

Your 2018 Formulary

Effective July 1, 2018



For the most current list of covered medications 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.

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.

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.
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	Hormonal Agents - Adrenal.....	21
Analgesics - Drugs for Pain and Inflammation.	7	Hormonal Agents - Men's Health.....	22
Anesthetics.....	7	Hormonal Agents - Osteoporosis.....	22
Anti-Addiction / Substance Abuse Treatment		Hormonal Agents - Pituitary.....	22
Agents.....	7	Hormonal Agents - Sex Hormones and Birth	
Antibacterials.....	8	Control.....	23
Anticoagulants.....	9	Hormonal Agents - Thyroid.....	24
Anticonvulsants - Drugs for Seizures.....	9	Immunological Agents - Drugs for Immune	
Antidementia Agents - Drugs for Alzheimer's		System Stimulation or Suppression.....	25
Disease and Dementia.....	9	Immunological Agents - Drugs for	
Antidepressants.....	9	Vaccination.....	26
Antiemetics - Drugs for Nausea and Vomiting	10	Inflammatory Bowel Disease Agents.....	26
Antifungals.....	10	Metabolic Bone Disease Agents - Drugs for	
Antigout Agents.....	10	Osteoporosis.....	26
Antimigraine Agents.....	11	Miscellaneous Therapeutic Agents.....	27
Antineoplastics - Drugs for Cancer.....	11	Ophthalmic Agents - Drugs for Eye Allergy,	
Antiparasitics.....	11	Infection and Inflammation.....	27
Antiparkinson Agents.....	11	Ophthalmic Agents - Drugs for Glaucoma.....	27
Antiplatelets.....	11	Ophthalmic Agents - Drugs for Miscellaneous	
Antipsychotics - Drugs for Mood Disorders....	11	Eye Conditions.....	27
Antivirals.....	11	Otic Agents - Drugs for Ear Conditions.....	28
Anxiolytics - Drugs for Anxiety.....	12	Respiratory Tract / Pulmonary Agents -	
Bipolar Agents - Drugs for Mood Disorders....	12	Drugs for Allergies, Cough, Cold.....	28
Blood Products / Modifiers / Volume		Respiratory Tract / Pulmonary Agents -	
Expanders - Drugs for Bleeding Disorders...	12	Drugs for Asthma and Other Lung	
Cardiovascular Agents - Drugs for Heart and		Conditions.....	28
Circulation Conditions.....	13	Respiratory Tract / Pulmonary Agents -	
Central Nervous System Agents - Drugs for		Drugs for Pulmonary Hypertension.....	30
Attention Deficit Disorder.....	15	Skeletal Muscle Relaxants - Drugs for	
Central Nervous System Agents - Drugs for		Muscle Tension and Spasm.....	30
Multiple Sclerosis.....	15	Sleep Disorder Agents.....	30
Central Nervous System Agents -		Index of Drugs.....	31
Miscellaneous.....	16		
Dental and Oral Agents - Drugs for Mouth			
and Throat Conditions.....	16		
Dermatological Agents - Drugs for Skin			
Conditions.....	16		
Diabetes - Antidiabetic Agents.....	17		
Diabetes - Glucose Monitoring.....	18		
Diabetes - Insulins.....	19		
Electrolytes / Minerals / Metals / Vitamins.....	20		
Gastrointestinal Agents - Drugs for Acid			
Reflux and Ulcer.....	20		
Gastrointestinal Agents - Drugs for Bowel,			
Intestine and Stomach Conditions.....	20		
Genetic or Enzyme Disorder: Drugs for			
Replacement, Modifiers, Treatment.....	21		
Genitourinary Agents - Drugs for Bladder,			
Genital and Kidney Conditions.....	21		
Genitourinary Agents - Drugs for Prostate			
Conditions.....	21		

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
ARYMO ER	E	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
EMBEDA	2	PA; QL
fentanyl 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
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	

Drug Name	Drug Tier	Notes
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
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	E	
LAZANDA	E	
methadone hcl oral tablet	1	PA
morphine sulfate er oral tablet extended release	1	PA; QL
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	E	
oxycodone hcl oral tablet 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	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
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	E	
SUBSYS	E	
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	E	
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	E	
Analgesics - Drugs for Pain and Inflammation		
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

Drug Name	Drug Tier	Notes
PENNSAID TRANSDERMAL SOLUTION 2 %	E	
sulindac oral	1	
VIMOVO	E	
VOLTAREN GEL 1%	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
LIDODERM	E	
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

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
Antibacterials		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	
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	

Drug Name	Drug Tier	Notes
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	
KITABIS PAK	E	SP
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	
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	
TOBI NEBULIZER	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
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	ST; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; 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	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	

Drug Name	Drug Tier	Notes
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
phenytoin sodium extended	1	
topiramate oral tablet	1	
TROKENDI XR	E	
VIMPAT	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
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

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
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	3	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
FORFIVO XL	2	QL
LEXAPRO ORAL TABLET	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PRISTIQ	E	
PROZAC ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

Drug Name	Drug Tier	Notes
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet 25 mg	1	
metoclopramide hcl oral tablet	1	
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

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
Antimigraine Agents		
MIGRANAL	3	QL
ONZETRA XSAIL	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	3	QL
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
Antiparasitics		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOOLANTRA	2	
Antiparkinson Agents		
benztropine mesylate oral	1	

Drug Name	Drug Tier	Notes
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate-lamivudine	1	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
acyclovir oral capsule	1	
acyclovir oral tablet	1	
ATRIPLA	2	SP
COMPLERA	2	SP
DESCOVY	2	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	2	SP
HARVONI	2	PA; SP; QL
INTELENCE	2	SP
ISENTRESS ORAL TABLET	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	2	SP
ODEFSEY	2	SP
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	2	SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	2	QL
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP

Drug Name	Drug Tier	Notes
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	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	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		
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	Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	E	SP	AZOR	E	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	E	SP	benazepril hcl oral	1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	E	SP	benazepril-hydrochlorothiazide	1	
GRANIX	2	PA; SP	BENICAR	E	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA; SP	BENICAR HCT	E	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP	bisoprolol fumarate	1	
NUWIQ	3	SP	bisoprolol-hydrochlorothiazide	1	
PROCRIT	2	PA; SP	bumetanide oral	1	
ZARXIO	2	PA; SP	BYSTOLIC	2	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			BYVALSON	2	
amiodarone hcl oral	1		cartia xt	1	
amlodipine besylate oral	1		carvedilol	1	
amlodipine besylate-benazepril hcl	1		chlorthalidone oral tablet 25 mg, 50 mg	1	
amlodipine besylate-valsartan	1		choline fenofibrate	1	
atenolol oral	1		clonidine hcl oral	1	
atenolol-chlorthalidone	1		CRESTOR	E	
atorvastatin calcium 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	
			DIOVAN	E	
			DIOVAN HCT	E	
			doxazosin mesylate	1	
			EDARBI	3	ST
			EDARBYCLOR	3	ST
			enalapril maleate oral	1	
			ezetimibe	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
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPITOR	E	
LIPOFEN	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	

Drug Name	Drug Tier	Notes
MULTAQ	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	ST
REPATHA	2	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
REPATHA SURECLICK	2	PA; SP; QL
rosuvastatin calcium	1	

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
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
TOPROL XL	E	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VYTORIN	E	
WELCHOL	2	
ZETIA	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	E	
amphetamine-dextroamphetamine er	1	PA; QL

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA; QL
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL
CONCERTA	E	
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

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
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
EXTAVIA SUBCUTANEOUS KIT	E	SP
GILENYA	3	PA; 3P; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	SP
TECFIDERA ORAL	2	PA; SP; QL

Drug Name	Drug Tier	Notes
TECFIDERA ORAL CAPSULE DELAYED RELEASE	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
CONTRAVE	2	PA
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
ACANYA	E	
ACZONE	3	
adapalene external gel	1	PA
AKTIPAK	E	
ATRALIN	3	PA
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
claravis	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
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
DUAC	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	2	ST
ENSTILAR	3	QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	

Drug Name	Drug Tier	Notes
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
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
TALTZ	E	SP
TAZORAC	3	
tretinoin external cream	1	PA
VECTICAL	3	
VELTIN	E	
ZIANA	E	
ZYCLARA	3	
ZYCLARA PUMP	3	
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

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BYDUREON PEN	2	ST; QL	pioglitazone hcl	1	
BYDUREON VIAL	2	ST; QL	SOLIQUA	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL	SYNJARDY	2	ST
BYETTA 5 MCG PEN	2	ST; QL	SYNJARDY XR	2	ST
FARXIGA	E		TANZEUM	E	
glimepiride	1		TRADJENTA	2	ST
glipizide er	1		TRULICITY	2	ST; QL
glipizide ir	1		VICTOZA	2	ST; QL
glipizide xl	1		XIGDUO XR	E	
GLUMETZA	E		Diabetes - Glucose Monitoring		
glyburide oral	1		ACCU-CHEK AVIVA DEVICE	E	
glyburide-metformin	1		ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
INVOKAMET	2	ST	ACCU-CHEK AVIVA PLUS	E	
INVOKAMET XR	2	ST	ACCU-CHEK COMPACT PLUS CARE KIT	E	
INVOKANA	2	ST	ACCU-CHEK COMPACT PLUS TEST STRIPS	E	
JANUMET	2	ST	ACCU-CHEK FASTCLIX LANCET KIT	2	
JANUMET XR	2	ST	ACCU-CHEK FASTCLIX LANCETS	2	
JANUVIA	2	ST	ACCU-CHEK GUIDE	E	
JARDIANCE	2	ST	ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
JENTADUETO	2	ST	ACCU-CHEK MULTICLIX LANCETS	2	
JENTADUETO XR	2	ST	ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
KAZANO	E				
KOMBIGLYZE XR	E				
metformin hcl er	1				
metformin hcl er (mod)	1	PA			
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1				
metformin hcl ir	1				
NESINA	E				
ONGLYZA	E				
OSENI	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 SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFT TOUCH LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3	
DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3	
DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3	
ONETOUCH ULTRA 2 KIT W/DEVICE	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	2	
ONETOUCH VERIO	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO TEST STRIPS	2	QL
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	
Diabetes - Insulins		
APIDRA SOLOSTAR	E	

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

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
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG U-100 FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG U-100 PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
ludent	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium citrate er	1	

Drug Name	Drug Tier	Notes
VELTASSA	3	
VITAFOL ORAL TABLET	E	
vitamin d (ergocalciferol)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL
esomeprazole magnesium	1	QL
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral	1	QL
PREVACID	E	
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	2	ST; QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl 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
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	3	PA; QL
SUPREP BOWEL PREP KIT	3	
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	3	PA; SP
CREON	2	
PANCREAZE	E	
PERTZYE	E	
VIOKACE	E	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT	2	

Drug Name	Drug Tier	Notes
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
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
REVELA ORAL TABLET	2	
STAXYN	E	
STENDRA	E	
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	

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
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX SPRAY	3	
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

Drug Name	Drug Tier	Notes
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	E	M
VOGELXO PUMP	E	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	E	
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
BRAVELLE	E	SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	E	SP
GENOTROPIN	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
GENOTROPIN MINIQUICK	E	SP
GONAL-F	2	PA; SP
GONAL-F RFF	2	PA; SP
GONAL-F RFF REDIJECT	2	PA; SP
HP ACTHAR	2	PA; SP
HUMATROPE	E	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NORDITROPIN FLEXPRO	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
OVIDREL	3	SP
SAIZEN	E	SP
SAIZEN CLICK.EASY	E	SP
SAIZENPREP	E	SP

