Optum Rx®

2027 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

Table of Contents

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	2	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet	1	
endocet	1	QL
hydrocodone-acetaminophen	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
morphine sulfate er	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
tramadol hcl oral tablet	1	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
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, 200 mg/10ml	1	
ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
Anesthetics		
EXPAREL	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
OPVEE	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
REXTOVY	2	
REZENOPY	3	
SUBLOCADE	3	SP
varenicline tartrate	1	++; QL
ZUBSOLV	2	
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	
BLUJEPA	3	ST; QL
cefadroxil oral capsule	1	
cefdinir	1	
cefpodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clindamycin hcl oral	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet	1	

Drug Name	Drug Tier	Notes
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin ointment	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
PIVYA	3	ST; QL
SEYSARA	3	ST
silver sulfadiazine external	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XACIATO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	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
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide intravenous	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	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	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
oxcarbazepine	1	
roweepra	1	
subvenite oral tablet	1	
SYMPAZAN	3	PA
TOPAMAX	3	ST

Drug Name	Drug Tier	Notes
TOPAMAX SPRINKLE	3	ST
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
XCOPRI	3	ST
ZONEGRAN	3	ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
memantine hcl oral tablet	1	
Antidepressants		
amitriptyline hcl oral	1	
AUVELITY	3	ST; QL
AUVELITY TITRATION PACK	3	ST; QL
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

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

Drug Name	Drug Tier	Notes
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	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	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
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral	1	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	1	++
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
fluconazole oral	1	
GYNAZOLE-1	3	
JUBLIA	3	PA; ++
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nystatin external	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 mouth/throat suspension 100000 unit/ml	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
VIVJOA	3	PA
Antigout Agents		
allopurinol oral	1	
colchicine oral	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
Antimyasthenic Agents		
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
abirtega	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
DANZITEN	3	PA; SP
ENSACOVE	2	PA; SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
GAVRETO	3	PA; SP
HYRNUO	3	PA; SP
IBTROZI	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	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
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; SP; QL
IMKELDI	3	PA; SP
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP
KISQALI (400 MG DOSE)	3	PA; SP
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO	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; QL
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; SP
RETEVMO ORAL TABLET 40 MG, 80 MG	3	PA; SP; QL
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
SIKLOS	3	PA
STIVARGA	2	PA; SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral	1	
TEPMETKO	3	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	
EMVERM	2	QL
hydroxychloroquine sulfate oral	1	
Antiparkinson Agents		
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	
Antiplatelets		
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
CAPLYTA	3	ST; QL
ERZOFRI	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
lurasidone hcl	1	QL
LYBALVI	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
RYKINDO	3	++
UZEDY	3	++
VRAYLAR	3	QL
Antivirals		
acyclovir external ointment	1	QL

Drug Name	Drug Tier	Notes
acyclovir oral capsule	1	
acyclovir oral tablet	1	
APRETUDE	2	
BIKTARVY	3	
CABENUVA	2	QL
CIMDUO	2	
DELSTRIGO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA
DOVATO	2	
emtricitabine-tenofovir df	1	
JULUCA	2	
MAVYRET	2	PA; SP; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	2	
PREZCOBIX	2	
SYMTUZA	3	
TRIUMEQ	2	
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
buspirone hcl oral	1	

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
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	1	
hydroxyzine hcl oral tablet	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
ALHEMO	3	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
BENEFIX	2	SP
DOPTELET	3	PA; SP
DOPTELET SPRINKLE	3	PA; SP; QL
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
ESPEROCT	3	SP
FABHALTA	3	PA; SP; QL

Drug Name	Drug Tier	Notes
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOVALTRY	2	SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIT	2	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RETACRIT	2	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	

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
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ARBLI	3	PA
atenolol oral	1	
ATORVALIQ	3	PA
atorvastatin calcium oral	1	
benazepril hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
CAMZYOS	3	PA; SP; QL
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colestipol hcl oral tablet	1	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENBUMYST	3	PA
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ezetimibe oral	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	

