

# Your 2019 Formulary

Effective January 1, 2019



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



Call the member phone number on your ID card.



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

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

### **What is a formulary?**

A formulary is a list of prescribed medications chosen by your plan for their safety, cost and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

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

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

### **What are tiers?**

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

### **When does the formulary change?**

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

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

### **Why are some medications excluded from coverage?**

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

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

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

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### **About this formulary**

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

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

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

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

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

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

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

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

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

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## Reading your formulary

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

### Tier information

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

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

### Drug list information

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

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

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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	1	QL
ARYMO ER	E	
BELBUCA	3	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL

Drug Name	Drug Tier	Notes
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	E	
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	E	
SUBSYS	E	
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	E	
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	E	

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

Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID TRANSDERMAL SOLUTION 2 %	E	
SPRIX	E	
sulindac oral	1	
VIMOVO	E	
VOLTAREN GEL 1%	E	
ZORVOLEX	E	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	

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

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



Drug Name	Drug Tier	Notes
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	

Drug Name	Drug Tier	Notes
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XIFAXAN	3	PA
<b>Anticoagulants</b>		
ELIQUIS	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	

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



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

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

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

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

Drug Name	Drug Tier	Notes
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	

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

Drug Name	Drug Tier	Notes
<b>Antiplatelets</b>		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	E	SP

Drug Name	Drug Tier	Notes
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	SP
HARVONI	2	PA; SP; QL
INTELENCE	2	SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP

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

Drug Name	Drug Tier	Notes
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL	E	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
AFSTYLA	3	SP

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

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Drug Name	Drug Tier	Notes
atorvastatin calcium oral	1	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL

Drug Name	Drug Tier	Notes
ezetimibe	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPITOR	E	
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	

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

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

Drug Name	Drug Tier	Notes
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
TOPROL XL	E	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VYTORIN	E	
ZETIA	E	
ZYPITAMAG	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	E	
ADZENYS ER	3	PA; ST; QL
ADZENYS XR-ODT	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL

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

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

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

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



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

Drug Name	Drug Tier	Notes
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	3	PA
DIFFERIN EXTERNAL LOTION	3	PA
DUAC	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	2	ST
ENSTILAR	3	QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	PA
NORITATE	E	
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	

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

Drug Name	Drug Tier	Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
SOOLANTRA	2	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
TAZORAC	3	
tretinoin external cream	1	PA
VECTICAL	3	
VELTIN	E	
ZIANA	E	
ZYCLARA	3	
ZYCLARA PUMP	3	
<b>Diabetes - Antidiabetic Agents</b>		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYDUREON VIAL	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	E	
FORTAMET	E	
glimepiride	1	
glipizide er	1	

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

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
STEGLUJAN	E		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
SYNJARDY	2	ST	ACCU-CHEK SOFTCLIX LANCETS	2	
SYNJARDY XR	2	ST	DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3	
TRADJENTA	2	ST	DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3	
TRULICITY	2	ST; QL	DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3	
VICTOZA	2	ST; QL	ONETOUCH ULTRA 2 KIT W/DEVICE	2	
XIGDUO XR	E		ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
<b>Diabetes - Glucose Monitoring</b>			ONETOUCH ULTRA MINI KIT W/DEVICE	2	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E		ONETOUCH VERIO	2	
ACCU-CHEK AVIVA PLUS	E		ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ACCU-CHEK COMPACT PLUS CARE KIT	E		ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E		ONETOUCH VERIO STRIP IN VITRO	2	QL
ACCU-CHEK FASTCLIX LANCET KIT	2		V-GO 20	2	
ACCU-CHEK FASTCLIX LANCETS	2		V-GO 30	2	
ACCU-CHEK GUIDE	E		V-GO 40	2	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2		<b>Diabetes - Glycemic Agents</b>		
ACCU-CHEK MULTICLIX LANCETS	2		GLUCAGON EMERGENCY	2	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E		<b>Diabetes - Insulins</b>		
ACCU-CHEK SMARTVIEW TEST STRIPS	E		ADMELOG	E	
ACCU-CHEK SOFT TOUCH LANCETS	2		ADMELOG SOLOSTAR	E	
			APIDRA SOLOSTAR	E	

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

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

Drug Name	Drug Tier	Notes
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG U-100 FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG U-100 PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
cyanocobalamin injection	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	

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

Drug Name	Drug Tier	Notes
VITAFOL ORAL TABLET	E	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL
esomeprazole magnesium	E	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeppi	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral	1	QL
PREVACID	E	
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
ZEGERID	E	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	E	
CLENPIQ	3	

Drug Name	Drug Tier	Notes
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR ORAL	E	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
VIOKACE	E	

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

Drug Name	Drug Tier	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CIALIS	2	QL
DEPEN TITRATABS	2	SP
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
REVELA	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STAXYN	E	
STENDRA	E	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	
VIAGRA	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	

Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
<b>Hormonal Agents - Adrenal</b>		
ala-cort external cream 1 %	1	
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbbase	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	1	

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

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TOPICORT SPRAY	E	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA

Drug Name	Drug Tier	Notes
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	E	M
VOGELXO PUMP	E	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	E	
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
BRAVELLE	E	SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	E	SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	2	PA; SP
GONAL-F RFF	2	PA; SP
GONAL-F RFF REDIJECT	2	PA; SP
HP ACTHAR	2	PA; SP
HUMATROPE	E	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP

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



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP	drospirenone-ethinyl estradiol	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP	DUAVEE	2	
NORDITROPIN FLEXPRO	2	PA; SP	ELESTRIN	3	
NUTROPIN AQ NUSPIN 10	2	PA; SP	ENDOMETRIN	2	
NUTROPIN AQ NUSPIN 20	2	PA; SP	enskyce oral tablet 0.15-30 mg-mcg	1	
NUTROPIN AQ NUSPIN 5	2	PA; SP	estradiol oral	1	
OMNITROPE	2	PA; SP	estradiol transdermal	1	
OVIDREL	3	SP	estradiol vaginal cream	1	
SAIZEN	E	SP	gianvi	1	
SAIZENPREP	E	SP	junel 1/20	1	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	E	SP	junel fe 1.5/30	1	
ZOMACTON	E	SP	junel fe 1/20	1	
<b>Hormonal Agents - Sex Hormones and Birth Control</b>			levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
apri	1		LO LOESTRIN FE	3	
aviane	1		loryna	1	
BEYAZ	E		low-ogestrel	1	
blisovi 24 fe	1		MAKENA INTRAMUSCULAR	3	PA; SP
blisovi fe 1.5/30	1		medroxyprogesterone acetate intramuscular	1	QL
blisovi fe 1/20	1		medroxyprogesterone acetate oral	1	
CLIMARA PRO	2		MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
cryselle-28	1		microgestin 1.5/30	1	
DIVIGEL	3		microgestin 1/20	1	
			microgestin fe 1/20	1	
			MINASTRIN 24 FE	E	
			MINIVELLE	3	

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

Drug Name	Drug Tier	Notes
mono-linyah	1	
mononessa	1	
NATAZIA	2	
nikki	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone oral	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
ocella	1	
ORTHO TRI-CYCLEN (28)	E	
ORTHO TRI-CYCLEN LO	E	
portia-28	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	
tri-estarylla	1	
tri-linyah	1	
tri-lo-marzia	1	
trinessa (28)	1	
trinessa lo	1	
tri-previfem	1	

Drug Name	Drug Tier	Notes
tri-sprintec	1	
VAGIFEM VAGINAL TABLET 10 MCG	E	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
xulane	1	
YAZ	E	
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	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
azathioprine oral	1	
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
CIMZIA VIAL KIT	2	PA; SP
COSENTYX 150 MG/ML	3	PA; 3P; SP
COSENTYX 300 DOSE	3	PA; 3P; SP

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY 300 DOSE	3	PA; 3P; SP	KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; 3P; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; 3P; SP	methotrexate oral	1	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP	methotrexate sodium oral	1	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP	mycophenolate mofetil oral capsule	1	SP
HAEGARDA	3	PA; SP	mycophenolate mofetil oral tablet	1	SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA; SP	mycophenolate sodium	1	SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; SP	OTEZLA ORAL TABLET	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; SP	OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; SP	PROGRAF ORAL	3	SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP	RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL
INFLECTRA	E	SP	REMICADE	2	PA; SP
			SIMPONI ARIA	2	PA; SP
			SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP
			SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP

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

Drug Name	Drug Tier	Notes
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
tacrolimus oral	1	SP
TALTZ	E	SP
TREMFYA	2	PA; SP
XELJANZ ORAL TABLET 5 MG	3	PA; 3P; SP
XELJANZ XR	3	PA; 3P; SP
<b>Immunological Agents - Drugs for Vaccination</b>		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
SHINGRIX	3	
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
ASACOL HD	E	
CANASA	2	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	

Drug Name	Drug Tier	Notes
UCERIS	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
ibandronate sodium oral	1	QL
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
	2	PA; Non-Cosmetic; SP
BOTOX		
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	

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

Drug Name	Drug Tier	Notes
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	E	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
BETOPTIC-S	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL

Drug Name	Drug Tier	Notes
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
RHOPRESSA	E	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACAFT	3	ST
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL

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

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

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

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

Drug Name	Drug Tier	Notes
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
KITABIS PAK	E	SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	ST; SP

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



Drug Name	Drug Tier	Notes
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER	2	PA; SP; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
SILENOR	3	QL
temazepam	1	QL

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

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

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Eden Prairie, MN 55344

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

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

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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 yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsos nít'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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