

# Your 2019 Formulary

Effective July 1, 2019



**For the most current list of covered medications or if you have questions:**



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

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

### What is a formulary?

A formulary is a list of prescribed medications chosen by your plan 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 approved by the U.S. Food and Drug Administration (FDA).

OptumRx® is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who review which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

### How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

### What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

### When does the formulary change?

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

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

### Why are some medications excluded from coverage?

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

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

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

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### About this formulary

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

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

### **What if my doctor writes a brand-name prescription?**

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

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

An over-the-counter (OTC) medication may be the right treatment option for some conditions. 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.

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

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. BrivoRx®, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BrivoRx at **1-855-4BRIOVA (1-855-427-4682)** and have your prescriptions delivered right to your home or doctor's office.

## Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

### Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

| Drug Tier     | Includes                                          | Helpful Tips                                                                                          |
|---------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Tier 1</b> | \$ <b>Lower-cost</b> generics and some brand-name | Use Tier 1 drugs for the lowest out-of-pocket costs.                                                  |
| <b>Tier 2</b> | \$\$ <b>Mid-range cost</b> preferred brand-name   | Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.                           |
| <b>Tier 3</b> | \$\$\$ <b>Highest-cost</b> non-preferred          | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |
| <b>Tier E</b> | ⊗ <b>Excluded</b>                                 | May not be covered or need prior authorization. Lower-cost options are available and covered.         |

### Drug list information

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

|           |                                                                                                              |
|-----------|--------------------------------------------------------------------------------------------------------------|
| <b>M</b>  | Authorized generic or cobranded product                                                                      |
| <b>PA</b> | <b>Prior Authorization</b> – Your doctor is required to give OptumRx more information to determine coverage. |
| <b>QL</b> | <b>Quantity Limit</b> – Medication may be limited to a certain quantity.                                     |
| <b>SP</b> | <b>Specialty Medication</b> – Medication is designated as specialty.                                         |
| <b>ST</b> | <b>Step Therapy</b> – Must try lower-cost medication(s) before a higher-cost medication can be covered.      |
| <b>3P</b> | Tier 3 preferred                                                                                             |

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| Drug Name                                                                                              | Drug Tier | Notes  |
|--------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>Analgesics - Drugs for Pain</b>                                                                     |           |        |
| ABSTRAL                                                                                                | E         |        |
| acetaminophen-codeine #2                                                                               | 1         | QL     |
| acetaminophen-codeine #3                                                                               | 1         | QL     |
| acetaminophen-codeine #4                                                                               | 1         | QL     |
| acetaminophen-codeine oral tablet                                                                      | 1         | QL     |
| apap-caff-dihydrocodeine oral capsule                                                                  | 1         | QL     |
| ARYMO ER                                                                                               | E         |        |
| BELBUCA                                                                                                | 2         | PA; QL |
| butalbital-apap-caffeine oral capsule                                                                  | 1         |        |
| butalbital-apap-caffeine oral tablet 50-325-40 mg                                                      | 1         |        |
| DURAGESIC-100                                                                                          | E         |        |
| DURAGESIC-12                                                                                           | E         |        |
| DURAGESIC-25                                                                                           | E         |        |
| DURAGESIC-50                                                                                           | E         |        |
| DURAGESIC-75                                                                                           | E         |        |
| EMBEDA                                                                                                 | 2         | PA; QL |
| fentanyl                                                                                               | 1         | PA; QL |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG                                      | E         |        |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1         | QL     |
| hydromorphone hcl oral tablet                                                                          | 1         | QL     |

| Drug Name                                                                                                    | Drug Tier | Notes  |
|--------------------------------------------------------------------------------------------------------------|-----------|--------|
| HYSINGLA ER                                                                                                  | 2         | PA; QL |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG | E         |        |
| LAZANDA                                                                                                      | E         |        |
| morphine sulfate er oral tablet extended release                                                             | 1         | PA; QL |
| NORCO                                                                                                        | E         |        |
| NUCYNTA                                                                                                      | E         |        |
| NUCYNTA ER                                                                                                   | E         |        |
| 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 ORAL TABLET ER 12 HOUR ABUSE-DETERRENT                                                             | 2         | PA; QL |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG                                             | E         |        |
| ROXYBOND                                                                                                     | 3         | QL     |
| SUBSYS                                                                                                       | E         |        |
| tramadol hcl ir                                                                                              | 1         | QL     |
| tramadol-acetaminophen                                                                                       | 1         | QL     |
| trezix oral capsule 320.5-30-16 mg                                                                           | 1         | QL     |
| XTAMPZA ER                                                                                                   | E         |        |
| ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT                                                           | E         |        |

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 |
|----------------------------------------------------------------------|-----------|-------|
| <b>Analgesics - Drugs for Pain and Inflammation</b>                  |           |       |
| CAMBIA                                                               | E         |       |
| CELEBREX                                                             | E         |       |
| celecoxib oral                                                       | 1         | QL    |
| diclofenac potassium                                                 | 1         |       |
| diclofenac sodium oral                                               | 1         |       |
| diclofenac sodium transdermal gel 1 %                                | 1         | QL    |
| DUEXIS                                                               | E         |       |
| etodolac oral tablet                                                 | 1         |       |
| FLECTOR                                                              | 3         | QL    |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                         | 1         |       |
| indomethacin oral                                                    | 1         |       |
| ketorolac tromethamine oral                                          | 1         | QL    |
| meloxicam oral tablet                                                | 1         |       |
| nabumetone oral                                                      | 1         |       |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | 3         |       |
| naproxen oral tablet                                                 | 1         |       |
| naproxen sodium oral tablet 275 mg, 550 mg                           | 1         |       |
| PENNSAID TRANSDERMAL SOLUTION 2 %                                    | E         |       |
| SPRIX                                                                | E         |       |
| sulindac oral                                                        | 1         |       |
| VIMOVO                                                               | E         |       |
| VIVLODEX                                                             | 3         | ST    |
| VOLTAREN GEL 1%                                                      | E         |       |
| ZORVOLEX                                                             | E         |       |

| Drug Name                                                       | Drug Tier | Notes |
|-----------------------------------------------------------------|-----------|-------|
| <b>Anesthetics</b>                                              |           |       |
| lidocaine external ointment                                     | 1         |       |
| lidocaine external patch 5 %                                    | 1         |       |
| lidocaine-prilocaine external cream                             | 1         |       |
| LIDODERM                                                        | E         |       |
| ZTLIDO                                                          | E         |       |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b>        |           |       |
| BUNAVAIL                                                        | 3         | QL    |
| buprenorphine hcl sublingual                                    | 1         | QL    |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual     | 1         | QL    |
| CHANTIX STARTING MONTH PAK                                      | 3         | QL    |
| naltrexone hcl oral                                             | 1         |       |
| NARCAN                                                          | 2         |       |
| SUBOXONE SUBLINGUAL FILM                                        | 2         | QL    |
| ZUBSOLV                                                         | 2         | QL    |
| <b>Antibacterials</b>                                           |           |       |
| ACTICLATE                                                       | E         |       |
| 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         |       |

