



Pharmacy benefits summary

Effective: January 1, 2023

York County School Division

OptumRx® will manage pharmacy care services for your plan. We are committed to helping you get the most from your plan benefits when making medication decisions with your doctor. We provide safe, easy, and cost-effective ways for you to get the medications you need.

Your pharmacy benefits plan at a glance for all plans.

Prescription Drug	Optima POS 250/20			CDHP/HSA – Optima Equity POS 3000/0%		
	Retail 30-day supply	Retail 90-day supply	Mail Order 90-day supply	Retail 30-day supply	Retail 90-day supply	Mail Order 90-day supply
Tier 1 - Generics	\$15.00	\$45.00	\$15.00	\$15.00	\$45.00	\$15.00
Tier 2 - Brands	\$40.00	\$90.00	\$80.00	\$30.00	\$90.00	\$60.00
Tier 3 - Non preferred brands	\$75.00	\$180.00	\$150.00	\$60.00	\$180.00	\$150.00
Tier 4 - Specialty	\$200	N/A	N/A	\$120	N/A	N/A

Benefit Features	Optima POS 250/20	CDHP/HSA - Optima Equity POS 3000/0%
Calendar Year Deductible	Individual – No Deductible Family - No Deductible	Individual - \$3,000.00 combined medical & Rx Family - \$6,000.00 combined medical & Rx
Out-Of-Pocket-Maximum Medical & Prescriptions Combined	Individual - \$3,500.00 combined medical & Rx Family - \$7,000.00 combined medical & Rx	Individual - \$4,000.00 combined medical & Rx Family - \$8,000.00 combined medical & Rx

All copayments shown in this chart are after your deductible has been met, if a deductible applies. Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.



Frequently asked questions

What are tiers?

Tiers indicate the amount you pay for your prescription. Tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Using medications in lower tiers may save you money.

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.

How do I find a network retail pharmacy?

Once your coverage begins, it's easy to find a network retail pharmacy near you:

- Log in to the website on your member ID card
- Use the OptumRx App
- Call the toll-free member phone number on your ID card

My pharmacy says my medication requires prior authorization, what does this mean? Prior authorization (PA) means you must get approval before your plan will cover your medication. PA is used to make sure the medication you're taking is appropriate and effective for your condition.

To start the prior authorization process, you or your doctor can call OptumRx. Your doctor will need to provide more information about why you are taking a medication.

Looking for more information?

After January 1, 2023 when your coverage starts, register at the website on your member ID card.

Then use our helpful tools to:

- Look up the price of covered medication or find lower-cost options
- Refill and renew home delivery prescriptions
- Sign up for text notifications to remind you when to take your medication or refill your prescription.

Contact us: Call the number or visit the website on your member ID card.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

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

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Our digital tools

optumrx.com is a fast, easy and secure way to get the information you need to make the most of your pharmacy benefit.

Website features and tools

Set up your online account at **optumrx.com** and:

- Compare medication prices at different pharmacies.
- Locate a network pharmacy.
- Manage medication for covered dependents and spouses.
- View real-time benefits and claims history.

If you use home delivery, you can:

- Transfer retail prescriptions to home delivery.
- Track orders.
- Refill home delivery prescriptions.

You can save time, money and improve your health

- **Save time** — Skip the pharmacy line. Order medications you take regularly online and make fewer trips to the pharmacy.
- **Save money** — Get 3-month supplies and you could pay less. Orders are sent using free standard shipping.



My medication reminders

Manage text message reminders online.¹

While on the go

Access your pharmacy benefits and manage your prescriptions from your smartphone or tablet with the **OptumRx app**.

- Find drug prices and lower-cost alternatives.
- View your claims history.
- Locate a pharmacy.
- Access your ID card, if your plan allows.
- Manage medication reminders.
- Transfer retail prescriptions to home delivery.
- Refill or renew home delivery prescriptions.

Visit **optumrx.com** today.

Notes:

1. Adherence rates quantified using OptumRx internal data for oral anti-diabetic medications among Medicare Part D Beneficiaries, May 2012.



optumrx.com

OptumRx is a pharmacy care services company helping clients and more than 65 million members achieve better health outcomes and lower overall costs through innovative prescription drug benefit services. Learn more at **optum.com**.

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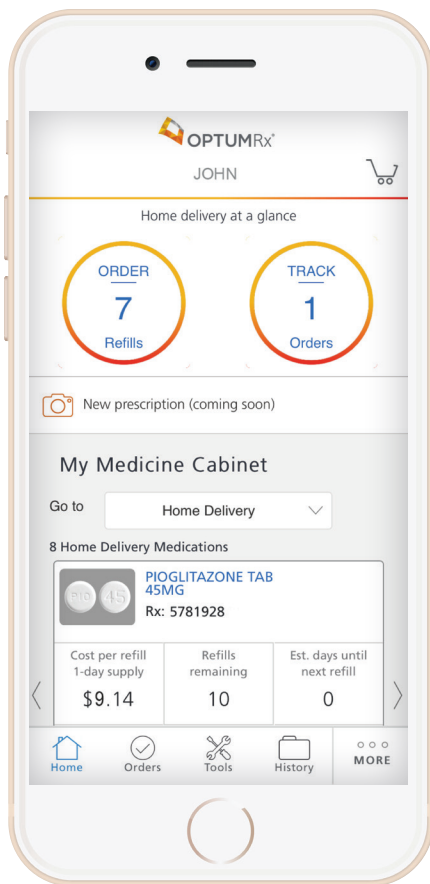
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Download the OptumRx app now from the Apple® App Store or Google Play™.



OptumRx app



The OptumRx app makes the online pharmacy experience as simple as possible. You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID card if your plan allows

Manage home delivery orders

- Transfer a prescription to home delivery
- Track your order
- Refill a prescription



Download the OptumRx app now
from the Apple[®] App Store or Google Play[™].



The OptumRx app: the most convenient way to manage your prescriptions.

