2026
Premium Standard Formulary

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 Optum Rx app to:

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

Optum Rx®

Effective Jan. 1, 2026

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, Optum Rx® 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.

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.

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.

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 my doctor wants me to keep taking my excluded medication?

You, your authorized representative, or your doctor can start a request for coverage by calling the number on your member ID card. Your doctor will need to submit information for the review. If approved, you may keep filling your prescription for the excluded medication, but you may pay a higher cost. If not approved, you may pay the full cost of the prescription.

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. Call the number on the back of your member ID card to learn more about where you can fill your specialty prescriptions.

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.
Tier E	⊗ **Excluded**	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

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

M	Authorized generic or cobranded product
PA	**Prior authorization** – Your doctor is required to give Optum Rx 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.

Table of Contents

Analgesics - Drugs for Pain 7
Analgesics - Drugs for Pain and Inflammation 7
Anesthetics 7
Anti-Addiction / Substance Abuse Treatment Agents 7
Antibacterials 7
Anticoagulants 8
Anticonvulsants - Drugs for Seizures 8
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia 9
Antidepressants 9
Antiemetics - Drugs for Nausea and Vomiting 9
Antifungals 10
Antigout Agents 10
Antimigraine Agents 10
Antimyasthenic Agents 10
Antineoplastics - Drugs for Cancer 10
Antiparasitics 12
Antiparkinson Agents 12
Antiplatelets 12
Antipsychotics - Drugs for Mood Disorders 12
Antivirals 12
Anxiolytics - Drugs for Anxiety 13
Bipolar Agents - Drugs for Mood Disorders 13
Blood Products and Modifiers - Drugs for Blood Disorders 13
Cardiovascular Agents - Drugs for Heart and Circulation Conditions 13
Central Nervous System Agents - Drugs for Attention Deficit Disorder 15
Central Nervous System Agents - Drugs for Multiple Sclerosis 15
Central Nervous System Agents - Miscellaneous 16
Dental and Oral Agents - Drugs for Mouth and Throat Conditions 16
Dermatological Agents - Drugs for Skin Conditions 16
Diabetes - Antidiabetic Agents 17
Diabetes - Glucose Monitoring 17
Diabetes - Glycemic Agents 18
Diabetes - Insulins 18
Electrolytes / Minerals / Metals / Vitamins 19
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer 19
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions 19
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment 20
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions 20
Genitourinary Agents - Drugs for Prostate Conditions 20
Hormonal Agents - Adrenal 20
Hormonal Agents - Men's Health 21
Hormonal Agents - Pituitary 21
Hormonal Agents - Selective Estrogen Receptor Modifying Agents 21
Hormonal Agents - Sex Hormones and Birth Control 21
Hormonal Agents - Thyroid 23
Immunological Agents - Drugs for Immune System Stimulation or Suppression 24
Inflammatory Bowel Disease Agents 25
Metabolic Bone Disease Agents - Drugs for Osteoporosis 25
Metabolic Bone Disease Agents - Other 25
Miscellaneous Therapeutic Agents 25

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation 26
Ophthalmic Agents - Drugs for Glaucoma 26
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....27
Otic Agents - Drugs for Ear Conditions.....27
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold 27
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....27
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis 28
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....28
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....28
Sleep Disorder Agents.....29

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	2	PA; QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
endocet	1	QL
hydrocodone-acetaminophen	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
Anesthetics		
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naltrexone hcl oral	1	
OPVEE	2	
REXTOVY	2	
SUBLOCADE	3	SP
varenicline tartrate	$0	QL
varenicline tartrate(continue)	$0	QL
ZUBSOLV	2	
Antibacterials		
amoxicillin oral capsule	1	

Drug Name	Drug Tier	Notes
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate	1	
azithromycin oral	1	
cefadroxil oral capsule	1	
cefdinir	1	
cefpodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin ointment	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
XACIATO	3	
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK	2	QL
ELIQUIS ORAL TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	SP
jantoven	1	
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral tablet	1	
lamotrigine er	1	
lamotrigine oral tablet	1	

Drug Name	Drug Tier	Notes
levetiracetam er	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
oxcarbazepine	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
XCOPRI	3	ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet	1	
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 60 mg	1	
fluvoxamine maleate	1	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
vilazodone hcl	1	QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl +rfid	1	
ondansetron hcl injection solution	1	
ondansetron hcl oral solution	1	QL

Drug Name	Drug Tier	Notes
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet	1	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	1	
ciclopirox external solution	1	
clotrimazole external cream	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	

Drug Name	Drug Tier	Notes
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
Antimyasthenic Agents		
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	$0	
ANKTIVA	3	PA; SP
AUGTYRO	3	PA; SP
BESREMI	3	PA; SP

Drug Name	Drug Tier	Notes
CABOMETYX ORAL TABLET 20 MG	2	PA; SP; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	SP
COTELLIC	3	PA; SP
DANZITEN	3	PA; SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
GAVRETO	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; SP; QL
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
IMKELDI	3	PA; SP
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP
KISQALI (400 MG DOSE)	3	PA; SP
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO ORAL CAPSULE	3	PA; SP
lenalidomide	1	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MEKINIST	3	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PHESGO	2	PA; SP
PIQRAY	3	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG	3	PA; SP; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	3	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; SP
RETEVMO ORAL TABLET 40 MG, 80 MG	3	PA; SP; QL
REVLIMID	2	PA; SP
ROZLYTREK	3	PA; SP
RUXIENCE	2	PA; SP
RYDAPT	3	PA; SP
SCEMBLIX ORAL TABLET 100 MG	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; QL
STIVARGA	2	PA; SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	$0	
TASIGNA	3	PA; SP
TRAZIMERA	2	PA; SP
TRUQAP	3	PA; SP
VERZENIO	3	PA; SP
VITRAKVI	3	PA; SP
XTANDI	3	PA; SP

Drug Name	Drug Tier	Notes
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
Antiparasitics		
ARAKODA	3	
atovaquone-proguanil hcl	1	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
NEUPRO	3	
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
TAVALISSE	3	PA; SP
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
ERZOFRI	3	
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
lurasidone hcl	1	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
RYKINDO	3	
UZEDY	3	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral tablet	1	
BIKTARVY	3	
CABENUVA	2	
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	$0	PA
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	$0	
EPCLUSA	2	PA; SP; QL
HARVONI	2	PA; SP; QL
JULUCA	2	
MAVYRET	2	PA; SP; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL

Drug Name	Drug Tier	Notes
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX ORAL TABLET 800-150 MG	2	
SYMFI	2	
SYMTUZA	3	
TRIUMEQ	2	
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
buspirone hcl oral	1	
clonazepam oral	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
BENEFIX	2	SP

Drug Name	Drug Tier	Notes
DOPTELET	3	PA; SP
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
ESPEROCT	3	SP
FABHALTA	3	PA; SP; QL
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIT	2	PA; SP
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
SOLIRIS	3	PA; SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP
UDENYCA ONBODY	3	PA; SP
ULTOMIRIS	3	PA; SP
VOYDEYA	3	PA; SP; QL
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
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	

Drug Name	Drug Tier	Notes
amlodipine-olmesartan	1	
atenolol oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	$0	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colestipol hcl oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ezetimibe	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	

Drug Name	Drug Tier	Notes
HEMANGEOL	3	PA
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	1	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	$0	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NORLIQVA	3	PA
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pravastatin sodium	$0	
prazosin hcl oral	1	
propranolol hcl er	1	

Drug Name	Drug Tier	Notes
propranolol hcl oral tablet	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	ST; QL
REPATHA SURECLICK	2	ST; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	$0	
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0	
simvastatin oral tablet 80 mg	1	
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
torsemide	1	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYNDAMAX	3	PA; SP; QL
VYNDAQEL	3	PA; SP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
guanfacine hcl er	1	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral tablet	1	QL
VYVANSE ORAL CAPSULE	3	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP; QL
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
VUMERITY	2	PA; SP; QL

Drug Name	Drug Tier	Notes
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		
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
INGREZZA	3	PA; SP; QL
pregabalin oral capsule	1	QL
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
TEGLUTIK	2	PA; QL
VYLEESI	3	PA; QL
WAINUA	3	PA; SP; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	3	PA
accutane	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ala-cort	1	
amnesteem	1	
AMZEEQ	3	
azelaic acid external	1	
betamethasone dipropionate external	1	

Drug Name	Drug Tier	Notes
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-3.75 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
desonide external cream	1	
desonide external ointment	1	
DUPIXENT	2	PA; SP; QL
EBGLYSS	2	PA; SP; QL
EUCRISA	2	ST; QL
FINACEA EXTERNAL FOAM	3	
fluocinonide external cream	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	

Drug Name	Drug Tier	Notes
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
LITFULO	3	PA; SP; QL
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	2	PA; SP; QL
OPZELURA	2	ST; QL
pimecrolimus	1	ST; QL
SANTYL	3	QL
SOFDRA	3	QL
TACLONEX	3	QL
tacrolimus external	1	QL
tretinoin external	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
VTAMA	2	ST; QL
WYNZORA	3	QL
YCANTH	3	PA
zenatane	1	

Drug Name	Drug Tier	Notes
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	2	ST; QL
Diabetes - Antidiabetic Agents		
FARXIGA	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glyburide oral	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
XIGDUO XR	2	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	

Drug Name	Drug Tier	Notes
CEQUR SIMPLICITY 2U 10PK	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR PLUS BLUE KIT W/DEVICE	2	
CONTOUR PLUS TEST STRIP	2	QL
CONTOUR TEST STRIPS	2	QL
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
ENLITE GLUCOSE SENSOR	3	PA
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	3	
GUARDIAN REAL-TIME TEST PLUG	3	
GUARDIAN SENSOR 3	3	PA
SIMPLERA SENSOR	3	PA
SIMPLERA SYNC SENSOR	3	PA
SIMPLERA SYSTEM	3	PA
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGON EMERGENCY KIT	2	
ZEGALOGUE	2	
Diabetes - Insulins		
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	2	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	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 VIAL	2	
INSULIN LISPRO	2	
INSULIN LISPRO (1 UNIT DIAL)	2	

Drug Name	Drug Tier	Notes
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
LOKELMA	3	
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
tolvaptan	1	PA; SP; QL
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
esomeprazole magnesium oral capsule delayed release	1	QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	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
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	$0	
gavilyte-g	$0	
gavilyte-n with flavor pack	$0	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL

Drug Name	Drug Tier	Notes
IQIRVO	3	PA; SP; QL
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	3	PA; SP; QL
loperamide hcl oral capsule	1	
lubiprostone	1	QL
na sulfate-k sulfate-mg sulf	$0	
peg 3350-kcl-na bicarb-nacl	$0	
peg-3350/electrolytes	$0	
REBYOTA	3	PA; SP
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
FABRAZYME	2	PA; SP
ORFADIN	3	PA; SP
PHEBURANE	3	PA; SP
STRENSIQ	2	PA; SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
mirabegron er	1	

Drug Name	Drug Tier	Notes
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	3	PA; SP
oxybutynin chloride er	1	
oxybutynin chloride oral tablet 5 mg	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	
tadalafil oral	1	QL
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	
VANRAFIA	3	PA; SP; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
Hormonal Agents - Adrenal		
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisone oral tablet	1	

Drug Name	Drug Tier	Notes
prednisone oral tablet therapy pack	1	
Hormonal Agents - Men's Health		
testosterone cypionate intramuscular	1	PA; QL
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA; QL
Hormonal Agents - Pituitary		
cabergoline	1	
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; SP
ganirelix acetate	1	PA; 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
LUPRON DEPOT-PED (1-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (6-MONTH)	2	PA; SP; QL
MENOPUR	3	PA; SP
NGENLA	3	PA; SP
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	3	PA; SP
NUTROPIN AQ NUSPIN 20	3	PA; SP
NUTROPIN AQ NUSPIN 5	3	PA; SP
OMNITROPE	2	PA; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	3	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP
SUPPRELIN LA	3	PA; SP; QL
TRIPTODUR	2	PA; SP; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	$0	
altavera	$0	
ANNOVERA	$0	QL
apri	$0	
aubra eq	$0	
aurovela 1.5/30	$0	
aurovela 1/20	$0	
aurovela 24 fe	$0	
aurovela fe 1.5/30	$0	
aurovela fe 1/20	$0	

Drug Name	Drug Tier	Notes
aviane	$0	
ayuna	$0	
BALCOLTRA	$0	
BIJUVA	3	
blisovi 24 fe	$0	
blisovi fe 1.5/30	$0	
blisovi fe 1/20	$0	
camila	$0	
chateal eq	$0	
CLIMARA PRO	2	
cyred eq	$0	
deblitane	$0	
delyla	$0	
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	$0	
DUAVEE	2	
ELESTRIN	3	
eluryng	$0	
emzahh	$0	
ENDOMETRIN	2	
enilloring	$0	
enskyce	$0	
errin	$0	
estarylla	$0	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal tablet	1	
estradiol-norethindrone acet	1	
etonogestrel-ethinyl estradiol	$0	
EVAMIST	3	
falmina	$0	
feirza 1.5/30	$0	
feirza 1/20	$0	
gallifrey	1	
hailey 1.5/30	$0	

