



2025 Select 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.

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.

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.



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.

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.

Drug list information

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

PA	Prior authorization – Your doctor is required to give 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.

Select Standard Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
bac oral tablet 50-325-40 mg	1	
BELBUCA	2	PA; QL
butalbital-apap-caffeine	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
NUCYNTA	3	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
ROXYBOND	3	QL
tramadol hcl oral tablet	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL

Drug Name	Drug Tier	Notes
diclofenac potassium oral tablet	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
ELYXYB	3	PA; QL
ibuprofen oral suspension 100 mg/5ml	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	
NAPRELAN	3	
naproxen oral tablet	1	
Anesthetics		
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
ZTLIDO	3	ST
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl nasal	1	

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

Drug Name	Drug Tier	Notes
naltrexone hcl oral	1	
OPVEE	2	
REXTOVY	2	
SUBLOCADE	3	SP
varenicline tartrate	1	++; QL
VIVITROL	3	SP
ZIMHI	3	
ZUBSOLV	2	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral	1	
cefadroxil oral capsule	1	
cefdinir	1	
cefepodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin	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	

Drug Name	Drug Tier	Notes
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	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	
mupirocin ointment	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
XACIATO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
warfarin sodium oral	1	
XARELTO	2	QL

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

Drug Name	Drug Tier	Notes
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
divalproex sodium er	1	
divalproex sodium oral	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	
levetiracetam er	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT	3	QL
MOTPOLY XR	3	ST
NAYZILAM	3	QL
oxcarbazepine	1	
primidone oral	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TOPAMAX	3	ST
TOPAMAX SPRINKLE	3	ST

Drug Name	Drug Tier	Notes
topiramate oral tablet	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	3	QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	3	QL
VALTOCO 5 MG DOSE	3	QL
XCOPRI	3	ST
ZONEGRAN	3	ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	

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

Drug Name	Drug Tier	Notes
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour	1	
vilazodone hcl	1	QL
ZURZUVAE	3	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	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	
SANCUSO	3	QL
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	
JUBLIA	3	PA; ++
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nyamyc	1	

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

Drug Name	Drug Tier	Notes
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
VIVJOA	3	PA
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	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

Drug Name	Drug Tier	Notes
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	1	
ANKTIVA	3	PA; SP
AUGTYRO	3	PA; SP
BESREMI	3	PA; SP
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
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
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP

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

Drug Name	Drug Tier	Notes
KISQALI (400 MG DOSE)	3	PA; SP
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO	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

Drug Name	Drug Tier	Notes
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	1	
TASIGNA	3	PA; SP
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
TRUQAP	3	PA; SP
VERZENIO	3	PA; SP
VITRAKVI	3	PA; SP
XTANDI	3	PA; SP
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
INBRIJA	3	PA; SP
NEUPRO	3	

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

Drug Name	Drug Tier	Notes
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
lurasidone hcl	1	QL
LYBALVI	3	ST; 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

Drug Name	Drug Tier	Notes
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA
DOVATO	2	
emtricitabine-tenofovir df	1	
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
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
SYMFI	2	
SYMFI LO	2	
SYMITUZA	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

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

Drug Name	Drug Tier	Notes
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
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
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP

Drug Name	Drug Tier	Notes
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
TAVALISSE	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	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral	1	
benazepril hcl oral	1	

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

Drug Name	Drug Tier	Notes
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
CORLANOR	3	QL
diltiazem hcl er coated beads	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
ezetimibe	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	3	PA
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	PA
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	1	PA
irbesartan	1	

Drug Name	Drug Tier	Notes
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral	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	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	

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

Drug Name	Drug Tier	Notes
ramipril	1	
ranolazine er	1	
REPATHA	2	ST; QL
REPATHA PUSHTRONEX SYSTEM	2	ST; QL
REPATHA SURECLICK	2	ST; QL
rosuvastatin calcium oral	1	
simvastatin oral	1	
SOAANZ	3	PA
sotalol hcl oral	1	
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
torsemide	1	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine- dextroamphetamine	1	QL
amphetamine- dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL

Drug Name	Drug Tier	Notes
AZSTARYS	2	ST; QL
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, 72 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral tablet	1	QL
MYDAYIS	3	ST; QL
VYVANSE ORAL CAPSULE	3	ST; 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

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

Drug Name	Drug Tier	Notes
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
glatiramer acetate	1	PA; SP; QL
glatopa	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	3	PA; SP; QL
phentermine hcl oral	1	++

Drug Name	Drug Tier	Notes
pregabalin oral capsule	1	QL
QSYMIA	2	PA; ++
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
SAXENDA	2	PA; ++; QL
TEGLUTIK	2	PA; QL
VYLEESI	3	PA; ++; QL
WAINUA	3	PA; SP; QL
WEGOVY	2	PA; ++; QL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; ++; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ABSORICA LD	3	PA
accutane	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ala-cort	1	
amnestem	1	
AMZEEQ	3	

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

Drug Name	Drug Tier	Notes
azelaic acid external	1	
betamethasone dipropionate external	1	
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	3	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external gel 1 %	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

Drug Name	Drug Tier	Notes
EBGLYSS	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
finasteride oral tablet 1 mg	1	
fluocinonide external cream	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream	1	
fluticasone propionate external cream	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYFTOR	3	PA
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
isotretinoin oral	1	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
LITFULO	3	PA; SP; QL
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	

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

Drug Name	Drug Tier	Notes
mometasone furoate external	1	
neuac	1	
ONEXTON	1	
OPZELURA	2	ST; QL
pimecrolimus	1	ST; QL
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA; ++
SANTYL	3	QL
SOFDRA	3	QL
SOOLANTRA	3	
TACLONEX	3	QL
tacrolimus external	1	QL
tretinoin external	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
triderm	1	
TWYNEO	3	
VTAMA	2	PA
WINLEVI	3	PA
WYNZORA	3	QL
YCANTH	3	PA
zenatane	1	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM 0.15 %	2	ST
ZORYVE EXTERNAL CREAM 0.3 %	2	PA

