

Your 2018 Formulary

Effective July 1, 2018



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

- Call the toll-free member phone number on your ID card.
- Visit your plan's member website listed on your ID card to:
 - Locate 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 selected by your plan for their safety, cost and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling the toll-free member phone number on your ID card.

About this formulary

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

Over-the-counter medications

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

Reading your formulary

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

Tier information

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

| Drug Tier | Includes | Helpful Tips |
|---------------|---|--|
| 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 be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. |

Drug list information

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

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

Table of Contents

| | | | |
|--|----|---|----|
| Analgesics - Drugs for Pain | 6 | Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment. | 13 |
| Analgesics - Drugs for Pain and Inflammation | 6 | Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | 13 |
| Anesthetics | 6 | Genitourinary Agents - Drugs for Prostate Conditions | 13 |
| Anti-Addiction / Substance Abuse Treatment Agents | 6 | Hormonal Agents - Adrenal | 13 |
| Antibacterials | 6 | Hormonal Agents - Men's Health. | 14 |
| Anticoagulants | 7 | Hormonal Agents - Osteoporosis. | 14 |
| Anticonvulsants - Drugs for Seizures | 7 | Hormonal Agents - Pituitary. | 14 |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | 7 | Hormonal Agents - Sex Hormones and Birth Control | 14 |
| Antidepressants | 8 | Hormonal Agents - Thyroid | 15 |
| Antiemetics - Drugs for Nausea and Vomiting. | 8 | Immunological Agents - Drugs for Immune System Stimulation or Suppression | 15 |
| Antifungals. | 8 | Inflammatory Bowel Disease Agents. | 16 |
| Antigout Agents | 8 | Metabolic Bone Disease Agents - Drugs for Osteoporosis | 16 |
| Anxiolytics - Drugs for Anxiety. | 8 | Miscellaneous Therapeutic Agents | 16 |
| Bipolar Agents - Drugs for Mood Disorders. | 9 | Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation. | 16 |
| Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders | 9 | Ophthalmic Agents - Drugs for Glaucoma | 16 |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions. | 9 | Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | 16 |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder. | 10 | Otic Agents - Drugs for Ear Conditions | 16 |
| Central Nervous System Agents - Drugs for Multiple Sclerosis. | 10 | Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold. | 16 |
| Central Nervous System Agents - Miscellaneous | 11 | Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | 17 |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | 11 | Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | 17 |
| Dermatological Agents - Drugs for Skin Conditions. | 11 | Skeletal Muscle Relaxants - Drugs for Muscle Tension and Spasm. | 18 |
| Diabetes - Antidiabetic Agents. | 11 | Sleep Disorder Agents. | 18 |
| Diabetes - Glucose Monitoring | 12 | | |
| Diabetes - Insulins. | 12 | | |
| Electrolytes / Minerals / Metals / Vitamins. | 12 | | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | 13 | | |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions. | 13 | | |