Drug Name	Drug Tier	Notes
hailey 24 fe	$0	
hailey fe 1.5/30	$0	
hailey fe 1/20	$0	
haloette	$0	
heather	$0	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	$0	
isibloom	$0	
jasmiel	$0	
jencycla	$0	
juleber	$0	
junel 1.5/30	$0	
junel 1/20	$0	
junel fe 1.5/30	$0	
junel fe 1/20	$0	
junel fe 24	$0	
kalliga	$0	
kurvelo	$0	
KYLEENA	$0	
larin 1.5/30	$0	
larin 1/20	$0	
larin 24 fe	$0	
larin fe 1.5/30	$0	
larin fe 1/20	$0	
lessina	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	$0	
LO LOESTRIN FE	$0	
loryna	$0	
lo-zumandimine	$0	
lutera	$0	
lyleq	$0	
lyllana	1	
lyza	$0	

Drug Name	Drug Tier	Notes
marlissa	$0	
medroxyprogesterone acetate intramuscular	$0	QL
medroxyprogesterone acetate oral	1	
meleya	$0	
microgestin 1.5/30	$0	
microgestin 1/20	$0	
microgestin fe 1.5/30	$0	
microgestin fe 1/20	$0	
mili	$0	
mimvey	1	
MIRENA (52 MG)	$0	
mono-linyah	$0	
MYFEMBREE	2	PA; QL
NATAZIA	$0	
nikki	$0	
nora-be	$0	
norelgestromin-eth estradiol	$0	
norethin ace-eth estrad-fe oral tablet	$0	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	$0	
norethindrone oral	$0	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	
norgestimate-ethinyl estradiol triphasic	$0	
norlyroc	$0	
ORIAHNN	2	PA; QL
portia-28	$0	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
reclipsen	$0	
sharobel	$0	
SKYLA	$0	
sprintec 28	$0	
sronyx	$0	
syeda	$0	
tarina 24 fe	$0	
tarina fe 1/20 eq	$0	
tri-estarylla	$0	
tri-linyah	$0	
tri-lo-estarylla	$0	
tri-lo-marzia	$0	
tri-lo-mili	$0	
tri-lo-sprintec	$0	
tri-mili	$0	
tri-sprintec	$0	
tri-vylibra	$0	
tri-vylibra lo	$0	
vestura	$0	
vienva	$0	
vylibra	$0	
xulane	$0	
yuvafem	1	
zafemy	$0	
zumandimine	$0	
Hormonal Agents - Thyroid		
ADTHYZA	3	
ARMOUR THYROID	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
SYNTHROID	3	
unithroid	1	

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA	3	PA; SP; QL
ACTEMRA ACTPEN	3	PA; SP; QL
ADALIMUMAB-ADBM	3	PA; SP; QL
AMJEVITA by NUVAILA SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA; SP; QL
AMJEVITA by NUVAILA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SP; QL
AMJEVITA by NUVAILA-PED 10KG TO <15KG SOLUTION PREFILLED SYRINGE 10MG/0.2ML	2	PA; SP; QL
AMJEVITA by NUVAILA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA; SP; QL
AVSOLA	2	PA; SP
azathioprine oral	1	
BENLYSTA	3	PA; SP
BIMZELX	3	PA; SP; QL
BIVIGAM	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA-STARTER	2	PA; SP; QL
CUTAQUIG	3	PA; SP
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
ENTYVIO PEN	3	PA; SP; QL
HADLIMA	3	PA; SP; QL
HAEGARDA	3	PA; SP; QL
HIZENTRA	3	PA; SP
HUMIRA	E	
INFLECTRA	2	PA; SP
JYLAMVO	3	PA
leflunomide oral	1	
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	3	
OLUMIANT	3	PA; SP; QL
OMVOH	2	PA; SP; QL
OMVOH (300 MG DOSE)	2	PA; SP; QL
ORENCIA	3	PA; SP; QL
ORENCIA CLICKJECT	3	PA; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SELARSDI	3	PA; SP; QL
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; SP; QL
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP; QL
SKYRIZI	2	PA; SP; QL
SKYRIZI PEN	2	PA; SP; QL
SOTYKTU	2	PA; SP; QL
STELARA	E	
tacrolimus oral	1	

Drug Name	Drug Tier	Notes
TAKHZYRO	3	PA; SP; QL
TALTZ	2	PA; SP; QL
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA PEN	2	PA; SP; QL
TREMFYA SUBCUTANEOUS	2	PA; SP; QL
TREXALL	3	
VELSIPITY	2	PA; SP; QL
WEZLANA	2	PA; SP; QL
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; SP; QL
Inflammatory Bowel Disease Agents		
APRISO	2	
budesonide oral	1	
CORTIFOAM	3	
hydrocortisone (perianal)	1	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral tablet delayed release 1.2 gm	1	
PROCTOFOAM HC	2	
procto-med hc	1	
sulfasalazine oral	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BONSITY	2	PA; SP
PROLIA	2	PA; SP; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	PA; SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	2	PA; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
Miscellaneous Therapeutic Agents		
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD ULTRA-FINE PEN NEEDLES	2	
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
DUROLANE	2	PA; SP
DYSPORT	2	PA; SP
ENDARI	3	PA
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	2	PA; SP

Drug Name	Drug Tier	Notes
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	3	PA; SP
GELSYN-3	2	PA; SP
ILET CONTACT DETACH 23" 6MM	3	PA
ILET INFUSION-INSET 23" 6MM	3	PA
ILET INFUSION-INSET 32" 6MM	3	PA
ILET STARTER - CONTACT DETACH	3	PA
ILET STARTER KIT - INSET 23"	3	PA
ILET STARTER KIT - INSET 32"	3	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL
MYOBLOC	2	PA; SP
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 LIBRE PODS	2	PA
OMNIPOD DASH INTRO KIT	2	PA
OMNIPOD DASH PODS	2	PA
TWIIST REFILL KIT	2	PA
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA
XEOMIN	2	PA; SP
YORVIPATH	3	PA; SP; QL

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX SM	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
ofloxacin ophthalmic	1	
prednisolone acetate ophthalmic	1	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide oral	1	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
dorzolamide hcl-timolol mal	1	