Drug Name	Drug Tier	Notes
Diabetes - Antidiabetic Agents		
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	PA; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA; QL
DAPAGLIFLOZIN PRO-METFORMIN ER	3	PA
DAPAGLIFLOZIN PROPANEDIOL	3	PA
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	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 er (mod)	1	PA
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
MOUNJARO	2	PA; QL
OZEMPIC	2	PA; QL

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

Drug Name	Drug Tier	Notes
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SOLIQUA	2	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
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	++
CEQUR SIMPLICITY 2U 10PK	2	++
CEQUR SIMPLICITY INSERTER	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR	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

Drug Name	Drug Tier	Notes
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; ++
EVERSENSE 365 SENSOR/HOLDER	3	PA; ++
EVERSENSE 365 SMART TRANSMIT	3	PA; ++
EVERSENSE E3 SENSOR/HOLDER	3	PA; ++
EVERSENSE E3 SMART TRANSMITTER	3	PA; ++
EVERSENSE SENSOR/HOLDER	3	PA; ++
EVERSENSE SMART TRANSMITTER	3	PA; ++
FREESTYLE LIBRE 14 DAY READER	2	PA; ++
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; ++
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; ++
FREESTYLE LIBRE 2 READER	2	PA; ++
FREESTYLE LIBRE 2 SENSOR	2	PA; ++
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; ++
FREESTYLE LIBRE 3 READER	2	PA; ++

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

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 3 SENSOR	2	PA; ++
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN CONNECT TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN SENSOR 3	3	PA; ++
ONETOUCH ULTRA TEST STRIPS	2	++; QL
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++
ONETOUCH ULTRA BLUE TEST	2	++; QL
ONETOUCH ULTRA TEST STRIPS	2	++; QL
ONETOUCH VERIO FLEX SYSTEM KIT	2	++
ONETOUCH VERIO TEST STRIPS	2	++; QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	2	++
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	++
BAQSIMI TWO PACK	2	++
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius; ++
ZEGALOGUE	2	++
Diabetes - Insulins		
ADMELOG	1	++

Drug Name	Drug Tier	Notes
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN	3	ST; ++
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 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
FIASP	1	++
FIASP FLEXTOUCH	1	++
FIASP PENFILL	1	++
HUMALOG	1	++
HUMALOG KWIKPEN	1	++
HUMALOG MIX 50/50 KWIKPEN	1	++
HUMALOG MIX 75/25 KWIKPEN	1	++
HUMALOG MIX 75/25 VIAL	1	++
HUMALOG TEMPO PEN	3	ST; ++
HUMALOG U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N KWIKPEN	1	++
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++

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

Drug Name	Drug Tier	Notes
HUMULIN R U-500 VIAL	1	++
HUMULIN R VIAL	1	++
INSULIN ASPART	1	PA; ++
INSULIN ASPART FLEXPEN	1	PA; ++
INSULIN DEGLUDEC FLEXTOUCH	3	PA; ++
INSULIN GLARGINE MAX SOLOSTAR	3	PA; ++
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PA; ++
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	1	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LYUMJEV KWIKPEN	1	++
LYUMJEV VIAL	1	++
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	1	++
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	1	++
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++

Drug Name	Drug Tier	Notes
NOVOLIN R FLEXPEN RELION	1	++
NOVOLIN R VIAL	1	++
NOVOLOG FLEXPEN	1	++
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
TOUJEO MAX SOLOSTAR	1	++
TOUJEO SOLOSTAR	1	++
TRESIBA	1	++
TRESIBA FLEXTOUCH	1	++
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	3	ST
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	++

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

Drug Name	Drug Tier	Notes
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
dexlansoprazole	1	++; QL
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	1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n with flavor pack	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
IQIRVO	3	PA; SP; QL
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	3	PA; SP; QL
lubiprostone	1	QL
MOVANTIK	2	ST; QL
na sulfate-k sulfate-mg sulf	1	
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
PYLERA	3	
REBYOTA	3	PA; SP
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL

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

Drug Name	Drug Tier	Notes
TALICIA	3	
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
FABRAZYME	2	PA; SP
ORFADIN	3	PA; SP
PANCREAZE	3	ST
PERTZYE	3	ST
PHEBURANE	3	PA; SP
STRENSIQ	2	PA; SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DEPEN TITRATABS	2	SP
mirabegron er	1	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL

Drug Name	Drug Tier	Notes
solifenacin succinate	1	
STENDRA	3	++; QL
tadalafil oral	1	++; QL
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	
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	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal Agents - Men's Health		
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel	1	PA
XYOSTED	3	PA

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

Drug Name	Drug Tier	Notes
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CORTROPHIN	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; ++; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; Made by Organon; ++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NGENLA	3	PA; ++; SP
NOC DURNA	3	PA
NORDITROPIN FLEXPOR	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	3	PA; ++; SP
NUTROPIN AQ NUSPIN 20	3	PA; ++; SP

Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 5	3	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
SKYTROFA	3	PA; ++; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHERA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	++
altavera	1	++
ANNOVERA	3	++; QL
apri	1	++
aubra eq	1	++
aurovela 1.5/30	1	++
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++

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

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

Drug Name	Drug Tier	Notes
haloette	1	++
heather	1	++
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
isibloom	1	++
jasmiel	1	++
jencycla	1	++
juleber	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kalliga	1	++
kurvelo	1	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
levora 0.15/30 (28)	1	++
LO LOESTRIN FE	3	++
loryna	1	++
lo-zumandimine	1	++
luteria	1	++
lyleq	1	++
lyllana	1	

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

Drug Name	Drug Tier	Notes
lyza	1	++
marlissa	1	++
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
mimvey	1	
MIRENA (52 MG)	3	++
mono-lynyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
NEXTSTELLIS	3	++
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	1	++
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
norlyroc	1	++
ocella	1	++
ORIAHNN	2	PA; QL

Drug Name	Drug Tier	Notes
portia-28	1	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
reclipsen	1	++
sharobel	1	++
SLYND	3	ST; ++
sprintec 28	1	++
sronyx	1	++
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	1	++
tri-estarylla	1	++
tri-lynyah	1	++
tri-lo-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++
tri-mili	1	++
tri-sprintec	1	++
tri-vylibra	1	++
tri-vylibra lo	1	++
vestura	1	++
vienva	1	++
vylibra	1	++
xulane	1	++
yuvaferm	1	
zafemy	1	++
zumandimine	1	++