| 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 |
| butalbital-apap-caffeine oral capsule | 1 | |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 | |
| EMBEDA | 2 | PA; QL |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr | 1 | PA; QL |
| hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 | QL |
| hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg | 1 | QL |
| HYSINGLA ER | 2 | PA; QL |
| methadone hcl oral tablet | 1 | PA |
| morphine sulfate er oral tablet extended release | 1 | PA; QL |
| oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg | 1 | QL |
| oxycodone- acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT PERCOCET ORAL TABLET 10-325 MG, 2.5- | 2 | PA; QL |
| tramadol hcl ir | 1 | QL |
| tramadol-acetaminophen | 1 | QL |
| Analgesics - Drugs for Pain and Inflammation | | |
| celecoxib oral | 1 | QL |
| diclofenac potassium | 1 | |
| diclofenac sodium oral | 1 | |
| diclofenac sodium transdermal gel 1% | 1 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| etodolac oral tablet | 1 | |
| FLECTOR | 3 | QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| indomethacin oral | 1 | |
| ketorolac tromethamine oral | 1 | QL |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| naproxen oral tablet | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| sulindac oral | 1 | |
| Anesthetics | | |
| lidocaine external ointment | 1 | |
| lidocaine external patch 5% | 1 | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG | 3 | QL |
| buprenorphine hcl sublingual tablet 2 mg, 8 mg | 1 | QL |
| buprenorphine hcl- naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg | 1 | QL |
| CHANTIX STARTING MONTH PAK | 3 | QL |
| naltrexone hcl oral | 1 | |
| NARCAN | 2 | |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | 2 | QL |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | 2 | QL |
| Antibacterials | | |
| amoxicillin oral capsule | 1 | |
| amoxicillin oral suspension reconstituted | 1 | |
| amoxicillin oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml | 1 | |
| amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg | 1 | |
| azithromycin oral suspension reconstituted | 1 | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 | |
| BETHKIS | 2 | SP |
| cefdinir | 1 | |
| cefuroxime axetil oral tablet | 1 | |
| cephalexin oral capsule | 1 | |
| cephalexin oral suspension reconstituted | 1 | |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin oral tablet | 1 | |
| clindamycin hcl oral | 1 | |
| clindamycin phosphate external gel | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| CLINDESSE | 3 | |
| DORYX MPC | 3 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg | 1 | |
| doxycycline monohydrate oral capsule | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| levofloxacin oral tablet | 1 | |
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |
| minocycline hcl oral capsule | 1 | |
| mupirocin external | 1 | |
| nitrofurantoin macrocrystal oral | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| nitrofurantoin monohydrate macrocrystals | 1 | |
| penicillin v potassium oral tablet | 1 | |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 3 | |
| sulfamethoxazole- trimethoprim oral suspension 200-40 mg/5ml | 1 | |
| sulfamethoxazole- trimethoprim oral tablet | 1 | |
| tobramycin nebulization solution 300 mg/5ml inhalation | 1 | ST; SP |
| Anticoagulants | | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 3 | QL |
| enoxaparin sodium | 1 | SP; QL |
| PRADAXA | 2 | QL |
| SAVAYSA | 3 | QL |
| warfarin sodium oral | 1 | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |
| Anticonvulsants - Drugs for Seizures | | |
| carbamazepine oral tablet | 1 | |
| divalproex sodium er oral tablet extended release 24 hour | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |
| gabapentin oral capsule | 1 | |
| gabapentin oral tablet | 1 | |
| lamotrigine oral tablet | 1 | |
| levetiracetam oral tablet | 1 | |
| oxcarbazepine oral tablet | 1 | |
| phenytoin sodium extended | 1 | |
| topiramate oral tablet | 1 | |
| VIMPAT | 3 | |
| zonisamide oral | 1 | |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| donepezil hcl oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| memantine hcl oral tablet 10 mg, 5 mg | 1 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14- 10 MG, 28-10 MG | 2 | QL |
| Antidepressants | | |
| amitriptyline hcl oral | 1 | |
| bupropion hcl er (sr) | 1 | QL |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | QL |
| bupropion hcl oral | 1 | |
| citalopram hydrobromide oral tablet | 1 | |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | 1 | QL |
| doxepin hcl oral capsule | 1 | |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | 1 | QL |
| DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG | 3 | QL |
| escitalopram oxalate oral tablet | 1 | |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral tablet | 1 | |
| FORFIVO XL | 2 | QL |
| mirtazapine oral tablet | 1 | |
| nortriptyline hcl oral capsule | 1 | |
| paroxetine hcl er | 1 | |
| paroxetine hcl oral tablet | 1 | |
| sertraline hcl oral tablet | 1 | |
| trazodone hcl oral | 1 | |
| TRINTELLIX | 3 | ST; QL |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er | 1 | |
| VIIBRYD ORAL TABLET | 3 | QL |
| VIIBRYD STARTER PACK | 3 | QL |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| meclizine hcl oral tablet 25 mg | 1 | |
| metoclopramide hcl oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| ondansetron hcl oral tablet 24 mg | 1 | QL |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron odt | 1 | QL |
| prochlorperazine maleate oral | 1 | |
| VARUBI ORAL | 3 | QL |
| Antifungals | | |
| fluconazole oral tablet | 1 | |
| GYNAZOLE-1 | 3 | |
| JUBLIA | 3 | PA |
| 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 | |
| Antigout Agents | | |
| allopurinol oral | 1 | |
| COLCHICINE ORAL TABLET | 3 | |
| COLCRYS | 2 | |
| ULORIC | 2 | ST |
| ZURAMPIC | 3 | ST |
| valacyclovir hcl oral | 1 | QL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | SP |
| VIREAD ORAL TABLET 300 MG | 3 | SP |
| VOSEVI | 2 | PA; SP; QL |
| ZOVIRAX EXTERNAL CREAM | 2 | |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 | QL |
| buspirone hcl oral | 1 | |
| clonazepam oral tablet | 1 | QL |
| diazepam oral tablet | 1 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate oral | 1 | |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg | 1 | QL |
| triazolam | 1 | QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| Bipolar Agents - Drugs for Mood Disorders | | |
| lithium carbonate er | 1 | |
| lithium carbonate oral capsule | 1 | |
| Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders | | |
| AFSTYLA | 3 | SP |
| PROCRIT | 2 | PA; SP |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | |
| amlodipine besylate- benazepril hcl | 1 | |
| amlodipine besylate- valsartan | 1 | |
| atenolol oral | 1 | |
| atenolol-chlorthalidone | 1 | |
| atorvastatin calcium oral | 1 | |
| benazepril hcl oral | 1 | |
| benazepril- hydrochlorothiazide | 1 | |
| bisoprolol fumarate | 1 | |
| bisoprolol- hydrochlorothiazide | 1 | |
| bumetanide oral | 1 | |
| BYSTOLIC | 2 | |
| BYVALSON | 2 | |
| cartia xt | 1 | |
| carvedilol | 1 | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 | |
| choline fenofibrate | 1 | |
| clonidine hcl oral | 1 | |
| digox | 1 | |
| digoxin oral tablet | 1 | |
| diltiazem hcl er beads | 1 | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | |
| diltiazem hcl oral | 1 | |
| doxazosin mesylate | 1 | |
| EDARBI | 3 | ST |
| EDARBYCLOR | 3 | ST |
| enalapril maleate oral | 1 | |
| ezetimibe | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| ezetimibe-simvastatin oral tablet 10-10 mg, 10- 0 mg, 10-40 mg | 1 | |
| ezetimibe-simvastatin oral tablet 10-80 mg | 1 | PA |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg | 1 | |
| fenofibrate oral tablet | 1 | |
| fenofibric acid oral capsule delayed release | 1 | |
| flecainide acetate | 1 | |
| furosemide oral tablet | 1 | |
| gemfibrozil oral | 1 | |
| guanfacine hcl oral | 1 | |
| hydralazine hcl oral | 1 | |
| hydrochlorothiazide oral | 1 | |
| irbesartan | 1 | |
| irbesartan- hydrochlorothiazide | 1 | |
| isosorbide mononitrate er | 1 | |
| labetalol hcl oral | 1 | |
| LIPOFEN | 2 | |
| lisinopril oral | 1 | |
| lisinopril- hydrochlorothiazide | 1 | |
| LIVALO | 3 | ST |
| losartan potassium | 1 | |
| losartan potassium-hctz | 1 | |
| lovastatin | 1 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral | 1 | |
| MULTAQ | 3 | |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | 1 | |
| niacin er (antihyperlipidemic) | 1 | |
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nitroglycerin sublingual | 1 | |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil- hctz | 1 | |
