



Your 2021 Premium Standard Formulary

Effective July 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 or log on to the OptumRx app to:

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



Understanding your formulary

What is a formulary?

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

To create the list, OptumRx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors, 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. 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.

About this formulary

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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.

HC	Health Care Reform – For qualified members, preventive medications available at \$0 cost-share.
HD	High Deductible Health Plan – For qualified members, preventive medications available at \$0 cost-share.
PA	Prior Authorization – Your doctor is required to give OptumRx more information to determine coverage.
QL	Quantity Limit – Medication may be limited to a certain quantity.
SP	Specialty Medication – Medication is designated as specialty.
ST	Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain					
acetaminophen-codeine #2	Tier 1	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
acetaminophen-codeine #3	Tier 1	QL	indomethacin oral capsule 25 mg, 50 mg	Tier 1	
acetaminophen-codeine #4	Tier 1	QL	ketorolac tromethamine oral	Tier 1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	Tier 1	QL	meloxicam oral tablet	Tier 1	
apap-caff-dihydrocodeine oral capsule	Tier 1	QL	nabumetone oral	Tier 1	
BELBUCA	Tier 2	PA; QL	naproxen oral tablet	Tier 1	
butalbital-apap-caffeine	Tier 1		Anesthetics		
fentanyl	Tier 1	PA; QL	lidocaine external patch 5 %	Tier 1	
hydrocodone-acetaminophen oral tablet	Tier 1	QL	lidocaine-prilocaine external cream	Tier 1	
hydromorphone hcl oral tablet	Tier 1	QL	Anti-Addiction / Substance Abuse Treatment Agents		
HYSINGLA ER	Tier 2	PA; QL	BUNAVAIL	Tier 3	QL
morphine sulfate er oral tablet extended release	Tier 1	PA; QL	buprenorphine hcl sublingual	Tier 1	QL
NUCYNTA	E		buprenorphine hcl-naloxone hcl	Tier 1	QL
oxycodone hcl oral tablet	Tier 1	QL	CHANTIX	HC	HD; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL	CHANTIX CONTINUING MONTH PAK	HC	HD; QL
OXYCONTIN	Tier 2	PA; QL	CHANTIX STARTING MONTH PAK	HC	HD; QL
tramadol hcl oral tablet 50 mg	Tier 1	QL	naltrexone hcl oral	Tier 1	
TREZIX	Tier 3	QL	NARCAN	Tier 2	
XTAMPZA ER	Tier 2	PA; QL	ZUBSOLV	Tier 2	QL
Analgesics - Drugs for Pain and Inflammation					
celecoxib oral	Tier 1	QL	Antibacterials		
diclofenac sodium oral	Tier 1		amoxicillin oral capsule	Tier 1	
etodolac oral tablet	Tier 1		amoxicillin oral suspension reconstituted	Tier 1	
			amoxicillin oral tablet	Tier 1	
			amoxicillin-potassium clavulanate oral suspension reconstituted	Tier 1	
			amoxicillin-potassium clavulanate oral tablet	Tier 1	

Drug Name	Drug Tier	Notes
azithromycin oral suspension reconstituted	Tier 1	
azithromycin oral tablet	Tier 1	
cefdinir	Tier 1	
cefuroxime axetil	Tier 1	
cephalexin oral capsule	Tier 1	
cephalexin oral suspension reconstituted	Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet	Tier 1	
clindamycin hcl oral	Tier 1	
CLINDESSE	Tier 3	
DIFICID ORAL TABLET	Tier 3	
doxycycline hyclate oral capsule	Tier 1	
doxycycline hyclate oral tablet 100 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral tablet	Tier 1	
levofloxacin oral tablet	Tier 1	
metronidazole oral tablet	Tier 1	
metronidazole vaginal	Tier 1	
minocycline hcl oral capsule	Tier 1	
mupirocin external	Tier 1	
nitrofurantoin macrocrystal	Tier 1	
nitrofurantoin monohydrate macrocrystals	Tier 1	
NUZYRA ORAL	Tier 3	
penicillin v potassium oral tablet	Tier 1	
SEYSARA	Tier 3	ST

Drug Name	Drug Tier	Notes
SOLOSEC	Tier 3	
sulfamethoxazole-trimethoprim oral tablet	Tier 1	
XENLETA	Tier 3	
XEPI	Tier 3	
XIMINO	Tier 3	
Anticoagulants		
ELIQUIS	Tier 2	HD; QL
ELIQUIS DVT/PE STARTER PACK	Tier 2	HD; QL
enoxaparin sodium	Tier 1	SP; HD; QL
PRADAXA	Tier 2	HD; QL
warfarin sodium oral	Tier 1	HD
XARELTO	Tier 2	HD; QL
XARELTO STARTER PACK	Tier 2	HD; QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT INTRAVENOUS	Tier 3	
BRIVIACT ORAL	Tier 3	ST
carbamazepine oral tablet	Tier 1	
divalproex sodium er	Tier 1	
divalproex sodium oral tablet delayed release	Tier 1	
EPIDIOLEX	Tier 3	PA; SP
FYCOMPA	Tier 3	
gabapentin oral capsule	Tier 1	
gabapentin oral tablet	Tier 1	
lamotrigine er	Tier 1	
lamotrigine oral tablet	Tier 1	
levetiracetam oral tablet	Tier 1	
NAYZILAM	Tier 3	QL
oxcarbazepine oral tablet	Tier 1	
SYMPAZAN	Tier 3	PA
topiramate oral tablet	Tier 1	
TROKENDI XR	Tier 3	ST

