



Your 2021 Premium Standard Formulary

Effective January 1, 2021



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



Call the number on your member ID card.



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

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

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen 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.

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions. These high-cost medications may be injected, infused or taken by mouth. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	May not be covered or need 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 decides how these medications may be covered.

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

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
APADAZ	E	
apap-caff-dihydrocodeine oral capsule	1	QL
ARYMO ER	E	
BELBUCA	2	PA; QL
BENZHYDROCODON E-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	M
FENTORA	E	
FIORICET	E	

Drug Name	Drug Tier	Notes
FIORICET/CODEINE	E	
hydrocodone-acetaminophen oral tablet	1	QL
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	M
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 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	M
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	2	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
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	E	
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral tablet	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	ST
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN	3	
naproxen oral tablet	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN DS	E	
SPRIX	E	

Drug Name	Drug Tier	Notes
VIMOVO	E	
VOLTAREN	E	
ZIPSOR	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX	3	QL
CHANTIX CONTINUING MONTH PAK	3	QL
CHANTIX STARTING MONTH PAK	3	QL
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	E	
NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR	E	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	2	QL
Antibacterials		
ACTICLATE	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
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	
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	3	
DIFICID	3	
DORYX MPC	E	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	

Drug Name	Drug Tier	Notes
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	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XENLETA	3	
XEPI	3	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	2	QL
enoxaparin sodium	1	SP; 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
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
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	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	

Drug Name	Drug Tier	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	3	ST
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
VIMPAT	3	
XCOPRI	3	ST
XCOPRI (250 MG DAILY DOSE)	3	ST
XCOPRI (350 MG DAILY DOSE)	3	ST

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

Drug Name	Drug Tier	Notes
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	QL
Antidepressants		
amitriptyline hcl oral	1	
BRISDELLE	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	E	
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	
escitalopram oxalate oral tablet	1	

Drug Name	Drug Tier	Notes
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
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	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
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	

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
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclopirox external solution	1	
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	
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	
TOLSURA	E	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	1	
COLCRYS	E	
febuxostat	1	ST
GLOPERBA	E	
MITIGARE	E	

Drug Name	Drug Tier	Notes
Antimigraine Agents		
AIMOVIG	2	PA; QL
AJOVY	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	
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	E	
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

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
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	E	SP
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
ERLEADA	E	SP
GLEEVEC	E	SP
IBRANCE ORAL CAPSULE	3	PA; SP
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL TABLET	3	PA; SP
KANJINTI	2	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	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	
TARGRETIN EXTERNAL	3	PA; SP
TARGRETIN ORAL	E	SP
TAZVERIK	E	SP
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA	2	PA; SP

Drug Name	Drug Tier	Notes
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	PA; SP
NOURIANZ	3	PA
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
ASPIRIN-OMEPRAZOLE	E	M
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	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
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	2	QL
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA	E	
Antivirals		
acyclovir oral capsule	1	
acyclovir oral tablet	1	
ATRIPLA	E	
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	

Drug Name	Drug Tier	Notes
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	E	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL	E	
ZOVIRAX ORAL SUSPENSION	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
bupirone 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
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
triazolam	1	QL
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	3	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP
ESPEROCT	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
MULPLETA	2	PA; SP

Drug Name	Drug Tier	Notes
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRIT	E	SP
RETACRIT	2	PA; SP
UDENYCA	E	SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	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	

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
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	
COLESTID	E	
COLESTID FLAVORED	E	
CONSENSI	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	E	
EDARBI	3	ST

Drug Name	Drug Tier	Notes
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
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	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	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
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
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	

Drug Name	Drug Tier	Notes
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
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	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	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
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	QL
CONCERTA	E	
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
EVEKEO	E	
EVEKEO ODT	3	PA; QL
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	

Drug Name	Drug Tier	Notes
INTUNIV	E	
JORNAY PM	3	PA; ST; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
METHYLPHENIDATE HCL ER (XR)	3	PA; ST; QL
methylphenidate hcl er oral tablet extended release	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	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
EXTAVIA	E	SP
GILENYA	3	PA; 3P; SP; QL
glatiramer acetate	1	PA; SP; QL
MAVENCLAD (10 TABS)	3	PA; 3P; SP
MAVENCLAD (4 TABS)	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
MAVENCLAD (5 TABS)	3	PA; 3P; SP
MAVENCLAD (6 TABS)	3	PA; 3P; SP
MAVENCLAD (7 TABS)	3	PA; 3P; SP
MAVENCLAD (8 TABS)	3	PA; 3P; SP
MAVENCLAD (9 TABS)	3	PA; 3P; SP
MAYZENT	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TECFIDERA	2	PA; SP; QL
VUMERITY	2	PA; SP; QL
VUMERITY (STARTER)	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; QL
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
CONTRAVE	E	
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
LYRICA	E	
phentermine hcl oral tablet	1	PA

Drug Name	Drug Tier	Notes
pregabalin oral capsule	1	QL
QSYMIA	3	PA
SAXENDA	3	PA
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; SP; QL
VYLEESI	3	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	3	PA
ABSORICA LD	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
AKLIEF	E	
ALA SCALP	E	
AMZEEQ	3	
APEXICON E	E	
AVITA	E	
BENZACLIN	E	
BENZACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
BRYHALI	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
CALCIPOTRIENE EXTERNAL FOAM	E	M
CAPEX	E	
claravis	1	PA
CLINDAGEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CORDRAN EXTERNAL TAPE	E	
DESONATE	E	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
DUOBRII	E	

Drug Name	Drug Tier	Notes
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external cream	1	
FLUOROPLEX	3	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone external cream	1	
hydrocortisone external ointment	1	
IMIQUIMOD PUMP CREAM 3.75 % EXTERNAL	E	
IMIQUIMOD PUMP CREAM 3.75 % EXTERNAL	E	M
IMPOYZ	E	
KENALOG EXTERNAL	E	
LEXETTE	E	
METROGEL	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
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	3	
ORACEA	E	
PANDEL	E	
PROPECIA	E	
PSORCON	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external ointment	1	
TAZORAC EXTERNAL CREAM 0.1 %	E	
TOPICORT SPRAY	E	

Drug Name	Drug Tier	Notes
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
ZIANA	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON	2	ST; QL
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUMETZA	E	
glyburide 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
GLYXAMBI	2	ST
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
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)	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	ST; QL
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRIJARDY XR	2	ST

Drug Name	Drug Tier	Notes
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK GUIDE TEST STRIPS	E	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
CONTOUR MONITOR	2	
CONTOUR CONTROL	2	
CONTOUR NEXT CONTROL	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	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
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER SYSTM	E	
FREESTYLE LIBRE 2 SENSOR SYSTM	E	
FREESTYLE LIBRE READER	E	
FREESTYLE LIBRE SENSOR SYSTEM	E	
ONETOUCH ULTRA	E	
ONETOUCH VERIO TEST STRIPS	E	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGON EMERGENCY KIT	2	Made by Lilly
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
GVOKE PFS	2	
Diabetes - Insulins		
ADMELOG	E	
ADMELOG SOLOSTAR	E	

Drug Name	Drug Tier	Notes
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
FIASP	E	
FIASP FLEXTOUCH	E	
FIASP PENFILL	E	
HUMALOG 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 VIAL	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	2	
HUMULIN R VIAL	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
INSULIN ASP PROT & ASP FLEXPEN	E	M
INSULIN ASPART	E	M
INSULIN ASPART FLEXPEN	E	M
INSULIN ASPART PENFILL	E	M
INSULIN ASPART PROT & ASPART	E	M
INSULIN LISPRO	E	M
INSULIN LISPRO (1 UNIT DIAL)	E	M
INSULIN LISPRO JUNIOR KWIKPEN	E	M
INSULIN LISPRO PROT & LISPRO	E	M
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	

Drug Name	Drug Tier	Notes
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
AZESCO	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet	1	
klor-con m20	1	
K-TAB	E	
LOKELMA	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
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
potassium chloride cryster	1	
potassium chloride er	1	
potassium citrate er	1	
PREGENNA	E	
PRENATE DHA	E	
PRENATE ELITE	E	
PRENATE ENHANCE	E	
PRENATE ESSENTIAL	E	
PRENATE MINI	E	
PRENATE PIXIE	E	
PRENATE RESTORE	E	
sodium fluoride oral tablet chewable	1	
TRINAZ	E	
VELTASSA	3	
VITAFOL FE+	E	
VITAFOL-OB+DHA	E	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	E	
ZALVIT	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL

Drug Name	Drug Tier	Notes
esomeprazole magnesium oral capsule delayed release	1	QL
famotidine oral tablet	1	
lansoprazole oral capsule delayed release	1	QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	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
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	E	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTELY WITH FLAVOR PACKS	E	
OMECLAMOX-PAK	2	
OSMOPREP	E	
PLENVU	E	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL

Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
EXONDYS 51	E	SP
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	2	PA; SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
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	
RENAGEL	E	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 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
solifenacin succinate	1	
STAXYN	E	
STENDRA	E	
tadalafil oral	1	QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
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	
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	

Drug Name	Drug Tier	Notes
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
AVEED	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	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	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	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
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
FOLLISTIM AQ	2	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; Made by Organon/Merk; 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
NOCDURNA	3	

Drug Name	Drug Tier	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	2	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	2	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	2	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	E	SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
ORLISSA	2	PA; QL
SAIZEN	E	SP
SAIZENPREP	E	SP
SANDOSTATIN	E	SP
ZOMACTON	E	SP
ZOMACTON (FOR ZOMA-JET 10)	E	SP
Hormonal Agents - Sex Hormones and Birth Control		
ANNOVERA	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
apri	1	
aviane	1	
BEYAZ	E	
BIJUVA	3	
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	3	
dotti	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
eluryng	1	
ENDOMETRIN	2	
enskyce	1	
estarylla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	
EVAMIST	3	
femynor	1	
GENERESS FE	E	
gianvi	1	

Drug Name	Drug Tier	Notes
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
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	QL
levonorgest-eth estrad 91-day oral tablet 0.15- 0.03 & 0.01 mg, 0.15- 0.03 mg	1	QL
levonorgestrel-ethinyl estradiol 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	
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
microgestin fe 1/20	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
MINASTRIN 24 FE	E	
MIRENA (52 MG)	3	
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	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
PROMETRIUM	E	
SAFYRAL	E	
SEASONIQUE	E	
SLYND	E	
sprintec 28	1	
sronyx	1	
syeda	1	
TAYTULLA	3	
tri femynor	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
tri-previfem	1	
tri-sprintec	1	

Drug Name	Drug Tier	Notes
VAGIFEM	E	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
xulane	1	
YASMIN 28	E	
YAZ	E	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
CYTOMEL	E	
euthyrox	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	ST
np thyroid oral tablet 60 mg	1	
SYNTHROID	E	
TIROSINT	E	
TIROSINT-SOL	E	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	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
ASCENIV	E	SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
CUTAQUIG	E	SP
cyclosporine modified oral capsule	1	SP
ENBREL MINI	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP; QL
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	

Drug Name	Drug Tier	Notes
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA CLICKJECT	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA; 3P; 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	3	PA; SP; QL
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	3	PA; SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	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
XELJANZ XR	2	PA; SP
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	
CANASA	E	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS ORAL	E	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
FORTEO	2	PA; SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
RAYALDEE	3	
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	

Drug Name	Drug Tier	Notes
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
ENDARI	3	PA
EUFLEXXA	2	PA; SP
FIRDAPSE	E	SP
GEL-ONE	E	SP
GELSYN-3	2	PA; SP
GENVISC 850	E	SP
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP
OXBRYTA	E	SP
PALFORZIA (12 MG DAILY DOSE)	E	SP
PALFORZIA (120 MG DAILY DOSE)	E	SP
PALFORZIA (160 MG DAILY DOSE)	E	SP
PALFORZIA (20 MG DAILY DOSE)	E	SP
PALFORZIA (200 MG DAILY DOSE)	E	SP
PALFORZIA (240 MG DAILY DOSE)	E	SP
PALFORZIA (3 MG DAILY DOSE)	E	SP
PALFORZIA (300 MG MAINTENANCE)	E	SP
PALFORZIA (300 MG TITRATION)	E	SP
PALFORZIA (40 MG DAILY DOSE)	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
PALFORZIA (6 MG DAILY DOSE)	E	SP
PALFORZIA (80 MG DAILY DOSE)	E	SP
PALFORZIA INITIAL ESCALATION	E	SP
SODIUM HYALURONATE INTRA-ARTICULAR	E	SP
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TRILURON	E	SP
TRIVISC	E	SP
VISCO-3	E	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC GEL	3	QL
LOTEMAX OPTHALMIC OINTMENT	3	QL
LOTEMAX OPTHALMIC SUSPENSION	E	

Drug Name	Drug Tier	Notes
LOTEMAX SM	3	
MOXEZA	2	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PATADAY OPTHALMIC SOLUTION 0.2 %	3	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
latanoprost 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
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
CEQUA	E	
LATISSE	E	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polst er susp	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
NASONEX	E	
NUCALA	2	PA; SP; QL
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup	1	
QNASL	3	QL

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

Drug Name	Drug Tier	Notes
QNASL CHILDRENS	3	QL
XHANCE	E	
XOLAIR	2	PA; SP
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
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	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	M
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	

Drug Name	Drug Tier	Notes
ASMANEX (60 METERED DOSES)	E	
ASMANEX (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	M
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
INCRUSE ELLIPTA	E	
ipratropium-albuterol	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
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	QL

Drug Name	Drug Tier	Notes
TUDORZA PRESSAIR	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	E	
wixela inhub	1	QL
XOPENEX HFA	E	
YUPELRI	3	QL
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	3	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
TRIKAFTA	3	PA; SP; QL
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	3	PA; SP
REMODULIN	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	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
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	
OZOBAX	E	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL

Drug Name	Drug Tier	Notes
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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BENZHYDROCODONE- ACETAMINOPHEN.....	7	CAMBIA.....	8	clindamycin phosphate.....	20
benzonatate.....	34	CANASA.....	32	CLINDAMYCIN PHOSPHATE..	20
benztropine mesylate.....	13	candesartan cilexetil.....	16	clindamycin phosphate- benzoyl peroxide.....	20
BEOVU.....	34	capecitabine.....	13	CLINDESSE.....	9
BESIVANCE.....	33	CAPEX.....	20	clobetasol propionate.....	20
betamethasone dipropionate....	19	CARAFATE.....	25	CLOBEX.....	20
BETASERON.....	18	carbamazepine.....	10	CLOBEX SPRAY.....	20
BETHKIS.....	36	CARBATROL.....	10	CLODERM.....	20
BETIMOL.....	33	carbidopa-levodopa.....	13	clonazepam.....	15
BEVESPI AEROSPHERE.....	35	CARDIZEM LA.....	16	clonidine hcl.....	16
BEYAZ.....	29	carisoprodol.....	37	clopidogrel bisulfate.....	13
BIJUVA.....	29	CARNITOR.....	24	clotrimazole.....	12
BIKTARVY.....	14	CARNITOR SF.....	24	clotrimazole-betamethasone....	12
BINOSTO.....	32	cartia xt.....	16	COLCHICINE.....	12
bisoprolol fumarate.....	15	carvedilol.....	16	colchicine.....	12
bisoprolol-hydrochlorothiazide..	16	CATAPRES-TTS-1.....	16	COLCRYS.....	12
blisovi 24 fe.....	29	CATAPRES-TTS-2.....	16	COLESTID.....	16
blisovi fe 1.5/30.....	29	CATAPRES-TTS-3.....	16	COLESTID FLAVORED.....	16
blisovi fe 1/20.....	29	cefdinir.....	9	COMBIGAN.....	33
BOTOX.....	32	cefuroxime axetil.....	9	COMBIVENT RESPIMAT.....	35
BREO ELLIPTA.....	35	CELEBREX.....	8	CONCERTA.....	18
BRILINTA.....	13	celecoxib.....	8	CONSENSI.....	16
brimonidine tartrate.....	33	CELEXA.....	11	CONTOUR CONTROL.....	22
BRISDELLE.....	11	cephalexin.....	9	CONTOUR MONITOR.....	22
BRIVIACT.....	10	CEQUA.....	34	CONTOUR NEXT CONTROL...22	
BROMSITE.....	33	CERDELGA.....	26	CONTOUR NEXT MONITOR...22	
BRYHALI.....	19	cetirizine hcl.....	34	CONTOUR NEXT TEST.....	22
budesonide.....	35	CETROTIDE.....	28	CONTOUR TEST.....	22
BUDESONIDE- FORMOTEROL FUMARATE...35		CHANTIX.....	8	CONTRAVE.....	19
bumetanide.....	16	CHANTIX CONTINUING MONTH PAK.....	8	CONZIP.....	7
BUNAVAIL.....	8	CHANTIX STARTING MONTH PAK.....	8	COPAXONE.....	18
buprenorphine hcl.....	8	chlorhexidine gluconate.....	19	CORDRAN.....	20
buprenorphine hcl-naloxone hcl.....	8	chlorthalidone.....	16	COREG.....	16
bupropion hcl.....	11	CIALIS.....	26	COREG CR.....	16
bupropion hcl er (sr).....	11	ciclopirox.....	12	CORLANOR.....	16
bupropion hcl er (xl).....	11	CIMDUO.....	14	CORTEF.....	27
BUPROPION HCL ER (XL).....	11	CIMZIA.....	31	COSENTYX (300 MG DOSE)...31	
bupirone hcl.....	14	CIMZIA PREFILLED KIT.....	31	COSENTYX 150 MG/ML.....	31
butalbital-apap-caffeine.....	7	CIMZIA STARTER KIT.....	31	COSENTYX SENSOREADY (300 MG).....	31
BUTRANS.....	7	CIPRODEX.....	34	COSENTYX SENSOREADY PEN.....	31
BYDUREON.....	21	ciprofloxacin hcl.....	9, 33	COSOPT.....	33
BYDUREON BCISE AUTOINJECTOR.....	21	cialopram hydrobromide.....	11	COSOPT PF.....	33
BYETTA 10 MCG PEN.....	21	claravis.....	20	COZAAR.....	16
		CLARINEX.....	34	CREON.....	26
		CLARINEX-D 12 HOUR.....	34		

CRESEMBA.....	12	doxazosin mesylate.....	16	EPOGEN.....	15
CRESTOR.....	16	doxepin hcl.....	11	ergocalciferol.....	24
cryselle-28.....	29	doxycycline hyclate.....	9	ERLEADA.....	13
CUTAQUIG.....	31	doxycycline monohydrate.....	9	erythromycin.....	33
cyanocobalamin.....	24	drospirenone-ethinyl estradiol...	29	escitalopram oxalate.....	11
cyclobenzaprine hcl.....	37	DUAKLIR PRESSAIR.....	35	esomeprazole magnesium.....	25
cyclosporine modified.....	31	DUAVEE.....	29	ESPEROCT.....	15
CYMBALTA.....	11	DUEXIS.....	8	estarylla.....	29
cyproheptadine hcl.....	34	DULERA.....	35	ESTRACE.....	29
CYTOMEL.....	30	duloxetine hcl.....	11	estradiol.....	29
DELESTROGEN.....	29	DUOBRII.....	20	ESTROGEL.....	29
DELZICOL.....	32	DUPIXENT.....	20	eszopiclone.....	37
DEPAKOTE.....	10	DURAGESIC-100.....	7	etodolac.....	8
DEPAKOTE ER.....	10	DURAGESIC-12.....	7	etonogestrel-ethinyl estradiol....	29
DEPAKOTE SPRINKLES.....	10	DURAGESIC-25.....	7	EUCRISA.....	20
DEPEN TITRATABS.....	26	DURAGESIC-50.....	7	EUFLEXXA.....	32
DEPO-TESTOSTERONE.....	27	DURAGESIC-75.....	7	euthyrox.....	30
DESCOVY.....	14	DUROLANE.....	32	EVAMIST.....	29
DESONATE.....	20	dutasteride.....	27	EVEKEO.....	18
desvenlafaxine succinate er.....	11	DYAZIDE.....	16	EVEKEO ODT.....	18
dexamethasone.....	27	DYMISTA.....	34	EVZIO.....	8
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	22, 23	EDARBI.....	16	EXFORGE.....	16
DEXILANT.....	25	EDARBYCLOR.....	16	EXFORGE HCT.....	16
dexmethylphenidate hcl.....	18	EFFEXOR XR.....	11	EXONDYS 51.....	26
dexmethylphenidate hcl er.....	18	ELESTRIN.....	29	EXTAVIA.....	18
diazepam.....	15	eletriptan hydrobromide.....	12	ezetimibe.....	16
diclofenac sodium.....	8	ELIDEL.....	20	ezetimibe-simvastatin.....	16
dicyclomine hcl.....	25, 26	ELIQUIS.....	9	famotidine.....	25
DIFFERIN.....	20	ELIQUIS DVT/PE STARTER PACK.....	9	FARXIGA.....	21
DIFICID.....	9	ELOCTATE.....	15	FASENRA.....	34
digoxin.....	16	eluryng.....	29	FASENRA PEN.....	34
DILANTIN.....	10	EMGALITY.....	12	febuxostat.....	12
DILANTIN INFATABS.....	10	EMGALITY (300 MG DOSE)....	12	femynor.....	29
DILAUDID.....	7	EMVERM.....	13	fenofibrate.....	16
diltiazem hcl er coated beads...	16	enalapril maleate.....	16	fenofibrate micronized.....	16
dilt-xr.....	16	ENBREL.....	31	fenofibric acid.....	16
DIOVAN.....	16	ENBREL MINI.....	31	fentanyl.....	7
DIOVAN HCT.....	16	ENBREL SURECLICK.....	31	FENTANYL CITRATE.....	7
DIPENTUM.....	32	ENDARI.....	32	FENTORA.....	7
diphenoxylate-atropine.....	26	ENDOMETRIN.....	29	FIASP.....	23
divalproex sodium.....	10	enoxaparin sodium.....	9	FIASP FLEXTOUCH.....	23
divalproex sodium er.....	10	enskyce.....	29	FIASP PENFILL.....	23
DIVIGEL.....	29	ENSTILAR.....	20	FINACEA.....	20
donepezil hcl.....	11	entecavir.....	14	finasteride.....	27
DORYX.....	9	ENTRESTO.....	16	FIORICET.....	7
DORYX MPC.....	9	EPCLUSA.....	14	FIORICET/CODEINE.....	7
dorzolamide hcl-timolol mal.....	33	EPIDIOLEX.....	10	FIRAZYR.....	31
dotti.....	29	EPIDUO.....	20	FIRDAPSE.....	32
DOVATO.....	14	EPIDUO FORTE.....	20	flecainide acetate.....	16
		epinephrine.....	35	FLECTOR.....	8
		EPIPEN 2-PAK.....	35	FLOMAX.....	27
		EPIPEN JR 2-PAK.....	35	FLOVENT DISKUS.....	35
				FLOVENT HFA.....	35