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

Drug Name	Drug Tier	Notes
Hormonal Agents - Thyroid		
ADTHYZA	3	
ARMOUR THYROID	3	
ERMEZA	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
SYNTHROID	3	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA INTRAVENOUS	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
AMJEVITA	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

Drug Name	Drug Tier	Notes
CIMZIA-STARTER	2	PA; SP; QL
COSENTYX (300 MG DOSE)	3	PA; SP; QL
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML	3	PA; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	3	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL
COSENTYX SENSOREADY PEN	3	PA; SP; QL
COSENTYX UNOREADY	3	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
HAEGARDA	3	PA; SP; QL
HIZENTRA	3	PA; SP
HUMIRA (2 PEN)	3	PA; SP; QL
HUMIRA (2 SYRINGE)	3	PA; SP; QL
HUMIRA-CD/UC/HS STARTER	3	PA; SP; QL
HUMIRA-PSORIASIS/VEIT STARTER	3	PA; SP; QL
INFLECTRA	2	PA; SP
JYLAMVO	3	PA
leflunomide oral	1	

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

Drug Name	Drug Tier	Notes
LUPKYNIS	3	PA; SP; QL
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
ORENCIA CLICKJECT	3	PA; 3P; SP; QL
ORENCIA INTRAVENOUS	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
RASUVO	2	PA; QL
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL

Drug Name	Drug Tier	Notes
SOTYKTU	2	PA; SP; QL
STELARA INTRAVENOUS	3	PA; SP
STELARA SUBCUTANEOUS	3	PA; SP; QL
tacrolimus oral	1	
TAKHZYRO	3	PA; SP; QL
TALTZ	2	PA; SP; QL
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA SUBCUTANEOUS	2	PA; SP; QL
TREXALL	3	
VELSIPITY	2	PA; SP; QL
WEZLANA INTRAVENOUS	2	PA; SP
WEZLANA SUBCUTANEOUS	2	PA; SP; QL
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide oral	1	
CORTIFOAM	3	
DIPENTUM	3	
hydrocortisone (perianal)	1	
mesalamine er oral capsule 0.375 gm	3	PA
mesalamine oral tablet delayed release	1	
PROCTOFOAM HC	2	
procto-med hc	1	
sulfasalazine oral	1	
UCERIS RECTAL	3	

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

Drug Name	Drug Tier	Notes
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
Miscellaneous Therapeutic Agents		
BD ULTRA-FINE PEN NEEDLES	2	++
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
DUROLANE	2	PA; ++
DYSPORE	2	PA
ENDARI	3	PA
EUFLEXXA	2	PA; ++
GELSYN-3	2	PA; ++
KERENDIA	3	PA; QL
MYOBLOC	2	PA
NOVOFINE PEN NEEDLE	2	++

Drug Name	Drug Tier	Notes
NOVOFINE PLUS PEN NEEDLE	2	++
OMNIPOD 5 DEXCOM INTRO KIT	2	++
OMNIPOD 5 DEXCOM PODS	2	++
OMNIPOD 5 LIBRE INTRO KIT	2	++
OMNIPOD 5 LIBRE PODS	2	++
OMNIPOD DASH INTRO KIT	2	++
OMNIPOD DASH PODS	2	++
VEOZAH	3	PA; QL
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
VYVGART	3	PA; SP
VYVGART HYTRULO	3	PA; SP
XEOMIN	2	PA
YORVIPATH	3	PA; SP; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	

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

Drug Name	Drug Tier	Notes
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	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	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	

Drug Name	Drug Tier	Notes
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	3	PA
cyclosporine ophthalmic	3	PA
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
TYRVAYA	3	PA; QL
VERKAZIA	3	PA; QL
XIIDRA	2	PA
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

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

Drug Name	Drug Tier	Notes
benzonatate	1	
bromphen-pseudoeph- dm	1	
cetirizine hcl oral solution	1	++
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine- bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
RYALTRIS	3	QL
XHANCE	3	ST; ++; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
ALVESCO	3	ST; QL
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL

Drug Name	Drug Tier	Notes
ATROVENT HFA	3	QL
AUVI-Q	3	
BREO ELLIPTA	1	QL
breyna	3	PA; QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
budesonide-formoterol fumarate	3	PA; QL
COMBIVENT RESPIMAT	2	QL
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	3	ST
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL
FLUTICASONE FUROATE- VILANTEROL	3	PA; QL
FLUTICASONE PROPIONATE HFA	3	ST; QL
FLUTICASONE- SALMETEROL INHALATION AEROSOL	3	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
montelukast sodium oral tablet	1	

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

Drug Name	Drug Tier	Notes
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 HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL
tiotropium bromide monohydrate	3	PA; QL
TRELEGY ELLIPTA	2	QL
wixela inhub	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA; SP; QL

Drug Name	Drug Tier	Notes
PULMOZYME	2	PA; SP
TOBI PODHALER	3	SP; QL
TRIKAFTA	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
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
TADLIQ	3	PA; SP; QL
treprostinil solution 100 mg/20ml injection	1	PA; SP
treprostinil solution 100 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 20 mg/20ml injection	1	PA; SP
treprostinil solution 20 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 200 mg/20ml injection	1	PA; SP
treprostinil solution 200 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 50 mg/20ml injection	1	PA; SP
treprostinil solution 50 mg/20ml injection	1	PA; Made by Sandoz; SP

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

Drug Name	Drug Tier	Notes
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	1	
methocarbamol oral	1	
tizanidine hcl oral	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
LUMRYZ	3	PA; SP; QL
LUMRYZ STARTER PACK	3	PA; SP; QL
modafinil oral	1	PA; QL
SODIUM OXYBATE	3	PA; Made by Hikma; SP; QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYWAV	3	PA; SP; QL