Drug Name	Drug Tier	Notes
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	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
LOPRESSOR ORAL SOLUTION	3	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	
MYQORZO	3	PA; SP; QL
nebivolol hcl	1	
NEXLETOL	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
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	
ramipril	1	
ranolazine er	1	
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	QL
simvastatin oral	1	
SOAANZ	3	PA
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
torsemide	1	
triamterene-hctz	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA; SP; QL
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYNDAMAX	3	PA; SP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl oral capsule	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
DYANAVEL XR	3	ST; 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

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
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 er(diffus) oral tablet extended release 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl oral	1	QL
QELBREE	3	ST; QL
RELEXXII	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
dimethyl fumarate oral	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
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
TYRUKO	3	PA; SP; QL
TYSABRI	3	PA; SP; QL

Drug Name	Drug Tier	Notes
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
INGREZZA	3	PA; SP; QL
phentermine hcl oral	1	++
pregabalin oral capsule	1	QL
QSYMIA	2	PA; ++
RADICAVA ORS	3	PA; SP
RADICAVA ORS STARTER KIT	3	PA; SP
TEGLUTIK	2	ST; QL
TONMYA	3	ST; QL
VYLEESI	3	PA; ++; QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
FLUORIDEX	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
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ABSORICA LD	3	PA
accutane	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ala-cort	1	
amnesteem	1	
AMZEEQ	3	
ANZUPGO	3	PA; QL
azelaic acid external	1	
betamethasone dipropionate external	1	
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz	1	
clindacin-p	1	
clindamycin phos (once-daily)	1	

Drug Name	Drug Tier	Notes
clindamycin phos (twice-daily)	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	
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	
diclofenac sodium external gel 3 %	1	QL
DUPIXENT	2	PA; SP; QL
EBGLYSS	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	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
finasteride oral tablet 1 mg	1	
fluocinonide external cream	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	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
LEQSELVI	3	PA; SP; QL
LITFULO	3	PA; SP; QL
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	2	PA; SP; QL
ONEXTON	1	
OPZELURA	2	ST; QL

Drug Name	Drug Tier	Notes
QBREXZA	3	QL
RETIN-A MICRO PUMP	3	PA; ++
SANTYL	3	QL
SOFDRA	3	QL
SOOLANTRA	3	
tacrolimus external	1	QL
tretinoin external	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
triderm	1	
VTAMA	2	ST
VYJUVEK	3	PA; SP; QL
WINLEVI	3	PA
WYNZORA	3	QL
YCANTH	3	PA
ZELSUVMI	3	PA
zenatane	1	
ZILXI	3	ST
ZORYVE	2	ST
Diabetes - Antidiabetic Agents		
dapagliflozin	1	
FARXIGA	3	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLYXAMBI	2	
JANUVIA	3	ST
JARDIANCE	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
JENTADUETO	2	
JENTADUETO XR	2	
liraglutide	1	PA; QL
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
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	ST; ++; QL
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK GUIDE TEST STRIPS	3	ST; ++; QL
ACCU-CHEK SMARTVIEW TEST STRIPS	3	ST; ++; QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
ASSURE PLATINUM	3	ST; ++; QL
ASSURE TITANIUM	3	ST; ++; QL
BLULINK GLUCOSE TEST	3	ST; ++; QL