fluconazole.....	12	GLYCOPYRROLATE.....	26	hydromorphone hcl.....	7
fluocinonide.....	20	GLYXAMBI.....	22	hydroxychloroquine sulfate.....	13
FLUOROPLEX.....	20	GOCOVRI.....	13	hydroxyzine hcl.....	15
fluoxetine hcl.....	11	GOLYTELY.....	26	hydroxyzine pamoate.....	15
fluticasone propionate.....	34	GONAL-F.....	28	HYMOVIS.....	32
fluticasone-salmeterol.....	35	GONAL-F RFF.....	28	hyoscyamine sulfate.....	26
flvoxamine maleate.....	11	GONAL-F RFF REDIJECT.....	28	hyoscyamine sulfate sl.....	26
FOCALIN.....	18	GRALISE.....	19	HYSINGLA ER.....	7
FOCALIN XR.....	18	GRANIX.....	15	HYZAAR.....	16
folic acid.....	24	guanfacine hcl.....	16	ibandronate sodium.....	32
FOLLISTIM AQ.....	28	guanfacine hcl er.....	18	IBRANCE.....	13
FORFIVO XL.....	11	GVOKE PFS.....	23	ibuprofen.....	8
FORTAMET.....	21	GYNAZOLE-1.....	12	IDHIFA.....	13
FORTEO.....	32	HAEGARDA.....	31	ILEVRO.....	33
FORTESTA.....	27	HALOBETASOL		imatinib mesylate.....	13
FREESTYLE LIBRE 14 DAY		PROPIONATE.....	20	IMBRUVICA.....	13
READER.....	23	HALOG.....	20	IMIQUIMOD PUMP.....	20
FREESTYLE LIBRE 14 DAY		HARVONI.....	14	IMITREX.....	12
SENSOR.....	23	HEMANGEOL.....	16	IMITREX STATDOSE REFILL..	12
FREESTYLE LIBRE 2		HORIZANT.....	19	IMITREX STATDOSE	
READER SYSTM.....	23	HUMALOG KWIKPEN.....	23	SYSTEM.....	12
FREESTYLE LIBRE 2		HUMALOG MIX 50/50		IMPOYZ.....	20
SENSOR SYSTM.....	23	KWIKPEN.....	23	IMVEXXY MAINTENANCE	
FREESTYLE LIBRE READER..	23	HUMALOG MIX 50/50 VIAL.....	23	PACK.....	29
FREESTYLE LIBRE SENSOR		HUMALOG MIX 75/25		IMVEXXY STARTER PACK.....	29
SYSTEM.....	23	KWIKPEN.....	23	INBRIJA.....	13
FULPHILA.....	15	HUMALOG MIX 75/25 VIAL.....	23	INCRUSE ELLIPTA.....	35
furosemide.....	16	HUMALOG U-100 JUNIOR		INDERAL LA.....	16
FYCOMPA.....	10	KWIKPEN.....	23	INDERAL XL.....	16
gabapentin.....	10	HUMALOG VIAL.....	23	INDOMETHACIN.....	8
ganirelix acetate.....	28	HUMATROPE.....	28	indomethacin.....	8
gavilyte-g.....	26	HUMIRA.....	31	INFLECTRA.....	31
GEL-ONE.....	32	HUMIRA PEDIATRIC		INNOPRAN XL.....	16
GELSYN-3.....	32	CROHNS START.....	31	INSULIN ASP PROT & ASP	
gemfibrozil.....	16	HUMIRA PEN.....	31	FLEXPEN.....	24
GENERESS FE.....	29	HUMIRA PEN-CD/UC/HS		INSULIN ASPART.....	24
GENOTROPIN.....	28	STARTER.....	31	INSULIN ASPART FLEXPEN...	24
GENOTROPIN MINIQUICK.....	28	HUMIRA PEN-PS/UV/ADOL		INSULIN ASPART PENFILL.....	24
GENVISC 850.....	32	HS START.....	31	INSULIN ASPART PROT &	
GENVOYA.....	14	HUMULIN 70/30 KWIKPEN.....	23	ASPART.....	24
gianvi.....	29	HUMULIN 70/30 VIAL.....	23	INSULIN LISPRO.....	24
GILENYA.....	18	HUMULIN N KWIKPEN.....	23	INSULIN LISPRO (1 UNIT	
glatiramer acetate.....	18	HUMULIN N VIAL.....	23	DIAL).....	24
GLEEVEC.....	13	HUMULIN R U-500 KWIKPEN..	23	INSULIN LISPRO JUNIOR	
glimepiride.....	21	HUMULIN R U-500 VIAL.....	23	KWIKPEN.....	24
glipizide er.....	21	HUMULIN R VIAL.....	23	INSULIN LISPRO PROT &	
glipizide ir.....	21	HYALGAN.....	32	LISPRO.....	24
GLOPERBA.....	12	hydralazine hcl.....	16	INTUNIV.....	18
GLUCAGON EMERGENCY		hydrochlorothiazide.....	16	INVEGA SUSTENNA.....	14
KIT.....	23	hydrocodone polst-chlorphen		INVEGA TRINZA.....	14
GLUMETZA.....	21	polst er susp.....	34	INVELTYS.....	33
glyburide.....	21	hydrocodone-acetaminophen....	7	INVOKAMET.....	22
glycopyrrolate.....	26	hydrocortisone.....	20, 27	INVOKAMET XR.....	22

INVOKANA.....	22	larissia.....	29	LOTEMAX.....	33
ipratropium bromide.....	34	LASIX.....	16	LOTEMAX SM.....	33
ipratropium-albuterol.....	35	latanoprost.....	33	LOTREL.....	17
irbesartan.....	16	LATISSE.....	34	lovastatin.....	17
irbesartan-hydrochlorothiazide..	16	LATUDA.....	14	LOVAZA.....	17
isibloom.....	29	LAZANDA.....	7	low-ogestrel.....	29
isosorbide mononitrate er.....	16	LEDIPASVIR-SOFOSBUVIR....	14	LUMIGAN.....	34
JANUMET.....	22	leflunomide.....	31	LUNESTA.....	37
JANUMET XR.....	22	LESCOL XL.....	17	LUPRON DEPOT (1-MONTH)..	28
JANUVIA.....	22	lessina.....	29	LUPRON DEPOT (3-MONTH)..	28
JARDIANCE.....	22	LETAIRIS.....	36	LUPRON DEPOT (4-MONTH)	
JATENZO.....	27	letrozole.....	13	INTRAMUSCULAR KIT 30MG..	28
JENTADUETO.....	22	LEVALBUTEROL HFA.....	36	LUPRON DEPOT (6-MONTH)	
JENTADUETO XR.....	22	LEVEMIR U-100 FLEXTOUCH..	24	INTRAMUSCULAR KIT 45MG..	28
JIVI.....	15	LEVEMIR U-100 VIAL.....	24	LYNPARZA.....	13
JORNAY PM.....	18	levetiracetam.....	10	LYRICA.....	19
JUBLIA.....	12	LEVITRA.....	26	MAKENA.....	29
JULUCA.....	14	levocetirizine dihydrochloride....	34	MAVENCLAD (10 TABS).....	18
junel 1.5/30.....	29	levofloxacin.....	9	MAVENCLAD (4 TABS).....	18
junel 1/20.....	29	levonorgest-eth est & eth est....	29	MAVENCLAD (5 TABS).....	19
junel fe 1.5/30.....	29	levonorgest-eth estrad 91-day..	29	MAVENCLAD (6 TABS).....	19
junel fe 1/20.....	29	levonorgestrel-ethinyl estrad....	29	MAVENCLAD (7 TABS).....	19
junel fe 24.....	29	levothyroxine sodium.....	30	MAVENCLAD (8 TABS).....	19
KADIAN.....	7	levoxyl.....	30	MAVENCLAD (9 TABS).....	19
KANJINTI.....	13	LEXAPRO.....	11	MAVYRET.....	14
KAPSPARGO SPRINKLE.....	16	LEXETTE.....	20	MAXALT.....	12
kariva.....	29	LIALDA.....	32	MAXALT-MLT.....	12
KATERZIA.....	16	lidocaine.....	8	MAYZENT.....	19
KAZANO.....	22	lidocaine viscous hcl.....	19	meclizine hcl.....	11
KENALOG.....	20, 27	lidocaine-prilocaine.....	8	medroxyprogesterone acetate..	29
KEPPRA.....	10	LIDODERM.....	8	meloxicam.....	8
KEPPRA XR.....	10	LINZESS.....	26	memantine hcl.....	11
KERYDIN.....	12	liothyronine sodium.....	30	mesalamine.....	32
ketoconazole.....	12	LIPITOR.....	17	metaxalone.....	37
ketorolac tromethamine.....	8, 33	lisinopril.....	17	metformin hcl er.....	22
KITABIS PAK.....	36	lisinopril-hydrochlorothiazide....	17	metformin hcl er (mod).....	22
KLONOPIN.....	15	lithium carbonate.....	15	metformin hcl er (osm).....	22
klor-con m20.....	24	lithium carbonate er.....	15	metformin hcl ir.....	22
KOMBIGLYZE XR.....	22	LIVALO.....	17	methimazole.....	30
K-TAB.....	24	LO LOESTRIN FE.....	29	methocarbamol.....	37
kurvelo.....	29	LOESTRIN 1.5/30 (21).....	29	methotrexate.....	31
labetalol hcl.....	16	LOESTRIN 1/20 (21).....	29	methotrexate sodium.....	31
lactulose.....	26	LOESTRIN FE 1.5/30.....	29	methylphenidate hcl.....	18
LAMICTAL.....	10	LOESTRIN FE 1/20.....	29	methylphenidate hcl er.....	18
LAMICTAL ODT.....	10	LOKELMA.....	24	methylphenidate hcl er (la).....	18
LAMICTAL STARTER.....	10	LONHALA MAGNAIR REFILL		METHYLPHENIDATE HCL ER	
LAMICTAL XR.....	10	KIT.....	36	(XR).....	18
lamotrigine.....	10	LONHALA MAGNAIR		methylprednisolone.....	27
lamotrigine er.....	10	STARTER KIT.....	36	metoclopramide hcl.....	11
lansoprazole.....	25	lorazepam.....	15	metoprolol succinate er.....	17
LANTUS SOLOSTAR.....	24	LORZONE.....	37	metoprolol tartrate.....	17
LANTUS U-100 VIAL.....	24	losartan potassium.....	17	METROGEL.....	20
larin fe 1/20.....	29	losartan potassium-hctz.....	17	metronidazole.....	9, 21

MICARDIS.....	17	NEUPOGEN.....	15	NOVOLOG FLEXPEN.....	24
MICARDIS HCT.....	17	NEURONTIN.....	10	NOVOLOG MIX 70/30	
microgestin fe 1/20.....	29	NEVANAC.....	33	FLEXPEN.....	24
MINASTRIN 24 FE.....	30	NEXIUM.....	25	NOVOLOG MIX 70/30 VIAL.....	24
minocycline hcl.....	9	NEXLETOL.....	17	NOVOLOG PENFILL.....	24
MINOLIRA.....	9	NEXLIZET.....	17	NOVOLOG U-100 VIAL.....	24
MIRENA (52 MG).....	30	NIASPAN.....	17	NOVOTWIST PEN NEEDLE....	24
mirtazapine.....	11	nifedipine er.....	17	np thyroid.....	30
MIRVASO.....	21	nifedipine er osmotic release....	17	NUBEQA.....	13
MITIGARE.....	12	nikki.....	30	NUCALA.....	34
MOBIC.....	8	nitrofurantoin macrocrystal.....	9	NUCYNTA.....	7
modafinil.....	37	nitrofurantoin monohydrate		NUCYNTA ER.....	7
mometasone furoate.....	21, 34	macrocrystals.....	9	NULYTELY WITH FLAVOR	
mono-lynyah.....	30	nitroglycerin.....	17	PACKS.....	26
MONOVISC.....	32	NITROSTAT.....	17	NURTEC.....	12
montelukast sodium.....	36	NITYR.....	26	NUTROPIN AQ NUSPIN 10.....	28
morphine sulfate er.....	7	NIVESTYM.....	15	NUTROPIN AQ NUSPIN 20.....	28
MOTEGRITY.....	26	NOC DURNA.....	28	NUTROPIN AQ NUSPIN 5.....	28
MOTOFEN.....	26	NORCO.....	7	NUVARING.....	30
MOVANTIK.....	26	NORDITROPIN FLEXPRO.....	28	NUVIGIL.....	37
MOVIPREP.....	26	norethindrone.....	30	NUWIQ.....	15
MOXEZA.....	33	norethindrone acetate.....	30	NUZYRA.....	9
MOXIFLOXACIN HCL.....	33	norethindrone acet-ethinyl est...30		nystatin.....	12
moxifloxacin hcl.....	33	NORGESIC FORTE.....	37	ODEFSEY.....	14
MS CONTIN.....	7	norgestimate-ethinyl estradiol		ofloxacin.....	33, 34
MULPLETA.....	15	triphasic.....	30	OGIVRI.....	13
MULTAQ.....	17	NORITATE.....	21	olanzapine.....	14
multivitamin/fluoride.....	25	nortrel 1/35 (21).....	30	olmesartan medoxomil.....	17
mupirocin.....	9	nortrel 1/35 (28).....	30	olmesartan medoxomil-hctz.....	17
MVASI.....	13	nortriptyline hcl.....	11	olmesartan-amlodipine-hctz.....	17
mycophenolate mofetil.....	31	NORVASC.....	17	olopatadine hcl.....	33
mycophenolate sodium.....	31	NOURIANZ.....	13	OLUMIANT.....	31
MYRBETRIQ.....	26	NOVOEIGHT.....	15	OMECLAMOX-PAK.....	26
nabumetone.....	8	NOVOFINE AUTOCOVER		omega-3-acid ethyl esters.....	17
nadolol.....	17	PEN NEEDLE.....	24	omeprazole.....	25
NALFON.....	8	NOVOFINE PEN NEEDLE.....	24	omeprazole-sodium	
NALOXONE HCL.....	8	NOVOFINE PLUS PEN		bicarbonate.....	25
naltrexone hcl.....	8	NEEDLE.....	24	OMNARIS.....	34
NAMZARIC.....	11	NOVOLIN 70/30 FLEXPEN.....	24	OMNITROPE.....	28
NAPRELAN.....	8	NOVOLIN 70/30 FLEXPEN		ondansetron hcl.....	11
naproxen.....	8	RELION.....	24	ondansetron odt.....	11
NARCAN.....	8	NOVOLIN 70/30 RELION.....	24	ONETOUCH ULTRA.....	23
NASCOBAL.....	25	NOVOLIN 70/30 VIAL.....	24	ONETOUCH VERIO KIT	
NASONEX.....	34	NOVOLIN N FLEXPEN.....	24	W/DEVICE.....	23
NATAZIA.....	30	NOVOLIN N FLEXPEN		ONEXTON.....	21
NATESTO.....	27	RELION.....	24	ONFI.....	10
NATROBA.....	13	NOVOLIN N RELION.....	24	ONGLYZA.....	22
NATURE-THROID.....	30	NOVOLIN N VIAL.....	24	ONZETRA XSAIL.....	12
NAYZILAM.....	10	NOVOLIN R FLEXPEN.....	24	OPSUMIT.....	36
neomycin-polymyxin-hc.....	34	NOVOLIN R FLEXPEN		ORACEA.....	21
NESINA.....	22	RELION.....	24	ORENCIA.....	31
NEULASTA.....	15	NOVOLIN R RELION.....	24	ORENCIA CLICKJECT.....	31
NEULASTA ONPRO.....	15	NOVOLIN R VIAL.....	24	ORENITRAM.....	36

ORLISSA.....	28	PATADAY.....	33	PROAIR DIGIHALER.....	36
ORPHENGESIC FORTE.....	37	PAXIL.....	11	PROAIR HFA.....	36
ORTHO MICRONOR.....	30	PAXIL CR.....	11	PROAIR RESPICLICK.....	36
ORTHOVISC.....	32	PAZEO.....	33	prochlorperazine maleate.....	11
oseltamivir phosphate.....	14	penicillin v potassium.....	9	PROCRIT.....	15
OSENI.....	22	PENNSAID.....	8	PROCTOFOAM HC.....	32
OSMOLEX ER.....	13	PENTASA.....	32	progesterone micronized.....	30
OSMOPREP.....	26	PERCOCET.....	7	PROGRAF.....	31
OSPHENA.....	27	PERFOROMIST.....	36	PROLENSA.....	33
OTEZLA.....	31	PERSERIS.....	14	PROLIA.....	32
OTOVEL.....	34	PERTZYE.....	26	promethazine hcl.....	34
OXBRYTA.....	32	phenazopyridine hcl.....	26	promethazine-codeine.....	34
oxcarbazepine.....	10	phentermine hcl.....	19	promethazine-dm.....	34
OXTELLAR XR.....	10	pioglitazone hcl.....	22	PROMETRIUM.....	30
oxybutynin chloride.....	26	PLAQUENIL.....	13	PROPECIA.....	21
oxybutynin chloride er.....	26	PLAVIX.....	13	propranolol hcl.....	17
oxycodone hcl.....	7	PLEGRIDY.....	19	propranolol hcl er.....	17
OXYCODONE HCL ER.....	7	PLEGRIDY STARTER PACK...	19	PROTONIX.....	25
oxycodone-acetaminophen.....	7	PLENVU.....	26	PROVENTIL HFA.....	36
OXYCONTIN.....	7	polymyxin b-trimethoprim.....	34	PROVIGIL.....	37
OZEMPIC.....	22	potassium chloride crys er.....	25	PROZAC.....	11
OZOBAX.....	37	potassium chloride er.....	25	pseudoephedrine-bromphen- dm.....	34
PALFORZIA (12 MG DAILY DOSE).....	32	potassium citrate er.....	25	PSORCON.....	21
PALFORZIA (120 MG DAILY DOSE).....	32	PRADAXA.....	10	PULMICORT FLEXHALER.....	36
PALFORZIA (160 MG DAILY DOSE).....	32	PRALUENT.....	17	PULMICORT SUSPENSION...	36
PALFORZIA (20 MG DAILY DOSE).....	32	pramipexole dihydrochloride.....	13	PULMOZYME.....	36
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Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

Multi-language interpreter services

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

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

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

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

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

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

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

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

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)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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

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

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

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

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

ध्यान दे: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध है। 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)សំរាប់ជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីសុំសេវាសំរាប់អ្នក។

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 yánitl'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i. T'áá shqódí ninaaltsoos nitl'izí bee nééhozinígíí bine'déę> t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

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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WF3067195_ORX_Premium Standard Booklet_010121 67238G-062020 **Premium Standard**

2022 Premium Standard Formulary

Effective January 1, 2022



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



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the OptumRx app to:

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



Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen 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.

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

How do I use my formulary?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

When does the formulary change?

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

If 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 is similar to another prescription or over-the-counter (OTC) medication.

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

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

Medication tips

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

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and ask how you can have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

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

Tier information

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

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	May not be covered or need 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 decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	Prior authorization – Your doctor is required to give OptumRx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.

Premium Standard Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
APADAZ	E	
apap-caff-dihydrocodeine oral capsule	1	QL
BELBUCA	2	PA; QL
BENZHYDROCODON E-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 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	E	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR	E	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR	E	

Drug Name	Drug Tier	Notes
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR	E	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	E	
fentanyl	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET	E	M
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
LAZANDA	E	
MORPHINE SULFATE (BULK)	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral solution	1	QL
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	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
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	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	
QDOLO	E	
ROXICODONE	E	
SUBSYS	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
DICLOFENAC CAP 35MG	E	M
DICLOFENAC PATCH 1.3%	E	M
diclofenac sodium external gel 1 %	1	QL

Drug Name	Drug Tier	Notes
diclofenac sodium oral	1	
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral tablet	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	ST
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	E	M
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA
naproxen oral tablet	1	
naproxen sodium oral tablet	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	E	
VIMOVO	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
ZIPSOR	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX STARTING MONTH PAK	3	++; QL
LIFEMS NALOXONE	E	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	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	

Drug Name	Drug Tier	Notes
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin oral tablet	1	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 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	

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
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XENLETA	3	
XEPI	3	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST

Drug Name	Drug Tier	Notes
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	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
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	
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine 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
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	3	ST
VALTOCO	3	QL
VIMPAT	3	
XCOPRI	3	ST
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	QL
Antidepressants		
amitriptyline hcl oral	1	
BRISDELLE	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M

Drug Name	Drug Tier	Notes
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
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	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL

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

Drug Name	Drug Tier	Notes
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
GIMOTI	E	
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	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
KERYDIN	3	PA; ++
ketoconazole external cream	1	

Drug Name	Drug Tier	Notes
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	M
colchicine oral tablet	1	
COLCRYS	E	
febuxostat	1	ST
GLOPERBA	E	
MITIGARE	E	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	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	
NURTEC	2	PA; QL
ONZETRA XSAIL	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
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG	E	
Antineoplastics - Drugs for Cancer		
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
CABOMETYX	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	PA; SP
DARZALEX FASPRO	E	SP
ERIVEDGE	3	PA; SP
ERLEADA	E	SP
GAVRETO	E	SP
GLEEVEC	E	SP
HERZUMA	E	SP
IBRANCE ORAL TABLET	3	PA; SP

Drug Name	Drug Tier	Notes
IDHIFA	3	PA; SP; QL
INQOVI	E	SP
KANJINTI	2	PA; SP
KEYTRUDA	3	PA; SP
KISQALI FEMARA	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
OGIVRI	E	SP
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PHESGO	2	PA; SP
RETEVMO	3	PA; SP
REVLIMID	2	PA; SP
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	2	PA; SP
RUXIENCE	2	PA; SP
SPRYCEL	2	PA; SP
TABRECTA	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral	1	
TARGETIN EXTERNAL	3	PA; SP
TARGETIN ORAL	E	SP
TAZVERIK	E	SP
TEPMETKO	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
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP
UKONIQ	3	PA; SP
VELCADE	2	PA; SP
VITRAKVI	3	PA; SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral tablet 200 mg	1	
NATROBA	E	
PLAQUENIL	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	PA; SP
KYNMOBI	3	PA; SP; QL
KYNMOBI TITRATION KIT	3	PA; SP; QL
NEUPRO	3	ST
NOURIANZ	3	PA
ONGENTYS	3	ST
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	

Drug Name	Drug Tier	Notes
RYTARY	3	ST
Antiplatelets		
ASPIRIN- OMEPRAZOLE	E	M
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA	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
Antivirals		
acyclovir oral tablet	1	
ATRIPLA	E	
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	
CABENUVA	E	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
PREZCOBIX	2	
RUKOBIA	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	E	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	3	SP
VOCABRIA	E	
VOSEVI	2	PA; SP; QL

Drug Name	Drug Tier	Notes
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
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	
KLONOPIN	E	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP

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

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP
ESPEROCT	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
KOATE	2	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NPLATE	3	PA; SP
NUWIQ	2	SP
NYVEPRIA	E	SP
PROCRIT	E	SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
SEVENFACT	E	SP
SOLIRIS	3	PA; SP
UDENYCA	E	SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALTACE	E	

Drug Name	Drug Tier	Notes
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ANTARA	3	PA
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	
BIDIL	3	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
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	

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
chlorthalidone	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
CONJUPRI	E	
CONSENSI	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	

Drug Name	Drug Tier	Notes
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol 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.

