external ointment 0.5 %	E	
CLOBEX SPRAY	E		hydrocortisone external ointment 1 %, 2.5 %	1	
CLODERM	E		IMIQUIMOD PUMP	E	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IMPOYZ	E		triamcinolone acetonide external cream	1	
KENALOG EXTERNAL	E		triamcinolone acetonide external ointment	1	
LEXETTE	E		ULTRAVATE	E	
METROGEL	E		VECTICAL	E	
metronidazole external cream	1		VELTIN	E	
metronidazole external gel	1		VERDESO	E	
MIRVASO	2		ZIANA	E	
mometasone furoate external cream	1		ZYCLARA	E	
NORITATE	E		ZYCLARA PUMP	E	
ONEXTON	2		Diabetes - Antidiabetic Agents		
ORACEA	E		ADLYXIN	E	
PANDEL	E		ADLYXIN STARTER PACK	E	
PROPECIA	E		ALOGLIPTIN BENZOATE	E	
PSORCON	E		ALOGLIPTIN-METFORMIN HCL	E	
QBREXZA	2		ALOGLIPTIN-PIOGLITAZONE	E	
RETIN-A	E		BYDUREON	2	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E		BYDUREON BCISE AUTOINJECTOR	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E		BYETTA 10 MCG PEN	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA	BYETTA 5 MCG PEN	2	
SERNIVO	2		FARXIGA	2	
SOOLANTRA	3		FORTAMET	E	
SORILUX	E		glimepiride	1	
TACLONEX EXTERNAL OINTMENT	E		glipizide er	1	
TACLONEX EXTERNAL SUSPENSION	2		glipizide ir	1	
tacrolimus external ointment	1		GLUMETZA	E	
TAZORAC EXTERNAL CREAM 0.1 %	E		glyburide oral	1	
TOPICORT SPRAY	E		GLYXAMBI	2	
tretinoin external cream	1	PA	INVOKAMET	E	
			INVOKAMET XR	E	
			INVOKANA	E	
			JANUMET	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
JANUMET XR	2		ACCU-CHEK COMPACT PLUS CARE KIT	E	
JANUVIA	2		ACCU-CHEK COMPACT PLUS CONTROL	E	
JARDIANCE	2		ACCU-CHEK COMPACT PLUS TEST STRIPS	E	
JENTADUETO	2		ACCU-CHEK FASTCLIX LANCET KIT	2	
JENTADUETO XR	2		ACCU-CHEK GUIDE KIT W/DEVICE	E	
KAZANO	E		ACCU-CHEK GUIDE CONTROL	E	
KOMBIGLYZE XR	E		ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
metformin hcl er	1		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
metformin hcl er (mod)	E		ACCU-CHEK SMARTVIEW CONTROL	E	
metformin hcl er (osm)	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	
metformin hcl oral tablet	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
NESINA	E		DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	E	
ONGLYZA	E		DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	E	
OSENI	E		FREESTYLE LIBRE 14 DAY READER	E	
OZEMPIC	2		FREESTYLE LIBRE 14 DAY SENSOR	E	
pioglitazone hcl	1		FREESTYLE LIBRE READER	E	
QTERN	E				
RYBELSUS	2				
SEGLUROMET	E				
SOLIQUA	2				
STEGLATRO	E				
STEGLUJAN	E				
SYMLINPEN 60	2	PA			
SYNJARDY	2				
SYNJARDY XR	2				
TRADJENTA	2				
TRULICITY	2				
VICTOZA	2				
XIGDUO XR	2				
Diabetes - Glucose Monitoring					
ACCU-CHEK AVIVA DEVICE	E				
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E				
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FREESTYLE LIBRE SENSOR SYSTEM	E		HUMALOG MIX 50/50 KWIKPEN	2	
LANCETS	2		HUMALOG MIX 50/50 VIAL	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	2		HUMALOG MIX 75/25 KWIKPEN	2	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	2		HUMALOG MIX 75/25 VIAL	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
ONETOUCH VERIO KIT W/DEVICE	2		HUMULIN 70/30 KWIKPEN	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2		HUMULIN 70/30 VIAL	2	
ONETOUCH VERIO TEST STRIPS	2		HUMULIN N KWIKPEN	2	
ONETOUCH VERIO IQ SYSTEM	2		HUMULIN N VIAL	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2		HUMULIN R U-500 KWIKPEN	2	
Diabetes - Glycemic Agents			HUMULIN R U-500 VIAL (CONCENTRATED)	2	
BAQSIMI ONE PACK	2		HUMULIN R VIAL	2	
BAQSIMI TWO PACK	2		INSULIN ASP PROT & ASP FLEXPEN	E	
GLUCAGON EMERGENCY KIT	2		INSULIN ASPART	E	
GVOKE PFS	2		INSULIN ASPART FLEXPEN	E	
Diabetes - Insulins			INSULIN ASPART PENFILL	E	
ADMELOG	E		INSULIN ASPART PROT & ASPART	E	
ADMELOG SOLOSTAR	E		INSULIN LISPRO	E	
APIDRA SOLOSTAR	E		INSULIN LISPRO (1 UNIT DIAL)	E	
APIDRA VIAL	E		LANTUS SOLOSTAR	2	
BASAGLAR KWIKPEN	E		LANTUS U-100 VIAL	2	
FIASP	E		LEVEMIR U-100 FLEXTOUCH	E	
FIASP FLEXTOUCH	E		LEVEMIR U-100 VIAL	E	
FIASP PENFILL	E		NOVOFINE AUTOCOVER PEN NEEDLE	2	
HUMALOG	2				
HUMALOG KWIKPEN	2				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NOVOFINE PEN NEEDLE	2		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOFINE PLUS PEN NEEDLE	2		CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
NOVOLIN 70/30 FLEXPEN	E		ergocalciferol oral capsule	1	
NOVOLIN 70/30 FLEXPEN RELION	E		folic acid oral tablet 1 mg, 800 mcg	1	
NOVOLIN 70/30 RELION	E		K-TAB	E	
NOVOLIN 70/30 VIAL	E		LOKELMA	2	
NOVOLIN N FLEXPEN	E		multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NOVOLIN N FLEXPEN RELION	E		NASCOBAL	2	
NOVOLIN N RELION	E		potassium chloride cryster	1	
NOVOLIN N VIAL	E		potassium chloride er	1	
NOVOLIN R FLEXPEN	E		potassium citrate er	1	
NOVOLIN R FLEXPEN RELION	E		PREGENNA	E	
NOVOLIN R RELION	E		PRENATE	E	
NOVOLIN R VIAL	E		PRENATE DHA	E	
NOVOLOG FLEXPEN	E		PRENATE ELITE	E	
NOVOLOG MIX 70/30 FLEXPEN	E		PRENATE ENHANCE	E	
NOVOLOG MIX 70/30 VIAL	E		PRENATE ESSENTIAL	E	
NOVOLOG PENFILL	E		PRENATE MINI	E	
NOVOLOG U-100 VIAL	E		PRENATE PIXIE	E	
NOVOTWIST PEN NEEDLE	2		PRENATE RESTORE	E	
TOUJEO MAX SOLOSTAR	2		sodium fluoride oral tablet chewable	1	
TOUJEO SOLOSTAR	2		TRINAZ	E	
TRESIBA	E		VELTASSA	2	
TRESIBA FLEXTOUCH	E		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Electrolytes / Minerals / Metals / Vitamins			ZALVIT	E	
AZESCO	E		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARNITOR ORAL	E		ACIPHEX	E	
CARNITOR SF	E				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CARAFATE ORAL TABLET	E		glycopyrrolate oral tablet 1 mg, 2 mg	1	
esomeprazole magnesium oral capsule delayed release	E		GOLYTELY	E	
famotidine oral tablet	E		lactulose oral solution	1	
misoprostol oral	1		LINZESS	2	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E		MOTEGRITY	2	
omeprazole oral capsule delayed release	1		MOTOFEN	E	
omeprazole-sodium bicarbonate	E		MOVANTIK	E	
pantoprazole sodium oral	1		MOVIPREP	E	
PREVACID	E		NULYTELY WITH FLAVOR PACKS	E	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	E		OMECLAMOX-PAK	2	
PROTONIX ORAL TABLET DELAYED RELEASE	E		peg 3350-kcl-na bicarb-nacl	1	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E		PLENVU	2	
sucralfate oral tablet	1		PREPOPIK	2	
ZEGERID	E		PYLERA	2	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			RELISTOR	E	
AMITIZA	E		SUPREP BOWEL PREP KIT	2	
CLENPIQ	2		SYMPROIC	2	
dicyclomine hcl oral capsule	1		TRULANCE	E	
dicyclomine hcl oral tablet	1		VIBERZI	2	PA; QL
diphenoxylate-atropine oral tablet	1		ZELNORM	2	PA; QL
gavilyte-g	1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
			CERDELGA	2	PA; SP
			CREON	2	
			NITYR	2	PA; SP
			PANCREAZE	E	
			PERTZYE	E	
			STRENSIQ	2	PA; SP
			VIOKACE	E	
			ZENPEP	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
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	2	
CIALIS	E	
DEPEN TITRATABS	3	SP
INTRAROSA	2	
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL	E	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
solifenacin succinate	1	
STAXYN	E	
STENDRA	E	
tadalafil oral	1	QL
tolterodine tartrate er	1	
TOVIAZ	2	
VELPHORO	2	
VESICARE	E	
VIAGRA	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
tamsulosin hcl	1	