Drug Name	Drug Tier	Notes
CARESENS S GLUCOSE TEST	3	ST; ++; QL
CARETOUCH TEST	3	ST; ++; QL
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT W/DEVICE	2	++
CONTOUR NEXT GEN TEST STRIPS	2	++; QL
CONTOUR PLUS BLUE KIT W/DEVICE	2	++
CONTOUR PLUS TEST STRIP	2	++; QL
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
DEXCOM G7 15 DAY SENSOR	2	PA; ++
DEXCOM G7 RECEIVER	2	PA; ++
DEXCOM G7 SENSOR	2	PA; ++
DIATHRIVE+ GLUCOSE TEST	3	ST; ++; QL
EASY MAX BLOOD GLUCOSE TEST	3	ST; ++; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	3	ST; ++; QL
EMBRACE TALK GLUCOSE TEST	3	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
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	3	ST; ++; QL
ENLITE GLUCOSE SENSOR	3	PA; ++
EVERSENSE 365 SENSOR/HOLDER	3	PA; ++
EVERSENSE 365 SMART TRANSMIT	3	PA; ++
EVERSENSE SENSOR/HOLDER	3	PA; ++
FORA 6 CONNECT	3	ST; ++; QL
FORA 6 CONNECT/GTEL TEST	3	ST; ++; QL
FORA GTEL BLOOD GLUCOSE TEST	3	ST; ++; QL
FORA TN'G ADVANCE PRO IN VITRO	3	ST; ++; QL
FREESTYLE FREEDOM LITE KIT W/DEVICE	2	++
FREESTYLE INSULINX TEST STRIPS	2	++; QL
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; ++

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 3 SENSOR	2	PA; ++
FREESTYLE LITE TEST STRIPS	2	++; QL
FREESTYLE PRECISION NEO SYSTEM	2	++
FREESTYLE PRECISION NEO TEST STRIPS	2	++; QL
FREESTYLE TEST STRIPS	2	++; QL
GLUCOCARD 01 SENSOR PLUS	3	ST; ++; QL
GLUCOCARD EXPRESSION TEST	3	ST; ++; QL
GLUCOCARD SHINE TEST	3	ST; ++; QL
GLUCOCARD VITAL TEST	3	ST; ++; QL
GOJJI BLOOD GLUCOSE TEST STRIP	3	ST; ++; QL
GOJJI BLOOD TEST STRIP/LANCETS	3	ST; ++; QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN REAL-TIME CHARGER	3	++
GUARDIAN REAL-TIME TEST PLUG	3	++
GUARDIAN SENSOR 3	3	PA; ++
HW EMBRACE PRO GLUCOSE TEST	3	ST; ++; QL
HW EMBRACE TALK GLUCOSE TEST	3	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
IHEALTH BLOOD GLUCOSE TEST STR	3	ST; ++; QL
ILET CONTACT DETACH 23" 6MM	3	++
ILET INFUSION-INSET 23" 6MM	3	++
ILET INFUSION-INSET 32" 6MM	3	++
ILET INSULIN PUMP	3	++
ILET STARTER - CONTACT DETACH	3	++
ILET STARTER KIT - INSET 23"	3	++
ILET STARTER KIT - INSET 32"	3	++
INFINITY BLOOD GLUCOSE TEST	3	ST; ++; QL
KROGER HEALTHPRO GLUCOSE TEST	3	ST; ++; QL
LANCETS	2	++
MICRODOT TEST	3	ST; ++; QL
MINIMED 780G INSULIN PUMP	3	++
MINIMED INSTINCT GLUC SENSOR	3	PA; ++
MINIMED PUMP RESERVOIR 3ML	3	++
MM BLULINK GLUCOSE TEST	3	ST; ++; QL
ONETOUCH ULTRA TEST STRIPS	3	ST; ++; QL
ONETOUCH ULTRA BLUE TEST	3	ST; ++; QL
ONETOUCH ULTRA TEST STRIPS	3	ST; ++; QL
ONETOUCH VERIO TEST STRIPS	3	ST; ++; QL

