



# Your 2021 Select Standard Formulary

Effective January 1, 2021



**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 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, nurses, 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. 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 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. 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 equal 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 number on your member ID card.

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### About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

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## 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. 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 or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

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

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

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

Specialty medications are used to treat complex conditions. These high-cost medications may be injected, infused or taken by mouth. 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 have your prescriptions delivered right to your home or doctor's office.

## 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 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 meet 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.

### 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.

<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>3P</b>	Tier 3 preferred

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
apap-caff-dihydrocodeine oral capsule	1	
BELBUCA	2	
butalbital-apap-caffeine	1	
fentanyl	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
HYSINGLA ER	2	
morphine sulfate er oral tablet extended release	1	
NUCYNTA	3	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	2	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	
XTAMPZA ER	2	

Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain and Inflammation</b>		
celecoxib oral	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	
etodolac oral tablet	1	
ibuprofen oral tablet	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
<b>Anesthetics</b>		
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
CHANTIX	3	
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
naltrexone hcl 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	Drug Name	Drug Tier	Notes
NARCAN	2		doxycycline monohydrate oral tablet	1	
ZUBSOLV	2		levofloxacin oral tablet	1	
<b>Antibacterials</b>					
amoxicillin oral capsule	1		metronidazole oral tablet	1	
amoxicillin oral suspension reconstituted	1		metronidazole vaginal	1	
amoxicillin oral tablet	1		minocycline hcl oral capsule	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1		mupirocin external	1	
amoxicillin-potassium clavulanate oral tablet	1		nitrofurantoin macrocrystal oral	1	
azithromycin oral suspension reconstituted	1		nitrofurantoin monohydrate macrocrystals	1	
azithromycin oral tablet	1		NUZYRA ORAL	3	
cefdinir	1		penicillin v potassium oral tablet	1	
cefuroxime axetil	1		SEYSARA	3	
cephalexin oral capsule	1		SOLOSEC	3	
cephalexin oral suspension reconstituted	1		sulfamethoxazole-trimethoprim oral tablet	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1		XENLETA	3	
clarithromycin oral tablet	1		XEPI	3	
clindamycin hcl oral	1		XIMINO	3	
CLINDESSE	3		<b>Anticoagulants</b>		
DIFICID	3		ELIQUIS	2	
doxycycline hyclate oral capsule	1		ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	2	
doxycycline hyclate oral tablet	1		enoxaparin sodium	1	SP
doxycycline monohydrate oral capsule	1		PRADAXA	2	
<b>Anticonvulsants - Drugs for Seizures</b>					
BRIVIACT			warfarin sodium oral	1	
			XARELTO	2	
			XARELTO STARTER PACK	2	
			BRIVIACT	3	

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Drug Name	Drug Tier	Notes
carbamazepine oral tablet	1	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	
oxcarbazepine oral tablet	1	
SYMPAZAN	3	
topiramate oral tablet	1	
TROKENDI XR	3	
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
VIMPAT	3	
XCOPRI	3	
XCOPRI (250 MG DAILY DOSE)	3	
XCOPRI (350 MG DAILY DOSE)	3	
zonisamide oral	1	

Drug Name	Drug Tier	Notes
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	
mirtazapine oral tablet	1	
nortriptyline hcl 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
paroxetine hcl	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	
VIIBRYD STARTER PACK	3	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
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	
VARUBI (180 MG DOSE)	3	
<b>Antifungals</b>		
ciclopirox external solution	1	
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
KERYDIN	3	
ketoconazole external cream	1	

Drug Name	Drug Tier	Notes
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
terconazole vaginal cream	1	
<b>Antigout Agents</b>		
allopurinol oral	1	
colchicine oral tablet	1	
febuxostat	1	
<b>Antimigraine Agents</b>		
AIMOVIG	2	
eletriptan hydrobromide	1	
EMGALITY	2	
EMGALITY (300 MG DOSE)	2	
NURTEC	2	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	SP
capecitabine	1	SP
IBRANCE ORAL CAPSULE	3	SP
IDHIFA	3	SP
imatinib mesylate	1	SP
IMBRUVICA ORAL TABLET	3	SP
KANJINTI	2	SP
letrozole oral	1	
LYNPARZA	2	SP
MVASI	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
NUBEQA	3	SP
REVLIMID	2	SP
RUBRACA	2	SP
RUXIENCE	2	SP
SPRYCEL	2	SP
tamoxifen citrate oral	1	
TARGRETIN EXTERNAL	3	SP
temozolomide	1	SP
TRAZIMERA	2	SP
XTANDI	3	SP
ZEJULA	2	SP
ZIRABEV	2	SP
<b>Antiparasitics</b>		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
INBRIJA	3	SP
NOURIANZ	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	
<b>Antiplatelets</b>		
BRILINTA	2	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	

Drug Name	Drug Tier	Notes
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral tablet	1	
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	
olanzapine oral tablet	1	
PERSERIS	3	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	
risperidone oral tablet	1	
SAPHRIS	2	
VRAYLAR	3	
ziprasidone hcl	1	
<b>Antivirals</b>		
acyclovir oral capsule	1	
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	
DOVATO	2	
entecavir	1	SP
EPCLUSA	2	SP
GENVOYA	3	
HARVONI	2	SP
JULUCA	2	
MAVYRET	2	SP
ODEFSEY	3	
oseltamivir phosphate oral	1	
PREZCOBIX	2	
SYMFY	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
SYMFI LO	2	
TAMIFLU ORAL CAPSULE 75 MG	3	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	
TRUVADA ORAL TABLET 200-300 MG	3	
valacyclovir hcl oral	1	
VEMLIDY	3	SP
VOSEVI	2	SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	

Drug Name	Drug Tier	Notes
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
ADYNOVATE	3	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
ARANESP (ALBUMIN FREE)	2	SP
ELOCTATE	3	SP
JIVI	3	SP
MULPLETA	2	SP
NEULASTA	3	SP
NEULASTA ONPRO	3	SP
NIVESTYM	2	SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
RETACRIT	2	SP
ULTOMIRIS	3	SP
ZARXIO	2	SP
ZIEXTENZO	3	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	

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
atorvastatin calcium oral	1	
benazepril hcl oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
CORLANOR	3	
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
ENTRESTO	2	
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	

Drug Name	Drug Tier	Notes
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	
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	
NEXLIZET	2	
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	
PRALUENT	2	
pravastatin sodium	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
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	
telmisartan	1	
telmisartan-hctz	1	
torsemide	1	
triamterene-hctz	1	
valsartan	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	3	

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
atomoxetine hcl	1	
dexmethylphenidate hcl er	1	
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	
EVEKEO ODT	3	
guanfacine hcl er	1	
JORNAY PM	3	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	
METHYLPHENIDATE HCL ER (XR)	3	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl oral tablet	1	
VYVANSE	2	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	3	SP
AUBAGIO	3	SP
AVONEX PEN	2	SP
AVONEX PREFILLED	2	SP
BAFIERTAM	2	SP
BETASERON	2	SP
COPAXONE	2	SP
GILENYA	3	3P; SP
glatiramer acetate	1	SP