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VALTOCO	Tier 3	QL	paroxetine hcl	Tier 1	HD
VIMPAT	Tier 3		sertraline hcl oral tablet	Tier 1	HD
XCOPRI	Tier 3	ST	trazodone hcl oral	Tier 1	
zonisamide oral	Tier 1		TRINTELLIX	Tier 3	ST; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			venlafaxine hcl	Tier 1	
donepezil hcl oral tablet 10 mg, 23 mg	Tier 1		venlafaxine hcl er oral capsule extended release 24 hour	Tier 1	
memantine hcl oral tablet 10 mg, 5 mg	Tier 1		venlafaxine hcl er oral tablet extended release 24 hour 225 mg	Tier 1	
NAMZARIC	Tier 2	QL	VIIBRYD	Tier 3	QL
Antidepressants			VIIBRYD STARTER PACK	Tier 3	QL
amitriptyline hcl oral	Tier 1		Antiemetics - Drugs for Nausea and Vomiting		
bupropion hcl er (sr)	Tier 1	QL	meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 1	QL	metoclopramide hcl oral tablet 10 mg	Tier 1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E		ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
bupropion hcl oral	Tier 1		ondansetron odt	Tier 1	
citalopram hydrobromide oral tablet	Tier 1	HD	prochlorperazine maleate oral	Tier 1	HD
desvenlafaxine succinate er	Tier 1	QL	scopolamine	Tier 1	
doxepin hcl oral capsule	Tier 1		VARUBI (180 MG DOSE)	Tier 3	QL
duloxetine hcl oral	Tier 1	QL	Antifungals		
escitalopram oxalate oral tablet	Tier 1	HD	ciclopirox external solution	Tier 1	
fluoxetine hcl oral capsule	Tier 1	HD	clotrimazole external cream	Tier 1	
fluoxetine hcl oral tablet 10 mg, 60 mg	Tier 1	HD	clotrimazole-betamethasone external cream	Tier 1	
fluvoxamine maleate	Tier 1	HD	CRESEMBA ORAL	Tier 3	
FORFIVO XL	E		fluconazole oral tablet	Tier 1	
mirtazapine oral tablet	Tier 1		GYZNAZOLE-1	Tier 3	
nortriptyline hcl oral capsule	Tier 1		KERYDIN	Tier 3	PA

Drug Name	Drug Tier	Notes
ketoconazole external shampoo	Tier 1	
nystatin external cream	Tier 1	
nystatin mouth/throat	Tier 1	
terbinafine hcl oral	Tier 1	QL
terconazole vaginal cream	Tier 1	
Antigout Agents		
allopurinol oral	Tier 1	
colchicine oral tablet	Tier 1	
febuxostat	Tier 1	ST
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL
eletriptan hydrobromide	Tier 1	QL
EMGALITY	Tier 2	PA; QL
EMGALITY (300 MG DOSE)	Tier 2	PA; QL
NURTEC	Tier 2	PA; QL
rizatriptan benzoate	Tier 1	QL
sumatriptan succinate oral	Tier 1	QL
UBRELVY	Tier 2	PA; QL
Antineoplastics - Drugs for Cancer		
ALECENSA	Tier 2	PA; SP
ALUNBRIG	Tier 2	PA; SP; QL
anastrozole oral	HC	HD
CABOMETYX	Tier 2	PA; SP
CALQUENCE	Tier 3	PA; SP
capecitabine	Tier 1	PA; SP
IBRANCE ORAL CAPSULE	Tier 3	PA; SP
IDHIFA	Tier 3	PA; SP; QL
imatinib mesylate	Tier 1	PA; SP
IMBRUVICA ORAL TABLET	Tier 3	PA; SP
KANJINTI	Tier 2	PA; SP
letrozole oral	Tier 1	HD

Drug Name	Drug Tier	Notes
LYNPARZA	Tier 2	PA; SP
MVASI	Tier 2	PA; SP
NUBEQA	Tier 3	PA; SP
PHESGO	Tier 2	PA; SP
REVLIMID	Tier 2	PA; SP
ROZLYTREK	Tier 3	PA; SP
RUBRACA	Tier 2	PA; SP
RUXIENCE	Tier 2	PA; SP
SPRYCEL	Tier 2	PA; SP
TAGRISSO ORAL TABLET 40 MG	Tier 3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	Tier 3	PA; SP
tamoxifen citrate oral tablet 10 mg	Tier 1	HD
tamoxifen citrate oral tablet 20 mg	HC	HD
TARGETIN EXTERNAL	Tier 3	PA; SP
temozolomide	Tier 1	PA; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	Tier 2	PA; SP
VITRAKVI	Tier 3	PA; SP
XTANDI ORAL CAPSULE	Tier 3	PA; SP
ZEJULA	Tier 2	PA; SP
ZIRABEV	Tier 2	PA; SP
Antiparasitics		
ARAKODA	Tier 3	
EMVERM	Tier 2	
hydroxychloroquine sulfate oral	Tier 1	
Antiparkinson Agents		
benztropine mesylate oral	Tier 1	
carbidopa-levodopa oral tablet	Tier 1	
INBRIJA	Tier 3	PA; SP
KYNMOBI	Tier 3	PA; SP; QL

Drug Name	Drug Tier	Notes
KYNMOBI TITRATION KIT	Tier 3	PA; SP; QL
NOURIANZ	Tier 3	PA
ONGENTYS	Tier 3	ST
pramipexole dihydrochloride	Tier 1	
ropinirole hcl	Tier 1	
RYTARY	Tier 3	ST
Antiplatelets		
BRILINTA	Tier 2	HD
clopidogrel bisulfate oral	Tier 1	HD
prasugrel hcl	Tier 1	HD
Antipsychotics - Drugs for Mood Disorders		
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	Tier 3	HD
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	Tier 3	HD
ariPIPRAZOLE oral tablet	Tier 1	HD; QL
ARISTADA	Tier 3	HD
ARISTADA INITIO	Tier 3	HD
INVEGA SUSTENNA	Tier 3	HD
INVEGA TRINZA	Tier 3	HD
LATUDA	Tier 3	HD; QL
olanzapine oral tablet	Tier 1	HD; QL
PERSERIS	Tier 3	HD
quetiapine fumarate	Tier 1	HD; QL
quetiapine fumarate er	Tier 1	HD; QL
REXULTI	Tier 3	HD; QL
risperidone oral tablet	Tier 1	HD; QL
VRAYLAR	Tier 3	ST; HD; QL
ziprasidone hcl	Tier 1	HD; QL
Antivirals		
acyclovir oral capsule	Tier 1	
acyclovir oral tablet	Tier 1	