| omega-3-acid ethyl esters | 1 | |
| pentoxifylline er | 1 | |
| PRALUENT SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| pravastatin sodium | 1 | |
| prazosin hcl oral | 1 | |
| propranolol hcl er | 1 | |
| propranolol hcl oral tablet | 1 | |
| quinapril hcl | 1 | |
| ramipril | 1 | |
| RANEXA | 2 | ST |
| REPATHA | 2 | PA; SP; QL |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA; SP; QL |
| REPATHA SURECLICK | 2 | PA; SP; QL |
| rosuvastatin calcium | 1 | |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | |
| simvastatin oral tablet 80 mg | 1 | PA |
| sotalol hcl oral | 1 | |
| spironolactone oral | 1 | |
| TEKTURNA | 2 | ST |
| TEKTURNA HCT | 2 | ST |
| telmisartan | 1 | |
| toremide oral | 1 | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 | |
| triamterene-hctz oral tablet | 1 | |
| valsartan | 1 | |
| valsartan- hydrochlorothiazide | 1 | |
| VASCEPA | 2 | |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 1 | |
| verapamil hcl oral | 1 | |
| WELCHOL | 2 | |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| amphetamine-dextroamphetamine er | 1 | PA; QL |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg | 1 | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------|
| atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg | 1 | QL |
| dexmethylphenidate hcl | 1 | PA; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg | 1 | PA; QL |
| guanfacine hcl er | 1 | |
| methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg | 1 | PA; QL |
| methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg | 1 | PA; QL |
| methylphenidate hcl oral tablet | 1 | PA; QL |
| VYVANSE | 2 | PA; QL |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AMPYRA | 2 | PA; SP; QL |
| AUBAGIO | 3 | PA; SP; QL |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 2 | PA; SP; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 2 | PA; SP; QL |
| AVONEX VIAL INTRAMUSCULAR KIT | 2 | PA; SP; QL |
| BETASERON SUBCUTANEOUS KIT | 2 | PA; SP; QL |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML | 2 | PA; SP; QL |
| GILENYA | 3 | PA; 3P; SP; QL |
| TECFIDERA ORAL | 2 | PA; SP; QL |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| Central Nervous System Agents - Miscellaneous | | |
| GRALISE ORAL TABLET 300 MG, 600 MG | 3 | ST; QL |
| GRALISE STARTER | 3 | ST; QL |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | 2 | QL |
| phentermine hcl oral tablet | 1 | PA |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| chlorhexidine gluconate mouth/throat | 1 | |
| lidocaine viscous | 1 | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| ABSORICA | 3 | PA |
| ACZONE | 3 | |
| adapalene external gel | 1 | PA |
| ATRALIN | 3 | PA |
| claravis | 1 | PA |
| clindamycin phosphate- benzoyl peroxide external gel 1-5 % | 1 | |
| clotrimazole- betamethasone external cream | 1 | |
| COSENTYX 150 MG/ML | 3 | PA; 3P; SP |
| COSENTYX 300 DOSE | 3 | PA; 3P; SP |
| COSENTYX SENSOREADY 300 DOSE | 3 | PA; 3P; SP |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML | 3 | PA; 3P; SP |
| DIFFERIN EXTERNAL GEL 0.3 % | 3 | PA |
| DIFFERIN EXTERNAL LOTION | 3 | PA |
| DUPIXENT | 2 | PA; SP; QL |
| ELIDEL | 2 | ST |
| ENSTILAR | 3 | QL |
| EPIDUO | 3 | |
| EPIDUO FORTE | 3 | |
| EUCRISA | 2 | ST |
| FLUOROPLEX | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| METROGEL EXTERNAL GEL | 3 | |
| metronidazole external gel | 1 | |
| MIRVASO | 2 | |
| ONEXTON | 3 | |
| ORACEA | 3 | |
| OXSORALEN ULTRA | 2 | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08% | 2 | PA |
| TACLONEX EXTERNAL SUSPENSION | 3 | QL |
| TAZORAC | 3 | |
| tretinoin external cream | 1 | PA |
| VECTICAL | 3 | |
| ZYCLARA | 3 | |
| ZYCLARA PUMP | 3 | |
| Diabetes - Antidiabetic Agents | | |
| BYDUREON BCISE AUTOINJECTOR | 2 | ST; QL |
| BYDUREON PEN | 2 | ST; QL |
| BYDUREON VIAL | 2 | ST; QL |
| BYETTA 10 MCG PEN | 2 | ST; QL |
| BYETTA 5 MCG PEN | 2 | ST; QL |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| glipizide xl | 1 | |
| glyburide oral | 1 | |
| glyburide-metformin | 1 | |
| INVOKAMET | 2 | ST |
| INVOKAMET XR | 2 | ST |
| INVOKANA | 2 | ST |
| JANUMET | 2 | ST |
| JANUMET XR | 2 | ST |
| JANUVIA | 2 | ST |
| JARDIANCE | 2 | ST |
| JENTADUETO | 2 | ST |
| JENTADUETO XR | 2 | ST |
| metformin hcl er | 1 | |
| metformin hcl er (mod) | 1 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg | 1 | |
| metformin hcl ir | 1 | |
| pioglitazone hcl | 1 | |
| SOLIQUA | 2 | ST; QL |
| SYNJARDY | 2 | ST |
| SYNJARDY XR | 2 | ST |
| TRADJENTA | 2 | ST |
| TRULICITY | 2 | ST; QL |
| VICTOZA | 2 | ST; QL |
| Diabetes - Glucose Monitoring | | |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | |
| ACCU-CHEK MULTICLIX LANCET DEVICE KIT | 2 | |
| ACCU-CHEK MULTICLIX LANCETS | 2 | |
| ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE | E | |
| ACCU-CHEK SMARTVIEW TEST STRIPS | E | |
| ACCU-CHEK SOFT TOUCH LANCETS | 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT | 2 | |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | |
| DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE | 3 | |
| DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE | 3 | |
| DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER | 3 | |
| ONETOUCH ULTRA 2 KIT W/ DEVICE | 2 | |
| ONETOUCH ULTRA BLUE TEST STRIPS | 2 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| ONETOUCH ULTRA MINI KIT W/ DEVICE | 2 | |
| ONETOUCH VERIO | 2 | |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | 2 | |
| ONETOUCH VERIO TEST STRIPS | 2 | QL |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE | 2 | |
| ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE | 2 | |
| Diabetes - Insulins | | |
| HUMALOG U-100 AND U-200 KWIKPEN | 2 | |
| HUMALOG MIX 50/50 KWIKPEN | 2 | |
| HUMALOG MIX 50/50 VIAL | 2 | |
| HUMALOG MIX 75/25 KWIKPEN | 2 | |
| HUMALOG MIX 75/25 VIAL | 2 | |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | |
| HUMALOG U-100 VIAL AND CARTRIDGE | 2 | |
| HUMULIN 70/30 KWIKPEN | 2 | |
| HUMULIN 70/30 VIAL | 2 | |
| HUMULIN N KWIKPEN | 2 | |
| HUMULIN N VIAL | 2 | |
| HUMULIN R U-500 KWIKPEN | 2 | |
| HUMULIN R U-500 VIAL (CONCENTRATED) | 2 | |
| HUMULIN R VIAL | 2 | |
| LANTUS U-100 SOLOSTAR | 2 | |
| LANTUS U-100 VIAL | 2 | |
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | |
| NOVOFINE PEN NEEDLE | 2 | |
| NOVOFINE PLUS PEN NEEDLE | 2 | |
| NOVOTWIST PEN NEEDLE 32G X 5 MM | 2 | |
| TOUJEO SOLOSTAR | 2 | |
| Electrolytes / Minerals / Metals / Vitamins | | |
| folic acid oral tablet 1 mg | 1 | |
| klor-con m20 | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| ludent | 1 | |
| potassium chloride crys er | 1 | |
| potassium chloride er | 1 | |
| potassium citrate er | 1 | |
| VELTASSA | 3 | |
| vitamin d (ergocalciferol) | 1 | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| DEXILANT | 2 | QL |
| esomeprazole magnesium | 1 | QL |
| famotidine oral tablet 20 mg, 40 mg | 1 | |
| lansoprazole oral capsule delayed release | 1 | QL |
| omeprazole oral capsule delayed release | 1 | QL |
| pantoprazole sodium oral | 1 | QL |
| rabeprazole sodium | 1 | QL |
| ranitidine hcl oral capsule | 1 | |
| ranitidine hcl oral syrup | 1 | |
| ranitidine hcl oral tablet 150 mg, 300 mg | 1 | |
| sucralfate oral tablet | 1 | |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| AMITIZA | 2 | ST; QL |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral tablet | 1 | |
| diphenoxylate-atropine oral tablet | 1 | |
| gavilyte-g | 1 | |
| LINZESS | 2 | ST; QL |
| MOVIPREP | 3 | |
| OMECLAMOX-PAK | 2 | |
| polyethylene glycol 3350 oral powder | 1 | |
| PREPOPIK | 3 | |
| PYLERA | 2 | |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | 3 | PA; QL |
| SUPREP BOWEL PREP KIT | 3 | |
| VIBERZI | 3 | PA; QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment | | |
| CERDELGA | 3 | PA; SP |
| CREON | 2 | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT | 2 | |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 2 | QL |
| DEPEN TITRATABS | 2 | SP |
| MYRBETRIQ | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral tablet | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| REVELA ORAL TABLET | 2 | |
| tolterodine tartrate er | 1 | |
| TOVIAZ | 3 | |
| VELPHORO | 3 | |
| VESICARE | 2 | |
| VIAGRA | 3 | QL |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| RAPAFLO | 2 | |
| tamsulosin hcl | 1 | |
| terazosin hcl oral | 1 | |
| Hormonal Agents - Adrenal | | |
| betamethasone valerate external cream | 1 | |
| clobetasol propionate external cream | 1 | |
| clobetasol propionate external ointment | 1 | |
| clobetasol propionate external solution | 1 | |
| CLOBEX SPRAY | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| dexamethasone oral tablet | 1 | |