Drug Name	Drug Tier	Notes
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	3	PA; QL
cyclosporine ophthalmic	1	PA; QL
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	2	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
TYRVAYA	3	PA; QL
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	3	QL
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
RYALTRIS	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR HFA	2	QL
AIRSUPRA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
AUVI-Q	3	
BREO ELLIPTA	2	QL
breyna	1	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
budesonide-formoterol fumarate	1	QL
COMBIVENT RESPIMAT	2	QL

Drug Name	Drug Tier	Notes
epinephrine injection solution auto-injector	1	
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
ipratropium-albuterol	1	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NEFFY	3	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP
PERFOROMIST	3	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	ST; QL
TEZSPIRE	2	PA; SP; QL
TRELEGY ELLIPTA	2	QL
wixela inhub	1	QL
XOLAIR	2	PA; SP; QL
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
PULMOZYME	2	PA; SP
TOBI PODHALER	3	SP; QL
TRIKAFTA	3	PA; SP; QL

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
treprostinil	1	PA; SP
TYVASO	3	PA; SP; QL
TYVASO DPI INSTITUTIONAL KIT	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL
TYVASO REFILL KIT	3	PA; SP; QL
TYVASO STARTER KIT	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
Sleep Disorder Agents		
armodafinil	1	PA; QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
modafinil oral	1	PA; QL
SUNOSI	2	PA; QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
WAKIX	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

Index of Drugs

ABILIFY ASIMTUFII 12
ABILIFY MAINTENA 12
abiraterone acetate 10
ABSORICA LD 16
ACCU-CHEK FASTCLIX LANCET KIT 17
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 17
accutane 16
acetaminophen-codeine 7
acetazolamide 26
ACTEMRA 24
ACTEMRA ACTPEN 24
acyclovir 12
ADALIMUMAB-ADBM 24
ADBRY 16
ADEMPAS 28
ADTHYZA 23
ADVAIR HFA 27
ADVATE 13
ADYNOVATE 13
afirmelle 21
AFSTYLA 13
AIMOVIG 10
AIRSUPRA 27
AKLIEF 16
ala-cort 16
albuterol sulfate 27
albuterol sulfate hfa 27
ALECENSA 10
alendronate sodium 25
alfuzosin hcl er 20
allopurinol 10
alprazolam 13
ALPROLIX 13
altavera 21
ALTUVIIIO 13
ALUNBRIG 10
amiodarone hcl 13
amitriptyline hcl 9
AMJEVITA 24
AMJEVITA-PED 10KG TO <15KG SOLUTION PREFILLED SYRINGE 10MG/0.2ML 24
AMJEVITA-PED 15KG TO <30KG 24
amlodipine besylate 13
amlodipine besylate-benazepril hcl 13
amlodipine besylate-valsartan 13
amlodipine-olmesartan 14
amnesteem 16
amoxicillin 7, 8
amoxicillin-potassium clavulanate 8
amphetamine-dextroamphetamine 15
amphetamine-dextroamphetamine er 15
amphet-dextroamphet 3-bead er 15
AMZEEQ 16
anastrozole 10
ANKTIVA 10
ANNOVERA 21
ANORO ELLIPTA 27
apap-caff-dihydrocodeine 7
apri 21
APRISO 25
ARAKODA 12
ARANESP (ALBUMIN FREE) 13
aripiprazole 12
ARISTADA 12
ARISTADA INITIO 12
armodafinil 29
ARMOUR THYROID 23
ARNUITY ELLIPTA 27
atenolol 14
atomoxetine hcl 15
atorvastatin calcium 14
atovaquone-proguanil hcl 12
ATROVENT HFA 27
aubra eq 21
AUGTYRO 10
aurovela 1.5/30 21
aurovela 1/20 21
aurovela 24 fe 21
aurovela fe 1.5/30 21
aurovela fe 1/20 21
AUSTEDO 16
AUSTEDO XR 16
AUSTEDO XR PATIENT TITRATION 16
AUVI-Q 27
aviane 22
AVONEX PEN 15
AVONEX PREFILLED 15
AVSOLA 24
ayuna 22
AZASITE 26
azathioprine 24
azelaic acid 16
azelastine hcl 26, 27
azelastine-fluticasone 27
azithromycin 8
bac (butalbital-acetamin-caff) 7
baclofen 28
BAFIERTAM 15
BALCOLTRA 22
BAQSIMI ONE PACK 18
BAQSIMI TWO PACK 18
BD PEN NEEDLE MICRO ULTRAFINE 25
BD PEN NEEDLE MINI ULTRAFINE 25
BD PEN NEEDLE NANO ULTRAFINE 25
BD PEN NEEDLE ORIG ULTRAFINE 25
BD PEN NEEDLE SHORT ULTRAFINE 25
BD ULTRA-FINE INSULIN SYRINGES 18
BD ULTRA-FINE PEN NEEDLES 25
BD VEO INSULIN SYR ULTRAFINE 18
BELBUCA 7
benazepril hcl 14
BENEFIX 13
BENLYSTA 24
benzonatate 27
benztropine mesylate 12
BESIVANCE 26
BESREMI 10
betamethasone dipropionate 16
BETASERON 15
BETIMOL 26
BIJUVA 22
BIKTARVY 12
BIMZELX 24
bisoprolol fumarate 14
bisoprolol-hydrochlorothiazide 14
BIVIGAM 24
blisovi 24 fe 22
blisovi fe 1.5/30 22
blisovi fe 1/20 22
BONSITY 25
BREO ELLIPTA 27
breyna 27
BREZTRI AEROSPHERE 27
brimonidine tartrate 26
brimonidine tartrate-timolol 26
BRIVIACT 8
BRIXADI 7
BRIXADI (WEEKLY) 7
budesonide 25, 27
budesonide-formoterol fumarate 27

