

# Your 2019 Formulary

Effective January 1, 2019



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



Call the member phone number on your ID card.



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

- Locate 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).

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

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

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### **About this formulary**

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

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

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

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

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

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

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

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### **Over-the-counter medications**

An 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 by your pharmacy benefit, they may cost less than a prescription medication.

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## Reading your formulary

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

### Tier information

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier E</b>	⊗ <b>Excluded</b>	May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered.

### Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

<b>M</b>	Authorized generic or co-branded product
<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>3P</b>	Tier 3 preferred

## Table of Contents

Analgesics - Drugs for Pain.....	6	Genitourinary Agents - Drugs for Prostate Conditions.....	21
Analgesics - Drugs for Pain and Inflammation.	7	Hormonal Agents - Adrenal.....	21
Anesthetics.....	7	Hormonal Agents - Men's Health.....	22
Anti-Addiction / Substance Abuse Treatment Agents.....	7	Hormonal Agents - Osteoporosis.....	22
Antibacterials.....	7	Hormonal Agents - Pituitary.....	22
Anticoagulants.....	8	Hormonal Agents - Sex Hormones and Birth Control.....	23
Anticonvulsants - Drugs for Seizures.....	8	Hormonal Agents - Thyroid.....	24
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	9	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	24
Antidepressants.....	9	Immunological Agents - Drugs for Vaccination.....	26
Antiemetics - Drugs for Nausea and Vomiting..	9	Inflammatory Bowel Disease Agents.....	26
Antifungals.....	10	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	26
Antigout Agents.....	10	Miscellaneous Therapeutic Agents.....	26
Antimigraine Agents.....	10	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	26
Antineoplastics - Drugs for Cancer.....	10	Ophthalmic Agents - Drugs for Glaucoma.....	27
Antiparasitics.....	10	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	27
Antiparkinson Agents.....	10	Otic Agents - Drugs for Ear Conditions.....	27
Antiplatelets.....	11	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	27
Antipsychotics - Drugs for Mood Disorders....	11	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	28
Antivirals.....	11	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	29
Anxiolytics - Drugs for Anxiety.....	12	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	30
Bipolar Agents - Drugs for Mood Disorders....	12	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	30
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders...	12	Sleep Disorder Agents.....	30
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	12	Index of Drugs.....	31
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	14		
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	15		
Central Nervous System Agents - Miscellaneous.....	15		
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	16		
Dermatological Agents - Drugs for Skin Conditions.....	16		
Diabetes - Antidiabetic Agents.....	17		
Diabetes - Glucose Monitoring.....	18		
Diabetes - Glycemic Agents.....	18		
Diabetes - Insulins.....	18		
Electrolytes / Minerals / Metals / Vitamins.....	19		
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	20		
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	20		
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment.....	20		
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	21		

Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
ARYMO ER	E	
BELBUCA	3	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 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

Drug Name	Drug Tier	Notes
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	E	
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	E	
SUBSYS	E	
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	E	
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	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
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
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	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID TRANSDERMAL SOLUTION 2 %	E	
SPRIX	E	
sulindac oral	1	
VIMOVO	E	
VOLTAREN GEL 1%	E	
ZORVOLEX	E	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	

Drug Name	Drug Tier	Notes
lidocaine-prilocaine external cream	1	
LIDODERM	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
<b>Antibacterials</b>		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	

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

Drug Name	Drug Tier	Notes
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
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	
DORYX MPC	E	
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	

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
<b>Anticoagulants</b>		
ELIQUIS	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
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	

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
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
phenytoin sodium extended	1	
SABRIL ORAL PACKET	E	SP
topiramate er	1	ST
topiramate oral tablet	1	
TROKENDI XR	E	
VIMPAT	3	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl)	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	

Drug Name	Drug Tier	Notes
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	2	QL
LEXAPRO ORAL TABLET	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PRISTIQ	E	
PROZAC ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL

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

Drug Name	Drug Tier	Notes
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
scopolamine	1	
VARUBI ORAL	3	QL
<b>Antifungals</b>		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
DUZALLO	3	ST
ULORIC	2	ST
ZURAMPIC	3	ST
<b>Antimigraine Agents</b>		
eletriptan hydrobromide	1	QL
MIGRANAL	3	QL
ONZETRA XSAIL	E	

Drug Name	Drug Tier	Notes
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	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
<b>Antiplatelets</b>		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	E	SP

Drug Name	Drug Tier	Notes
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	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	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
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL	E	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
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
VALIUM	E	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
AFSTYLA	3	SP

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	E	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	E	SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	E	SP
GRANIX	2	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
NUWIQ	3	SP
PROCRIT	2	PA; SP
ZARXIO	2	PA; SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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	

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
atorvastatin calcium oral	1	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
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
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL

Drug Name	Drug Tier	Notes
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	
LIPITOR	E	
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	

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

Drug Name	Drug Tier	Notes
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	
NITROSTAT	E	
NORVASC	E	
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
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
REPATHA SURECLICK	2	PA; SP; QL
rosuvastatin calcium	1	

Drug Name	Drug Tier	Notes
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	
TOPROL XL	E	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	E	
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	
VYTORIN	E	
ZETIA	E	
ZYPITAMAG	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	E	
ADZENYS ER	3	PA; ST; QL
ADZENYS XR-ODT	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL

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

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
CONCERTA	E	
COTEMPLA XR-ODT	3	PA; ST; QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	2	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

Drug Name	Drug Tier	Notes
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	E	SP
GILENYA	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	PA; QL
CONTRAVE	2	PA
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
LYRICA ORAL CAPSULE	2	QL

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

Drug Name	Drug Tier	Notes
phentermine hcl oral tablet	1	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	PA
AKTIPAK	E	
ATRALIN	3	PA
BENZACLIN	E	
BENZACLIN WITH PUMP	E	
BENZAMYCIN	E	
claravis	1	PA
CLINDAGEL	E	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1.2-2.5 %	E	M
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	