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 |
|---------------------------------------------------------------------|-----------|-------|
| azithromycin oral suspension reconstituted                          | 1         |       |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg                     | 1         |       |
| cefdinir                                                            | 1         |       |
| cefuroxime axetil oral tablet                                       | 1         |       |
| cephalexin oral capsule                                             | 1         |       |
| cephalexin oral suspension reconstituted                            | 1         |       |
| ciprofloxacin hcl oral                                              | 1         |       |
| clarithromycin oral tablet                                          | 1         |       |
| clindamycin hcl oral                                                | 1         |       |
| CLINDESSE                                                           | 3         |       |
| DIFICID                                                             | 3         |       |
| DORYX MPC                                                           | E         |       |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG                     | E         |       |
| doxycycline hyclate oral capsule                                    | 1         |       |
| doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg | 1         |       |
| 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         |       |
| MINOLIRA                                                            | E         |       |
| mupirocin external                                                  | 1         |       |

| Drug Name                                                                        | Drug Tier | Notes  |
|----------------------------------------------------------------------------------|-----------|--------|
| nitrofurantoin macrocrystal oral                                                 | 1         |        |
| nitrofurantoin monohydrate macrocrystals                                         | 1         |        |
| penicillin v potassium oral tablet                                               | 1         |        |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 3         |        |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml                      | 1         |        |
| sulfamethoxazole-trimethoprim oral tablet                                        | 1         |        |
| XIFAXAN                                                                          | 3         | PA     |
| XIMINO                                                                           | 3         |        |
| <b>Anticoagulants</b>                                                            |           |        |
| BEVYXXA                                                                          | 3         | QL     |
| ELIQUIS                                                                          | 2         | QL     |
| ELIQUIS STARTER PACK                                                             | 2         | QL     |
| enoxaparin sodium                                                                | 1         | SP; QL |
| PRADAXA                                                                          | 2         | QL     |
| SAVAYSA                                                                          | 3         | QL     |
| warfarin sodium oral                                                             | 1         |        |
| XARELTO                                                                          | 2         | QL     |
| XARELTO STARTER PACK                                                             | 2         | QL     |
| <b>Anticonvulsants - Drugs for Seizures</b>                                      |           |        |
| carbamazepine oral tablet                                                        | 1         |        |
| DILANTIN INFATABS                                                                | E         |        |

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 |
|-------------------------------------------------------------------------|-----------|-------|
| DILANTIN ORAL CAPSULE 100 MG                                            | E         |       |
| DILANTIN ORAL SUSPENSION                                                | E         |       |
| divalproex sodium er oral tablet extended release 24 hour               | 1         |       |
| divalproex sodium oral tablet delayed release                           | 1         |       |
| gabapentin oral capsule                                                 | 1         |       |
| gabapentin oral tablet                                                  | 1         |       |
| lamotrigine oral tablet                                                 | 1         |       |
| levetiracetam oral tablet                                               | 1         |       |
| oxcarbazepine oral tablet                                               | 1         |       |
| OXTELLAR XR                                                             | E         |       |
| phenytoin sodium extended                                               | 1         |       |
| SABRIL ORAL PACKET                                                      | E         | SP    |
| topiramate oral tablet                                                  | 1         |       |
| TROKENDI XR                                                             | E         |       |
| VIMPAT                                                                  | 3         |       |
| zonisamide oral                                                         | 1         |       |
| <b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b> |           |       |
| donepezil hcl oral tablet                                               | 1         |       |
| memantine hcl oral tablet 10 mg, 5 mg                                   | 1         |       |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG       | 2         | QL    |
| <b>Antidepressants</b>                                                  |           |       |
| amitriptyline hcl oral                                                  | 1         |       |
| bupropion hcl er (sr)                                                   | 1         | QL    |

| Drug Name                                                                 | Drug Tier | Notes  |
|---------------------------------------------------------------------------|-----------|--------|
| 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         |        |
| CYMBALTA                                                                  | E         |        |
| desvenlafaxine succinate er                                               | 1         | QL     |
| doxepin hcl oral capsule                                                  | 1         |        |
| duloxetine hcl oral                                                       | 1         | QL     |
| EFFEXOR XR                                                                | E         |        |
| escitalopram oxalate oral tablet                                          | 1         |        |
| fluoxetine hcl oral capsule                                               | 1         |        |
| fluoxetine hcl oral tablet                                                | 1         |        |
| fluvoxamine maleate                                                       | 1         |        |
| FORFIVO XL                                                                | 3         | QL     |
| LEXAPRO ORAL TABLET                                                       | E         |        |
| mirtazapine oral tablet                                                   | 1         |        |
| nortriptyline hcl oral capsule                                            | 1         |        |
| paroxetine hcl er                                                         | 1         |        |
| paroxetine hcl oral tablet                                                | 1         |        |
| PRISTIQ                                                                   | E         |        |
| PROZAC ORAL CAPSULE                                                       | E         |        |
| sertraline hcl oral tablet                                                | 1         |        |
| trazodone hcl oral tablet 100 mg                                          | 1         |        |
| TRINTELLIX                                                                | 3         | ST; QL |
| venlafaxine hcl                                                           | 1         |        |
| venlafaxine hcl er                                                        | 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 |
|----------------------------------------------------|-----------|-------|
| VIIBRYD ORAL TABLET                                | 3         | QL    |
| VIIBRYD STARTER PACK                               | 3         | QL    |
| WELLBUTRIN SR                                      | E         |       |
| WELLBUTRIN XL                                      | E         |       |
| ZOLOFT ORAL TABLET                                 | E         |       |
| <b>Antiemetics - Drugs for Nausea and Vomiting</b> |           |       |
| AKYNZEO ORAL                                       | 3         | QL    |
| meclizine hcl oral tablet                          | 1         |       |
| metoclopramide hcl oral tablet 5 mg                | 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         |       |
| SANCUSO                                            | E         |       |
| VARUBI ORAL                                        | 3         | QL    |
| <b>Antifungals</b>                                 |           |       |
| CRESEMBA ORAL                                      | 3         |       |
| fluconazole oral tablet                            | 1         |       |
| GYNAZOLE-1                                         | 3         |       |
| JUBLIA                                             | E         |       |
| KERYDIN                                            | 3         | PA    |
| ketoconazole external cream                        | 1         |       |
| ketoconazole external shampoo                      | 1         |       |
| nystatin external cream                            | 1         |       |
| nystatin mouth/throat                              | 1         |       |
| terbinafine hcl oral                               | 1         | QL    |