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

Drug Name	Drug Tier	Notes
MAVENCLAD (10 TABS)	3	3P; SP
MAVENCLAD (4 TABS)	3	3P; SP
MAVENCLAD (5 TABS)	3	3P; SP
MAVENCLAD (6 TABS)	3	3P; SP
MAVENCLAD (7 TABS)	3	3P; SP
MAVENCLAD (8 TABS)	3	3P; SP
MAVENCLAD (9 TABS)	3	3P; SP
MAYZENT	3	3P; SP
REBIF	3	SP
REBIF REBIDOSE	3	SP
REBIF REBIDOSE TITRATION PACK	3	SP
REBIF TITRATION PACK	3	SP
TECFIDERA	2	SP
VUMERITY	2	SP
VUMERITY (STARTER)	2	SP
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	
AUSTEDO	3	SP
GRALISE	3	
HORIZANT	3	
phentermine hcl oral tablet	1	
pregabalin oral capsule	1	
QSYMIA	3	
SAXENDA	3	
TEGSEDI	3	SP

Drug Name	Drug Tier	Notes
TIGLUTIK	3	SP
VYLEESI	3	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	
ABSORICA LD	3	
ACZONE EXTERNAL GEL 7.5 %	2	
AMZEEQ	3	
betamethasone dipropionate external cream	1	
BRYHALI	3	
claravis	1	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	

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

Drug Name	Drug Tier	Notes
clobetasol propionate external solution	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	SP
ENSTILAR	3	
EPIDUO FORTE	3	
EUCRISA	2	
FINACEA	3	
fluocinonide external cream	1	
FLUOROPLEX	3	
hydrocortisone external cream	1	
hydrocortisone external ointment	1	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
ONEXTON	3	
QBREXZA	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
TACLONEX	3	
tacrolimus external ointment	1	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	

Drug Name	Drug Tier	Notes
triamcinolone acetonide external ointment	1	
<b>Diabetes - Antidiabetic Agents</b>		
BYDUREON	2	
BYDUREON BCISE AUTOINJECTOR	2	
BYETTA 10 MCG PEN	2	
BYETTA 5 MCG PEN	2	
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	1	
GLYXAMBI	2	
INVOKANA	3	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
OZEMPIC	2	
pioglitazone hcl	1	
RYBELSUS	2	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	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	Drug Name	Drug Tier	Notes
TRIJARDY XR	2		DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2		FREESTYLE LIBRE 14 DAY READER	2	
VICTOZA	2		FREESTYLE LIBRE 14 DAY SENSOR	2	
XIGDUO XR	2		FREESTYLE LIBRE READER	2	
<b>Diabetes - Glucose Monitoring</b>			FREESTYLE LIBRE SENSOR SYSTEM	2	
ACCU-CHEK FASTCLIX LANCET KIT	2		ONETOUCH ULTRA	3	
ACCU-CHEK GUIDE TEST STRIPS	3		ONETOUCH VERIO TEST STRIPS	3	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2		V-GO 20	2	
CONTOUR MONITOR	2		V-GO 30	2	
CONTOUR CONTROL	2		V-GO 40	2	
CONTOUR NEXT CONTROL	2		<b>Diabetes - Glycemic Agents</b>		
CONTOUR NEXT MONITOR	2		BAQSIMI ONE PACK	2	
CONTOUR NEXT TEST	2		BAQSIMI TWO PACK	2	
CONTOUR TEST	2		GLUCAGON EMERGENCY KIT	2	Made by Lilly
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2		GLUCAGON EMERGENCY KIT	2	Made by Fresenius
			GVOKE PFS	2	
			<b>Diabetes - Insulins</b>		
			BD AUTOSHIELD DUO PEN NEEDLES	2	
			BD ULTRA-FINE INSULIN SYRINGES	2	
			BD ULTRA-FINE PEN NEEDLES	2	
			BD VEO INSULIN SYR U/F 1/2UNIT	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
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	
HUMALOG VIAL	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	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	

Drug Name	Drug Tier	Notes
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	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folic acid oral tablet	1	
klor-con m20	1	
LOKELMA	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
potassium chloride cycler	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	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
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
DEXILANT	2	
esomeprazole magnesium oral capsule delayed release	1	
famotidine oral tablet	1	
lansoprazole oral capsule delayed release	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Notes
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	
MOTEGRITY	3	
MOVANTIK	2	
OMECLAMOX-PAK	2	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	
TRULANCE	3	
VIBERZI	3	
ZELNORM	3	
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	SP
CREON	2	
NITYR	3	SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	2	SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
DEPEN TITRATABS	2	SP
MYRBETRIQ	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
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	
solifenacain succinate	1	
STENDRA	3	
tadalafil oral	1	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
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	
<b>Hormonal Agents - Adrenal</b>		
dexamethasone oral tablet	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	

Drug Name	Drug Tier	Notes
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	
testosterone cypionate intramuscular	1	
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	
XYOSTED	3	
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	2	SP
cabergoline	1	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	Made by Organon/Merk; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	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	Drug Name	Drug Tier	Notes
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	SP	blisovi fe 1.5/30	1	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	SP	blisovi fe 1/20	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	SP	CLIMARA PRO	2	
NOCDURNA	3		cryselle-28	1	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	2	SP	DIVIGEL	3	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	2	SP	dotti	1	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	2	SP	drospirenone-ethinyl estradiol	1	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	2	SP	DUAVEE	2	
ORILISSA	2		ELESTRIN	3	
<b>Hormonal Agents - Sex Hormones and Birth Control</b>			eluryng	1	
apri	1		ENDOMETRIN	2	
aviane	1		enskyce	1	
BIJUVA	3		estarrylla	1	
blisovi 24 fe	1		estradiol oral	1	
			estradiol transdermal	1	
			estradiol vaginal	1	
			ESTROGEL	3	
			etongestrel-ethinyl estradiol	1	
			EVAMIST	3	
			femynor	1	
			gianvi	1	
			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	
			kariva	1	
			kurvelo	1	
			larin fe 1/20	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
larissa	1	
lessina	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	3	
low-ogestrel	1	
MAKENA	2	SP
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	
microgestin fe 1/20	1	
MIRENA (52 MG)	3	
mono-linyah	1	
NATAZIA	2	
nikki	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	
NUVARING	3	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	

Drug Name	Drug Tier	Notes
progesterone micronized oral	1	
sprintec 28	1	
sronyx	1	
syeda	1	
TAYTULLA	3	
tri femynor	1	
tri-lo-marzia	1	
tri-lo-sprintec	1	
tri-previfem	1	
tri-sprintec	1	
vienna	1	
viorele	1	
xulane	1	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
euthyrox	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	
np thyroid oral tablet 60 mg	1	
SYNTHROID	3	
TIROSINT	3	
TIROSINT-SOL	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	Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression			methotrexate oral	1	
ACTEMRA ACTPEN	3	3P; SP	methotrexate sodium oral	1	
ACTEMRA SUBCUTANEOUS	3	3P; SP	mycophenolate mofetil oral capsule	1	SP
azathioprine oral	1		mycophenolate mofetil oral tablet	1	SP
CIMZIA	2	SP	mycophenolate sodium	1	SP
CIMZIA PREFILLED KIT	2	SP	ORENCIA CLICKJECT	3	3P; SP
CIMZIA STARTER KIT	2	SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	3P; SP
COSENTYX SENSOREADY (300 MG)	3	SP	OTEZLA	2	SP
COSENTYX SENSOREADY PEN	3	SP	PROGRAF ORAL CAPSULE	3	SP
cyclosporine modified oral capsule	1	SP	RASUVO	2	
ENBREL MINI	3	SP	RENFLEXIS	2	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP	RINVOQ	2	SP
ENBREL SURECLICK	3	SP	RUCONEST	3	SP
FIRAZYR	3	SP	SIMPONI	2	SP
HAEGARDA	3	SP	SIMPONI ARIA	2	SP
HUMIRA	2	SP	sirolimus oral tablet	1	SP
HUMIRA PEDIATRIC CROHNS START	2	SP	SKYRIZI (150 MG DOSE)	2	SP
HUMIRA PEN	2	SP	STELARA	2	SP
HUMIRA PEN-CD/UC/HS STARTER	2	SP	tacrolimus oral	1	SP
HUMIRA PEN-PS/UV/ADOL HS START	2	SP	TAKHZYRO	3	SP
INFLECTRA	2	SP	TALTZ	3	3P; SP
leflunomide oral	1		TREMFYA	2	SP
			XELJANZ	2	SP
			XELJANZ XR	2	SP
			XEMBIFY	3	SP
			<b>Inflammatory Bowel Disease Agents</b>		
			APRISO	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
DIPENTUM	3	
LIALDA	3	
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
BINOSTO	3	
FORTEO	2	SP
ibandronate sodium oral	1	
PROLIA	2	SP
RAYALDEE	3	
TYMLOS	2	SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	Non-Cosmetic; SP
DUROLANE	2	SP
ENDARI	3	
EUFLEXXA	2	SP
GELSYN-3	2	SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	