Drug Name	Drug Tier	Notes
BIKTARVY	Tier 3	HD
CIMDUO	Tier 2	HD
DESCOVY	HC	
DOVATO	Tier 2	HD
entecavir	Tier 1	SP; QL
EPCLUSA	Tier 2	PA; SP; QL
GENVOYA	Tier 3	HD
HARVONI	Tier 2	PA; SP; QL
JULUCA	Tier 2	HD
MAVYRET	Tier 2	PA; SP; QL
ODEFSEY	Tier 3	HD
oseltamivir phosphate oral	Tier 1	QL
PREZCOBIX	Tier 2	HD
RUKOBIA	Tier 2	HD
SYMFI	Tier 2	HD
SYMFI LO	Tier 2	HD
TAMIFLU ORAL CAPSULE 75 MG	E	
TIVICAY	Tier 2	HD
TRIUMEQ	Tier 2	HD
TRUVADA	E	
valacyclovir hcl oral	Tier 1	QL
VEMLIDY	Tier 3	SP
VOSEVI	Tier 2	PA; SP; QL
XOFLUZA (40 MG DOSE)	Tier 3	QL
XOFLUZA (80 MG DOSE)	Tier 3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	Tier 1	QL
buspirone hcl oral	Tier 1	
clonazepam oral tablet	Tier 1	QL
diazepam oral tablet	Tier 1	
hydroxyzine hcl oral tablet	Tier 1	
hydroxyzine pamoate oral	Tier 1	
lorazepam oral tablet	Tier 1	QL
triazolam	Tier 1	QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Bipolar Agents - Drugs for Mood Disorders					
lithium carbonate er	Tier 1		amiodarone hcl oral	Tier 1	
lithium carbonate oral capsule	Tier 1		amlodipine besylate oral	Tier 1	HD
Blood Products and Modifiers - Drugs for Blood Disorders					
ADVATE	Tier 2	SP	amlodipine besylate-benazepril hcl	Tier 1	HD
ADYNOVATE	Tier 3	SP	amlodipine besylate-valsartan	Tier 1	HD
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 3	SP	amlodipine-olmesartan	Tier 1	HD
ARANESP (ALBUMIN FREE)	Tier 2	PA; SP	atenolol oral	Tier 1	HD
ELOCTATE	Tier 3	SP	atenolol-chlorthalidone	Tier 1	HD
JIVI	Tier 3	SP	atorvastatin calcium oral tablet 10 mg, 20 mg	HC	HD
KOATE	Tier 2	SP	atorvastatin calcium oral tablet 40 mg, 80 mg	Tier 1	HD
MULPLETA	Tier 2	PA; SP	benazepril hcl oral	Tier 1	HD
NEULASTA	Tier 3	PA; SP	bisoprolol fumarate oral	Tier 1	HD
NEULASTA ONPRO	Tier 3	PA; SP	bisoprolol-hydrochlorothiazide	Tier 1	HD
NIVESTYM	Tier 2	PA; SP	bumetanide oral	Tier 1	HD
NOVOEIGHT	Tier 2	SP	BYSTOLIC	Tier 2	HD
NUWIQ	Tier 2	SP	candesartan cilexetil	Tier 1	HD
RECOMBINATE	Tier 2	SP	cartia xt	Tier 1	HD
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 2	PA; SP	carvedilol	Tier 1	HD
SOLIRIS	Tier 3	PA; SP	chlorthalidone	Tier 1	HD
ULTOMIRIS	Tier 3	PA; SP	clonidine hcl oral	Tier 1	HD
WILATE	Tier 2	SP	CORLANOR	Tier 3	PA; QL
XYNTHA	Tier 2	SP	digoxin oral tablet	Tier 1	HD
XYNTHA SOLOFUSE	Tier 2	SP	diltiazem hcl er coated beads oral capsule extended release 24 hour	Tier 1	HD
ZARXIO	Tier 2	PA; SP	dilt-xr	Tier 1	HD
ZIEXTENZO	Tier 3	PA; SP	doxazosin mesylate oral	Tier 1	HD

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ENTRESTO	Tier 2	QL	olmesartan medoxomil oral	Tier 1	HD
ezetimibe	Tier 1	HD	olmesartan medoxomil-hctz	Tier 1	HD
ezetimibe-simvastatin	Tier 1	HD	olmesartanamlodipine-hctz	Tier 1	HD
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	HD	omega-3-acid ethyl esters	Tier 1	PA; HD
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 1	HD	PRALUENT	Tier 2	PA; HD; QL
fenofibric acid oral capsule delayed release	Tier 1	HD	pravastatin sodium	Tier 1	HD
flecainide acetate	Tier 1		prazosin hcl oral	Tier 1	HD
furosemide oral tablet	Tier 1	HD	propranolol hcl er	Tier 1	HD
gemfibrozil oral	Tier 1	HD	propranolol hcl oral tablet	Tier 1	HD
guanfacine hcl	Tier 1	HD	ramipril	Tier 1	HD
HEMANGEOL	Tier 3	HD	ranolazine er	Tier 1	HD
hydralazine hcl oral	Tier 1	HD	REPATHA	Tier 2	PA; HD; QL
hydrochlorothiazide oral	Tier 1	HD	REPATHA PUSHTRONEX SYSTEM	Tier 2	PA; HD; QL
irbesartan	Tier 1	HD	REPATHA SURECLICK	Tier 2	PA; HD; QL
irbesartan-hydrochlorothiazide	Tier 1	HD	rosuvastatin calcium	Tier 1	HD
isosorbide mononitrate er	Tier 1	HD	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	HC	HD
labetalol hcl oral	Tier 1	HD	simvastatin oral tablet 80 mg	Tier 1	HD
lisinopril oral	Tier 1	HD	sotalol hcl oral	Tier 1	HD
lisinopril-hydrochlorothiazide	Tier 1	HD	spironolactone oral	Tier 1	HD
LIVALO	E		TEKTURNA	Tier 2	HD
losartan potassium oral	Tier 1	HD	TEKTURNA HCT	Tier 2	ST; HD
losartan potassium-hctz	Tier 1	HD	telmisartan	Tier 1	HD
lovastatin oral	HC	HD	telmisartan-hctz	Tier 1	HD
metoprolol succinate er	Tier 1	HD	torsemide	Tier 1	HD
metoprolol tartrate oral	Tier 1	HD	triamterene-hctz	Tier 1	HD
MULTAQ	Tier 3		valsartan	Tier 1	HD
NEXLETOL	Tier 2	PA; HD; QL	valsartan-hydrochlorothiazide	Tier 1	HD
NEXLIZET	Tier 2	PA; HD; QL	VASCEPA	Tier 2	PA; HD
nifedipine er	Tier 1	HD			
nifedipine er osmotic release	Tier 1	HD			
nitroglycerin sublingual	Tier 1	HD			