Simple

Refill a medication or transfer a retail prescription to home delivery.

Current

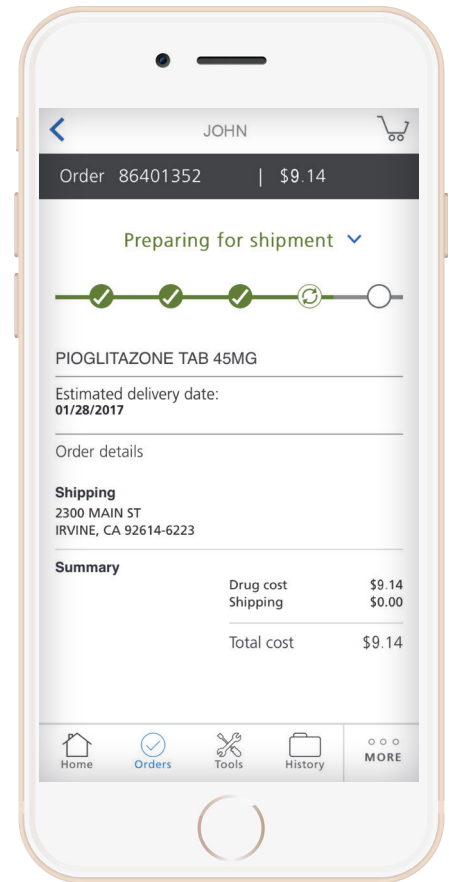
The OptumRx app gives you quick access to your plan's most current drug coverage information.

Personalized

Access a complete profile of your prescriptions when you view My Medicine Cabinet. You can see all your recent and past prescriptions.

Save time and money

Compare prescription drug options and identify potential cost savings.



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Enroll now to get all the benefits of medication home delivery.

OptumRx® home delivery is convenient and reliable.



Savings

You may pay less for your medication with a 3-month supply.



Convenience

Medications are delivered to your mailbox—with free standard shipping.



24/7 pharmacist support

Speak to a pharmacist any time, from the privacy of your own home.



Personalized drug pricing tool and reminders

Use the drug pricing tool for cost-saving opportunities.

Set up text and email reminders to help you remember to take or refill your medications.¹

Need your medication right away?

Ask your doctor for a 1-month supply that can be filled at a participating retail pharmacy.

Here's how to get started with home delivery:

- **ePrescribe.** Ask your doctor to send an electronic prescription to OptumRx².
- **optumrx.com or OptumRx app.** Easily find your medications and set up home delivery in just a few steps.
- **Phone.** Call the toll-free number on your member ID card.

Prescriptions from OptumRx should arrive within 5 business days after your complete order is received. You can check the status of your orders online.

¹ OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.

² Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe. Electronic prescriptions for controlled substances does not apply to providers in Alaska, Guam, Puerto Rico or the U.S. Virgin Islands.



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Generic medications

Pay for the medication, not the name

Generic drugs are safe and effective, plus they cost less than their brand-name counterparts. When you need a prescription, ask your doctor or pharmacist if a generic is available for you.

Seven things to know

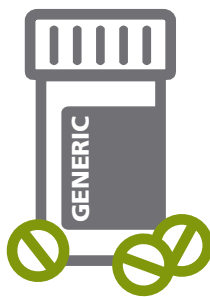
1

What is a generic medication?

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Liptor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.



Brand Lipitor
Active ingredient: atorvastatin



Generic Lipitor
Active ingredient: atorvastatin

Same active ingredient.
Same quality.

Brand-drug makers manufacture about **half** of all generic drugs.

2

Will a generic medication work the same as the brand?

Yes. Generics are copies of brand-name medications that have been tested and approved by the FDA. Drug manufacturers must prove their generic medications are the same as the brand-name medication, including:

- What it treats
- The way it is taken
- How well it works

3

Are generic medications safe?

Yes. The FDA has strict guidelines around generics. They must be the same chemically and have the same medical effect. The FDA periodically inspects manufacturing plants and monitors drug quality, even after generics have been approved.

4

Could a generic medication look different than the brand?

Yes. Generic medications may have a different shape or color than the brand. They may contain other ingredients, such as dyes and fillers, which give a medication its color and size. The shape or color does not affect how the medication works.

5

Can I save money by using a generic?

Most of the time, a generic medication costs less than the brand because makers of generic drugs don't have the high up-front costs of new drug development. You may also save through a lower copay. However, there may be times when the cost for a generic is higher than the brand name. The easiest way to compare brand and generic medication prices is to use the Drug Pricing tool at optumrx.com.

6

Does every brand-name drug have a generic counterpart?

No. Only about half of the brand-name medications on the market have a generic alternative. Some drugs are protected by patents and are supplied by a single company.

7

How much can you and your plan save?

The savings based on the cost of the drug can be substantial. Your out-of-pocket cost will generally be less when you choose a generic medication. Consult your plan for copay details.

Learn more about generics

Talk with your doctor, pharmacist or other health care provider to learn more about generics.

The FDA also includes helpful information at:

- fda.gov
 - **1-888-463-6332**
 - druginfo@fda.hhs.gov
-



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Welcome to your specialty pharmacy.

OptumRx offers specialty medication support through Optum® Specialty Pharmacy. Optum Specialty Pharmacy provides the resources and personalized support to help you with your condition. We also offer in-home medication infusion support through Optum® Infusion Pharmacy.



What is a specialty medication?

An injectable, infused, oral or inhaled medication is defined as a specialty medication if it:

- May require ongoing clinical oversight and extra education
- Has unique storage or shipping needs
- May not be available at retail pharmacies
- May require infusion or home nursing



What services does the specialty pharmacy provide?

We support you with a team of pharmacists and nurses who specialize in your condition — at no extra cost to you. You also have:

- Access to your medications at your plan's lowest cost
- 24/7 access to pharmacists
- Clinical and adherence programs
- Medication supplies at no extra cost
- Refill reminders
- Timely delivery in confidential packaging

For more information, visit specialty.optumrx.com or call **1-855-427-4682**.