Drug Name	Drug Tier	Notes
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
MOXEZA	2	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
dorzolamide hcl-timolol mal	1	
latanoprost 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
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
ZIOPTAN	3	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
polymyxin b-trimethoprim	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
tobramycin-dexamethasone	1	
XIIDRA	2	
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	
benzonatate	1	
cetirizine hcl oral solution	1	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	
FASENRA	2	SP

Drug Name	Drug Tier	Notes
FASENRA PEN	2	SP
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polst er susp	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	
NUCALA	2	SP
OMNARIS	3	
promethazine hcl oral tablet	1	
promethazine-codeine	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup	1	
QNASL	3	
QNASL CHILDRENS	3	
XOLAIR	2	SP
ZETONNA	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	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	Drug Name	Drug Tier	Notes	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3		PROAIR HFA	3		
albuterol sulfate inhalation	1		PROAIR RESPICLICK	3		
ALVESCO	3		PULMICORT FLEXHALER	2		
ANORO ELLIPTA	2		QVAR REDIHALER	2		
ARNUITY ELLIPTA	2		SEREVENT DISKUS	2		
ATROVENT HFA	3		SPIRIVA HANDIHALER	2		
BREO ELLIPTA	2		SPIRIVA RESPIMAT	2		
budesonide inhalation	1		STIOLTO RESPIMAT	2		
COMBIVENT RESPIMAT	2		STRIVERDI RESPIMAT	2		
epinephrine injection solution auto-injector	1		SYMBICORT	2		
EPIPEN 2-PAK	3		SYMJEPI	3		
EPIPEN JR 2-PAK	3		TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2		
FLOVENT DISKUS	2		VENTOLIN HFA	3		
FLOVENT HFA	2		wixela inhub	1		
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1		YUPELRI	3		
ipratropium-albuterol	1		<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>			
LONHALA MAGNAIR REFILL KIT	3		BETHKIS	2	SP	
LONHALA MAGNAIR STARTER KIT	3		PULMOZYME	2	SP	
montelukast sodium oral tablet	1		TOBI PODHALER	3	SP	
montelukast sodium oral tablet chewable	1		TRIKAFTA	3	SP	
PERFOROMIST	3		<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>			
			ADEMPAS	2	SP	
			OPSUMIT	2	SP	
			ORENITRAM	3	SP	

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

Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 20 mg	1	SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
<b>Sleep Disorder Agents</b>		
armodafinil	1	
eszopiclone	1	
modafinil	1	
SILENOR	3	
SUNOSI	2	
temazepam	1	
WAKIX	3	SP
XYREM	3	SP
zolpidem tartrate er	1	
zolpidem tartrate oral	1	

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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ADDERALL XR.....	14	AURYXIA.....	19	bupropion hcl er (xl).....	9
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ADEMPAS.....	26	aviane.....	21	buspirone hcl.....	12
ADVAIR DISKUS.....	25	AVONEX PEN.....	14	butalbital-apap-caffeine.....	7
ADVAIR HFA.....	25	AVONEX PREFILLED.....	14	BYDUREON.....	16
ADYNOVATE.....	12	AZASITE.....	24	BYDUREON BCISE.....	
AFSTYLA.....	12	azathioprine.....	23	AUTOINJECTOR.....	16
AIMOVIG.....	10	azelastine hcl.....	25	BYETTA 10 MCG PEN.....	16
albuterol sulfate.....	26	azithromycin.....	8	BYETTA 5 MCG PEN.....	16
albuterol sulfate hfa.....	25	AZOPT.....	24	BYSTOLIC.....	13
ALBUTEROL SULFATE HFA....	26	baclofen.....	27	cabergoline.....	20
alendronate sodium.....	24	BAFIERTAM.....	14	CABOMETYX.....	10
alfuzosin hcl er.....	20	BAQSIMI ONE PACK.....	17	calcitriol.....	24
allopurinol.....	10	BAQSIMI TWO PACK.....	17	candesartan cilexetil.....	13
ALPHAGAN P.....	24	BD AUTOSHIELD DUO PEN		capecitabine.....	10
alprazolam.....	12	NEEDLES.....	17	carbamazepine.....	9
ALVESCO.....	26	BD ULTRA-FINE INSULIN		carbidopa-levodopa.....	11
amiodarone hcl.....	12	SYRINGES.....	17	carisoprodol.....	27
amitriptyline hcl.....	9	BD ULTRA-FINE PEN		cartia xt.....	13
amlodipine besylate.....	12	NEEDLES.....	17	carvedilol.....	13
amlodipine besylate-benazepril		BD VEO INSULIN SYR U/F		cefdinir.....	8
hcl.....	12	1/2UNIT.....	17	cefuroxime axetil.....	8
amlodipine besylate-valsartan..	12	BELBUCA.....	7	celecoxib.....	7
amlodipine-olmesartan.....	12	benazepril hcl.....	13	cephalexin.....	8
amoxicillin.....	8	benzonatate.....	25	CERDELGA.....	19
amoxicillin-potassium		benztropine mesylate.....	11	cetirizine hcl.....	25
clavulanate.....	8	BESIVANCE.....	24	CHANTIX.....	7
amphetamine-		betamethasone dipropionate....	15	CHANTIX CONTINUING.....	
dextroamphetamine.....	14	BETASERON.....	14	MONTH PAK.....	7
amphetamine-		BETHKIS.....	26	CHANTIX STARTING MONTH PAK.....	
dextroamphetamine er.....	14	BETIMOL.....	24	PAK.....	7
AMPYRA.....	14	BIJUVA.....	21	chlorhexidine gluconate.....	15
AMZEEQ.....	15	BIKTARVY.....	11	chlorthalidone.....	13
anastrozole.....	10	BINOSTO.....	24	ciclopirox.....	10
ANDRODERM.....	20	bisoprolol fumarate.....	13	CIMDUO.....	11
ANORO ELLIPTA.....	26	bisoprolol-hydrochlorothiazide..	13	CIMZIA.....	23