Drug Name	Drug Tier	Notes
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
Hormonal Agents - Adrenal		
CORTEF	E	
dexamethasone oral tablet	1	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	2	PA

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

Drug Name	Drug Tier	Notes
Hormonal Agents - Osteoporosis		
OSPHENA	2	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
FOLLISTIM AQ	2	PA; SP
ganirelix acetate	1	PA; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
HUMATROPE	E	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
MENOPUR	2	PA; SP
NOCDURNA	2	
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP

Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
OMNITROPE	E	SP
ORLISSA	2	PA; QL
OVIDREL	2	PA; SP
SAIZEN	E	SP
SAIZENPREP	E	SP
SANDOSTATIN	E	SP
ZOMACTON	E	SP
Hormonal Agents - Sex Hormones and Birth Control		
ANNOVERA	E	
apri	1	
aviane	1	
BEYAZ	E	
BIJUVA	2	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	E	
DIVIGEL	2	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	2	
ENDOMETRIN	2	
enskyce	1	
errin	1	
estarylla	1	
ESTRACE	E	

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

Drug Name	Drug Tier	Notes
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
EVAMIST	2	
femynor	1	
GENERESS FE	E	
gianvi	1	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
isibloom	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kariva	1	
kurvelo	1	
larin fe 1/20	1	
larissia	1	
lessina	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
low-ogestrel	1	

Drug Name	Drug Tier	Notes
MAKENA INTRAMUSCULAR	3	PA; SP
MAKENA SUBCUTANEOUS	2	PA; SP
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	
MINIVELLE	3	
MIRENA (52 MG)	E	
mono-linyah	1	
NATAZIA	2	
nikki	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	
norethindrone oral	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	3	
ORTHO MICRONOR	E	
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 7/7/7 (28)	E	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
PROMETRIUM	E	
SAFYRAL	E	
SEASONIQUE	E	
SLYND	E	

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
sprintec 28	1		ACTEMRA	2	PA; SP
syeda	1		SUBCUTANEOUS		
tri femynor	1		azathioprine oral	1	
tri-linyah	1		CIMZIA	2	PA; SP
tri-lo-marzia	1		CIMZIA PREFILLED KIT	2	PA; SP
tri-lo-sprintec	1		CIMZIA STARTER KIT	2	PA; SP
tri-sprintec	1		COSENTYX (300 MG DOSE)	E	SP
VAGIFEM	E		COSENTYX 150 MG/ML	E	SP
vienva	1		COSENTYX SENSOREADY (300 MG)	E	SP
viorele	1		COSENTYX SENSOREADY PEN	E	SP
VIVELLE-DOT	E		CUTAQUIG	E	SP
xulane	1		cyclosporine modified oral capsule	1	SP
YASMIN 28	E		ENBREL MINI	2	PA; SP
YAZ	E		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
Hormonal Agents - Thyroid			ENBREL SURECLICK	2	PA; SP
ARMOUR THYROID	2		FIRAZYR	3	PA; SP
CYTOMEL	E		HAEGARDA	E	SP
euthyrox	1		HUMIRA	2	PA; SP
levothyroxine sodium oral	1		HUMIRA PEDIATRIC CROHNS START	2	PA; SP
liothyronine sodium oral	1		HUMIRA PEN	2	PA; SP
methimazole oral	1		HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2		HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
np thyroid oral tablet 60 mg	1		INFLECTRA	2	PA; SP
SYNTHROID	E		leflunomide oral	1	
TIROSINT	E		methotrexate oral	1	
TIROSINT-SOL	E		methotrexate sodium oral	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression			mycophenolate mofetil oral capsule	1	SP
ACTEMRA ACTPEN	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
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA	2	PA; SP
ORENCIA CLICKJECT	2	PA; SP
OTEZLA	2	PA; SP
PANZYGA	E	SP
PROGRAF ORAL CAPSULE	3	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	2	PA; SP
RINVOQ	2	PA; SP
RUCONEST	E	SP
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	SP
TAKHZYRO	2	PA; SP
TALTZ	2	PA; SP
TREMFYA	2	PA; SP
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	3	
ASACOL HD	E	
CANASA	E	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	