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

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

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CIMZIA-STARTER.....	28			doxycycline hyclate.....	8
ciprofloxacin hcl.....	8, 30			doxycycline monohydrate.....	8
ciprofloxacin-dexamethasone... ..	31			drospirenone-ethinyl estradiol... ..	26
citalopram hydrobromide.....	9			DUAVEE.....	26
				duloxetine hcl.....	10
				DUPIXENT.....	18
				DUROLANE.....	30

dutasteride.....	24	etonogestrel-ethinyl estradiol....	26	FREESTYLE LIBRE 14 DAY	
DYMISTA.....	32	EUCRISA.....	18	SENSOR.....	20
DYSPORT.....	30	EUFLEXXA.....	30	FREESTYLE LIBRE 2 PLUS	
EBGLYSS.....	18	euthyrox.....	28	SENSOR.....	20
EDARBI.....	15	EVAMIST.....	26	FREESTYLE LIBRE 2	
EDARBYCLOR.....	15	EVERSENSE 365		READER.....	20
ELESTRIN.....	26	SENSOR/HOLDER.....	20	FREESTYLE LIBRE 2	
eletriptan hydrobromide.....	11	EVERSENSE 365 SMART		SENSOR.....	20
ELIQUIS.....	8	TRANSMIT.....	20	FREESTYLE LIBRE 3 PLUS	
ELIQUIS DVT/PE STARTER		EVERSENSE E3		SENSOR.....	20
PACK.....	8	SENSOR/HOLDER.....	20	FREESTYLE LIBRE 3	
ELOCTATE.....	14	EVERSENSE E3 SMART		READER.....	20
eluryng.....	26	TRANSMITTER.....	20	FREESTYLE LIBRE 3	
ELYXYB.....	7	EVERSENSE		SENSOR.....	21
EMGALITY.....	11	SENSOR/HOLDER.....	20	FUROSCIX.....	15
EMPAVELI.....	14	EVERSENSE SMART		furosemide.....	15
emtricitabine-tenofovir df.....	13	TRANSMITTER.....	20	FYCOMPA.....	9
EMVERM.....	12	EYSUVIS.....	30	gabapentin.....	9
emzahh.....	26	ezetimibe.....	15	gallifrey.....	26
enalapril maleate.....	15	FABHALTA.....	14	ganirelix acetate.....	25
ENBREL.....	28	FABRAZYME.....	24	gavilyte-c.....	23
ENBREL MINI.....	28	falmina.....	26	gavilyte-g.....	23
ENBREL SURECLICK.....	28	famotidine.....	23	gavilyte-n with flavor pack.....	23
ENDARI.....	30	FARXIGA.....	19	GAVRETO.....	11
endocet.....	7	FASENRA.....	32	GELSYN-3.....	30
ENDOMETRIN.....	26	FASENRA PEN.....	32	gemfibrozil.....	15
enilloring.....	26	fenofibrate.....	15	glatiramer acetate.....	17
ENLITE GLUCOSE SENSOR.....	20	fenofibrate micronized.....	15	glatopa.....	17
enoxaparin sodium.....	8	FIASP.....	21	glimepiride.....	19
enskyce.....	26	FIASP FLEXTOUCH.....	21	glipizide er.....	19
ENSTILAR.....	18	FIASP PENFILL.....	21	glipizide ir.....	19
ENTRESTO.....	15	FINACEA.....	18	GLUCAGON EMERGENCY	
ENTYVIO PEN.....	28	finasteride.....	18, 24	KIT.....	21
EPCLUSA.....	13	FLAREX.....	30	glyburide.....	19
EPIDIOLEX.....	9	flecainide acetate.....	15	glycopyrrolate.....	23
EPIDUO FORTE.....	18	fluconazole.....	10	GLYXAMBI.....	19
epinephrine.....	32	fludrocortisone acetate.....	24	GRALISE.....	17
EPIPEN 2-PAK.....	32	fluocinonide.....	18	guanfacine hcl.....	15
EPIPEN JR 2-PAK.....	32	fluorouracil.....	18	guanfacine hcl er.....	16
ergocalciferol.....	22	fluoxetine hcl.....	10	GUARDIAN 4 GLUCOSE	
ERIVEDGE.....	11	FLUTICASONE FUROATE-		SENSOR.....	21
ERLEADA.....	11	VILANTEROL.....	32	GUARDIAN 4 TRANSMITTER.....	21
ERMEZA.....	28	fluticasone propionate.....	18, 32	GUARDIAN CONNECT	
errin.....	26	FLUTICASONE PROPIONATE		TRANSMITTER.....	21
erythromycin.....	30	HFA.....	32	GUARDIAN LINK 3	
escitalopram oxalate.....	10	FLUTICASONE-		TRANSMITTER.....	21
esomeprazole magnesium.....	23	SALMETEROL.....	32	GUARDIAN SENSOR 3.....	21
ESPEROCT.....	14	fluticasone-salmeterol.....	32	GYNAZOLE-1.....	10
estarylla.....	26	fluvoxamine maleate.....	10	HAEGARDA.....	28
estradiol.....	26	folic acid.....	22	hailey 1.5/30.....	26
estradiol-norethindrone acet.....	26	FOLLISTIM AQ.....	25	hailey 24 fe.....	26
ESTROGEL.....	26	FREESTYLE LIBRE 14 DAY		hailey fe 1.5/30.....	26
eszopiclone.....	34	READER.....	20	hailey fe 1/20.....	26