| fluocinonide external cream | 1 | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external ointment 2.5 % | 1 | |
| hydrocortisone oral | 1 | |
| methylprednisolone oral | 1 | |
| mometasone furoate external cream | 1 | |
| prednisolone oral solution | 1 | |
| prednisolone oral syrup 15 mg/5ml | 1 | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external ointment | 1 | |
| Hormonal Agents - Men's Health | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 2 | PA |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | 2 | PA |
| ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%) | 2 | PA |
| Hormonal Agents - Osteoporosis | | |
| OSPHENA | 3 | |
| raloxifene hcl | 1 | |
| Hormonal Agents - Pituitary | | |
| 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 | 2 | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| Hormonal Agents - Sex Hormones and Birth Control | | |
| apri | 1 | |
| aviane | 1 | |
| blisovi 24 fe | 1 | |
| blisovi fe 1.5/30 | 1 | |
| blisovi fe 1/20 | 1 | |
| CLIMARA PRO | 2 | |
| cryselle-28 | 1 | |
| DIVIGEL | 3 | |
| drospirenone-ethinyl estradiol | 1 | |
| DUAVEE | 2 | |
| ELESTRIN | 3 | |
| ENDOMETRIN | 2 | |
| enskyce | 1 | |
| ESTRACE VAGINAL | 3 | |
| estradiol oral | 1 | |
| estradiol transdermal | 1 | |
| jolivette | 1 | |
| junel 1/20 | 1 | |
| junel fe 1.5/30 | 1 | |
| junel fe 1/20 | 1 | |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg | 1 | |
| LO LOESTRIN FE | 3 | |
| loryna | 1 | |
| low-ogestrel | 1 | |
| medroxyprogesterone acetate oral | 1 | |
| microgestin 1.5/30 | 1 | |
| microgestin 1/20 | 1 | |
| microgestin fe 1.5/30 | 1 | |
| microgestin fe 1/20 | 1 | |
| MINIVELLE | 3 | |
| mono-linyah | 1 | |
| mononessa | 1 | |
| NATAZIA | 2 | |
| nikki | 1 | |
| norethindrone acet- ethinyl est oral tablet | 1 | |
| norethindrone oral | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| norgestimate-ethinyl estradiol triphasic | 1 | |
| nortrel 1/35 (21) | 1 | |
| nortrel 1/35 (28) | 1 | |
| NUVARING | 2 | |
| ocella | 1 | |
| portia-28 | 1 | |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| progesterone micronized oral | 1 | |
| SAFYRAL | 3 | |
| sprintec 28 | 1 | |
| tri-estarylla | 1 | |
| tri-linyah | 1 | |
| tri-lo-marzia | 1 | |
| tri-lo-sprintec | 1 | |
| trinessa (28) | 1 | |
| trinessa lo | 1 | |
| tri-sprintec | 1 | |
| vienva | 1 | |
| viorele | 1 | |
| xulane | 1 | |
| yuvafem | 1 | |
| Hormonal Agents - Thyroid | | |
| ARMOUR THYROID | 3 | |
| levo-t | 1 | |
| levothyroxine sodium oral | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | 3 | |
| SYNTHROID | 3 | |
| TIROSINT | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| azathioprine oral | 1 | |
| CIMZIA PREFILLED KIT | 2 | PA; SP |
| CIMZIA STARTER KIT | 2 | PA; SP |
| CIMZIA VIAL KIT | 2 | PA; SP |
| cyclosporine modified oral capsule | 1 | SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 3 | PA; SP |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML | 2 | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT | 2 | PA; SP |
| HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN- INJECTOR KIT | 2 | PA; SP |
| HUMIRA PEN- PSORIASIS STARTER SUBCUTANEOUS PEN- INJECTOR KIT | 2 | PA; SP |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | PA; SP |
| methotrexate oral | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral capsule | 1 | SP |
| mycophenolate mofetil oral tablet | 1 | SP |
| mycophenolate sodium | 1 | SP |
| OTEZLA ORAL TABLET | 2 | PA; SP |
| OTEZLA ORAL TABLET THERAPY PACK | 2 | PA; SP |
| PROGRAF ORAL | 3 | SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 2 | PA; SP |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| tacrolimus oral | 1 | SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| TREMFYA | 2 | PA; SP |
| XELJANZ XR | 3 | PA; SP |
| Inflammatory Bowel Disease Agents | | |
| APRISO | 2 | |
| CANASA | 2 | |
| DIPENTUM | 3 | |
| mesalamine oral tablet delayed release 1.2 gm | 1 | |
| PENTASA | 3 | |
| PROCTOFOAM HC | 2 | |
| sulfasalazine oral tablet | 1 | |
| UCERIS RECTAL | 3 | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral tablet 10 mg, 40 mg, 5 mg | 1 | |
| alendronate sodium oral tablet 35 mg, 70 mg | 1 | QL |
| BINOSTO | 3 | QL |
| calcitriol oral capsule | 1 | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | 2 | PA; SP |
| ibandronate sodium oral | 1 | QL |
| TYMLOS | 2 | PA; SP |
| Miscellaneous Therapeutic Agents | | |
| CETYLEV | 3 | |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| AZASITE | 3 | |
| BESIVANCE | 3 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| erythromycin ophthalmic | 1 | |
| gentamicin sulfate ophthalmic solution | 1 | |
| ketorolac tromethamine ophthalmic | 1 | |
| MOXEZA | 2 | |
| moxifloxacin hcl ophthalmic | 1 | |
| ofloxacin ophthalmic | 1 | |
| olopatadine hcl ophthalmic | 1 | |
| PAZEO | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| prednisolone acetate ophthalmic | 1 | |
| PROLENSA | 3 | QL |
| tobramycin ophthalmic | 1 | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | |
| AZOPT | 2 | |
| BETIMOL | 3 | |
| brimonidine tartrate ophthalmic | 1 | |
| COMBIGAN | 2 | |
| COSOPT PF | 3 | |
| dorzolamide hcl-timolol mal | 1 | |
| latanoprost ophthalmic | 1 | QL |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | QL |
| SIMBRINZA | 2 | |
| timolol maleate ophthalmic solution | 1 | |
| TRAVATAN Z | 2 | QL |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| LASTACAFT | 3 | ST |
| neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| polymyxin b-trimethoprim | 1 | |
| RESTASIS | 2 | PA |
| RESTASIS MULTIDOSE | 2 | PA |
| tobramycin- dexamethasone | 1 | |
| XIIDRA | 2 | PA |
| Otic Agents - Drugs for Ear Conditions | | |
| CIPRODEX | 2 | |
| neomycin-polymyxin-hc otic solution 1% | 1 | |
| neomycin-polymyxin-hc otic suspension | 1 | |
| ofloxacin otic | 1 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| ASTEPRO NASAL SOLUTION 0.15 % | 3 | QL |
| azelastine hcl nasal | 1 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| benzonatate | 1 | |
| cetirizine hcl oral solution | 1 | |
| cetirizine hcl oral syrup 1 mg/ml | 1 | |
| DYMISTA | 2 | QL |
| fluticasone propionate nasal | 1 | |
| hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml | 1 | PA; QL |
| ipratropium bromide nasal | 1 | |
| levocetirizine dihydrochloride oral tablet | 1 | |
| mometasone furoate nasal | 1 | QL |
| OMNARIS | 3 | QL |
| promethazine hcl oral tablet | 1 | |
| promethazine-codeine | 1 | PA; QL |
| promethazine-dm | 1 | |
| pseudoephedrine- bromphen-dm oral syrup 30-2-10 mg/5ml | 1 | |
| QNASL | 3 | QL |
| QNASL CHILDRENS | 3 | QL |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | 3 | PA; QL |
| ZETONNA | 3 | QL |
| ZUTRIPRO | 3 | PA; QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| ADVAIR DISKUS | 2 | QL |
| ADVAIR HFA | 2 | QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml | 1 | QL |
| ANORO ELLIPTA | 2 | QL |
| ARNUITY ELLIPTA | 2 | QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH | 2 | QL |
| budesonide inhalation | 1 | QL |
| COMBIVENT RESPIMAT | 2 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------|
| EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML | 2 | Made by Mylan |
| EPINEPHRINE SOLUTION AUTO- INJECTOR 0.3 MG/0.3ML INJECTION | 2 | Made by Mylan |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST | 2 | QL |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT | 2 | QL |
| INCRUSE ELLIPTA | 2 | QL |
| ipratropium bromide inhalation | 1 | QL |
| ipratropium-albuterol | 1 | QL |
| montelukast sodium oral tablet | 1 | |
| montelukast sodium oral tablet chewable | 1 | |
| PERFOROMIST | 3 | QL |
| PROAIR HFA | 2 | QL |
| PROAIR RESPICLICK | 2 | QL |
| PULMICORT FLEXHALER | 2 | QL |
| SEREVENT DISKUS | 2 | QL |
| SPIRIVA HANDIHALER | 2 | QL |
| SPIRIVA RESPIMAT | 2 | QL |
| STIOLTO RESPIMAT | 2 | QL |
| SYMBICORT | 2 | QL |
| VENTOLIN HFA | 2 | QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADCIRCA | 3 | PA; SP; QL |
| ADEMPAS | 2 | PA; SP; QL |
| LETAIRIS | 2 | PA; SP; QL |
| OPSUMIT | 2 | PA; SP; QL |
| ORENITRAM | 3 | PA; SP |
| sildenafil citrate oral tablet 20 mg | 1 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------|
| TRACLEER ORAL TABLET | 2 | PA; SP; QL |
| TRACLEER ORAL TABLET SOLUBLE | 2 | PA; SP; QL |
| Skeletal Muscle Relaxants - Drugs for Muscle Tension and Spasm | | |
| baclofen oral | 1 | |
| carisoprodol oral | 1 | |
| cyclobenzaprine hcl oral | 1 | |
| LORZONE | 3 | |
| metaxalone | 1 | |
| methocarbamol oral | 1 | |
| orphenadrine citrate er | 1 | |
| tizanidine hcl oral tablet | 1 | |
| Sleep Disorder Agents | | |
| eszopiclone | 1 | QL |
| modafinil | 1 | PA; QL |
| SILENOR | 3 | QL |
| temazepam | 1 | QL |
| zolpidem tartrate er | 1 | QL |
| zolpidem tartrate oral | 1 | QL |