Drug Name	Drug Tier	Notes
ZOMACTON	E	SP
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	
aviane	1	
BEYAZ	E	
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	
MAKENA INTRAMUSCULAR	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	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
MINASTRIN 24 FE	E	
MINIVELLE	3	
mono-lynyah	1	
mononessa	1	
NATAZIA	2	
nikki	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone oral	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
ocella	1	
ORTHO TRI-CYCLEN (28)	E	
ORTHO TRI-CYCLEN LO	E	
portia-28	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	

Drug Name	Drug Tier	Notes
SAFYRAL	3	
sprintec 28	1	
tri-estarylla	1	
tri-lynyah	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
trinessa (28)	1	
trinessa lo	1	
tri-sprintec	1	
VAGIFEM VAGINAL TABLET 10 MCG	E	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
xulane	1	
YAZ	E	
yuvaferm	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
SYNTHROID	3	
TIROSINT	3	

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
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
HAEGARDA	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
INFLECTRA	E	SP

Drug Name	Drug Tier	Notes
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
OTEZLA ORAL TABLET	2	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
PROGRAF ORAL	3	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL
REMICADE	2	PA; SP
SIMPONI ARIA	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP

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

Drug Name	Drug Tier	Notes
STELARA INTRAVENOUS	2	PA; SP
tacrolimus oral	1	SP
TREMFYA	2	PA; SP
XELJANZ XR	3	PA; SP
Immunological Agents - Drugs for Vaccination		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	3	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
FLUVIRIN INTRAMUSCULAR SUSPENSION	3	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

Drug Name	Drug Tier	Notes
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	3	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	
CANASA	2	
DELZICOL	E	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
MESALAMINE ORAL TABLET DELAYED RELEASE 800 MG	E	M
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

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
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		
	2	PA; Non-Cosmetic; SP
BOTOX		
CETYLEV	3	
EUFLEXXA INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
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	

Drug Name	Drug Tier	Notes
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	3	QL
tobramycin ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
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
RESCULA	E	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	2	QL
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAPT	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
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	
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
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

Drug Name	Drug Tier	Notes
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 oral syrup 30-2-10 mg/5ml	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL
XOLAIR	2	PA; SP
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
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	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
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
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	
ASMANEX HFA	E	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	E	
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
DULERA	E	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	E	Made by Impax; M

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
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	E	Made by Impax; M
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
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
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium 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
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR INHALATION AEROSOL SOLUTION	E	
QVAR REDIHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
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		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
SILENOR	3	QL
temazepam	1	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.

Index of Drugs

abacavir sulfate-lamivudine	11	AFSTYLA.....	12	ARNUITY ELLIPTA.....	29
ABSORICA.....	16	AIRDUO RESPICLICK		ARYMO ER.....	6
ABSTRAL.....	6	113/14.....	28	ASACOL HD.....	26
ACANYA.....	16	AIRDUO RESPICLICK		ASMANEX 120 METERED	
ACCU-CHEK AVIVA		232/14.....	28	DOSES.....	29
CONNECT KIT W/DEVICE	18	AIRDUO RESPICLICK		ASMANEX 14 METERED	
ACCU-CHEK AVIVA		55/14.....	28	DOSES.....	29
DEVICE.....	18	AKTIPAK.....	16	ASMANEX 30 METERED	
ACCU-CHEK AVIVA PLUS	18	albuterol sulfate.....	29	DOSES.....	29
ACCU-CHEK COMPACT		alendronate sodium.....	26	ASMANEX 60 METERED	
PLUS CARE KIT.....	18	alfuzosin hcl er.....	21	DOSES.....	29
ACCU-CHEK COMPACT		allopurinol.....	10	ASMANEX 7 METERED	
PLUS TEST STRIPS.....	18	ALOGLIPTIN BENZOATE..	17	DOSES.....	29
ACCU-CHEK FASTCLIX		ALOGLIPTIN-		ASMANEX HFA.....	29
LANCET KIT.....	18	METFORMIN HCL.....	17	ASTEPRO.....	28
ACCU-CHEK FASTCLIX		ALOGLIPTIN-		atenolol.....	13
LANCETS.....	18	PIOGLITAZONE.....	17	atenolol-chlorthalidone.....	13
ACCU-CHEK GUIDE.....	18	ALPHAGAN P.....	27	atomoxetine hcl.....	15
ACCU-CHEK MULTICLIX		alprazolam.....	12	atorvastatin calcium.....	13
LANCET DEVICE KIT.....	18	ALVESCO.....	29	ATRALIN.....	16
ACCU-CHEK MULTICLIX		AMBIEN.....	30	ATRIPLA.....	12
LANCETS.....	18	AMBIEN CR.....	30	AUBAGIO.....	15
ACCU-CHEK NANO		amiodarone hcl.....	13	AUVI-Q.....	29
SMARTVIEW KIT		AMITIZA.....	20	aviane.....	23
W/DEVICE.....	18	amitriptyline hcl.....	9	AVONEX PEN.....	15
ACCU-CHEK		amlodipine besylate.....	13	AVONEX PREFILLED.....	16
SMARTVIEW TEST		amlodipine besylate-		AVONEX VIAL	
STRIPS.....	19	benazepril hcl.....	13	INTRAMUSCULAR KIT....	16
ACCU-CHEK SOFT		amlodipine besylate-		AZASITE.....	27
TOUCH LANCETS.....	19	valsartan.....	13	azathioprine.....	25
ACCU-CHEK SOFTCLIX		amoxicillin.....	8	azelastine hcl.....	28
LANCET DEVICE KIT.....	19	amoxicillin-potassium		azithromycin.....	8
ACCU-CHEK SOFTCLIX		clavulanate.....	8	AZOPT.....	27
LANCETS.....	19	amphetamine-		AZOR.....	13
acetaminophen-codeine.....	6	dextroamphetamine.....	15	baclofen.....	30
acetaminophen-codeine #2..	6	amphetamine-		BASAGLAR KWIKPEN.....	19
acetaminophen-codeine #3..	6	dextroamphetamine er.....	15	benazepril hcl.....	13
acetaminophen-codeine #4..	6	AMPYRA.....	15	benazepril-	
ACIPHEX.....	20	AMRIX.....	30	hydrochlorothiazide.....	13
ACTICLATE.....	8	anastrozole.....	11	BENICAR.....	13
acyclovir.....	12	ANDRODERM.....	22	BENICAR HCT.....	13
ACZONE.....	16	ANDROGEL.....	22	BENZACLIN.....	16
adapalene.....	16	ANDROGEL PUMP.....	22	BENZACLIN WITH PUMP..	16
ADCIRCA.....	30	ANORO ELLIPTA.....	29	BENZAMYCIN.....	16
ADDERALL XR.....	15	APIDRA SOLOSTAR.....	19	benzonatate.....	28
ADEMPAS.....	30	APIDRA VIAL.....	19	benztropine mesylate.....	11
ADLYXIN.....	17	apri.....	23	BESIVANCE.....	27
ADLYXIN STARTER		APRISO.....	26	betamethasone valerate....	21
PACK.....	17	ARANESP (ALBUMIN		BETASERON.....	16
ADVAIR DISKUS.....	28	FREE).....	13	BETHKIS.....	8
ADVAIR HFA.....	28	aripiprazole.....	11	BETIMOL.....	27
AFLURIA		ARISTADA.....	11	BEYAZ.....	23
PRESERVATIVE FREE.....	26	ARMOUR THYROID.....	24	BINOSTO.....	26