haloette.....	26	INBRIJA.....	12	KANJINTI.....	11
HARVONI.....	13	incassia.....	26	KERENDIA.....	30
heather.....	26	indomethacin.....	7	KESIMPTA.....	17
HEMANGEOL.....	15	INFLECTRA.....	28	ketoconazole.....	10
HIZENTRA.....	28	INGREZZA.....	17	ketorolac tromethamine.....	7, 30
HORIZANT.....	17	INSULIN ASPART.....	22	KISQALI (200 MG DOSE).....	11
HUMALOG.....	21	INSULIN ASPART FLEXPEN...	22	KISQALI (400 MG DOSE).....	12
HUMALOG KWIKPEN.....	21	INSULIN DEGLUDEC.....		KISQALI (600 MG DOSE).....	12
HUMALOG MIX 50/50.....		FLEXTOUCH.....	22	klayesta.....	10
KWIKPEN.....	21	INSULIN GLARGINE MAX.....		KLISYRI (250 MG).....	18
HUMALOG MIX 75/25.....		SOLOSTAR.....	22	KLISYRI (350 MG).....	18
KWIKPEN.....	21	INSULIN GLARGINE.....		klor-con.....	22
HUMALOG MIX 75/25 VIAL.....	21	SOLOSTAR.....	22	klor-con 10.....	22
HUMALOG TEMPO PEN.....	21	INSULIN LISPRO.....	22	klor-con m10.....	22
HUMALOG U-100 JUNIOR.....		INSULIN LISPRO (1 UNIT.....		klor-con m15.....	22
KWIKPEN.....	21	DIAL).....	22	klor-con m20.....	22
HUMIRA (2 PEN).....	28	INSULIN LISPRO JUNIOR.....		KLOXXADO.....	7
HUMIRA (2 SYRINGE).....	28	KWIKPEN.....	22	KOATE.....	14
HUMIRA-CD/UC/HS.....		INSULIN LISPRO PROT &.....		KOGENATE FS.....	14
STARTER.....	28	LISPRO.....	22	KOSELUGO.....	12
HUMIRA-PSORIASIS/UVEIT.....		INVEGA HAFYERA.....	13	KOVALTRY.....	14
STARTER.....	28	INVEGA SUSTENNA.....	13	kurvelo.....	26
HUMULIN 70/30 KWIKPEN.....	21	INVEGA TRINZA.....	13	labetalol hcl.....	15
HUMULIN 70/30 VIAL.....	21	INVELTYS.....	30	lacosamide.....	9
HUMULIN N KWIKPEN.....	21	ipratropium bromide.....	32	lactulose.....	23
HUMULIN N VIAL.....	21	ipratropium-albuterol.....	32	lamotrigine.....	9
HUMULIN R U-500 KWIKPEN..	21	IQIRVO.....	23	lamotrigine er.....	9
HUMULIN R U-500 VIAL.....	22	irbesartan.....	15	lansoprazole.....	23
HUMULIN R VIAL.....	22	irbesartan-hydrochlorothiazide..	15	LANTUS SOLOSTAR.....	22
hydralazine hcl.....	15	isibloom.....	26	LANTUS U-100 VIAL.....	22
hydrochlorothiazide.....	15	isosorbide mononitrate er.....	15	larin 1.5/30.....	26
hydrocodone-acetaminophen.....	7	isotretinoin.....	18	larin 1/20.....	26
hydrocortisone.....	18, 24	jantoven.....	8	larin 24 fe.....	26
hydrocortisone (perianal).....	29	JANUMET.....	19	larin fe 1.5/30.....	26
hydromorphone hcl.....	7	JANUMET XR.....	19	larin fe 1/20.....	26
hydroxychloroquine sulfate.....	12	JANUVIA.....	19	latanoprost.....	31
hydroxyzine hcl.....	14	JARDIANCE.....	19	leflunomide.....	28
hydroxyzine pamoate.....	14	jasmiel.....	26	lenalidomide.....	12
HYFTOR.....	18	jencycla.....	26	lessina.....	26
HYSINGLA ER.....	7	JENTADUETO.....	19	letrozole.....	12
ibandronate sodium.....	30	JENTADUETO XR.....	19	levetiracetam.....	9
ibuprofen.....	7	JIVI.....	14	levetiracetam er.....	9
ICLUSIG.....	11	JORNAY PM.....	16	levocetirizine dihydrochloride	32
icosapent ethyl.....	15	JUBLIA.....	10	levofloxacin.....	8
IDELVION.....	14	juleber.....	26	levonorgestrel-ethinyl estrad.....	26
IDHIFA.....	11	JULUCA.....	13	levora 0.15/30 (28).....	26
imatinib mesylate.....	11	junel 1.5/30.....	26	levo-t.....	28
IMBRUVICA.....	11	junel 1/20.....	26	levothyroxine sodium.....	28
imiquimod.....	18	junel fe 1.5/30.....	26	levoxyl.....	28
imiquimod pump.....	18	junel fe 1/20.....	26	LIBERVANT.....	9
IMVEXXY MAINTENANCE.....		junel fe 24.....	26	lidocaine.....	7
PACK.....	26	JYLAMVO.....	28	lidocaine hcl.....	17
IMVEXXY STARTER PACK.....	26	kalliga.....	26	lidocaine viscous hcl.....	17