Index of Drugs

| | | | |
|--|----|---|----|
| ABSORICA | 11 | ANDROGEL PUMP TRANSDERMAL GEL | |
| ACCU-CHEK FASTCLIX LANCET KIT | 12 | 20.25 MG/ACT (1.62%). | 14 |
| ACCU-CHEK FASTCLIX LANCETS | 12 | ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM | |
| ACCU-CHEK MULTICLIX LANCET DEVICE KIT | 12 | (1.62%), 40.5 MG/2.5GM (1.62%) | 14 |
| ACCU-CHEK MULTICLIX LANCETS | 12 | ANORO ELLIPTA | 17 |
| ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE | 12 | apri 14 | |
| ACCU-CHEK SMARTVIEW TEST STRIPS | 12 | APRISO | 16 |
| ACCU-CHEK SOFT TOUCH LANCETS | 12 | ARMOUR THYROID | 15 |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT | 12 | ARNUITY ELLIPTA | 17 |
| ACCU-CHEK SOFTCLIX LANCETS | 12 | ASTEPRO NASAL SOLUTION 0.15 % | 16 |
| acetaminophen-codeine #2 | 6 | atenolol oral | 9 |
| acetaminophen-codeine #3 | 6 | atenolol-chlorthalidone | 9 |
| acetaminophen-codeine #4 | 6 | atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, | |
| acetaminophen-codeine oral tablet 300-15 mg, | | 25 mg, 40 mg, 60 mg, 80 mg | 10 |
| 300-60 mg | 6 | atorvastatin calcium oral | 9 |
| ACZONE | 11 | ATRALIN | 11 |
| adapalene external gel | 11 | AUBAGIO | 10 |
| ADCIRCA | 17 | aviane | 14 |
| ADEMPAS | 17 | AVONEX PEN INTRAMUSCULAR | |
| ADVAIR DISKUS | 17 | AUTO-INJECTOR KIT | 10 |
| ADVAIR HFA | 17 | AVONEX PREFILLED INTRAMUSCULAR | |
| AFSTYLA | 9 | PREFILLED SYRINGE KIT | 10 |
| albuterol sulfate inhalation nebulization solution | | AVONEX VIAL INTRAMUSCULAR KIT | 10 |
| (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, | | AZASITE | 16 |
| 0.63 mg/3ml, 1.25 mg/3ml | 17 | azathioprine oral | 15 |
| alendronate sodium oral tablet 10 mg, 40 mg, 5 mg | 16 | azelastine hcl nasal | 16 |
| alendronate sodium oral tablet 35 mg, 70 mg | 16 | azithromycin oral suspension reconstituted | 7 |
| alfuzosin hcl er. | 13 | azithromycin oral tablet 250 mg, 500 mg, 600 mg | 7 |
| allopurinol oral | 8 | AZOPT | 16 |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 16 | baclofen oral | 18 |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | 8 | benazepril hcl oral | 9 |
| amiodarone hcl oral | 9 | benazepril- hydrochlorothiazide | 9 |
| AMITIZA | 13 | benzonatate | 17 |
| amitriptyline hcl oral | 8 | BESIVANCE | 16 |
| amlodipine besylate oral | 9 | betamethasone valerate external cream | 13 |
| amlodipine besylate- benazepril hcl | 9 | BETASERON SUBCUTANEOUS KIT | 10 |
| amlodipine besylate- valsartan | 9 | BETHKIS | 7 |
| amoxicillin oral capsule | 6 | BETIMOL | 16 |
| amoxicillin oral suspension reconstituted | 6 | BINOSTO | 16 |
| amoxicillin oral tablet | 6 | bisoprolol fumarate | 9 |
| amoxicillin-potassium clavulanate oral suspension | | bisoprolol- hydrochlorothiazide | 9 |
| reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, | | blisovi 24 fe | 14 |
| 400-57 mg/5ml, 600-42.9 mg/5ml | 7 | blisovi fe 1.5/30 | 14 |
| amoxicillin-potassium clavulanate oral tablet | | blisovi fe 1/20 | 14 |
| 250-125 mg, 500-125 mg, 875-125 mg | 7 | BREO ELLIPTA INHALATION AEROSOL POWDER | |
| amphetamine- dextroamphetamine er. | 10 | BREATH ACTIVATED 100-25 MCG/INH, | |
| amphetamine- dextroamphetamine oral tablet 10 mg, | | 200-25 MCG/INH | 17 |
| 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg | 10 | brimonidine tartrate ophthalmic | 16 |
| AMPYRA | 10 | budesonide inhalation | 17 |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 14 | bumetanide oral | 9 |

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| BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG | 6 | clindamycin hcl oral | 7 |
| buprenorphine hcl sublingual tablet 2 mg, 8 mg | 6 | clindamycin phosphate external gel | 7 |
| buprenorphine hcl- naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg | 6 | clindamycin phosphate external lotion | 7 |
| bupropion hcl er (sr) | 8 | clindamycin phosphate external solution | 7 |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 8 | clindamycin phosphate- benzoyl peroxide external gel 1-5 % | 11 |
| bupropion hcl oral | 8 | CLINDESSE | 7 |
| buspirone hcl oral | 8 | clobetasol propionate external cream | 13 |
| butalbital-apap-caffeine oral capsule | 6 | clobetasol propionate external ointment | 13 |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 6 | clobetasol propionate external solution | 13 |
| BYDUREON BCISE AUTOINJECTOR | 11 | CLOBEX SPRAY | 13 |
| BYDUREON PEN | 11 | clonazepam oral tablet | 8 |
| BYDUREON VIAL | 11 | clonidine hcl oral | 9 |
| BYETTA 10 MCG PEN | 11 | clotrimazole- betamethasone external cream | 11 |
| BYETTA 5 MCG PEN | 11 | COLCHICINE ORAL TABLET | 8 |
| BYSTOLIC | 9 | COLCRYS | 8 |
| BYVALSON | 9 | COMBIGAN | 16 |
| calcitriol oral capsule | 16 | COMBIVENT RESPIMAT | 17 |
| CANASA | 16 | COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML | 10 |
| carbamazepine oral tablet | 7 | COSENTYX 150 MG/ML | 11 |
| carisoprodol oral | 18 | COSENTYX 300 DOSE | 11 |
| cartia xt | 9 | COSENTYX SENSOREADY 300 DOSE | 11 |
| carvedilol | 9 | COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML | 11 |
| cefdinir | 7 | COSOPT PF | 16 |
| cefuroxime axetil oral tablet | 7 | CREON | 13 |
| celecoxib oral | 6 | cryselle-28 | 14 |
| cephalexin oral capsule | 7 | cyclobenzaprine hcl oral | 18 |
| cephalexin oral suspension reconstituted | 7 | cyclosporine modified oral capsule | 15 |
| CERDELGA | 13 | DEPEN TITRATABS | 13 |
| cetirizine hcl oral solution | 17 | desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | 8 |
| cetirizine hcl oral syrup 1 mg/ml | 17 | dexamethasone oral tablet | 14 |
| CETYLEV | 16 | DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE | 12 |
| CHANTIX STARTING MONTH PAK | 6 | DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE | 12 |
| chlorhexidine gluconate mouth/throat | 11 | DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER | 12 |
| chlorthalidone oral tablet 25 mg, 50 mg | 9 | DEXILANT | 13 |
| choline fenofibrate | 9 | dexmethylphenidate hcl | 10 |
| CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 13 | dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg | 10 |
| CIMZIA PREFILLED KIT | 15 | diazepam oral tablet | 8 |
| CIMZIA STARTER KIT | 15 | diclofenac potassium | 6 |
| CIMZIA VIAL KIT | 15 | diclofenac sodium oral | 6 |
| CIPRODEX | 16 | diclofenac sodium transdermal gel 1% | 6 |
| ciprofloxacin hcl ophthalmic | 16 | dicyclomine hcl oral capsule | 13 |
| ciprofloxacin hcl oral | 7 | | |
| citalopram hydrobromide oral tablet | 8 | | |
| claravis | 11 | | |
| clarithromycin oral tablet | 7 | | |
| CLIMARA PRO | 14 | | |