Drug Name	Drug Tier	Notes
mesalamine oral tablet delayed release	1	
PENTASA	2	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS ORAL	E	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
BINOSTO	2	
ibandronate sodium oral	1	
PROLIA	2	PA; SP; QL
RAYALDEE	2	
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
FIRDAPSE	E	SP
GELSYN-3	2	PA; SP
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP
SODIUM HYALURONATE INTRA-ARTICULAR	E	SP
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP

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

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	2	
BESIVANCE	2	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	E	
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	2	
MOXEZA	3	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	

Drug Name	Drug Tier	Notes
AZOPT	2	
BETIMOL	2	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
TRAVATAN Z	3	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LATISSE	E	
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	

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
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
benzonatate	1	
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	3	
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
ipratropium bromide nasal	1	
NASONEX	E	
NUCALA	2	PA; SP; QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	E	
XOLAIR	2	PA; SP
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	3	
ADVAIR HFA	2	

Drug Name	Drug Tier	Notes
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	
albuterol sulfate inhalation	1	
ALVESCO	E	
ANORO ELLIPTA	2	
ARNUIITY ELLIPTA	2	
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	
budesonide inhalation	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
BUDESONIDE-FORMOTEROL FUMARATE	E	
COMBIVENT RESPIMAT	2	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	
INCRUSE ELLIPTA	2	
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	2	
LONHALA MAGNAIR REFILL KIT	2	
LONHALA MAGNAIR STARTER KIT	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFORMIST	2	
PROAIR DIGIHALER	2	
PROAIR HFA	2	
PROAIR RESPICLICK	2	
PROVENTIL HFA	2	
PULMICORT FLEXHALER	2	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEEBRI NEOHALER	E	

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

Drug Name	Drug Tier	Notes
zolpidem tartrate oral	1	

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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benzonatate.....	32	CANASA.....	30	clindamycin phosphate-	
benztropine mesylate.....	14	candesartan cilexetil.....	16	benzoyl peroxide.....	20
BESIVANCE.....	31	capecitabine.....	14	CLINDESSE.....	11
betamethasone		CAPEX.....	20	clobetasol propionate.....	20
dipropionate.....	20	CARAFATE.....	25	CLOBEX.....	20
BETASERON.....	19	carbamazepine.....	11	CLOBEX SPRAY.....	20
BETHKIS.....	33	CARBATROL.....	11	CLODERM.....	20
BETIMOL.....	31	carbidopa-levodopa.....	14	clonazepam.....	15
BEVESPI AEROSPHERE..	32	CARDIZEM LA.....	16	clonidine hcl.....	16
BEVYXXA.....	11	carisoprodol.....	34	clopidogrel bisulfate.....	15
BEYAZ.....	27	CARNITOR.....	24	clotrimazole.....	13
BIJUVA.....	27	CARNITOR SF.....	24	clotrimazole-	
BIKTARVY.....	15	cartia xt.....	16	betamethasone.....	13
BINOSTO.....	30	carvedilol.....	16	COLCHICINE.....	13
bisoprolol fumarate.....	16	CATAPRES-TTS-1.....	16	colchicine.....	13
bisoprolol-		CATAPRES-TTS-2.....	16	COLCRYS.....	13
hydrochlorothiazide.....	16	CATAPRES-TTS-3.....	16	COLESTID.....	17
blisovi 24 fe.....	27	cefдинир.....	11	COLESTID FLAVORED.....	17
blisovi fe 1.5/30.....	27	cefuroxime axetil.....	11	COMBIGAN.....	31
blisovi fe 1/20.....	27	CELEBREX.....	9	COMBIVENT RESPIMAT...	33
BOTOX.....	30	celecoxib.....	10	CONCERTA.....	18
BREO ELLIPTA.....	32	CELEXA.....	12	CONTRAVE.....	19
BRILINTA.....	14	cephalexin.....	11	CONZIP.....	9
brimonidine tartrate.....	31	CERDELGA.....	25	COPAXONE.....	19
BRISDELLE.....	12	CETROTIDE.....	27	CORDRAN.....	20
BROMSITE.....	31	CHANTIX.....	10	COREG.....	17

COREG CR.....	17	diltiazem hcl er coated		ENBREL.....	29
CORLANOR.....	17	beads.....	17	ENBREL MINI.....	29
CORTEF.....	26	dilt-xr.....	17	ENBREL SURECLICK.....	29
COSENTYX (300 MG		DIOVAN.....	17	ENDOMETRIN.....	27
DOSE).....	29	DIOVAN HCT.....	17	enoxaparin sodium.....	11
COSENTYX 150 MG/ML....	29	DIPENTUM.....	30	enskyce.....	27
COSENTYX		diphenoxylate-atropine.....	25	entecavir.....	15
SENSOREADY (300 MG)...	29	divalproex sodium.....	11	ENTRESTO.....	17
COSENTYX		divalproex sodium er.....	11	EPCLUSA.....	15
SENSOREADY PEN.....	29	DIVIGEL.....	27	EPIDIOLEX.....	11
COSOPT.....	31	donepezil hcl.....	12	EPIDUO.....	20
COZAAR.....	17	DORYX.....	11	EPIDUO FORTE.....	20
CREON.....	25	DORYX MPC.....	11	epinephrine.....	33
CRESEMBA.....	13	dorzolamide hcl-timolol mal	31	EPIPEN 2-PAK.....	33
CRESTOR.....	17	dorzolamide hcl-timolol mal		EPIPEN JR 2-PAK.....	33
cryselle-28.....	27	pf.....	31	EPOGEN.....	16
CUTAQUIG.....	29	DOVATO.....	15	ergocalciferol.....	24
cyanocobalamin.....	24	doxazosin mesylate.....	17	ERLEADA.....	14
CYANOCOBALAMIN.....	24	doxepin hcl.....	12	errin.....	27
cyclobenzaprine hcl.....	34	doxycycline hyclate.....	11	erythromycin.....	31
cyclosporine modified.....	29	doxycycline monohydrate...	11	escitalopram oxalate.....	12
CYMBALTA.....	12	drosiprenone-ethinyl		esomeprazole magnesium..	25
cyproheptadine hcl.....	32	estradiol.....	27	estarylla.....	27
CYTOMEL.....	29	DUAVEE.....	27	ESTRACE.....	27
DELESTROGEN.....	27	DUEXIS.....	10	estradiol.....	28
DELZICOL.....	30	DULERA.....	33	eszopiclone.....	34
DEPAKOTE.....	11	duloxetine hcl.....	12	etodolac.....	10
DEPAKOTE ER.....	11	DUOBRII.....	20	EUCRISA.....	20
DEPAKOTE SPRINKLES...	11	DUPIXENT.....	20	EUFLEXXA.....	30
DEPEN TITRATABS.....	26	DURAGESIC-100.....	9	euthyrox.....	29
DEPO-TESTOSTERONE...	26	DURAGESIC-12.....	9	EVAMIST.....	28
DESCOVY.....	15	DURAGESIC-25.....	9	EVEKEO.....	18
DESONATE.....	20	DURAGESIC-50.....	9	EXFORGE.....	17
desvenlafaxine succinate		DURAGESIC-75.....	9	EXFORGE HCT.....	17
er.....	12	DUROLANE.....	30	EXTAVIA.....	19
dexamethasone.....	26	dutasteride.....	26	ezetimibe.....	17
DEXCOM G4 / G5 / G6		DYAZIDE.....	17	ezetimibe-simvastatin.....	17
RECEIVER,		DYMISTA.....	32	famotidine.....	25
TRANSMITTER, SENSOR		EDARBI.....	17	FARXIGA.....	21
(INCLUDING PLATINUM,		EDARBYCLOR.....	17	FASENRA.....	32
PLATINUM PEDIATRIC)....	22	EFFEXOR XR.....	12	FASENRA PEN.....	32
dexmethylphenidate hcl....	18	ELESTRIN.....	27	femynor.....	28
dexmethylphenidate hcl er..	18	eletriptan hydrobromide.....	13	fenofibrate.....	17
diazepam.....	15	ELIDEL.....	20	fenofibrate micronized.....	17
diclofenac sodium.....	10	ELIQUIS.....	11	fenofibric acid.....	17
dicyclomine hcl.....	25	ELIQUIS DVT/PE		fentanyl.....	9
DIFFERIN.....	20	STARTER PACK.....	11	FENTANYL CITRATE.....	9
DIFICID.....	11	ELOCTATE.....	16	FENTORA.....	9
digoxin.....	17	EMGALITY.....	13	FIASP.....	23
DILANTIN.....	11	EMGALITY (300 MG		FIASP FLEXTOUCH.....	23
DILANTIN INFATABS.....	11	DOSE).....	13	FIASP PENFILL.....	23
DILAUDID.....	9	EMVERM.....	14	FINACEA.....	20
		enalapril maleate.....	17	finasteride.....	26