lidocaine-prilocaine.....	7	mesalamine er oral capsule		MYOBLOC.....	30
LINZESS.....	23	0.375 gm.....	29	MYRBETRIQ.....	24
liothyronine sodium.....	28	metformin hcl er.....	19	na sulfate-k sulfate-mg sulf.....	23
lisdexamfetamine dimesylate....	16	metformin hcl er (mod).....	19	nabumetone.....	7
lisinopril.....	15	metformin hcl er (osm).....	19	nadolol.....	15
lisinopril-hydrochlorothiazide....	15	metformin hcl ir.....	19	naloxone hcl.....	7
LITFULO.....	18	methimazole.....	28	naltrexone hcl.....	8
lithium carbonate.....	14	methocarbamol.....	34	NAMZARIC.....	9
lithium carbonate er.....	14	methotrexate sodium.....	29	NAPRELAN.....	7
LIVALO.....	15	methotrexate sodium (pf).....	29	naproxen.....	7
LIVDELZI.....	23	methylphenidate hcl.....	16	naratriptan hcl.....	11
LO LOESTRIN FE.....	26	methylphenidate hcl er.....	16	NASCOBAL.....	22
LOKELMA.....	22	methylphenidate hcl er (cd).....	16	NATAZIA.....	27
lorazepam.....	14	methylphenidate hcl er (la).....	16	NAYZILAM.....	9
loryna.....	26	methylphenidate hcl er (osm)....	16	nebivolol hcl.....	15
losartan potassium.....	15	methylphenidate hcl er (xr).....	16	NEFFY.....	33
losartan potassium-hctz.....	15	methyldprednisolone.....	24	neomycin-polymyxin-dexameth	31
LOTEMAX SM.....	31	metoclopramide hcl.....	10	neomycin-polymyxin-hc.....	31
lovastatin.....	15	metoprolol succinate er.....	15	neuac.....	19
lo-zumandimine.....	26	metoprolol tartrate.....	15	NEULASTA.....	14
lubiprostone.....	23	metronidazole.....	8, 18	NEULASTA ONPRO.....	14
LUMAKRAS.....	12	microgestin 1.5/30.....	27	NEUPRO.....	12
LUMIGAN.....	31	microgestin 1/20.....	27	NEXLETOL.....	15
LUMRYZ.....	34	microgestin fe 1.5/30.....	27	NEXLIZET.....	15
LUMRYZ STARTER PACK.....	34	microgestin fe 1/20.....	27	NEXTSTELLIS.....	27
LUPKYNIS.....	29	MIEBO.....	31	NGENLA.....	25
LUPRON DEPOT (1-MONTH).....	25	mili.....	27	nifedipine er.....	15
LUPRON DEPOT (3-MONTH).....	25	mimvey.....	27	nifedipine er osmotic release....	15
LUPRON DEPOT (4-MONTH)		minocycline hcl.....	8	nikki.....	27
INTRAMUSCULAR KIT 30MG.....	25	minoxidil.....	15	nitrofurantoin macrocrystal.....	8
LUPRON DEPOT (6-MONTH)		mirabegron er.....	24	nitrofurantoin monohydrate	
INTRAMUSCULAR KIT 45MG.....	25	MIRENA (52 MG).....	27	macrocrystals.....	8
lurasidone hcl.....	13	mirtazapine.....	10	nitroglycerin.....	15
luteria.....	26	MIRVASO.....	18	NIVA THYROID.....	28
LYBALVI.....	13	misoprostol.....	23	NIVESTYM.....	14
lyleq.....	26	modafinil.....	34	NOC DURNA.....	25
lyllana.....	26	mometasone furoate.....	19, 32	nora-be.....	27
LYNPARZA.....	12	mono-lynyah.....	27	NORDITROPIN FLEXPPO.....	25
LYUMJEV KWIKPEN.....	22	montelukast sodium.....	32, 33	norelgestromin-eth estradiol....	27
LYUMJEV VIAL.....	22	morphine sulfate er.....	7	norethin ace-eth estrad-fe.....	27
lyza.....	27	MOTPOLY XR.....	9	norethindrone.....	27
marlissa.....	27	MOUNJARO.....	19	norethindrone acetate.....	27
MAVENCLAD.....	17	MOVANTIK.....	23	norethindrone acet-ethinyl est...27	
MAVYRET.....	13	moxifloxacin hcl.....	31	norgestimate-eth estradiol.....	27
MAYZENT.....	17	MULTAQ.....	15	norgestimate-ethinyl estradiol	
MAYZENT STARTER PACK.....	17	mupirocin.....	8	triphasic.....	27
meclizine hcl.....	10	MVASI.....	12	NORLIQVA.....	15
medroxyprogesterone acetate..	27	mycophenolate mofetil.....	29	norlyroc.....	27
MEKINIST.....	12	mycophenolate sodium.....	29	nortriptyline hcl.....	10
meloxicam.....	7	mycophenolic acid.....	29	NOVOEIGHT.....	14
memantine hcl.....	9	MYDAYIS.....	16	NOVOFINE PEN NEEDLE.....	30
mesalamine.....	29	MYFEMBREE.....	27	NOVOFINE PLUS PEN	
		MYHIBBIN.....	29	NEEDLE.....	30

NOVOLIN 70/30 FLEXPEN.....	22	ondansetron odt.....	10	PERTZYE.....	24
NOVOLIN 70/30 FLEXPEN		ONETOUCH ULTRA 2 KIT		PHEBURANE.....	24
RELION.....	22	W/DEVICE.....	21	phenazopyridine hcl.....	24
NOVOLIN 70/30 VIAL.....	22	ONETOUCH ULTRA BLUE		phentermine hcl.....	17
NOVOLIN N FLEXPEN.....	22	TEST.....	21	PHESGO.....	12
NOVOLIN N FLEXPEN		ONETOUCH ULTRA TEST		pimecrolimus.....	19
RELION.....	22	STRIPS.....	21	pioglitazone hcl.....	20
NOVOLIN N VIAL.....	22	ONETOUCH VERIO FLEX		PIQRAY.....	12
NOVOLIN R FLEXPEN.....	22	SYSTEM.....	21	polymyxin b-trimethoprim.....	31
NOVOLIN R FLEXPEN		ONETOUCH VERIO KIT		POMALYST.....	12
RELION.....	22	W/DEVICE.....	21	portia-28.....	27
NOVOLIN R VIAL.....	22	ONETOUCH VERIO		potassium chloride crys er.....	23
NOVOLOG FLEXPEN.....	22	REFLECT KIT W/DEVICE.....	21	potassium chloride er.....	23
NOVOLOG MIX 70/30		ONEXTON.....	19	potassium citrate er.....	23
FLEXPEN.....	22	ONGENTYS.....	13	pramipexole dihydrochloride.....	13
NOVOLOG MIX 70/30 VIAL.....	22	OPSUMIT.....	33	prasugrel hcl.....	13
NOVOLOG PENFILL.....	22	OPVEE.....	8	pravastatin sodium.....	15
NOVOLOG U-100 VIAL.....	22	OPZELURA.....	19	prazosin hcl.....	15
NUBEQA.....	12	ORENCIA.....	29	prednisolone.....	24
NUCALA.....	33	ORENCIA CLICKJECT.....	29	prednisolone acetate.....	31
NUCYNTA.....	7	ORENITRAM.....	33	prednisolone sodium	
NURTEC.....	11	ORENITRAM MONTH 1.....	33	phosphate.....	24
NUTROPIN AQ NUSPIN 10.....	25	ORENITRAM MONTH 2.....	33	prednisone.....	24
NUTROPIN AQ NUSPIN 20.....	25	ORENITRAM MONTH 3.....	33	pregabalin.....	17
NUTROPIN AQ NUSPIN 5.....	25	ORFADIN.....	24	PREMARIN.....	27
NUWIQ.....	14	ORGOVYX.....	12	PREMPHASE.....	27
NUZYRA.....	8	ORIAHNN.....	27	PREMPRO.....	27
nyamyc.....	10	ORILISSA.....	25	PREZCOBIX.....	13
nystatin.....	11	ORLADEYO.....	29	primidone.....	9
nystop.....	11	oseltamivir phosphate.....	13	PRIVIGEN.....	29
ocella.....	27	OSPHERA.....	25	prochlorperazine maleate.....	10
ODOMZO.....	12	OTEZLA.....	29	PROCRIT.....	14
OFEV.....	33	OVIDREL.....	25	PROCTOFOAM HC.....	29
ofloxacin.....	31	oxcarbazepine.....	9	procto-med hc.....	29
olanzapine.....	13	oxybutynin chloride.....	24	progesterone.....	27
olmesartan medoxomil.....	15	oxybutynin chloride er.....	24	PROLIA.....	30
olmesartan medoxomil-hctz.....	15	oxycodone hcl.....	7	PROMACTA.....	14
OLUMIANT.....	29	oxycodone-acetaminophen.....	7	promethazine hcl.....	10
OMECLAMOX-PAK.....	23	OXYCONTIN.....	7	promethazine-dm.....	32
omega-3-acid ethyl esters.....	15	OZEMPIC.....	19	propranolol hcl.....	15
omeprazole.....	23	PANCREAZE.....	24	propranolol hcl er.....	15
OMNARIS.....	32	PANRETIN.....	12	pseudoephedrine-bromphen-	
OMNIPOD 5 DEXCOM INTRO		pantoprazole sodium.....	23	dm.....	32
KIT.....	30	PANZYGA.....	29	PULMOZYME.....	33
OMNIPOD 5 DEXCOM PODS..	30	paroxetine hcl.....	10	PYLERA.....	23
OMNIPOD 5 LIBRE INTRO		PAXLOVID (150/100).....	13	QBREXZA.....	19
KIT.....	30	PAXLOVID (300/100).....	13	QNASL.....	32
OMNIPOD 5 LIBRE PODS.....	30	peg 3350-kcl-na bicarb-nacl.....	23	QNASL CHILDRENS.....	32
OMNIPOD DASH INTRO KIT...	30	peg-3350/electrolytes.....	23	QSYMIA.....	17
OMNIPOD DASH PODS.....	30	penicillin v potassium.....	8	quetiapine fumarate.....	13
OMNITROPE.....	25	PERFOROMIST.....	33	quetiapine fumarate er.....	13
OMVOH.....	29	periogard.....	17	QULIPTA.....	11
ondansetron hcl.....	10	PERSERIS.....	13	QVAR REDIHALER.....	33