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| dicyclomine hcl oral tablet | 13 | EPINEPHRINE INJECTION SOLUTION | |
| DIFFERIN EXTERNAL GEL 0.3 % | 11 | AUTO-INJECTOR 0.15 MG/0.3ML | 17 |
| DIFFERIN EXTERNAL LOTION | 11 | EPINEPHRINE SOLUTION AUTO- INJECTOR | |
| digox | 9 | 0.3 MG/0.3ML INJECTION | 17 |
| digoxin oral tablet | 9 | erythromycin ophthalmic | 16 |
| diltiazem hcl er beads | 9 | escitalopram oxalate oral tablet. | 8 |
| diltiazem hcl er coated beads oral capsule extended | | esomeprazole magnesium | 13 |
| release 24 hour | 9 | ESTRACE VAGINAL | 14 |
| diltiazem hcl oral | 9 | estradiol oral | 14 |
| DIPENTUM | 16 | estradiol transdermal | 14 |
| diphenoxylate-atropine oral tablet | 13 | eszopiclone | 18 |
| divalproex sodium er oral tablet extended release | | etodolac oral tablet | 6 |
| 24 hour | 7 | EUCRISA. | 11 |
| divalproex sodium oral tablet delayed release | 7 | ezetimibe | 9 |
| DIVIGEL | 14 | ezetimibe-simvastatin oral tablet 10-10 mg, | |
| donepezil hcl oral tablet. | 7 | 10- 0 mg, 10-40 mg. | 9 |
| DORYX MPC. | 7 | ezetimibe-simvastatin oral tablet 10-80 mg. | 9 |
| dorzolamide hcl-timolol mal | 16 | famotidine oral tablet 20 mg, 40 mg | 13 |
| doxazosin mesylate. | 9 | fenofibrate micronized oral capsule 134 mg, 200 mg, | |
| doxepin hcl oral capsule | 8 | 67 mg | 9 |
| doxycycline hyclate oral capsule | 7 | fenofibrate oral tablet. | 9 |
| doxycycline hyclate oral tablet 100 mg, 150 mg, | | fenofibric acid oral capsule delayed release | 9 |
| 20 mg, 75 mg | 7 | fentanyl transdermal patch 72 hour 100 mcg/hr, | |
| doxycycline monohydrate oral capsule | 7 | 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, | |
| doxycycline monohydrate oral tablet. | 7 | 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr | 6 |
| drospirenone-ethinyl estradiol | 14 | finasteride oral tablet 5 mg | 13 |
| DUAVEE | 14 | flecainide acetate. | 9 |
| duloxetine hcl oral capsule delayed release particles | | FLECTOR | 6 |
| 20 mg, 30 mg, 60 mg | 8 | FLOVENT DISKUS INHALATION AEROSOL | |
| DULOXETINE HCL ORAL CAPSULE DELAYED | | POWDER BREATH ACTIVATED 100 MCG/BLIST, | |
| RELEASE PARTICLES 40 MG. | 8 | 250 MCG/BLIST, 50 MCG/BLIST | 17 |
| DUPIXENT | 11 | FLOVENT HFA INHALATION AEROSOL | |
| DYMISTA. | 17 | 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT | 17 |
| EDARBI | 9 | fluconazole oral tablet | 8 |
| EDARBYCLOR | 9 | fluocinonide external cream. | 14 |
| ELESTRIN | 14 | FLUOROPLEX | 11 |
| ELIDEL | 11 | fluoxetine hcl oral capsule | 8 |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 7 | fluoxetine hcl oral tablet. | 8 |
| EMBEDA | 6 | fluticasone propionate nasal | 17 |
| enalapril maleate oral | 9 | folic acid oral tablet 1 mg. | 12 |
| ENBREL SUBCUTANEOUS SOLUTION | | FORFIVO XL | 8 |
| PREFILLED SYRINGE | 15 | FORTEO SUBCUTANEOUS SOLUTION | |
| ENBREL SURECLICK SUBCUTANEOUS | | 600 MCG/2.4ML | 16 |
| SOLUTION AUTO- INJECTOR. | 15 | furosemide oral tablet | 9 |
| ENDOMETRIN | 14 | gabapentin oral capsule | 7 |
| enoxaparin sodium | 7 | gabapentin oral tablet | 7 |
| enskyce | 14 | gavilyte-g | 13 |
| ENSTILAR. | 11 | gemfibrozil oral | 9 |
| EPIDUO. | 11 | gentamicin sulfate ophthalmic solution | 16 |
| EPIDUO FORTE | 11 | GILENYA | 10 |

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| glimepiride | 11 | ibandronate sodium oral | 16 |
| glipizide er | 11 | ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 6 |
| glipizide ir | 11 | INCRUSE ELLIPTA | 17 |
| glipizide xl | 11 | indomethacin oral | 6 |
| glyburide oral | 11 | INVOKAMET | 11 |
| glyburide-metformin | 11 | INVOKAMET XR | 11 |
| GRALISE ORAL TABLET 300 MG, 600 MG | 11 | INVOKANA | 11 |
| GRALISE STARTER | 11 | ipratropium bromide inhalation | 17 |
| guanfacine hcl er | 10 | ipratropium bromide nasal | 17 |
| guanfacine hcl oral | 9 | ipratropium-albuterol | 17 |
| GYNAZOLE-1 | 8 | irbesartan | 9 |
| HUMALOG MIX 50/50 KWIKPEN | 12 | irbesartan- hydrochlorothiazide | 9 |
| HUMALOG MIX 50/50 VIAL | 12 | isosorbide mononitrate er | 9 |
| HUMALOG MIX 75/25 KWIKPEN | 12 | JANUMET | 11 |
| HUMALOG MIX 75/25 VIAL | 12 | JANUMET XR | 11 |
| HUMALOG U-100 AND U-200 KWIKPEN | 12 | JANUVIA | 11 |
| HUMALOG U-100 JUNIOR KWIKPEN | 12 | JARDIANCE | 11 |
| HUMALOG U-100 VIAL AND CARTRIDGE | 12 | JENTADUETO | 11 |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML | 15 | JENTADUETO XR | 11 |
| HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT | 15 | jolivette | 14 |
| HUMIRA PEN- PSORIASIS STARTER SUBCUTANEOUS PEN- INJECTOR KIT | 15 | JUBLIA | 8 |
| HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN- INJECTOR KIT | 15 | junel 1/20 | 14 |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | 15 | junel fe 1.5/30 | 14 |
| HUMULIN 70/30 KWIKPEN | 12 | junel fe 1/20 | 14 |
| HUMULIN 70/30 VIAL | 12 | KERYDIN | 8 |
| HUMULIN N KWIKPEN | 12 | ketoconazole external cream | 8 |
| HUMULIN N VIAL | 12 | ketoconazole external shampoo | 8 |
| HUMULIN R U-500 KWIKPEN | 12 | ketorolac tromethamine ophthalmic | 16 |
| HUMULIN R U-500 VIAL (CONCENTRATED) | 12 | ketorolac tromethamine oral | 6 |
| HUMULIN R VIAL | 12 | klor-con m20 | 12 |
| hydralazine hcl oral | 9 | labetalol hcl oral | 9 |
| hydrochlorothiazide oral | 9 | lamotrigine oral tablet | 7 |
| hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml | 17 | lansoprazole oral capsule delayed release | 13 |
| hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 6 | LANTUS U-100 SOLOSTAR | 12 |
| hydrocortisone external cream 2.5 % | 14 | LANTUS U-100 VIAL | 12 |
| hydrocortisone external ointment 2.5 % | 14 | LASTACFT | 16 |
| hydrocortisone oral | 14 | latanoprost ophthalmic | 16 |
| hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg | 6 | LETAIRIS | 17 |
| hydroxyzine hcl oral tablet | 8 | levetiracetam oral tablet | 7 |
| hydroxyzine pamoate oral | 8 | levo-t | 15 |
| HYSINGLA ER | 6 | levocetirizine dihydrochloride oral tablet | 17 |
| | | levofloxacin oral tablet | 7 |
| | | levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg | 14 |
| | | levothyroxine sodium oral | 15 |
| | | levoxy | 15 |
| | | lidocaine external ointment | 6 |
| | | lidocaine external patch 5% | 6 |
| | | lidocaine viscous | 11 |
| | | LINZESS | 13 |