CIMZIA PREFILLED KIT .....	23	dexamethylphenidate hcl .....	14	EPIDIOLEX .....	9
CIMZIA STARTER KIT .....	23	dexamethylphenidate hcl er .....	14	EPIDUO FORTE .....	16
CIPRODEX .....	25	diazepam .....	12	epinephrine .....	26
ciprofloxacin hcl .....	8, 24	diclofenac sodium .....	7	EPIPEN 2-PAK .....	26
citalopram hydrobromide .....	9	dicyclomine hcl .....	19	EPIPEN JR 2-PAK .....	26
claravis .....	15	DIFICID .....	8	ergocalciferol .....	18
clarithromycin .....	8	digoxin .....	13	erythromycin .....	24
CLENPIQ .....	19	diltiazem hcl er coated beads ...	13	escitalopram oxalate .....	9
CLIMARA PRO .....	21	dilt-xr .....	13	esomeprazole magnesium .....	19
clindamycin hcl .....	8	DIPENTUM .....	24	estarrylla .....	21
clindamycin phosphate .....	15	diphenoxylate-atropine .....	19	estradiol .....	21
CLINDAMYCIN PHOSPHATE ..	15	divalproex sodium .....	9	ESTROGEL .....	21
clindamycin phosphate-		divalproex sodium er .....	9	eszopiclone .....	27
benzoyl peroxide .....	15	DIVIGEL .....	21	etodolac .....	7
CLINDESSE .....	8	donepezil hcl .....	9	etonogestrel-ethinyl estradiol .....	21
clobetasol propionate .....	15, 16	dorzolamide hcl-timolol mal .....	24	EUCRISA .....	16
clonazepam .....	12	dotti .....	21	EUFLEXXA .....	24
clonidine hcl .....	13	DOVATO .....	11	euthyrox .....	22
clopidogrel bisulfate .....	11	doxazosin mesylate .....	13	EVAMIST .....	21
clotrimazole .....	10	doxepin hcl .....	9	EVEKEO ODT .....	14
clotrimazole-betamethasone .....	10	doxycycline hyclate .....	8	ezetimibe .....	13
colchicine .....	10	doxycycline monohydrate .....	8	ezetimibe-simvastatin .....	13
COMBIGAN .....	24	drospirenone-ethinyl estradiol ...	21	famotidine .....	19
COMBIVENT RESPIMAT .....	26	DUAVEE .....	21	FARXIGA .....	16
CONTOUR CONTROL .....	17	duloxetine hcl .....	9	FASENRA .....	25
CONTOUR MONITOR .....	17	DUPIXENT .....	16	FASENRA PEN .....	25
CONTOUR NEXT CONTROL ..	17	DUROLANE .....	24	febuxostat .....	10
CONTOUR NEXT MONITOR ..	17	dutasteride .....	20	femynor .....	21
CONTOUR NEXT TEST .....	17	DYMISTA .....	25	fenofibrate .....	13
CONTOUR TEST .....	17	EDARBI .....	13	fenofibrate micronized .....	13
COPAXONE .....	14	EDARBYCLOR .....	13	fenofibric acid .....	13
CORLANOR .....	13	ELESTRIN .....	21	fentanyl .....	7
COSENTYX SENSOREADY (300 MG) .....	23	eletriptan hydrobromide .....	10	FINACEA .....	16
COSENTYX SENSOREADY PEN .....	23	ELIQUIS .....	8	finasteride .....	20
CREON .....	19	ELIQUIS DVT/PE STARTER PACK .....	8	FIRAZYR .....	23
CRESEMBA .....	10	ELOCTATE .....	12	flecainide acetate .....	13
cryselle-28 .....	21	eluryng .....	21	FLOVENT DISKUS .....	26
cyanocobalamin .....	18	EMGALITY .....	10	FLOVENT HFA .....	26
cyclobenzaprine hcl .....	27	EMGALITY (300 MG DOSE) ...	10	fluconazole .....	10
cyclosporine modified .....	23	EMVERM .....	11	fluocinonide .....	16
cypoheptadine hcl .....	25	enalapril maleate .....	13	FLUOROPLEX .....	16
DEPEN TITRATABS .....	19	ENBREL .....	23	fluoxetine hcl .....	9
DESCOVY .....	11	ENBREL MINI .....	23	fluticasone propionate .....	25
desvenlafaxine succinate er .....	9	ENBREL SURECLICK .....	23	fluticasone-salmeterol .....	26
dexamethasone .....	20	ENDARI .....	24	fluvoxamine maleate .....	9
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) .....	17	ENDOMETRIN .....	21	folic acid .....	18
DEXILANT .....	19	enoxaparin sodium .....	8	FOLLISTIM AQ .....	20
		enskyce .....	21	FORFIVO XL .....	9
		ENSTILAR .....	16	FORTEO .....	24
		entecavir .....	11	FREESTYLE LIBRE 14 DAY READER .....	17
		ENTRESTO .....	13	FREESTYLE LIBRE 14 DAY SENSOR .....	17
		EPCLUSIA .....	11		

FREESTYLE LIBRE READER	17	HUMULIN N VIAL	18	junel fe 24	21
FREESTYLE LIBRE SENSOR SYSTEM	17	HUMULIN R U-500 KWIKPEN	18	KANJINTI	10
furosemide	13	HUMULIN R U-500 VIAL	18	kariva	21
FYCOMPA	9	HUMULIN R VIAL	18	KERYDIN	10
gabapentin	9	hydralazine hcl	13	ketoconazole	10
ganirelix acetate	20	hydrochlorothiazide	13	ketorolac tromethamine	7, 24
gavilyte-g	19	hydrocodone polst-chlorphen		klor-con m20	18
GELSYN-3	24	polst er susp	25	kurvelo	21
gemfibrozil	13	hydrocodone-acetaminophen	7	labetalol hcl	13
GENVOYA	11	hydrocortisone	16, 20	lactulose	19
gianvi	21	hydromorphone hcl	7	lamotrigine	9
GILENYA	14	hydroxychloroquine sulfate	11	lamotrigine er	9
glatiramer acetate	14	hydroxyzine hcl	12	lansoprazole	19
glimepiride	16	hydroxyzine pamoate	12	LANTUS SOLOSTAR	18
glipizide er	16	hyoscyamine sulfate	19	LANTUS U-100 VIAL	18
glipizide ir	16	hyoscyamine sulfate sl	19	larin fe 1/20	21
GLUCAGON EMERGENCY KIT	17	HYSINGLA ER	7	larissia	22
glyburide	16	ibandronate sodium	24	latanoprost	24
glycopyrrolate	19	IBRANCE	10	LATUDA	11
GLYCOPYRROLATE	19	ibuprofen	7	leflunomide	23
GLYXAMBI	16	IDHIFA	10	lessina	22
GRALISE	15	imatinib mesylate	10	letrozole	10
guanfacine hcl	13	IMBRUVICA	10	LEVEMIR U-100 FLEXTOUCH	18
guanfacine hcl er	14	IMVEXXY MAINTENANCE PACK	21	LEVEMIR U-100 VIAL	18
GVOKE PFS	17	INBRIJA	11	levetiracetam	9
GYNAZOLE-1	10	INDOMETHACIN	7	levocetirizine dihydrochloride	25
HAEGARDA	23	indomethacin	7	levofloxacin	8
HARVONI	11	INFLECTRA	23	levonorgest-eth est & eth est	22
HEMANGEOL	13	INVEGA SUSTENNA	11	levonorgest-eth estrad 91-day	22
HORIZANT	15	INVEGA TRINZA	11	levonorgestrel-ethinyl estrad	22
HUMALOG KWIKPEN	18	INVELTYS	24	levotyroxine sodium	22
HUMALOG MIX 50/50 KWIKPEN	18	INVOKANA	16	levoxyl	22
HUMALOG MIX 50/50 VIAL	18	ipratropium bromide	25	LIALDA	24
HUMALOG MIX 75/25 KWIKPEN	18	ipratropium-albuterol	26	lidocaine	7
HUMALOG MIX 75/25 VIAL	18	irbesartan	13	lidocaine viscous hcl	15
HUMALOG U-100 JUNIOR KWIKPEN	18	irbesartan-hydrochlorothiazide	13	lidocaine-prilocaine	7
HUMALOG VIAL	18	isibloom	21	LINZESS	19
HUMIRA	23	isosorbide mononitrate er	13	liothyronine sodium	22
HUMIRA PEDIATRIC CROHNS START	23	JANUMET	16	lisinopril	13
HUMIRA PEN	23	JANUMET XR	16	lisinopril-hydrochlorothiazide	13
HUMIRA PEN-CD/UC/HS STARTER	23	JARDIANC	16	lithium carbonate	12
HUMIRA PEN-PS/UV/ADOL HS START	23	JENTADUETO	16	lithium carbonate er	12
HUMULIN 70/30 KWIKPEN	18	JENTADUETO XR	16	LIVALO	13
HUMULIN 70/30 VIAL	18	JIVI	12	LO LOESTRIN FE	22
HUMULIN N KWIKPEN	18	JORNAY PM	14	LOKELMA	18
		JULUCA	11	LONHALA MAGNAIR	26
		junel 1.5/30	21	STARTER KIT	26
		junel 1/20	21	lorazepam	12
		junel fe 1.5/30	21	LORZONE	27
		junel fe 1/20	21	losartan potassium	13
				losartan potassium-hctz	13