FIORICET.....	9	GLUCAGON		HUMULIN R U-500 VIAL	
FIORICET/CODEINE.....	9	EMERGENCY KIT.....	23	(CONCENTRATED).....	23
FIRAZYR.....	29	GLUMETZA.....	21	HUMULIN R VIAL.....	23
FIRDAPSE.....	30	glyburide.....	21	HYALGAN.....	30
flecainide acetate.....	17	glycopyrrolate.....	25	hydralazine hcl.....	17
FLECTOR.....	10	GLYXAMBI.....	21	hydrochlorothiazide.....	17
FLOMAX.....	26	GOCOVRI.....	14	hydrocodone-	
FLOVENT DISKUS.....	33	GOLYTELY.....	25	acetaminophen.....	9
FLOVENT HFA.....	33	GONAL-F.....	27	hydrocortisone.....	20, 26
fluconazole.....	13	GONAL-F RFF.....	27	hydromorphone hcl.....	9
fluocinonide.....	20	GONAL-F RFF REDIJECT.....	27	hydroxychloroquine sulfate.....	14
FLUOROPLEX.....	20	GRALISE.....	19	hydroxyzine hcl.....	16
FLUOROURACIL.....	20	GRALISE STARTER.....	19	hydroxyzine pamoate.....	16
fluorouracil.....	20	GRANIX.....	16	HYMOVIS.....	30
fluoxetine hcl.....	12	guanfacine hcl.....	17	HYSINGLA ER.....	9
fluticasone-salmeterol.....	33	guanfacine hcl er.....	19	HYZAAR.....	17
fluvoxamine maleate.....	12	GVOKE PFS.....	23	ibandronate sodium.....	30
FOCALIN.....	18	GYNAZOLE-1.....	13	IBRANCE.....	14
FOCALIN XR.....	18	HAEGARDA.....	29	ibuprofen.....	10
folic acid.....	24	HALOBETASOL		IDHIFA.....	14
FOLLISTIM AQ.....	27	PROPIONATE.....	20	ILEVRO.....	31
FORFIVO XL.....	12	HALOG.....	20	imatinib mesylate.....	14
FORTAMET.....	21	HARVONI.....	15	IMBRUVICA.....	14
FORTESTA.....	26	HEMANGEOL.....	17	IMIQUIMOD PUMP.....	20
FREESTYLE LIBRE 14		HORIZANT.....	19	IMITREX.....	13
DAY READER.....	22	HUMALOG.....	23	IMITREX STATDOSE	
FREESTYLE LIBRE 14		HUMALOG KWIKPEN.....	23	REFILL.....	13
DAY SENSOR.....	22	HUMALOG MIX 50/50		IMITREX STATDOSE	
FREESTYLE LIBRE		KWIKPEN.....	23	SYSTEM.....	13
READER.....	22	HUMALOG MIX 50/50		IMPOYZ.....	21
FREESTYLE LIBRE		VIAL.....	23	IMVEXXY MAINTENANCE	
SENSOR SYSTEM.....	23	HUMALOG MIX 75/25		PACK.....	28
FULPHILA.....	16	KWIKPEN.....	23	IMVEXXY STARTER	
furosemide.....	17	HUMALOG MIX 75/25		PACK.....	28
gabapentin.....	11	VIAL.....	23	INBRIJA.....	14
ganirelix acetate.....	27	HUMALOG U-100 JUNIOR		INCRUSE ELLIPTA.....	33
gavilyte-g.....	25	KWIKPEN.....	23	INDERAL LA.....	17
GELSYN-3.....	30	HUMATROPE.....	27	INDERAL XL.....	17
gemfibrozil.....	17	HUMIRA.....	29	indomethacin.....	10
GENERESS FE.....	28	HUMIRA PEDIATRIC		INFLECTRA.....	29
GENOTROPIN.....	27	CROHNS START.....	29	INNOPRAN XL.....	17
GENOTROPIN		HUMIRA PEN.....	29	INSULIN ASP PROT &	
MINIQUICK.....	27	HUMIRA PEN-CD/UC/HS		ASP FLEXPEN.....	23
gentamicin sulfate.....	31	STARTER.....	29	INSULIN ASPART.....	23
GENVOYA.....	15	HUMIRA PEN-		INSULIN ASPART	
gianvi.....	28	PS/UV/ADOL HS START... ..	29	FLEXPEN.....	23
GILENYA.....	19	HUMULIN 70/30		INSULIN ASPART	
glatiramer acetate.....	19	KWIKPEN.....	23	PENFILL.....	23
GLEEVEC.....	14	HUMULIN 70/30 VIAL.....	23	INSULIN ASPART PROT	
glimepiride.....	21	HUMULIN N KWIKPEN.....	23	& ASPART.....	23
glipizide er.....	21	HUMULIN N VIAL.....	23	INSULIN LISPRO.....	23
glipizide ir.....	21	HUMULIN R U-500		INSULIN LISPRO (1 UNIT	
		KWIKPEN.....	23	DIAL).....	23