| Drug Name                                 | Drug Tier | Notes      |
|-------------------------------------------|-----------|------------|
| terconazole vaginal cream                 | 1         |            |
| <b>Antigout Agents</b>                    |           |            |
| allopurinol oral                          | 1         |            |
| COLCHICINE ORAL TABLET                    | 3         | ST         |
| COLCRYS                                   | 2         |            |
| ULORIC                                    | 2         | ST         |
| ZURAMPIC                                  | 3         | ST         |
| <b>Antimigraine Agents</b>                |           |            |
| AIMOVIG                                   | 2         | PA; QL     |
| AJOVY                                     | E         |            |
| eletriptan hydrobromide                   | 1         | QL         |
| EMGALITY                                  | 2         | PA; QL     |
| MIGRANAL                                  | 3         | QL         |
| ONZETRA XSAIL                             | E         |            |
| rizatriptan benzoate                      | 1         | QL         |
| sumatriptan succinate oral                | 1         | QL         |
| ZEMBRACE                                  | E         |            |
| SYMTOUCH                                  | E         |            |
| ZOMIG ORAL                                | E         |            |
| ZOMIG ZMT                                 | E         |            |
| <b>Antineoplastics - Drugs for Cancer</b> |           |            |
| anastrozole oral                          | 1         |            |
| CABOMETYX                                 | 2         | PA; SP     |
| capecitabine                              | 1         | PA; SP     |
| IBRANCE                                   | 3         | PA; SP     |
| IDHIFA                                    | 3         | PA; SP; QL |
| letrozole oral                            | 1         |            |
| mercaptopurine oral                       | 1         | SP         |
| REVLIMID                                  | 3         | PA; SP     |
| SPRYCEL                                   | 2         | PA; SP     |
| tamoxifen citrate 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  |
|------------------------------------------------------------|-----------|--------|
| XTANDI                                                     | 3         | PA; SP |
| YONSA                                                      | 3         | PA; SP |
| <b>Antiparasitics</b>                                      |           |        |
| EMVERM                                                     | 2         |        |
| hydroxychloroquine sulfate oral                            | 1         |        |
| permethrin external cream                                  | 1         |        |
| SOLOSEC                                                    | 3         |        |
| <b>Antiparkinson Agents</b>                                |           |        |
| benztropine mesylate oral                                  | 1         |        |
| carbidopa-levodopa oral tablet                             | 1         |        |
| OSMOLEX ER                                                 | E         |        |
| pramipexole dihydrochloride                                | 1         |        |
| ropinirole hcl                                             | 1         |        |
| RYTARY                                                     | 3         | ST     |
| ZELAPAR                                                    | 3         |        |
| <b>Antiplatelets</b>                                       |           |        |
| BRILINTA                                                   | 2         |        |
| cilostazol                                                 | 1         |        |
| clopidogrel bisulfate oral                                 | 1         |        |
| ZONTIVITY                                                  | 3         |        |
| <b>Antipsychotics - Drugs for Mood Disorders</b>           |           |        |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE           | 3         |        |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3         |        |
| aripiprazole oral tablet                                   | 1         | QL     |
| ARISTADA                                                   | 3         |        |

| Drug Name                   | Drug Tier | Notes      |
|-----------------------------|-----------|------------|
| ARISTADA INITIO             | 3         |            |
| haloperidol oral            | 1         |            |
| INVEGA SUSTENNA             | 3         |            |
| INVEGA TRINZA               | 3         |            |
| LATUDA                      | 3         | QL         |
| olanzapine oral tablet      | 1         | QL         |
| quetiapine fumarate         | 1         | QL         |
| REXULTI                     | 3         | QL         |
| risperidone oral tablet     | 1         | QL         |
| SAPHRIS                     | 2         | QL         |
| VRAYLAR                     | 3         | ST; QL     |
| ziprasidone hcl             | 1         | QL         |
| <b>Antivirals</b>           |           |            |
| abacavir sulfate-lamivudine | 1         | SP         |
| acyclovir oral tablet       | 1         |            |
| ATRIPLA                     | E         | SP         |
| CIMDUO                      | 2         | SP         |
| COMPLERA                    | 2         | SP         |
| DESCOVY                     | 3         | SP         |
| entecavir                   | 1         | SP; QL     |
| EPCLUSA                     | 2         | PA; SP; QL |
| GENVOYA                     | 3         | SP         |
| HARVONI                     | 2         | PA; SP; QL |
| INTELENCE                   | 2         | SP         |
| ISENTRESS ORAL TABLET       | 2         | SP         |
| JULUCA                      | 2         | SP         |
| LEDIPASVIR-SOFOSBUVIR       | E         | M; SP      |
| MAVYRET                     | 2         | PA; SP; QL |
| NORVIR ORAL TABLET          | 3         | SP         |
| ODEFSEY                     | 3         | SP         |

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

| Drug Name                                          | Drug Tier | Notes      |
|----------------------------------------------------|-----------|------------|
| oseltamivir phosphate oral                         | 1         | QL         |
| PREZCOBIX                                          | 2         | SP         |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2         | SP         |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG        | 3         | SP         |
| SOFOSBUVIR-VELPATASVIR                             | E         | M; SP      |
| STRIBILD                                           | 3         | SP         |
| SYMFI                                              | 2         | SP         |
| SYMFI LO                                           | 2         | SP         |
| TAMIFLU ORAL CAPSULE                               | E         |            |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML      | 3         | QL         |
| tenofovir disoproxil fumarate                      | 1         | SP         |
| TIVICAY                                            | 2         | SP         |
| TRIUMEQ                                            | 2         | SP         |
| TRUVADA                                            | 2         | SP         |
| valacyclovir hcl oral                              | 1         | QL         |
| VOSEVI                                             | 2         | PA; SP; QL |
| XOFLUZA                                            | 3         | QL         |
| ZOVIRAX EXTERNAL CREAM                             | 3         |            |
| ZOVIRAX EXTERNAL OINTMENT                          | E         |            |
| ZOVIRAX ORAL                                       | E         |            |
| <b>Anxiolytics - Drugs for Anxiety</b>             |           |            |
| alprazolam oral tablet                             | 1         | QL         |
| ATIVAN ORAL                                        | E         |            |

| Drug Name                                                                                        | Drug Tier | Notes  |
|--------------------------------------------------------------------------------------------------|-----------|--------|
| buspirone hcl oral                                                                               | 1         |        |
| clonazepam oral tablet                                                                           | 1         | QL     |
| diazepam oral tablet                                                                             | 1         |        |
| hydroxyzine hcl oral tablet                                                                      | 1         |        |
| hydroxyzine pamoate oral                                                                         | 1         |        |
| lorazepam oral tablet                                                                            | 1         | QL     |
| triazolam                                                                                        | 1         | QL     |
| VALIUM                                                                                           | E         |        |
| XANAX                                                                                            | E         |        |
| XANAX XR                                                                                         | E         |        |
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                                                 |           |        |
| lithium carbonate er                                                                             | 1         |        |
| lithium carbonate oral capsule                                                                   | 1         |        |
| <b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>              |           |        |
| ADYNOVATE                                                                                        | 3         | SP     |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT                      | 3         | SP     |
| ELOCTATE                                                                                         | 3         | SP     |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | E         | SP     |
| FULPHILA                                                                                         | E         | SP     |
| GRANIX                                                                                           | E         | SP     |
| JIVI                                                                                             | 3         | SP     |
| KOGENATE FS                                                                                      | 3         | SP     |
| KOVALTRY                                                                                         | 3         | SP     |
| MULPLETA                                                                                         | 2         | 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  |
|---------------------------------------------------------------------------|-----------|--------|
| NEULASTA ONPRO                                                            | 3         | PA; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | 3         | PA; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML                     | E         | SP     |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE                             | E         | SP     |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE                             | 2         | PA; SP |
| NOVOEIGHT                                                                 | 3         | SP     |
| NUWIQ                                                                     | 3         | SP     |
| PROCRT                                                                    | 2         | PA; SP |
| UDENYCA                                                                   | 3         | PA; SP |
| ZARXIO                                                                    | 2         | PA; SP |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |        |
| amiodarone hcl oral                                                       | 1         |        |
| amlodipine besylate oral                                                  | 1         |        |
| amlodipine besylate-benazepril hcl                                        | 1         |        |
| amlodipine besylate-valsartan                                             | 1         |        |
| amlodipine-olmesartan                                                     | 1         |        |
| atenolol oral                                                             | 1         |        |
| atenolol-chlorthalidone                                                   | 1         |        |
| atorvastatin calcium oral                                                 | 1         |        |
| AZOR                                                                      | E         |        |
| benazepril hcl oral                                                       | 1         |        |
| benazepril-hydrochlorothiazide                                            | 1         |        |