Drug Name	Drug Tier	Notes
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	3	PA
DIFFERIN EXTERNAL LOTION	3	PA
DUAC	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	2	ST
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
NORITATE	E	
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	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
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
SOOLANTRA	2	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
TAZORAC	3	
tretinoin external cream	1	PA
VECTICAL	3	
VELTIN	E	
ZIANA	E	
ZYCLARA	3	
ZYCLARA PUMP	3	
<b>Diabetes - Antidiabetic Agents</b>		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYDUREON VIAL	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	E	
FORTAMET	E	
glimepiride	1	
glipizide er	1	

Drug Name	Drug Tier	Notes
glipizide ir	1	
glipizide xl	1	
GLUMETZA	E	
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
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	

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
STEGLUJAN	E	
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	E	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	E	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFT TOUCH LANCETS	2	

Drug Name	Drug Tier	Notes
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3	
DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3	
DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3	
ONETOUCH ULTRA 2 KIT W/DEVICE	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	2	
ONETOUCH VERIO	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO STRIP IN VITRO	2	QL
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
<b>Diabetes - Glycemic Agents</b>		
GLUCAGON EMERGENCY	2	
<b>Diabetes - Insulins</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
APIDRA SOLOSTAR	E	

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
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
FIASP	E	
FIASP FLEXTOUCH	E	
HUMALOG U-100 AND U-200 KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	2	
HUMULIN R VIAL	2	
LANTUS U-100 SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	

Drug Name	Drug Tier	Notes
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG U-100 FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG U-100 PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
cyanocobalamin injection	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	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
VITAFOL ORAL TABLET	E	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL
esomeprazole magnesium	E	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeppi	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral	1	QL
PREVACID	E	
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	
ZEGERID	E	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	E	
CLENPIQ	3	

Drug Name	Drug Tier	Notes
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR ORAL	E	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
VIOKACE	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
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	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CIALIS	2	QL
DEPEN TITRATABS	2	SP
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
REVELA	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STAXYN	E	
STENDRA	E	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	
VIAGRA	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	

Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
<b>Hormonal Agents - Adrenal</b>		
ala-cort external cream 1 %	1	
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbbase	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	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
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TOPICORT SPRAY	E	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA

Drug Name	Drug Tier	Notes
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	E	M
VOGELXO PUMP	E	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	E	
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
BRAVELLE	E	SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	E	SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	2	PA; SP
GONAL-F RFF	2	PA; SP
GONAL-F RFF REDIJECT	2	PA; SP
HP ACTHAR	2	PA; 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

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
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP	drospirenone-ethinyl estradiol	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP	DUAVEE	2	
NORDITROPIN FLEXPRO	2	PA; SP	ELESTRIN	3	
NUTROPIN AQ NUSPIN 10	2	PA; SP	ENDOMETRIN	2	
NUTROPIN AQ NUSPIN 20	2	PA; SP	enskyce oral tablet 0.15-30 mg-mcg	1	
NUTROPIN AQ NUSPIN 5	2	PA; SP	estradiol oral	1	
OMNITROPE	2	PA; SP	estradiol transdermal	1	
OVIDREL	3	SP	estradiol vaginal cream	1	
SAIZEN	E	SP	gianvi	1	
SAIZENPREP	E	SP	junel 1/20	1	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	E	SP	junel fe 1.5/30	1	
ZOMACTON	E	SP	junel fe 1/20	1	
<b>Hormonal Agents - Sex Hormones and Birth Control</b>			levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
apri	1		LO LOESTRIN FE	3	
aviane	1		loryna	1	
BEYAZ	E		low-ogestrel	1	
blisovi 24 fe	1		MAKENA INTRAMUSCULAR	3	PA; SP
blisovi fe 1.5/30	1		medroxyprogesterone acetate intramuscular	1	QL
blisovi fe 1/20	1		medroxyprogesterone acetate oral	1	
CLIMARA PRO	2		MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
cryselle-28	1		microgestin 1.5/30	1	
DIVIGEL	3		microgestin 1/20	1	
			microgestin fe 1/20	1	
			MINASTRIN 24 FE	E	
			MINIVELLE	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
mono-linyah	1	
mononessa	1	
NATAZIA	2	
nikki	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone oral	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
ocella	1	
ORTHO TRI-CYCLEN (28)	E	
ORTHO TRI-CYCLEN LO	E	
portia-28	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	
tri-estarylla	1	
tri-linyah	1	
tri-lo-marzia	1	
trinessa (28)	1	
trinessa lo	1	
tri-previfem	1	

Drug Name	Drug Tier	Notes
tri-sprintec	1	
VAGIFEM VAGINAL TABLET 10 MCG	E	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
xulane	1	
YAZ	E	
yuvafem	1	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
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	
SYNTHROID	3	
TIROSINT	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
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

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
COSENTYX SENSOREADY 300 DOSE	3	PA; 3P; SP	KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; 3P; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; 3P; SP	methotrexate oral	1	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP	methotrexate sodium oral	1	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP	mycophenolate mofetil oral capsule	1	SP
HAEGARDA	3	PA; SP	mycophenolate mofetil oral tablet	1	SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA; SP	mycophenolate sodium	1	SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; SP	OTEZLA ORAL TABLET	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; SP	OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; SP	PROGRAF ORAL	3	SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; 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
INFLECTRA	E	SP	REMICADE	2	PA; SP
			SIMPONI ARIA	2	PA; SP
			SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP
			SIMPONI SUBCUTANEOUS 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
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
tacrolimus oral	1	SP
TALTZ	E	SP
TREMFYA	2	PA; SP
XELJANZ ORAL TABLET 5 MG	3	PA; 3P; SP
XELJANZ XR	3	PA; 3P; SP
<b>Immunological Agents - Drugs for Vaccination</b>		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
SHINGRIX	3	
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
ASACOL HD	E	
CANASA	2	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	