Drug Name	Drug Tier	Notes
PIP BLOOD GLUCOSE TEST STRIP	3	ST; ++; QL
PRECISION XTRA BLOOD GLUCOSE STRIPS	2	++; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO	3	ST; ++; QL
PTS PANELS EGLU TEST	3	ST; ++; QL
QUICK TOUCH BLOOD GLUCOSE TEST	3	ST; ++; QL
RELION GLUCOSE TEST STRIPS	3	ST; ++; QL
RELION PREMIER TEST	3	ST; ++; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	3	ST; ++; QL
RIGHTEST GT333 GLUCOSE TEST	3	ST; ++; QL
SIMPLERA SENSOR	3	PA; ++
SIMPLERA SYNC SENSOR	3	PA; ++
SIMPLERA SYSTEM	3	PA; ++
TANDEM MOBI AUTOSOFT30 14PK23"	3	++
TANDEM MOBI AUTOSOFTXC 14PK23"	3	++
TANDEM MOBI AUTOSOFTXC 14PK5"	3	++
TANDEM T:SLIM ASFT 30 PK10 23"	3	++
TANDEM T:SLIM ASFT 30 PK14 23"	3	++
TANDEM T:SLIM ASFT XC PK10 23"	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
TANDEM T:SLIM ASFT XC PK14 23"	3	++
TANDEM T:SLIM TRUSTL PK10 23"	3	++
TRUE METRIX BLOOD GLUCOSE TEST	3	ST; ++; QL
TRUE METRIX PRO BLOOD GLUCOSE	3	ST; ++; QL
TRUENESS BLOOD GLUCOSE STRIPS	3	ST; ++; QL
VIVAGUARD INO TEST STRIPS	3	ST; ++; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	++
BAQSIMI TWO PACK	2	++
GLUCAGON EMERGENCY KIT	2	Made by Fresenius Kabi; ++
GVOKE HYPOPEN 1-PACK	2	++
GVOKE HYPOPEN 2-PACK	2	++
GVOKE KIT	2	++
GVOKE PFS	2	++
Diabetes - Insulins		
ADMELOG	1	++
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
AQINJECT PEN NEEDLE	2	++
BASAGLAR KWIKPEN	1	++
BD PEN NEEDLE MICRO ULTRAFINE	2	++
BD PEN NEEDLE MINI ULTRAFINE	2	++

Drug Name	Drug Tier	Notes
BD PEN NEEDLE NANO ULTRAFINE	2	++
BD PEN NEEDLE ORIG ULTRAFINE	2	++
BD PEN NEEDLE SHORT ULTRAFINE	2	++
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	2	++
CEQUR SIMPLICITY 2U 10PK	2	++
FIASP	1	++
FIASP FLEXTOUCH	1	++
FIASP PENFILL	1	++
FIASP PUMPCART	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 U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N 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 N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R VIAL	1	++
INPEN 100-BLUE-LILLY-HUMALOG	3	++
INPEN 100-BLUE-NOVOLOG-FIASP	3	++
INPEN 100-GREY-LILLY-HUMALOG	3	++
INPEN 100-GREY-NOVOLOG-FIASP	3	++
INPEN 100-PINK-LILLY-HUMALOG	3	++
INPEN 100-PINK-NOVOLOG-FIASP	3	++
INSULIN GLARGINE MAX SOLOSTAR	1	++
INSULIN GLARGINE SOLOSTAR	1	++
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	1	++
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LYUMJEV KWIKPEN	1	++
LYUMJEV VIAL	1	++
MERILOG	1	++

Drug Name	Drug Tier	Notes
MERILOG SOLOSTAR	1	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
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	++
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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	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
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	++
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
esomeprazole magnesium	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
sucralfate oral	1	
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	
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
IQIRVO	3	PA; SP; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	3	PA; SP; QL
loperamide hcl oral capsule	1	
lubiprostone	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
MOVANTIK	2	ST; QL
na sulfate-k sulfate-mg sulf	1	
peg-3350/electrolytes	1	
PYLERA	2	
REBYOTA	3	PA; SP
REZDIFFRA	3	PA; QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
FABRAZYME	2	PA; SP
ITVISMA	3	PA; SP
ORFADIN	3	PA; SP
PANCREAZE	3	ST
PERTZYE	3	ST
PHEBURANE	3	PA; SP
STRENSIQ	2	PA; SP
YUVIWEL	3	PA; SP; QL
ZENPEP	2	
ZOLGENSMA	3	PA; SP