bumetanide 14
buprenorphine hcl 7
buprenorphine hcl-naloxone hcl 7
bupropion hcl 9
bupropion hcl er (sr) 9
bupropion hcl er (xl) 9
buspirone hcl 13
butalbital-apap-caffeine 7
BYLVAY 25
BYLVAY (PELLETS) 25
CABENUVA 12
cabergoline 21
CABOMETYX 11
calcitriol 25
CALQUENCE 11
camila 22
capecitabine 11
carbidopa-levodopa 12
carisoprodol 28
cartia xt 14
carvedilol 14
cefadroxil 8
cefdinir 8
cefpodoxime proxetil 8
cefuroxime axetil 8
celecoxib 7
cephalexin 8
CEQUA 27
CEQUR SIMPLICITY 2U 10PK. 18
CERDELGA 20
cetirizine hcl 27
chateal eq 22
chlorhexidine gluconate 16
chlorthalidone 14
CIBINQO 16
ciclodan 10
ciclopirox 10
CIMDUO 12
CIMZIA 24
CIMZIA (2 SYRINGE) 24
CIMZIA-STARTER 24
ciprofloxacin hcl 8, 26
ciprofloxacin-dexamethasone 27
citalopram hydrobromide 9
claravis 16
clarithromycin 8
CLENPIQ 19
CLIMARA PRO 22
clindacin etz 16
clindacin-p 16
clindamycin hcl 8
clindamycin phos (twice-daily) 16
clindamycin phosphate 8, 16
clindamycin phosphate-benzoyl peroxide 16
CLINDESSE 8
clobetasol propionate 16
clodan 16
clonazepam 13
clonidine hcl 14
clonidine hcl er 15
clopidogrel bisulfate 12
clotrimazole 10
clotrimazole-betamethasone 10
colchicine 10
colestipol hcl 14
COMBIVENT RESPIMAT 27
constulose 19
CONTOUR NEXT EZ KIT W/DEVICE 18
CONTOUR NEXT GEN MONITOR KIT W/DEVICE 18
CONTOUR NEXT GEN TEST STRIPS 18
CONTOUR NEXT MONITOR KIT W/DEVICE 18
CONTOUR NEXT ONE KIT 18
CONTOUR PLUS BLUE KIT W/DEVICE 18
CONTOUR PLUS TEST STRIP 18
CONTOUR TEST STRIPS 18
CORTIFOAM 25
COTELLIC 11
CREON 20
CRESEMBA 10
CREXONT 12
CUTAQUIG 24
cyanocobalamin 19
cyclobenzaprine hcl 28
cyclosporine 27
cyproheptadine hcl 27
cyred eq 22
dalfampridine er 15
DANZITEN 11
deblitane 22
delyla 22
DESCOVY 12
desmopressin acetate 21
desonide 16
desvenlafaxine succinate er 9
dexamethasone 20
DEXCOM G6 RECEIVER 18
DEXCOM G6 SENSOR 18
DEXCOM G6 TRANSMITTER 18
DEXCOM G7 RECEIVER 18
DEXCOM G7 SENSOR 18
dexmethylphenidate hcl 15
dexmethylphenidate hcl er 15
dextroamphetamine sulfate 15
diazepam 13
diclofenac potassium 7
diclofenac sodium 7
dicyclomine hcl 19
DIFICID 8
diltiazem hcl er coated beads 14
dimethyl fumarate 15
diphenoxylate-atropine 19
divalproex sodium 8
divalproex sodium er 8
DIVIGEL 22
donepezil hcl 9
DOPTELET 13
dorzolamide hcl-timolol mal 26
dorzolamide hcl-timolol mal pf 27
dotti 22
DOVATO 12
doxazosin mesylate 14
doxepin hcl 9, 29
doxycycline hyclate 8
doxycycline monohydrate 8
drospirenone-ethinyl estradiol 22
DUAVEE 22
duloxetine hcl 9
DUPIXENT 16
DUROLANE 25
dutasteride 20
DYSPORT 25
EBGLYSS 16
ELESTRIN 22
eletriptan hydrobromide 10
ELIQUIS 8
ELIQUIS DVT/PE STARTER PACK 8
ELOCTATE 13
eluryng 22
EMGALITY 10
EMPAVELI 13
emtricitabine-tenofovir df 12
EMVERM 12
emzahh 22
enalapril maleate 14
ENBREL 24
ENBREL MINI 24
ENBREL SURECLICK 24
ENDARI 25
endocet 7
ENDOMETRIN 22

enilloring 22
ENLITE GLUCOSE SENSOR ...18
enoxaparin sodium 8
enskyce.....22
ENTRESTO 14
ENTYVIO PEN 24
EPCLUSA 12
EPIDIOLEX.....8
epinephrine 28
ergocalciferol.....19
ERIVEDGE 11
ERLEADA 11
errin 22
erythromycin 26
ERZOFRI 12
escitalopram oxalate.....9
esomeprazole magnesium.....19
ESPEROCT 13
estarylla 22
estradiol 22
estradiol-norethindrone acet.....22
eszopiclone 29
etonogestrel-ethinyl estradiol.....22
EUCRISA.....16
EUFLEXXA 25, 26
EVAMIST 22
EYSUVIS 26
ezetimibe 14
FABHALTA 13
FABRAZYME 20
falmina 22
famotidine 19
FARXIGA 17
FASENRA.....28
FASENRA PEN 28
feirza 1.5/30.....22
feirza 1/20.....22
fenofibrate 14
fenofibrate micronized.....14
FINACEA 16
finasteride 20
FLAREX.....26
flecainide acetate.....14
fluconazole.....10
fludrocortisone acetate 20
fluocinonide.....16
fluorouracil 17
fluoxetine hcl.....9
fluticasone propionate.....27
fluticasone-salmeterol 28
fluvoxamine maleate.....9
folic acid.....19
FOLLISTIM AQ.....21
furosemide 14
FYCOMPA 8
gabapentin 8
gallifrey.....22
ganirelix acetate.....21
gavilyte-c.....19
gavilyte-g.....19
gavilyte-n with flavor pack.....19
GAVRETO 11
GELSYN-3 26
gemfibrozil.....14
glimepiride.....17
glipizide er 17
glipizide ir.....17
GLUCAGON EMERGENCY KIT 18
glyburide 17
glycopyrrolate 19
GLYXAMBI.....17
guanfacine hcl.....14
guanfacine hcl er 15
GUARDIAN 4 GLUCOSE SENSOR.....18
GUARDIAN 4 TRANSMITTER. 18
GUARDIAN LINK 3 TRANSMITTER.....18
GUARDIAN REAL-TIME CHARGER 18
GUARDIAN REAL-TIME TEST PLUG 18
GUARDIAN SENSOR 3 18
GYNAZOLE-1 10
HADLIMA ……24
HAEGARDA.....24
hailey 1.5/30 22
hailey 24 fe 22
hailey fe 1.5/30 22
hailey fe 1/20 22
haloette 22
HARVONI.....12
heather.....22
HEMANGEOL 14
HIZENTRA 24
HUMALOG.....18
HUMALOG KWIKPEN 18
HUMALOG MIX 50/50 KWIKPEN 18
HUMALOG MIX 75/25 KWIKPEN 18
HUMALOG MIX 75/25 VIAL 18
HUMALOG U-100 JUNIOR KWIKPEN 18
HUMIRA ……..24
HUMULIN 70/30 KWIKPEN 18
HUMULIN 70/30 VIAL.....18
HUMULIN N KWIKPEN.....18
HUMULIN N VIAL 18
HUMULIN R U-500 KWIKPEN 18
HUMULIN R VIAL 18
hydralazine hcl 14
hydrochlorothiazide..... 14
hydrocodone-acetaminophen 7
hydrocortisone 17, 20
hydrocortisone (perianal) 25
hydromorphone hcl 7
hydroxychloroquine sulfate 12
hydroxyzine hcl 13
hydroxyzine pamoate..... 13
HYSINGLA ER..... 7
ibuprofen 7
ICLUSIG..... 11
icosapent ethyl 14
IDELVION 13
IDHIFA 11
ILET CONTACT DETACH 23" 6MM 26
ILET INFUSION-INSET 23" 6MM 26
ILET INFUSION-INSET 32" 6MM 26
ILET STARTER - CONTACT DETACH 26
ILET STARTER KIT - INSET 23"..... 26
ILET STARTER KIT - INSET 32"..... 26
IMBRUVICA 11
imiquimod 17
imiquimod pump..... 17
IMKELDI..... 11
IMVEXXY MAINTENANCE PACK 22
IMVEXXY STARTER PACK..... 22
incassia 22
indomethacin 7
INFLECTRA 24
INGREZZA 16
INSULIN LISPRO..... 18
INSULIN LISPRO (1 UNIT DIAL)..... 18
INSULIN LISPRO JUNIOR KWIKPEN..... 19
INSULIN LISPRO PROT & LISPRO 19
INVEGA HAFYERA..... 12
INVEGA SUSTENNA 12
INVEGA TRINZA..... 12
INVELTYS..... 26