Drug Name	Drug Tier	Notes
UCERIS	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
ibandronate sodium oral	1	QL
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
	2	PA; Non-Cosmetic; SP
BOTOX		
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	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
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	E	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
BETOPTIC-S	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL

Drug Name	Drug Tier	Notes
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
RHOPRESSA	E	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
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
TOBRADEX OPTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
benzonatate	1		AIRDUO RESPICLICK 113/14	E	
cetirizine hcl oral solution	1		AIRDUO RESPICLICK 232/14	E	
desloratadine oral tablet	1		AIRDUO RESPICLICK 55/14	E	
DYMISTA	2	QL	albuterol sulfate inhalation	1	QL
fluticasone propionate nasal	1		ALVESCO	E	
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	PA; QL	ANORO ELLIPTA	2	QL
ipratropium bromide nasal	1		ARMONAIR RESPICLICK 113	E	
levocetirizine dihydrochloride oral tablet	1		ARMONAIR RESPICLICK 232	E	
mometasone furoate nasal	1	QL	ARMONAIR RESPICLICK 55	E	
NASONEX	E		ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	QL
OMNARIS	3	QL	ASMANEX 120 METERED DOSES	E	
promethazine hcl oral tablet	1		ASMANEX 14 METERED DOSES	E	
promethazine-codeine oral syrup	1	PA; QL	ASMANEX 30 METERED DOSES	E	
promethazine-dm	1		ASMANEX 60 METERED DOSES	E	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1		ASMANEX 7 METERED DOSES	E	
QNASL	3	QL	ASMANEX HFA	E	
QNASL CHILDRENS	3	QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
XOLAIR	2	PA; SP			
ZETONNA	3	QL			
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>					
ADVAIR DISKUS	2	QL			
ADVAIR HFA	2	QL			

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

Drug Name	Drug Tier	Notes
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	E	
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	E	Made by Impax; M
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	E	Made by Impax; M
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	Made by Mylan
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	

Drug Name	Drug Tier	Notes
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
KITABIS PAK	E	SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	ST; 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
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	3	PA; SP; QL
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
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
SILENOR	3	QL
temazepam	1	QL

Drug Name	Drug Tier	Notes
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

## Index of Drugs

abacavir sulfate-lamivudine	11	ADZENYS ER	14	APRISO	26
ABILIFY MAINTENA	11	ADZENYS XR-ODT	14	ARANESP (ALBUMIN FREE)	12
ABSORICA	16	AFLURIA		aripiprazole	11
ABSTRAL	6	PRESERVATIVE FREE	26	ARISTADA	11
ACANYA	16	AFSTYLA	12	ARMONAIR RESPICLICK	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	18	AIRDUO RESPICLICK 113/14	28	113	28
ACCU-CHEK AVIVA PLUS	18	AIRDUO RESPICLICK 232/14	28	ARMONAIR RESPICLICK 232	28
ACCU-CHEK COMPACT PLUS CARE KIT	18	AIRDUO RESPICLICK 55/14	28	ARMONAIR RESPICLICK 55	28
ACCU-CHEK COMPACT PLUS TEST STRIPS	18	AKTIPAK	16	ARMOUR THYROID	24
ACCU-CHEK FASTCLIX LANCET KIT	18	ala-cort	21	ARNUITY ELLIPTA	28
ACCU-CHEK FASTCLIX LANCETS	18	albuterol sulfate	28	ARYMO ER	6
ACCU-CHEK GUIDE	18	alendronate sodium	26	ASACOL HD	26
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	18	alfuzosin hcl er	21	ASMANEX 120 METERED DOSES	28
ACCU-CHEK MULTICLIX LANCETS	18	allopurinol	10	ASMANEX 14 METERED DOSES	28
ACCU-CHEK NANO SMARTVIEW KIT		ALOGLIPTIN BENZOATE	17	ASMANEX 30 METERED DOSES	28
W/DEVICE	18	ALOGLIPTIN- METFORMIN HCL	17	ASMANEX 60 METERED DOSES	28
ACCU-CHEK SMARTVIEW TEST STRIPS	18	ALOGLIPTIN- PIOGLITAZONE	17	ASMANEX 7 METERED DOSES	28
ACCU-CHEK SOFT TOUCH LANCETS	18	ALPHAGAN P	27	ASTEPRO	27
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	18	alprazolam	12	atenolol	12
ACCU-CHEK SOFTCLIX LANCETS	18	ALVESCO	28	atenolol-chlorthalidone	12
acetaminophen-codeine	6	AMBIEN	30	ATIVAN	12
acetaminophen-codeine #2	6	AMBIEN CR	30	atomoxetine hcl	15
acetaminophen-codeine #3	6	amiodarone hcl	12	atorvastatin calcium	13
acetaminophen-codeine #4	6	AMITIZA	20	ATRALIN	16
ACIPHEX	20	amitriptyline hcl	9	ATRIPLA	11
ACTICLATE	7	amlodipine besylate	12	AUBAGIO	15
acyclovir	11	amlodipine besylate- benazepril hcl	12	AURYXIA	21
ACZONE	16	amlodipine besylate- valsartan	12	AUVI-Q	28
adapalene	16	amlodipine-olmesartan	12	aviane	23
ADCIRCA	30	amoxicillin	7	AVONEX PEN	15
ADDERALL XR	14	amoxicillin-potassium clavulanate	7	AVONEX PREFILLED	15
ADDYI	15	amphetamine- dextroamphetamine	14	AVONEX VIAL INTRAMUSCULAR KIT	15
ADEMPAS	30	amphetamine- dextroamphetamine er	15	AZASITE	26
ADLYXIN	17	AMPYRA	15	azathioprine	24
ADLYXIN STARTER PACK	17	AMRIX	30	azelastine hcl	27
ADMELOG	18	anastrozole	10	azithromycin	7, 8
ADMELOG SOLOSTAR	18	ANDRODERM	22	AZOPT	27
ADVAIR DISKUS	28	ANDROGEL	22	AZOR	13
ADVAIR HFA	28	ANDROGEL PUMP	22	baclofen	30
		ANORO ELLIPTA	28	BASAGLAR KWIKPEN	19
		APIDRA SOLOSTAR	18	BELBUCA	6
		APIDRA VIAL	19	benazepril hcl	13
		apri	23		