What are infusion services?

Infusion therapy means your medication is administered right into your veins. Our infusion services team helps give your medication, watches over your treatment and offers insurance support. Services include:

- Trained nurses who help make sure your medication is administered safely
- Home services to help avoid costly hospital stays
- A team to help schedule and order medication and supplies you may need

For more information about infusion services, call **1-877-342-9352**.



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2022 Select Standard Formulary

Effective January 1, 2022



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



Call the number on your member ID card.



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

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



Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

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

How do I use my formulary?

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

What are tiers?

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

About this formulary

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

Over-the-counter medications (OTC)

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

Reading your formulary

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

Tier information

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

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

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

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

Select Standard Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
MORPHINE SULFATE (BULK)	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral solution	1	QL
NUCYNTA	3	QL
oxycodone hcl oral tablet	1	QL

Drug Name	Drug Tier	Notes
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
etodolac oral tablet	1	
ibuprofen oral tablet	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	ST
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	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
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA
naproxen oral tablet	1	
naproxen sodium oral tablet	1	
Anesthetics		
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
ZUBSOLV	2	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	

Drug Name	Drug Tier	Notes
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	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	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium 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
SEYSARA	3	ST
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral tablet	1	
XENLETA	3	
XEPI	3	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine oral tablet	1	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine er	1	
lamotrigine oral tablet	1	

Drug Name	Drug Tier	Notes
levetiracetam oral tablet	1	
NAYZILAM	3	QL
oxcarbazepine oral tablet	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
TROKENDI XR	3	ST
VALTOCO	3	QL
VIMPAT	3	
XCOPRI	3	ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	ST; QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	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
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	ST; QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet 10 mg	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
scopolamine	1	

Drug Name	Drug Tier	Notes
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
KERYDIN	3	PA; ++
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
febuxostat	1	ST
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	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
NURTEC	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA; QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	1	
CABOMETYX	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	PA; SP
ERIVEDGE	3	PA; SP
IBRANCE ORAL TABLET	3	PA; SP
IDHIFA	3	PA; SP; QL
KANJINTI	2	PA; SP
KEYTRUDA	3	PA; SP
KISQALI FEMARA	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
ORGOVYX	3	PA; SP
PHESGO	2	PA; SP
RETEVMO	3	PA; SP
REVLIMID	2	PA; SP
ROZLYTREK	3	PA; SP
RUBRACA	2	PA; SP
RUXIENCE	2	PA; SP

Drug Name	Drug Tier	Notes
SPRYCEL	2	PA; SP
TABRECTA	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral	1	
TARGRETIN EXTERNAL	3	PA; SP
TRAZIMERA	2	PA; SP
UKONIQ	3	PA; SP
VELCADE	2	PA; SP
VITRAKVI	3	PA; SP
XTANDI	3	PA; SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral tablet 200 mg	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
KYNMOBI	3	PA; SP; QL
KYNMOBI TITRATION KIT	3	PA; SP; QL
NEUPRO	3	ST
NOURIANZ	3	PA
ONGENTYS	3	ST
pramipexole dihydrochloride	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
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	PA
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL

Drug Name	Drug Tier	Notes
JULUCA	2	
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
PREZCOBIX	2	
RUKOBIA	2	
SYMFI	2	
SYMFI LO	2	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	3	PA
valacyclovir hcl oral	1	QL
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	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
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
JIVI	3	SP
KOATE	2	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NPLATE	3	PA; SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
SOLIRIS	3	PA; SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	PA; SP

Drug Name	Drug Tier	Notes
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ANTARA	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
BIDIL	3	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	ST
candesartan cilexetil	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
doxazosin mesylate oral	1	

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

Drug Name	Drug Tier	Notes
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	
metoprolol succinate er	1	

Drug Name	Drug Tier	Notes
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST

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
telmisartan	1	
telmisartan-hctz	1	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	1	PA; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	3	PA; QL
atomoxetine hcl	1	QL
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
guanfacine hcl er	1	
JORNAY PM	3	PA; ST; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
methylphenidate hcl er (xr)	1	PA; QL
methylphenidate hcl er oral tablet extended release	1	PA; QL

Drug Name	Drug Tier	Notes
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
GILENYA	3	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; ++; QL

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

Drug Name	Drug Tier	Notes
AUSTEDO	3	PA; SP; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	3	PA; SP; QL
phentermine hcl oral tablet	1	PA; ++
pregabalin oral capsule	1	QL
QSYMIA	3	PA; ++
SAXENDA	3	PA; ++; QL
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; QL
VYLEESI	3	PA; ++; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	3	PA
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	PA; ++
AMZEEQ	3	
betamethasone dipropionate external cream	1	
BRYHALI	3	PA
claravis	1	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	

Drug Name	Drug Tier	Notes
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	2	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
ENSTILAR	3	PA; QL
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external cream	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	

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

Drug Name	Drug Tier	Notes
fluorouracil external cream 5 %	1	
hydrocortisone external cream	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
KLISYRI	3	ST
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
ONEXTON	3	
pimecrolimus	1	ST
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA; ++
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
TACLONEX	3	QL
tacrolimus external	1	
tretinoin external cream	1	PA; ++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	1	PA

Drug Name	Drug Tier	Notes
WYNZORA	3	PA; QL
ZILXI	3	ST
Diabetes - Antidiabetic Agents		
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKANA	3	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl er (mod)	1	PA
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
RYBELSUS	2	ST; QL
SOLIQUA	2	ST; QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	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
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CONTOUR MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT LINK KIT W/DEVICE	2	++
CONTOUR NEXT MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT	2	++
CONTOUR NEXT TEST STRIPS	2	++; QL
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	PA; ++
FREESTYLE LIBRE 14 DAY READER	2	PA; ++
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; ++
FREESTYLE LIBRE 2 READER	2	PA; ++