LOTEMAX.....	24	mono-linyah.....	22	NOVOFINE AUTOCOVER
LOTEMAX SM.....	24	montelukast sodium.....	26	PEN NEEDLE.....
lovastatin.....	13	morphine sulfate er.....	7	NOVOFINE PEN NEEDLE.....
low-ogestrel.....	22	MOTEGRITY.....	19	NOVOFINE PLUS PEN
LUMIGAN.....	25	MOVANTIK.....	19	NEEDLE.....
LUPRON DEPOT (1-MONTH) ..	20	MOXEZA.....	24	NOVOLIN 70/30 FLEXPEN .....
LUPRON DEPOT (3-MONTH) ..	21	MOXIFLOXACIN HCL.....	24	NOVOLIN 70/30 VIAL.....
LUPRON DEPOT (4-MONTH)		moxifloxacin hcl.....	24	NOVOLIN N FLEXPEN.....
INTRAMUSCULAR KIT 30MG ..	21	MULPLETA.....	12	NOVOLIN N VIAL.....
LUPRON DEPOT (6-MONTH)		MULTAQ.....	13	NOVOLIN R FLEXPEN.....
INTRAMUSCULAR KIT 45MG ..	21	multivitamin/fluoride.....	18	NOVOLIN R VIAL.....
LYNPARZA.....	10	mupirocin.....	8	NOVOLOG FLEXPEN.....
MAKENA.....	22	MVASI.....	10	NOVOLOG MIX 70/30
MAVENCLAD (10 TABS).....	15	mycophenolate mofetil.....	23	FLEXPEN.....
MAVENCLAD (4 TABS).....	15	mycophenolate sodium.....	23	NOVOLOG MIX 70/30 VIAL.....
MAVENCLAD (5 TABS).....	15	MYRBETRIQ.....	19	NOVOLOG PENFILL.....
MAVENCLAD (6 TABS).....	15	nabumetone.....	7	NOVOLOG U-100 VIAL.....
MAVENCLAD (7 TABS).....	15	nadolol.....	13	NOVOTWIST PEN NEEDLE....
MAVENCLAD (8 TABS).....	15	naltrexone hcl.....	7	np thyroid.....
MAVENCLAD (9 TABS).....	15	NAMZARIC.....	9	NUBEQA.....
Mavyret.....	11	NAPRELAN.....	7	NUCALA.....
MAYZENT.....	15	naproxen.....	7	NUCYNTA.....
meclizine hcl.....	10	NARCAN.....	8	NURTEC.....
medroxyprogesterone acetate..	22	NASCOBAL.....	18	NUTROPIN AQ NUSPIN 10....
meloxicam.....	7	NATAZIA.....	22	NUTROPIN AQ NUSPIN 20....
memantine hcl.....	9	NATURE-THROID.....	22	NUTROPIN AQ NUSPIN 5....
mesalamine.....	24	NAYZILAM.....	9	NUVARING.....
metaxalone.....	27	neomycin-polymyxin-hc.....	25	NUWIQ.....
metformin hcl er.....	16	NEULASTA.....	12	NUZYRA.....
metformin hcl er (mod).....	16	NEULASTA ONPRO.....	12	nystatin.....
metformin hcl er (osm).....	16	NEXLETOL.....	13	ODEFSEY.....
metformin hcl ir.....	16	NEXLIZET.....	13	ofloxacin.....
methimazole.....	22	nifedipine er.....	13	olanzapine.....
methocarbamol.....	27	nifedipine er osmotic release....	13	olmesartan medoxomil.....
methotrexate.....	23	nikki.....	22	olmesartan medoxomil-hctz....
methotrexate sodium.....	23	nitrofurantoin macrocrystal.....	8	olmesartan-amlodipine-hctz....
methylphenidate hcl.....	14	nitrofurantoin monohydrate		olopatadine hcl.....
methylphenidate hcl er.....	14	macrocrystals.....	8	OMECLAMOX-PAK.....
methylphenidate hcl er (la).....	14	nitroglycerin.....	13	omega-3-acid ethyl esters.....
METHYLPHENIDATE HCL ER (XR).....	14	NITYR.....	19	omeprazole.....
methylprednisolone.....	20	NIVESTYM.....	12	OMNARIS.....
metoclopramide hcl.....	10	NOCDURNA.....	21	ondansetron hcl.....
metoprolol succinate er.....	13	NORDITROPIN FLEXPRO .....	21	ondansetron odt.....
metoprolol tartrate.....	13	norethindrone.....	22	ONETOUCH ULTRA.....
metronidazole.....	8, 16	norethindrone acetate.....	22	ONETOUCH VERIO KIT
microgestin fe 1/20.....	22	norethindrone acet-ethinyl est...	22	W/DEVICE.....
minocycline hcl.....	8	norgestimate-ethinyl estradiol		ONEXTON.....
MIRENA (52 MG).....	22	triphasic.....	22	OPSUMIT.....
mirtazapine.....	9	nortrel 1/35 (21).....	22	ORENCIA.....
MIRVASO.....	16	nortrel 1/35 (28).....	22	ORENCIA CLICKJECT.....
modafinil.....	27	nortriptyline hcl.....	9	ORENITRAM.....
mometasone furoate.....	16, 25	NOURIANZ.....	11	ORILISSA.....
		NOVOEIGHT.....	12	oseltamivir phosphate.....