benazepril- hydrochlorothiazide.....	13	CARAFATE.....	20	COMBIVENT RESPIMAT ...	29
BENICAR.....	13	carbamazepine.....	8	COMPLERA.....	11
BENICAR HCT.....	13	carbidopa-levodopa.....	10	CONCERTA.....	15
BENZAACLIN.....	16	carisoprodol.....	30	CONTRAVE.....	15
BENZAACLIN WITH PUMP..	16	cartia xt.....	13	COPAXONE.....	15
BENZAMYCIN.....	16	carvedilol.....	13	CORLANOR.....	13
benzonatate.....	28	cefdinir.....	8	COSENTYX 150 MG/ML....	24
benztropine mesylate.....	10	cefuroxime axetil.....	8	COSENTYX 300 DOSE.....	24
BESIVANCE.....	26	CELEBREX.....	7	COSENTYX SENSOREADY 300 DOSE.	25
betamethasone valerate.....	21	celecoxib.....	7	COSENTYX SENSOREADY PEN.....	25
BETASERON.....	15	cephalexin.....	8	COSOFT PF.....	27
BETHKIS.....	29	CERDELGA.....	20	COTEMPLA XR-ODT.....	15
BETIMOL.....	27	cetirizine hcl.....	28	CREON.....	20
BETOPTIC-S.....	27	CETROTIDE.....	22	CRESTOR.....	13
BEVESPI AEROSPHERE..	29	CETYLEV.....	26	cryselle-28.....	23
BEYAZ.....	23	CHANTIX STARTING MONTH PAK.....	7	cyanocobalamin.....	19
BINOSTO.....	26	chlorhexidine gluconate.....	16	cyclobenzaprine hcl.....	30
bisoprolol fumarate.....	13	chlorthalidone.....	13	CYMBALTA.....	9
bisoprolol- hydrochlorothiazide.....	13	choline fenofibrate.....	13	CYTOMEL.....	24
blisovi 24 fe.....	23	CIALIS.....	21	DELZICOL.....	26
blisovi fe 1.5/30.....	23	cilostazol.....	11	DEPEN TITRATABS.....	21
blisovi fe 1/20.....	23	CIMDUO.....	11	DEPO-TESTOSTERONE...	22
BOTOX.....	26	CIMZIA.....	24	DESCOVY.....	11
BRAVELLE.....	22	CIMZIA PREFILLED KIT ...	24	desloratadine.....	28
BREO ELLIPTA.....	29	CIMZIA STARTER KIT.....	24	desvenlafaxine succinate er.....	9
BRILINTA.....	11	CIPRODEX.....	27	dexamethasone.....	21
brimonidine tartrate.....	27	ciprofloxacin hcl.....	8, 26	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER....	18
BROMSITE.....	26	citalopram hydrobromide.....	9	DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER.....	18
budesonide.....	29	claravis.....	16	DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER.....	18
bumetanide.....	13	clarithromycin.....	8	DEXILANT.....	20
BUNAVAIL.....	7	CLENPIQ.....	20	dexamethylphenidate hcl.....	15
buprenorphine hcl.....	7	CLIMARA PRO.....	23	dexamethylphenidate hcl er..	15
buprenorphine hcl- naloxone hcl.....	7	CLINDAGEL.....	16	diazepam.....	12
bupropion hcl.....	9	clindamycin hcl.....	8	diclofenac potassium.....	7
bupropion hcl er (sr).....	9	CLINDAMYCIN PHOS- BENZOYL PEROX.....	16	diclofenac sodium.....	7
bupropion hcl er (xl).....	9	clindamycin phos-benzoyl perox.....	16	dicyclomine hcl.....	20
buspirone hcl.....	12	clindamycin phosphate.....	16	DIFFERIN.....	16
butalbital-apap-caffeine.....	6	CLINDAMYCIN PHOSPHATE.....	16	digoxin.....	13
BYDUREON.....	17	CLINDESSE.....	8	DILANTIN.....	8
BYDUREON BCISE AUTOINJECTOR.....	17	clobetasol propionate.....	21	DILANTIN INFATABS.....	8
BYETTA 10 MCG PEN.....	17	CLOBEX SPRAY.....	21	diltiazem hcl.....	13
BYETTA 5 MCG PEN.....	17	clonazepam.....	12	diltiazem hcl er beads.....	13
BYSTOLIC.....	13	clonidine hcl.....	13	diltiazem hcl er coated beads.....	13
BYVALSON.....	13	clopidogrel bisulfate.....	11	DIOVAN.....	13
CABOMETYX.....	10	clotrimazole- betamethasone.....	16		
calcitriol.....	26	COLCHICINE.....	10		
CAMBIA.....	7	COLCRYST.....	10		
CANASA.....	26	COMBIGAN.....	27		
capecitabine.....	10				