Drug Name	Drug Tier	Notes
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; QL

Drug Name	Drug Tier	Notes
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
valsartan	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	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
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	PA; QL
ADHANSIA XR	E	
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	E	
atomoxetine hcl	1	QL
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	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	PA; ST; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
methylphenidate hcl er (xr)	1	PA; QL
methylphenidate hcl er oral tablet extended release	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	

Drug Name	Drug Tier	Notes
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
EXTAVIA	E	SP
GILENYA	3	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TECFIDERA	E	SP
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	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
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
CONTRACE	E	
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
IMCIVREE	E	SP
INGREZZA	3	PA; SP; QL
LYRICA	E	
LYRICA CR	E	
phentermine hcl oral tablet	1	PA; ++
pregabalin oral capsule	1	QL
QSYMIA	3	PA; ++
SAXENDA	3	PA; ++; QL
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; QL
VYLEESI	3	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	E	
ABSORICA LD	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	PA; ++
AKLIEF	E	

Drug Name	Drug Tier	Notes
ALA SCALP	E	
AMZEEQ	3	
APEXICON E	E	
ARAZLO	E	
AVITA	E	
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
BRYHALI	3	PA
CALCIPOTRIENE EXTERNAL FOAM	E	M
CAPEX	E	
claravis	1	PA
CLINDAGEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external 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
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CORDRAN EXTERNAL TAPE	E	
DAPSONE EXTERNAL GEL 7.5 %	E	M
DESONATE	E	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
DUOBRII	E	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	2	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	PA; QL
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external cream	1	
fluocinonide external solution	1	

Drug Name	Drug Tier	Notes
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone external cream	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
IMIQUIMOD PUMP	E	M
IMPEKLO	E	
IMPOYZ	E	
KENALOG EXTERNAL	E	
KLISYRI	3	ST
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	3	
ORACEA	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
PANDEL	E	
pimecrolimus	1	ST
PROPECIA	E	
PSORCON	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA; ++
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	
TAZAROTENE EXTERNAL FOAM	E	
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	PA; ++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	1	PA

Drug Name	Drug Tier	Notes
TRIANEX	E	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
WINLEVI	E	
WYNZORA	E	
ZIANA	E	
ZILXI	3	ST
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
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
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	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
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)	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	ST; QL
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST

Drug Name	Drug Tier	Notes
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK GUIDE TEST STRIPS	E	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CONTOUR MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT LINK KIT W/DEVICE	2	++
CONTOUR NEXT MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT	2	++
CONTOUR NEXT TEST STRIPS	2	++; QL
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	PA; ++
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	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
FREESTYLE LIBRE 2 SENSOR	E	
GHT BLOOD GLUCOSE MONITOR	E	
GUARDIAN CONNECT TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN SENSOR (3)	3	PA; ++
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA MINI KIT W/DEVICE	E	
ONETOUCH VERIO KIT W/DEVICE	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	E	
ONETOUCH VERIO IQ SYSTEM	E	
ONETOUCH VERIO REFLECT	E	
ONETOUCH VERIO SYNC SYSTEM	E	
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	

Drug Name	Drug Tier	Notes
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
Diabetes - Insulins		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
BD AUTOSHIELD DUO PEN NEEDLES	2	++
BD ULTRA-FINE INSULIN SYRINGES	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
FIASP	E	
FIASP FLEXTOUCH	E	
FIASP PENFILL	E	
HUMALOG	2	++
HUMALOG 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	++

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
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	2	++
HUMULIN R VIAL	2	++
INSULIN ASP PROT & ASP FLEXPEN	E	M
INSULIN ASPART	E	M
INSULIN ASPART FLEXPEN	E	M
INSULIN ASPART PENFILL	E	M
INSULIN ASPART PROT & ASPART	E	M
INSULIN LISPRO	E	M
INSULIN LISPRO (1 UNIT DIAL)	E	M
INSULIN LISPRO JUNIOR KWIKPEN	E	M
INSULIN LISPRO PROT & LISPRO	E	M
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	2	++
LYUMJEV VIAL	2	++
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	++
NOVOFINE PEN NEEDLE 32G X 6 MM	2	++

Drug Name	Drug Tier	Notes
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	++
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	E	
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG PENFILL	E	
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	++
SEMGLEE	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
TOUJEO MAX SOLOSTAR	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
CARNITOR ORAL	E	
CARNITOR SF	E	
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet	1	++
klor-con m20	1	
K-TAB	E	
LOKELMA	3	
NASCOBAL	3	++
potassium chloride crystal extended release 10 meq, 20 meq	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	1	++
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	

Drug Name	Drug Tier	Notes
CARAFATE ORAL TABLET	E	
DEXILANT	2	++; QL
esomeprazole magnesium oral capsule delayed release	1	++; QL
famotidine oral	1	++
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	++; QL
sucralfate oral tablet	1	
ZEGERID	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
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
GOLYTELY	E	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LUBIPROSTONE	E	M
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTELY LEMON-LIME	E	
OMECLAMOX-PAK	2	
OSMOPREP	E	
peg 3350-kcl-na bicarb-nacl	1	
PLENVU	E	
PYLERA	2	
RELISTOR	E	
RELTONE	E	

Drug Name	Drug Tier	Notes
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	3	
TRULANCE	E	
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
EXONDYS 51	E	SP
KUVAN	E	SP
NITYR	3	PA; SP
ORFADIN	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ	2	PA; SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ELMIRON	E	
GEMTESA	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
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP
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	
STENDRA	E	
tadalafil oral	1	++; QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	E	
VESICARE LS	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	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	

Drug Name	Drug Tier	Notes
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
CORTEF	E	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	1	PA
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral tablet therapy pack	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	PA
TAPERDEX 6-DAY	3	PA
TAPERDEX 7-DAY	3	PA
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
AVEED	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
JATENZO	E	
NATESTO	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
TESTIM	E	
TESTOPEL	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	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
clomiphene citrate oral	1	++
FENSOLVI (6 MONTH)	3	PA; SP; QL
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon; ++; 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

Drug Name	Drug Tier	Notes
ISTURISA	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
MYCAPSSA	E	SP
NOCDURNA	3	
NORDITROPIN FLEXPPO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	2	PA; ++; SP
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	2	PA; ++; SP
OMNITROPE	E	SP
ORILISSA	2	PA; QL
SAIZEN	E	SP
SAIZENPREP	E	SP
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SOMATULINE DEPOT	3	PA; SP
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
ZOMACTON	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
ZOMACTON (FOR ZOMA-JET 10)	E	SP
Hormonal Agents - Sex Hormones and Birth Control		
ANNOVERA	E	
apri	1	++
aurovela fe 1/20	1	++
aviane	1	++
BEYAZ	E	
BIJUVA	3	
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	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
eluryng	1	++
ENDOMETRIN	2	++
enskyce	1	++
estarylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	

Drug Name	Drug Tier	Notes
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
GENERESS FE	E	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
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	++
kurvelo	1	++
larin fe 1/20	1	++
larissia	1	++
lessina	1	++
levonorgest-eth est & eth est	1	++; QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	++; QL
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	
loryna	1	++
MAKENA	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
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	
MIRENA (52 MG)	3	++
mono-linyah	1	++
NATAZIA	2	++
nikki	1	++
norethin ace-eth estrad-fe oral tablet	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	++
ORIAHNN	2	PA; QL
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
PROMETRIUM	E	
SAFYRAL	E	
SEASONIQUE	E	
SLYND	E	
sprintec 28	1	++
syeda	1	++
tri femynor	1	++
tri-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++

Drug Name	Drug Tier	Notes
tri-sprintec	1	++
TWIRLA	E	
VAGIFEM	E	
vienva	1	++
VIVELLE-DOT	E	
xulane	1	++
YASMIN 28	E	
YAZ	E	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
CYTOMEL	E	
euthyrox	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid oral tablet 30 mg, 60 mg	1	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
ASCENIV	E	SP
AVSOLA	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
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
CUTAQUIG	E	SP
cyclosporine modified oral capsule	1	SP
ENBREL MINI	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	E	SP
GAMMAGARD	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PEDIATRIC UC START	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP

Drug Name	Drug Tier	Notes
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP
OTREXUP	E	
PANZYGA	E	SP
RASUVO	2	PA; QL
REDITREX	E	
REMICADE	E	SP
RENFLEXIS	E	SP
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
SKYRIZI	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
SKYRIZI PEN	2	PA; SP
STELARA INTRAVENOUS	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 SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
TREXALL	3	
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD	E	
CANASA	E	
CORTIFOAM	3	
DELZICOL	E	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	1	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	E	
mesalamine oral tablet delayed release 800 mg	1	
ORTIKOS	E	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS ORAL	E	
UCERIS RECTAL	3	

Drug Name	Drug Tier	Notes
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
FORTEO	E	SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
RAYALDEE	3	
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	2	PA; SP
XGEVA	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non- Cosmetic; SP
DOJOLVI	E	
DUROLANE	2	PA; SP
ENDARI	3	PA
EUFLEXXA	2	PA; SP
FIRDAPSE	E	SP
GEL-ONE	E	SP
GELSYN-3	2	PA; SP
GENVISC 850	E	SP
HYALGAN	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
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP
OXBRYTA	E	SP
PALFORZIA	E	SP
PHEXXI	E	
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TRILURON	E	SP
TRIVISC	E	SP
VILTEPSO	E	SP
VISCO-3	E	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BEPREVE	E	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	PA; QL
LOTEMAX OPHTHALMIC OINTMENT	3	PA; QL

Drug Name	Drug Tier	Notes
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
MOXEZA	2	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
moxifloxacin hcl ophthalmic solution	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
VIGAMOX	E	
ZERVIATE	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
latanoprost 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
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
TRAVATAN Z	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
CEQUA	E	
LASTACAPT	E	
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	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	

Drug Name	Drug Tier	Notes
XIIDRA	2	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	PA
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy relief oral tablet 5 mg	1	++
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride 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
mometasone furoate nasal	1	++; QL
NASONEX	E	
NUCALA	2	PA; SP; QL
OMNARIS	3	++; QL
promethazine hcl oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
XHANCE	E	
XOLAIR	2	PA; SP
ZETONNA	3	++; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL
AIRDUO DIGIHALER	E	
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	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	M

Drug Name	Drug Tier	Notes
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARMONAIR DIGIHALER	E	
ARNUITY ELLIPTA	2	QL
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	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	M
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	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
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
ESBRIET	3	PA; SP
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	
INCRUSE ELLIPTA	E	
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
OFEV	3	PA; SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	

Drug Name	Drug Tier	Notes
QVAR REDIHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
VENTOLIN HFA	E	
wixela inhub	E	
XOPENEX HFA	E	
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	
CAYSTON	E	SP
KITABIS PAK	E	SP
PULMOZYME	2	PA; SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	3	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
TRIKAFTA	3	PA; SP; 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
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	3	PA; SP
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	M
OZOBAX	E	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	E	

Drug Name	Drug Tier	Notes
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	3	PA; SP; QL
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL
Stimulation or Suppression		
TAKHZYRO	3	PA; SP

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

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BELSOMRA.....	37	BUTRANS.....	6	ciprofloxacin-dexamethasone...	34
benazepril hcl.....	15	BYDUREON BCISE		citalopram hydrobromide.....	10
BENICAR.....	15	AUTOINJECTOR.....	21	claravis.....	19
BENICAR HCT.....	15	BYETTA 10 MCG PEN.....	21	CLARINEX.....	34
BENZAACLIN.....	19	BYETTA 5 MCG PEN.....	21	CLARINEX-D 12 HOUR.....	34
BENZAACLIN WITH PUMP.....	19	BYSTOLIC.....	15	clarithromycin.....	8
BENZAMYCIN.....	19	CABENUVA.....	14	CLENPIQ.....	26
BENZHYDROCODONE-		cabergoline.....	28	CLEOCIN.....	8
ACETAMINOPHEN.....	6	CABOMETYX.....	12	CLIMARA.....	29
benzonatate.....	34	CALCIPOTRIENE.....	19	CLIMARA PRO.....	29
benztropine mesylate.....	13	calcitriol.....	32	CLINDAGEL.....	19
BEOVU.....	34	CALQUENCE.....	12	clindamycin hcl.....	8
BEPREVE.....	33	CAMBIA.....	7	clindamycin phosphate.....	19
BESIVANCE.....	33	CANASA.....	32	CLINDAMYCIN PHOSPHATE..	19
betamethasone dipropionate....	19	candesartan cilexetil.....	15	clindamycin phosphate-	
BETASERON.....	18	capecitabine.....	12	benzoyl peroxide.....	19
BETHKIS.....	36	CAPEX.....	19	CLINDESSE.....	8
BETIMOL.....	33	CARAFATE.....	25	clobetasol propionate.....	19
BEVESPI AEROSPHERE.....	35	carbamazepine.....	9	CLOBEX.....	20
BEYAZ.....	29	CARBATROL.....	9	CLOBEX SPRAY.....	20
BIDIL.....	15	carbidopa-levodopa.....	13	CLODERM.....	20
BIJUVA.....	29	CARDIZEM LA.....	15	clomiphene citrate.....	28
BIKTARVY.....	14	carisoprodol.....	37	clonazepam.....	14
BINOSTO.....	32	CARNITOR.....	25	clonidine hcl.....	16
bisoprolol fumarate.....	15	CARNITOR SF.....	25	clopidogrel bisulfate.....	13
bisoprolol-hydrochlorothiazide..	15	cartia xt.....	15	clotrimazole.....	11
blisovi 24 fe.....	29	carvedilol.....	15	clotrimazole-betamethasone....	11
blisovi fe 1.5/30.....	29	CATAPRES-TTS-1.....	15	COLCHICINE.....	11
blisovi fe 1/20.....	29	CATAPRES-TTS-2.....	15	colchicine.....	11
BOTOX.....	32	CATAPRES-TTS-3.....	15	COLCRYS.....	11
BREO ELLIPTA.....	35	CAYSTON.....	36	COLESTID.....	16
BREZTRI AEROSPHERE.....	35	cefdinir.....	8	COLESTID FLAVORED.....	16
BRILINTA.....	13	cefuroxime axetil.....	8	COMBIGAN.....	33
brimonidine tartrate.....	33	CELEBREX.....	7	COMBIVENT RESPIMAT.....	35
BRISDELLE.....	10	celecoxib.....	7	CONCERTA.....	18
BRIVIACT.....	9	CELEXA.....	10	CONJUPRI.....	16
BROMSITE.....	33	cephalexin.....	8	CONSENSI.....	16
BRONCHITOL.....	36	CEQUA.....	34	CONTOUR MONITOR KIT	
BRYHALI.....	19	CERDELGA.....	26	W/DEVICE.....	22
budesonide.....	35	cetirizine hcl.....	34	CONTOUR NEXT EZ KIT	
		CETROTIDE.....	28	W/DEVICE.....	22

CONTOUR NEXT LINK KIT W/DEVICE.....	22	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC).....	22	dutasteride.....	27
CONTOUR NEXT MONITOR KIT W/DEVICE.....	22	DEXILANT.....	25	DYMISTA.....	34
CONTOUR NEXT ONE KIT.....	22	dexmethylphenidate hcl.....	18	EDARBI.....	16
CONTOUR NEXT TEST STRIPS.....	22	dexmethylphenidate hcl er.....	18	EDARBYCLOR.....	16
CONTOUR TEST STRIPS.....	22	diazepam.....	14	EFFEXOR XR.....	10
CONTRAVE.....	19	DICLOFENAC CAP 35MG.....	7	ELESTRIN.....	29
CONZIP.....	6	DICLOFENAC PATCH 1.3%.....	7	eletriptan hydrobromide.....	11
COPAXONE.....	18	diclofenac sodium.....	7	ELIDEL.....	20
CORDRAN.....	20	dicyclomine hcl.....	26	ELIQUIS.....	9
COREG.....	16	DIFFERIN.....	20	ELIQUIS DVT/PE STARTER PACK.....	9
COREG CR.....	16	DIFICID.....	8	ELMIRON.....	26
CORLANOR.....	16	digoxin.....	16	ELOCTATE.....	15
CORTEF.....	27	DILANTIN.....	9	eluryng.....	29
CORTIFOAM.....	32	DILANTIN INFATABS.....	9	EMGALITY.....	11
COSENTYX (300 MG DOSE)....	31	DILAUDID.....	6	EMGALITY (300 MG DOSE)....	11
COSENTYX 150 MG/ML.....	31	diltiazem hcl er coated beads...	16	EMVERM.....	13
COSENTYX SENSOREADY (300 MG).....	31	DIOVAN.....	16	enalapril maleate.....	16
COSENTYX SENSOREADY PEN.....	31	DIOVAN HCT.....	16	ENBREL.....	31
COSOPT.....	33	DIPENTUM.....	32	ENBREL MINI.....	31
COSOPT PF.....	33	diphenoxylate-atropine.....	26	ENBREL SURECLICK.....	31
COZAAR.....	16	divalproex sodium.....	9	ENDARI.....	32
CREON.....	26	divalproex sodium er.....	9	ENDOMETRIN.....	29
CRESEMBA.....	11	DIVIGEL.....	29	enoxaparin sodium.....	9
CRESTOR.....	16	DOJOLVI.....	32	enskyce.....	29
cryselle-28.....	29	donepezil hcl.....	10	ENSTILAR.....	20
CUPRIMINE.....	26	DORYX.....	8	entecavir.....	14
CUTAQUIG.....	31	DORYX MPC.....	8	ENTRESTO.....	16
cyanocobalamin.....	25	dorzolamide hcl-timolol mal.....	33	EPCLUSA.....	14
cyclobenzaprine hcl.....	37	dotti.....	29	EPIDIOLEX.....	9
cyclosporine modified.....	31	DOVATO.....	14	EPIDUO.....	20
CYMBALTA.....	10	doxazosin mesylate.....	16	EPIDUO FORTE.....	20
cyproheptadine hcl.....	34	doxepin hcl.....	10	epinephrine.....	36
CYTOMEL.....	30	doxycycline hyclate.....	8	EPIPEN 2-PAK.....	36
DAPSONE.....	20	DOXYCYCLINE HYCLATE.....	8	EPIPEN JR 2-PAK.....	36
DARZALEX FASPRO.....	12	doxycycline monohydrate.....	8	EPOGEN.....	15
DAYVIGO.....	37	drospirenone-ethinyl estradiol...	29	ergocalciferol.....	25
DELESTROGEN.....	29	DUAKLIR PRESSAIR.....	35	ERIVEDGE.....	12
DELZICOL.....	32	DUAVEE.....	29	ERLEADA.....	12
DEPAKOTE.....	9	DUEXIS.....	7	erythromycin.....	33
DEPAKOTE ER.....	9	DULERA.....	35	ESBRIET.....	36
DEPAKOTE SPRINKLES.....	9	duloxetine hcl.....	10	escitalopram oxalate.....	10
DEPEN TITRATABS.....	26	DUOBRII.....	20	esomeprazole magnesium.....	25
DEPO-TESTOSTERONE.....	27	DUPIXENT.....	20	ESPEROCT.....	15
DESCOVY.....	14	DURAGESIC-100.....	6	estarylla.....	29
DESONATE.....	20	DURAGESIC-12.....	6	ESTRACE.....	29
desvenlafaxine succinate er.....	10	DURAGESIC-25.....	6	estradiol.....	29
dexamethasone.....	27	DURAGESIC-50.....	6	estradiol-norethindrone acet.....	29
		DURAGESIC-75.....	6	ESTROGEL.....	29
		DUROLANE.....	32	eszopiclone.....	37
				etodolac.....	7
				etonogestrel-ethinyl estradiol...	29
				EUCRISA.....	20

EUFLEXXA.....	32	FORTEO.....	32	GUARDIAN LINK 3	
euthyrox.....	30	FORTESTA.....	27	TRANSMITTER.....	23
EVAMIST.....	29	FREESTYLE LIBRE 14 DAY		GUARDIAN SENSOR (3).....	23
EVEKEO.....	18	READER.....	22	GVOKE HYPOPEN 1-PACK.....	23
EXFORGE.....	16	FREESTYLE LIBRE 14 DAY		GVOKE HYPOPEN 2-PACK.....	23
EXFORGE HCT.....	16	SENSOR.....	22	GVOKE PFS.....	23
EXONDYS 51.....	26	FREESTYLE LIBRE 2		GYNAZOLE-1.....	11
EXTAVIA.....	18	READER.....	22	HAEGARDA.....	31
EYSUVIS.....	33	FREESTYLE LIBRE 2		HALOBETASOL	
ezetimibe.....	16	SENSOR.....	23	PROPIONATE.....	20
ezetimibe-simvastatin.....	16	FULPHILA.....	15	HALOG.....	20
FABIOR.....	20	furosemide.....	16	HARVONI.....	14
famotidine.....	25	FYCOMPA.....	9	HEMADY.....	27
FARXIGA.....	21	gabapentin.....	9	HEMANGEOL.....	16
FASENRA.....	34	GAMMAGARD.....	31	HERZUMA.....	12
FASENRA PEN.....	34	ganirelix acetate.....	28	HORIZANT.....	19
febuxostat.....	11	GAVRETO.....	12	HUMALOG.....	23
fenofibrate.....	16	GEL-ONE.....	32	HUMALOG KWIKPEN.....	23
fenofibrate micronized.....	16	GELSYN-3.....	32	HUMALOG MIX 50/50	
fenofibric acid.....	16	gemfibrozil.....	16	KWIKPEN.....	23
FENSOLVI (6 MONTH).....	28	GEMTESA.....	26	HUMALOG MIX 50/50 VIAL.....	23
fentanyl.....	6	GENERESS FE.....	29	HUMALOG MIX 75/25	
FENTANYL CITRATE.....	6	GENOTROPIN.....	28	KWIKPEN.....	23
FENTORA.....	6	GENOTROPIN MINIQUICK.....	28	HUMALOG MIX 75/25 VIAL.....	23
FIASP.....	23	GENVISC 850.....	32	HUMALOG U-100 JUNIOR	
FIASP FLEXTOUCH.....	23	GENVOYA.....	14	KWIKPEN.....	23
FIASP PENFILL.....	23	GHT BLOOD GLUCOSE		HUMATROPE.....	28
FINACEA.....	20	MONITOR.....	23	HUMIRA.....	31
finasteride.....	27	GILENYA.....	18	HUMIRA PEDIATRIC	
FIORICET.....	6	GIMOTI.....	11	CROHNS START.....	31
FIORICET/CODEINE.....	6	GLEEVEC.....	12	HUMIRA PEN.....	31
FIRAZYR.....	31	glimepiride.....	21	HUMIRA PEN-CD/UC/HS	
FIRDAPSE.....	32	glipizide er.....	21	STARTER.....	31
FLAREX.....	33	glipizide ir.....	21	HUMIRA PEN-PEDIATRIC UC	
flecainide acetate.....	16	GLOPERBA.....	11	START.....	31
FLECTOR.....	7	GLUCAGON EMERGENCY		HUMIRA PEN-PS/UV/ADOL	
FLOMAX.....	27	KIT.....	23	HS START.....	31
FLOVENT DISKUS.....	36	GLUMETZA.....	21	HUMIRA PEN-PSOR/UEVIT	
FLOVENT HFA.....	36	glyburide.....	21	STARTER.....	31
fluconazole.....	11	glycopyrrolate.....	26	HUMULIN 70/30 KWIKPEN.....	24
fluocinonide.....	20	GLYCOPYRROLATE.....	26	HUMULIN 70/30 VIAL.....	24
FLUOROPLEX.....	20	GLYXAMBI.....	21	HUMULIN N KWIKPEN.....	24
FLUOROURACIL.....	20	GOCOVRI.....	13	HUMULIN N VIAL.....	24
fluorouracil.....	20	GOLYTELY.....	26	HUMULIN R U-500 KWIKPEN.....	24
fluoxetine hcl.....	10	GONAL-F.....	28	HUMULIN R U-500 VIAL.....	24
fluticasone propionate.....	34	GONAL-F RFF.....	28	HUMULIN R VIAL.....	24
fluticasone-salmeterol.....	36	GONAL-F RFF REDIRECT.....	28	HYALGAN.....	32
fluvoxamine maleate.....	10	GRALISE.....	19	hydralazine hcl.....	16
FOCALIN.....	18	GRANIX.....	15	hydrochlorothiazide.....	16
FOCALIN XR.....	18	guanfacine hcl.....	16	hydrocodone-acetaminophen.....	6
folic acid.....	25	guanfacine hcl er.....	18	hydrocortisone.....	20, 27
FOLLISTIM AQ.....	28	GUARDIAN CONNECT		hydrocortisone (perianal).....	32
FORFIVO XL.....	10	TRANSMITTER.....	23	hydromorphone hcl.....	6