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| liothyronine sodium oral | 15 | microgestin fe 1.5/30 | 14 |
| LIPOFEN | 9 | microgestin fe 1/20 | 14 |
| lisinopril oral | 9 | MINIVELLE | 14 |
| lisinopril- hydrochlorothiazide | 9 | minocycline hcl oral capsule | 7 |
| lithium carbonate er | 9 | mirtazapine oral tablet | 8 |
| lithium carbonate oral capsule | 9 | MIRVASO | 11 |
| LIVALO | 9 | modafinil | 18 |
| LO LOESTRIN FE | 14 | mometasone furoate external cream | 14 |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg | 8 | mometasone furoate nasal | 17 |
| loryna | 14 | mono-linyah | 14 |
| LORZONE | 18 | mononessa | 14 |
| losartan potassium | 9 | montelukast sodium oral tablet | 17 |
| losartan potassium-hctz | 9 | montelukast sodium oral tablet chewable | 17 |
| lovastatin | 9 | morphine sulfate er oral tablet extended release | 6 |
| low-ogestrel | 14 | MOVIPREP | 13 |
| ludent | 13 | MOXEZA | 16 |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 16 | moxifloxacin hcl ophthalmic | 16 |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | 11 | MULTAQ | 9 |
| meclizine hcl oral tablet 25 mg | 8 | mupirocin external | 7 |
| medroxyprogesterone acetate oral | 14 | mycophenolate mofetil oral capsule | 15 |
| meloxicam oral tablet | 6 | mycophenolate mofetil oral tablet | 15 |
| memantine hcl oral tablet 10 mg, 5 mg | 8 | mycophenolate sodium | 15 |
| mesalamine oral tablet delayed release 1.2 gm | 16 | MYRBETRIQ | 13 |
| metaxalone | 18 | nabumetone oral | 6 |
| metformin hcl er | 11 | nadolol oral tablet 20 mg, 40 mg, 80 mg | 9 |
| metformin hcl er (mod) | 11 | naltrexone hcl oral | 6 |
| metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg | 12 | NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14- 10 MG, 28-10 MG | 8 |
| metformin hcl ir | 12 | naproxen oral tablet | 6 |
| methadone hcl oral tablet | 6 | naproxen sodium oral tablet 275 mg, 550 mg | 6 |
| methimazole oral | 15 | NARCAN | 6 |
| methocarbamol oral | 18 | NATAZIA | 14 |
| methotrexate oral | 15 | 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 | 15 |
| methotrexate sodium oral | 15 | neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000-0.1 | 16 |
| methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg | 10 | neomycin-polymyxin-hc otic solution 1% | 16 |
| methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg | 10 | neomycin-polymyxin-hc otic suspension | 16 |
| methylphenidate hcl oral tablet | 10 | niacin er (antihyperlipidemic) | 9 |
| methylprednisolone oral | 14 | nifedipine er | 9 |
| metoclopramide hcl oral tablet | 8 | nifedipine er osmotic release | 9 |
| metoprolol succinate er | 9 | nikki | 14 |
| metoprolol tartrate oral | 9 | nitrofurantoin macrocrystal oral | 7 |
| METROGEL EXTERNAL GEL | 11 | nitrofurantoin monohydrate macrocrystals | 7 |
| metronidazole external gel | 11 | nitroglycerin sublingual | 9 |
| metronidazole oral tablet | 7 | NORDITROPIN FLEXPRO | 14 |
| metronidazole vaginal | 7 | norethindrone acet- ethinyl est oral tablet | 14 |
| microgestin 1.5/30 | 14 | norethindrone oral | 14 |
| microgestin 1/20 | 14 | | |

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| norgestimate-ethinyl estradiol triphasic | 15 | oxycodone- acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 6 |
| nortrel 1/35 (21) | 15 | OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE- DETERRENT PERCOCET ORAL TABLET 10-325 MG, 2.5- | 6 |
| nortrel 1/35 (28) | 15 | pantoprazole sodium oral | 13 |
| nortriptyline hcl oral capsule | 8 | paroxetine hcl er | 8 |
| NOVOFINE AUTOCOVER PEN NEEDLE | 12 | paroxetine hcl oral tablet | 8 |
| NOVOFINE PEN NEEDLE | 12 | PAZEO | 16 |
| NOVOFINE PLUS PEN NEEDLE | 12 | penicillin v potassium oral tablet | 7 |
| NOVOTWIST PEN NEEDLE 32G X 5 MM | 12 | PENTASA | 16 |
| NUTROPIN AQ NUSPIN 10 | 14 | pentoxifylline er | 9 |
| NUTROPIN AQ NUSPIN 20 | 14 | PERFOROMIST | 17 |
| NUTROPIN AQ NUSPIN 5 | 14 | phenazopyridine hcl oral tablet 100 mg, 200 mg. | 13 |
| NUVARING | 15 | phentermine hcl oral tablet | 11 |
| nystatin external cream | 8 | phenytoin sodium extended | 7 |
| nystatin mouth/throat | 8 | pioglitazone hcl | 12 |
| ocella | 15 | polyethylene glycol 3350 oral powder | 13 |
| ofloxacin ophthalmic | 16 | polymyxin b-trimethoprim | 16 |
| ofloxacin otic | 16 | portia-28 | 15 |
| olmesartan medoxomil oral | 9 | potassium chloride crys er | 13 |
| olmesartan medoxomil- hctz | 9 | potassium chloride er | 13 |
| olopatadine hcl ophthalmic | 16 | potassium citrate er | 13 |
| OMECLAMOX-PAK | 13 | PRADAXA | 7 |
| omega-3-acid ethyl esters | 9 | PRALUENT SUBCUTANEOUS SOLUTION PEN- INJECTOR | 9 |
| omeprazole oral capsule delayed release | 13 | pravastatin sodium | 10 |
| OMNARIS | 17 | prazosin hcl oral | 10 |
| OMNITROPE | 14 | prednisolone acetate ophthalmic | 16 |
| ondansetron hcl oral tablet 24 mg | 8 | prednisolone oral solution | 14 |
| ondansetron hcl oral tablet 4 mg, 8 mg | 8 | prednisolone oral syrup 15 mg/5ml | 14 |
| ondansetron odt | 8 | prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 14 |
| ONETOUCH ULTRA 2 KIT W/DEVICE | 12 | prednisone oral tablet | 14 |
| ONETOUCH ULTRA BLUE TEST STRIPS | 12 | prednisone oral tablet therapy pack | 14 |
| ONETOUCH ULTRA MINI KIT W/DEVICE | 12 | PREMARIN ORAL | 15 |
| ONETOUCH VERIO | 12 | PREMARIN VAGINAL | 15 |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | 12 | PREMPHASE | 15 |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE | 12 | PREMPRO | 15 |
| ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE | 12 | PREPOPIK | 13 |
| ONETOUCH VERIO TEST STRIPS | 12 | PROAIR HFA | 17 |
| ONEXTON | 11 | PROAIR RESPICLICK | 17 |
| OPSUMIT | 17 | prochlorperazine maleate oral | 8 |
| ORACEA | 11 | PROCRIT | 9 |
| ORENITRAM | 17 | PROCTOFOAM HC | 16 |
| orphenadrine citrate er | 18 | progesterone micronized oral | 15 |
| OSPHENA | 14 | PROGRAF ORAL | 15 |
| OTEZLA ORAL TABLET | 15 | PROLENSA | 16 |
| OTEZLA ORAL TABLET THERAPY PACK | 15 | promethazine hcl oral tablet | 17 |
| oxcarbazepine oral tablet | 7 | | |
| OXSORALEN ULTRA | 11 | | |
| oxybutynin chloride er | 13 | | |
| oxybutynin chloride oral tablet | 13 | | |
| oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg | 6 | | |