INTRAROSA.....	26	lamotrigine.....	12	LOESTRIN FE 1/20.....	28
INTUNIV.....	19	lamotrigine er.....	12	LOKELMA.....	24
INVEGA SUSTENNA.....	15	LANCETS.....	23	LONHALA MAGNAIR	
INVEGA TRINZA.....	15	LANTUS SOLOSTAR.....	23	REFILL KIT.....	33
INVELTYS.....	31	LANTUS U-100 VIAL.....	23	LONHALA MAGNAIR	
INVOKAMET.....	21	larin fe 1/20.....	28	STARTER KIT.....	33
INVOKAMET XR.....	21	larissia.....	28	lorazepam.....	16
INVOKANA.....	21	LASIX.....	17	LORZONE.....	34
ipratropium bromide.....	32	latanoprost.....	31	losartan potassium.....	17
ipratropium-albuterol.....	33	LATISSE.....	31	losartan potassium-hctz.....	17
irbesartan.....	17	LATUDA.....	15	LOTEMAX.....	31
irbesartan-		LAZANDA.....	9	LOTEMAX SM.....	31
hydrochlorothiazide.....	17	LEDIPASVIR-		LOTREL.....	17
isibloom.....	28	SOFOSBUVIR.....	15	lovastatin.....	17
isosorbide mononitrate er...	17	leflunomide.....	29	LOVAZA.....	17
JANUMET.....	21	LESCOL XL.....	17	low-ogestrel.....	28
JANUMET XR.....	22	lessina.....	28	LUMIGAN.....	31
JANUVIA.....	22	LETAIRIS.....	33	LUNESTA.....	34
JARDIANCE.....	22	letrozole.....	14	LUPRON DEPOT (1-	
JENTADUETO.....	22	LEVALBUTEROL HFA.....	33	MONTH).....	27
JENTADUETO XR.....	22	LEVEMIR U-100		LUPRON DEPOT (3-	
JIVI.....	16	FLEXTOUCH.....	23	MONTH).....	27
JORNAY PM.....	19	LEVEMIR U-100 VIAL.....	23	LUPRON DEPOT (4-	
JUBLIA.....	13	levetiracetam.....	12	MONTH)	
JULUCA.....	15	LEVITRA.....	26	INTRAMUSCULAR KIT	
junel 1.5/30.....	28	levofloxacin.....	11	30MG.....	27
junel 1/20.....	28	levonorgest-eth est & eth		LUPRON DEPOT (6-	
junel fe 1.5/30.....	28	est.....	28	MONTH)	
junel fe 1/20.....	28	levonorgest-eth estrad 91-		INTRAMUSCULAR KIT	
junel fe 24.....	28	day.....	28	45MG.....	27
KADIAN.....	9	levonorgestrel-ethinyl		LYNPARZA.....	14
KANJINTI.....	14	estrad.....	28	LYRICA.....	19
KAPSPARGO SPRINKLE..	17	levothyroxine sodium.....	29	MAKENA.....	28
kariva.....	28	LEXAPRO.....	12	MAVENCLAD (10 TABS)....	19
KATERZIA.....	17	LEXETTE.....	21	MAVENCLAD (4 TABS).....	19
KAZANO.....	22	LIALDA.....	30	MAVENCLAD (5 TABS).....	19
KENALOG.....	21, 26	lidocaine.....	10	MAVENCLAD (6 TABS).....	19
KEPPRA.....	12	lidocaine viscous hcl.....	19	MAVENCLAD (7 TABS).....	19
KEPPRA XR.....	12	lidocaine-prilocaine.....	10	MAVENCLAD (8 TABS).....	19
KERYDIN.....	13	LIDODERM.....	10	MAVENCLAD (9 TABS).....	19
ketoconazole.....	13	LINZESS.....	25	MAVYRET.....	15
ketorolac tromethamine 10, 31		liothyronine sodium.....	29	MAXALT.....	13
KITABIS PAK.....	33	LIPITOR.....	17	MAXALT-MLT.....	13
KLONOPIN.....	16	lisinopril.....	17	MAYZENT.....	19
KOMBIGLYZE XR.....	22	lisinopril-		MAYZENT STARTER	
K-TAB.....	24	hydrochlorothiazide.....	17	PACK.....	19
kurvelo.....	28	lithium carbonate.....	16	meclizine hcl.....	13
labetalol hcl.....	17	lithium carbonate er.....	16	medroxyprogesterone	
lactulose.....	25	LIVALO.....	17	acetate.....	28
LAMICTAL.....	12	LO LOESTRIN FE.....	28	meloxicam.....	10
LAMICTAL ODT.....	12	LOESTRIN 1.5/30 (21).....	28	memantine hcl.....	12
LAMICTAL STARTER.....	12	LOESTRIN 1/20 (21).....	28	MENOPUR.....	27
LAMICTAL XR.....	12	LOESTRIN FE 1.5/30.....	28	mesalamine.....	30