DIOVAN HCT.....	13	erythromycin.....	27	glipizide xl.....	17
DIPENTUM.....	26	escitalopram oxalate.....	9	GLUCAGON	
diphenoxylate-atropine.....	20	esomeprazole magnesium..	20	EMERGENCY.....	18
divalproex sodium.....	8	estradiol.....	23	GLUMETZA.....	17
divalproex sodium er.....	8	eszopiclone.....	30	glyburide.....	17
DIVIGEL.....	23	etodolac.....	7	glyburide-metformin.....	17
donepezil hcl.....	9	EUCRISA.....	16	GLYXAMBI.....	17
DORYX MPC.....	8	EUFLEXXA.....	26	GONAL-F.....	22
dorzolamide hcl-timolol mal	27	EXTAVIA.....	15	GONAL-F RFF.....	22
doxazosin mesylate.....	13	ezetimibe.....	13	GONAL-F RFF REDIJECT..	22
doxepin hcl.....	9	ezetimibe-simvastatin.....	13	GRALISE.....	15
doxycycline hyclate.....	8	famotidine.....	20	GRALISE STARTER.....	15
doxycycline monohydrate.....	8	FARXIGA.....	17	GRANIX.....	12
drosiprenone-ethinyl		fenofibrate.....	13	guanfacine hcl.....	13
estradiol.....	23	fenofibrate micronized.....	13	guanfacine hcl er.....	15
DUAC.....	16	fenofibric acid.....	13	GYNAZOLE-1.....	10
DUAVEE.....	23	fentanyl.....	6	HAEGARDA.....	25
DUEXIS.....	7	FENTORA.....	6	HALOG.....	21
DULERA.....	29	FIASP.....	19	haloperidol.....	11
duloxetine hcl.....	9	FIASP FLEXTOUCH.....	19	HARVONI.....	11
DUPIXENT.....	16	finasteride.....	21	HP ACTHAR.....	22
DURAGESIC-100.....	6	flecainide acetate.....	13	HUMALOG KWIKPEN.....	19
DURAGESIC-12.....	6	FLECTOR.....	7	HUMALOG MIX 50/50	
DURAGESIC-25.....	6	FLOVENT DISKUS.....	29	KWIKPEN.....	19
DURAGESIC-50.....	6	FLOVENT HFA.....	29	HUMALOG MIX 50/50	
DURAGESIC-75.....	6	FLUCELVAX		VIAL.....	19
DUZALLO.....	10	QUADRIVALENT.....	26	HUMALOG MIX 75/25	
DYMISTA.....	28	fluconazole.....	10	KWIKPEN.....	19
EDARBI.....	13	fluocinonide.....	21	HUMALOG MIX 75/25	
EDARBYCLOR.....	13	FLUOROPLEX.....	16	VIAL.....	19
EFFEXOR XR.....	9	fluoxetine hcl.....	9	HUMALOG U-100 JUNIOR	
ELESTRIN.....	23	fluticasone propionate.....	28	KWIKPEN.....	19
eletriptan hydrobromide.....	10	fluvoxamine maleate.....	9	HUMALOG U-100 VIAL	
ELIDEL.....	16	folic acid.....	19	AND CARTRIDGE.....	19
ELIQUIS.....	8	FOLLISTIM AQ.....	22	HUMATROPE.....	22
EMBEDA.....	6	FORFIVO XL.....	9	HUMIRA.....	25
EMVERM.....	10	FORTAMET.....	17	HUMIRA PEDIATRIC	
enalapril maleate.....	13	FORTEO.....	26	CROHNS START.....	25
ENBREL.....	25	FORTESTA.....	22	HUMIRA PEN.....	25
ENBREL SURECLICK.....	25	furosemide.....	13	HUMIRA PEN-CD/UC/HS	
ENDOMETRIN.....	23	gabapentin.....	8	STARTER.....	25
enoxaparin sodium.....	8	gavilyte-g.....	20	HUMIRA PEN-PS/UV	
enskyce.....	23	gemfibrozil.....	13	STARTER.....	25
ENSTILAR.....	16	GENOTROPIN.....	22	HUMULIN 70/30	
entecavir.....	11	GENOTROPIN		KWIKPEN.....	19
ENTRESTO.....	13	MINIQUICK.....	22	HUMULIN 70/30 VIAL.....	19
EPCLUSA.....	11	gentamicin sulfate.....	27	HUMULIN N KWIKPEN.....	19
EPIDUO.....	16	GENVOYA.....	11	HUMULIN N VIAL.....	19
EPIDUO FORTE.....	16	gianvi.....	23	HUMULIN R U-500	
EPINEPHRINE.....	29	GILENYA.....	15	KWIKPEN.....	19
EPIPEN 2-PAK.....	29	glimepiride.....	17	HUMULIN R U-500 VIAL	
EPIPEN JR 2-PAK.....	29	glipizide.....	17	(CONCENTRATED).....	19
EPOGEN.....	12	glipizide er.....	17	HUMULIN R VIAL.....	19