OSPHENA.....	20	pseudoephedrine-bromphen- dm.....	25	sildenafil citrate.....	20, 27
OTEZLA.....	23	PULMICORT FLEXHALER.....	26	SILENOR.....	27
OTOVEL.....	25	PULMOZYME.....	26	SIMBRINZA.....	25
oxcarbazepine.....	9	PYLERA.....	19	SIMPONI.....	23
oxybutynin chloride.....	20	QBREXZA.....	16	SIMPONI ARIA.....	23
oxybutynin chloride er.....	20	QNDSL.....	25	simvastatin.....	14
oxycodone hcl.....	7	QNDSL CHILDRENS.....	25	sirolimus.....	23
oxycodone-acetaminophen.....	7	QSYMIA.....	15	SKYRIZI (150 MG DOSE).....	23
OXYCONTIN.....	7	quetiapine fumarate.....	11	sodium fluoride.....	18
OZEMPIC.....	16	quetiapine fumarate er.....	11	solifenacain succinate.....	20
pantoprazole sodium.....	19	QVAR REDIHALER.....	26	SOLIQUA.....	16
paroxetine hcl.....	10	rabeprazole sodium.....	19	SOLOSEC.....	8
PAZEO.....	24	ramipril.....	14	SOOLANTRA.....	16
penicillin v potassium.....	8	ranolazine er.....	14	sotalol hcl.....	14
PENTASA.....	24	RASUVO.....	23	SPIRIVA HANDIHALER.....	26
PERFOROMIST.....	26	RAYALDEE.....	24	SPIRIVA RESPIMAT.....	26
PERSERIS.....	11	REBIF.....	15	spironolactone.....	14
phenazopyridine hcl.....	20	REBIF REBIDOSE.....	15	sprintec 28.....	22
phentermine hcl.....	15	REBIF REBIDOSE		SPRYCEL.....	11
pioglitazone hcl.....	16	TITRATION PACK.....	15	sronyx.....	22
polymyxin b-trimethoprim.....	25	REBIF TITRATION PACK.....	15	STELARA.....	23
potassium chloride crys er.....	18	RENFLEXIS.....	23	STENDRA.....	20
potassium chloride er.....	18	REPATHA.....	14	STIOLTO RESPIMAT.....	26
potassium citrate er.....	18	REPATHA PUSHTRONEX		STRENSIQ.....	19
PRADAXA.....	8	SYSTEM.....	14	STRIVERDI RESPIMAT.....	26
PRALUENT.....	13	REPATHA SURECLICK.....	14	sucralfate.....	19
pramipexole dihydrochloride.....	11	RESTASIS.....	25	sulfamethoxazole-trimethoprim...8	8
prasugrel hcl.....	11	RESTASIS MULTIDOSE.....	25	sulfasalazine.....	24
pravastatin sodium.....	13	RETACRIT.....	12	sumatriptan succinate.....	10
prazosin hcl.....	14	RETIN-A MICRO PUMP.....	16	SUNOSI.....	27
prednisolone.....	20	REVLIMID.....	11	SUPREP BOWEL PREP KIT....19	19
prednisolone acetate.....	24	REXULTI.....	11	syeda.....	22
prednisolone sodium phosphate.....	20	RHOFADE.....	16	SYMBICORT.....	26
prednisone.....	20	RHOPRESSA.....	25	SYMFY.....	11
pregabalin.....	15	RINVOQ.....	23	SYMFY LO.....	12
PREMARIN.....	22	risperidone.....	11	SYMJEPI.....	26
PREMPHASE.....	22	rizatriptan benzoate.....	10	SYMLINPEN 120.....	16
PREMPRO.....	22	ROCKLATAN.....	25	SYMLINPEN 60.....	16
PREZCOBIX.....	11	ropinirole hcl.....	11	SYMPAZAN.....	9
PROAIR HFA.....	26	rosuvastatin calcium.....	14	SYMPROIC.....	19
PROAIR RESPICLICK.....	26	RUBRACA.....	11	SYNJARDY.....	16
prochlorperazine maleate.....	10	RUCONEST.....	23	SYNTROID.....	22
PROCTOFOAM HC.....	24	RUXIENCE.....	11	TACLONEX.....	16
progesterone micronized.....	22	RYBELSUS.....	16	tacrolimus.....	16, 23
PROGRAF.....	23	RYTARY.....	11	tadalafil.....	20
PROLENSA.....	24	SAPHRIS.....	11	TAKHZYRO.....	23
PROLIA.....	24	SAXENDA.....	15	TALTZ.....	23
promethazine hcl.....	25	scopolamine.....	10	TAMIFLU.....	12
promethazine-codeine.....	25	SEREVENT DISKUS.....	26	tamoxifen citrate.....	11
promethazine-dm.....	25	SERNIVO.....	16	tamsulosin hcl.....	20
propranolol hcl.....	14	sertraline hcl.....	10	TAPERDEX 12-DAY.....	20
propranolol hcl er.....	14	SEYSARA.....	8	TAPERDEX 6-DAY.....	20

TAPERDEX 7-DAY .....	20	TRULANCE .....	19	XENLETA.....	8
TARGRETIN .....	11	TRULICITY .....	17	XEPI.....	8
TAYTULLA .....	22	TRUVADA .....	12	XIGDUO XR.....	17
TECFIDERA.....	15	TYMLOS .....	24	XIIDRA.....	25
TEGSEDI.....	15	UBRELVY .....	10	XIMINO .....	8
TEKTURN A .....	14	UCERIS .....	24	XOFLUZA (40 MG DOSE).....	12
TEKTURN A HCT .....	14	ULTOMIRIS .....	12	XOFLUZA (80 MG DOSE).....	12
telmisartan .....	14	valacyclovir hcl .....	12	XOLAIR .....	25
telmisartan-hctz .....	14	valsartan .....	14	XTAMPZA ER .....	7
temazepam .....	27	valsartan-hydrochlorothiazide ...	14	XTANDI .....	11
temozolomide .....	11	VALTOCO 10 MG DOSE .....	9	xulane .....	22
terazosin hcl .....	20	VALTOCO 15 MG DOSE .....	9	XYOSTED .....	20
terbinafine hcl .....	10	VALTOCO 20 MG DOSE .....	9	XYREM .....	27
terconazole .....	10	VALTOCO 5 MG DOSE .....	9	YUPELRI .....	26
testosterone .....	20	VARUBI (180 MG DOSE) .....	10	ZARXIO .....	12
testosterone cypionate .....	20	VASCEPA .....	14	ZEJULA .....	11
TIGLUTIK .....	15	VELPHORO .....	20	ZELNORM .....	19
timolol maleate .....	25	VELTASSA .....	19	ZENPEP .....	19
TIROSINT .....	22	VEMLIDY .....	12	ZETONNA .....	25
TIROSINT-SOL .....	22	venlafaxine hcl .....	10	ZIEXTENZO .....	12
TIVICAY .....	12	venlafaxine hcl er .....	10	ZIOPTAN .....	25
tizanidine hcl .....	27	VENTOLIN HFA .....	26	ziprasidone hcl .....	11
TOBI PODHALER .....	26	verapamil hcl er .....	14	ZIRABEV .....	11
tobramycin-dexamethasone .....	25	V-GO 20 .....	17	zolpidem tartrate .....	27
tolterodine tartrate er .....	20	V-GO 30 .....	17	zolpidem tartrate er .....	27
topiramate .....	9	V-GO 40 .....	17	zonisamide .....	9
torsemide .....	14	VIBERZI .....	19	ZUBSOLV .....	8
TOUJEO MAX SOLOSTAR .....	18	VICTOZA .....	17		
TOUJEO SOLOSTAR .....	18	vienna .....	22		
TOVIAZ .....	20	VIIBRYD .....	10		
TRADJENTA .....	16	VIIBRYD STARTER PACK .....	10		
tramadol hcl ir .....	7	VIMPAT .....	9		
TRAZIMERA .....	11	viorele .....	22		
trazodone hcl .....	10	vitamin d (ergocalciferol) .....	19		
TRELEGY ELLIPTA .....	26	VOSEVI .....	12		
TREMFYA .....	23	VRAYLAR .....	11		
TRESIBA .....	18	VUMERTY .....	15		
TRESIBA FLEXTOUCH .....	18	VUMERTY (STARTER) .....	15		
tretinoin .....	16	VYLEESI .....	15		
TREZIX .....	7	VYVANSE .....	14		
tri femynor .....	22	WAKIX .....	27		
triamcinolone acetonide .....	16	warfarin sodium .....	8		
triamterene-hctz .....	14	wixela inhub .....	26		
triazolam .....	12	XARELTO .....	8		
TRIJARDY XR .....	17	XARELTO STARTER PACK .....	8		
TRIKAFTA .....	26	XCOPRI .....	9		
tri-lo-marzia .....	22	XCOPRI (250 MG DAILY			
tri-lo-sprintec .....	22	DOSE) .....	9		
TRINTELLIX .....	10	XCOPRI (350 MG DAILY			
tri-previfem .....	22	DOSE) .....	9		
tri-sprintec .....	22	XELJANZ .....	23		
TRIUMEQ .....	12	XELJANZ XR .....	23		
TROKENDI XR .....	9	XEMBIFY .....	23		



## Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

## Multi-language interpreter services

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

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

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

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

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

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

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

تنبيه: إذا كنت تتحدث العربية (**Arabic**), فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف 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 idantifikasiyon w.