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
FILSPARI	3	PA; SP; QL
mirabegron er oral tablet extended release 24 hour	1	
OXLUMO	3	PA; SP
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
PYRIDIUM	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
tadalafil oral	1	++; QL
THIOLA	3	SP
THIOLA EC	3	SP
VANRAFIA	3	PA; SP; QL
VOYXACT	3	PA; SP; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
TEZRULY	3	PA
Hormonal Agents - Adrenal		
dexamethasone oral elixir	1	
dexamethasone 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
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	
ZILRETTA	3	
Hormonal Agents - Men's Health		
KYZATREX	3	PA; QL
testosterone cypionate intramuscular	1	PA; QL
testosterone transdermal gel	1	PA; QL
XYOSTED	3	PA; QL
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
ACTHAR GEL	2	PA; SP
cabergoline	1	
CORTROPHIN	2	PA; SP
CORTROPHIN GEL	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; ++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
LUPRON DEPOT-PED (1-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (6-MONTH)	2	PA; SP; QL
NGENLA	3	PA; ++; SP
NORDITROPIN FLEXPRO	2	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
SKYTROFA	3	PA; ++; SP
SOGROYA	3	PA; ++; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP
TRIPTODUR	2	PA; SP; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	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
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	++
AVERI ORAL TABLET 0.15-0.03 MG	3	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
camila	1	++
chateal eq	1	++
CLIMARA PRO	2	
COMBIPATCH	3	
cyred eq	1	++
deblitane	1	++
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	

Drug Name	Drug Tier	Notes
eluryng	1	++
emzahh	1	++
ENDOMETRIN	2	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
feirza 1.5/30	1	++
feirza 1/20	1	++
gallifrey	1	
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	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	++

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
junel fe 24	1	++
kalliga	1	++
kurvelo	1	++
KYLEENA	3	++
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	1	++
LO LOESTRIN FE	3	++
loryna	1	++
lo-zumandimine	1	++
luizza 1.5/30	1	++
luizza 1/20	1	++
lutera	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
meleya	1	++
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
MIRENA (52 MG)	3	++
mono-linyah	1	++

Drug Name	Drug Tier	Notes
MYFEMBREE	2	PA; QL
NATAZIA	2	++
NEXTSTELLIS	3	++
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	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	++
ORIAHNN	2	PA; QL
orquidea	1	++
portia-28	1	++
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
reclipsen	1	++
sharobel	1	++
SKYLA	3	++
SLYND	3	ST; ++
sprintec 28	1	++
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	1	++
tri-estarylla	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
tri-linyah	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	++
yuvafem	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
EVEXITHROID	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
RENTHYROID	3	
SYNTHROID	3	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	3	PA; SP; QL
ABRILADA (2 PEN)	3	PA; SP; QL
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
ANDEMBRY	3	PA; SP; QL
AVSOLA	2	PA; SP
AVTOZMA INTRAVENOUS	3	PA; 3P; SP
AVTOZMA SUBCUTANEOUS	3	PA; 3P; SP; QL
azathioprine oral	1	
BENLYSTA	3	PA; SP
BIMZELX	2	PA; SP; QL
BIVIGAM	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA (1 SYRINGE)	2	PA; SP; QL
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA-STARTER	2	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
DAWNZERA	3	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
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 (1 PEN)	3	PA; SP; QL
HUMIRA (2 PEN)	3	PA; SP; QL
HUMIRA-CD/UC/HS STARTER	3	PA; SP; QL
HUMIRA-PSORIASIS/UVEIT STARTER	3	PA; SP; QL
ICOTYDE	2	PA; SP; QL
INFLECTRA	2	PA; SP
JYLAMVO	3	PA
leflunomide oral	1	
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
OMVOH (300 MG DOSE)	2	PA; SP; QL
ORENCIA CLICKJECT	3	PA; 3P; SP; QL