hydralazine hcl.....	13	klor-con m20.....	19	LUNESTA.....	30
hydrochlorothiazide.....	13	KOMBIGLYZE XR.....	17	LUPRON DEPOT (1- MONTH).....	22
hydrocodone polst-cpm polst er.....	28	labetalol hcl.....	13	LUPRON DEPOT (3- MONTH).....	22
hydrocodone- acetaminophen.....	6	lamotrigine.....	9	LUPRON DEPOT (4- MONTH)	
hydrocortisone.....	21	lansoprazole.....	20	INTRAMUSCULAR KIT	
hydrocortisone in absorbbase.....	21	LANTUS SOLOSTAR.....	19	30MG.....	23
hydromorphone hcl.....	6	LANTUS U-100 VIAL.....	19	LUPRON DEPOT (6- MONTH)	
hydroxychloroquine sulfate.....	10	LASTACAFT.....	27	INTRAMUSCULAR KIT	
hydroxyzine hcl.....	12	latanoprost.....	27	45MG.....	23
hydroxyzine pamoate.....	12	LATUDA.....	11	LYRICA.....	15
HYSINGLA ER.....	6	LAZANDA.....	6	MAKENA.....	23
ibandronate sodium.....	26	LETAIRIS.....	30	MAVYRET.....	11
IBRANCE.....	10	letrozole.....	10	meclizine hcl.....	9
ibuprofen.....	7	LEVALBUTEROL HFA.....	29	medroxyprogesterone acetate.....	23
ILEVRO.....	27	LEVEMIR U-100 FLEXTOUCH.....	19	meloxicam.....	7
INCRUSE ELLIPTA.....	29	LEVEMIR U-100 VIAL.....	19	memantine hcl.....	9
indomethacin.....	7	levetiracetam.....	9	MENEST.....	23
INFLECTRA.....	25	LEVITRA.....	21	mercaptopurine.....	10
INTELENCE.....	11	levocetirizine dihydrochloride.....	28	mesalamine.....	26
INVEGA SUSTENNA.....	11	levofloxacin.....	8	metaxalone.....	30
INVEGA TRINZA.....	11	levonorgestrel-ethinyl estrad.....	23	metformin hcl.....	17
INVOKAMET.....	17	levo-t.....	24	metformin hcl er.....	17
INVOKAMET XR.....	17	levothyroxine sodium.....	24	metformin hcl er (mod).....	17
INVOKANA.....	17	levoxyl.....	24	metformin hcl er (osm).....	17
ipratropium bromide.....	28, 29	LEXAPRO.....	9	methimazole.....	24
ipratropium-albuterol.....	29	LIALDA.....	26	methocarbamol.....	30
irbesartan.....	13	lidocaine.....	7	methotrexate.....	25
irbesartan- hydrochlorothiazide.....	13	lidocaine viscous.....	16	methotrexate sodium.....	25
ISENTRESS.....	11	lidocaine-prilocaine.....	7	methylphenidate hcl.....	15
ISENTRESS HD.....	11	LIDODERM.....	7	methylphenidate hcl er.....	15
isosorbide mononitrate er...	13	LINZESS.....	20	methylprednisolone.....	21
JANUMET.....	17	liothyronine sodium.....	24	metoclopramide hcl.....	9
JANUMET XR.....	17	LIPITOR.....	13	metoprolol succinate er.....	13
JANUVIA.....	17	LIPOFEN.....	13	metoprolol tartrate.....	14
JARDIANCE.....	17	lisinopril.....	13	METROGEL.....	16
JENTADUETO.....	17	lisinopril- hydrochlorothiazide.....	13	metronidazole.....	8, 16
JENTADUETO XR.....	17	lithium carbonate.....	12	microgestin 1.5/30.....	23
JUBLIA.....	10	lithium carbonate er.....	12	microgestin 1/20.....	23
JULUCA.....	11	LIVALO.....	13	microgestin fe 1/20.....	23
junel 1/20.....	23	LO LOESTRIN FE.....	23	MIGRANAL.....	10
junel fe 1.5/30.....	23	lorazepam.....	12	MINASTRIN 24 FE.....	23
junel fe 1/20.....	23	loryna.....	23	MINIVELLE.....	23
KADIAN.....	6	LORZONE.....	30	minocycline hcl.....	8
KAZANO.....	17	losartan potassium.....	13	mirtazapine.....	9
KERYDIN.....	10	losartan potassium-hctz.....	13	MIRVASO.....	16
ketoconazole.....	10	lovastatin.....	13	modafinil.....	30
ketorolac tromethamine..	7, 27	LOVAZA.....	13	mometasone furoate.....	21, 28
KEVZARA.....	25	low-ogestrel.....	23	mono-lynyah.....	24
KITABIS PAK.....	29	LUMIGAN.....	27		

mononessa.....	24	nortrel 1/35 (28).....	24	ONETOUCH ULTRA 2.....	18
montelukast sodium.....	29	nortriptyline hcl.....	9	ONETOUCH ULTRA	
morphine sulfate er.....	6	NORVASC.....	14	BLUE TEST STRIPS.....	18
MOTOFEN.....	20	NORVIR.....	11	ONETOUCH ULTRA MINI..	18
MOVANTIK.....	20	NOVOFINE AUTOCOVER		ONETOUCH VERIO.....	18
MOVIPREP.....	20	PEN NEEDLE.....	19	ONETOUCH VERIO FLEX	
MOXEZA.....	27	NOVOFINE PEN NEEDLE..	19	SYSTEM KIT W/DEVICE....	18
moxifloxacin hcl.....	27	NOVOFINE PLUS PEN		ONETOUCH VERIO IQ	
MULTAQ.....	14	NEEDLE.....	19	SYSTEM.....	18
mupirocin.....	8	NOVOLIN 70/30 RELION..	19	ONEXTON.....	16
mycophenolate mofetil.....	25	NOVOLIN 70/30 VIAL.....	19	ONGLYZA.....	17
mycophenolate sodium.....	25	NOVOLIN N RELION.....	19	ONZETRA XSAIL.....	10
myorisan.....	16	NOVOLIN N VIAL.....	19	OPANA ER.....	6
MYRBETRIQ.....	21	NOVOLIN R RELION.....	19	OPSUMIT.....	30
nabumetone.....	7	NOVOLIN R VIAL.....	19	ORACEA.....	16
nadolol.....	14	NOVOLOG FLEXPEN.....	19	ORENITRAM.....	30
naltrexone hcl.....	7	NOVOLOG MIX 70/30		orphenadrine citrate er.....	30
NAMZARIC.....	9	FLEXPEN.....	19	ORTHO TRI-CYCLEN (28)..	24
naproxen.....	7	NOVOLOG MIX 70/30		ORTHO TRI-CYCLEN LO..	24
naproxen sodium.....	7	VIAL.....	19	oseltamivir phosphate.....	11
NARCAN.....	7	NOVOLOG PENFILL.....	19	OSENI.....	17
NASONEX.....	28	NOVOLOG U-100 VIAL.....	19	OSPHENA.....	22
NATAZIA.....	24	NOVOTWIST PEN		OTEZLA.....	25
NATURE-THROID.....	24	NEEDLE.....	19	OVIDREL.....	23
neomycin-polymyxin-		NUCYNTA.....	6	oxcarbazepine.....	9
dexameth.....	27	NUCYNTA ER.....	6	OXSORALEN ULTRA.....	16
neomycin-polymyxin-hc.....	27	NUTROPIN AQ NUSPIN		OXTELLAR XR.....	9
NESINA.....	17	10.....	23	oxybutynin chloride.....	21
NEUPOGEN.....	12	NUTROPIN AQ NUSPIN		oxybutynin chloride er.....	21
NEVANAC.....	27	20.....	23	oxycodone hcl.....	6
NEXIUM.....	20	NUTROPIN AQ NUSPIN 5..	23	oxycodone-acetaminophen...	6
niacin er		NUVARING.....	24	OXYCONTIN.....	6
(antihyperlipidemic).....	14	NUVIGIL.....	30	OZEMPIC.....	17
nifedipine er.....	14	NUWIQ.....	12	PANCREAZE.....	20
nifedipine er osmotic		nystatin.....	10	pantoprazole sodium.....	20
release.....	14	ocella.....	24	paroxetine hcl.....	9
nikki.....	24	ODEFSEY.....	11	paroxetine hcl er.....	9
nitrofurantoin macrocrystal...	8	ofloxacin.....	27	PAZEO.....	27
nitrofurantoin monohydrate		olanzapine.....	11	penicillin v potassium.....	8
macrocrystals.....	8	olmesartan medoxomil.....	14	PENNSAID.....	7
nitroglycerin.....	14	olmesartan medoxomil-		PENTASA.....	26
NITROSTAT.....	14	hctz.....	14	pentoxifylline er.....	14
NITYR.....	20	olopatadine hcl.....	27	PERCOCET.....	6
NORCO.....	6	OMECLAMOX-PAK.....	20	PERFOROMIST.....	29
NORDITROPIN FLEXPRO..	23	omega-3-acid ethyl esters..	14	permethrin.....	10
norethindrone.....	24	omeppi.....	20	PERTZYE.....	20
norethindrone acet-ethinyl		omeprazole.....	20	phenazopyridine hcl.....	21
est.....	24	omeprazole-sodium		phentermine hcl.....	16
norgestimate-eth estradiol..	24	bicarbonate.....	20	phenytoin sodium	
norgestimate-ethinyl		OMNARIS.....	28	extended.....	9
estradiol triphasic.....	24	OMNITROPE.....	23	pioglitazone hcl.....	17
NORITATE.....	16	ondansetron hcl.....	9, 10	PLEGRIDY.....	15
nortrel 1/35 (21).....	24	ondansetron odt.....	10		