bisoprolol fumarate.....	13	chlorthalidone.....	13	desvenlafaxine succinate	
bisoprolol-		choline fenofibrate.....	13	er.....	9
hydrochlorothiazide.....	13	CIALIS.....	21	dexamethasone.....	22
blisovi 24 fe.....	23	cilostazol.....	11	DEXCOM G4 PLATINUM	
blisovi fe 1.5/30.....	23	CIMZIA.....	25	PEDIATRIC RECEIVER.....	19
blisovi fe 1/20.....	23	CIMZIA PREFILLED KIT....	25	DEXCOM G4 PLATINUM	
BOOSTRIX.....	26	CIMZIA STARTER KIT.....	25	RECEIVER, SENSOR,	
BOTOX.....	27	CIPRODEX.....	28	TRANSMITTER.....	19
BRAVELLE.....	22	ciprofloxacin hcl.....	8, 27	DEXCOM G5 SENSOR,	
BREO ELLIPTA.....	29	citalopram hydrobromide.....	9	TRANSMITTER, MOBILE	
BRILINTA.....	11	claravis.....	16	RECEIVER.....	19
brimonidine tartrate.....	27	clarithromycin.....	8	DEXILANT.....	20
budesonide.....	29	CLIMARA PRO.....	23	dexmethylphenidate hcl.....	15
bumetanide.....	13	clindamycin hcl.....	8	dexmethylphenidate hcl er..	15
BUNAVAIL.....	7	clindamycin phosphate.....	8	diazepam.....	12
buprenorphine hcl.....	7	clindamycin phosphate-		diclofenac potassium.....	7
buprenorphine hcl-		benzoyl peroxide.....	17	diclofenac sodium.....	7
naloxone hcl.....	7	CLINDESSE.....	8	dicyclomine hcl.....	20
bupropion hcl.....	9	clobetasol propionate....	21, 22	DIFFERIN.....	17
bupropion hcl er (sr).....	9	CLOBEX SPRAY.....	22	digox.....	13
bupropion hcl er (xl).....	9	clonazepam.....	12	digoxin.....	13
buspirone hcl.....	12	clonidine hcl.....	13	DILANTIN.....	9
butalbital-apap-caffeine.....	6	clopidogrel bisulfate.....	11	DILANTIN INFATABS.....	9
BYDUREON.....	18	clotrimazole-		diltiazem hcl.....	13
BYDUREON BCISE		betamethasone.....	17	diltiazem hcl er beads.....	13
AUTOINJECTOR.....	17	COLCHICINE.....	10	diltiazem hcl er coated	
BYETTA 10 MCG PEN.....	18	COLCRYST.....	10	beads.....	13
BYETTA 5 MCG PEN.....	18	COMBIGAN.....	27	DIOVAN.....	13
BYSTOLIC.....	13	COMBIVENT RESPIMAT...	29	DIOVAN HCT.....	13
BYVALSON.....	13	COMPLERA.....	12	DIPENTUM.....	26
CABOMETYX.....	11	CONCERTA.....	15	diphenoxylate-atropine.....	21
calcitriol.....	27	CONTRAVE.....	16	divalproex sodium.....	9
CAMBIA.....	7	COPAXONE.....	16	divalproex sodium er.....	9
CANASA.....	26	COSENTYX 150 MG/ML....	17	DIVIGEL.....	23
capecitabine.....	11	COSENTYX 300 DOSE.....	17	donepezil hcl.....	9
CARAFATE.....	20	COSENTYX		DORYX MPC.....	8
carbamazepine.....	9	SENSOREADY 300 DOSE..	17	dorzolamide hcl-timolol mal	27
carbidopa-levodopa.....	11	COSENTYX		doxazosin mesylate.....	13
carisoprodol.....	30	SENSOREADY PEN.....	17	doxepin hcl.....	9
cartia xt.....	13	COSOPT PF.....	27	doxycycline hyclate.....	8
carvedilol.....	13	CREON.....	21	doxycycline monohydrate....	8
cefdinir.....	8	CRESTOR.....	13	drospirenone-ethinyl	
cefuroxime axetil.....	8	cryelle-28.....	23	estradiol.....	23
CELEBREX.....	7	cyanocobalamin.....	20	DUAC.....	17
celecoxib.....	7	cyclobenzaprine hcl.....	30	DUAVEE.....	23
cephalexin.....	8	cyclosporine modified.....	25	DUEXIS.....	7
CERDELGA.....	21	CYMBALTA.....	9	DULERA.....	29
cetirizine hcl.....	28	CYTOMEL.....	24	duloxetine hcl.....	9
CETROTIDE.....	22	DELZICOL.....	26	DULOXETINE HCL.....	10
CETYLEV.....	27	DEPEN TITRATABS.....	21	DUPIXENT.....	17
CHANTIX STARTING		DEPO-TESTOSTERONE...	22	DURAGESIC-100.....	6
MONTH PAK.....	7	DESCOVY.....	12	DURAGESIC-12.....	6
chlorhexidine gluconate.....	16			DURAGESIC-25.....	6