Drug Name	Drug Tier	Notes
ORENCIA INTRAVENOUS	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
OTEZLA XR	2	PA; SP; QL
OTEZLA/OTEZLA XR INITIATION PK	2	PA; SP; QL
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
RASUVO	2	PA; QL
RHAPSIDO	2	PA; SP; QL
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; SP; QL
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	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

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
WEZLANA INTRAVENOUS	2	PA; SP
WEZLANA SUBCUTANEOUS	2	PA; SP; QL
XELJANZ	3	PA; SP; QL
XELJANZ XR	3	PA; SP; QL
XEMBIFY	3	PA; SP
YESINTEK INTRAVENOUS	2	PA; SP
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
Inflammatory Bowel Disease Agents		
APRISO	2	
budesonide oral	1	
CORTIFOAM	3	
DIPENTUM	3	
hydrocortisone (perianal)	1	
mesalamine oral tablet delayed release	1	
PROCTOFOAM HC	2	
procto-med hc	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents		
BILPREVDA	2	PA; SP
OSENVELT	2	PA; SP
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BILDYOS	2	PA; SP; QL

Drug Name	Drug Tier	Notes
BONSITY	2	PA; SP
STOBOCLO	2	PA; SP; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	PA; SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	2	PA; Made by Alvogen; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
Miscellaneous Therapeutic Agents		
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
DUROLANE	2	PA; ++; QL
DYSPORT	2	PA
EUFLEXXA	2	PA; ++; QL
FOUNDAYO	2	PA; ++; QL
GELSYN-3	2	PA; ++; QL
GIVLAARI	3	PA; SP
KERENDIA	3	PA; QL
MYOBLOC	2	PA
OMNIPOD 5 DEXCOM INTRO KIT	2	++
OMNIPOD 5 DEXCOM PODS	2	++; QL
OMNIPOD 5 LIBRE INTRO KIT	2	++
OMNIPOD 5 LIBRE PODS	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
OMNIPOD DASH INTRO KIT	2	++
OMNIPOD DASH PODS	2	++; QL
SPINRAZA	3	PA; SP
TWIIST REFILL KIT	2	++; QL
TWIIST REFILL KIT/INFUSION SET	2	++; QL
TWIIST STARTER KIT	2	++
VEOZAH	3	PA; QL
WEGOVY	2	PA; ++; QL
WEGOVY HD	2	PA; ++; QL
XEOMIN	2	PA
YORVIPATH	3	PA; SP; QL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; ++; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
ofloxacin ophthalmic	1	
prednisolone acetate ophthalmic	1	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
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		
BYOOVIZ	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
CEQUA	3	PA; QL
cyclosporine (pf)	3	PA; QL
ENCELTO	3	PA; SP
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
TRYPTYR	2	PA; QL
TYRVAYA	3	PA; QL
VERKAZIA	3	PA; QL
VEVYE	3	PA; QL
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	++
cyproheptadine hcl oral tablet	1	
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
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
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	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	

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
EPIPEN JR 2-PAK	3	ST
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL
FLUTICASONE FUROATE ELLIPTA	3	PA; QL
FLUTICASONE FUROATE-VILANTEROL	3	PA; QL
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	ST; QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	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	
montelukast sodium oral tablet chewable	1	
NEFFY	3	
NUCALA	2	PA; SP; QL
PERFOROMIST	3	QL
PROAIR RESPICLICK	3	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	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
XOPENEX HFA	3	QL
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
PULMOZYME	2	PA; SP
TOBI PODHALER	3	SP; QL
TRIKAFTA	3	PA; SP; QL

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

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	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
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
YUTREPIA	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	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	1	PA; Made by Hikma; SP; QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYWAV	3	PA; SP; QL
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.

Index of Drugs

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

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

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

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

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

Hindi: यदि आप 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 yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahił hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní baąh t'áá jiik'eh bee hane'í námboo bee hodíilnih

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

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

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

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

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

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

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

Optum Rx®