| Drug Name                                                           | Drug Tier | Notes  |
|---------------------------------------------------------------------|-----------|--------|
| BENICAR                                                             | E         |        |
| BENICAR HCT                                                         | E         |        |
| bisoprolol fumarate                                                 | 1         |        |
| bisoprolol-hydrochlorothiazide                                      | 1         |        |
| bumetanide oral                                                     | 1         |        |
| BYSTOLIC                                                            | 2         |        |
| BYVALSON                                                            | 2         |        |
| cartia xt                                                           | 1         |        |
| carvedilol                                                          | 1         |        |
| chlorthalidone oral tablet 25 mg, 50 mg                             | 1         |        |
| choline fenofibrate                                                 | 1         |        |
| clonidine hcl oral                                                  | 1         |        |
| CORLANOR                                                            | 3         | PA; QL |
| CRESTOR                                                             | E         |        |
| digoxin oral tablet                                                 | 1         |        |
| diltiazem hcl er beads                                              | 1         |        |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1         |        |
| diltiazem hcl oral                                                  | 1         |        |
| DIOVAN                                                              | E         |        |
| DIOVAN HCT                                                          | E         |        |
| doxazosin mesylate oral                                             | 1         |        |
| EDARBI                                                              | 3         | ST     |
| EDARBYCLOR                                                          | 3         | ST     |
| enalapril maleate oral                                              | 1         |        |
| ENTRESTO                                                            | 2         | QL     |
| ezetimibe                                                           | 1         |        |
| ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg      | 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 |
|-----------------------------------------------------------|-----------|-------|
| ezetimibe-simvastatin oral tablet 10-80 mg                | 1         | PA    |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg | 1         |       |
| fenofibrate oral tablet                                   | 1         |       |
| fenofibric acid oral capsule delayed release              | 1         |       |
| flecainide acetate                                        | 1         |       |
| furosemide oral tablet                                    | 1         |       |
| gemfibrozil oral                                          | 1         |       |
| guanfacine hcl oral                                       | 1         |       |
| hydralazine hcl oral                                      | 1         |       |
| hydrochlorothiazide oral                                  | 1         |       |
| irbesartan                                                | 1         |       |
| irbesartan-hydrochlorothiazide                            | 1         |       |
| isosorbide mononitrate er                                 | 1         |       |
| KAPSPARGO SPRINKLE                                        | E         |       |
| labetalol hcl oral                                        | 1         |       |
| LIPITOR                                                   | E         |       |
| lisinopril oral                                           | 1         |       |
| lisinopril-hydrochlorothiazide                            | 1         |       |
| LIVALO                                                    | 3         | ST    |
| losartan potassium                                        | 1         |       |
| losartan potassium-hctz                                   | 1         |       |
| lovastatin                                                | 1         |       |
| LOVAZA                                                    | E         |       |
| metoprolol succinate er                                   | 1         |       |
| metoprolol tartrate oral                                  | 1         |       |
| MULTAQ                                                    | 3         |       |

| Drug Name                                         | Drug Tier | Notes      |
|---------------------------------------------------|-----------|------------|
| nadolol oral tablet 20 mg, 40 mg, 80 mg           | 1         |            |
| niacin er (antihyperlipidemic)                    | 1         |            |
| nifedipine er                                     | 1         |            |
| nifedipine er osmotic release                     | 1         |            |
| nitroglycerin sublingual                          | 1         |            |
| NITROSTAT                                         | E         |            |
| NORVASC                                           | E         |            |
| olmesartan medoxomil oral                         | 1         |            |
| olmesartan medoxomil-hctz                         | 1         |            |
| omega-3-acid ethyl esters                         | 1         |            |
| pentoxifylline er                                 | 1         |            |
| PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR       | 2         | PA; SP; QL |
| pravastatin sodium                                | 1         |            |
| prazosin hcl oral                                 | 1         |            |
| propranolol hcl er                                | 1         |            |
| propranolol hcl oral tablet                       | 1         |            |
| quinapril hcl                                     | 1         |            |
| ramipril                                          | 1         |            |
| RANEXA                                            | 2         | ST         |
| REPATHA                                           | 2         | PA; SP; QL |
| REPATHA PUSHTRONEX SYSTEM                         | 2         | PA; SP; QL |
| REPATHA SURECLICK                                 | 2         | PA; SP; QL |
| rosuvastatin calcium                              | 1         |            |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 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      |
|-----------------------------------------------------------------------------|-----------|------------|
| simvastatin oral tablet 80 mg                                               | 1         | PA         |
| sotalol hcl oral                                                            | 1         |            |
| spironolactone oral                                                         | 1         |            |
| TEKTURNA                                                                    | 2         | ST         |
| TEKTURNA HCT                                                                | 2         | ST         |
| telmisartan                                                                 | 1         |            |
| TOPROL XL                                                                   | E         |            |
| toremide oral                                                               | 1         |            |
| triamterene-hctz oral capsule 37.5-25 mg                                    | 1         |            |
| triamterene-hctz oral tablet                                                | 1         |            |
| TRIBENZOR                                                                   | E         |            |
| valsartan                                                                   | 1         |            |
| valsartan-hydrochlorothiazide                                               | 1         |            |
| VASCEPA                                                                     | 2         |            |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg        | 1         |            |
| verapamil hcl oral                                                          | 1         |            |
| VYTORIN                                                                     | E         |            |
| ZETIA                                                                       | E         |            |
| ZYPITAMAG                                                                   | E         |            |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |            |
| ADDERALL XR                                                                 | E         |            |
| amphetamine-dextroamphetamine                                               | 1         | PA; QL     |
| amphetamine-dextroamphetamine er                                            | 1         | PA; QL     |
| atomoxetine hcl                                                             | 1         | QL         |
| CONCERTA                                                                    | E         |            |
| COTEMPLA XR-ODT                                                             | 3         | PA; ST; QL |