PLEGRIDY STARTER	QVAR REDHALER.....	29	SINGULAIR.....	29
PACK.....	rabeprazole sodium.....	20	SOLIQUA.....	17
polyethylene glycol 3350....	raloxifene hcl.....	22	SOLODYN.....	8
polymyxin b-trimethoprim....	ramipril.....	14	SOOLANTRA.....	17
portia-28.....	RANEXA.....	14	sotalol hcl.....	14
potassium chloride crys er..	ranitidine hcl.....	20	SPIRIVA HANDIHALER....	29
potassium chloride er.....	RAPAFLO.....	21	SPIRIVA RESPIMAT.....	29
potassium citrate er.....	RASUVO.....	25	spironolactone.....	14
PRADAXA.....	RAYOS.....	22	sprintec 28.....	24
PRALUENT.....	REBIF.....	15	SPRIX.....	7
pramipexole	REBIF REBIDOSE.....	15	SPRYCEL.....	10
dihydrochloride.....	REBIF REBIDOSE		STAXYN.....	21
pravastatin sodium.....	TITRATION PACK.....	15	STEGLATRO.....	17
prazosin hcl.....	REBIF TITRATION PACK..	15	STEGLUJAN.....	18
prednisolone.....	RELISTOR.....	20	STELARA.....	26
prednisolone acetate.....	REMICADE.....	25	STENDRA.....	21
prednisolone sodium	REVELA.....	21	STIOLTO RESPIMAT.....	29
phosphate.....	REPATHA.....	14	STRIBILD.....	11
prednisone.....	REPATHA PUSHTRONEX		SUBOXONE.....	7
PREMARIN.....	SYSTEM.....	14	SUBSYS.....	6
PREMPHASE.....	REPATHA SURECLICK....	14	sucrafate.....	20
PREMPRO.....	RESTASIS.....	27	sulfamethoxazole-	
PREPOPIK.....	RESTASIS MULTIDOSE...	27	trimethoprim.....	8
PREVACID.....	RETIN-A MICRO.....	16	sulfasalazine.....	26
PREZCOBIX.....	RETIN-A MICRO PUMP		sulindac.....	7
PREZISTA.....	.....	16, 17	sumatriptan succinate.....	10
PRISTIQ.....	REVLIMID.....	10	SUPREP BOWEL PREP	
PROAIR HFA.....	REXULTI.....	11	KIT.....	20
PROAIR RESPICLICK.....	REYATAZ.....	11	SYMBICORT.....	29
prochlorperazine maleate...	RHOPRESSA.....	27	SYMFI.....	11
PROCRIT.....	risperidone.....	11	SYMFI LO.....	11
PROCTOFOAM HC.....	rizatriptan benzoate.....	10	SYMPROIC.....	20
progesterone micronized....	ropinirole hcl.....	10	SYNJARDY.....	18
PROGRAF.....	rosuvastatin calcium.....	14	SYNJARDY XR.....	18
PROLENSA.....	SABRIL.....	9	SYNTHROID.....	24
promethazine hcl.....	SAIZEN.....	23	SYNVISC.....	26
promethazine-codeine.....	SAIZENPREP.....	23	SYNVISC ONE.....	26
promethazine-dm.....	SANCUSO.....	10	TACLONEX.....	17
propranolol hcl.....	SANDOSTATIN.....	23	tacrolimus.....	26
propranolol hcl er.....	SAPHRIS.....	11	TALTZ.....	26
PROVENTIL HFA.....	SAVAYSA.....	8	TAMIFLU.....	11
PROZAC.....	scopolamine.....	10	tamoxifen citrate.....	10
pseudoephedrine-	SEEBRI NEOHALER.....	29	tamsulosin hcl.....	21
bromphen-dm.....	SEGLUROMET.....	17	TAZORAC.....	17
PULMICORT FLEXHALER.29	SEREVENT DISKUS.....	29	TECFIDERA.....	15
PULMICORT	sertraline hcl.....	9	TEKTURNA.....	14
SUSPENSION.....	SHINGRIX.....	26	TEKTURNA HCT.....	14
PYLERA.....	sildenafil citrate.....	21, 30	telmisartan.....	14
QNASL.....	SILENOR.....	30	temazepam.....	30
QNASL CHILDRENS.....	SIMBRINZA.....	27	tenofovir disoproxil	
QTERN.....	SIMPONI.....	25	fumarate.....	11
quetiapine fumarate.....	SIMPONI ARIA.....	25	terazosin hcl.....	21
quinapril hcl.....	simvastatin.....	14	terbinafine hcl.....	10