DURAGESIC-50.....	6	FLUARIX		HUMALOG MIX 75/25	
DURAGESIC-75.....	6	QUADRIVALENT	26	KWIKPEN.....	19
DYMISTA.....	28	FLUCELVAX		HUMALOG MIX 75/25	
EDARBI.....	13	QUADRIVALENT	26	VIAL.....	19
EDARBYCLOR.....	13	fluconazole.....	10	HUMALOG U-100 JUNIOR	
EFFEXOR XR.....	10	fluocinonide.....	22	KWIKPEN.....	19
ELESTRIN.....	23	FLUOROPLEX.....	17	HUMALOG U-100 VIAL	
ELIDEL.....	17	fluoxetine hcl.....	10	AND CARTRIDGE.....	19
ELIQUIS.....	9	fluticasone propionate.....	28	HUMATROPE.....	23
EMBEDA.....	6	FLUVIRIN.....	26	HUMIRA.....	25
EMVERM.....	11	FLUZONE HIGH-DOSE.....	26	HUMIRA PEDIATRIC	
enalapril maleate.....	13	FLUZONE		CROHNS START	25
ENBREL.....	25	QUADRIVALENT	26	HUMIRA PEN.....	25
ENBREL SURECLICK.....	25	folic acid.....	20	HUMIRA PEN-CROHNS	
ENDOMETRIN.....	23	FOLLISTIM AQ.....	22	STARTER.....	25
enoxaparin sodium.....	9	FORFIVO XL.....	10	HUMIRA PEN-PSORIASIS	
enskyce.....	23	FORTEO.....	27	STARTER.....	25
ENSTILAR.....	17	FORTESTA.....	22	HUMULIN 70/30	
entecavir.....	12	furosemide.....	14	KWIKPEN.....	19
EPCLUSA.....	12	gabapentin.....	9	HUMULIN 70/30 VIAL.....	19
EPIDUO.....	17	gavilyte-g.....	21	HUMULIN N KWIKPEN.....	19
EPIDUO FORTE.....	17	gemfibrozil.....	14	HUMULIN N VIAL.....	19
EPINEPHRINE.....	29	GENOTROPIN.....	22	HUMULIN R U-500	
EPIPEN 2-PAK.....	29	GENOTROPIN		KWIKPEN.....	19
EPIPEN JR 2-PAK.....	29	MINIQUICK.....	23	HUMULIN R U-500 VIAL	
EPOGEN.....	13	gentamicin sulfate.....	27	(CONCENTRATED).....	19
erythromycin.....	27	GENVOYA.....	12	HUMULIN R VIAL.....	19
escitalopram oxalate.....	10	GILENYA.....	16	hydralazine hcl.....	14
esomeprazole magnesium..	20	glimepiride.....	18	hydrochlorothiazide.....	14
ESTRACE.....	23	glipizide er.....	18	hydrocodone polst-cpm	
estradiol.....	23	glipizide ir.....	18	polst er.....	28
eszopiclone.....	30	glipizide xl.....	18	hydrocodone-	
etodolac.....	7	GLUMETZA.....	18	acetaminophen.....	6
EUCRISA.....	17	glyburide.....	18	hydrocortisone.....	22
EUFLEXXA.....	27	glyburide-metformin.....	18	hydromorphone hcl.....	6
EXTAVIA.....	16	GONAL-F.....	23	hydroxychloroquine sulfate..	11
ezetimibe.....	13	GONAL-F RFF.....	23	hydroxyzine hcl.....	12
ezetimibe-simvastatin.....	14	GONAL-F RFF REDIJECT..	23	hydroxyzine pamoate.....	12
famotidine.....	20	GRALISE.....	16	HYSINGLA ER.....	6
FARXIGA.....	18	GRALISE STARTER.....	16	ibandronate sodium.....	27
fenofibrate.....	14	GRANIX.....	13	IBRANCE.....	11
fenofibrate micronized.....	14	guanfacine hcl.....	14	ibuprofen.....	7
fenofibric acid.....	14	guanfacine hcl er.....	15	INCRUSE ELLIPTA.....	29
fentanyl.....	6	GYNAZOLE-1.....	10	indomethacin.....	7
FENTORA.....	6	HAEGARDA.....	25	INFLECTRA.....	25
FIASP.....	19	haloperidol.....	11	INTELENCE.....	12
FIASP FLEXTOUCH.....	19	HARVONI.....	12	INVEGA SUSTENNA.....	11
finasteride.....	21	HP ACTHAR.....	23	INVEGA TRINZA.....	11
flecainide acetate.....	14	HUMALOG KWIKPEN.....	19	INVOKAMET.....	18
FLECTOR.....	7	HUMALOG MIX 50/50		INVOKAMET XR.....	18
FLOVENT DISKUS.....	29	KWIKPEN.....	19	INVOKANA.....	18
FLOVENT HFA.....	29	HUMALOG MIX 50/50		ipratropium bromide.....	28, 29
		VIAL.....	19	ipratropium-albuterol.....	29

