

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

### Drug list information

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

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

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 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
PERCO CET 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	
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

Drug Name	Drug Tier	Notes
PENNSAID TRANSDERMAL SOLUTION 2 %	E	
sulindac oral	1	
VIMOVO	E	
VOLTAREN GEL 1%	E	
ZORVOLEX	E	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
LIDODERM	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
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
<b>Antibacterials</b>		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	
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
<b>Anticoagulants</b>		
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
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
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	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) 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
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
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
<b>Antifungals</b>		
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	
<b>Antigout Agents</b>		
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
<b>Antimigraine Agents</b>		
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	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOOLANTRA	2	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	

Drug Name	Drug Tier	Notes
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
<b>Antiplatelets</b>		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
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
<b>Antivirals</b>		
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	
<b>Anxiolytics - Drugs for Anxiety</b>		
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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
AFSTYLA	3	SP

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

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	E	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	E	SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	E	SP
GRANIX	2	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
NUWIQ	3	SP
PROCRIT	2	PA; SP
ZARXIO	2	PA; SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	

Drug Name	Drug Tier	Notes
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CRESTOR	E	
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	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
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
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	2	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL

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
<b>Central Nervous System Agents - Miscellaneous</b>		
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
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ACANYA	E	
ACZONE	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	
<b>Diabetes - Antidiabetic Agents</b>		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	ST; QL

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		<b>Diabetes - Glucose Monitoring</b>		
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	
<b>Diabetes - Insulins</b>		
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	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
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	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
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	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
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
<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
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
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
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
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
<b>Hormonal Agents - Adrenal</b>		
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	
<b>Hormonal Agents - Men's Health</b>		
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	
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
BRAVELLE	E	SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	E	SP
GENOTROPIN	E	SP

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
GENOTROPIN MINIQUICK	E	SP	ZOMACTON	E	SP
GONAL-F	2	PA; SP	<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
GONAL-F RFF	2	PA; SP	apri	1	
GONAL-F RFF REDIJECT	2	PA; SP	aviane	1	
HP ACTHAR	2	PA; SP	BEYAZ	E	
HUMATROPE	E	SP	blisovi 24 fe	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP	blisovi fe 1.5/30	1	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP	blisovi fe 1/20	1	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP	CLIMARA PRO	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP	cryselle-28	1	
NORDITROPIN FLEXPRO	2	PA; SP	DIVIGEL	3	
NUTROPIN AQ NUSPIN 10	2	PA; SP	drospirenone-ethinyl estradiol	1	
NUTROPIN AQ NUSPIN 20	2	PA; SP	DUAVEE	2	
NUTROPIN AQ NUSPIN 5	2	PA; SP	ELESTRIN	3	
OMNITROPE	2	PA; SP	ENDOMETRIN	2	
OVIDREL	3	SP	enskyce	1	
SAIZEN	E	SP	ESTRACE VAGINAL	3	
SAIZEN CLICK.EASY	E	SP	estradiol oral	1	
SAIZENPREP	E	SP	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	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
SYNTHROID	3	
TIROSINT	3	

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



Drug Name	Drug Tier	Notes
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
azathioprine oral	1	
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
CIMZIA VIAL KIT	2	PA; SP
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
<b>Immunological Agents - Drugs for Vaccination</b>		
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	
<b>Inflammatory Bowel Disease Agents</b>		
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	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL

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
<b>Miscellaneous Therapeutic Agents</b>		
	2	PA; Non-Cosmetic; SP
BOTOX		
CETYLEV	3	
EUFLEXXA INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
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	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
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	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
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
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL
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
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
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	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL

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

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

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Eden Prairie, MN 55344

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**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.

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

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

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

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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

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

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

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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)**សម្រាប់ជំនួយភាសាដទៃទៀតសូមទូរស័ព្ទលេខសេវាអន្តរជាតិឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទលេខសេវាអន្តរជាតិឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាអន្តរជាតិឥតគិតថ្លៃសម្រាប់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsos nit'i'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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