terconazole.....	10	ULORIC.....	10	XIFAXAN.....	8
TESTIM.....	22	UTIBRON NEOHALER.....	29	XIGDUO XR.....	18
TESTOSTERONE.....	22	VAGIFEM.....	24	XIIDRA.....	27
testosterone cypionate.....	22	valacyclovir hcl.....	12	XOLAIR.....	28
timolol maleate.....	27	VALIUM.....	12	XOPENEX HFA.....	29
TIMOPTIC OCUDOSE.....	27	valsartan.....	14	XTAMPZA ER.....	6
TIROSINT.....	24	valsartan-		XTANDI.....	10
TIVICAY.....	11	hydrochlorothiazide.....	14	xulane.....	24
tizanidine hcl.....	30	VARUBI.....	10	YAZ.....	24
TOBI NEBULIZER.....	29	VASCEPA.....	14	yuvafem.....	24
TOBI PODHALER.....	29	VECTICAL.....	17	ZARXIO.....	12
TOBRADEX.....	27	VELPHORO.....	21	ZEGERID.....	20
tobramycin.....	27, 29	VELTASSA.....	19	ZELAPAR.....	10
TOBRAMYCIN.....	30	VELTIN.....	17	ZEMBRACE SYMTOUCH..	10
tobramycin-		venlafaxine hcl.....	9	ZENPEP.....	21
dexamethasone.....	27	venlafaxine hcl er.....	9	ZETIA.....	14
tolterodine tartrate er.....	21	VENTOLIN HFA.....	29	ZETONNA.....	28
TOPICORT SPRAY.....	22	verapamil hcl.....	14	ZIANA.....	17
topiramate.....	9	verapamil hcl er.....	14	ZIOPTAN.....	27
topiramate er.....	9	VESICARE.....	21	ziprasidone hcl.....	11
TOPROL XL.....	14	V-GO 20.....	18	ZOHYDRO ER.....	6
torseamide.....	14	V-GO 30.....	18	ZOLOFT.....	9
TOUJEO SOLOSTAR.....	19	V-GO 40.....	18	zolpidem tartrate.....	30
TOVIAZ.....	21	VIAGRA.....	21	zolpidem tartrate er.....	30
TRACLEER.....	30	VIBERZI.....	20	ZOMACTON.....	23
TRADJENTA.....	18	VICTOZA.....	18	ZOMIG.....	10
tramadol hcl.....	6	vienna.....	24	ZOMIG ZMT.....	10
tramadol-acetaminophen.....	6	VIIBRYD.....	9	zonisamide.....	9
TRAVATAN Z.....	27	VIIBRYD STARTER PACK...9		ZORVOLEX.....	7
trazodone hcl.....	9	VIMOVO.....	7	ZOVIRAX.....	12
TREMFYA.....	26	VIMPAT.....	9	ZUBSOLV.....	7
TRESIBA FLEXTOUCH.....	19	VIOKACE.....	20	ZURAMPIC.....	10
tretinoin.....	17	viorele.....	24	ZYCLARA.....	17
triamcinolone acetonide.....	22	VITAFOL.....	20	ZYCLARA PUMP.....	17
triamterene-hctz.....	14	vitamin d (ergocalciferol)....20		ZYPITAMAG.....	14
triazolam.....	12	VIVELLE-DOT.....	24	ZYTIGA.....	10
TRIBENZOR.....	14	VOGELXO.....	22		
tri-estarylla.....	24	VOGELXO PUMP.....	22		
tri-linyah.....	24	VOLTAREN.....	7		
tri-lo-marzia.....	24	VOSEVI.....	12		
trinessa (28).....	24	VRAYLAR.....	11		
trinessa lo.....	24	VYTORIN.....	14		
TRINTELLIX.....	9	VYVANSE.....	15		
tri-previfem.....	24	warfarin sodium.....	8		
tri-sprintec.....	24	WELLBUTRIN SR.....	9		
TRIUMEQ.....	12	WELLBUTRIN XL.....	9		
TROKENDI XR.....	9	XANAX.....	12		
TRULANCE.....	20	XANAX XR.....	12		
TRULICITY.....	18	XARELTO.....	8		
TRUVADA.....	12	XARELTO STARTER			
TUDORZA PRESSAIR.....	29	PACK.....	8		
TYMLOS.....	26	XELJANZ.....	26		
UCERIS.....	26	XELJANZ XR.....	26		



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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.

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Eden Prairie, MN 55344

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Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

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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.

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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)**សម្រាប់ជំនួយភាសាដទៃទៀតក៏ត្រូវបានផ្តល់ឲ្យ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខតតិកតិកតិក ដើម្បីស្វែងរកលេខទូរស័ព្ទសម្រាប់អ្នក។

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 nit'i'izi bee nééhozinígíí bine'déę t'áá jíík'ehgo béésh bee hane'i 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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