irbesartan.....	14	LIDODERM.....	7	methocarbamol.....	30
irbesartan-		LINZESS.....	21	methotrexate.....	25
hydrochlorothiazide.....	14	liothyronine sodium.....	24	methotrexate sodium.....	25
ISENTRESS.....	12	LIPITOR.....	14	methylphenidate hcl.....	15
isosorbide mononitrate er...	14	LIPOFEN.....	14	methylphenidate hcl er.....	15
JANUMET.....	18	lisinopril.....	14	methylprednisolone.....	22
JANUMET XR.....	18	lisinopril-		metoclopramide hcl.....	10
JANUVIA.....	18	hydrochlorothiazide.....	14	metoprolol succinate er.....	14
JARDIANCE.....	18	lithium carbonate.....	12	metoprolol tartrate.....	14
JENTADUETO.....	18	lithium carbonate er.....	12	METROGEL.....	17
JENTADUETO XR.....	18	LIVALO.....	14	metronidazole.....	8, 17
jolivette.....	23	LO LOESTRIN FE.....	23	microgestin 1.5/30.....	24
JUBLIA.....	10	lorazepam.....	12	microgestin 1/20.....	24
junel 1/20.....	23	loryna.....	23	microgestin fe 1.5/30.....	24
junel fe 1.5/30.....	23	LORZONE.....	30	microgestin fe 1/20.....	24
junel fe 1/20.....	23	losartan potassium.....	14	MIGRANAL.....	11
KADIAN.....	6	losartan potassium-hctz.....	14	MINASTRIN 24 FE.....	24
KAZANO.....	18	lovastatin.....	14	MINIVELLE.....	24
KERYDIN.....	10	LOVAZA.....	14	minocycline hcl.....	8
ketoconazole.....	10	low-ogestrel.....	23	mirtazapine.....	10
ketorolac tromethamine.. 7, 27		ludent.....	20	MIRVASO.....	17
KITABIS PAK.....	8	LUMIGAN.....	27	modafinil.....	30
klor-con m20.....	20	LUNESTA.....	30	mometasone furoate.....	22, 28
KOMBIGLYZE XR.....	18	LUPRON DEPOT (1-		mono-lynyah.....	24
labetalol hcl.....	14	MONTH).....	23	mononessa.....	24
lamotrigine.....	9	LUPRON DEPOT (3-		montelukast sodium.....	29, 30
lansoprazole.....	20	MONTH).....	23	morphine sulfate er.....	6
LANTUS SOLOSTAR.....	19	LUPRON DEPOT (4-		MOTOFEN.....	21
LANTUS U-100 VIAL.....	19	MONTH)		MOVANTIK.....	21
LASTACAPT.....	27	INTRAMUSCULAR KIT		MOVIPREP.....	21
latanoprost.....	27	30MG.....	23	MOXEZA.....	27
LATUDA.....	11	LUPRON DEPOT (6-		moxifloxacin hcl.....	27
LAZANDA.....	6	MONTH)		MULTAQ.....	14
LETAIRIS.....	30	INTRAMUSCULAR KIT		mupirocin.....	8
letrozole.....	11	45MG.....	23	mycophenolate mofetil.....	25
LEVALBUTEROL HFA.....	29	LYRICA.....	16	mycophenolate sodium.....	25
LEVEMIR U-100		MAKENA.....	23	MYRBETRIQ.....	21
FLEXTOUCH.....	19	MAVYRET.....	12	nabumetone.....	7
LEVEMIR U-100 VIAL.....	19	meclizine hcl.....	10	nadolol.....	14
levetiracetam.....	9	medroxyprogesterone		naltrexone hcl.....	7
LEVITRA.....	21	acetate.....	24	NAMZARIC.....	9
levocetirizine		meloxicam.....	7	naproxen.....	7
dihydrochloride.....	28	memantine hcl.....	9	naproxen sodium.....	7
levofloxacin.....	8	mercaptopurine.....	11	NARCAN.....	7
levonorgestrel-ethinyl		mesalamine.....	26	NASONEX.....	28
estrad.....	23	MESALAMINE.....	26	NATAZIA.....	24
levo-t.....	24	metaxalone.....	30	NATURE-THROID.....	24
levothyroxine sodium.....	24	metformin hcl er.....	18	neomycin-polymyxin-	
levoxyl.....	24	metformin hcl er (mod).....	18	dexameth.....	28
LEXAPRO.....	10	metformin hcl er (osm).....	18	neomycin-polymyxin-hc.....	28
LIALDA.....	26	metformin hcl ir.....	18	NESINA.....	18
lidocaine.....	7	methadone hcl.....	6	NEUPOGEN.....	13
lidocaine viscous.....	16	methimazole.....	24	NEXIUM.....	20