hydroxychloroquine sulfate.....	13	INVOKAMET	21	labetalol hcl.....	16
hydroxyzine hcl.....	14	INVOKAMET XR.....	21	lactulose.....	26
hydroxyzine pamoate.....	14	INVOKANA.....	21	LAMICTAL.....	9
HYMOVIS.....	33	ipratropium bromide.....	34	LAMICTAL ODT.....	9
hyoscyamine sulfate.....	26	ipratropium-albuterol.....	36	LAMICTAL STARTER.....	9
hyoscyamine sulfate sl.....	26	irbesartan.....	16	LAMICTAL XR.....	9
HYSINGLA ER.....	6	irbesartan-hydrochlorothiazide..	16	lamotrigine.....	9
HYZAAR.....	16	isibloom.....	29	lamotrigine er.....	9
ibandronate sodium.....	32	isosorbide mononitrate er.....	16	lansoprazole.....	25
IBRANCE.....	12	ISTURISA.....	28	LANTUS SOLOSTAR.....	24
ibuprofen.....	7	JANUMET.....	22	LANTUS U-100 VIAL.....	24
IDHIFA.....	12	JANUMET XR.....	22	larin fe 1/20.....	29
ILEVRO.....	33	JANUVIA.....	22	larissia.....	29
IMCIVREE.....	19	JARDIANCE.....	22	LASIX.....	16
imiquimod.....	20	JATENZO.....	27	LASTACRAFT.....	34
IMIQUIMOD PUMP.....	20	JENTADUETO.....	22	latanoprost.....	33
IMITREX.....	11	JENTADUETO XR.....	22	LATISSE.....	34
IMITREX STATDOSE REFILL..	11	JIVI.....	15	LATUDA.....	13
IMITREX STATDOSE		JORNAY PM.....	18	LAZANDA.....	6
SYSTEM.....	11	JUBLIA.....	11	LEDIPASVIR-SOFOSBUVIR....	14
IMPEKLO.....	20	JULUCA.....	14	leflunomide.....	31
IMPOYZ.....	20	junel 1.5/30.....	29	LESCOL XL.....	16
IMVEXXY MAINTENANCE		junel 1/20.....	29	lessina.....	29
PACK.....	29	junel fe 1.5/30.....	29	LETAIRIS.....	37
IMVEXXY STARTER PACK.....	29	junel fe 1/20.....	29	letrozole.....	12
INBRIJA.....	13	junel fe 24.....	29	LEVAlBUTEROL HFA.....	36
INCRUSE ELLIPTA.....	36	KANJINTI.....	12	LEVEMIR U-100 FLEXTOUCH..	24
INDERAL LA.....	16	KAPSPARGO SPRINKLE.....	16	LEVEMIR U-100 VIAL.....	24
INDERAL XL.....	16	KATERZIA.....	16	levetiracetam.....	9
INDOMETHACIN.....	7	KAZANO.....	22	levocetirizine dihydrochloride....	34
indomethacin.....	7	KENALOG.....	20, 27	levofloxacin.....	8
INFLECTRA.....	31	KEPPRA.....	9	levonorgest-eth est & eth est....	29
INGREZZA.....	19	KEPPRA XR.....	9	levonorgest-eth estrad 91-day..	29
INNOPRAN XL.....	16	KERYDIN.....	11	levonorgestrel-ethinyl estrad....	29
INQOVI.....	12	KESIMPTA.....	18	LEVOTHYROXINE SODIUM....	30
INSULIN ASP PROT & ASP		ketoconazole.....	11	levothyroxine sodium.....	30
FLEXPEN.....	24	KETOROLAC		levoxyl.....	30
INSULIN ASPART.....	24	TROMETHAMINE.....	7	LEXAPRO.....	10
INSULIN ASPART FLEXPEN...	24	ketorolac tromethamine.....	7, 33	LEXETTE.....	20
INSULIN ASPART PENFILL....	24	KEYTRUDA.....	12	LIALDA.....	32
INSULIN ASPART PROT &		KISQALI.....	12	LICART.....	7
ASPART.....	24	KISQALI FEMARA.....	12	lidocaine.....	8
INSULIN LISPRO.....	24	KITABIS PAK.....	36	lidocaine viscous hcl.....	19
INSULIN LISPRO (1 UNIT		KLISYRI.....	20	lidocaine-prilocaine.....	8
DIAL).....	24	KLONOPIN.....	14	LIDODERM.....	8
INSULIN LISPRO JUNIOR		klor-con m20.....	25	LIFEMS NALOXONE.....	8
KWIKPEN.....	24	KOATE.....	15	LINZESS.....	26
INSULIN LISPRO PROT &		KOMBIGLYZE XR.....	22	liothyronine sodium.....	30
LISPRO.....	24	K-TAB.....	25	LIPITOR.....	16
INTUNIV.....	18	kurvelo.....	29	lisinopril.....	16
INVEGA SUSTENNA.....	13	KUVAN.....	26	lisinopril-hydrochlorothiazide....	16
INVEGA TRINZA.....	13	KYNMOBI.....	13	lithium carbonate.....	14
INVELTYS.....	33	KYNMOBI TITRATION KIT.....	13	lithium carbonate er.....	14

LIVALO.....	16	metformin hcl ir.....	22	NALFON.....	7
LO LOESTRIN FE.....	29	methimazole.....	30	naltrexone hcl.....	8
LOESTRIN 1.5/30 (21).....	29	methocarbamol.....	37	NAMZARIC.....	10
LOESTRIN 1/20 (21).....	29	methotrexate.....	31	NAPRELAN.....	7
LOESTRIN FE 1.5/30.....	29	methotrexate sodium.....	31	naproxen.....	7
LOESTRIN FE 1/20.....	29	methylphenidate hcl.....	18	naproxen sodium.....	7
LOKELMA.....	25	methylphenidate hcl er.....	18	NARCAN.....	8
LONHALA MAGNAIR REFILL		methylphenidate hcl er (la).....	18	NASCOBAL.....	25
KIT.....	36	methylphenidate hcl er (xr).....	18	NASONEX.....	35
LONHALA MAGNAIR		methylprednisolone.....	27	NATAZIA.....	30
STARTER KIT.....	36	metoclopramide hcl.....	11	NATESTO.....	27
lorazepam.....	14	metoprolol succinate er.....	16	NATROBA.....	13
loryna.....	29	metoprolol tartrate.....	16	NAYZILAM.....	9
LORZONE.....	37	METROGEL.....	20	neomycin-polymyxin-dexameth	34
losartan potassium.....	16	metronidazole.....	8, 20	neomycin-polymyxin-hc.....	34
losartan potassium-hctz.....	16	MICARDIS.....	17	NESINA.....	22
LOTEMAX.....	33	MICARDIS HCT.....	17	NEULASTA.....	15
LOTEMAX SM.....	33	MINASTRIN 24 FE.....	30	NEULASTA ONPRO.....	15
LOTREL.....	16	minocycline hcl.....	8	NEUPOGEN.....	15
lovastatin.....	16	MINOLIRA.....	8	NEUPRO.....	13
LOVAZA.....	16	MIRENA (52 MG).....	30	NEURONTIN.....	9
LUBIPROSTONE.....	26	mirtazapine.....	10	NEVANAC.....	33
LUMIGAN.....	34	MIRVASO.....	20	NEXIUM.....	25
LUNESTA.....	37	misoprostol.....	25	NEXLETOL.....	17
LUPKYNIS.....	31	MITIGARE.....	11	NEXLIZET.....	17
LUPRON DEPOT (1-MONTH).....	28	MOBIC.....	7	NIASPAN.....	17
LUPRON DEPOT (3-MONTH).....	28	modafinil.....	37	nifedipine er.....	17
LUPRON DEPOT (4-MONTH)		mometasone furoate.....	20, 35	nifedipine er osmotic release....	17
INTRAMUSCULAR KIT 30MG.....	28	mono-lynh.....	30	nikki.....	30
LUPRON DEPOT (6-MONTH)		MONOVISC.....	33	nitrofurantoin macrocrystal.....	9
INTRAMUSCULAR KIT 45MG.....	28	montelukast sodium.....	36	nitrofurantoin monohydrate	
LYNPARZA.....	12	morphine sulfate.....	6	macrocrystals.....	9
LYRICA.....	19	MORPHINE SULFATE (BULK).....	6	nitroglycerin.....	17
LYRICA CR.....	19	morphine sulfate (concentrate)....	6	NITROSTAT.....	17
LYUMJEV KWIKPEN.....	24	morphine sulfate er.....	6	NITYR.....	26
LYUMJEV VIAL.....	24	MOTEGRITY.....	26	NIVESTYM.....	15
MAKENA.....	29	MOTOFEN.....	26	NOCDURNA.....	28
MAVENCLAD.....	18	MOVANTIK.....	26	NORDITROPIN FLEXPRO.....	28
MAVYRET.....	14	MOVIPREP.....	26	norethin ace-eth estrad-fe.....	30
MAXALT.....	11	MOXEZA.....	33	norethindrone.....	30
MAXALT-MLT.....	11	MOXIFLOXACIN HCL.....	33	norethindrone acetate.....	30
MAYZENT.....	18	moxifloxacin hcl.....	33	norethindrone acet-ethinyl est...	30
meclizine hcl.....	11	MS CONTIN.....	6	NORGESIC FORTE.....	37
medroxyprogesterone acetate.....	30	MULPLETA.....	15	norgestimate-ethinyl estradiol	
meloxicam.....	7	MULTAQ.....	17	triphasic.....	30
memantine hcl.....	10	mupirocin.....	9	NORITATE.....	20
mesalamine.....	32	MVASI.....	12	nortrel 1/35 (21).....	30
mesalamine er oral capsule		MYCAPSSA.....	28	nortrel 1/35 (28).....	30
0.375 gm.....	32	mycophenolate mofetil.....	31	nortriptyline hcl.....	10
metaxalone.....	37	mycophenolate sodium.....	31	NORVASC.....	17
metformin hcl er.....	22	MYRBETRIQ.....	27	NOURIANZ.....	13
metformin hcl er (mod).....	22	nabumetone.....	7	NOVOEIGHT.....	15
metformin hcl er (osm).....	22	nadolol.....	17		

NOVOFINE AUTOCOVER			
PEN NEEDLE.....	24		
NOVOFINE PEN NEEDLE.....	24		
NOVOFINE PLUS PEN			
NEEDLE.....	24		
NOVOLIN 70/30 FLEXPEN.....	24		
NOVOLIN 70/30 FLEXPEN			
RELION.....	24		
NOVOLIN 70/30 RELION.....	24		
NOVOLIN 70/30 VIAL.....	24		
NOVOLIN N FLEXPEN.....	24		
NOVOLIN N FLEXPEN			
RELION.....	24		
NOVOLIN N RELION.....	24		
NOVOLIN N VIAL.....	24		
NOVOLIN R FLEXPEN.....	24		
NOVOLIN R FLEXPEN			
RELION.....	24		
NOVOLIN R RELION.....	24		
NOVOLIN R VIAL.....	24		
NOVOLOG 70/30 FLEXPEN			
RELION.....	24		
NOVOLOG FLEXPEN.....	24		
NOVOLOG FLEXPEN			
RELION.....	24		
NOVOLOG MIX 70/30			
FLEXPEN.....	24		
NOVOLOG MIX 70/30			
RELION.....	24		
NOVOLOG MIX 70/30 VIAL.....	24		
NOVOLOG PENFILL.....	24		
NOVOLOG RELION.....	24		
NOVOLOG U-100 VIAL.....	24		
NOVOTWIST PEN NEEDLE....	24		
np thyroid.....	30		
NPLATE.....	15		
NUBEQA.....	12		
NUCALA.....	35		
NUCYNTA.....	6		
NUCYNTA ER.....	6		
NULYTELY LEMON-LIME.....	26		
NURTEC.....	11		
NUTROPIN AQ NUSPIN 10.....	28		
NUTROPIN AQ NUSPIN 20.....	28		
NUTROPIN AQ NUSPIN 5.....	28		
NUVESSA.....	9		
NUVIGIL.....	37		
NUWIQ.....	15		
NUZYRA.....	9		
nystatin.....	11		
NYVEPRIA.....	15		
ODEFSEY.....	14		
ODOMZO.....	12		
OFEV.....	36		
ofloxacin.....	33, 34		
OGIVRI.....	12		
olanzapine.....	13		
olmesartan medoxomil.....	17		
olmesartan medoxomil-hctz.....	17		
olmesartan-amlodipine-hctz.....	17		
olopatadine hcl.....	33		
OLUMIANT.....	31		
OMECLAMOX-PAK.....	26		
omega-3-acid ethyl esters.....	17		
omeprazole.....	25		
omeprazole-sodium			
bicarbonate.....	25		
OMNARIS.....	35		
OMNITROPE.....	28		
ondansetron hcl.....	11		
ondansetron odt.....	11		
ONETOUCH ULTRA 2 KIT			
W/DEVICE.....	23		
ONETOUCH ULTRA MINI KIT			
W/DEVICE.....	23		
ONETOUCH ULTRA TEST			
STRIPS.....	23		
ONETOUCH VERIO FLEX			
SYSTEM.....	23		
ONETOUCH VERIO IQ			
SYSTEM.....	23		
ONETOUCH VERIO KIT			
W/DEVICE.....	23		
ONETOUCH VERIO			
REFLECT.....	23		
ONETOUCH VERIO SYNC			
SYSTEM.....	23		
ONEXTON.....	20		
ONFI.....	9		
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212229-072021 **Premium Standard**

Your 2020 Formulary

Effective January 1, 2020



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



Call the number on your member ID card.



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

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

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen 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.

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

Over-the-counter medications

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	May not be covered or need 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 decides how these medications may be covered.

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

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
ARYMO ER	E	
BELBUCA	2	PA; QL
BENZHYDROCODON E-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	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL

Drug Name	Drug Tier	Notes
FENTANYL CITRATE BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	M
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone-acetaminophen oral tablet	1	QL
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	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
ROXICODONE	E	
ROXYBOND	3	QL
SUBSYS	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	M

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
tramadol hcl ir	1	QL
trezix	1	QL
TYLENOL WITH CODEINE #3	E	
TYLENOL WITH CODEINE #4	E	
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	E	
ZOHYDRO ER	E	
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	
NAPRELAN	3	

Drug Name	Drug Tier	Notes
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
SPRIX	E	
VIMOVO	E	
VOLTAREN	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX CONTINUING MONTH PAK	3	QL
CHANTIX STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	2	QL
Antibacterials		
ACTICLATE	E	
amoxicillin oral capsule	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
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	
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	3	
DIFICID	3	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	

Drug Name	Drug Tier	Notes
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	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XEPI	3	
XIMINO	3	
Anticoagulants		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL

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
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
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	3	PA; SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR	E	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NEURONTIN	E	
ONFI	E	

Drug Name	Drug Tier	Notes
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VIMPAT	3	
ZONEGRAN	E	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
BRISDELLE	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	QL
bupropion 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
CELEXA	E	
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	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
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	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	

Drug Name	Drug Tier	Notes
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 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	3	QL
Antifungals		
CRESEMBA ORAL	3	
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	
TOLSURA	E	
Antigout Agents		
allopurinol 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
COLCHICINE ORAL	E	
COLCRYS	2	
MITIGARE	E	
ULORIC	3	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
AJOVY	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
ONZETRA XSAIL	E	
RELPAX	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TREXIMET	E	
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BENDAMUSTINE HCL	E	SP
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
GLEEVEC	E	SP

Drug Name	Drug Tier	Notes
IBRANCE	3	PA; SP
IDHIFA	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
XTANDI	3	PA; SP
YONSA	3	PA; SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
SOLOSEC	3	
Antiparkinson Agents		
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	PA; SP
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	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
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
REXULTI	3	QL
RISPERDAL	E	
RISPERDAL CONSTA	E	
risperidone oral tablet	1	QL
SAPHRIS	2	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA	E	
Antivirals		
acyclovir oral tablet	1	
ATRIPLA	E	SP
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	SP
CIMDUO	2	SP
DESCOVY	3	SP
DOVATO	2	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL

Drug Name	Drug Tier	Notes
GENVOYA	3	SP
HARVONI	2	PA; SP; QL
ISENTRESS ORAL TABLET	2	SP
JULUCA	2	SP
LEDIPASVIR- SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET	2	SP
ritonavir	1	SP
SOFOSBUVIR- VELPATASVIR	E	M; SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU	E	
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	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
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
triazolam	1	QL
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	3	SP
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP

Drug Name	Drug Tier	Notes
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
PROCRIT	E	SP
RETACRIT	2	PA; SP
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
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	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	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
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
CARDIZEM LA	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
choline fenofibrate	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
COREG	E	
COREG CR	E	
CORLANOR ORAL TABLET	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
DYAZIDE	E	
EDARBI	3	ST
EDARBYCLOR	3	ST

Drug Name	Drug Tier	Notes
enalapril maleate oral	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
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	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
labetalol hcl oral	1	
LASIX	E	
LESCOL XL	E	
LIPITOR	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
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NIASPAN	E	
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	PA
PRALUENT	2	PA; SP; QL
PRAVACHOL	E	
pravastatin sodium	1	
prazosin hcl oral capsule 1 mg, 5 mg	1	
PRINIVIL	E	
propranolol hcl er	1	

Drug Name	Drug Tier	Notes
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
RANEXA	E	
REPATHA	2	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
REPATHA SURECLICK	2	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
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	

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
verapamil hcl er oral tablet extended release	1	
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS ER	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
CONCERTA	E	
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; QL
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
methylphenidate hcl er	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	PA; QL

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
EXTAVIA	E	SP
GILENYA	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; QL
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
CONTRAVE	2	PA
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT	3	PA; QL
LYRICA	E	
phentermine hcl oral capsule 30 mg	1	PA

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

Drug Name	Drug Tier	Notes
phentermine hcl oral tablet	1	PA
SAXENDA	3	PA
TIGLUTIK	3	PA; SP; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
ADAPALENE EXTERNAL LOTION	E	M
AKTIPAK	E	
ALA SCALP	E	
APEXICON E	E	
BENZACLIN	E	
BENZACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
BRYHALI	3	
CAPEX	E	
claravis	1	PA
CLINDAGEL	E	

Drug Name	Drug Tier	Notes
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CLODERM PUMP EXTERNAL CREAM 0.1 %	E	
clotrimazole-betamethasone external cream	1	
CORDRAN EXTERNAL TAPE	E	
DESONATE	E	
DIFFERIN	E	
DUAC	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	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
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL GEL	E	
fluocinonide external cream	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMIQUIMOD PUMP	E	
IMPOYZ	E	
KENALOG EXTERNAL	E	
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MICORT-HC	E	
MIRVASO	2	
mometasone furoate external cream	1	
myorisan	1	PA
NORITATE	E	
ONEXTON	3	
ORACEA	E	

Drug Name	Drug Tier	Notes
PANDEL	E	
PROPECIA	E	
PSORCON	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
SERNIVO	3	
SOOLANTRA	2	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
TAZORAC EXTERNAL CREAM 0.1 %	E	
TOLAK	3	
TOPICORT SPRAY	E	
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
ZIANA	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
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON	2	ST; QL
BYDUREON BCISE AUTOINJECTOR	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	
glipizide ir	1	
GLUCOPHAGE	E	
GLUCOPHAGE XR	E	
GLUMETZA	E	
glyburide oral	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

Drug Name	Drug Tier	Notes
JENTADUETO XR	2	ST
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	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	
STEGLUJAN	E	
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	E	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK COMPACT PLUS CARE KIT	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
ACCU-CHEK COMPACT PLUS CONTROL	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 GUIDE CONTROL	E	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW CONTROL	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFT TOUCH LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	

Drug Name	Drug Tier	Notes
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE READER	E	
FREESTYLE LIBRE SENSOR SYSTEM	E	
ONETOUCH ULTRA 2	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
ONETOUCH ULTRA MINI	2	
ONE TOUCH VERIO KIT W/DEVICE	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO TEST STRIPS	2	QL
ONETOUCH VERIO IQ SYSTEM	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	
V-GO 20	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
V-GO 30	2	
V-GO 40	2	
Diabetes - Glycemic Agents		
GLUCAGON EMERGENCY	2	
Diabetes - Insulins		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
FIASP	E	
FIASP FLEXTOUCH	E	
HUMALOG 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	

Drug Name	Drug Tier	Notes
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	
INSULIN LISPRO	E	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
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 FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	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
NOVOLOG PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
CARNITOR	E	
CARNITOR SF	E	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
K-TAB	E	
LOKELMA	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
potassium chloride crs er	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
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	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
rabeprazole sodium oral tablet delayed release	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	

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
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
GOLYTELY	E	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTELY WITH FLAVOR PACKS	E	
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL

Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ	3	PA; SP
VIOKACE	E	
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
DEPEN TITRATABS	2	SP
INTRAROSA	3	
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
STAXYN	E	
STENDRA	E	
tadalafil oral	1	QL
tolterodine tartrate 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
TOVIAZ	3	
VELPHORO	3	
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	
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 tablet therapy pack	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	

Drug Name	Drug Tier	Notes
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
TESTIM	E	
TESTOSTERONE CYPIONATE INJECTION	3	PA
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 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	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Parathyroid		
SENSIPAR	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
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
CETROTIDE	E	SP
FOLLISTIM AQ	2	PA; SP
ganirelix acetate	1	PA; Made by Organon/ Merck; 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
NOCDURNA	3	
NOCTIVA	E	
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	2	PA; SP
ORILISSA	2	PA; QL
SAIZEN	E	SP
SAIZENPREP	E	SP
SANDOSTATIN	E	SP
ZOMACTON	E	SP
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	
aviane	1	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	
DELESTROGEN	E	
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	
enskyce	1	
estarylla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	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
GENERESS FE	E	
gianvi	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kariva	1	
larissia	1	
lessina	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	
loryna	1	
low-ogestrel	1	
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	
MINIVELLE	3	
MIRENA (52 MG)	3	
mono-linyah	1	
NATAZIA	2	
nikki	1	

Drug Name	Drug Tier	Notes
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	2	
ORTHO MICRONOR	E	
ORTHO TRI-CYCLEN LO	E	
ORTHO-NOVUM 1/35 (28)	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	
sprintec 28	1	
syeda	1	
TAYTULLA	3	
tri femynor	1	
tri-linyah	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
tri-sprintec	1	
VAGIFEM	E	
vienva	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
VIVELLE-DOT	E	
xulane	1	
YASMIN 28	E	
YAZ	E	
yuvaferm	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
CYTOMEL	E	
levothyroxine sodium oral	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	ST
SYNTHROID	E	
TIROSINT	E	
TIROSINT-SOL	E	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP

Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY PEN	E	SP
cyclosporine modified oral capsule	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
PANZYGA	E	SP
RASUVO	2	PA; QL
REMICADE	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
RENFLEXIS	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
tacrolimus oral	1	SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	
CANASA	E	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
UCERIS ORAL	E	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	

Drug Name	Drug Tier	Notes
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO	2	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	2	PA; SP
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
GEL-ONE	E	SP
GELSYN-3	2	PA; SP
GENVISC 850	E	SP
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TAKHZYRO	3	PA; SP
TRIVISC	E	SP
VISCO-3	E	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
BROMSITE	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
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC GEL	3	QL
LOTEMAX OPTHALMIC OINTMENT	3	QL
LOTEMAX OPTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PATADAY	E	
PATANOL	E	
PAZEO	E	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	

Drug Name	Drug Tier	Notes
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
COSOPT PF OPTHALMIC SOLUTION 22.3-6.8 MG/ML	E	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
TRAVATAN Z	2	QL
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAFT	3	ST
LATISSE	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
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	3	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
benzonatate	1	
CLARINEX	E	
CLARINEX ORAL SYRUP 0.5 MG/ML	E	

Drug Name	Drug Tier	Notes
CLARINEX-D 12 HOUR	E	
desloratadine oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
NASONEX	E	
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XHANCE	E	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	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
ADVAIR HFA	2	QL
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	E	Made by Par; M
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	Made by Prasco; M
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	Made by Teva; M
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
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	

Drug Name	Drug Tier	Notes
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
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	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK	3	
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	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
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
YUPELRI	E	