metaxalone.....	34	NALFON.....	10	NOVOFINE PLUS PEN	
metformin hcl er.....	22	naltrexone hcl.....	10	NEEDLE.....	24
metformin hcl er (mod).....	22	NAMZARIC.....	12	NOVOLIN 70/30 FLEXPEN	24
metformin hcl er (osm).....	22	NAPRELAN.....	10	NOVOLIN 70/30 FLEXPEN	
metformin hcl ir.....	22	naproxen.....	10	RELION.....	24
methimazole.....	29	naproxen sodium.....	10	NOVOLIN 70/30 RELION...	24
methocarbamol.....	34	NARCAN.....	10	NOVOLIN 70/30 VIAL.....	24
methotrexate.....	29	NASCOBAL.....	24	NOVOLIN N FLEXPEN.....	24
methotrexate sodium.....	29	NASONEX.....	32	NOVOLIN N FLEXPEN	
methylphenidate hcl.....	19	NATAZIA.....	28	RELION.....	24
methylphenidate hcl er.....	19	NATROBA.....	14	NOVOLIN N RELION.....	24
methylphenidate hcl er (la).....	19	NATURE-THROID.....	29	NOVOLIN N VIAL.....	24
methylprednisolone.....	26	neomycin-polymyxin-		NOVOLIN R FLEXPEN.....	24
metoclopramide hcl.....	13	dexameth.....	31	NOVOLIN R FLEXPEN	
metoprolol succinate er.....	17	neomycin-polymyxin-hc.....	32	RELION.....	24
metoprolol tartrate.....	17	NESINA.....	22	NOVOLIN R RELION.....	24
METROGEL.....	21	NEULASTA.....	16	NOVOLIN R VIAL.....	24
metronidazole.....	11, 21	NEULASTA ONPRO.....	16	NOVOLOG FLEXPEN.....	24
MICARDIS.....	17	NEUPOGEN.....	16	NOVOLOG MIX 70/30	
MICARDIS HCT.....	17	NEURONTIN.....	12	FLEXPEN.....	24
MINASTRIN 24 FE.....	28	NEVANAC.....	31	NOVOLOG MIX 70/30	
MINIVELLE.....	28	NEXIUM.....	25	VIAL.....	24
minocycline hcl.....	11	NIASPAN.....	17	NOVOLOG PENFILL.....	24
MINOLIRA.....	11	nifedipine er.....	17	NOVOLOG U-100 VIAL.....	24
MIRENA (52 MG).....	28	nifedipine er osmotic		NOVOTWIST PEN	
mirtazapine.....	12	release.....	17	NEEDLE.....	24
MIRVASO.....	21	nikki.....	28	np thyroid.....	29
misoprostol.....	25	nitrofurantoin macrocrystal.....	11	NUBEQA.....	14
MITIGARE.....	13	nitrofurantoin monohydrate		NUCALA.....	32
MOBIC.....	10	macrocrystals.....	11	NUCYNTA.....	9
modafinil.....	34	nitroglycerin.....	17	NUCYNTA ER.....	9
mometasone furoate.....	21	NITROSTAT.....	17	NULYTELY WITH	
mono-linyah.....	28	NITYR.....	25	FLAVOR PACKS.....	25
MONOVISC.....	30	NIVESTYM.....	16	NUTROPIN AQ NUSPIN	
montelukast sodium.....	33	NOCDURNA.....	27	10.....	27
morphine sulfate er.....	9	NORCO.....	9	NUTROPIN AQ NUSPIN	
MOTEGRITY.....	25	NORDITROPIN FLEXPRO.....	27	20.....	27
MOTOFEN.....	25	norethindrone.....	28	NUTROPIN AQ NUSPIN 5.....	27
MOVANTIK.....	25	norethindrone acetate.....	28	NUVARING.....	28
MOVIPREP.....	25	norethindrone acet-ethinyl		NUVIGIL.....	34
MOXEZA.....	31	est.....	28	NUWIQ.....	16
moxifloxacin hcl.....	31	NORGESIC FORTE.....	34	NUZYRA.....	11
MS CONTIN.....	9	norgestimate-ethinyl		nystatin.....	13
MULPLETA.....	16	estradiol triphasic.....	28	ODEFSEY.....	15
MULTAQ.....	17	NORITATE.....	21	ofloxacin.....	31, 32
multivitamin/fluoride.....	24	nortrel 1/35 (21).....	28	OGIVRI.....	14
mupirocin.....	11	nortrel 1/35 (28).....	28	olanzapine.....	15
MVASI.....	14	nortriptyline hcl.....	12	olmesartan medoxomil.....	18
mycophenolate mofetil.....	29, 30	NORVASC.....	17	olmesartan medoxomil-	
mycophenolate sodium.....	30	NOVOEIGHT.....	16	hctz.....	18
MYRBETRIQ.....	26	NOVOFINE AUTOCOVER		olmesartan-amlodipine-	
nabumetone.....	10	PEN NEEDLE.....	23	hctz.....	18
nadolol.....	17	NOVOFINE PEN NEEDLE.....	24	olopatadine hcl.....	31

OLUMIANT.....	30	OXYCONTIN.....	9	PRENATE DHA.....	24
OMECLAMOX-PAK.....	25	OZEMPIC.....	22	PRENATE ELITE.....	24
omega-3-acid ethyl esters..	18	PANCREAZE.....	25	PRENATE ENHANCE.....	24
omeprazole.....	25	PANDEL.....	21	PRENATE ESSENTIAL.....	24
omeprazole-sodium		pantoprazole sodium.....	25	PRENATE MINI.....	24
bicarbonate.....	25	PANZYGA.....	30	PRENATE PIXIE.....	24
OMNITROPE.....	27	paroxetine hcl.....	12	PRENATE RESTORE.....	24
ondansetron hcl.....	13	PAXIL.....	12	PREPOPIK.....	25
ondansetron odt.....	13	PAXIL CR.....	12	PREVACID.....	25
ONETOUCH ULTRA 2 KIT		PAZEO.....	31	PREVACID SOLUTAB.....	25
W/DEVICE.....	23	peg 3350-kcl-na bicarb-		PREZCOBIX.....	15
ONETOUCH ULTRA		nacl.....	25	PRINIVIL.....	18
BLUE TEST STRIPS.....	23	penicillin v potassium.....	11	PRISTIQ.....	12
ONETOUCH ULTRA MINI		PENNSAID.....	10	PROAIR DIGIHALER.....	33
KIT W/DEVICE.....	23	PENTASA.....	30	PROAIR HFA.....	33
ONETOUCH VERIO FLEX		PERCOCET.....	9	PROAIR RESPICLICK.....	33
SYSTEM KIT W/DEVICE....	23	PERFOROMIST.....	33	prochlorperazine maleate...	13
ONETOUCH VERIO IQ		permethrin.....	14	PROCRIPT.....	16
SYSTEM.....	23	PERSERIS.....	15	PROCTOFOAM HC.....	30
ONETOUCH VERIO KIT		PERTZYE.....	25	progesterone micronized....	28
W/DEVICE.....	23	phenazopyridine hcl.....	26	PROGRAF.....	30
ONETOUCH VERIO		phentermine hcl.....	19	PROLENSA.....	31
SYNC SYSTEM KIT		pioglitazone hcl.....	22	PROLIA.....	30
W/DEVICE.....	23	PLAQUENIL.....	14	promethazine hcl.....	32
ONEXTON.....	21	PLAVIX.....	15	promethazine-codeine.....	32
ONFI.....	12	PLEGRIDY.....	19	promethazine-dm.....	32
ONGLYZA.....	22	PLEGRIDY STARTER		PROMETRIUM.....	28
ONZETRA XSAIL.....	13	PACK.....	19	PROPECIA.....	21
OPSUMIT.....	33	PLENVU.....	25	propranolol hcl.....	18
ORACEA.....	21	polymyxin b-trimethoprim...	31	propranolol hcl er.....	18
ORENCIA.....	30	potassium chloride crys er..	24	PROTONIX.....	25
ORENCIA CLICKJECT.....	30	potassium chloride er.....	24	PROVENTIL HFA.....	33
ORENITRAM.....	33	potassium citrate er.....	24	PROVIGIL.....	34
ORLISSA.....	27	PRADAXA.....	11	PROZAC.....	12
ORPHENGESIC FORTE....	34	PRALUENT.....	18	pseudoephedrine-	
ORTHO MICRONOR.....	28	pramipexole		bromphen-dm.....	32
ORTHO TRI-CYCLEN LO..	28	dihydrochloride.....	14	PSORCON.....	21
ORTHO-NOVUM 7/7/7		prasugrel hcl.....	15	PULMICORT FLEXHALER..	33
(28).....	28	PRAVACHOL.....	18	PULMICORT	
ORTHOVISC.....	30	pravastatin sodium.....	18	SUSPENSION.....	33
oseltamivir phosphate.....	15	prazosin hcl.....	18	PULMOZYME.....	33
OSENI.....	22	PRED FORTE.....	31	PYLERA.....	25
OSMOLEX ER.....	14	prednisolone.....	26	QBREXZA.....	21
OSPHENA.....	27	prednisolone acetate.....	31	QMIIZ ODT.....	10
OTEZLA.....	30	prednisolone sodium		QTERN.....	22
OVIDREL.....	27	phosphate.....	26	QUDEXY XR.....	12
oxcarbazepine.....	12	prednisone.....	26	QUESTRAN.....	18
OXTELLAR XR.....	12	pregabalin.....	19	QUESTRAN LIGHT.....	18
oxybutynin chloride.....	26	PREGENNA.....	24	quetiapine fumarate.....	15
oxybutynin chloride er.....	26	PREMARIN.....	28	quetiapine fumarate er.....	15
oxycodone hcl.....	9	PREMPHASE.....	28	quinapril hcl.....	18
OXYCODONE HCL ER.....	9	PREMPRO.....	28	QVAR REDIHALER.....	33
oxycodone-acetaminophen...	9	PRENATE.....	24	RABEPRAZOLE SODIUM..	25