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 2 SENSOR	2	PA; ++
GHT BLOOD GLUCOSE MONITOR	3	++
GUARDIAN CONNECT TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN SENSOR (3)	3	PA; ++
ONETOUCH ULTRA TEST STRIPS	2	++; QL
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++
ONETOUCH ULTRA MINI KIT W/DEVICE	2	++
ONETOUCH VERIO FLEX SYSTEM	2	++
ONETOUCH VERIO TEST STRIPS	2	++; QL
ONETOUCH VERIO IQ SYSTEM	2	++
ONETOUCH VERIO REFLECT	2	++
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius
GVOKE HYPOPEN 1-PACK	2	

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

Drug Name	Drug Tier	Notes
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
Diabetes - Insulins		
BD AUTOSHIELD DUO PEN NEEDLES	2	++
BD ULTRA-FINE INSULIN SYRINGES	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
HUMALOG	2	++
HUMALOG KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++
HUMULIN 70/30 KWIKPEN	2	++
HUMULIN 70/30 VIAL	2	++
HUMULIN N KWIKPEN	2	++
HUMULIN N VIAL	2	++
HUMULIN R U-500 KWIKPEN	2	++
HUMULIN R U-500 VIAL	2	++
HUMULIN R VIAL	2	++
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTouch	2	++
LEVEMIR U-100 VIAL	2	++

Drug Name	Drug Tier	Notes
LYUMJEV KWIKPEN	2	++
LYUMJEV VIAL	2	++
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	++
NOVOFINE PEN NEEDLE 32G X 6 MM	2	++
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	++
NOVOLIN 70/30 FLEXPEN	2	++
NOVOLIN 70/30 VIAL	2	++
NOVOLIN N FLEXPEN	2	++
NOVOLIN N VIAL	2	++
NOVOLIN R FLEXPEN	2	++
NOVOLIN R VIAL	2	++
NOVOLOG FLEXPEN	2	++
NOVOLOG MIX 70/30 FLEXPEN	2	++
NOVOLOG MIX 70/30 VIAL	2	++
NOVOLOG PENFILL	2	++
NOVOLOG U-100 VIAL	2	++
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	++
TOUJEO MAX SOLOSTAR	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA	2	++
TRESIBA FLEXTouch	2	++
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocalciferol oral capsule	1	++

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

Drug Name	Drug Tier	Notes
folic acid oral tablet	1	++
klor-con m20	1	
LOKELMA	3	
NASCOBAL	3	++
potassium chloride crystal extended release 10 meq, 20 meq	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	1	++
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
DEXILANT	2	++; QL
esomeprazole magnesium oral capsule delayed release	1	++; QL
famotidine oral	1	++
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	1	++; QL

Drug Name	Drug Tier	Notes
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	3	
TRULANCE	3	ST; QL
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL

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

Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
ORFADIN	3	PA; SP
STRENSIQ	2	PA; SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DEPEN TITRATABS	2	SP
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	3	++; QL
tadalafil oral	1	++; QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
Hormonal Agents - Adrenal		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	1	PA
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg	1	
hydrocortisone oral	1	
methylprednisolone oral tablet therapy pack	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	PA
TAPERDEX 6-DAY	3	PA
TAPERDEX 7-DAY	3	PA
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
testosterone cypionate intramuscular	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
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
XYOSTED	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
clomiphene citrate oral	1	++
FENSOLVI (6 MONTH)	3	PA; SP; QL
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon; ++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOCDURNA	3	

Drug Name	Drug Tier	Notes
NORDITROPIN FLEXPRO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	2	PA; ++; SP
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	2	PA; ++; SP
ORILISSA	2	PA; QL
SOMATULINE DEPOT	3	PA; SP
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	++
aurovela fe 1/20	1	++
aviane	1	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
CLIMARA PRO	2	
cryselle-28	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
eluryng	1	++
ENDOMETRIN	2	++
enskyce	1	++
estarylla	1	++
estradiol oral	1	
estradiol transdermal	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
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kurvelo	1	++
larin fe 1/20	1	++
larissia	1	++
lessina	1	++
levonorgest-eth est & eth est	1	++; QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	++; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	3	++
loryna	1	++
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL

Drug Name	Drug Tier	Notes
medroxyprogesterone acetate oral	1	
MIRENA (52 MG)	3	++
mono-linyah	1	++
NATAZIA	2	++
nikki	1	++
norethin ace-eth estrad-fe oral tablet	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norgestimate-ethinyl estradiol triphasic	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
ORIAHNN	2	PA; QL
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
sprintec 28	1	++
syeda	1	++
tri femynor	1	++
tri-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++
tri-sprintec	1	++
vienva	1	++
xulane	1	++
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
euthyrox	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
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid oral tablet 30 mg, 60 mg	1	
SYNTHROID	3	ST
TIROSINT	3	
TIROSINT-SOL	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
AVSOLA	2	PA; SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX SENSOREADY (300 MG)	3	PA; SP
COSENTYX SENSOREADY PEN	3	PA; SP
cyclosporine modified oral capsule	1	SP
ENBREL MINI	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
GAMMAGARD	3	PA; SP

Drug Name	Drug Tier	Notes
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PEDIATRIC UC START	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
LUPKYNIS	3	PA; SP; QL
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP
RASUVO	2	PA; QL
REDITREX	3	PA; QL
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP
SIMPONI ARIA	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
SKYRIZI	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
SKYRIZI PEN	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
TREXALL	3	
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	1	
CORTIFOAM	3	
DIPENTUM	3	
hydrocortisone (perianal)	1	
LIALDA	1	
mesalamine er oral capsule 0.375 gm	3	PA
mesalamine oral tablet delayed release 1.2 gm	3	PA
mesalamine oral tablet delayed release 800 mg	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS RECTAL	3	