Drug Name	Drug Tier	Notes
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	HD
verapamil hcl er oral tablet extended release	Tier 1	HD
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	E	
amphetamine-dextroamphetamine	Tier 1	PA; QL
amphetamine-dextroamphetamine er	Tier 1	PA; QL
atomoxetine hcl	Tier 1	QL
dexmethylphenidate hcl er	Tier 1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	Tier 1	PA; QL
guanfacine hcl er	Tier 1	
JORNAY PM	Tier 3	PA; ST; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	PA; QL
methylphenidate hcl er (xr)	Tier 1	PA; QL
methylphenidate hcl er oral tablet extended release	Tier 1	PA; QL
methylphenidate hcl oral tablet	Tier 1	PA; QL
VYVANSE	Tier 2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	Tier 3	PA; SP; QL
AUBAGIO	Tier 3	PA; SP; QL
AVONEX PEN	Tier 2	PA; SP; QL
AVONEX PREFILLED	Tier 2	PA; SP; QL
BAFIERTAM	Tier 2	PA; SP; QL

Drug Name	Drug Tier	Notes
BETASERON	Tier 2	PA; SP; QL
COPAXONE	Tier 2	PA; SP; QL
GILENYA	Tier 3	PA; SP; QL
glatiramer acetate	Tier 1	PA; SP; QL
KESIMPTA	Tier 2	PA; SP; QL
MAVENCLAD	Tier 3	PA; SP
MAYZENT	Tier 3	PA; SP; QL
REBIF	E	
REBIF REBIDOSE	E	
REBIF REBIDOSE TITRATION PACK	E	
REBIF TITRATION PACK	E	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	
VUMERITY	Tier 2	PA; SP; QL
ZEPOSIA	Tier 3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Tier 3	PA; SP; QL
ZEPOSIA STARTER KIT	Tier 3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	Tier 3	PA; QL
AUSTEDO	Tier 3	PA; SP; QL
GRALISE ORAL TABLET	Tier 3	ST; QL
HORIZANT	Tier 3	PA; QL
INGREZZA	Tier 3	PA; SP; QL
pregabalin oral capsule	Tier 1	QL
TEGSEDI	Tier 3	PA; SP
TIGLUTIK	Tier 3	PA; SP; QL
VYLEESI	Tier 3	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
lidocaine viscous hcl	Tier 1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Dermatological Agents - Drugs for Skin Conditions			hydrocortisone external ointment 1 %, 2.5 %	Tier 1	
ABSORICA LD	Tier 3	PA	metronidazole external cream	Tier 1	
ACZONE EXTERNAL GEL 7.5 %	Tier 2		metronidazole external gel	Tier 1	
AMZEEQ	Tier 3		MIRVASO	Tier 3	
betamethasone dipropionate external cream	Tier 1		mometasone furoate external cream	Tier 1	
claravis	Tier 1	PA	ONEXTON	Tier 3	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	Tier 1		QBREXZA	Tier 3	QL
clindamycin phosphate external lotion	Tier 1		RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	Tier 2	PA
clindamycin phosphate external solution	Tier 1		RHOFADE	Tier 3	
clindamycin phosphate external swab	Tier 1		SERNIVO	Tier 3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E		SOOLANTRA	Tier 3	
clindamycin phosphate gel 1 % external	Tier 1		TACLONEX EXTERNAL OINTMENT	E	
clobetasol propionate external cream	Tier 1		TACLONEX EXTERNAL SUSPENSION	Tier 3	QL
clobetasol propionate external ointment	Tier 1		tacrolimus external ointment	Tier 1	
clobetasol propionate external solution	Tier 1		tretinoin external cream	Tier 1	PA
DUPIXENT	Tier 2	PA; SP; QL	triamcinolone acetonide external cream	Tier 1	
EPIDUO FORTE	Tier 3		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
EUCRISA	Tier 2	ST	ZILXI	Tier 3	ST
FINACEA EXTERNAL FOAM	Tier 3		Diabetes - Antidiabetic Agents		
FINACEA EXTERNAL GEL	Tier 3	ST	BYDUREON BCISE AUTOINJECTOR	Tier 2	ST; HD; QL
fluocinonide external cream	Tier 1		BYETTA 10 MCG PEN	Tier 2	ST; HD; QL
FLUOROPLEX	Tier 3		BYETTA 5 MCG PEN	Tier 2	ST; HD; QL
hydrocortisone external cream 1 %, 2.5 %	Tier 1		FARXIGA	Tier 2	ST; HD
			glimepiride	Tier 1	HD
			glipizide er	Tier 1	HD
			glipizide ir	Tier 1	HD
			glyburide oral	Tier 1	HD