| Drug Name                                                           | Drug Tier | Notes          |
|---------------------------------------------------------------------|-----------|----------------|
| dexmethylphenidate hcl                                              | 1         | PA; QL         |
| dexmethylphenidate hcl er                                           | 1         | PA; QL         |
| guanfacine hcl er                                                   | 1         |                |
| methylphenidate hcl er                                              | 1         | PA; QL         |
| methylphenidate hcl oral tablet                                     | 1         | PA; QL         |
| VYVANSE                                                             | 2         | PA; QL         |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b> |           |                |
| AMPYRA                                                              | 3         | PA; SP; QL     |
| AUBAGIO                                                             | 3         | PA; SP; QL     |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                          | 2         | PA; SP; QL     |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT                | 2         | PA; SP; QL     |
| AVONEX VIAL INTRAMUSCULAR KIT                                       | 2         | PA; SP; QL     |
| BETASERON SUBCUTANEOUS KIT                                          | 2         | PA; SP; QL     |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | 2         | PA; SP; QL     |
| EXTAVIA SUBCUTANEOUS KIT                                            | E         | SP             |
| GILENYA                                                             | 3         | PA; 3P; SP; QL |
| PLEGRIDY                                                            | E         | SP             |
| PLEGRIDY STARTER PACK                                               | E         | 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      |
|-------------------------------------------------------------------|-----------|------------|
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                | 3         | PA; SP; QL |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3         | PA; SP; QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | 3         | PA; SP; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE      | 3         | PA; SP; QL |
| TECFIDERA                                                         | 2         | PA; SP; QL |
| <b>Central Nervous System Agents - Miscellaneous</b>              |           |            |
| ADDYI                                                             | 3         | PA; QL     |
| AUSTEDO                                                           | 3         | PA; SP; QL |
| CONTRACE                                                          | 2         | PA         |
| GRALISE                                                           | 3         | ST; QL     |
| GRALISE STARTER                                                   | 3         | ST; QL     |
| HORIZANT ORAL TABLET EXTENDED RELEASE                             | 3         | PA; QL     |
| LYRICA ORAL CAPSULE                                               | 2         | QL         |
| phentermine hcl oral capsule 30 mg                                | 1         | PA         |
| phentermine hcl oral tablet                                       | 1         | PA         |
| SAXENDA                                                           | 3         | PA         |

| Drug Name                                                             | Drug Tier | Notes |
|-----------------------------------------------------------------------|-----------|-------|
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b> |           |       |
| chlorhexidine gluconate mouth/throat                                  | 1         |       |
| lidocaine viscous                                                     | 1         |       |
| <b>Dermatological Agents - Drugs for Skin Conditions</b>              |           |       |
| ABSORICA                                                              | 3         | PA    |
| ACANYA                                                                | E         | ST    |
| ACZONE EXTERNAL GEL 5 %                                               | E         |       |
| ACZONE EXTERNAL GEL 7.5 %                                             | 2         |       |
| adapalene external gel                                                | 1         | PA    |
| AKTIPAK                                                               | E         |       |
| BENZACLIN                                                             | E         |       |
| BENZACLIN WITH PUMP                                                   | E         |       |
| BENZAMYCIN                                                            | E         |       |
| claravis                                                              | 1         | PA    |
| CLINDAGEL                                                             | E         |       |
| clindamycin phosphate-benzoyl peroxide external gel 1-5 %             | 1         |       |
| clindamycin phosphate external lotion                                 | 1         |       |
| clindamycin phosphate external solution                               | 1         |       |
| CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL                                | E         | M     |
| clindamycin phosphate gel 1 % external                                | 1         |       |
| clotrimazole-betamethasone external cream                             | 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      |
|-----------------------------------------------|-----------|------------|
| DUAC                                          | E         |            |
| DUPIXENT                                      | 2         | PA; SP; QL |
| ENSTILAR                                      | 3         | QL         |
| EPIDUO                                        | 3         |            |
| EPIDUO FORTE                                  | 3         |            |
| EUCRISA                                       | 2         | ST         |
| FLUOROPLEX                                    | 3         |            |
| METROGEL EXTERNAL GEL                         | 3         |            |
| metronidazole external gel                    | 1         |            |
| MIRVASO                                       | 2         |            |
| myorisan                                      | 1         | PA         |
| NORITATE                                      | E         |            |
| ONEXTON                                       | 3         |            |
| ORACEA                                        | 3         |            |
| OXSORALEN ULTRA                               | 2         |            |
| QBREXZA                                       | 3         | QL         |
| RETIN-A MICRO GEL 0.04 %, 0.1 %               | E         |            |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % | E         |            |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %        | 2         | PA         |
| SOOLANTRA                                     | 2         |            |
| SORILUX                                       | E         |            |
| TACLONEX EXTERNAL OINTMENT                    | E         |            |
| TACLONEX EXTERNAL SUSPENSION                  | 3         | QL         |
| tretinoin external cream                      | 1         | PA         |
| VECTICAL                                      | 3         |            |
| VELTIN                                        | E         |            |

| Drug Name                             | Drug Tier | Notes  |
|---------------------------------------|-----------|--------|
| ZIANA                                 | E         |        |
| ZYCLARA                               | 3         |        |
| ZYCLARA PUMP                          | 3         |        |
| <b>Diabetes - Antidiabetic Agents</b> |           |        |
| ADLYXIN                               | E         |        |
| ADLYXIN STARTER PACK                  | E         |        |
| ALOGLIPTIN BENZOATE                   | E         | M      |
| ALOGLIPTIN-METFORMIN HCL              | E         | M      |
| ALOGLIPTIN-PIOGLITAZONE               | E         | M      |
| BYDUREON BCISE AUTOINJECTOR           | 2         | ST; QL |
| BYDUREON PEN                          | 2         | ST; QL |
| BYETTA 10 MCG PEN                     | 2         | ST; QL |
| BYETTA 5 MCG PEN                      | 2         | ST; QL |
| FARXIGA                               | E         |        |
| FORTAMET                              | E         |        |
| glimepiride                           | 1         |        |
| glipizide er                          | 1         |        |
| glipizide ir                          | 1         |        |
| glipizide xl                          | 1         |        |
| GLUMETZA                              | E         |        |
| glyburide oral                        | 1         |        |
| glyburide-metformin                   | 1         |        |
| GLYXAMBI                              | 2         | ST     |
| INVOKAMET                             | 2         | ST     |
| INVOKAMET XR                          | 2         | ST     |
| INVOKANA                              | 2         | ST     |
| JANUMET                               | 2         | ST     |
| JANUMET XR                            | 2         | ST     |
| JANUVIA                               | 2         | ST     |

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  |
|--------------------------------------------------------------------------------------|-----------|--------|
| JARDIANCE                                                                            | 2         | ST     |
| JENTADUETO                                                                           | 2         | ST     |
| JENTADUETO XR                                                                        | 2         | ST     |
| KAZANO                                                                               | E         |        |
| KOMBIGLYZE XR                                                                        | E         |        |
| metformin hcl er                                                                     | 1         |        |
| metformin hcl er (mod)                                                               | E         |        |
| metformin hcl er (osm)<br>oral tablet extended<br>release 24 hour 1000<br>mg, 500 mg | E         |        |
| metformin hcl oral tablet                                                            | 1         |        |
| NESINA                                                                               | E         |        |
| ONGLYZA                                                                              | E         |        |
| OSENI                                                                                | E         |        |
| OZEMPIC                                                                              | 2         | ST; QL |
| pioglitazone hcl                                                                     | 1         |        |
| QTERN                                                                                | E         |        |
| SEGLUROMET                                                                           | E         |        |
| SOLIQUA                                                                              | 2         | ST; QL |
| STEGLATRO                                                                            | E         |        |
| STEGLUJAN                                                                            | E         |        |
| SYNJARDY                                                                             | 2         | ST     |
| SYNJARDY XR                                                                          | 2         | ST     |
| TRADJENTA                                                                            | 2         | ST     |
| TRULICITY                                                                            | 2         | ST; QL |
| VICTOZA                                                                              | 2         | ST; QL |
| XIGDUO XR                                                                            | E         |        |
| <b>Diabetes - Glucose Monitoring</b>                                                 |           |        |
| ACCU-CHEK AVIVA<br>DEVICE                                                            | E         |        |
| ACCU-CHEK AVIVA<br>CONNECT KIT<br>W/DEVICE                                           | E         |        |