Drug Name	Drug Tier	Notes
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
FORTEO	3	PA; SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
RAYALDEE	3	
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	2	PA; SP
XGEVA	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
ENDARI	3	PA
EUFLEXXA	2	PA; SP
GELSYN-3	2	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	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
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC GEL	3	PA; QL
LOTEMAX OPTHALMIC OINTMENT	3	PA; QL
LOTEMAX SM	3	
MOXEZA	2	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
moxifloxacin hcl ophthalmic solution	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL

Drug Name	Drug Tier	Notes
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	ST
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	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
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy relief oral tablet 5 mg	1	++
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	++
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
NUCALA	2	PA; SP; QL
OMNARIS	3	++; QL
promethazine hcl oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
XHANCE	3	ST; ++; QL
XOLAIR	2	PA; SP
ZETONNA	3	++; QL

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; QL
albuterol sulfate inhalation	1	QL
ALVESCO	3	ST; QL
ANORO ELLIPTA	2	QL
ARNUIITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	PA; QL
COMBIVENT RESPIMAT	2	QL
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	3	ST
ESBRIET	3	PA; SP
FLOVENT DISKUS	2	QL
FLOVENT 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
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	PA; QL
ipratropium-albuterol	1	QL
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
OFEV	3	PA; SP
PERFOROMIST	3	QL
PROAIR HFA	3	ST; QL
PROAIR RESPICLICK	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	3	PA; QL
YUPELRI	3	QL

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA; QL
PULMOZYME	2	PA; SP
TOBI PODHALER	3	SP; QL
TRIKAFTA	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	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
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	3	PA; SP; QL
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL
Stimulation or Suppression		
TAKHZYRO	3	PA; SP

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

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fluocinonide.....	15	HARVONI.....	11	INDOMETHACIN.....	6
FLUOROPLEX.....	15	HEMANGEOL.....	13	indomethacin.....	6
FLUOROURACIL.....	15	HORIZANT.....	15	INFLECTRA.....	23
fluorouracil.....	16	HUMALOG.....	18	INGREZZA.....	15
fluoxetine hcl.....	9	HUMALOG KWIKPEN.....	18	INVEGA SUSTENNA.....	11
fluticasone propionate.....	26	HUMALOG MIX 50/50		INVEGA TRINZA.....	11
fluticasone-salmeterol.....	27	KWIKPEN.....	18	INVELTYS.....	25
fluvoxamine maleate.....	9	HUMALOG MIX 50/50 VIAL.....	18	INVOKANA.....	16
folic acid.....	19	HUMALOG MIX 75/25		ipratropium bromide.....	26
FOLLISTIM AQ.....	21	KWIKPEN.....	18	ipratropium-albuterol.....	27
FORFIVO XL.....	9	HUMALOG MIX 75/25 VIAL.....	18	irbesartan.....	13
FORTEO.....	24	HUMALOG U-100 JUNIOR		irbesartan-hydrochlorothiazide..	13
FREESTYLE LIBRE 14 DAY		KWIKPEN.....	18	isibloom.....	22
READER.....	17	HUMIRA.....	23	isosorbide mononitrate er.....	13
FREESTYLE LIBRE 14 DAY		HUMIRA PEDIATRIC		JANUMET.....	16
SENSOR.....	17	CROHNS START.....	23	JANUMET XR.....	16
FREESTYLE LIBRE 2		HUMIRA PEN.....	23	JANUVIA.....	16
READER.....	17	HUMIRA PEN-CD/UC/HS		JARDIANCE.....	16
FREESTYLE LIBRE 2		STARTER.....	23	JENTADUETO.....	16
SENSOR.....	17	HUMIRA PEN-PEDIATRIC UC		JENTADUETO XR.....	16
furosemide.....	13	START.....	23	JIVI.....	12
FYCOMPA.....	8	HUMIRA PEN-PS/UV/ADOL		JORNAY PM.....	14
gabapentin.....	8	HS START.....	23	JULUCA.....	11
GAMMAGARD.....	23	HUMIRA PEN-PSOR/UEIT		junel 1.5/30.....	22
ganirelix acetate.....	21	STARTER.....	23	junel 1/20.....	22
GELSYN-3.....	24	HUMULIN 70/30 KWIKPEN.....	18	junel fe 1.5/30.....	22
gemfibrozil.....	13	HUMULIN 70/30 VIAL.....	18	junel fe 1/20.....	22
GENVOYA.....	11	HUMULIN N KWIKPEN.....	18	junel fe 24.....	22
GHT BLOOD GLUCOSE		HUMULIN N VIAL.....	18	KANJINTI.....	10
MONITOR.....	17	HUMULIN R U-500 KWIKPEN..	18	KERYDIN.....	9
GILENYA.....	14	HUMULIN R U-500 VIAL.....	18	KESIMPTA.....	14
glimepiride.....	16	HUMULIN R VIAL.....	18	ketoconazole.....	9
glipizide er.....	16	hydralazine hcl.....	13	ketorolac tromethamine.....	6, 25
glipizide ir.....	16	hydrochlorothiazide.....	13	KEYTRUDA.....	10
GLUCAGON EMERGENCY		hydrocodone-acetaminophen....	6	KISQALI.....	10
KIT.....	17	hydrocortisone.....	16, 20	KISQALI FEMARA.....	10
glyburide.....	16	hydrocortisone (perianal).....	24	KLISYRI.....	16
glycopyrrolate.....	19	hydromorphone hcl.....	6	klor-con m20.....	19
GLYCOPYRROLATE.....	19	hydroxychloroquine sulfate.....	10	KOATE.....	12
GLYXAMBI.....	16	hydroxyzine hcl.....	11	kurvelo.....	22
GRALISE.....	15	hydroxyzine pamoate.....	11	KYNMOBI.....	10
guanfacine hcl.....	13	hyoscyamine sulfate.....	19	KYNMOBI TITRATION KIT.....	10
guanfacine hcl er.....	14	hyoscyamine sulfate sl.....	19	labetalol hcl.....	13
GUARDIAN CONNECT		HYSINGLA ER.....	6	lactulose.....	19
TRANSMITTER.....	17	ibandronate sodium.....	24	lamotrigine.....	8
GUARDIAN LINK 3		IBRANCE.....	10	lamotrigine er.....	8
TRANSMITTER.....	17	ibuprofen.....	6	lansoprazole.....	19
GUARDIAN SENSOR (3).....	17	IDHIFA.....	10	LANTUS SOLOSTAR.....	18