niacin er (antihyperlipidemic).....	14	nystatin.....	10	paroxetine hcl.....	10
nifedipine er.....	14	ocella.....	24	paroxetine hcl er.....	10
nifedipine er osmotic release.....	14	ODEFSEY.....	12	PAZEO.....	27
nikki.....	24	ofloxacin.....	27, 28	penicillin v potassium.....	8
nitrofurantoin macrocrystal... 8		olanzapine.....	11	PENNSAID.....	7
nitrofurantoin monohydrate macrocrystals.....	8	olmesartan medoxomil.....	14	PENTASA.....	26
nitroglycerin.....	14	olmesartan medoxomil- hctz.....	14	pentoxifylline er.....	14
NITROSTAT.....	14	olopatadine hcl.....	27	PERCOCET.....	7
NORCO.....	6	OMECLAMOX-PAK.....	21	PERFOROMIST.....	30
NORDITROPIN FLEXPRO.....	23	omega-3-acid ethyl esters..	14	permethrin.....	11
norethindrone.....	24	omeprazole.....	20	PERTZYE.....	21
norethindrone acet-ethinyl est.....	24	OMNARIS.....	28	phenazopyridine hcl.....	21
norgestimate-ethinyl estradiol triphasic.....	24	OMNITROPE.....	23	phentermine hcl.....	16
nortrel 1/35 (21).....	24	ondansetron hcl.....	10	phenytoin sodium extended.....	9
nortrel 1/35 (28).....	24	ondansetron odt.....	10	pioglitazone hcl.....	18
nortriptyline hcl.....	10	ONETOUCH ULTRA 2.....	19	PLEGRIDY.....	16
NORVASC.....	14	ONETOUCH ULTRA BLUE TEST STRIPS.....	19	PLEGRIDY STARTER PACK.....	16
NORVIR.....	12	ONETOUCH ULTRA MINI..	19	polyethylene glycol 3350....	21
NOVOFINE AUTOCOVER PEN NEEDLE.....	20	ONETOUCH VERIO.....	19	polymyxin b-trimethoprim....	28
NOVOFINE PEN NEEDLE.....	20	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE....	19	portia-28.....	24
NOVOFINE PLUS PEN NEEDLE.....	20	ONETOUCH VERIO IQ SYSTEM.....	19	potassium chloride crys er..	20
NOVOLIN 70/30 RELION... 20		ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE.....	19	potassium chloride er.....	20
NOVOLIN 70/30 VIAL.....	20	ONEXTON.....	17	potassium citrate er.....	20
NOVOLIN N RELION.....	20	ONGLYZA.....	18	PRADAXA.....	9
NOVOLIN N VIAL.....	20	ONZETRA XSAIL.....	11	PRALUENT.....	14
NOVOLIN R RELION.....	20	OPANA ER.....	6	pramipexole dihydrochloride.....	11
NOVOLIN R VIAL.....	20	OPSUMIT.....	30	pravastatin sodium.....	14
NOVOLOG FLEXPEN.....	20	ORACEA.....	17	prazosin hcl.....	14
NOVOLOG MIX 70/30 FLEXPEN.....	20	ORENCIA.....	25	prednisolone.....	22
NOVOLOG MIX 70/30 VIAL.....	20	ORENITRAM.....	30	prednisolone acetate.....	27
NOVOLOG PENFILL.....	20	orphenadrine citrate er.....	30	prednisolone sodium phosphate.....	22
NOVOLOG U-100 VIAL.....	20	ORTHO TRI-CYCLEN (28)..	24	prednisone.....	22
NOVOTWIST PEN NEEDLE.....	20	ORTHO TRI-CYCLEN LO..	24	PREMARIN.....	24
NUCYNTA.....	6	oseltamivir phosphate.....	12	PREMPHASE.....	24
NUCYNTA ER.....	6	OSENI.....	18	PREMPRO.....	24
NUTROPIN AQ NUSPIN 10.....	23	OSPHERA.....	22	PREPOPIK.....	21
NUTROPIN AQ NUSPIN 20.....	23	OTEZLA.....	25	PREVACID.....	20
NUTROPIN AQ NUSPIN 5.....	23	OVIDREL.....	23	PREZCOBIX.....	12
NUVARING.....	24	oxcarbazepine.....	9	PREZISTA.....	12
NUVIGIL.....	30	OXSORALEN ULTRA.....	17	PRISTIQ.....	10
NUWIQ.....	13	oxybutynin chloride.....	21	PROAIR HFA.....	30
		oxybutynin chloride er.....	21	PROAIR RESPICLICK.....	30
		oxycodone hcl.....	6	prochlorperazine maleate... 10	
		oxycodone-acetaminophen...6		PROCRIT.....	13
		OXYCONTIN.....	6	PROCTOFOAM HC.....	26
		PANCREAZE.....	21	progesterone micronized....	24
		pantoprazole sodium.....	20	PROGRAF.....	25
				PROLENSA.....	27
				promethazine hcl.....	28