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
KITABIS PAK	E	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	M; 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	3	PA; SP
REMODULIN	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	3	PA; SP; QL
TRACLEER 32 MG	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol 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
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	QL
temazepam	1	QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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lidocaine viscous.....	18	metformin hcl er (mod).....	20	NAPRELAN.....	8
lidocaine-prilocaine.....	8	metformin hcl er (osm).....	20	naproxen.....	8
LIDODERM.....	8	metformin hcl ir.....	20	naproxen sodium.....	8
LINZESS.....	24	methimazole.....	28	NARCAN.....	8
liothyronine sodium.....	28	methocarbamol.....	34	NASONEX.....	31
LIPITOR.....	15	methotrexate.....	28	NATAZIA.....	27
lisinopril.....	16	methotrexate sodium.....	28	NATROBA.....	12
lisinopril-hydrochlorothiazide....	16	methylphenidate hcl.....	17	NATURE-THROID.....	28
lithium carbonate.....	14	methylphenidate hcl er.....	17	neomycin-polymyxin-dexameth	31
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LIVALO.....	16	metoclopramide hcl.....	11	NESINA.....	20
LO LOESTRIN FE.....	27	metoprolol succinate er.....	16	NEULASTA.....	14
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LOESTRIN 1/20 (21).....	27	METROGEL.....	19	NEUPOGEN.....	14
LOESTRIN FE 1.5/30.....	27	metronidazole.....	9, 19	NEURONTIN.....	10
LOESTRIN FE 1/20.....	27	MICARDIS.....	16	NEVANAC.....	30
LOKELMA.....	23	MICARDIS HCT.....	16	NEXIUM.....	23
LONHALA MAGNAIR REFILL		MICORT-HC.....	19	NIASPAN.....	16
KIT.....	33	MINASTRIN 24 FE.....	27	nifedipine er.....	16
LONHALA MAGNAIR		MINIVELLE.....	27	nifedipine er osmotic release....	16
STARTER KIT.....	33	minocycline hcl.....	9	nikki.....	27

nitrofurantoin macrocrystal.....	9	NUZYRA.....	9	OXTELLAR XR.....	10
nitrofurantoin monohydrate		nystatin.....	11	oxybutynin chloride.....	24
macrocrystals.....	9	ODEFSEY.....	13	oxybutynin chloride er.....	24
nitroglycerin.....	16	ofloxacin.....	30, 31	OXYCODONE HCL.....	7
NITROSTAT.....	16	olanzapine.....	13	oxycodone hcl.....	7
NITYR.....	24	olmesartan medoxomil.....	16	OXYCODONE HCL ER.....	7
NIVESTYM.....	14	olmesartan medoxomil-hctz.....	16	oxycodone-acetaminophen.....	7
NOCDURNA.....	26	olopatadine hcl.....	30	OXYCONTIN.....	7
NOCTIVA.....	26	OLUMIANT.....	28	OZEMPIC.....	20
NORCO.....	7	OMECLAMOX-PAK.....	24	PANCREAZE.....	24
NORDITROPIN FLEXPEN.....	26	omega-3-acid ethyl esters.....	16	PANDEL.....	19
norethindrone.....	27	omeppi.....	23	pantoprazole sodium.....	23
norethindrone acetate.....	27	omeprazole.....	23	PANZYGA.....	28
norethindrone acet-ethinyl est.....	27	omeprazole-sodium		paroxetine hcl.....	11
norgestimate-ethinyl estradiol		bicarbonate.....	23	PATADAY.....	30
triphasic.....	27	OMNARIS.....	31	PATANOL.....	30
NORITATE.....	19	OMNITROPE.....	26	PAXIL.....	11
nortrel 1/35 (21).....	27	ondansetron hcl.....	11	PAXIL CR.....	11
nortrel 1/35 (28).....	27	ondansetron odt.....	11	PAZEO.....	30
nortriptyline hcl.....	11	ONE TOUCH VERIO KIT		penicillin v potassium.....	9
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NOVOFINE PLUS PEN		ONETOUCH VERIO FLEX		phenazopyridine hcl.....	24
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RELION.....	22	ONETOUCH VERIO SYNC		PLAVIX.....	12
NOVOLIN 70/30 RELION.....	22	SYSTEM KIT W/DEVICE.....	21	PLEGRIDY.....	17
NOVOLIN 70/30 VIAL.....	22	ONEXTON.....	19	PLEGRIDY STARTER PACK...	17
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NOVOLIN N VIAL.....	22	ONGLYZA.....	20	polymyxin b-trimethoprim.....	31
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NOVOLOG FLEXPEN.....	22	ORACEA.....	19	potassium citrate er.....	23
NOVOLOG MIX 70/30		ORENCIA.....	28	PRADAXA.....	9
FLEXPEN.....	22	ORENCIA CLICKJECT.....	28	PRALUENT.....	16
NOVOLOG MIX 70/30 VIAL.....	22	ORENITRAM.....	33	pramipexole dihydrochloride....	12
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NOVOLOG U-100 VIAL.....	23	ORTHO MICRONOR.....	27	pravastatin sodium.....	16
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NULYTELY WITH FLAVOR		ORTHOVISC.....	29	prednisolone acetate.....	30
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testosterone.....	25	TRILEPTAL.....	10	VIMOVO.....	8
TESTOSTERONE		tri-linyah.....	27	VIMPAT.....	10
CYPIONATE.....	25	tri-lo-marzia.....	27	VIOKACE.....	24
testosterone cypionate.....	25	tri-lo-sprintec.....	27	VISCO-3.....	29
TIGLUTIK.....	18	TRINTELLIX.....	11	vitamin d (ergocalciferol).....	23
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TOBI NEBULIZER.....	33	TYLENOL WITH CODEINE #4... 8		warfarin sodium.....	10
TOBI PODHALER.....	33	TYMLOS.....	29	WELCHOL.....	17
TOBRADEX.....	31	UCERIS.....	29	WELLBUTRIN SR.....	11
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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)

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

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

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

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

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

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab 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)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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

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

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

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

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 सेबाएं, नःशुल्क उपलब्ध है। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ការសុំសេវាជំនួយភាសាសំខាន់ៗ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីសុំសេវាជំនួយភាសាសំខាន់ៗរបស់អ្នក។

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 yánitl'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nit'i'izi bee nééhozínígíí bine'déę) t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomali (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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WF1312814_ORX_Premium Standard Booklet_010120 67238E-032019 **Premium Standard**

OPTUMRX

SUBJECT: B BUSINESS IMPLEMENTATION COMMITTEE CHARTER AND POLICY

POLICY ADOPTED: August 2006

POLICY REVISED: January 2018

SCOPE

This Policy outlines the responsibilities and activities of the Business Implementation Committee ("BIC") of OptumRx to create, implement and maintain operational processes that support Formulary tier changes, off cycle processes and clinical program implementation

INTRODUCTION AND PURPOSE

The purpose of BIC is to provide pharmacy management implementation and communication for the OptumRx Formulary changes (OptumRx National Formularies, Innoviant Formulary, and other formularies as determined by the business). BIC facilitates implementation of final classification on the placement of a Food and Drug Administration ("FDA") approved prescription drug to an assigned tier, exclusion programs, other clinical coverage programs and utilization management as determined by P&T designations and recommendations and Formulary Management Committee ("FMC") approvals. In addition, BIC provides tier and coverage recommendation to Clients for consideration on custom formularies upon request.

These implementations include but are not limited to:

- ◆ On-Cycle Processes – up-tiers, down tiers, exclusions and clinical programs
- ◆ Off-Cycle Processes – New Drugs to Market, clinical programs, down tiers, generic launch
- ◆ Clinical Programs – Step Therapy, Prior Authorization and Supply Limits

The BIC purpose does not include:

- ◆ Managing programs and/or product production issues;
- ◆ Vetting ground for all pharmacy issues;
- ◆ Resolving non-optimal processes within functional areas ;
- ◆ Modifying product and/or project based activities;

The Formulary Management Committee (FMC) makes the final tier decisions and coverage decisions for prescription drugs covered under the benefit. The FMC makes decisions using information provided by support committees, including but not limited to the OptumRx Pharmacy and Therapeutics (P&T) Committee and the Clinical teams. The P&T Committee is responsible for providing the FMC with an analysis of clinical evidence and therapeutic considerations regarding prescription drugs and approving the clinical content of Utilization Management Programs. With oversight from the OptumRx Clinical and FMC, the BIC executes the implementation of the decisions made by the FMC

COMPOSITION

BIC shall have the representatives from the following OptumRx teams:

- ❖ Formulary Operations
- ❖ Clinical
- ❖ Product Strategy
- ❖ Industry Relations
- ❖ Client Management
- ❖ Marketing

Each functional area is expected to be represented at all meetings. Each functional area serves a key role in the implementation of the decisions made by the FMC and P&T Committee.

The Senior Director – Formulary Operations shall serve as the BIC Chairperson. The BIC Chairperson shall invite other advisory Committee members, including a Vice Chairperson and Project Manager, who is capable of carrying out the responsibilities of the Committee. Committee attendance and membership is limited to employees of UnitedHealth Group (UHG). Consultants, client representatives and representatives of pharmaceutical, biologic or device manufacturers are excluded from membership and may only attend Committee meetings as invited guests, at the discretion of the BIC Chairperson, for the purpose of providing presentations or other information.

MEETINGS

BIC meets on a monthly basis to review approved decisions and meets weekly to discuss implementation steps and track progress. The BIC Chairperson may convene additional meetings as necessary to conduct BIC business. BIC members are expected to attend all meetings.

The functional team member(s)/designee(s) are expected to attend and actively participate in all meetings. It is the responsibility of each team member to raise issues, risks or concerns; to ask questions and to seek further clarification if appropriate. The intent of the meetings is to have active participation among all members.

The agenda and meeting materials shall be provided to BIC members sufficiently in advance of meetings to enable BIC members to review materials in advance and participate actively in the discussion. OptumRx staff shall maintain results of the BIC meeting in meeting minutes. OptumRx shall retain the minutes in accordance with UHG's document retention policies and procedures. The BIC meeting minutes, unless otherwise provided in relevant law or regulation, are for internal use only.

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RESPONSIBILITIES OF THE CHAIRPERSON

Responsibilities of the BIC Chairperson include:

- ❖ Coordinating and conducting BIC meetings;
- ❖ Finalizing the meeting agenda and ensuring that meeting materials are provided in advance of meetings;
- ❖ Facilitating the discussion;
- ❖ Managing BIC support activities performed by OptumRx staff members;
- ❖ Ensuring appropriate documentation and distribution of BIC meeting minutes; and
- ❖ Ensuring that decisions are promptly communicated.

The BIC Chairperson may appoint a Project Manager. The BIC Chairperson may also appoint a Vice Chairperson to assist the Chairperson with his or her responsibilities. In the event that the BIC Chairperson is absent, the BIC Vice Chairperson shall assume the responsibilities of the Chairperson described above.

RESPONSIBILITIES AND DUTIES OF THE COMMITTEE

Responsibilities of BIC include, but are not limited to the following:

◆ Monthly:

- ◆ Create Formulary Decision Grid for all approved Formulary changes, and other recommendations: Exhibit A
- ◆ Review with committee members
- ◆ Approved Formulary and UM Strategies as determined by National P&T Committee ("P&T Committee") and OptumRx Formulary Management Committee ("FMC")
- ◆ P&T Committee Drug Classification Designations are identified in Exhibit B and tiering is outlined in Exhibit C
- ◆ Drugs being added or removed from New Drugs To Market, Vigilant Drug Lists.
- ◆ First Mover, Biosimilar and Industry Buzz medications
- ◆ High Cost MSB and Generic

◆ Weekly:

- ◆ Manage Project Plan for on-cycle (1/1 and 7/1) Formulary and UM changes
- ◆ BIC reviews and approves a specific timeline for each cycle. The functional teams are expected to execute according to the agreed upon timeline – achieving key milestones and associated deliverables. In addition, functional team members are expected to bring forth any current issues or future risks should they arise.
- ◆ Develop, populate, maintain and report project plan status updates
- ◆ Review and Approve Change Controls to Monthly Formulary Decision Grid
- ◆ Discuss implementation concerns or issues
- ◆ Track progress on Implementation Errors and Resolution

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The BIC membership is responsible for:

- ◆ Reviewing all meeting materials and assess impact to specific functional areas;
- ◆ Create work products to support and ensure success of implementations or other charged efforts;
- ◆ Provide weekly status updates on assigned project tasks and other initiatives impacting implementation;
- ◆ Communicate current issues and future risks that may impact Formulary implementation
- ◆ Review Formulary documents to ensure completion of requirements;
- ◆ Review and approve change control requests and evaluate impact to function area.

PUBLICATION GUIDELINES

SUPPORTING DOCUMENTS

The following documents serve as the resources for populating Formulary Decision Grids.
Drug Request Form

COMMUNICATION

The description of the Formulary management and clinical program strategy process contained in

this policy is intended to be shared with our constituencies, including customers, regulators, consumers and physicians; however the underlying analytics of specific decisions are confidential, proprietary information.

CONFIDENTIALITY

During the course of participation in BIC, members, and other participants ("Participants") may become aware of, develop for OptumRx, or come into possession of confidential or proprietary information. In order to protect the confidentiality of this information, Participants will adhere to the guidelines in the UHG Confidentiality Policy for Participants in Business Implementation Committee.

CONFLICT OF INTEREST

Participants must review the Conflict of Interest Policy for Participants in the Business Implementation Committee upon their appointment to BIC and annually thereafter. Participants must update their Conflict of Interest Attestation any time their circumstances change in order to ensure their information is current.

Participants must disclose any existing or potential conflicts of interest to the BIC Chairperson and Legal Counsel upon becoming aware of such conflict of interest or potential conflict of interest. Participants shall not participate in any Committee meeting until such disclosure has been made. If a Participant has questions or doubts as to whether an interest or activity is or may constitute a conflict of interest, Participant should initially consider the activity or interest to be a conflict and should provide the BIC Chairperson and Legal Counsel with the appropriate disclosure.

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The decision as to whether or not a Participant may participate in any portion of a Committee meeting where a conflict may arise and in what capacity, if any, such participation is permissible, shall be made by the Committee Chairperson in consultation with Legal Counsel. In any case, a Participant may choose to recuse him/herself at any time.

INDEPENDENCE OF COMMITTEE

BIC Participants shall not consider, and there shall be no connection between BIC's decisions and any UHG or OptumRx value exchange with a pharmaceutical manufacturer, except the acquisition of clinical data/information, cost evidence, including rebates, provided to support financial analyses for BIC's implementation.

Approvals of the BIC Charter and Policy:

B I C C h a i r p e r s o n D a t e

O p t u m R x C E O D a t e

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Exhibit A BIC Grid Components

The BIC grid is a vehicle to review and communicate the approved formulary changes to downstream functional teams who carry out the implementation and communication. The BIC grid will be populated by the various stakeholders as outlined in the BIC SOP.

BIC Grid Components

- ❖ Source Origin
- ❖ Reason for Review
- ❖ USP Therapeutic Class
- ❖ Drug Label Name
- ❖ Member Friendly Label Name
- ❖ Generic Name
- ❖ Dosage Form
- ❖ GPI 14
- ❖ MSC
- ❖ Medispan Eff. Date
- ❖ FDA Status
- ❖ P&T Date
- ❖ P&T Recommendation / Decision
- ❖ P&T Modifier
- ❖ Clinical Notes
- ❖ Approved Changes
- ❖ Standard UM Edits (Existing Edit Detail, Revised Edit Detail)
- ❖ Premium UM Edits (Existing Edit Detail, Revised Edit Detail)
- ❖ Focused UM Edits (Existing Edit Detail, Revised Edit Detail)
- ❖ Clinical Programs
- ❖ Specialty Status
- ❖ Current / New Tier and UM status for
 - o SPECIALTY
 - o CORE
 - o SELECT
 - o NDTM
 - o ORX FOCUSED
 - o L-ORX INNOVANT
 - o L-ORX PHS (WA/OR/TX/FEDS), L-ORX PHS (CA/OK), L-ORX PHS (4T)
 - o L-CTR NATIONAL
 - o L-CTR EHB (4T/6T)
 - o L-CTR GENERIC CENTRIC
- ❖ ALTERNATIVES FOR UPTIERS

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Exhibit B OptumRx Pharmacy and Therapeutics Committee Designations

P&T Committee Designations Characteristics

Essential Drug: Modifier: (specify the significant unmet need fulfilled and the affected population)

Examples: Glucophage (metformin);
Entresto (sacubitril-valsartan); Zetia
(ezetimibe)

A drug which has a documented clinically significant, unique

therapeutic benefit in efficacy and/or safety relative to other therapeutic alternatives (where available) used to treat, manage or prevent the same or similar medical condition(s), as supported by the preponderance of available peer reviewed published data (including product labeling and information available as part of FDA review), in the overall target

Essential Class*: Modifier: (Define the class; explain why the class is "essential")

Clinical Note: (Specify any niche for which a drug is essential, if any exists)

Examples: Angiotensin converting enzyme inhibitors, Glucagon-like Peptide-1 (GLP-1) Receptor Agonists; Opioid-Induced Constipation Agents

❖ Drugs which, as a group, demonstrate a clinically significant, unique therapeutic benefit and have comparable safety and efficacy to one another when used to treat, manage or prevent the same or similar medical condition(s)

❖ Drugs as a group that are similar in their pharmacology, and/or indications for use which may include individual drugs that fulfill an unmet need for a specific patient population

Unique Risk Issues: (specify the risk(s) posed)

Examples: Ketek (telithromycin), Demerol (meperidine)

Drug(s) which, as compared to other therapeutic alternatives to treat the same or similar medical condition, have a documented increased risk of harm that substantially outweighs potential benefits, as supported by the preponderance of available peer reviewed published data (including product labeling and information available as part of FDA review) and/or based on documented action taken by a US regulatory body

Additional Data Required

Examples:

Insufficient evidence available for the P&T Committee to weigh the clinical risks & benefits of the drug or compare it to other therapeutic options but additional data is expected within next 12 months. Drugs designated as "additional data required" shall be re-evaluated at a subsequent P&T meeting when new or additional clinical studies or evidence are available.

Optional Inclusion*: Modifier: (specify the reason why inclusion does not fulfill an unmet need)

Examples: Flagyl ER (metronidazole), Addyi (flibanserin), Oralair (multiple allergens extract); Avycaz (cetazidime-avibactam)

❖ Drug(s) that are safe and effective, but provide no unique

therapeutic benefit relative to other alternatives to treat, manage, or prevent medical condition(s)

- ◆ Drug(s) that have limited evidence demonstrating safety and/or efficacy
- ◆ Drug(s) that have adequate data as supported by the preponderance of available peer reviewed published literature (including product labeling and information

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available as part of FDA review) demonstrating the drug provides a unique therapeutic benefit for a small sub-population where the majority of clinical need could be met by other therapies

Non-Essential Non-FDA-Approved Drug

Examples: Benziq (benzoyl peroxide 5.25% gel), Levsin (hyoscyamine); ; choline magnesium trisalicylate tablets; Disalcid (salsalate) tablets
Applicable to drugs that are not approved by the FDA
Vaccine

Examples: Menveo (meningococcal [A, C, Y, AND W-135] conjugate vaccine, Gardasil 9 ((human papillomavirus 9-valent vaccine, recombinant); Quadracel (DTaP-IPV)
Includes agents for vaccine-preventable diseases

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Exhibit C

Formulary Management Committee (FMC)

P&T Committee

Designations

Implications to Formulary Management Committee

Essential Drug

(Specify the reason why and/or the population.)

FMC shall adhere to the following guidelines with respect to the Formulary/PDL placement of essential drugs:

- ◆ Essential drugs must be available to treat the indication which rendered the drug an essential drug on an unrestricted basis, except for such restrictions that are medically indicated and appropriate.
- ◆ The Formulary/PDL placement of essential drugs must comply with all legal and regulatory requirements.
- ◆ The Formulary/PDL tier placement must be at least equivalent to other single source products within the same therapeutic category or products to treat the same disease state.
- ◆ ORx: preferred or non-preferred tier

- ❖ An uptier requires alternative in lower tier.
- ❖ Cannot be Excluded
- ❖ Essential drugs may not be placed on a higher copayment or coinsurance tier than the drug would otherwise be placed given the applicable scientific evidence, pharmacoeconomic factors, benefit design and other criteria used to ensure appropriate, safe and cost effective drug therapy.
- ❖ The FMC shall periodically review its Formulary/PDL to ensure that the Formulary/PDL design does not discriminate or substantially discourage enrollment by certain groups.
- ❖ Contracts with pharmaceutical manufacturers and other third parties must be consistent with this policy.
- ❖ The FMC shall conduct reviews, but not less than once a year, to ensure that essential drugs have been placed on Formulary/PDL in accordance with these policies.

Essential Class
(Specify what constitutes the class.)

- ❖ FMC will determine which of the drugs (at least one) in the particular class will be included on the Formulary/PDL, subject to the applicable benefit.
- ❖ The Formulary/PDL tier placement must be at least equivalent to other single source products within the same therapeutic category or products to treat the same disease state.
- ❖ An uptier of a drug with this designation to T3 requires alternative in lower tier.
- ❖ May exclude with the availability of an exception process if Clinical Note specifies that access must be maintained for a specific population or indication

Unique Risk Issues:
(Specify the reason why and/or the population)

FMC will take actions to limit use of Unique Risk Issues drug designations. This may include any of the following:

- ❖ Placing the drug in higher Formulary/PDL tier within open formularies
- ❖ Excluding the drug from closed Formularies/PDLs
- ❖ Requiring Utilization Management controls designed to limit inappropriate use as recommended by the P&T Committee
- ❖ Enrollee, pharmacy, and prescriber education programs

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- ❖ Online messaging to dispensing pharmacists

Additional Data
Required

Drugs designated Additional Data Required will remain excluded or non-preferred within open Formularies/PDLs and will not be added to closed Formularies/PDLs.

*Drugs on the New Drugs to Market (NDTM) list that are still awaiting final P&T review of Additional Data by the 6 month decision date, may stay on the NDTM list as per policy, until final P&T designation.

Optional Inclusion with Notes

- ◆ FMC will determine Formulary/PDL status of Optional Inclusion drugs.
- ◆ May exclude with the availability of an exception process if Clinical Note specifies that access must be maintained for a specific population or indication
- ◆ Typically T3 but rebate may allow for lower tiering.
- ◆ Tier cannot be lower than Essential Drug within the same therapeutic category or products to treat the same disease state.

Optional Inclusion without notes

- ◆ FMC will determine Formulary/PDL status of Optional Inclusion drugs.
- ◆ May exclude.
- ◆ Tier cannot be lower than Essential Drug within the same therapeutic category or products to treat the same disease state.

Non-Essential Non-FDA-Approved Drug

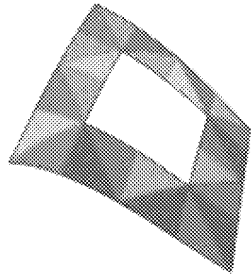
- ◆ FMC will determine Formulary/PDL status of Non-Essential Non-FDA-Approved Drugs.
- ◆ Tier cannot be lower than Essential Drug within the same therapeutic category or products to treat the same disease state.
- ◆ May exclude

Vaccine

- ◆ FMC will determine Formulary/PDL status as necessary subject to the applicable benefit.

Vigilant Drug List

- ◆ Refer to Vigilant Drug List policy and procedure
- ◆ Policy and procedures will be reviewed yearly to ensure conformance with FMC policy and procedures



OPTUMRx[®]

2019 Pharmacy & Therapeutics (P&T)
and
Utilization Management (UM)
Development & Review Descriptions

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1. *Pharmacy and Therapeutics Committee (P&T)*

A. Purpose

The OptumRx's Pharmacy & Therapeutics (P&T) description summarizes the policies, processes, and standards that any client may delegate to OptumRx to perform on their behalf. This document identifies goals and objectives of this committee.