LANTUS U-100 VIAL.....	18	LYUMJEV VIAL.....	18	mycophenolate sodium.....	23
larin fe 1/20.....	22	MAKENA.....	22	MYRBETRIQ.....	20
larissia.....	22	MAVENCLAD.....	14	nabumetone.....	6
latanoprost.....	25	MAVYRET.....	11	nadolol.....	13
LATUDA.....	11	MAYZENT.....	14	naltrexone hcl.....	7
leflunomide.....	23	meclizine hcl.....	9	NAMZARIC.....	8
lessina.....	22	medroxyprogesterone acetate..	22	NAPRELAN.....	6, 7
letrozole.....	10	meloxicam.....	6	naproxen.....	7
LEVEMIR U-100 FLEXTOUCH..	18	memantine hcl.....	8	naproxen sodium.....	7
LEVEMIR U-100 VIAL.....	18	mesalamine.....	24	NARCAN.....	7
levetiracetam.....	8	mesalamine er oral capsule		NASCOBAL.....	19
levocetirizine dihydrochloride....	26	0.375 gm.....	24	NATAZIA.....	22
levofloxacin.....	7	metaxalone.....	27	NAYZILAM.....	8
levonorgest-eth est & eth est....	22	metformin hcl er.....	16	neomycin-polymyxin-dexameth	25
levonorgest-eth estrad 91-day..	22	metformin hcl er (mod).....	16	neomycin-polymyxin-hc.....	25
levonorgestrel-ethinyl estrad....	22	metformin hcl er (osm).....	16	NEULASTA.....	12
levothyroxine sodium.....	23	metformin hcl ir.....	16	NEULASTA ONPRO.....	12
levoxyl.....	23	methimazole.....	23	NEUPRO.....	10
LIALDA.....	24	methocarbamol.....	27	NEXLETOL.....	13
lidocaine.....	7	methotrexate.....	23	NEXLIZET.....	13
lidocaine viscous hcl.....	15	methotrexate sodium.....	23	nifedipine er.....	13
lidocaine-prilocaine.....	7	methylphenidate hcl.....	14	nifedipine er osmotic release....	13
LINZESS.....	19	methylphenidate hcl er.....	14	nikki.....	22
liothyronine sodium.....	23	methylphenidate hcl er (la).....	14	nitrofurantoin macrocrystal.....	7
lisinopril.....	13	methylphenidate hcl er (xr).....	14	nitrofurantoin monohydrate	
lisinopril-hydrochlorothiazide....	13	methylprednisolone.....	20	macrocrystals.....	7
lithium carbonate.....	12	metoclopramide hcl.....	9	nitroglycerin.....	13
lithium carbonate er.....	12	metoprolol succinate er.....	13	NITYR.....	20
LIVALO.....	13	metoprolol tartrate.....	13	NIVESTYM.....	12
LO LOESTRIN FE.....	22	metronidazole.....	7, 16	NOCDURNA.....	21
LOKELMA.....	19	minocycline hcl.....	7	NORDITROPIN FLEXPRO.....	21
LONHALA MAGNAIR REFILL		MIRENA (52 MG).....	22	norethin ace-eth estrad-fe.....	22
KIT.....	27	mirtazapine.....	9	norethindrone.....	22
LONHALA MAGNAIR		MIRVASO.....	16	norethindrone acetate.....	22
STARTER KIT.....	27	misoprostol.....	19	norethindrone acet-ethinyl est...22	
lorazepam.....	11	modafinil.....	27	norgestimate-ethinyl estradiol	
loryna.....	22	mometasone furoate.....	16, 26	triphasic.....	22
LORZONE.....	27	mono-lynyah.....	22	nortrel 1/35 (21).....	22
losartan potassium.....	13	montelukast sodium.....	27	nortrel 1/35 (28).....	22
losartan potassium-hctz.....	13	morphine sulfate.....	6	nortriptyline hcl.....	9
LOTEMAX.....	25	MORPHINE SULFATE (BULK)...6		NOURIANZ.....	10
LOTEMAX SM.....	25	morphine sulfate (concentrate)...6		NOVOEIGHT.....	12
lovastatin.....	13	morphine sulfate er.....	6	NOVOFINE AUTOCOVER	
LUMIGAN.....	25	MOTEGRITY.....	19	PEN NEEDLE.....	18
LUPKYNIS.....	23	MOVANTIK.....	19	NOVOFINE PEN NEEDLE.....	18
LUPRON DEPOT (1-MONTH)..21		MOXEZA.....	25	NOVOFINE PLUS PEN	
LUPRON DEPOT (3-MONTH)..21		MOXIFLOXACIN HCL.....	25	NEEDLE.....	18
LUPRON DEPOT (4-MONTH)		moxifloxacin hcl.....	25	NOVOLIN 70/30 FLEXPEN.....	18
INTRAMUSCULAR KIT 30MG..21		MULPLETA.....	12	NOVOLIN 70/30 VIAL.....	18
LUPRON DEPOT (6-MONTH)		MULTAQ.....	13	NOVOLIN N FLEXPEN.....	18
INTRAMUSCULAR KIT 45MG..21		mupirocin.....	7	NOVOLIN N VIAL.....	18
LYNPARZA.....	10	MVASI.....	10	NOVOLIN R FLEXPEN.....	18
LYUMJEV KWIKPEN.....	18	mycophenolate mofetil.....	23	NOVOLIN R VIAL.....	18