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

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

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

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

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

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت سنساسایی شما قید شده تماس بگیرید.

ধ্যান দেঁ: যদি আপনি **হিন্দী (Hindi)** বলতে হো, আপকো ভাষা সহায়তা সেবাএন, নথিলুক উপলব্ধ হো। কৃপ্যা অপনে পহচান পত্ৰ পৰ সূচীবদ্ধ টোল-ফ্ৰী ফোন নৰে পৰ কাল কৰো।

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.

ចំណាប់អាមេរិក៖ បានសំនួរកិច្ចយកខ្លោយខ្លោយខ្លោយ (Khmer) សាធារណៈសាធារណៈតាមភាគភ័ព្យល់ គឺមានសំណែះអូរការ ឱ្យមួយស្អែកទុកទេស និងការបង្ហាញដែលមានភាគភ័ព្យល់ ដែលមានភាគភ័ព្យល់ និងការបង្ហាញដែលមានភាគភ័ព្យល់

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'lizí bee nééhozinígíí bine'dééjé, t'áá jíík'ehgo béeésh 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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# Focused Utilization Management Program

## **focused step therapy with quantity limits programs**

If you have a prescription for any of the Step 2 medications below, you are required to first try a Step 1 medication(s) for benefit coverage.

Therapeutic Category	Step 1	Step 2	Quantity Limits
<b>Diabetes Bundle</b>			
<b>Basal Insulin</b>	<b>Any two of the following:</b> Lantus, Levemir, Toujeo, Tresiba	Basaglar, Semglee	None
<b>Dipeptidyl Peptidase-4 Inhibitors &amp; Combinations</b>	<b>Any one of the following:</b> metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta	None
	<b>Any one of the following:</b> Janumet*, Janumet XR*, Januvia* <b>AND</b> <b>Any one of the following:</b> Jentadueto*, Jentadueto XR*, Tradjenta*	alogliptin <sup>G</sup> , alogliptin-metformin <sup>G</sup> , alogliptin-pioglitazone <sup>G</sup> , Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	None
<b>Rapid-Acting Insulin</b>	<b>Any two of the following:</b> Humalog, Lyumjev, Novolog	Insulin Aspart <sup>G</sup> , Insulin Lispro <sup>G</sup> , Insulin Lispro Jr <sup>G</sup> , Insulin Aspart Protamine/Insulin Aspart <sup>G</sup>	None
<b>Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors &amp; Combinations</b>	<b>Any one of the following:</b> metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin <b>OR</b> <b>Any one of the following:</b> captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol ir, carvedilol er, metoprolol er, spironolactone, eplerenone	Farxiga	None

\* These products may need additional step therapy requirements.

<sup>G</sup> Authorized Brand Alternative.

Therapeutic Category	Step 1	Step 2	Quantity Limits	
<b>Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors &amp; Combinations</b>	<b>Any one of the following:</b> metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR, Xigduo XR	None	
	<b>Any one of the following:</b> Farxiga*, Xigduo XR* <b>AND</b> <b>Any one of the following:</b> Glyxambi*, Jardiance*, Synjardy*, Synjardy XR*, Trijardy XR*	Invokamet, Invokamet XR, Invokana, Qtern, Segluromet, Steglatiro, Steglujan	None	
<b>Glucagon-Like Peptide-1 Agonists</b>	<b>Any one of the following:</b> metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	Bydureon Bydureon BCISE Byetta Ozempic 0.25/0.5 mg Ozempic 1 mg Rybelsus Rybelsus 3 mg Trulicity Victoza	4 pens/vials/28 days 4 syringes/28 days 1 pen injector/30 days 1 pen/28 days 2 pens/28 days 1 tab/day 60 tabs/365 days 4 pens/28 days 3 pens/30 days	
	<b>Any one of the following:</b> Byetta*, Bydureon*, Bydureon BCISE* <b>AND</b> <b>Any one of the following:</b> Ozempic*, Rybelsus*, Trulicity*, Victoza*	Adlyxin Adlyxin Starter Pack	2 pens/28 days 2 packs/365 days	
<b>Blood Glucose Meters &amp; Strips</b>	Contour Next	Accu-Check, Accutrend, At Last, Bayer, CVS Advanced, Easymax, Easyplus, Embrace, Exactech, Freestyle, Fora GD50, Fortiscare, Genstrip, Glucocard, Gmate, Kroger, Liberty, Neutek, On Call, Onetouch, Optium, Precision, Quintet, Truetest, Relion, Reveal, Supreme, True Metrix, Truetrack, Ultima, Unistrip	Blood Glucose Test Strips	300 strips/30 days
<b>Respiratory Bundle Step Therapy</b>				
<b>Pulmonary Anti-Inflammatory Inhalers</b>	<b>Any two of the following:</b> Arnuity Ellipta, Flovent, Pulmicort Flexhaler, QVAR Redihaler	Alvesco Armonair Respiclick Asmanex	2 inhalers/30 days 1 inhaler/30 days 1 inhaler/30 days	
	Spiriva	Incruse Ellipta Tudorza Pressair Seebri	1 inhaler/30 days 1 inhaler/30 days 1 inhaler/30 days	
<b>Pulmonary Anti-Inflammatory/Long-Acting Beta Agonist Combination Inhalers</b>	<b>Any two of the following:</b> fluticasone-salmeterol, Advair, Breo Ellipta, Symbicort	Airduo Respiclick Dulera	1 inhaler/30 days 1 inhaler/30 days	

\* These products may need additional step therapy requirements.

<sup>g</sup> Authorized Brand Alternative.