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYXAMBI	Tier 2	ST; HD	CONTOUR MONITOR DEVICE	Tier 2	HD
INVOKANA	E		CONTOUR MONITOR KIT W/DEVICE	Tier 2	HD
JANUMET	Tier 2	ST; HD	CONTOUR NEXT CONTROL SOLUTION	Tier 2	HD
JANUMET XR	Tier 2	ST; HD	CONTOUR NEXT EZ KIT W/DEVICE	Tier 2	HD
JANUVIA	Tier 2	ST; HD	CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 2	HD
JARDIANCE	Tier 2	ST; HD	CONTOUR NEXT ONE KIT	Tier 2	HD
JENTADUETO	Tier 2	ST; HD	CONTOUR NEXT TEST STRIPS	Tier 2	HD; QL
JENTADUETO XR	Tier 2	ST; HD	CONTOUR TEST STRIPS	Tier 2	HD; QL
metformin hcl er	Tier 1	HD	FREESTYLE LIBRE 14 DAY READER	E	
metformin hcl er (mod)	E		FREESTYLE LIBRE 14 DAY SENSOR	E	
metformin hcl er (osm)	E		FREESTYLE LIBRE 2 READER	E	
metformin hcl oral tablet	Tier 1	HD	FREESTYLE LIBRE 2 SENSOR	E	
OZEMPIC SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML	Tier 2	ST; HD; QL	FREESTYLE LIBRE READER	E	
pioglitazone hcl	Tier 1	HD	FREESTYLE LIBRE SENSOR SYSTEM	E	
RYBELSUS	Tier 2	ST; HD; QL	Diabetes - Glycemic Agents		
SOLIQUA	Tier 2	ST; HD; QL	BAQSIMI ONE PACK	Tier 2	HD
SYMLINPEN 120	Tier 3	PA; HD	BAQSIMI TWO PACK	Tier 2	HD
SYMLINPEN 60	Tier 3	PA; HD	glucagon emergency kit 1 mg injection 1 mg	Tier 1	HD
SYNJARDY	Tier 2	ST; HD	GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	Tier 3	HD
SYNJARDY XR	Tier 2	ST; HD	GLUCAGON EMERGENCY KIT	Tier 2	HD
TRADJENTA	Tier 2	ST; HD	GVOKE HYPOOPEN 1-PACK	Tier 2	HD
TRIJARDY XR	Tier 2	ST; HD	GVOKE HYPOOPEN 2-PACK	Tier 2	HD
TRULICITY	Tier 2	ST; HD; QL			
VICTOZA	Tier 2	ST; HD; QL			
XIGDUO XR	Tier 2	ST; HD			
Diabetes - Glucose Monitoring					
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2	HD			
ACCU-CHEK GUIDE TEST STRIPS	E				
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	Tier 2	HD			
CONTOUR CONTROL SOLUTION	Tier 2	HD			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GVOKE PFS	Tier 2	HD	NOVOLIN N VIAL	E	
Diabetes - Insulins					
HUMALOG KWIKPEN	Tier 2	HD	NOVOLIN R FLEXPEN	E	
HUMALOG MIX 50/50 KWIKPEN	Tier 2	HD	NOVOLIN R VIAL	E	
HUMALOG MIX 50/50 VIAL	Tier 2	HD	NOVOLOG FLEXPEN	E	
HUMALOG MIX 75/25 KWIKPEN	Tier 2	HD	NOVOLOG MIX 70/30 FLEXPEN	E	
HUMALOG MIX 75/25 VIAL	Tier 2	HD	NOVOLOG MIX 70/30 VIAL	E	
HUMALOG U-100 JUNIOR KWIKPEN	Tier 2	HD	NOVOLOG PENFILL	E	
HUMALOG VIAL	Tier 2	HD	NOVOLOG U-100 VIAL	E	
HUMULIN 70/30 KWIKPEN	Tier 2	HD	NOVOTWIST PEN NEEDLE	Tier 2	HD
HUMULIN 70/30 VIAL	Tier 2	HD	TOUJEO MAX SOLOSTAR	Tier 2	HD
HUMULIN N KWIKPEN	Tier 2	HD	TOUJEO SOLOSTAR	Tier 2	HD
HUMULIN N VIAL	Tier 2	HD	TRESIBA	E	
HUMULIN R U-500 KWIKPEN	Tier 2	HD	TRESIBA FLEXTOUCH	E	
HUMULIN R U-500 VIAL	Tier 2	HD	Electrolytes / Minerals / Metals / Vitamins		
HUMULIN R VIAL	Tier 2	HD	cyanocobalamin injection solution 1000 mcg/ml	Tier 1	
LANTUS SOLOSTAR	Tier 2	HD	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	Tier 3	
LANTUS U-100 VIAL	Tier 2	HD	ergocalciferol oral capsule	Tier 1	
LEVEMIR U-100 FLEXTOUCH	E		folic acid oral tablet 1 mg	Tier 1	
LEVEMIR U-100 VIAL	E		klor-con m20	Tier 1	
LYUMJEV KWIKPEN	Tier 2	HD	LOKELMA	Tier 3	
LYUMJEV VIAL	Tier 2	HD	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Tier 1	HD
NOVOFINE AUTOCOVER PEN NEEDLE	Tier 2	HD	NASCOBAL	Tier 3	
NOVOFINE PEN NEEDLE	Tier 2	HD	potassium chloride cyster	Tier 1	
NOVOFINE PLUS PEN NEEDLE	Tier 2	HD	potassium chloride er	Tier 1	
NOVOLIN 70/30 FLEXPEN	E		potassium citrate er	Tier 1	
NOVOLIN 70/30 VIAL	E		sodium fluoride oral tablet chewable	HC	
NOVOLIN N FLEXPEN	E				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VELTASSA	Tier 3		ZELNORM	Tier 3	PA; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Tier 1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			CERDELGA	Tier 3	PA; SP
omeprazole oral capsule delayed release	Tier 1	HD; QL	CREON	Tier 2	
pantoprazole sodium oral tablet delayed release	Tier 1	HD; QL	NITYR	Tier 3	PA; SP
sucralfate oral tablet	Tier 1	HD	ORFADIN	Tier 3	PA; SP
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 2	PA; SP
CLENPIQ	Tier 3		ZENPEP	Tier 2	
dicyclomine hcl oral capsule	Tier 1		Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
dicyclomine hcl oral tablet	Tier 1		AURYXIA	Tier 3	
diphenoxylate-atropine oral tablet	Tier 1		DEPEN TITRATABS	Tier 2	SP
gavilyte-g	HC		MYRBETRIQ	Tier 2	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1		oxybutynin chloride er	Tier 1	
hyoscyamine sulfate sl	Tier 1		oxybutynin chloride oral tablet	Tier 1	
hyoscyamine sulfate sublingual	Tier 1		phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 1	
lactulose oral solution	Tier 1		sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL
LINZESS	Tier 2	ST; QL	solifenacin succinate	Tier 1	
MOTEGRITY	Tier 3	ST; QL	STENDRA	E	
MOVANTIK	E		tadalafil oral	Tier 1	QL
OMECLAMOX-PAK	Tier 2	HD	tolterodine tartrate er	Tier 1	
PYLERA	Tier 2	HD	TOVIAZ	Tier 3	
SUPREP BOWEL PREP KIT	HC		VELPHORO	Tier 3	
SYMPROIC	Tier 2	ST; QL	Genitourinary Agents - Drugs for Prostate Conditions		
TRULANCE	E		alfuzosin hcl er	Tier 1	
VIBERZI	Tier 3	PA; QL	dutasteride oral	Tier 1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	Tier 1		ganirelix acetate	Tier 1	PA; SP
tamsulosin hcl	Tier 1		LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Tier 2	PA; SP
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	Tier 1	HD	LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	Tier 2	PA; SP
Hormonal Agents - Adrenal			LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	Tier 2	PA; SP
dexamethasone oral tablet	Tier 1		LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	Tier 2	PA; SP
hydrocortisone oral	Tier 1		NOCDURNA	Tier 3	
methylprednisolone oral	Tier 1		NORDITROPIN FLEXPRO	Tier 2	PA; SP
prednisolone oral solution	Tier 1		NUTROPIN AQ NUSPIN 10	Tier 2	PA; SP
prednisolone sodium phosphate oral solution	Tier 1		NUTROPIN AQ NUSPIN 20	Tier 2	PA; SP
prednisone oral tablet	Tier 1		NUTROPIN AQ NUSPIN 5	Tier 2	PA; SP
prednisone oral tablet therapy pack	Tier 1		ORILISSA	Tier 2	PA; QL
Hormonal Agents - Men's Health			SOMATULINE DEPOT	Tier 3	PA; SP
ANDRODERM	Tier 2	PA; HD	SUPPRELIN LA	Tier 2	PA; SP; QL
testosterone cypionate intramuscular	Tier 1	PA; HD	TRIPTODUR	Tier 3	PA; SP; QL
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%)	Tier 1	PA; HD	Hormonal Agents - Sex Hormones and Birth Control		
XYOSTED	Tier 3	PA; HD	apri	HC	HD
Hormonal Agents - Osteoporosis			aviane	HC	HD
OSPHENA	Tier 3	HD	BIJUVA	Tier 3	HD
Hormonal Agents - Pituitary			blisovi 24 fe	HC	HD
ACTHAR	Tier 2	PA; SP	blisovi fe 1.5/30	HC	HD
cabergoline	Tier 1		blisovi fe 1/20	HC	HD
FENSOLVI (6 MONTH)	Tier 3	PA; SP; QL	CLIMARA PRO	Tier 2	HD
FOLLISTIM AQ	Tier 2	PA; SP	cryselle-28	HC	HD
			DIVIGEL	Tier 3	HD
			dotti	Tier 1	HD