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| promethazine-codeine | 17 | spironolactone oral | 10 |
| promethazine-dm | 17 | sprintec 28 | 15 |
| propranolol hcl er | 10 | STIOLTO RESPIMAT | 17 |
| propranolol hcl oral tablet | 10 | SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | 6 |
| pseudoephedrine- bromphen-dm oral syrup 30-2-10 mg/5ml | 17 | sucralfate oral tablet | 13 |
| PULMICORT FLEXHALER | 17 | sulfamethoxazole- trimethoprim oral suspension 200-40 mg/5ml | 7 |
| PYLERA | 13 | sulfamethoxazole- trimethoprim oral tablet | 7 |
| QNASL | 17 | sulfasalazine oral tablet | 16 |
| QNASL CHILDRENS | 17 | sulindac oral | 6 |
| quinapril hcl | 10 | SUPREP BOWEL PREP KIT | 13 |
| rabeprazole sodium | 13 | SYMBICORT | 17 |
| raloxifene hcl | 14 | SYNJARDY | 12 |
| ramipril | 10 | SYNJARDY XR | 12 |
| RANEXA | 10 | SYNTHROID | 15 |
| ranitidine hcl oral capsule | 13 | TACLONEX EXTERNAL SUSPENSION | 11 |
| ranitidine hcl oral syrup | 13 | tacrolimus oral | 15 |
| ranitidine hcl oral tablet 150 mg, 300 mg | 13 | tamsulosin hcl | 13 |
| RAPAFLO | 13 | TAZORAC | 11 |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | 13 | TECFIDERA ORAL | 10 |
| REVELA ORAL TABLET | 13 | TECFIDERA ORAL CAPSULE DELAYED RELEASE | 10 |
| REPATHA | 10 | TEKURNA | 10 |
| REPATHA PUSHTRONEX SYSTEM | 10 | TEKURNA HCT | 10 |
| REPATHA SURECLICK | 10 | telmisartan | 10 |
| RESTASIS | 16 | temazepam | 18 |
| RESTASIS MULTIDOSE | 16 | terazosin hcl oral | 13 |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08% | 11 | terbinafine hcl oral | 8 |
| rosuvastatin calcium | 10 | terconazole vaginal cream | 8 |
| SAFYRAL | 15 | timolol maleate ophthalmic solution | 16 |
| SAVAYSA | 7 | TIROSINT | 15 |
| SEREVENT DISKUS | 17 | tizanidine hcl oral tablet | 18 |
| sertraline hcl oral tablet | 8 | tobramycin nebulization solution 300 mg/5ml inhalation | 7 |
| sildenafil citrate oral tablet 20 mg | 17 | tobramycin ophthalmic | 16 |
| SILENOR | 18 | tobramycin- dexamethasone | 16 |
| SIMBRINZA | 16 | tolterodine tartrate er | 13 |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 15 | topiramate oral tablet | 7 |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 15 | torseamide oral | 10 |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 10 | TOUJEO SOLOSTAR | 12 |
| simvastatin oral tablet 80 mg | 10 | TOVIAZ | 13 |
| SOLIQUA | 12 | TRACLEER ORAL TABLET | 18 |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 7 | TRACLEER ORAL TABLET SOLUBLE | 18 |
| sotalol hcl oral | 10 | TRADJENTA | 12 |
| SPIRIVA HANDIHALER | 17 | tramadol hcl ir | 6 |
| SPIRIVA RESPIMAT | 17 | tramadol-acetaminophen | 6 |
| | | TRAVATAN Z | 16 |
| | | trazodone hcl oral | 8 |
| | | TREMFYA | 16 |
| | | tretinoin external cream | 11 |

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| tri-estarylla | 15 | XARELTO STARTER PACK | 7 |
| tri-linyah | 15 | XELJANZ XR | 16 |
| tri-lo-marzia | 15 | XIIDRA | 16 |
| tri-lo-sprintec | 15 | xulane | 15 |
| tri-sprintec | 15 | yuvafem | 15 |
| triamcinolone acetonide external cream | 14 | ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT. | 13 |
| triamcinolone acetonide external ointment | 14 | ZETONNA | 17 |
| triamterene-hctz oral capsule 37.5-25 mg | 10 | zolpidem tartrate er | 18 |
| triamterene-hctz oral tablet | 10 | zolpidem tartrate oral | 18 |
| triazolam | 8 | zonisamide oral | 7 |
| trinessa (28) | 15 | ZOVIRAX EXTERNAL CREAM | 8 |
| trinessa lo | 15 | ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | 6 |
| TRINTELLIX | 8 | ZURAMPIC | 8 |
| TRULICITY | 12 | ZUTRIPRO | 17 |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | 17 | ZYCLARA | 11 |
| TYMLOS | 16 | ZYCLARA PUMP | 11 |
| UCERIS RECTAL | 16 | | |
| ULORIC | 8 | | |
| valacyclovir hcl oral | 8 | | |
| valsartan | 10 | | |
| valsartan- hydrochlorothiazide | 10 | | |
| VARUBI ORAL | 8 | | |
| VASCEPA | 10 | | |
| VECTICAL | 11 | | |
| VELPHORO | 13 | | |
| VELTASSA | 13 | | |
| venlafaxine hcl | 8 | | |
| venlafaxine hcl er | 8 | | |
| VENTOLIN HFA | 17 | | |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 10 | | |
| verapamil hcl oral | 10 | | |
| VESICARE | 13 | | |
| VIAGRA | 13 | | |
| VIBERZI | 13 | | |
| VICTOZA | 12 | | |
| vienva | 15 | | |
| VIIBRYD ORAL TABLET | 8 | | |
| VIIBRYD STARTER PACK | 8 | | |
| VIMPAT | 7 | | |
| viorele | 15 | | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 8 | | |
| VIREAD ORAL TABLET 300 MG | 8 | | |
| vitamin d (ergocalciferol) | 13 | | |
| VOSEVI | 8 | | |
| VYVANSE | 10 | | |
| warfarin sodium oral | 7 | | |
| WELCHOL | 10 | | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | 7 | | |



Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

UWAGA: Jeżeli mówisz po **polsku (Polish)**, 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 सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

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

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

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

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

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