| Drug Name                                                                                                 | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------|-----------|-------|
| ACCU-CHEK AVIVA<br>PLUS                                                                                   | E         |       |
| ACCU-CHEK COMPACT<br>PLUS CARE KIT                                                                        | E         |       |
| ACCU-CHEK COMPACT<br>PLUS TEST STRIPS                                                                     | E         |       |
| ACCU-CHEK FASTCLIX<br>LANCET KIT                                                                          | 2         |       |
| ACCU-CHEK FASTCLIX<br>LANCETS                                                                             | 2         |       |
| ACCU-CHEK GUIDE                                                                                           | E         |       |
| ACCU-CHEK<br>MULTICLIX LANCET<br>DEVICE KIT                                                               | 2         |       |
| ACCU-CHEK<br>MULTICLIX LANCETS                                                                            | 2         |       |
| ACCU-CHEK NANO<br>SMARTVIEW KIT<br>W/DEVICE                                                               | E         |       |
| ACCU-CHEK<br>SMARTVIEW TEST<br>STRIPS                                                                     | E         |       |
| ACCU-CHEK SOFT<br>TOUCH LANCETS                                                                           | 2         |       |
| ACCU-CHEK SOFTCLIX<br>LANCET DEVICE KIT                                                                   | 2         |       |
| ACCU-CHEK SOFTCLIX<br>LANCETS                                                                             | 2         |       |
| DEXCOM G4 / G5 / G6<br>RECEIVER,<br>TRANSMITTER,<br>SENSOR (INCLUDING<br>PLATINUM, PLATINUM<br>PEDIATRIC) | 3         |       |

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

| Drug Name                                                                                         | Drug Tier | Notes | Drug Name                           | Drug Tier | Notes |
|---------------------------------------------------------------------------------------------------|-----------|-------|-------------------------------------|-----------|-------|
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE | 3         |       | FIASP FLEXTOUCH                     | E         |       |
| ONETOUCH ULTRA 2 KIT W/DEVICE                                                                     | 2         |       | HUMALOG U-100 AND U-200 KWIKPEN     | 2         |       |
| ONETOUCH ULTRA BLUE TEST STRIPS                                                                   | 2         | QL    | HUMALOG MIX 50/50 KWIKPEN           | 2         |       |
| ONETOUCH ULTRA MINI KIT W/DEVICE                                                                  | 2         |       | HUMALOG MIX 50/50 VIAL              | 2         |       |
| ONE TOUCH VERIO KIT W/DEVICE                                                                      | 2         |       | HUMALOG MIX 75/25 KWIKPEN           | 2         |       |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE                                                           | 2         |       | HUMALOG MIX 75/25 VIAL              | 2         |       |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE                                                             | 2         |       | HUMALOG U-100 JUNIOR KWIKPEN        | 2         |       |
| ONETOUCH VERIO STRIP IN VITRO                                                                     | 2         | QL    | HUMALOG U-100 VIAL AND CARTRIDGE    | 2         |       |
| ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE                                                           | 2         |       | HUMULIN 70/30 KWIKPEN               | 2         |       |
| V-GO 20                                                                                           | 2         |       | HUMULIN 70/30 VIAL                  | 2         |       |
| V-GO 30                                                                                           | 2         |       | HUMULIN N KWIKPEN                   | 2         |       |
| V-GO 40                                                                                           | 2         |       | HUMULIN N VIAL                      | 2         |       |
| <b>Diabetes - Glycemic Agents</b>                                                                 |           |       | HUMULIN R U-500 KWIKPEN             | 2         |       |
| GLUCAGON EMERGENCY                                                                                | 2         |       | HUMULIN R U-500 VIAL (CONCENTRATED) | 2         |       |
| <b>Diabetes - Insulins</b>                                                                        |           |       | HUMULIN R VIAL                      | 2         |       |
| ADMELOG                                                                                           | E         |       | LANTUS U-100 SOLOSTAR               | 2         |       |
| ADMELOG SOLOSTAR                                                                                  | E         |       | LANTUS U-100 VIAL                   | 2         |       |
| APIDRA SOLOSTAR                                                                                   | E         |       | LEVEMIR U-100 FLEXTOUCH             | E         |       |
| APIDRA VIAL                                                                                       | E         |       | LEVEMIR U-100 VIAL                  | E         |       |
| BASAGLAR KWIKPEN                                                                                  | E         |       | NOVOFINE AUTOCOVER PEN NEEDLE       | 2         |       |
| FIASP                                                                                             | E         |       | NOVOFINE PEN NEEDLE 32G X 6 MM      | 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 |
|----------------------------------------------------|-----------|-------|
| NOVOFINE PLUS PEN NEEDLE                           | 2         |       |
| NOVOLIN 70/30 RELION                               | E         |       |
| NOVOLIN 70/30 VIAL                                 | E         |       |
| NOVOLIN N RELION                                   | E         |       |
| NOVOLIN N VIAL                                     | E         |       |
| NOVOLIN R RELION                                   | E         |       |
| NOVOLIN R VIAL                                     | E         |       |
| NOVOLOG U-100 FLEXPEN                              | E         |       |
| NOVOLOG MIX 70/30 FLEXPEN                          | E         |       |
| NOVOLOG MIX 70/30 VIAL                             | E         |       |
| NOVOLOG U-100 PENFILL                              | E         |       |
| NOVOLOG U-100 VIAL                                 | E         |       |
| NOVOTWIST PEN NEEDLE 32G X 5 MM                    | 2         |       |
| TOUJEO MAX SOLOSTAR                                | 2         |       |
| TOUJEO SOLOSTAR                                    | 2         |       |
| TRESIBA                                            | E         |       |
| TRESIBA FLEXTOUCH                                  | E         |       |
| <b>Electrolytes / Minerals / Metals / Vitamins</b> |           |       |
| cyanocobalamin injection solution 1000 mcg/ml      | 1         |       |
| ergocalciferol oral capsule                        | 1         |       |
| folic acid oral tablet 1 mg                        | 1         |       |
| klor-con m20                                       | 1         |       |
| LOKELMA                                            | 3         | PA    |
| potassium chloride cryser                          | 1         |       |
| potassium chloride er                              | 1         |       |

| Drug Name                                                                          | Drug Tier | Notes |
|------------------------------------------------------------------------------------|-----------|-------|
| potassium citrate er                                                               | 1         |       |
| VELTASSA                                                                           | 3         |       |
| vitamin d (ergocalciferol) oral capsule 50000 unit                                 | 1         |       |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>                   |           |       |
| ACIPHEX                                                                            | E         |       |
| CARAFATE ORAL TABLET                                                               | E         |       |
| DEXILANT                                                                           | 2         | QL    |
| esomeprazole magnesium                                                             | E         |       |
| famotidine oral tablet 20 mg, 40 mg                                                | 1         |       |
| lansoprazole oral capsule delayed release                                          | 1         | QL    |
| NEXIUM ORAL CAPSULE DELAYED RELEASE                                                | E         |       |
| omeppi                                                                             | E         |       |
| omeprazole oral capsule delayed release                                            | 1         | QL    |
| omeprazole-sodium bicarbonate                                                      | E         |       |
| pantoprazole sodium oral                                                           | 1         | QL    |
| PREVACID                                                                           | E         |       |
| rabeprazole sodium                                                                 | 1         | QL    |
| ranitidine hcl oral capsule                                                        | 1         |       |
| ranitidine hcl oral syrup                                                          | 1         |       |
| ranitidine hcl oral tablet 150 mg, 300 mg                                          | 1         |       |
| sucrafate oral tablet                                                              | 1         |       |
| ZEGERID                                                                            | E         |       |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |       |
| AMITIZA                                                                            | E         |       |