promethazine-codeine.....	28	SAIZENPREP.....	23	TEKTURNA HCT.....	15
promethazine-dm.....	28	SAPHRIS.....	11	telmisartan.....	15
propranolol hcl.....	14	SAVAYSA.....	9	temazepam.....	30
propranolol hcl er.....	14	SEREVENT DISKUS.....	30	terazosin hcl.....	21
PROVENTIL HFA.....	30	sertraline hcl.....	10	terbinafine hcl.....	10
PROZAC.....	10	sildenafil citrate.....	30	terconazole.....	10
pseudoephedrine-		SILENOR.....	30	TESTIM.....	22
bromphen-dm.....	28	SIMBRINZA.....	27	TESTOSTERONE.....	22
PULMICORT FLEXHALER.....	30	SIMPONI.....	25	testosterone cypionate.....	22
PULMICORT		SIMPONI ARIA.....	25	timolol maleate.....	27
SUSPENSION.....	30	simvastatin.....	15	TIROSINT.....	24
PYLERA.....	21	SINGULAIR.....	30	TIVICAY.....	12
QNASL.....	28	SOLQUA.....	18	tizanidine hcl.....	30
QNASL CHILDRENS.....	28	SOLODYN.....	8	TOBI NEBULIZER.....	8
quetiapine fumarate.....	11	SOOLANTRA.....	11	TOBI PODHALER.....	9
quinapril hcl.....	14	sotalol hcl.....	15	TOBRADEX.....	28
QVAR.....	30	SPIRIVA HANDIHALER.....	30	tobramycin.....	9, 27
QVAR REDIHALER.....	30	SPIRIVA RESPIMAT.....	30	TOBRAMYCIN.....	9
rabeprazole sodium.....	20	spironolactone.....	15	tobramycin-	
raloxifene hcl.....	22	sprintec 28.....	24	dexamethasone.....	28
ramipril.....	14	SPRYCEL.....	11	tolterodine tartrate er.....	21
RANEXA.....	14	STAXYN.....	21	topiramate.....	9
ranitidine hcl.....	20	STELARA.....	17, 26	TOPROL XL.....	15
RAPAFLO.....	21	STENDRA.....	21	toremide.....	15
RASUVO.....	25	STIOLTO RESPIMAT.....	30	TOUJEO SOLOSTAR.....	20
REBIF.....	16	STRIBILD.....	12	TOVIAZ.....	21
REBIF REBIDOSE.....	16	SUBOXONE.....	7	TRACLEER.....	30
REBIF REBIDOSE		SUBSYS.....	7	TRADJENTA.....	18
TITRATION PACK.....	16	sucralfate.....	20	tramadol hcl ir.....	7
REBIF TITRATION PACK..	16	sulfamethoxazole-		tramadol-acetaminophen.....	7
RELISTOR.....	21	trimethoprim.....	8	TRAVATAN Z.....	27
REMICADE.....	25	sulfasalazine.....	26	trazodone hcl.....	10
REVELA.....	21	sulindac.....	7	TREMFYA.....	26
REPATHA.....	14	sumatriptan succinate.....	11	TRESIBA FLEXTOUCH.....	20
REPATHA PUSHTRONEX		SUMAVEL DOSEPRO.....	11	tretinoin.....	17
SYSTEM.....	14	SUPREP BOWEL PREP		triamcinolone acetonide.....	22
REPATHA SURECLICK.....	14	KIT.....	21	triamterene-hctz.....	15
RESCULA.....	27	SYMBICORT.....	30	triazolam.....	12
RESTASIS.....	28	SYNJARDY.....	18	TRIBENZOR.....	15
RESTASIS MULTIDOSE.....	28	SYNJARDY XR.....	18	tri-estarylla.....	24
RETIN-A MICRO GEL 0.04		SYNTHROID.....	24	tri-linyah.....	24
%, 0.1 %.....	17	SYNVISC.....	27	tri-lo-marzia.....	24
RETIN-A MICRO PUMP.....	17	SYNVISC ONE.....	27	tri-lo-sprintec.....	24
REVLIMID.....	11	TACLONEX.....	17	trinessa (28).....	24
REXULTI.....	11	tacrolimus.....	26	trinessa lo.....	24
REYATAZ.....	12	TALTZ.....	17	TRINTELLIX.....	10
risperidone.....	11	TAMIFLU.....	12	tri-sprintec.....	24
rizatriptan benzoate.....	11	tamoxifen citrate.....	11	TRIUMEQ.....	12
ropinirole hcl.....	11	tamsulosin hcl.....	21	TROKENDI XR.....	9
rosuvastatin calcium.....	14	TANZEUM.....	18	TRULICITY.....	18
SAFYRAL.....	24	TAZORAC.....	17	TRUVADA.....	12
SAIZEN.....	23	TECFIDERA.....	16	TUDORZA PRESSAIR.....	30
SAIZEN CLICK.EASY.....	23	TEKTURNA.....	15	TUZISTRA XR.....	28

TYMLOS.....	27	XOLAIR.....	28
UCERIS.....	26	XOPENEX HFA.....	30
ULORIC.....	10	XTAMPZA ER.....	7
VAGIFEM.....	24	XTANDI.....	11
valacyclovir hcl.....	12	xulane.....	24
VALIUM.....	12	YAZ.....	24
valsartan.....	15	yuvafem.....	24
valsartan- hydrochlorothiazide.....	15	ZARXIO.....	13
VARUBI.....	10	ZEGERID.....	20
VASCEPA.....	15	ZELAPAR.....	11
VECTICAL.....	17	ZENPEP.....	21
VELPHORO.....	21	ZETIA.....	15
VELTASSA.....	20	ZETONNA.....	28
VELTIN.....	17	ZIANA.....	17
venlafaxine hcl.....	10	ZIOPTAN.....	27
venlafaxine hcl er.....	10	ziprasidone hcl.....	11
VENTOLIN HFA.....	30	ZOHYDRO ER.....	7
verapamil hcl.....	15	ZOLOFT.....	10
verapamil hcl er.....	15	zolpidem tartrate.....	30
VESICARE.....	21	zolpidem tartrate er.....	30
VIAGRA.....	21	ZOMACTON.....	23
VIBERZI.....	21	ZOMIG.....	11
VICTOZA.....	18	ZOMIG ZMT.....	11
vienva.....	24	zonisamide.....	9
VIIIBRYD.....	10	ZORVOLEX.....	7
VIIIBRYD STARTER PACK.....	10	ZOSTAVAX.....	26
VIMOVO.....	7	ZOVIRAX.....	12
VIMPAT.....	9	ZUBSOLV.....	7
VIOKACE.....	21	ZURAMPIC.....	10
viorele.....	24	ZUTRIPRO.....	28
VIREAD.....	12	ZYCLARA.....	17
VITAFOL.....	20	ZYCLARA PUMP.....	17
vitamin d (ergocalciferol).....	20	ZYTIGA.....	11
VIVELLE-DOT.....	24		
VOGELXO.....	22		
VOGELXO PUMP.....	22		
VOLTAREN.....	7		
VOSEVI.....	12		
VYTORIN.....	15		
VYVANSE.....	15		
warfarin sodium.....	9		
WELCHOL.....	15		
WELLBUTRIN SR.....	10		
WELLBUTRIN XL.....	10		
XANAX.....	12		
XANAX XR.....	12		
XARELTO.....	9		
XARELTO STARTER PACK.....	9		
XELJANZ XR.....	26		
XIGDUO XR.....	18		
XIIDRA.....	28		



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)** សូមទាក់ទងយុទ្ធសាស្ត្រសេវាជំនួយភាសាដើមរបស់អ្នក គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្វែងរកលេខទូរស័ព្ទសេវាជំនួយភាសាដើមរបស់អ្នក។

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 yáníłt'igo, saad beę áka'anída»awo»ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsos nít'izí bee nééhozinígíí bine'déę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíílnih.

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.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at optum.com/optumrx.

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.

© 2018 Optum, Inc. All rights reserved.

ORX6700F_180701 | 67238B-122017

Premium Standard