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
drospirenone-ethinyl estradiol	HC	HD	low-ogestrel	HC	HD
DUAVEE	Tier 2	HD	MAKENA	Tier 2	PA; SP
ELESTRIN	Tier 3	HD	medroxyprogesterone acetate intramuscular	HC	HD; QL
eluryng	HC	HD	medroxyprogesterone acetate oral	Tier 1	
ENDOMETRIN	Tier 2		microgestin fe 1/20	HC	HD
enskyce	HC	HD	MIRENA (52 MG)	HC	HD
estarylla	HC	HD	mono-linyah	HC	HD
estradiol oral	Tier 1	HD	NATAZIA	HC	HD
estradiol transdermal	Tier 1	HD	nikki	HC	HD
estradiol vaginal	Tier 1		norethindrone acetate oral	Tier 1	
ESTROGEL	Tier 3	HD	norethindrone acet-ethinyl est	HC	HD
etonogestrel-ethinyl estradiol	HC	HD	norethindrone oral	HC	HD
EVAMIST	Tier 3	HD	norgestimate-ethinyl estradiol triphasic	HC	HD
femynor	HC	HD	nortrel 1/35 (21)	HC	HD
IMVEXXY MAINTENANCE PACK	Tier 3		nortrel 1/35 (28)	HC	HD
IMVEXXY STARTER PACK	Tier 3		NUVARING	Tier 3	HD
isibloom	HC	HD	ORIAHNN	Tier 2	PA; HD; QL
junel 1.5/30	HC	HD	PREMARIN ORAL	Tier 2	HD
junel 1/20	HC	HD	PREMARIN VAGINAL	Tier 2	
junel fe 1.5/30	HC	HD	PREMPHASE	Tier 2	HD
junel fe 1/20	HC	HD	PREMPRO	Tier 2	HD
junel fe 24	HC	HD	sprintec 28	HC	HD
kariva	HC	HD	sronyx	HC	HD
kurvelo	HC	HD	syeda	HC	HD
larin fe 1/20	HC	HD	tri femynor	HC	HD
larissia	HC	HD	tri-lo-marzia	HC	HD
lessina	HC	HD	tri-lo-sprintec	HC	HD
levonorgest-eth est & eth est	HC	HD; QL	tri-previfem	HC	HD
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	HC	HD; QL	tri-sprintec	HC	HD
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	HC	HD	vienna	HC	HD
LO LOESTRIN FE	E		viorele	HC	HD
			xulane	HC	HD
Hormonal Agents - Thyroid					
			ARMOUR THYROID	Tier 3	ST