NOVOLOG FLEXPEN.....	18	ORENITRAM.....	27	PROLIA.....	24
NOVOLOG MIX 70/30 FLEXPEN.....	18	ORFADIN.....	20	promethazine hcl.....	26
NOVOLOG MIX 70/30 VIAL.....	18	ORGOVYX.....	10	promethazine-dm.....	26
NOVOLOG PENFILL.....	18	ORIAHNN.....	22	propranolol hcl.....	13
NOVOLOG U-100 VIAL.....	18	ORLISSA.....	21	propranolol hcl er.....	13
NOVOTWIST PEN NEEDLE....	18	ORLADEYO.....	23	pseudoephedrine-bromphen- dm.....	26
np thyroid.....	23	OSPHENA.....	21	PULMICORT FLEXHALER.....	27
NPLATE.....	12	OTEZLA.....	23	PULMOZYME.....	27
NUBEQA.....	10	OTOVEL.....	25	PYLERA.....	19
NUCALA.....	26	oxcarbazepine.....	8	QBREXZA.....	16
NUCYNTA.....	6	oxybutynin chloride.....	20	QNASL.....	26
NURTEC.....	10	oxybutynin chloride er.....	20	QNASL CHILDRENS.....	26
NUTROPIN AQ NUSPIN 10....	21	oxycodone hcl.....	6	QSYMIA.....	15
NUTROPIN AQ NUSPIN 20....	21	OXYCODONE- ACETAMINOPHEN.....	6	quetiapine fumarate.....	11
NUTROPIN AQ NUSPIN 5.....	21	oxycodone-acetaminophen.....	6	quetiapine fumarate er.....	11
NUWIQ.....	12	OXYCONTIN.....	6	QVAR REDIHALER.....	27
NUZYRA.....	7	OZEMPIC.....	16	rabeprazole sodium.....	19
nystatin.....	9	pantoprazole sodium.....	19	ramipril.....	13
ODEFSEY.....	11	paroxetine hcl.....	9	ranolazine er.....	13
ODOMZO.....	10	peg 3350-kcl-na bicarb-nacl.....	19	RASUVO.....	23
OFEV.....	27	penicillin v potassium.....	7	RAYALDEE.....	24
ofloxacin.....	25	PENTASA.....	24	REBIF.....	14
olanzapine.....	11	PERFOROMIST.....	27	REBIF REBIDOSE.....	14
olmesartan medoxomil.....	13	PERSERIS.....	11	REBIF REBIDOSE TITRATION PACK.....	14
olmesartan medoxomil-hctz.....	13	phenazopyridine hcl.....	20	REBIF TITRATION PACK.....	14
olmesartan-amlodipine-hctz.....	13	phentermine hcl.....	15	RECOMBINATE.....	12
olopatadine hcl.....	25	PHESGO.....	10	REDITREX.....	23
OMECLAMOX-PAK.....	19	pimecrolimus.....	16	REPATHA.....	13
omega-3-acid ethyl esters.....	13	pioglitazone hcl.....	16	REPATHA PUSHTRONEX SYSTEM.....	13
omeprazole.....	19	pioglitazone hcl.....	16	REPATHA SURECLICK.....	13
OMNARIS.....	26	polymyxin b-trimethoprim.....	25	RESTASIS.....	25
ondansetron hcl.....	9	potassium chloride crys er.....	19	RESTASIS MULTIDOSE.....	25
ondansetron odt.....	9	potassium chloride er.....	19	RETACRIT.....	12
ONETOUCH ULTRA 2 KIT W/DEVICE.....	17	potassium citrate er.....	19	RETEVMO.....	10
ONETOUCH ULTRA MINI KIT W/DEVICE.....	17	PRADAXA.....	8	RETIN-A MICRO PUMP.....	16
ONETOUCH ULTRA TEST STRIPS.....	17	pramipexole dihydrochloride.....	10	REVLIMID.....	10
ONETOUCH VERIO FLEX SYSTEM.....	17	prasugrel hcl.....	11	REXULTI.....	11
ONETOUCH VERIO IQ SYSTEM.....	17	pravastatin sodium.....	13	RHOFADE.....	16
ONETOUCH VERIO KIT W/DEVICE.....	17	prazosin hcl.....	13	RHOPRESSA.....	25
ONETOUCH VERIO REFLECT.....	17	prednisolone acetate.....	25	RINVOQ.....	23
ONEXTON.....	16	prednisolone sodium phosphate.....	20	risperidone.....	11
ONGENTYS.....	10	prednisone.....	20	rizatriptan benzoate.....	10
OPSUMIT.....	27	pregabalin.....	15	ROCKLATAN.....	25
ORENCIA.....	23	PREMARIN.....	22	ropinirole hcl.....	11
ORENCIA CLICKJECT.....	23	PREMPRO.....	22	rosuvastatin calcium.....	13
		PREZCOBIX.....	11	ROZLYTREK.....	10
		PROAIR HFA.....	27	RUBRACA.....	10
		PROAIR RESPICLICK.....	27	RUCONEST.....	23
		prochlorperazine maleate.....	9	RUKOBIA.....	11
		PROCTOFOAM HC.....	24	RUXIENCE.....	10
		PROLENSA.....	25		