raloxifene hcl.....	27	SANDOSTATIN.....	27	SUBSYS.....	9
ramipril.....	18	SAPHRIS.....	15	sucralfate.....	25
RANEXA.....	18	SAXENDA.....	19	sulfamethoxazole-	
ranolazine er.....	18	scopolamine.....	13	trimethoprim.....	11
RASUVO.....	30	SEASONIQUE.....	28	sulfasalazine.....	30
RAYALDEE.....	30	SEEBRI NEOHALER.....	33	sumatriptan succinate.....	13
RAYOS.....	26	SEGLUROMET.....	22	SUNOSI.....	34
REBIF.....	19	SENSIPAR.....	30	SUPARTZ FX.....	30
REBIF REBIDOSE.....	19	SEREVENT DISKUS.....	33	SUPREP BOWEL PREP	
REBIF REBIDOSE		SERNIVO.....	21	KIT.....	25
TITRATION PACK.....	19	SEROQUEL.....	15	syeda.....	29
REBIF TITRATION PACK..	19	SEROQUEL XR.....	15	SYMBICORT.....	33
RELISTOR.....	25	sertraline hcl.....	12	SYMFI.....	15
RELPAK.....	13	SEYSARA.....	11	SYMFI LO.....	15
REMICADE.....	30	sildenafil citrate.....	26, 34	SYMJEPI.....	33
REMODULIN.....	34	SILENOR.....	34	SYMLINPEN 60.....	22
RENAGEL.....	26	SILVADENE.....	11	SYMPAZAN.....	12
RENFLEXIS.....	30	SIMBRINZA.....	31	SYMPROIC.....	25
REPATHA.....	18	SIMPONI.....	30	SYNJARDY.....	22
REPATHA PUSHTRONEX		SIMPONI ARIA.....	30	SYNJARDY XR.....	22
SYSTEM.....	18	simvastatin.....	18	SYNTHROID.....	29
REPATHA SURECLICK.....	18	SINGULAIR.....	33	SYNVISC.....	30
RESTASIS.....	31	sirolimus.....	30	SYNVISC ONE.....	30
RESTASIS MULTIDOSE...	31	SKELAXIN.....	34	TACLONEX.....	21
RESTORIL.....	34	SKYRIZI (150 MG DOSE)..	30	tacrolimus.....	21, 30
RETACRIT.....	16	SLYND.....	28	tadalafil.....	26
RETIN-A.....	21	sodium fluoride.....	24	TAKHZYRO.....	30
RETIN-A MICRO GEL 0.04		SODIUM HYALURONATE..	30	TALTZ.....	30
%, 0.1 %.....	21	SOFOSBUVIR-		TAMIFLU.....	15
RETIN-A MICRO PUMP....	21	VELPATASVIR.....	15	tamoxifen citrate.....	14
REVLIMID.....	14	solifenacin succinate.....	26	tamsulosin hcl.....	26
REXULTI.....	15	SOLQUA.....	22	TARGADOX.....	11
RHOPRESSA.....	31	SOLODYN.....	11	TARGRETIN.....	14
RINVOQ.....	30	SOLOSEC.....	11	TAZORAC.....	21
RISPERDAL.....	15	SOMA.....	34	TECFIDERA.....	19
risperidone.....	15	SOOLANTRA.....	21	TEGRETOL.....	12
RITALIN.....	19	SORILUX.....	21	TEGRETOL-XR.....	12
RITALIN LA.....	19	sotalol hcl.....	18	TEGSEDI.....	19
rizatriptan benzoate.....	13	SPIRIVA HANDIHALER....	33	TEKTURNA.....	18
ROCKLATAN.....	31	SPIRIVA RESPIMAT.....	33	TEKTURNA HCT.....	18
ropinirole hcl.....	14	spironolactone.....	18	telmisartan.....	18
rosuvastatin calcium.....	18	sprintec 28.....	29	telmisartan-hctz.....	18
ROXICODONE.....	9	SPRIX.....	10	temazepam.....	34
RUBRACA.....	14	SPRYCEL.....	14	TEMIXYS.....	15
RUCONEST.....	30	STAXYN.....	26	temozolomide.....	14
RUXIENCE.....	14	STEGLATRO.....	22	TENORMIN.....	18
RYBELSUS.....	22	STEGLUJAN.....	22	terazosin hcl.....	26
RYTARY.....	14	STELARA.....	30	terbinafine hcl.....	13
SABRIL.....	12	STENDRA.....	26	terconazole.....	13
SAFYRAL.....	28	STIOLTO RESPIMAT.....	33	TESTIM.....	26
SAIZEN.....	27	STRATTERA.....	19	testosterone.....	26
SAIZENPREP.....	27	STRENSIQ.....	25	testosterone cypionate.....	26
SANCUSO.....	13	SUBOXONE.....	10	TIGLUTIK.....	19