ipratropium bromide 27
ipratropium-albuterol 28
IQIRVO 20
irbesartan 14
irbesartan-hydrochlorothiazide 14
isibloom 22
isosorbide mononitrate er 14
isotretinoin 17
jantoven 8
JANUMET 17
JANUMET XR 17
JANUVIA 17
JARDIANCE 17
jasmiel 22
jencycla 22
JENTADUETO 17
JENTADUETO XR 17
JIVI 13
JORNAY PM 15
juleber 22
JULUCA 12
junel 1.5/30 22
junel 1/20 22
junel fe 1.5/30 22
junel fe 1/20 22
junel fe 24 22
JYLAMVO 24
kalliga 22
KANJINTI 11
KERENDIA 26
KESIMPTA 15
ketoconazole 10
ketorolac tromethamine 7, 26
KISQALI (200 MG DOSE) 11
KISQALI (400 MG DOSE) 11
KISQALI (600 MG DOSE) 11
klayesta 10
klor-con 19
klor-con 10 19
klor-con m10 19
klor-con m15 19
klor-con m20 19
KLOXXADO 7
KOATE 13
KOGENATE FS 13
KOSELUGO 11
KOVALTRY 13
kurvelo 22
KYLEENA 22
labetalol hcl 14
lacosamide 8
lactulose 20
lamotrigine 8
lamotrigine er 8
lansoprazole 19
LANTUS SOLOSTAR 19
LANTUS U-100 VIAL 19
larin 1.5/30 22
larin 1/20 22
larin 24 fe 22
larin fe 1.5/30 22
larin fe 1/20 22
latanoprost 27
leflunomide 24
lenalidomide 11
lessina 22
letrozole 11
levetiracetam 9
levetiracetam er 9
levocetirizine dihydrochloride 27
levofloxacin 8
levonorgestrel-ethinyl estrad 22
levo-t 23
levothyroxine sodium 23
levoxyl 23
lidocaine 7
lidocaine viscous hcl 16
lidocaine-prilocaine 7
LINZESS 20
liothyronine sodium 23
lisdexamfetamine dimesylate 15
lisinopril 14
lisinopril-hydrochlorothiazide 14
LITFULO 17
lithium carbonate 13
lithium carbonate er 13
LIVDELZI 20
LO LOESTRIN FE 22
LOKELMA 19
loperamide hcl 20
lorazepam 13
loryna 22
losartan potassium 14
losartan potassium-hctz 14
LOTEMAX SM 26
lovastatin 14
lo-zumandimine 22
lubiprostone 20
LUMAKRAS 11
LUMIGAN 27
LUPRON DEPOT (1-MONTH) 21
LUPRON DEPOT (3-MONTH) 21
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG 21
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG 21
LUPRON DEPOT-PED (1-MONTH) 21
LUPRON DEPOT-PED (3-MONTH) 21
LUPRON DEPOT-PED (6-MONTH) 21
lurasidone hcl 12
lutera 22
lyleq 22
lyllana 22
LYNPARZA 11
LYUMJEV KWIKPEN 19
LYUMJEV VIAL 19
lyza 22
marlissa 23
MAVENCLAD 15
MAVYRET 12
MAYZENT 15
MAYZENT STARTER PACK 15
meclizine hcl 9
medroxyprogesterone acetate 23
MEKINIST 11
meleya 23
meloxicam 7
memantine hcl 9
MENOPUR 21
mesalamine 25
mesalamine er oral capsule 0.375 gm 25
metformin hcl er 17
metformin hcl ir 17
methimazole 23
methocarbamol 28
methotrexate sodium 24
methotrexate sodium (pf) 24
methylphenidate hcl 15
methylphenidate hcl er 15
methylphenidate hcl er (cd) 15
methylphenidate hcl er (la) 15
methylphenidate hcl er (osm) 15
methylphenidate hcl er (xr) 15
methylprednisolone 20
metoclopramide hcl 9
metoprolol succinate er 14
metoprolol tartrate 14
metronidazole 8, 17
microgestin 1.5/30 23
microgestin 1/20 23
microgestin fe 1.5/30 23
microgestin fe 1/20 23
midodrine hcl 14
MIEBO 27
mili 23