B. Program Scope

OptumRx's Formulary Management System program is focused on promoting clinically appropriate, safe and cost-effective drug therapy that reflects community and national standards of practice. The P&T Committee provides consultation for the clinical evaluation of drugs for placement on prescription drug lists (PDLs), preferred drug lists and/or formularies. This evaluation will review and evaluate medical criteria, standards and education intervention methods in the process of developing clinical recommendations for drugs.

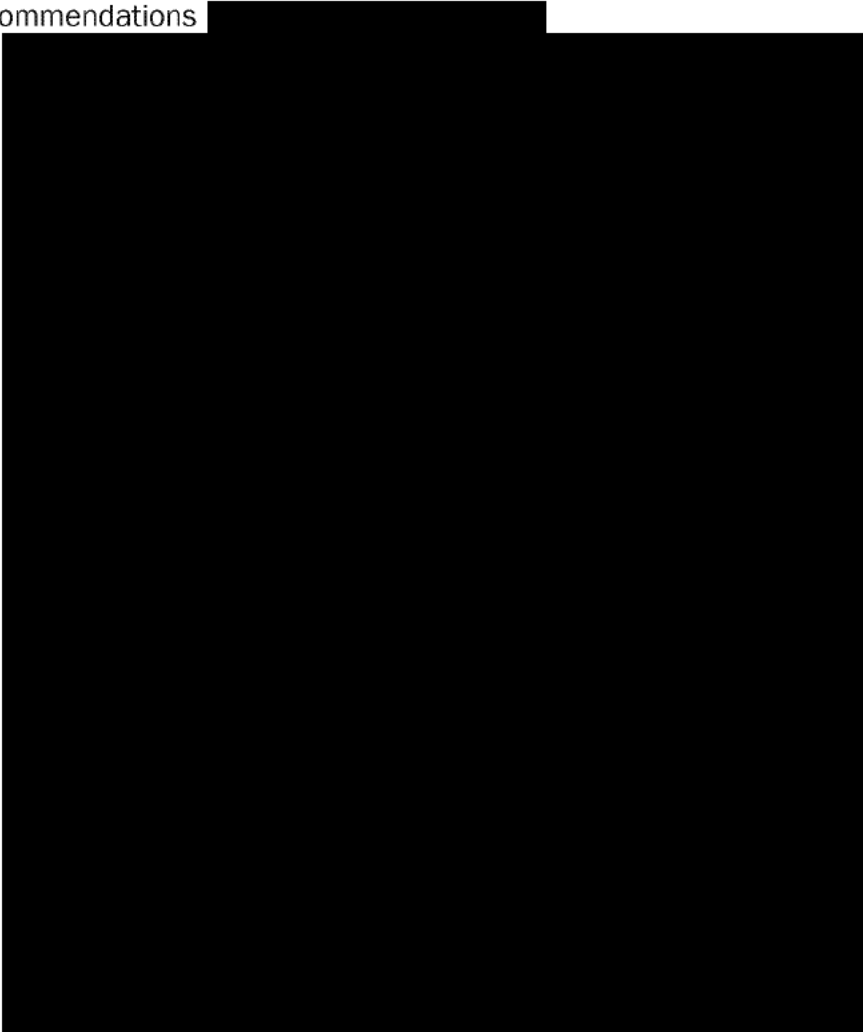
C. Committee Composition/Roles and Functions

- Reports Activities to: Clinical Quality Oversight Committee (CQOC)
- Chaired by: Independent, Practicing Physician
- Meeting Frequency: [REDACTED]
- Membership: Up to fifteen members, practicing physicians and pharmacists, [REDACTED];
 - i. At least one practicing physician and pharmacist specializing in the [REDACTED]
 - ii. One external physician member is a [REDACTED]
 - iii. Other licensed physicians (this group may include, but is not limited to, clinicians with expertise in the following areas):





- Roles and Function of Committee
 - i. Description: The OptumRx P&T Committee serves as an advisory body to OptumRx and their respective clients by providing consultation for the clinical evaluation of drugs
 - ii. Purpose: The ultimate goal is to support the PBM by promoting clinically appropriate, safe, and cost-effective drug therapy that reflects community and national standards of practice
 - iii. Responsibilities: The Committee's roles and function are to make, review, evaluate, update, develop and approve clinical recommendations



- Additional responsibilities may be established and delegated to the P&T Committee, as determined by the PBM Clinical Leadership team. The P&T Committee and/or chairperson may designate subcommittees of one or more members to act for the P&T Committee with respect to specified issues.
- Conflict of Interest: All P&T members are subject to the following

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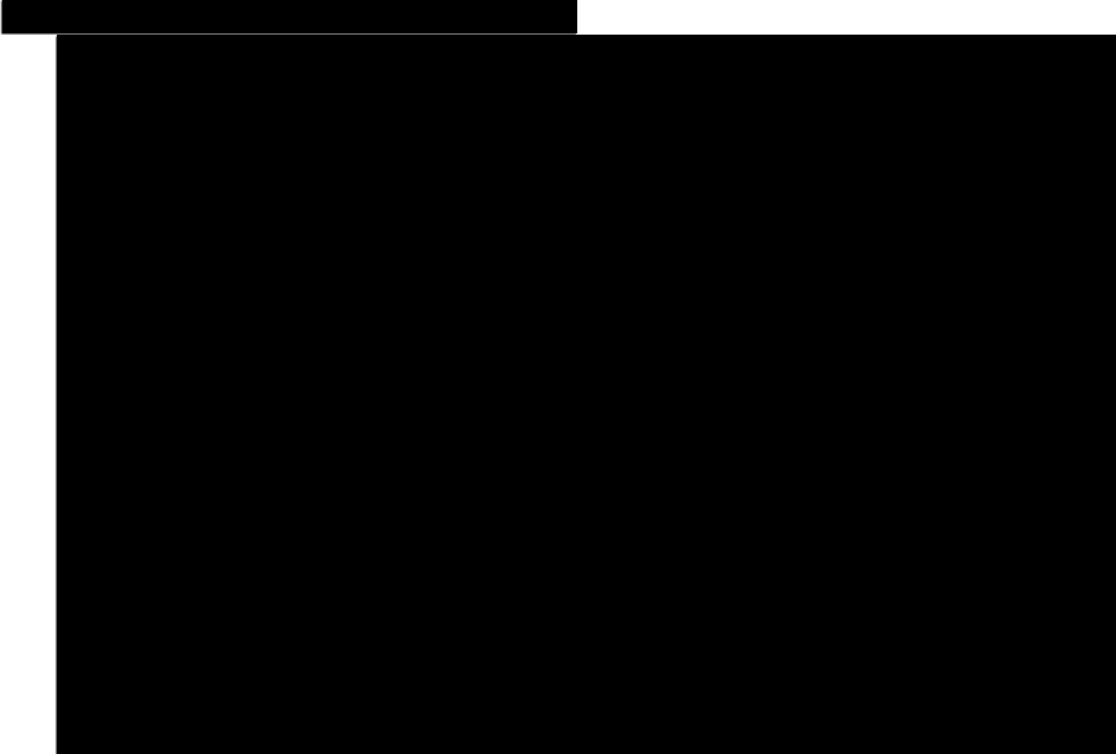
requirements:

- i. Members shall abide by, attest to and make all disclosures under the Committee's Conflict of Interest Policy
 - ii. No member may have a material conflict of interest relationship (as defined in the Committee's Conflict of Interest Policy)
 - iii. No member may use or disclose information relating to OptumRx or its affiliates business for personal profit or advantage, or divulge confidential information in advance of official authorization of its release.
- Any member who violates any of the foregoing conflict of interest requirements should resign, or may be asked to resign, from service on the Committee.

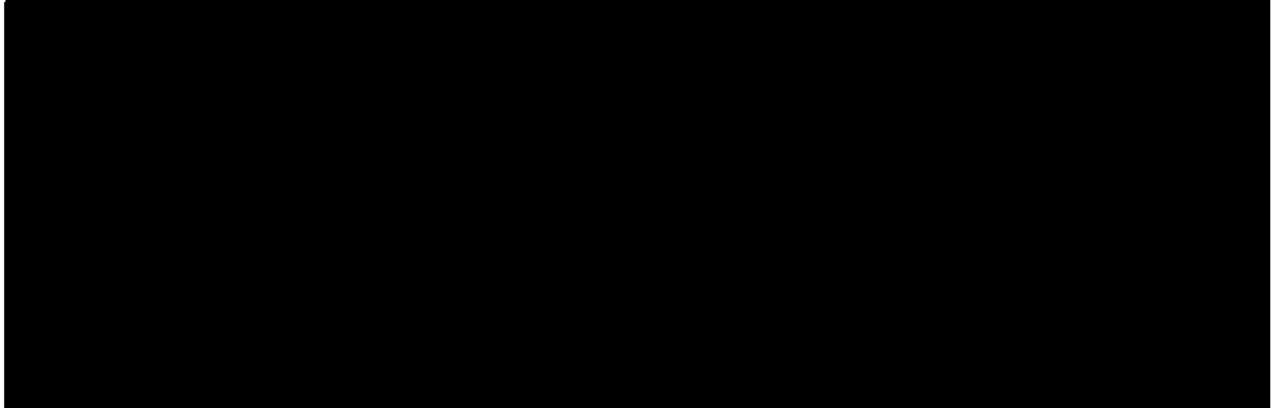
2. Utilization Management(UM)Coverage Policies and Criteria

OptumRx's Utilization Management (UM) Department is responsible for the development, selection, approval, and maintenance of OptumRx's UM Coverage Policies and Criteria. Draft criteria are created by licensed clinical pharmacists, and may be sent out for external review by physician experts. This process is further described below.

OptumRx has written pharmaceutical UM decision-making criteria that are objective and based on medical evidence. [REDACTED]

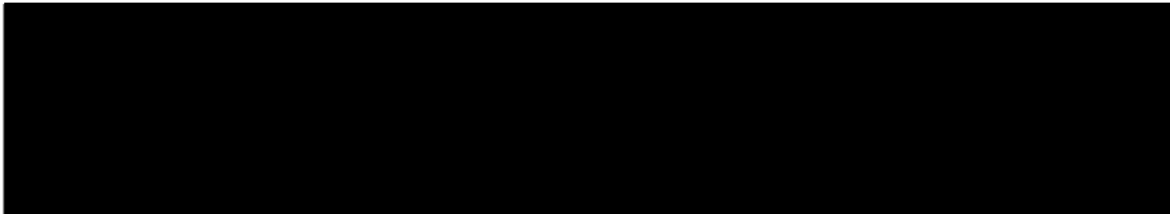


Criteria for coverage are developed based on analysis of the research to reflect current treatment guidelines and medical practice. On an annual basis, each UM program and corresponding coverage policy is reviewed by a clinical pharmacist and the OptumRx P&T or its designee to ensure that the UM and corresponding coverage policy is current with clinical information, best practices, and/or practice standards.



Additional considerations regarding UM programs may include:

- Comparing the efficacy as well as the type and frequency of side effects and potential drug interactions among available alternative drug products
- Assessing the likely impact of a drug product/device on patient compliance when compared to available alternative products
- Conducting a thorough evaluation of the benefits, risks, and potential outcomes for patients
- Economic considerations once safety, efficacy, and therapeutic need have been established; drug products and therapies should be evaluated in terms of their impact on total health care costs
- Competitive intelligence.



After approval by the P&T Committee, OptumRx's internal Formulary Management Committee (FMC) provides pharmacy management recommendations for OptumRx PBM clients. The FMC makes recommendations on the placement of an FDA-approved prescription drug to an assigned tier within a Client's prescription drug list, or Formulary, and whether to apply UM tools (i.e. prior authorizations, quantity limits, step therapies). The FMC makes its Formulary recommendations by considering clinical, economic and pharmacoeconomic evidence on a heterogeneous population, including information from the OptumRx P&T Committee and supporting financial analyses.

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The FMC meets on a monthly basis and is comprised of executive level voting

[REDACTED]

[REDACTED]

Some strategies may be reviewed sooner (before its annually scheduled review) should circumstances require it (e.g., significant change to a particular drug or drug class such as new indication, drug recall or withdrawal, and/or new clinical data).

OptumRx's P&T Committee, or its designee, reviews all program updates to ensure that they are current with clinical information, best practices and/or practice standards.

OptumRx routinely monitors the performance of the standard UM criteria to determine the relative benefits for a given drug with respect to monitoring evaluation and ongoing consideration in formulary management.

[REDACTED]

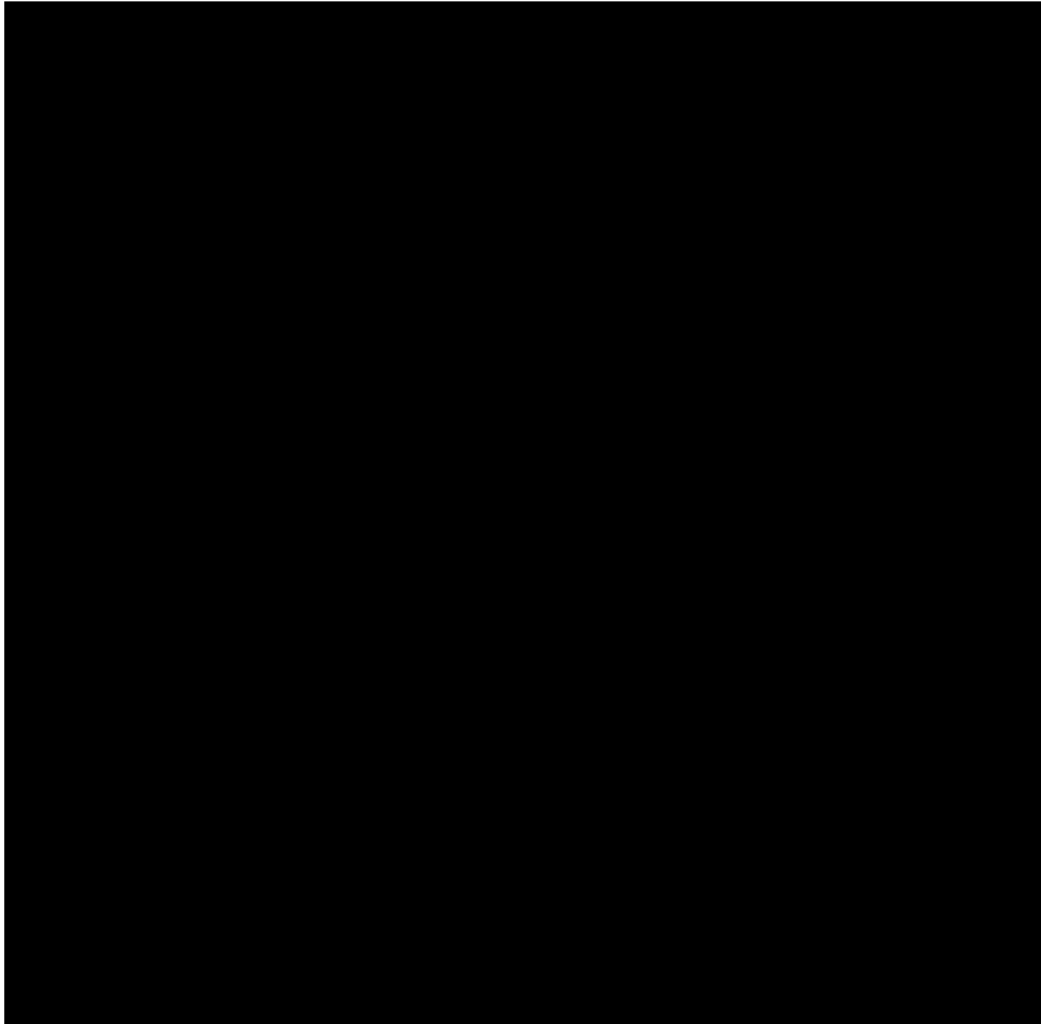
[REDACTED]

A copy of the OptumRx P&T Agenda Summary is also sent to client's managers/directors and client representatives with recommendations by P&T and FMC.

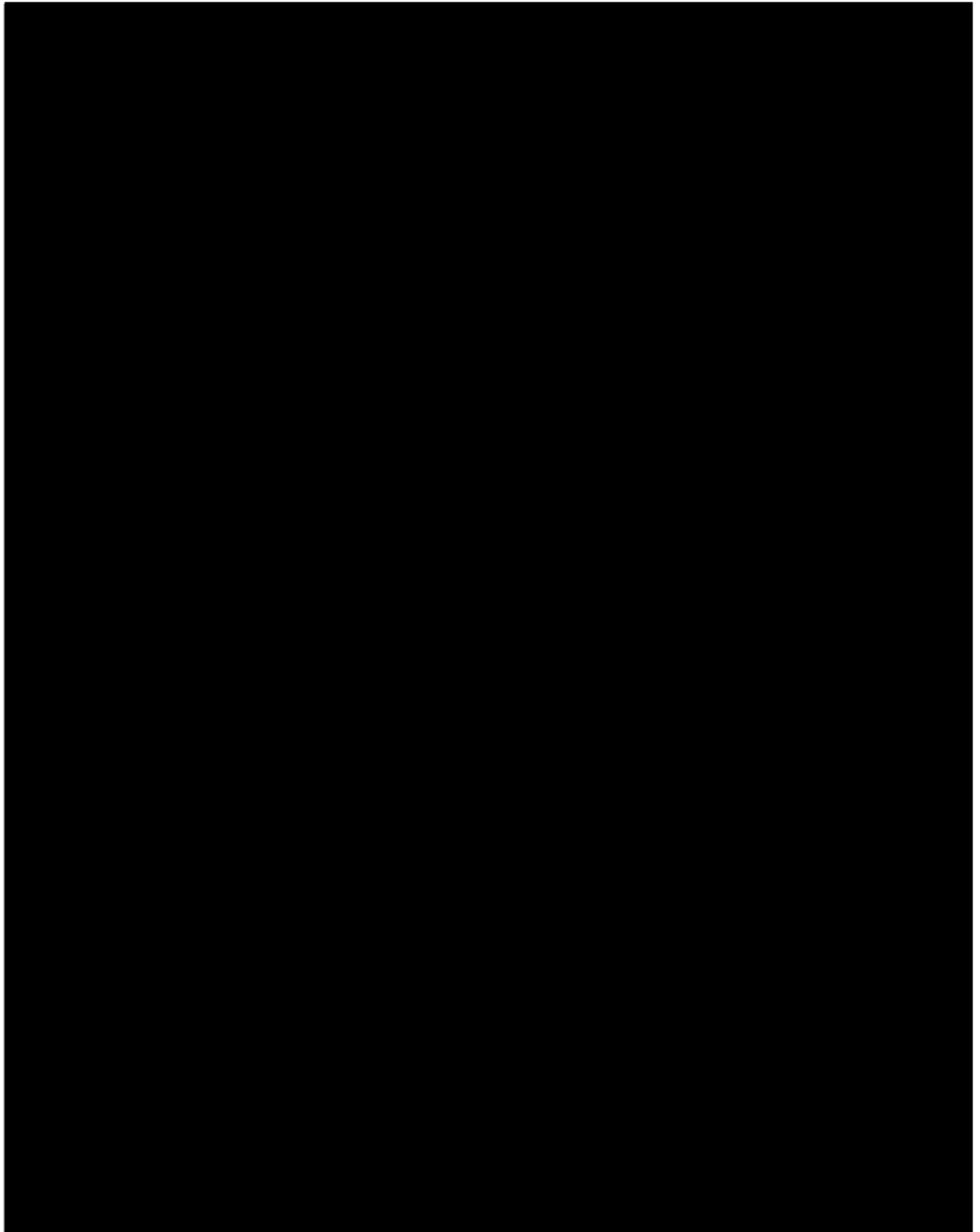
3. *Procedures for Pharmaceutical Management*



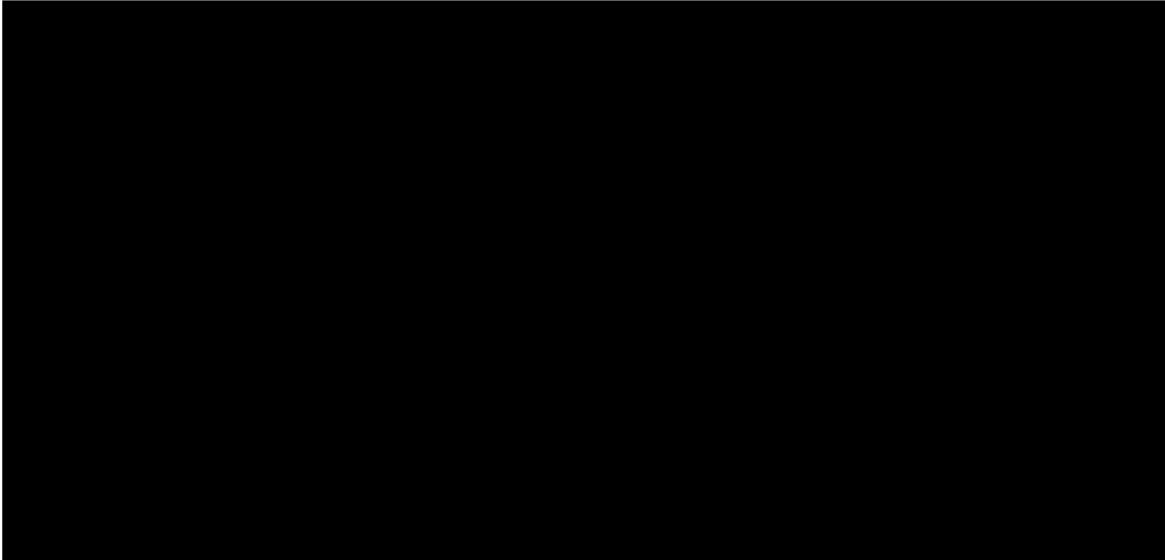
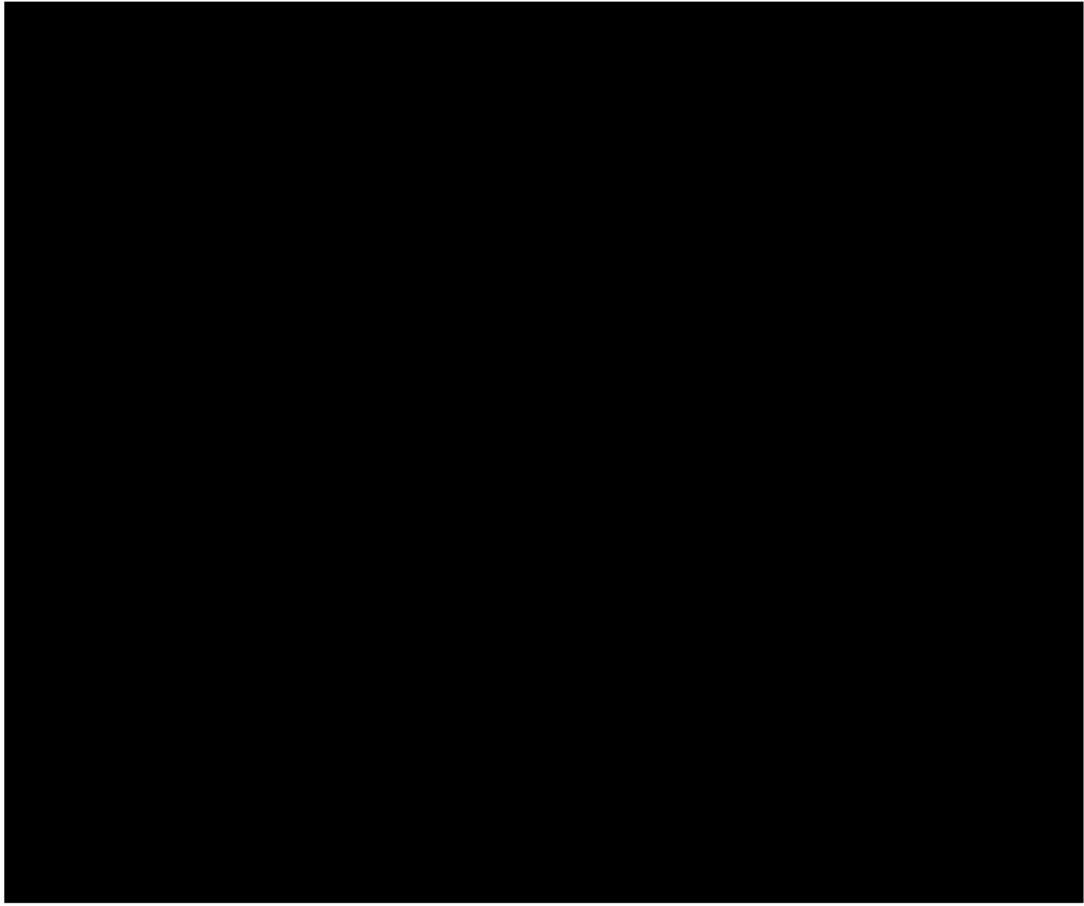
The P&T will complete a review and provide a clinical recommendation for clinical designation:



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Note: OptumRx does not maintain a practitioner network, therefore is not responsible for distributing pharmaceutical management procedures to practitioners. This will be the responsibility of the plan.