TIKOSYN.....	18	tri-lo-sprintec.....	29	VOGELXO.....	26
timolol maleate.....	31	TRINAZ.....	24	VOGELXO PUMP.....	26
TIMOPTIC.....	31	TRINTELLIX.....	12	VOLTAREN.....	10
TIMOPTIC OCUDOSE.....	31	tri-sprintec.....	29	VOSEVI.....	15
TIMOPTIC-XE.....	31	TRIUMEQ.....	15	VRAYLAR.....	15
TIROSINT.....	29	TROKENDI XR.....	12	VYLEESI.....	19
TIROSINT-SOL.....	29	TRULANCE.....	25	VYTORIN.....	18
TIVICAY.....	15	TRULICITY.....	22	VYVANSE.....	19
tizanidine hcl.....	34	TRUVADA.....	15	VYZULTA.....	31
TOBI NEBULIZER.....	33	TRUXIMA.....	14	WAKIX.....	34
TOBI PODHALER.....	33	TUDORZA PRESSAIR.....	33	warfarin sodium.....	11
TOBRADEX.....	31	TYLENOL WITH		WELCHOL.....	18
tobramycin.....	33	CODEINE #3.....	9	WELLBUTRIN SR.....	13
TOBRAMYCIN.....	33	TYMLOS.....	30	WELLBUTRIN XL.....	13
tobramycin-		UCERIS.....	30	wixela inhub.....	33
dexamethasone.....	32	UDENYCA.....	16	XALATAN.....	31
TOLSURA.....	13	ULTOMIRIS.....	16	XANAX.....	16
tolterodine tartrate er.....	26	ULTRACET.....	9	XANAX XR.....	16
TOPAMAX.....	12	ULTRAM.....	9	XARELTO.....	11
TOPAMAX SPRINKLE.....	12	ULTRAVATE.....	21	XARELTO STARTER	
TOPICORT SPRAY.....	21	UTIBRON NEOHALER.....	33	PACK.....	11
topiramate.....	12	VAGIFEM.....	29	XELJANZ.....	30
TOPROL XL.....	18	valacyclovir hcl.....	15	XELJANZ XR.....	30
torsemide.....	18	VALIUM.....	16	XENLETA.....	11
TOSYMRA.....	13	valsartan.....	18	XEPI.....	11
TOUJEO MAX		valsartan-		XHANCE.....	32
SOLOSTAR.....	24	hydrochlorothiazide.....	18	XIGDUO XR.....	22
TOUJEO SOLOSTAR.....	24	VALTREX.....	15	XIIDRA.....	32
TOVIAZ.....	26	VASCEPA.....	18	XIMINO.....	11
TRACLEER.....	34	VECTICAL.....	21	XOFLUZA (40 MG DOSE)..	15
TRADJENTA.....	22	VELPHORO.....	26	XOFLUZA (80 MG DOSE)..	15
TRAMADOL HCL ER.....	9	VELTASSA.....	24	XOLAIR.....	32
tramadol hcl ir.....	9	VELTIN.....	21	XOPENEX HFA.....	33
TRAVATAN Z.....	31	VEMLIDY.....	15	XPOVIO (100 MG ONCE	
TRAZIMERA.....	14	venlafaxine hcl.....	13	WEEKLY).....	14
trazodone hcl.....	12	venlafaxine hcl er.....	13	XPOVIO (60 MG ONCE	
TREANDA.....	14	VENTOLIN HFA.....	33	WEEKLY).....	14
TRELEGY ELLIPTA.....	33	verapamil hcl er.....	18	XPOVIO (80 MG ONCE	
TREMFYA.....	30	VERDESO.....	21	WEEKLY).....	14
TRESIBA.....	24	VESICARE.....	26	XPOVIO (80 MG TWICE	
TRESIBA FLEXTOUCH.....	24	VIAGRA.....	26	WEEKLY).....	14
tretinoin.....	21	VIBERZI.....	25	XTAMPZA ER.....	9
TREXIMET.....	13	VICTOZA.....	22	XTANDI.....	14
TREZIX.....	9	vienna.....	29	xulane.....	29
tri femynor.....	29	VIGAMOX.....	31	XYOSTED.....	26
triamcinolone acetonide.....	21	VIIBRYD.....	13	XYREM.....	34
triamterene-hctz.....	18	VIIBRYD STARTER PACK.....	13	YASMIN 28.....	29
triazolam.....	16	VIMOVO.....	10	YAZ.....	29
TRIBENZOR.....	18	VIMPAT.....	12	YONSA.....	14
TRICOR.....	18	VIOKACE.....	25	YOSPRALA.....	15
TRILEPTAL.....	12	viorele.....	29	YUPELRI.....	33
tri-linyah.....	29	vitamin d (ergocalciferol).....	24	ZALVIT.....	24
tri-lo-marzia.....	29	VIVELLE-DOT.....	29	ZANAFLEX.....	34

ZARXIO	16
ZEGERID	25
ZEJULA	14
ZELNORM	25
ZEMBRACE SYMTOUCH..	14
ZENPEP	25
ZESTRIL	18
ZETIA	18
ZIANA	21
ZIOPTAN	31
ziprasidone hcl	15
ZIPSOR	10
ZIRABEV	14
ZOCOR	18
ZOHYDRO ER	9
ZOLOFT	13
zolpidem tartrate	34
zolpidem tartrate er	34
ZOMACTON	27
ZOMIG	14
ZOMIG ZMT	14
ZONEGRAN	12
zonisamide	12
ZORVOLEX	10
ZOVIRAX	15
ZTLIDO	10
ZUBSOLV	10
ZYCLARA	21
ZYCLARA PUMP	21
ZYPITAMAG	18
ZYPREXA	15
ZYTIGA	14

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson



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.

مقر ىلع لاصتالاء اجرلا. لفل ؤحاتم ؤيناجملا ؤيوغللا ؤدعاسملا تامدخ ناف، **(Arabic)** ؤيبرعلال ؤدحتت تنك اذل: ؤيبنل ؤيوضعلال فرعم ىلع ؤوجوملا يناجملا فتالال

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye 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。

نفلت هرامش اب افطل. دشاب ىم امش راىتخا رد ناگىار روط هب ىنابز دادما تامدخ، تسا **(Farsi)** ىسراف امش نابز رگا: هجوت ديريگب سامت هدش دىق امش ىياسانش تراك ىور مك ىناگىار

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: បើសិនអ្នកនិយាយភាសាខ្មែរ(**Khmer**)សំដៅនិយាយភាសាដទៃយុត្តិធម៌ 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.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqođí ninaaltsoos nit'izí bee nééhozinígíí bine'déę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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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