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  |
|--------------------------------------------------------------------------------|-----------|--------|
| CLENPIQ                                                                        | 3         |        |
| dicyclomine hcl oral capsule                                                   | 1         |        |
| dicyclomine hcl oral tablet                                                    | 1         |        |
| diphenoxylate-atropine oral tablet                                             | 1         |        |
| gavilyte-g                                                                     | 1         |        |
| LINZESS                                                                        | 2         | ST; QL |
| MOTOFEN                                                                        | E         |        |
| MOVANTIK                                                                       | E         |        |
| MOVIPREP                                                                       | 3         |        |
| OMECLAMOX-PAK                                                                  | 2         |        |
| PLENVU                                                                         | 3         |        |
| PREPOPIK                                                                       | 3         |        |
| PYLERA                                                                         | 2         |        |
| RELISTOR ORAL                                                                  | E         |        |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML                         | E         |        |
| SUPREP BOWEL PREP KIT                                                          | 3         |        |
| SYMPROIC                                                                       | 2         | ST; QL |
| TRULANCE                                                                       | E         |        |
| VIBERZI                                                                        | 3         | PA; QL |
| <b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b> |           |        |
| CERDELGA                                                                       | 3         | PA; SP |
| CREON                                                                          | 2         |        |
| NITYR                                                                          | 3         | PA; SP |
| PANCREAZE                                                                      | E         |        |
| PERTZYE                                                                        | E         |        |

| Drug Name                                                                                                                                                                 | Drug Tier | Notes  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML                                                                                                         | 3         | PA; SP |
| VIOKACE                                                                                                                                                                   | E         |        |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 2         |        |
| <b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>                                                                                            |           |        |
| AURYXIA                                                                                                                                                                   | 3         |        |
| CIALIS                                                                                                                                                                    | 3         | QL     |
| DEPEN TITRATABS                                                                                                                                                           | 2         | SP     |
| INTRAROSA                                                                                                                                                                 | 3         |        |
| LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG                                                                                                                                    | E         |        |
| 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     |
| STAXYN                                                                                                                                                                    | E         |        |
| STENDRA                                                                                                                                                                   | E         |        |
| tolterodine tartrate er                                                                                                                                                   | 1         |        |
| TOVIAZ                                                                                                                                                                    | 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 |
|-------------------------------------------------------------|-----------|-------|
| VELPHORO                                                    | 3         |       |
| VESICARE                                                    | 2         | ST    |
| VIAGRA                                                      | E         |       |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b> |           |       |
| alfuzosin hcl er                                            | 1         |       |
| finasteride oral tablet 5 mg                                | 1         |       |
| RAPAFLO                                                     | 3         |       |
| tamsulosin hcl                                              | 1         |       |
| terazosin hcl oral                                          | 1         |       |
| <b>Hormonal Agents - Adrenal</b>                            |           |       |
| betamethasone valerate external cream                       | 1         |       |
| clobetasol propionate external cream                        | 1         |       |
| clobetasol propionate external ointment                     | 1         |       |
| clobetasol propionate external solution                     | 1         |       |
| CLOBEX                                                      | 3         |       |
| CLOBEX SPRAY                                                | 3         |       |
| dexamethasone oral solution                                 | 1         |       |
| dexamethasone oral tablet                                   | 1         |       |
| fluocinonide external cream                                 | 1         |       |
| HALOG                                                       | E         |       |
| hydrocortisone external cream 1 %, 2.5 %                    | 1         |       |
| hydrocortisone external ointment 1 %, 2.5 %                 | 1         |       |
| hydrocortisone oral                                         | 1         |       |
| methylprednisolone oral                                     | 1         |       |

| Drug Name                                                                                                   | Drug Tier | Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|-------|
| mometasone furoate external cream                                                                           | 1         |       |
| prednisolone oral solution                                                                                  | 1         |       |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1         |       |
| prednisone oral tablet                                                                                      | 1         |       |
| prednisone oral tablet therapy pack                                                                         | 1         |       |
| RAYOS                                                                                                       | E         |       |
| SERNIVO                                                                                                     | 3         |       |
| TOPICORT SPRAY                                                                                              | E         |       |
| triamcinolone acetonide external cream                                                                      | 1         |       |
| triamcinolone acetonide external ointment                                                                   | 1         |       |
| <b>Hormonal Agents - Men's Health</b>                                                                       |           |       |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR                                                                         | 2         | PA    |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)                                                          | 3         | PA    |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)                                                   | E         |       |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION                                                                    | E         |       |
| FORTESTA                                                                                                    | E         |       |
| TESTIM                                                                                                      | E         |       |