Therapeutic Category	Step 1	Step 2	Quantity Limits
<b>Cystic Fibrosis (inhaled tobramycin)</b>	Bethkis	Tobi Nebulizer tobramycin nebulizer solution Kitabis	None

Therapeutic Category	Targeted Drugs	Quantity Limits	
<b>Respiratory Bundle Prior Authorization</b>			
<b>Pulmonary Anti-Inflammatory/ Long-Acting Beta Agonist Combination Inhalers</b>	<b>Preferred Agents:</b> Symbicort  <b>Non-preferred Agents:</b> budesonide-formoterol <sup>G</sup>	budesonide-formoterol	1 inhaler/30 days

Therapeutic Category	Step 1	Step 2	Quantity Limits
<b>Miscellaneous Bundle Step Therapy</b>			
<b>Allergic Reactions</b>			
<b>Epinephrine Auto Injectors</b>	epinephrine	Auvi-Q 0.15, 0.3 mg Epipen Epipen-Jr	None
<b>Dermatology</b>			
<b>Topical Acne Treatment</b>	<b>Any one of the following:</b> Epiduo Forte, Onexton	Acanya, Aktipak, Benzaclin, Benzaclin Pump, Benzamycin, Duac, Veltin, Ziana	None
<b>Rosacea</b>	<b>Any one of the following:</b> azelaic acid gel, Finacea Foam, Soolantra	Finacea Gel	None
	<b>Any one of the following:</b> metronidazole gel, Finacea Foam, Soolantra	Metrogel	None
	<b>Any one of the following:</b> Finacea Foam, Soolantra	Noritate Zilxi	None
<b>Gastroenterology</b>			
<b>Constipation Agents</b>	<b>Any one of the following:</b> lactulose, polyethylene glycol <b>AND</b> <b>Any one of the following:</b> Linzess*, Movantik*, Symproic*	Amitiza	2 caps/day
	<b>Any one of the following:</b> lactulose, polyethylene glycol <b>AND</b> Linzess*	Trulance Motegrity	1 tab/day 1 tab/day
	<b>Any one of the following:</b> lactulose, polyethylene glycol	Linzess Movantik Symproic	1 cap/day 1 tab/day 1 tab/day
	<b>Any one of the following generics:</b> lactulose, polyethylene glycol <b>AND</b> <b>Any one of the following:</b> Movantik*, Symproic*	Relistor tablet Relistor injection	3 tabs/day 1 vial or syringe/day

\* These products may need additional step therapy requirements.

<sup>G</sup> Authorized Brand Alternative.

Therapeutic Category	Step 1	Step 2	Quantity Limits
Pancreatic Enzymes	<b>Both of the following:</b> Creon, Zenpep	Pancreaze Pertzye Viokace	None
Inflammatory Bowel Disease	Apriso	Asacol HD Delzicol Lialda	None

Therapeutic Category	Targeted Drugs	Quantity Limits
<b>Miscellaneous Bundle Prior Authorization</b>		
<b>Central Nervous System</b>		
Long-Acting Opioids	<b>Preferred Agents:</b> buprenorphine patch, fentanyl patch, hydrocodone ER, methadone tab, morphine sulfate ER, oxycodone ER, oxymorphone ER, Belbuca, Embeda, Hysingla ER, Oxycontin*, Xtampza ER* <b>Non-preferred Agents:</b> Arymo ER*, Butrans, Dolophine, Duragesic, Exalgo, Kadian*, Morphabond ER*, MS Contin, Nucynta ER*, Zohydro ER*, hydromorphone ER <sup>G</sup> *	Arymo ER Belbuca Butrans Duragesic Duragesic 75 mcg/hr Duragesic 100 mcg/hr Embeda Exalgo Hydrocodone ER Hydrocodone ER 50mg Hysingla ER Kadian Morphabond ER Morphine beads ER Morphine beads ER 120 mg MS Contin Nucynta ER Oxycontin Oxymorphone ER Xtampza ER Zohydro ER Zohydro ER 50 mg
<b>Gastroenterology</b>		
Constipation Agents	<b>Preferred Agents:</b> lactulose, polyethylene glycol, Linzess <b>Non-preferred Agents:</b> Zelnorm	Zelnorm  2 tabs/day

## Focused Specialty Prior Authorization With Quantity Limits Programs

Therapeutic Category	Targeted Drugs	Quantity Limits
Growth Hormones	<b>Preferred Agents:</b> Norditropin, Nutropin <b>Non-preferred Agents:</b> Genotropin, Humatrop, Omnitrope, Saizen, Zomacton	None

\* These products may need additional step therapy requirements.

<sup>G</sup> Authorized Brand Alternative.

Therapeutic Category	Targeted Drugs	Quantity Limits	
<b>Hepatitis C</b>	<b>Preferred Agents:</b> Epclusa, Harvoni, , Mavyret, Vosevi  <b>Non-preferred Agents:</b> Daklinza, ledipasvir-sofosbuvir <sup>G</sup> , sofosbuvir-velpatasvir <sup>G</sup> , Sovaldi, Viekira, Zepatier	Harvoni Harvoni 45-200 mg Harvoni Pellet Pak Sovaldi Sovaldi 200 mg Sovaldi Pellet Pak Viekira Daklinza Epclusa Zepatier Vosevi Mavyret ledipasvir-sofosbuvir <sup>G</sup> sofosbuvir-velpatasvir <sup>G</sup>	1 tab/day 2 tabs/day 2 tabs/day 1 tab/day 2 tabs/day 2 tabs/day 4 tabs/day 1 tab/day 1 tab/day 1 tab/day 1 tab/day 3 tabs/day 1 tab/day 1 tab/day
<b>Immuno-modulators</b>	<b>Preferred Agents:</b> (Tier 2) Cimzia, Humira, Inflectra, Otezla, Renflexis, Rinvoq, Simponi, Skyrizi, Stelara, Tremfya, Xeljanz*, Xeljanz XR*  (Tier 3) Actemra*, Orencia*, Taltz*  <b>Non-preferred Agents:</b> Avsola*, Cosentyx*, Enbrel*, Ilumya*, Kevzara*, Kineret*, Olumiant*, Remicade*, Rituxan*, Siliq*, Truxima*	Stelara 45 mg/0.5 mL Stelara 90 mg/1 mL	1 unit/56 days 1 unit/56 days
<b>Infertility</b>	<b>Preferred Agents:</b> Follistim AQ  <b>Non-preferred Agents:</b> Bravelle, Gonal-F	None	
<b>Multiple Sclerosis</b>	<b>Preferred Agents:</b> (Tier 2) Avonex, Bafiertam, Betaseron, Copaxone/Glatopa/glatiramer, Tecfidera, Vumerity  (Tier 3) Aubagio, Gilenya, Mayzent, Mavenclad*, Rebif*, Zeposia*  <b>Non-preferred Agents:</b> Extavia*, Lemtrada*, Plegridy*	Aubagio Avonex Bafiertam Betaseron Copaxone 20 mg Glatopa glatiramer 20 mg Copaxone 40 mg Extavia Gilenya Mayzent 0.25 mg Mayzent 2 mg Mayzent Starter Pack Plegridy Kit Plegridy Rebif Titration Pack Rebif Tecfidera Starter Pack Tecfidera Vumerity 120 count Vumerity 106 count Zeposia Zeposia Starter Kit Zeposia Starter Pack	1 tab/day 1 kit/28 days 4 caps/day 14 vials/28 days 30 syringes/30 days 30 syringes/30 days 30 syringes/30 days 12 syringes/28 days 15 vials/30 days 1 cap/day 4 tabs/day 1 tab/day 2 starter packs/365 days 1 kit/30 days 2 pens/syr/28 days 1 pack/year 12 syringes/28 days 2 packs/year 2 caps/day 4 caps/day 212 caps/365 days 1 cap/day 74 caps/365 days 14 caps/365 days

\* These products may need additional step therapy requirements.

<sup>G</sup> Authorized Brand Alternative.

Therapeutic Category	Targeted Drugs	Quantity Limits
<b>Viscosupplements</b>	<b>Preferred Agents:</b> Durolane, Euflexxa, Gelsyn-3 <b>Non-preferred Agents:</b> Hyalgan, Hymovis, Gel-One, Genvisc 850, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz FX, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3	None

All of the products in this drug list can require prior authorization. Preferred medications must be tried before requesting a Non-Preferred medication. Those taking Non-Preferred medications in the Hepatitis C, Immunomodulators and Multiple Sclerosis categories can stay on the current therapy if used correctly. Exceptions may be allowed for specific products if the Preferred medication is not FDA approved.

\* These products may need additional step therapy requirements.

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