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
euthyrox	Tier 1		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP
levothyroxine sodium oral tablet	Tier 1		ENBREL SURECLICK	Tier 3	PA; SP
levoxyl	Tier 1		FIRAZYR	Tier 3	PA; SP; QL
liothyronine sodium oral	Tier 1		HAEGARDA	Tier 3	PA; SP
methimazole oral	Tier 1		HUMIRA	Tier 2	PA; SP
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	Tier 3	ST	HUMIRA PEDIATRIC CROHNS START	Tier 2	PA; SP
np thyroid oral tablet 60 mg	Tier 1		HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 2	PA; SP
SYNTHROID	E		HUMIRA PEN- CD/UC/HS STARTER	Tier 2	PA; SP
TIROSINT	E		HUMIRA PEN- PS/UV/ADOL HS START	Tier 2	PA; SP
TIROSINT-SOL	E		HUMIRA PEN- PSOR/UVEIT STARTER	Tier 2	PA; SP
Immunological Agents - Drugs for Immune System Stimulation or Suppression			INFLECTRA	Tier 2	PA; SP
ACTEMRA ACTPEN	Tier 3	PA; SP	leflunomide oral	Tier 1	
ACTEMRA SUBCUTANEOUS	Tier 3	PA; SP	methotrexate oral	Tier 1	
AVSOLA	Tier 2	PA; SP	methotrexate sodium oral	Tier 1	
azathioprine oral	Tier 1	HD	mycophenolate mofetil oral capsule	Tier 1	SP; HD
CIMZIA	Tier 2	PA; SP	mycophenolate mofetil oral tablet	Tier 1	SP; HD
CIMZIA PREFILLED KIT	Tier 2	PA; SP	mycophenolate sodium	Tier 1	SP; HD
CIMZIA STARTER KIT	Tier 2	PA; SP	ORENCIA CLICKJECT	Tier 3	PA; SP
COSENTYX SENSOREADY (300 MG)	E		ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Tier 3	PA; SP
COSENTYX SENSOREADY PEN	E		OTEZLA	Tier 2	PA; SP
cyclosporine modified oral capsule	Tier 1	SP; HD	PROGRAF ORAL CAPSULE	Tier 3	SP; HD
ENBREL MINI	Tier 3	PA; SP	RASUVO	Tier 2	PA; QL
			RINVOQ	Tier 2	PA; SP

Drug Name	Drug Tier	Notes
RUCONEST	Tier 3	PA; SP; QL
SIMPONI	Tier 2	PA; SP
SIMPONI ARIA	Tier 2	PA; SP
sirolimus oral tablet	Tier 1	SP; HD
SKYRIZI (150 MG DOSE)	Tier 2	PA; SP; QL
STELARA INTRAVENOUS	Tier 2	PA; SP
STELARA SUBCUTANEOUS	Tier 2	PA; SP; QL
tacrolimus oral	Tier 1	SP; HD
TAKHZYRO	Tier 3	PA; SP
TALTZ	Tier 3	PA; SP
TREMFYA	Tier 2	PA; SP
XELJANZ	Tier 2	PA; SP
XELJANZ XR	Tier 2	PA; SP
XEMBIFY	Tier 3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	Tier 2	
DIPENTUM	E	
mesalamine oral tablet delayed release	Tier 1	
PENTASA	Tier 3	
PROCTOFOAM HC	Tier 2	
sulfasalazine oral tablet	Tier 1	
UCERIS RECTAL	Tier 3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	Tier 1	HD
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	HD; QL
BINOSTO	Tier 3	HD; QL
ibandronate sodium oral	Tier 1	HD; QL
PROLIA	Tier 2	PA; SP; QL
RAYALDEE	Tier 3	

Drug Name	Drug Tier	Notes
TERIPARATIDE (RECOMBINANT)	Tier 2	PA; SP; HD
TYMLOS	Tier 2	PA; SP; HD
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	Tier 1	
Miscellaneous Therapeutic Agents		
BOTOX	Tier 2	PA; SP
DUROLANE	Tier 2	PA; SP
ENDARI	Tier 3	PA
EUFLEXXA	Tier 2	PA; SP
GELSYN-3	Tier 2	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	Tier 3	
BESIVANCE	Tier 3	
ciprofloxacin hcl ophthalmic	Tier 1	
erythromycin ophthalmic	Tier 1	
FLAREX	Tier 3	
INVELTYS	Tier 3	
ketorolac tromethamine ophthalmic	Tier 1	
LOTEMAX SM	Tier 3	
MOXEZA	Tier 2	
moxifloxacin hcl (2x day)	Tier 1	
moxifloxacin hcl ophthalmic solution	Tier 1	
ofloxacin ophthalmic	Tier 1	
olopatadine hcl ophthalmic	Tier 1	
prednisolone acetate ophthalmic	Tier 1	
PROLENSA	Tier 2	QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Glaucoma					
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 2		azelastine hcl nasal	Tier 1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E		benzonatate	Tier 1	
AZOPT	Tier 3		cyproheptadine hcl oral tablet	Tier 1	
BETIMOL	Tier 3		DYMISTA	Tier 2	QL
brimonidine tartrate ophthalmic	Tier 1		FASENRA	Tier 2	PA; SP
COMBIGAN	Tier 2		FASENRA PEN	Tier 2	PA; SP
dorzolamide hcl-timolol mal	Tier 1		hydrocodone polst-chlorphen polst er susp	Tier 1	PA; QL
latanoprost ophthalmic	Tier 1		ipratropium bromide nasal	Tier 1	
LUMIGAN	Tier 2	QL	NUCALA	Tier 2	PA; SP; QL
RHOPRESSA	Tier 3	QL	promethazine hcl oral tablet	Tier 1	
ROCKLATAN	Tier 3	QL	promethazine-codeine	Tier 1	PA; QL
SIMBRINZA	Tier 2		promethazine-dm	Tier 1	
timolol maleate ophthalmic solution	Tier 1		pseudoephedrine-bromphen-dm	Tier 1	
ZIOPTAN	E		XOLAIR	Tier 2	PA; SP
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions					
polymyxin b-trimethoprim	Tier 1		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
RESTASIS	Tier 2	PA	ADVAIR DISKUS	Tier 2	HD; QL
RESTASIS MULTIDOSE	Tier 2	PA	ADVAIR HFA	Tier 2	HD; QL
TOBRADEX ST	Tier 3		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	HD; QL
tobramycin-dexamethasone	Tier 1		ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	
XIIDRA	Tier 2	PA	albuterol sulfate inhalation	Tier 1	HD; QL
Otic Agents - Drugs for Ear Conditions			ALVESCO	E	
CIPRODEX	E		ANORO ELLIPTA	Tier 2	HD; QL
neomycin-polymyxin-hc otic suspension	Tier 1				
ofloxacin otic	Tier 1				