rabeprazole sodium.....	23	SEREVENT DISKUS.....	33	SYMLINPEN 60.....	20
RADICAVA ORS.....	17	sertraline hcl.....	10	SYMPAZAN.....	9
RADICAVA ORS STARTER KIT.....	17	SEYSARA.....	8	SYMPROIC.....	23
ramipril.....	16	sharobel.....	27	SYMTUZA.....	13
ranolazine er.....	16	sildenafil citrate.....	24, 33	SYNJARDY.....	20
RASUVO.....	29	SIMBRINZA.....	31	SYNJARDY XR.....	20
RAYALDEE.....	30	SIMPONI.....	29	SYNTHROID.....	28
REBIF.....	17	SIMPONI ARIA.....	29	TABRECTA.....	12
REBIF REBIDOSE.....	17	simvastatin.....	16	TACLONEX.....	19
REBIF REBIDOSE		SKYRIZI.....	29	tacrolimus.....	19, 29
TITRATION PACK.....	17	SKYRIZI PEN.....	29	tadalafil.....	24
REBIF TITRATION PACK.....	17	SKYTROFA.....	25	TADLIQ.....	33
REBINYN.....	14	SLYND.....	27	TAFINLAR.....	12
REBYOTA.....	23	SOAANZ.....	16	TAGRISSE.....	12
reclipsen.....	27	SODIUM OXYBATE.....	34	TAKHZYRO.....	29
RECOMBIMATE.....	14	SOFDRA.....	19	TALICIA.....	24
REPATHA.....	16	solifenacin succinate.....	24	TALTZ.....	29
REPATHA PUSHTRONEX		SOLQUA.....	20	tamoxifen citrate.....	12
SYSTEM.....	16	SOLIRIS.....	14	tamsulosin hcl.....	24
REPATHA SURECLICK.....	16	SOMATULINE DEPOT.....	25	tarina 24 fe.....	27
RESTASIS.....	31	SOOLANTRA.....	19	tarina fe 1/20 eq.....	27
RESTASIS MULTIDOSE.....	31	sotalol hcl.....	16	TASIGNA.....	12
RETACRIT.....	14	SOTYKTU.....	29	TAVALISSE.....	14
RETEVMO.....	12	SPIRIVA HANDIHALER.....	33	TEGLUTIK.....	17
RETIN-A MICRO PUMP.....	19	SPIRIVA RESPIMAT.....	33	TEKTRUNA.....	16
REVLIMID.....	12	spironolactone.....	16	telmisartan.....	16
REXTOVY.....	8	SPRAVATO (56 MG DOSE).....	10	temazepam.....	34
REXULTI.....	13	SPRAVATO (84 MG DOSE).....	10	temozolomide.....	12
REZVOGLAR KWIKPEN.....	22	sprintec 28.....	27	terbinafine hcl.....	11
RHOPRESSA.....	31	sronyx.....	27	terconazole.....	11
RINVOQ.....	29	STELARA.....	29	TERIPARATIDE.....	30
RINVOQ LQ.....	29	STENDRA.....	24	testosterone.....	24
risperidone.....	13	STIOLTO RESPIMAT.....	33	testosterone cypionate.....	24
rizatriptan benzoate.....	11	STIVARGA.....	12	TEZSPIRE.....	33
ROCKLATAN.....	31	STRENSIQ.....	24	THIOLA.....	24
ropinirole hcl.....	13	STRIVERDI RESPIMAT.....	33	THIOLA EC.....	24
rosuvastatin calcium.....	16	SUBLOCADE.....	8	timolol maleate.....	31
roweepra.....	9	subvenite.....	9	timolol maleate (once-daily).....	31
ROXYBOND.....	7	sucrafate.....	23	timolol maleate ocudose.....	31
ROZLYTREK.....	12	SUFLAVE.....	23	timolol maleate pf.....	31
RUCONEST.....	29	sulfamethoxazole-trimethoprim... 8		tiotropium bromide monohydrate.....	33
RUXIENCE.....	12	sulfasalazine.....	29	TIROSINT.....	28
RYALTRIS.....	32	sulfatrim pediatric.....	8	TIROSINT-SOL.....	28
RYBELSUS.....	20	sumatriptan succinate.....	11	tizanidine hcl.....	34
RYDAPT.....	12	SUNOSI.....	34	TOBI PODHALER.....	33
RYKINDO.....	13	SUPPRELIN LA.....	25	TOBRADEX ST.....	31
RYTARY.....	13	SUPREP BOWEL PREP KIT....	23	tobramycin.....	31
SANCUSO.....	10	SUTAB.....	23	tobramycin-dexamethasone.....	31
SANTYL.....	19	syeda.....	27	tolterodine tartrate er.....	24
SAXENDA.....	17	SYMBICORT.....	33	TOPAMAX.....	9
SCEMBLIX.....	12	SYMFI.....	13	TOPAMAX SPRINKLE.....	9
scopolamine.....	10	SYMFI LO.....	13	topiramate.....	9
		SYMLINPEN 120.....	20		