mimvey 23
minocycline hcl 8
minoxidil 14
mirabegron er 20
MIRENA (52 MG) 23
mirtazapine 9
MIRVASO 17
misoprostol 19
modafinil 29
mometasone furoate 17
mono-linyah 23
montelukast sodium 28
morphine sulfate er 7
MOTPOLY XR 9
MOUNJARO 17
moxifloxacin hcl 8, 26
moxifloxacin hcl (2x day) 26
MULTAQ 14
mupirocin 8
MVASI 11
mycophenolate mofetil 24
mycophenolate sodium 24
mycophenolic acid 24
MYFEMBREE 23
MYHIBBIN 24
MYOBLOC 26
MYRBETRIQ 20
na sulfate-k sulfate-mg sulf 20
nabumetone 7
nadolol 14
naltrexone hcl 7
naproxen 7
naratriptan hcl 10
NASCOBAL 19
NATAZIA 23
NAYZILAM 9
nebivolol hcl 14
NEFFY 28
NEMLUVIO 17
neomycin-polymyxin-dexameth 26
neomycin-polymyxin-hc 27
NEULASTA 13
NEUPRO 12
NEXLETOL 14
NEXLIZET 14
NGENLA 21
nifedipine er 14
nifedipine er osmotic release 14
nikki 23
nitrofurantoin macrocrystal 8
nitrofurantoin monohydrate macrocrystals 8
nitroglycerin 14
NIVA THYROID 23
NIVESTYM 13
nora-be 23
NORDITROPIN FLEXPRO 21
norelgestromin-eth estradiol 23
norethin ace-eth estrad-fe 23
norethindrone 23
norethindrone acetate 23
norethindrone acet-ethinyl est 23
norgestimate-eth estradiol 23
norgestimate-ethinyl estradiol triphasic 23
NORLIQVA 14
norlyroc 23
nortriptyline hcl 9
NOVOEIGHT 13
NOVOFINE PEN NEEDLE 26
NOVOFINE PLUS PEN NEEDLE 26
NUBEQA 11
NUCALA 28
NURTEC 10
NUTROPIN AQ NUSPIN 10 21
NUTROPIN AQ NUSPIN 20 21
NUTROPIN AQ NUSPIN 5 21
NUWIQ 13
nyamyc 10
nystatin 10
nystop 10
ODOMZO 11
OFEV 28
ofloxacin 26, 27
olanzapine 12
olmesartan medoxomil 14
olmesartan medoxomil-hctz 14
OLUMIANT 24
omega-3-acid ethyl esters 14
omeprazole 19
OMNARIS 27
OMNIPOD 5 DEXCOM INTRO KIT 26
OMNIPOD 5 DEXCOM PODS 26
OMNIPOD 5 LIBRE PODS 26
OMNIPOD DASH INTRO KIT 26
OMNIPOD DASH PODS 26
OMNITROPE 21
OMVOH 24
OMVOH (300 MG DOSE) 24
ondansetron hcl 9, 10
ondansetron hcl +rfid 9
ondansetron odt 10
ONGENTYS 12
OPSUMIT 28
OPVEE 7
OPZELURA 17
ORENCIA 24
ORENCIA CLICKJECT 24
ORENITRAM 28
ORENITRAM MONTH 1 28
ORENITRAM MONTH 2 28
ORENITRAM MONTH 3 28
ORFADIN 20
ORGOVYX 11
ORIAHNN 23
ORILISSA 21
ORLADEYO 24
oseltamivir phosphate 12
OSPHENA 21
OTEZLA 24
OVIDREL 21
oxcarbazepine 9
OXLUMO 20
oxybutynin chloride 20
oxybutynin chloride er 20
oxycodone hcl 7
oxycodone-acetaminophen 7
OXYCONTIN 7
OZEMPIC 17
PANRETIN 11
pantoprazole sodium 19
PANZYGA 24
paroxetine hcl 9
PAXLOVID (150/100) 12
PAXLOVID (300/100 & 150/100) 13
PAXLOVID (300/100) 13
peg 3350-kcl-na bicarb-nacl 20
peg-3350/electrolytes 20
penicillin v potassium 8
PERFOROMIST 28
periogard 16
PERSERIS 12
PHEBURANE 20
phenazopyridine hcl 20
PHESGO 11
pimecrolimus 17
pioglitazone hcl 17
PIQRAY 11
polymyxin b-trimethoprim 27
POMALYST 11
portia-28 23
potassium chloride crys er 19
potassium chloride er 19
potassium citrate er 19
pramipexole dihydrochloride 12
prasugrel hcl 12

pravastatin sodium 14
prazosin hcl 14
prednisolone 20
prednisolone acetate 26
prednisolone sodium phosphate 20
prednisone 20, 21
pregabalin 16
PREMARIN 23
PREMPHASE 23
PREMPRO 23
PREZCOBIX 13
primidone 9
PRIVIGEN 24
prochlorperazine maleate 10
PROCRIT 13
PROCTOFOAM HC 25
procto-med hc 25
progesterone 23
PROLIA 25
PROMACTA 13
promethazine hcl 10
promethazine-dm 27
propranolol hcl 15
propranolol hcl er 14
pseudoephedrine-bromphen-dm 27
PULMOZYME 28
QNASL 27
QNASL CHILDRENS 27
quetiapine fumarate 12
quetiapine fumarate er 12
QULIPTA 10
QVAR REDIHALER 28
rabeprazole sodium 19
RADICAVA ORS 16
RADICAVA ORS STARTER KIT 16
ramipril 15
ranolazine er 15
RAYALDEE 25
REBINYN 13
REBYOTA 20
reclipsen 23
RECOMBINATE 13
REPATHA 15
REPATHA SURECLICK 15
RESTASIS 27
RESTASIS MULTIDOSE 27
RETACRIT 13
RETEVMO 11
REVLIMID 11
REXTOVY 7
REXULTI 12
RHOPRESSA 27
RINVOQ 24
RINVOQ LQ 24
risperidone 12
rizatriptan benzoate 10
ROCKLATAN 27
ropinirole hcl 12
rosuvastatin calcium 15
roweepra 9
ROZLYTREK 11
RUCONEST 24
RUXIENCE 11
RYALTRIS 27
RYBELSUS 17
RYDAPT 11
RYKINDO 12
RYTARY 12
SANTYL 17
SCEMBLIX 11
scopolamine 10
SEREVENT DISKUS 28
sertraline hcl 9
sharobel 23
sildenafil citrate 20, 28
SIMBRINZA 27
SIMLANDI (1 PEN) 24
SIMPLERA SENSOR 18
SIMPLERA SYNC SENSOR 18
SIMPLERA SYSTEM 18
SIMPONI 24
SIMPONI ARIA 24
simvastatin 15
SKYLA 23
SKYRIZI 24
SKYRIZI PEN 24
SKYTROFA 21
SOFDRA 17
solifenacin succinate 20
SOLIQUA 17
SOLIRIS 13
SOMATULINE DEPOT 21
SOTYKTU 24
SPIRIVA RESPIMAT 28
spironolactone 15
sprintec 28 23
sronyx 23
STIOLTO RESPIMAT 28
STIVARGA 11
STRENSIQ 20
STRIVERDI RESPIMAT 28
SUBLOCADE 7
subvenite 9
sucralfate 19
SUFLAVE 20
sulfamethoxazole-trimethoprim 8
sulfasalazine 25
sulfatrim pediatric 8
sumatriptan succinate 10
SUNOSI 29
SUPPRELIN LA 21
SUPREP BOWEL PREP KIT 20
SUTAB 20
syeda 23
SYMBICORT 28
SYMFI 13
SYMPAZAN 9
SYMPROIC 20
SYMTUZA 13
SYNJARDY 17
SYNJARDY XR 17
SYNTHROID 23
TABRECTA 11
TACLONEX 17
tacrolimus 17, 24
tadalafil 20
TAFINLAR 11
TAGRISSO 11
TAKHZYRO 25
TALICIA 20
TALTZ 25
tamoxifen citrate 11
tamsulosin hcl 20
tarina 24 fe 23
tarina fe 1/20 eq 23
TASIGNA 11
TAVALISSE 12
TEGLUTIK 16
TEKTURNA 15
telmisartan 15
temazepam 29
terbinafine hcl 10
terconazole 10
teriparatide 25
TERIPARATIDE 25
testosterone 21
testosterone cypionate 21
TEZSPIRE 28
THIOLA 20
THIOLA EC 20
timolol maleate 27
timolol maleate (once-daily) 27
tizanidine hcl 28
TOBI PODHALER 28
TOBRADEX ST 26
tobramycin 26