Drug Name	Drug Tier	Notes
ARNUITY ELLIPTA	Tier 2	HD; QL
ATROVENT HFA	Tier 3	HD; QL
BREO ELLIPTA	Tier 2	HD; QL
BREZTRI AEROSPHERE	Tier 2	HD; QL
budesonide inhalation	Tier 1	HD; QL
COMBIVENT RESPIMAT	Tier 2	HD; QL
epinephrine injection solution auto-injector	Tier 1	
EPIPEN 2-PAK	Tier 3	ST
EPIPEN JR 2-PAK	E	
FLOVENT DISKUS	Tier 2	HD; QL
FLOVENT HFA	Tier 2	HD; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	HD; QL
ipratropium-albuterol	Tier 1	HD; QL
LONHALA MAGNAIR REFILL KIT	Tier 3	HD; QL
LONHALA MAGNAIR STARTER KIT	Tier 3	HD; QL
montelukast sodium oral tablet	Tier 1	HD
montelukast sodium oral tablet chewable	Tier 1	HD
PERFOROMIST	Tier 3	HD; QL
PROAIR HFA	Tier 2	HD; QL
PROAIR RESPICLICK	Tier 2	HD; QL
PULMICORT FLEXHALER	Tier 2	HD; QL
QVAR REDIHALER	E	
SEREVENT DISKUS	Tier 2	HD; QL
SPIRIVA HANDIHALER	Tier 2	HD; QL
SPIRIVA RESPIMAT	Tier 2	HD; QL
STIOLTO RESPIMAT	Tier 2	HD; QL
STRIVERDI RESPIMAT	Tier 2	HD; QL

Drug Name	Drug Tier	Notes
SYMBICORT	Tier 2	HD; QL
SYMJEPI	Tier 3	
TRELEGY ELLIPTA	Tier 2	HD; QL
VENTOLIN HFA	Tier 2	HD; QL
wixela inhub	Tier 1	HD; QL
YUPELRI	Tier 3	HD; QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
PULMOZYME	Tier 2	PA; SP
TOBI PODHALER	Tier 3	SP; QL
TRIKAFTA	Tier 3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	Tier 2	PA; SP; QL
OPSUMIT	Tier 2	PA; SP; QL
ORENITRAM	Tier 3	PA; SP
sildenafil citrate oral tablet 20 mg	Tier 1	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
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carisoprodol oral	Tier 1	
cyclobenzaprine hcl oral tablet 5 mg	Tier 1	
cyclobenzaprine hcl tablet 10 mg oral	Tier 1	
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Sleep Disorder Agents		
armodafinil	Tier 1	PA; QL
BELSOMRA	Tier 3	ST; QL
DAYVIGO	Tier 3	ST; QL
eszopiclone	Tier 1	QL
modafinil	Tier 1	PA; QL

Drug Name	Drug Tier	Notes
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SUNOSI	Tier 2	PA; QL
temazepam	Tier 1	QL
WAKIX	Tier 3	PA; SP; QL
XYREM	Tier 3	PA; SP; QL
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testosterone	18	VASCEPA.....	12	ZEPOSIA 7-DAY STARTER	
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TIGLUTIK	13	VELTASSA.....	17	ZEPOSIA STARTER KIT	13
timolol maleate	22	VEMLIDY	10	ZIEXTENZO.....	11
TIROSINT	20	venlafaxine hcl	8	ZILXI	14
TIROSINT-SOL	20	venlafaxine hcl er	8	ZIOPTAN	22
TIVICAY	10	VENTOLIN HFA	23	ziprasidone hcl	10
tizanidine hcl	23	verapamil hcl er	13	ZIRABEV	9
TOBI PODHALER	23	VIBERZI	17	zolpidem tartrate	24
TOBRADEX ST	22	VICTOZA	15	zolpidem tartrate er	24
tobramycin-dexamethasone	22	vienna	19	zonisamide	8
tolterodine tartrate er	17	VIIBRYD	8	ZUBSOLV	6
topiramate	7	VIIBRYD STARTER PACK	8		
torsemide	12	VIMPAT	8		
TOUJEO MAX SOLOSTAR	16	viorele	19		
TOUJEO SOLOSTAR	16	vitamin d (ergocalciferol)	17		
TOVIAZ	17	VITRAKVI	9		
TRADJENTA	15	VOSEVI	10		
tramadol hcl ir	6	VRAYLAR	10		
TRAZIMERA	9	VUMERTY	13		
trazodone hcl	8	VYLEESI	13		
TRELEGY ELLIPTA	23	VYVANSE	13		
TREMFYA	21	WAKIX	24		
TRESIBA	16	warfarin sodium	7		
TRESIBA FLEXTOUCH	16	WILATE	11		
tretinoin	14	wixela inhub	23		
TREZIX	6	XARELTO	7		
tri femynor	19	XARELTO STARTER PACK	7		
triamcinolone acetonide	14	XCOPRI	8		
triamterene-hctz	12	XELJANZ	21		
triazolam	10	XELJANZ XR	21		
TRIJARDY XR	15	XEMBIFY	21		
TRIKAFTA	23	XENLETA	7		
tri-lo-marzia	19	XEPI	7		
tri-lo-sprintec	19	XIGDUO XR	15		
TRINTELLIX	8	XiIDRA	22		
tri-previfem	19	XIMINO	7		
TRIPTODUR	18	XOFLUZA (40 MG DOSE)	10		
tri-sprintec	19	XOFLUZA (80 MG DOSE)	10		
TRIUMEQ	10	XOLAIR	22		
TROKENDI XR	7	XTAMPZA ER	6		
TRULANCE	17	XTANDI	9		
TRULICITY	15	xulane	19		
TRUVADA	10	XYNTHA	11		
TYMLOS	21	XYNTHA SOLOFUSE	11		
UBRELVY	9	XYOSTED	18		
UCERIS	21	XYREM	24		
ULTOMIRIS	11	YUPELRI	23		
valacyclovir hcl	10	ZARXIO	11		
valsartan	12	ZEJULA	9		



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 شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नेशनल कॉलेंज उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អម្ពុជា៖ បានសិទ្ធិភាពកិច្ចយោងខេមរោង (Khmer) សម្រាជ់កម្មសាធារណ៍យោងតាមតិចជំនួយ គីមានសំរាប់អុទ្ធភាព ឱ្យមូលដ្ឋាននឹងការបង្កើតកិច្ចជំនួយ ដែលមាននំនួយនៃក្រុមសង្គ្រោះដែលបានអនុញ្ញាត។

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'ÁKONÍNIZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nitł'izí bee nééhozinígíí bine'dééjé, t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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

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

ATENCIÓN: Si habla español (Spanish), La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的ID卡上列出的免费电话号码。



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