Pharmaceutical Restrictions/Preferences

OptumRx client representative(s) will communicate the following to clients annually and after updates following P&T and FMC/BIC meetings:

- A list of pharmaceuticals, including restrictions and preferences
- How to use the pharmaceutical management procedures
- An explanation of limits or quotas
- How prescribing practitioners must provide information to support an exception request
- Process for generic substitution, therapeutic interchange and step therapy protocols
 - Therapeutic equivalence refers to drugs that expected to produce essentially the same therapeutic outcome and toxicity/adverse events and is not intended to imply therapeutic equivalence as expressed by the FDA Orange Book.
 - The guide in determining of therapeutic equivalence is assigned by the assigned P&T designations recommended by the P&T Committee.
 - Drugs coming to market as equivalent generic products of existing agents available on formularies may be added to their respective formulary without the need for specific P&T review or approval. P&T regularly reviews a listing of generic drug approvals.
 - Substitution of generic products may vary by each client as referenced in the plan/benefit design.
 - Step therapy protocols may be set up as a part of the plan/benefit design process or the member may be subject to a prior authorization review prior to ensure step requirements have been met.

Note: OptumRx does not maintain a practitioner network, therefore is not responsible for distributing pharmaceutical management procedures to practitioners. This will be the responsibility of the plan.

Reviewing and Updating Procedures

With the participation of physicians and pharmacists through the P&T Committee, OptumRx reviews its procedures for pharmaceutical management, as well as list of pharmaceuticals on the formularies on at least an annual basis. Upon review, the procedures and list of pharmaceuticals will be updated as approved upon by the committee. All reviews, approvals, and updates will be documented in the P&T Committee meeting minutes.

Related Documents

OptumRx Pharmacy & Therapeutics Committee Charter

PR-6946 Clinical Evaluation of Drugs for Formulary/Prescription Drug List Review

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Procedure		
Subject Title: Clinical Evaluation of Drugs for Formulary Review		
Document Number: CSV-QLY-PR-7887	Effective Date: 1/1/2016	Document Review Date: 4/17/2020
Approved By: Savitha Vivian, SVP, Clinical Services & David Calabrese, Chief Pharmacy Officer		Approved By: Sumit Dutta, M.D., Chief Medical Officer

1.0 PURPOSE:

- The purpose of this procedure is to outline the process by which drugs are evaluated and designations determined.

2.0 SCOPE:

- This procedure applies to but is not limited to, all affected departments, committees and clients.

3.0 ACCOUNTABILITY:

- It is the responsibility of the Chief Medical and Pharmacy Officers, Clinical Services Department to oversee overall compliance with this Procedure.
- It is the responsibility of the Director, Drug Intelligence and the Senior Vice President from OptumRx Clinical Services Department to:
 - Evaluate and oversee the appropriateness and effectiveness of this procedure.
 - Ensure implementation and ongoing evaluation of this procedure.
 - Ensure staff training and compliance with this procedure.
- Staff Responsibilities
 - Carrying out and utilizing all relevant policies, procedures, work instructions and forms to facilitate the efficient operation of the assigned task(s).

4.0 DEFINITIONS:

- **Biosimilar:** A biological product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product.
- **Brand Drug:** A drug that has a trade name and is initially marketed under patent protection (can be produced and sold only by the company holding the patent).
- **Generic Drug:** A medication created to be the same as an existing approved brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generic drugs:
 - Are usually referred to by their chemical name instead of a brand name

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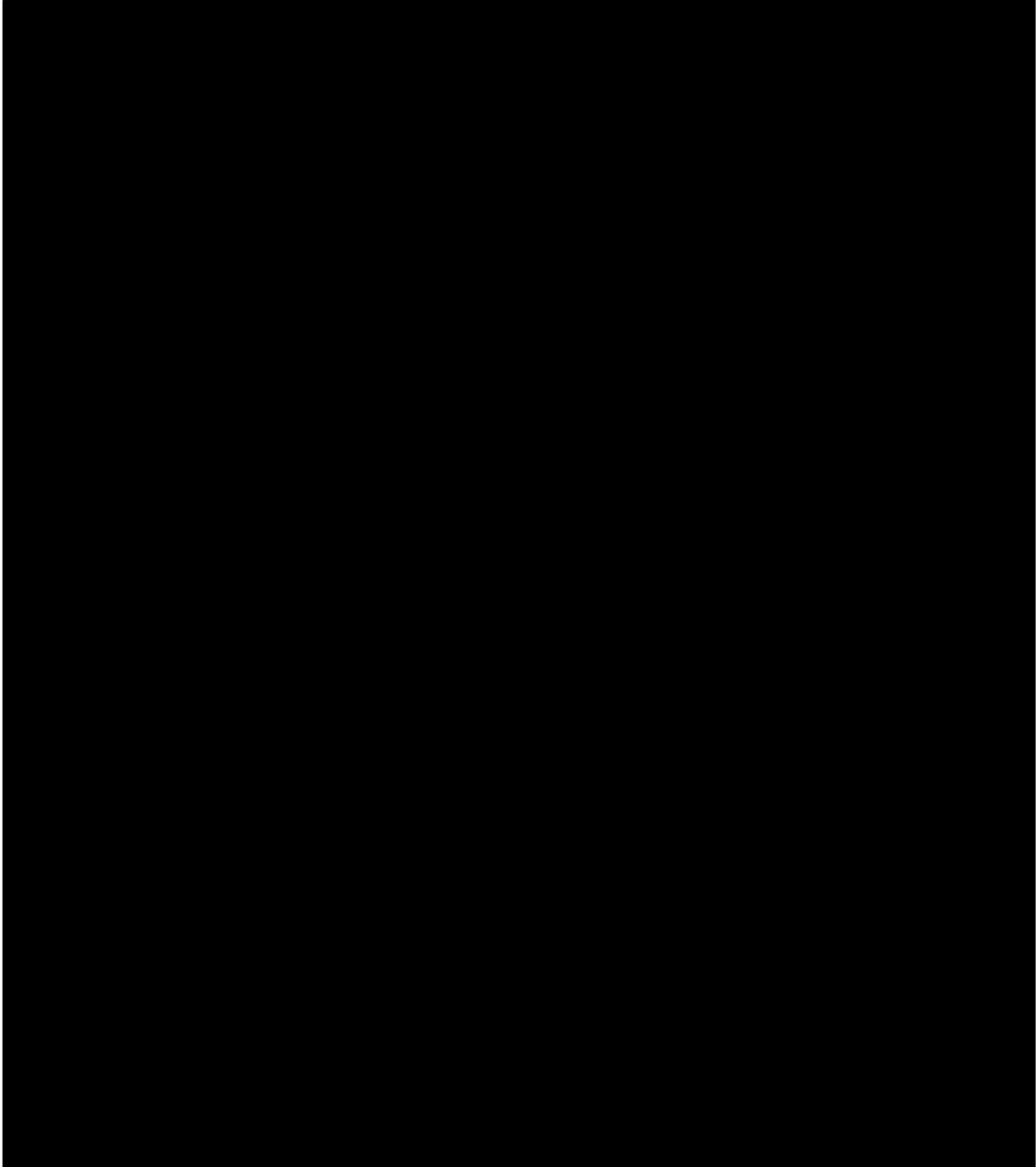
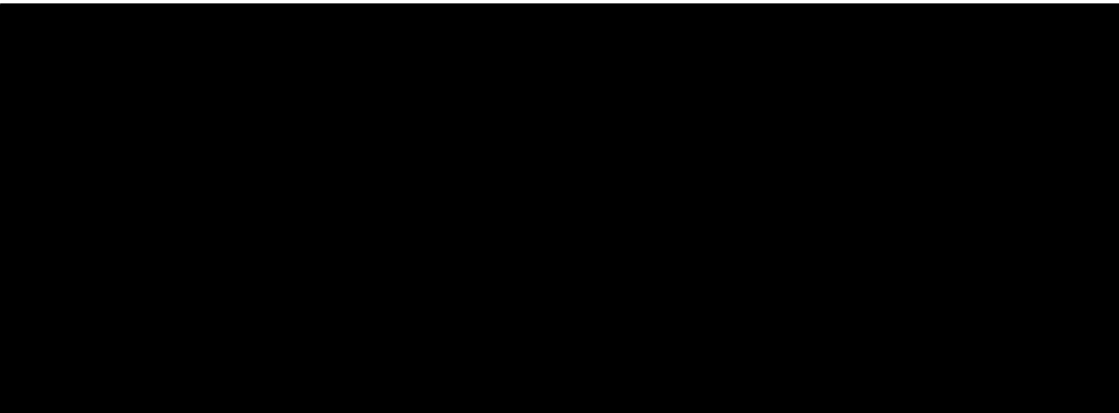
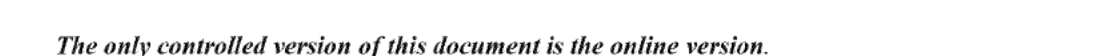
- Are therapeutically equivalent, or have the same chemical and medical effects as the brand-name drug; and
 - Are rated by the FDA as having been proven to meet the necessary bioequivalence requirements through in vivo and/or in vitro testing compared to a reference standard that is currently approved.
- **Generic Substitution:** Dispensing of a bioequivalent copy of a pioneer (innovator) name-brand pharmaceutical whose patent has expired.
 - **Per Policy:** Type of review for new formulations and dosage strengths of existing products as described within this document that do not have new clinical efficacy and/or safety information nor any anticipated clinical issues to be evaluated by the P&T Committee.
 - **Drug Designation:** Clinical classification of a drug or class of drugs based on available evidence and information as defined in this policy; drug designations are recommended by OptumRx and must be reviewed and approved by the P&T Committee. Each drug designation includes a modifier and may or may not include clinical notes.
 - **Modifier:** Serves to provide the clinical rationale to support the drug designation.
 - **Clinical Notes:** Serve to provide key clinical information regarding a specific drug or unique differences among a class of drugs that is necessary to consider in making formulary placement determinations; clinical notes may also be considered when making utilization management determinations.
 - **Formulary Management Committee (FMC):** Internal leadership group that provides pharmacy management decisions for the OptumRx Formularies and other formularies as determined by the business. FMC makes final decisions on the placement of prescription drugs to an assigned tier, exclusion programs or other clinical coverage programs, and whether utilization management tools such as prior authorizations, quantity limits, and step therapies should be applied based on P&T designations and recommendations.
 - **New Drugs to Market (NDTM) Program:** Program that targets certain new specialty and non-specialty medications at market launch, including new chemical entities, medication combinations not previously available, and many new formulations. New drugs may be excluded or require prior authorization pending P&T review.

5.0 PROCEDURE:

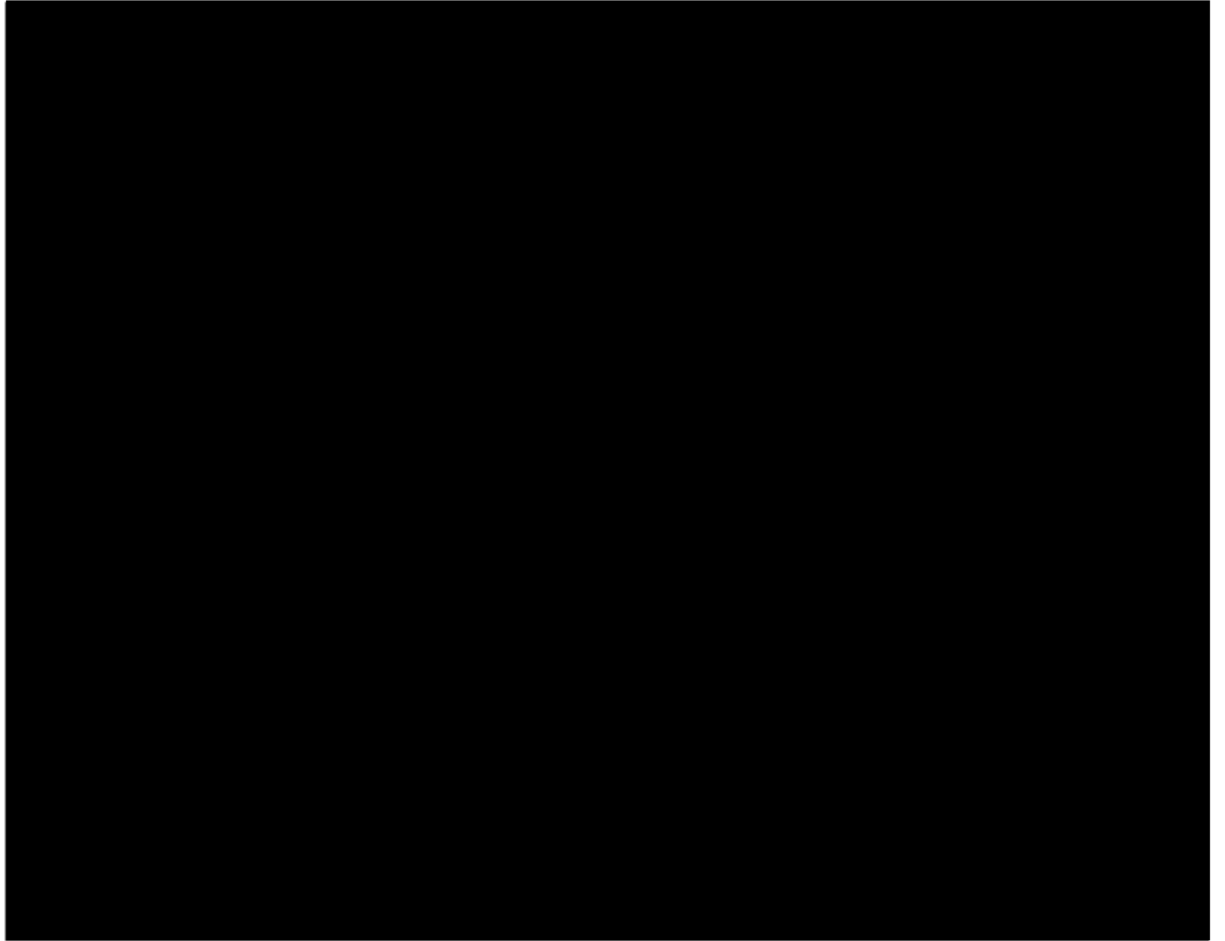
Drug Review Selection

- Prior to P&T review, new drugs will be added to the NDTM program to be managed according to individual client plan design.
- The P&T [REDACTED] reviews a topic and provides a subsequent clinical drug designation if any of the following apply:


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Generic Drugs

- 
Substitution of generic products may vary by each client as referenced in the plan/benefit design.

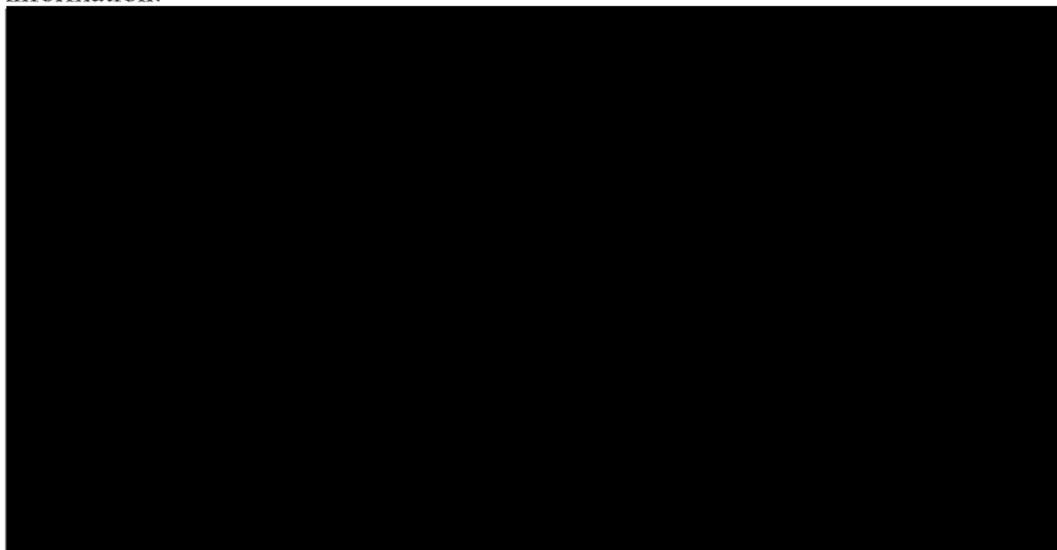
Drug or Drug Class Research

- Each drug or drug class review will be researched using all relevant evidence-based resources, excluding cost considerations, which may include, but are not limited to, the following:

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Drug Monographs

- All drug monographs are developed according to established clinical guidelines and templates to ensure clinical consistency. The monograph template, which provides comprehensive detail on a new drug or chemical entity or drug class, covers the following information:



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P&T Drug Designations, Modifiers, Clinical Notes

- A drug review concludes with a recommendation for one of the following P&T designations for OptumRx FMC or Plan/Client formulary (or prescription drug list) consideration.
- Each drug designation will include a modifier. Clinical notes are most commonly used with the Essential Class designation; however, they may be used with any drug designation.

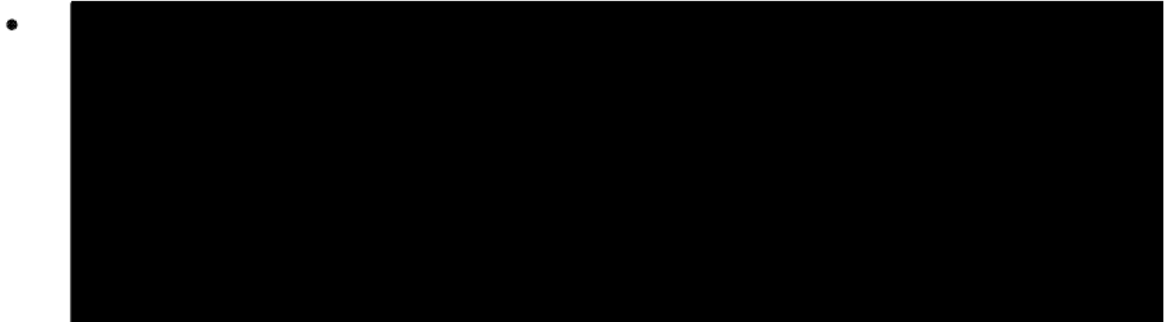
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Maintenance Formulary Changes



Conflicts of Interest (COI) Procedure

- It is the responsibility of the OptumRx P&T administrative staff to ensure that a COI form is signed by both the P&T Committee Chairperson and each P&T Committee member every year. The Clinical Leadership team shall consult with its Legal Counsel & Compliance subject matter expert (collectively, “Legal & Compliance”), as well as any other party or parties the Clinical Leadership team determines is necessary, to review disclosures and conclude whether a P&T Committee member possesses an actual or potential COI.
 - If the Clinical Leadership team, along with Legal & Compliance determines that an activity does not present an actual or potential conflict, the P&T Committee member will be informed of this conclusion and the Clinical Leadership team shall close the file.



6.0 RELATED CONTROLLED DOCUMENTS:

- Policies
 - CPS-001 National Pharmacy and Therapeutics Committee – Charter
 - Formulary Management Committee (FMC) Charter and Policy
- Procedures
 - N/A

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- Work Instructions
 - Clinical Drug Review Process (KB0043512)
 - New Indication Report (KB0043660)
 - Drug Intelligence Per Policy Report (KB0043576)
- Other Documents
 - Drug Monograph Template

7.0 ATTACHMENTS:

- N/A

8.0 AUTHORITY/CITATIONS:

- Utilization Review Accreditation Commission (URAC)
 - Pharmacy Benefit Management Standards:
 - Module PBM-FDM: Formulary and Drug Management
 - Module PBM-PT: Pharmacy and Therapeutics Committee
 - Specialty Pharmacy Standards:
 - Module P-OPS 5: Prescription Order Review and Verification
 - Module P-OPS 4: Patient Onboarding and Prescription Intake
 - Mail Service Pharmacy Standards:
 - Module P-OS 5: Prescription Order Review and Verification
 - Module P-OPS 4: Patient Onboarding and Prescription Intake
- Medicare Prescription Drug Benefit Manual; CMS. Chapter 6 – Part D Drugs and Formulary Requirement
- National Committee for Quality Assurance (NCQA)
 - UM 10: Evaluation of New Technology
 - o Element A: Written Process
 - o Element B: Description of the Evaluation Process
 - UM 11: Procedures for Pharmaceutical Management
 - o Element A: Pharmaceutical Management Procedures
- o Element D: Reviewing and Updating Procedures

9.0 Change Log:

- Section will be completed and filled out by SME, Approvers and Doc Control.

Version	Revision Date	Change to Document	Approved/ Unapproved	Approver
1.0		Initial release		
2.0	11/16/2016	Updated approver names, removed section on therapeutic equivalence	Approved	Judy D'Aloia
3.0	5/9/2017	Updated drug designation definitions; annual review; update of "waiver" language in COI section; updated NCQA UM 13 to NCQA UM	Approved	CLT; P&T

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		11 per 2017 NCQA Requirements—confirmed with NCQA Compliance team; all URAC and CMS requirements are accurate and unchanged.		
4.0	3/1/2018	Removed duplicative content, including the drug designations from the “Definition” section; removed select definitions not mentioned in the remainder of the document (i.e., pharmacist); added definitions for “Modifier”, “Clinical Notes” and “FMC” and added them in the appropriate sections of the policy; included reference to NDTM process. NCQA, URAC and CMS citations remain unchanged.	Approved	CLT; P&T
4.0	6/4/2018	Removed “SVP” and “Senior Vice President” from DC and SD titles.	Approved	CLT
5.0	4/12/2019	Added the language “deemed out of scope” for products not reviewed by P&T; confirmed URAC and NCQA requirements are up to date with SMEs; additional detailed included for NCQA requirements	Approved	CLT; P&T
6.0	9/18/2019	Updated Optional Inclusion (3 rd bullet) drug designation to include clarifying language	Approved	CLT; P&T
7.0	4/17/2020	Annual Review; updated definitions (biosimilar, generic drugs, NDTM); added reference to New Indication Report; removed old/no longer used language (i.e, NCEP); updated URAC references	Approved	CLT; P&T

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OptumRx Pharmacy & Therapeutics Committee Charter

I. Scope

This charter outlines the responsibilities and activities of the OptumRx Pharmacy and Therapeutics Committee in providing clinical evaluations of drugs and oversight of clinical management programs and activities.