tobramycin-dexamethasone 26
tolterodine tartrate er 20
tolvaptan 19
topiramate 9
torsemide 15
TOUJEO MAX SOLOSTAR 19
TOUJEO SOLOSTAR 19
TRADJENTA 17
tramadol hcl ir 7
tranexamic acid 13
TRAZIMERA 11
trazodone hcl 9
TRELEGY ELLIPTA 28
TREMFYA 25
TREMFYA PEN 25
treprostinil 28
tretinoin 17
TREXALL 25
triamcinolone acetonide 17
triamterene-hctz 15
triazolam 13
triderm 17
tri-estarylla 23
TRIJARDY XR 17
TRIKAFTA 28
tri-linyah 23
tri-lo-estarylla 23
tri-lo-marzia 23
tri-lo-mili 23
tri-lo-sprintec 23
tri-mili 23
TRINTELLIX 9
TRIPTODUR 21
tri-sprintec 23
TRIUMEQ 13
tri-vylibra 23
tri-vylibra lo 23
TRULICITY 17
TRUQAP 11
TWIIST REFILL KIT 26
TWIIST REFILL KIT/INFUSION SET 26
TWIIST STARTER KIT 26
TYMLOS 25
TYRVAYA 27
TYVASO 28
TYVASO DPI INSTITUTIONAL KIT 28
TYVASO DPI MAINTENANCE KIT 28
TYVASO DPI TITRATION KIT 28
TYVASO REFILL KIT 28
TYVASO STARTER KIT 28
UBRELVY 10
UCERIS 25
UDENYCA 13
UDENYCA ONBODY 13
ULTOMIRIS 13
unithroid 23
UZEDY 12
valacyclovir hcl 13
valsartan 15
valsartan-hydrochlorothiazide 15
VALTOCO 10 MG DOSE 9
VALTOCO 15 MG DOSE 9
VALTOCO 20 MG DOSE 9
VALTOCO 5 MG DOSE 9
VANRAFIA 20
varenicline tartrate 7
varenicline tartrate(continue) 7
VARUBI (180 MG DOSE) 10
VELSIPITY 25
VELTASSA 19
venlafaxine hcl 9
venlafaxine hcl er 9
verapamil hcl er 15
VERQUVO 15
VERZENIO 11
vestura 23
VIBERZI 20
vienva 23
vilazodone hcl 9
vitamin d (ergocalciferol) 19
VITRAKVI 11
VOQUEZNA DUAL PAK 20
VOQUEZNA TRIPLE PAK 20
VOSEVI 13
VOYDEYA 13
VRAYLAR 12
VTAMA 17
VUMERITY 15
VYLEESI 16
vylibra 23
VYNDAMAX 15
VYNDAQEL 15
VYVANSE 15
VYVGART 10
VYVGART HYTRULO 10
WAINUA 16
WAKIX 29
warfarin sodium 8
WEZLANA 25
WILATE 13
wixela inhub 28
WYNZORA 17
XACIATO 8
XARELTO 8
XARELTO STARTER PACK 8
XCOPRI 9
XELJANZ 25
XELJANZ XR 25
XEMBIFY 25
XEOMIN 26
XIGDUO XR 17
XIIDRA 27
XOFLUZA (40 MG DOSE) 13
XOFLUZA (80 MG DOSE) 13
XOLAIR 28
XTAMPZA ER 7
XTANDI 11
xulane 23
XYNTHA 13
XYNTHA SOLOFUSE 13
YCANTH 17
YESINTEK 25
YORVIPATH 26
YUPELRI 28
yuvafem 23
zafemy 23
ZARXIO 13
ZAVZPRET 10
ZEGALOGUE 18
ZEJULA 12
ZELBORAF 12
zenatane 17
ZENPEP 20
ZEPOSIA 16
ZEPOSIA 7-DAY STARTER PACK 16
ZEPOSIA STARTER KIT 16
ziprasidone hcl 12
ZIRABEV 12
zolpidem tartrate 29
zolpidem tartrate er 29
zonisamide 9
ZORYVE 17
ZUBSOLV 7
zumandimine 23
ZYLET 27

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ملاحظة: إذا كنت تتحدث اللغة **العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدوّن على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ (Khmer) បសរាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនង ឥតគិតថ្លៃក្នុង ទម្រង់បសងេបទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទទៅលេខឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：**如果您**说**中文 (Chinese)**，**我**们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說中文 **(Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

Hindi: यदि आप द िंिी **(Hindi)** बोलते ैं, तो आपके दलए मुफ्त भाषा स ायता सेवाएँ और अन्य प्रारूपोिं में मुफ्त सिंचार, जैसे की बड़े दप्रिंट, उपलब्ध ैं। अपने सिस्य प चान पत्र पर दिए गए टोल-फ्री निंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, cov kev pab cuam lus pub dawb thiab kev sib txuas lus dawb hauv lwm hom ntawv, xws li luam ntawv loj, muaj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

PANANGIKASO: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: Se parla **italiano (Italian)** può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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や、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[]にお電話ください。

알림사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahił hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee néé hoziní baah t'áá jiik'eh bee hane'í námboo bee hodíilnih

توجه: اگر به زبان **فارسی (Farsi)** صحبت میکنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالبهای دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویتتان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese),** quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

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