torsemid	16	ULTOMIRIS	14	WYNZORA	19
TOUJEO MAX SOLOSTAR	22	unithroid	28	XACIATO	8
TOUJEO SOLOSTAR	22	UZEDY	13	XARELTO	8
TRADJENTA	20	valacyclovir hcl	13	XARELTO STARTER PACK	9
tramadol hcl ir	7	valsartan	16	XCOPRI	9
tranexamic acid	14	valsartan-hydrochlorothiazide	16	XELJANZ	29
TRAZIMERA	12	VALTOCO 10 MG DOSE	9	XELJANZ XR	29
trazodone hcl	10	VALTOCO 15 MG DOSE	9	XEMBIFY	29
TRELEGY ELLIPTA	33	VALTOCO 20 MG DOSE	9	XEOMIN	30
TREMFYA	29	VALTOCO 5 MG DOSE	9	XHANCE	32
treprostinil	33	varenicline tartrate	8	XIGDUO XR	20
TRESIBA	22	VARUBI (180 MG DOSE)	10	XIIDRA	31
TRESIBA FLEXTOUCH	22	VASCEPA	16	XOFLUZA (40 MG DOSE)	13
tretinoin	19	VELSIPITY	29	XOFLUZA (80 MG DOSE)	13
TREXALL	29	VELTASSA	23	XOLAIR	33
TREZIX	7	venlafaxine hcl	10	XTAMPZA ER	7
triamcinolone acetonide	19	venlafaxine hcl er	10	XTANDI	12
triamcinolone in absorbbase	19	VEOZAH	30	xulane	27
triamterene-hctz	16	verapamil hcl er	16	XYNTHA	14
triazolam	14	VERKAZIA	31	XYNTHA SOLOFUSE	14
triderm	19	VERQUVO	16	XYOSTED	24
tri-estarylla	27	VERZENIO	12	XYWAV	34
TRIJARDY XR	20	vestura	27	YCANTH	19
TRIKAFTA	33	V-GO 20	30	YORVIPATH	30
tri-linyah	27	V-GO 30	30	YUPELRI	33
tri-lo-estarylla	27	V-GO 40	30	yuvaferm	27
tri-lo-marzia	27	VIBERZI	24	zafemy	27
tri-lo-mili	27	vienva	27	ZARXIO	14
tri-lo-sprintec	27	vilazodone hcl	10	ZAVZPRET	11
tri-mili	27	vitamin d (ergocalciferol)	23	ZEGALOGUE	21
TRINTELLIX	10	VITRAKVI	12	ZEJULA	12
TRIPTODUR	25	VIVITROL	8	ZELBORAF	12
tri-sprintec	27	VIVJOA	11	zenatane	19
TRIUMEQ	13	VOQUEZNA DUAL PAK	24	ZENPEP	24
tri-vylibra	27	VOQUEZNA TRIPLE PAK	24	ZEPBOUND	17
tri-vylibra lo	27	VOSEVI	13	ZEPOSIA	17
TRULICITY	20	VOYDEYA	14	ZEPOSIA 7-DAY STARTER	
TRUQAP	12	VRAYLAR	13	PACK	17
TWYNEO	19	VTAMA	19	ZEPOSIA STARTER KIT	17
TYMLOS	30	VUMERITY	17	ZILXI	19
TYRVAYA	31	VYLEESI	17	ZIMHI	8
TYVASO	34	vylibra	27	ZIOPTAN	31
TYVASO DPI INSTITUTIONAL		VYVANSE	16	ziprasidone hcl	13
KIT	34	VYVGART	30	ZIRABEV	12
TYVASO DPI MAINTENANCE		VYVGART HYTRULO	30	ZOLGENSMA	24
KIT	34	WAINUA	17	zolpidem tartrate	34
TYVASO DPI TITRATION KIT	34	WAKIX	34	zolpidem tartrate er	34
TYVASO REFILL KIT	34	warfarin sodium	8	ZONEGRAN	9
TYVASO STARTER KIT	34	WEGOVY	17	zonisamide	9
UBRELVY	11	WEZLANA	29	ZORYVE	19
UCERIS	29	WILATE	14	ZTLIDO	7
UDENYCA	14	WINLEVI	19	ZUBSOLV	8
UDENYCA ONBODY	14	wixela inhub	33	zumandimine	27

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NOTICE OF NONDISCRIMINATION

OptumRx®, Inc. complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY **711**).

If you believe that we 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 the Civil Rights Coordinator:

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@optum.com

If you need help filing a complaint, call the toll-free number **1-888-445-8745**. (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Phone: **1-800-368-1019, 1-800-537-7697** (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available at optum.com/en/language-assistance-nondiscrimination.html.

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

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 المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ **(Khmer)** សេវាជំនួយភាសាភាគតិចតិច និងការទំនាក់ទំនងភាគតិចតិចផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចតិចនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 fòm 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 Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

Hindi: यदि आप हिंदी **(Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे की बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर 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 yáníłt'í go, t'áá jíik'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahíł hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nítł'izí bee nééhoziní baąh t'áá jíik'eh bee hane'í námboo bee hodíłnih

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.