II. Mission

The OptumRx Pharmacy & Therapeutics Committee (“P & T Committee”) serves as an advisory body to OptumRx (“PBM”) and their respective clients by providing consultation for the clinical evaluation of drugs for placement on formularies and clinical programs associated with drug management. As necessary, the P & T Committee will review and evaluate medical criteria, standards, and educational intervention methods in the process of developing clinical recommendations for drugs and drug management.

The P & T Committee’s ultimate goal is to support the PBM by promoting clinically appropriate, safe, and cost-effective drug therapy that reflects community and national standards of practice.

III. Roles and Functions

The Committee’s roles and functions are to make, review, evaluate, update, develop and approve clinical recommendations regarding the following:

- PBM formularies and inclusion or exclusion of therapeutic classes at least annually.
- Clinical guidelines and/or criteria and procedures related to the timely use of and access to both formulary and non-formulary and/or preferred and non-preferred medications at least annually.
- PBM medication policies, quality initiatives and other clinical pharmacy interventions.
- Procedures that guide utilization management tools for formulary management, transition process and medical review of non-formulary drug requests, at least annually.
- Procedures for formulary management activities such as prior authorization, step therapies, quantity limitations, generic substitutions and other drug utilization activities that affect access.
- Drug utilization management strategies such as therapeutic duplication, over- and under-utilization, generic use, therapeutic interchange, drug-disease, drug-drug or drug-allergy interactions, dose duration, medication abuse or misuse, drug-age, drug-gender, drug-pregnancy, and any regulatory required clinical programs. Review and ongoing monitoring of the safety, effectiveness and quality of products covered on the formularies and the clinical programs; and
- Advise on clinical educational programs for clients’ members, health care provider networks, plan participants, and pharmacy providers.

Additional responsibilities may be established and delegated to the P&T Committee, as determined by the PBM Clinical Leadership team. The P&T Committee and/or chairperson may designate subcommittees of one or more members to act for the P&T Committee with respect to specified issues.

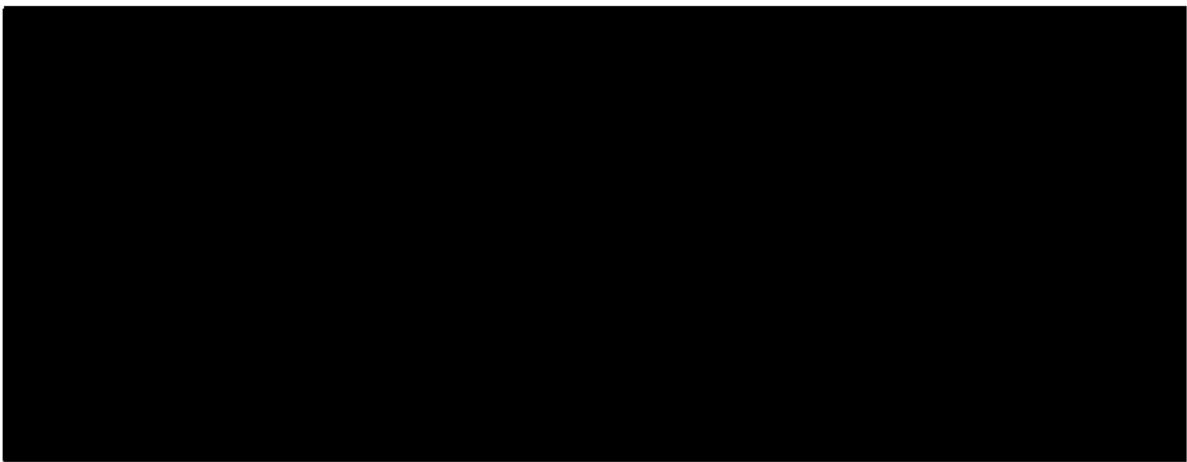
The clinical recommendations developed by the P&T Committee will be disseminated to the PBM to guide the development of its formularies/ and other clinical and business decision-making.

OptumRx Pharmacy & Therapeutics Committee Charter

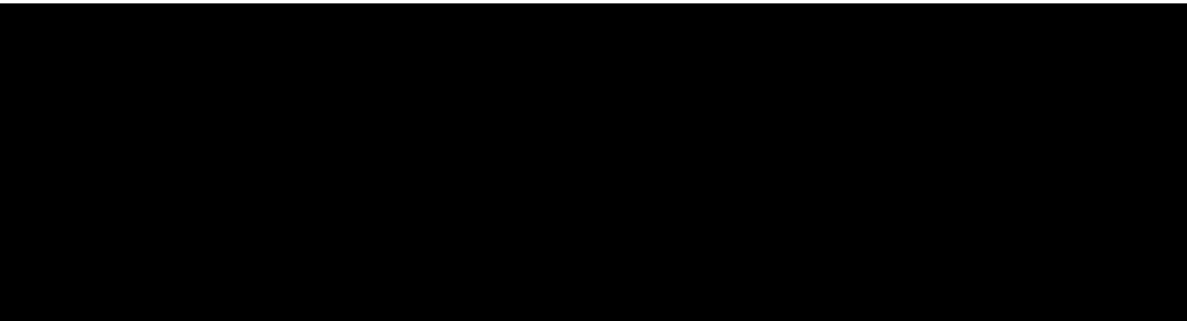
IV. Administration

The P&T Committee shall be operated, administered and staffed by the PBM. The activities of the P&T Committee are reported on a quarterly basis to the Clinical Quality Oversight Committee (CQOC). The CQOC is a subcommittee of the Quality Management Review Board (QMRB), focused on providing clinical quality oversight of OptumRx programs. CQOC submits written reports of its activities, actions taken, and recommendations made, for review and approval by the executive level QMRB, the oversight authority for the CQOC, as granted by the board of directors. Clinical quality oversight of the P&T Committee includes reviewing P&T Committee members for conflicts of interest and ensuring timeliness of new drug reviews.

V. Composition and Membership



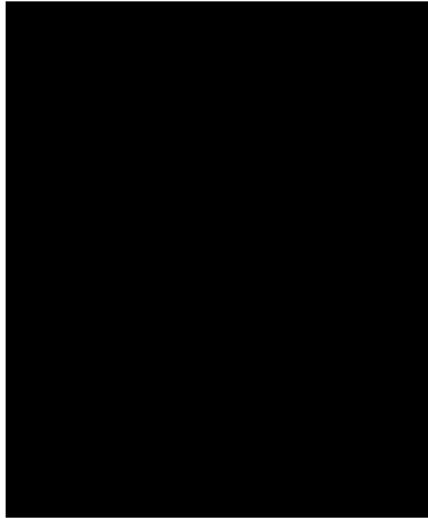
Voting Members




Voting members shall encompass a broad range of academic and practicing clinical experts including, but not limited to, the following:

- At least one practicing physician and pharmacist specializing in the care of the elderly and/or disabled
- Licensed physicians or pharmacists (this group may include, but is not limited to, clinicians with expertise in the following areas):

OptumRx Pharmacy & Therapeutics Committee Charter



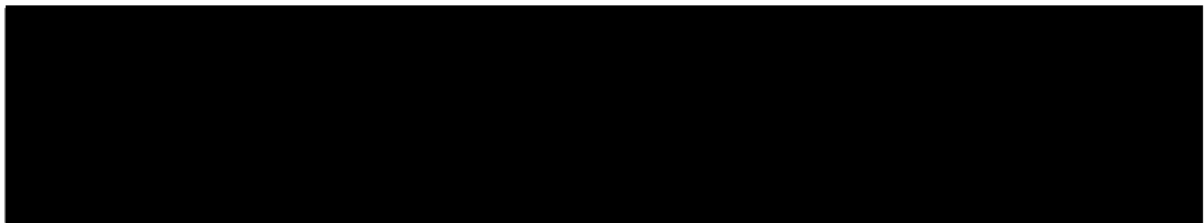
OptumRx Staff

 the clinical staff provides clinical information and facilitates the required drug/drug class evaluations, utilization management criteria assessment, and formulary reviews.

Oversight

The Chief Medical Officer and SVP, Clinical Services are responsible for all aspects of oversight, evaluation, and assurance that the process is free of conflicts of interest. A background review is performed by CQOC at least twice a year for voting members to ensure that conflict of interest disclosures are accurate.

Voting Membership Terms



Each voting member agrees to sign a consultant agreement, updated annually, addressing confidentiality, non-coercion, and conflicts of interest. Voting members must also submit to the P&T Committee a curriculum vitae and validation of licensure and board certification on an annual basis. In addition, at the beginning of each P&T Committee meeting, all voting members will be verbally asked to validate any recent changes to his/her conflicts of interest. Each voting member agrees to complete and provide documentation of annual compliance training. Irrespective of P&T Committee voting member's term of service, PBM reserves the right to modify that term of service, either during the member's initial term of service or anytime thereafter.

Removal of Voting Members

OptumRx Pharmacy & Therapeutics Committee Charter

A voting member's unexcused absence from two consecutive meetings shall result in the PBM Clinical Leadership team sending the voting member a formal notice indicating that the voting member's continuing participation on the P&T Committee is in jeopardy. The voting member's unexcused absence from a third consecutive meeting may result in the voting member's removal from the P&T Committee.

The Clinical Leadership team reserves the right to remove voting members from the P&T Committee without cause in order to ensure the highest standards of practice.

Member Responsibilities

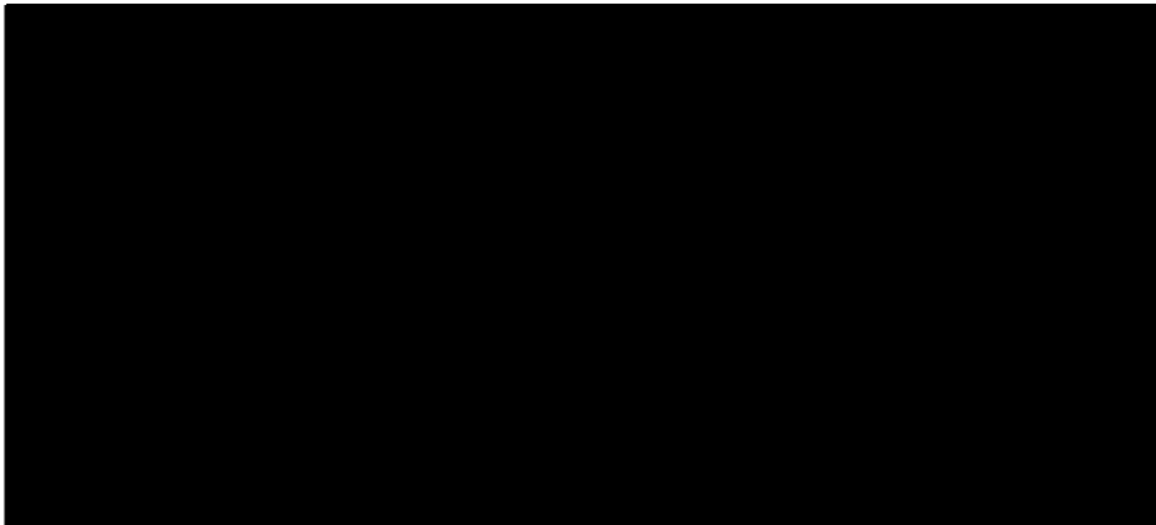
The role of each voting member is to assist the Committee in meeting its responsibilities and fulfilling specific duties, including, but not limited to:



Outside Advisors

The P&T Committee has the authority to retain outside legal, clinical and other advisors as it deems necessary to advise the Committee on matters within the scope of its responsibilities. Outside clinical advisors that provide specialty expert commentary to the P&T Committee agree to sign a consultant agreement, updated annually, addressing confidentiality, non-coercion, and conflicts of interest.

Chairperson Selection and Responsibilities



The Chairperson shall designate one of the voting members to serve as Co-Chairperson. The Co-Chairperson assumes the Chairperson's duties in the absence of the Chairperson.

OptumRx Pharmacy & Therapeutics Committee Charter

Voting Member Compensation

Conflicts of Interest

The P&T Committee shall operate in compliance with all Centers for Medicare and Medicaid Services (CMS) and state regulatory requirements relating to conflicts of interest.

All voting members are subject to the following conflict of interest requirements:

- Members shall abide by, attest to and make all required disclosures under the Committee's Conflict of Interest Policy
- No member may have a material conflict of interest relationship (as defined in the Committee's Conflict of Interest Policy); and
- No member may use or disclose information relating to OptumRx or its affiliates' business for personal profit or advantage or divulge confidential information in advance of official authorization of its release.

Any voting member who violates any of the foregoing conflict of interest requirements should resign, or may be asked to resign, from service on the Committee.

Confidentiality

- Each voting member agrees to annually review and sign the Confidentiality Agreement not to divulge confidential or proprietary information associated with all P&T Committee activities.
- Each voting member agrees to sign a confidentiality statement or agreement with the PBM, as appropriate, which applies to any confidential or proprietary information associated with all P&T Committee activities.
- Each voting committee member agrees to not publicly disclose his or her participation in P&T Committee activities, including but not limited on any networking websites such as LinkedIn, except as previously disclosed to and agreed upon by the PBM.

VI. Meetings

The P&T Committee meets in person [REDACTED]

[REDACTED] The Chairperson convenes additional ad hoc meetings as necessary to conduct P&T Committee business. Ad hoc meetings are generally conducted via teleconference.

P&T Committee meetings may be conducted [REDACTED] as needed, generally via teleconference. Voting and dissemination of P&T Committee [REDACTED] meeting materials such as monographs and other supporting documents are handled electronically but may also be discussed via teleconference as needed. Results of these P&T Committee [REDACTED] meeting votes will either be sent electronically to the P&T Committee or reported at the P&T Committee meeting.

OptumRx Pharmacy & Therapeutics Committee Charter

Format

[REDACTED] meeting agendas may include the following standard items:

[REDACTED]

[REDACTED]

Quorum and Voting Requirements

Meeting business conforms to Robert's Rules of Order.

A quorum is achieved at P&T Committee meetings when at least 50% plus one of the Committee's voting members is in attendance. If a quorum is not available at the meeting location, a quorum can be established by teleconference or by submission of a member's completed electronically submitted vote available at the time of the meeting. Additionally, if a quorum is not established, the Committee may hold discussions on agenda items, but may not vote.

Only voting members have the authority to vote on official Committee motions and decisions. A motion or decision is passed or approved when a majority of the voting members chooses in the affirmative. [REDACTED]

Guest Observation

Attendance by current or prospective PBM clients or consultants is permitted under the following guidance:

[REDACTED]

OptumRx Pharmacy & Therapeutics Committee Charter



Ad Hoc Committees

The Committee Chairperson may designate members to serve on ad hoc committees for the purpose of addressing a particular issue or concern. Ad hoc committees shall be disbanded upon their completion.

VII. Communication

The Committee Chairperson shall ensure that minutes of all actions taken by the P&T Committee are maintained. A summary of the P&T Committee recommendations is provided to internal business areas in a timely manner. Unless otherwise provided in relevant law or regulation, all P&T Committee minutes are confidential and proprietary to OptumRx and its affiliates and are for internal use only.

Approved By: Sumit Dutta, M.D., Chief Medical Officer, OptumRx	Issue Date:
Signature:	
Review Date: 08/06, 08/07, 08/08, 08/10, 08/11, 08/12, 8/13, 8/14, 8/15, 12/16, 5/17, 5/18, 5/19, 5/20	
Revision Date: 06/07, 04/08, 05/09, 08/10, 08/11, 08/12, 8/13, 7/14, 5/15, 11/15, 12/16, 04/16, 05/17, 01/18, 5/18, 5/19, 5/20, 02/21	

Conducting independent review

by specialty experts

Evaluating existing and emerging medications based on scientific evidence in order to appraise those drugs in an unbiased and evidence-based way requires an impartial approach.

The Optum Rx® P&T Committee is a broad-based, nationally represented body of practicing physicians and pharmacists — all with specialized clinical expertise — chaired by an independent practicing physician.

Members may not be employed by Optum Rx or its affiliates.

The P&T Committee complies with Centers for Medicare & Medicaid Services (CMS) requirements regarding member composition, inclusion of specialists and independence from manufacturers.

This allows for an unbiased review of new products by clinical experts representing a wide range of medical specialties.

Determining clinical value

The P&T Committee appraises new and existing medications and drug classes, reviews utilization management programs and oversees clinical programs. It also evaluates medications based on clinical evidence.

From these assessments, the P&T Committee determines whether a medication has unique therapeutic benefit, comparable safety and efficacy, or if risk of harm outweighs the benefits. We hold quarterly meetings at the Optum Rx office at the Aon Center in Chicago to evaluate, review and make clinical recommendations.

Promoting high-quality, cost-effective

formulary design and management

We're committed to creating a healthier world, one insight, one connection and one person at a time. That starts with determining a medication's therapeutic benefit, safety and efficacy.

The Optum Rx National

Pharmacy and Therapeutics

Committee is committed to:

Helping people live

healthier lives by

offering high-quality,

cost-effective

pharmacy care services

An effective pharmacy benefit

plan depends largely on the

strategic composition of its

formulary, which must balance

clinical quality, choice and

affordability.

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their place in therapy.

These recommendations

provide customers with the

information they need to

make the right choices for

their unique circumstances.

Performing at the
highest level of quality
and clinical integrity

Operating with
transparent and

open processes

Basing decisions

on clinical evidence

The P&T Committee process
consists of unbiased, clinically
based review of new and existing
medications and their appropriate
place in therapy.

1.

The P&T Committee evaluates
medications based on scientific
evidence, including peer-
reviewed medical literature
and well-established clinical
guidelines. Our Medicare Part
D formularies adhere to CMS
requirements and guidelines.

2.

Once clinical deliberations are
complete, the P&T Committee

recommends a drug designation
and approves criteria for
utilization management.

3.

A separate Formulary
Management Committee
incorporates P&T Committee
recommendations as well
as financial effect, member
and physician disruption and
generic availability to set final
formulary tiering.

Attend a P&T Committee meeting

Contact your Optum Rx representative or email us at optumrx@optum.com
to reserve a seat or if you have questions on how to further enhance your
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Following rigorous
quality standards

and oversight

Industry, clinical and company
standards govern the P&T

Committee's review, consideration

and recommendation processes.

Committee members submit annual disclosure forms and recuse themselves from voting if a conflict of interest arises. They are asked to reaffirm changes to conflict of interest at each meeting.

Optum Rx also conducts routine monitoring of sanctions and public reporting sites.

The P&T Committee complies with national quality standards including those provided by CMS, the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Commission (URAC®). Deliberations are based on clinical evidence, national consensus guidelines and best practices — with oversight from the Optum Rx Clinical Quality Management team.

Protecting

patient safety

Patient safety is our top priority. Our first mover process

expedites P&T clinical review of select high-impact medications before they are approved by the Food and Drug Administration (FDA). This process implements sound clinical and financial management strategies, such

as utilization management edits, to help save clients costs. Once the medication is approved by the FDA, the P&T committee reevaluates the medication and management strategies through the standard review process to determine appropriate placement on the formulary.

Operating with transparency

Optum Rx invites customers and consultants to observe P&T Committee meetings and provide feedback in person via a closed-circuit feed. They can expect to hear discussions and reviews on:

- Medicare Part D, commercial and exchange formulary business

-

Several new medications and/or

therapeutic classes

-

Utilization management

programs

-

New medication approvals,

pipeline and safety updates

Formulary decisions are first based on clinical evidence.

Then, Optum Rx considers cost to help determine final

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Guides

Specialty Pharmacy 101

Specialty pharmacies deliver high-touch se vices to help patients stay adherent to treatment plans and live healthier lives.

What is a specialty pharmacy?

A specialty pharmacy provides medications used to treat" rare or complex health problems. Because these medications aren't used by many people, a local pharmacy won't keep them in stock. We are a distribution channel for high complexity medications that;

- Cost \$iOK+
- Are limited distribution
- Need special handling, storage or distribution
- Are injected or infused
- Are administered in a doctor's office, hospital, or at home
- Need ongoing monitoring from a health care professional
- Are part of Risk Evaluation and Mitigation Strategy (REMS) program

Specialty and retail pharmacy differences

Specialty pa ;ace;;; liv;:rservices that cm neip you, p- uem =het their medicat. o r ono toy on their treatment plan. These services go beyond what most retail pharmacies provide. Your neighborhood pharmacy is a great option for short-term bugs like an ear infection or the flu or for broadly used medications such as blood pressure or thyroid treatments. But people living with a complex condition may

need extra support.

Retail

Specialty

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pharmacy is a great option for short-term bugs like an ear infection or the flu or for broadly used medications such as blood pressure or thyroid treatment; But people living with a complex condition may need extra support.

Retail

Specialty

- | | |
|---|--|
| <ul style="list-style-type: none"> • Walk-in appointments welcome • Provides over-the-counter medications • Treats common diseases • Dispenses medications that typically do not require prior authorization (PA) | <ul style="list-style-type: none"> • Requires pharmacist review • Conducts insurance benefit investigation, PA and copay assistance • Offers ongoing clinical support as needed • Treats rare or complex diseases • Provider sends prescriptions directly to pharmacist versus patient • Delivers medication overnight |
|---|--|

Why specialized care matters

When people get a complex diagnosis, it can be overwhelming. And managing chronic conditions can be complicated. So, before we make any decisions, we explore how to care for people in the way they want and need.

We understand the people we care for — the medications they take, services they need and relationships that nurture them. We think about more than people's specialty prescriptions and conditions. We look at their whole health.

Whether they are newly diagnosed or a veteran of their condition, people require different levels of support along their health care journey. We offer the expertise, tools and services they need to get care according to their unique needs.

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Weserve1

As part of the Optum family under the nife Healtheare umbrella,

- A network of more than 62,000 pharmacies we offer:
- More than 127 million individual consumers
- Access to more than 196,000 distribution drugs
- 24/7 clinical support
- Next-day delivery
- 99% therapy solution satisfaction

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a f % therapy solution satisfaction

Optum Specialty Pharmacy supports specialty treatments and takes a hands-on approach to patient care to help support the health and quality of life for each patient.

Rec+Qive Verify Get prior Determine copay Create
referral benefits uthorlzatlon asslstence care plan

a".

Here is a quick list of frequently used terms that will help you understand the process.

Provider portal

Sharing nformation through a provider portal streamlines your workflow and saves precious. time. The Optum Specialty Provider Portal is a secure, web-based pharmacy portal.

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Pruder portal

Sharing information through a provider portal streamlines your workflow and saves precious time. The Optum Specialty Provider Portal is a secure, web--based pharmacy portal.

It gives you access to detailed patient information that man help alleviate some of the Tasks associated with prescribing specialty medications.

Sign in to the provider portal to:

- * View prior authorization status, initiate appeal: and see denial history
- * Track prescription status and referral activities with enhanced dashboard views
- Easily search for patient medication list, allergy information, diagnosis codes and insurance information
- * Upload documents
- ® Chat rwith us

Get started

Talk to your account manager and register to access the provider portal.

Three ways to prescribe

All you need to know to send your prescription to us. Three ways to submit your prescriptions:

I..

e-prescribe

Fax

Call

1050 Patrol Road
Jeffersonville, IN 47130

Forms to -577-342-4566

7-855-427-4662.

NP' :.03\$045740,1NCPDP 1564930 Access our enrollment forms >

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All you need to know to send your prescription to us. Three ways to submit your prescriptions:

e-prescribe	Fax	Call
1050 Patrol Road Jeffersonville, IN 47130 NPI: 0t35045140I NCP[DF] 1554930	Forristo 1-877-342-4576 Access our enrollment forms >	1855'4274682

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