RYBELSUS.....	16	SYNJARDY XR.....	16	TRESIBA FLEXTOUCH.....	18
RYTARY.....	11	SYNTHROID.....	23	tretinoin.....	16
SAXENDA.....	15	TABRECTA.....	10	TREXALL.....	24
scopolamine.....	9	TACLONEX.....	16	TREZIX.....	6
SEREVENT DISKUS.....	27	tacrolimus.....	16, 24	tri femynor.....	22
SERNIVO.....	16	tadalafil.....	20	triamcinolone acetonide.....	16
sertraline hcl.....	9	TAGRISSE.....	10	triamterene-hctz.....	14
SEYSARA.....	8	TAKHZYRO.....	28	triazolam.....	12
sildenafil citrate.....	20, 27	TALICIA.....	19	tri-estarylla.....	22
SILENOR.....	27	TALTZ.....	24	TRIJARDY XR.....	17
SIMBRINZA.....	25	tamoxifen citrate.....	10	TRIKAFTA.....	27
SIMPONI.....	23	tamsulosin hcl.....	20	tri-lo-marzia.....	22
SIMPONI ARIA.....	23	TAPERDEX 12-DAY.....	20	tri-lo-mili.....	22
simvastatin.....	13	TAPERDEX 6-DAY.....	20	tri-lo-sprintec.....	22
SKYRIZI.....	24	TAPERDEX 7-DAY.....	20	TRINTELLIX.....	9
SKYRIZI (150 MG DOSE).....	24	TARGRETIN.....	10	TRIPTODUR.....	21
SKYRIZI PEN.....	24	TECFIDERA.....	14	tri-sprintec.....	22
sodium fluoride.....	19	TEGSEDI.....	15	TRIUMEQ.....	11
solifenacin succinate.....	20	TEKTURNA.....	13	TROKENDI XR.....	8
SOLIQUA.....	16	TEKTURNA HCT.....	13	TRULANCE.....	19
SOLIRIS.....	12	telmisartan.....	14	TRULICITY.....	17
SOLOSEC.....	8	telmisartan-hctz.....	14	TRUVADA.....	11
SOMATULINE DEPOT.....	21	temazepam.....	28	TYMLOS.....	24
SOOLANTRA.....	16	terazosin hcl.....	20	UBRELVY.....	10
sotalol hcl.....	13	terbinafine hcl.....	9	UCERIS.....	24
SPIRIVA HANDIHALER.....	27	terconazole.....	9	UKONIQ.....	10
SPIRIVA RESPIMAT.....	27	TERIPARATIDE		ULTOMIRIS.....	12
spironolactone.....	13	(RECOMBINANT).....	24	valacyclovir hcl.....	11
sprintec 28.....	22	testosterone.....	21	valsartan.....	14
SPRYCEL.....	10	testosterone cypionate.....	20	valsartan-hydrochlorothiazide... 14	
STELARA.....	24	TIGLUTIK.....	15	VALTOCO.....	8
STENDRA.....	20	timolol maleate.....	25	VARUBI (180 MG DOSE).....	9
STIOLTO RESPIMAT.....	27	timolol maleate pf.....	25	VASCEPA.....	14
STRENSIQ.....	20	TIROSINT.....	23	VELCADE.....	10
STRIVERDI RESPIMAT.....	27	TIROSINT-SOL.....	23	VELPHORO.....	20
sucralfate.....	19	TIVICAY.....	11	VELTASSA.....	19
sulfamethoxazole-trimethoprim... 8		tizanidine hcl.....	27	VEMLIDY.....	11
sulfasalazine.....	24	TOBI PODHALER.....	27	venlafaxine hcl.....	9
sumatriptan succinate.....	10	TOBRADEX ST.....	25	venlafaxine hcl er.....	9
SUNOSI.....	28	tobramycin-dexamethasone..... 25		VENTOLIN HFA.....	27
SUPPRELIN LA.....	21	tolterodine tartrate er.....	20	verapamil hcl er.....	14
SUPREP BOWEL PREP KIT....	19	topiramate.....	8	VERQUVO.....	14
SUTAB.....	19	torseamide.....	14	V-GO 20.....	17
syeda.....	22	TOUJEO MAX SOLOSTAR.....	18	V-GO 30.....	17
SYMBICORT.....	27	TOUJEO SOLOSTAR.....	18	V-GO 40.....	17
SYMFI.....	11	TOVIAZ.....	20	VIBERZI.....	19
SYMFI LO.....	11	TRADJENTA.....	16	VICTOZA.....	17
SYMJEPI.....	27	tramadol hcl ir.....	6	vienna.....	22
SYMLINPEN 120.....	16	TRAZIMERA.....	10	VIIBRYD.....	9
SYMLINPEN 60.....	16	trazodone hcl.....	9	VIIBRYD STARTER PACK.....	9
SYMPAZAN.....	8	TRELEGY ELLIPTA.....	27	VIMPAT.....	8
SYMPROIC.....	19	TREMFYA.....	24	vitamin d (ergocalciferol).....	19
SYNJARDY.....	16	TRESIBA.....	18	VITRAKVI.....	10

VOSEVI.....	11	ZUBSOLV.....	7
VRAYLAR.....	11	ZYLET.....	25
VUMERITY.....	14		
VYLEESI.....	15		
VYVANSE.....	14		
WAKIX.....	28		
warfarin sodium.....	8		
WILATE.....	12		
wixela inhub.....	27		
WYNZORA.....	16		
XARELTO.....	8		
XARELTO STARTER PACK.....	8		
XCOPRI.....	8		
XELJANZ.....	24		
XELJANZ XR.....	24		
XEMBIFY.....	24		
XENLETA.....	8		
XEPI.....	8		
XGEVA.....	24		
XHANCE.....	26		
XIGDUO XR.....	17		
XIIDRA.....	25		
XIMINO.....	8		
XOFLUZA (40 MG DOSE).....	11		
XOFLUZA (80 MG DOSE).....	11		
XOLAIR.....	26		
XTAMPZA ER.....	6		
XTANDI.....	10		
xulane.....	22		
XYNTHA.....	12		
XYNTHA SOLOFUSE.....	12		
XYOSTED.....	21		
XYREM.....	28		
XYWAV.....	28		
YUPELRI.....	27		
ZARXIO.....	12		
ZEJULA.....	10		
ZELNORM.....	19		
ZENPEP.....	20		
ZEPOSIA.....	14		
ZEPOSIA 7-DAY STARTER PACK.....	14		
ZEPOSIA STARTER KIT.....	14		
ZETONNA.....	26		
ZIEXTENZO.....	12		
ZILXI.....	16		
ZIOPTAN.....	25		
ziprasidone hcl.....	11		
ZIRABEV.....	10		
ZOLGENSMA.....	20		
zolpidem tartrate.....	28		
zolpidem tartrate er.....	28		
zonisamide.....	8		

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