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

| Drug Name                                                          | Drug Tier | Notes  | Drug Name                                                        | Drug Tier | Notes  |
|--------------------------------------------------------------------|-----------|--------|------------------------------------------------------------------|-----------|--------|
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1         | PA     | LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG                    | 2         | PA; SP |
| VOGELXO PUMP                                                       | E         |        | LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG                    | 2         | PA; SP |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)                             | E         |        | NOC DURNA                                                        | 3         |        |
| <b>Hormonal Agents - Osteoporosis</b>                              |           |        | NOCTIVA                                                          | E         |        |
| OSPHENA                                                            | 3         |        | NORDITROPIN FLEXPPO                                              | 2         | PA; SP |
| raloxifene hcl                                                     | 1         |        | NUTROPIN AQ NUSPIN 10                                            | 2         | PA; SP |
| <b>Hormonal Agents - Pituitary</b>                                 |           |        | NUTROPIN AQ NUSPIN 20                                            | 2         | PA; SP |
| BRAVELLE                                                           | E         | SP     | NUTROPIN AQ NUSPIN 5                                             | 2         | PA; SP |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG                                 | 2         | PA; SP | OMNITROPE SUBCUTANEOUS SOLUTION                                  | 2         | PA; SP |
| FOLLISTIM AQ SUBCUTANEOUS                                          | E         | SP     | ORILISSA                                                         | 2         | PA; QL |
| GENOTROPIN                                                         | E         | SP     | OVIDREL                                                          | 3         | SP     |
| GENOTROPIN MINIQUICK                                               | E         | SP     | SAIZEN                                                           | E         | SP     |
| GONAL-F                                                            | 2         | PA; SP | SAIZENPREP                                                       | E         | SP     |
| GONAL-F RFF                                                        | 2         | PA; SP | SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | E         | SP     |
| GONAL-F RFF REDIRECT                                               | 2         | PA; SP | ZOMACTON                                                         | E         | SP     |
| HP ACTHAR                                                          | 2         | PA; SP | <b>Hormonal Agents - Sex Hormones and Birth Control</b>          |           |        |
| HUMATROPE                                                          | E         | SP     | apri                                                             | 1         |        |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG                    | 2         | PA; SP | aviane                                                           | 1         |        |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG                   | 2         | PA; SP | BEYAZ                                                            | E         |        |
|                                                                    |           |        | blisovi 24 fe                                                    | 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 1.5/30                                                                    | 1         |        |
| blisovi fe 1/20                                                                      | 1         |        |
| CLIMARA PRO                                                                          | 2         |        |
| cryselle-28                                                                          | 1         |        |
| DIVIGEL<br>TRANSDERMAL GEL<br>0.25 MG/0.25GM, 0.5<br>MG/0.5GM, 1 MG/GM               | 3         |        |
| drospirenone-ethinyl<br>estradiol                                                    | 1         |        |
| DUAVEE                                                                               | 2         |        |
| ELESTRIN                                                                             | 3         |        |
| ENDOMETRIN                                                                           | 2         |        |
| enskyce oral tablet 0.15-<br>30 mg-mcg                                               | 1         |        |
| estradiol oral                                                                       | 1         |        |
| estradiol transdermal                                                                | 1         |        |
| estradiol vaginal cream                                                              | 1         |        |
| gianvi                                                                               | 1         |        |
| IMVEXXY<br>MAINTENANCE PACK                                                          | 3         |        |
| IMVEXXY STARTER<br>PACK                                                              | 3         |        |
| junel 1/20                                                                           | 1         |        |
| junel fe 1.5/30                                                                      | 1         |        |
| junel fe 1/20                                                                        | 1         |        |
| levonorgestrel-ethinyl<br>estradiol oral tablet 0.1-20<br>mg-mcg, 0.15-30 mg-<br>mcg | 1         |        |
| LO LOESTRIN FE                                                                       | 3         |        |
| loryna                                                                               | 1         |        |
| low-ogestrel                                                                         | 1         |        |
| MAKENA<br>INTRAMUSCULAR                                                              | 2         | PA; SP |

| Drug Name                                                    | Drug Tier | Notes |
|--------------------------------------------------------------|-----------|-------|
| medroxyprogesterone<br>acetate intramuscular                 | 1         | QL    |
| medroxyprogesterone<br>acetate oral                          | 1         |       |
| microgestin 1.5/30                                           | 1         |       |
| microgestin 1/20                                             | 1         |       |
| microgestin fe 1/20                                          | 1         |       |
| MINASTRIN 24 FE                                              | E         |       |
| MINIVELLE                                                    | 3         |       |
| MIRENA (52 MG)                                               | 3         |       |
| mono-lynah                                                   | 1         |       |
| mononessa                                                    | 1         |       |
| NATAZIA                                                      | 2         |       |
| nikki                                                        | 1         |       |
| norethindrone acet-<br>ethinyl est oral tablet               | 1         |       |
| norethindrone oral                                           | 1         |       |
| norgestimate-eth<br>estradiol oral tablet 0.25-<br>35 mg-mcg | 1         |       |
| norgestimate-ethinyl<br>estradiol triphasic                  | 1         |       |
| nortrel 1/35 (21)                                            | 1         |       |
| nortrel 1/35 (28)                                            | 1         |       |
| NUVARING                                                     | 2         |       |
| ocella                                                       | 1         |       |
| ORTHO TRI-CYCLEN<br>(28)                                     | E         |       |
| ORTHO TRI-CYCLEN<br>LO                                       | E         |       |
| portia-28                                                    | 1         |       |
| PREMARIN ORAL                                                | 2         |       |
| PREMARIN VAGINAL                                             | 2         |       |
| PREMPHASE                                                    | 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 |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| PREMPRO                                                                                                                               | 2         |       |
| progesterone micronized oral                                                                                                          | 1         |       |
| sprintec 28                                                                                                                           | 1         |       |
| tri-estarylla                                                                                                                         | 1         |       |
| tri-linyah                                                                                                                            | 1         |       |
| tri-lo-marzia                                                                                                                         | 1         |       |
| tri-previfem                                                                                                                          | 1         |       |
| tri-sprintec                                                                                                                          | 1         |       |
| VAGIFEM VAGINAL TABLET 10 MCG                                                                                                         | E         |       |
| vienva                                                                                                                                | 1         |       |
| violele                                                                                                                               | 1         |       |
| VIVELLE-DOT                                                                                                                           | E         |       |
| xulane                                                                                                                                | 1         |       |
| YAZ                                                                                                                                   | E         |       |
| yuvaferm                                                                                                                              | 1         |       |
| <b>Hormonal Agents - Thyroid</b>                                                                                                      |           |       |
| ARMOUR THYROID                                                                                                                        | 3         | ST    |
| CYTOMEL                                                                                                                               | E         |       |
| levo-t                                                                                                                                | 1         |       |
| levothyroxine sodium oral                                                                                                             | 1         |       |
| levoxyl                                                                                                                               | 1         |       |
| liothyronine sodium oral                                                                                                              | 1         |       |
| methimazole oral                                                                                                                      | 1         |       |
| NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | 3         | ST    |
| SYNTHROID                                                                                                                             | 3         | ST    |

| Drug Name                                                                                                 | Drug Tier | Notes      |
|-----------------------------------------------------------------------------------------------------------|-----------|------------|
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3         |            |
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>                          |           |            |
| ACTEMRA                                                                                                   | 3         | PA; 3P; SP |
| ACTEMRA ACTPEN                                                                                            | 3         | PA; 3P; SP |
| azathioprine oral                                                                                         | 1         |            |
| CIMZIA PREFILLED KIT                                                                                      | 2         | PA; SP     |
| CIMZIA STARTER KIT                                                                                        | 2         | PA; SP     |
| CIMZIA VIAL KIT                                                                                           | 2         | PA; SP     |
| COSENTYX 150 MG/ML                                                                                        | 3         | PA; 3P; SP |
| COSENTYX 300 DOSE                                                                                         | 3         | PA; 3P; SP |
| COSENTYX SENSOREADY 300 DOSE                                                                              | 3         | PA; 3P; SP |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML                                     | 3         | PA; 3P; SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                            | 3         | PA; SP     |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                      | 3         | PA; SP     |
| FIRAZYR                                                                                                   | 3         | PA; SP     |
| HAEGARDA                                                                                                  | 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  | Drug Name                                                                                                                                                                 | Drug Tier | Notes      |
|---------------------------------------------------------------------------------------------------------------------|-----------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 2         | PA; SP | RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 2         | PA; QL     |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT                                                                            | 2         | PA; SP | REMICADE                                                                                                                                                                  | E         | SP         |
| HUMIRA PEN-CD/UC/HS STARTER                                                                                         | 2         | PA; SP | RENFLXIS                                                                                                                                                                  | 2         | PA; SP     |
| HUMIRA PEN-PS/UV/ADOL HS START                                                                                      | 2         | PA; SP | RUCONEST                                                                                                                                                                  | 3         | PA; SP     |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                           | 2         | PA; SP | SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                                                               | 2         | PA; SP     |
| INFLECTRA                                                                                                           | 2         | PA; SP | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                           | 2         | PA; SP     |
| methotrexate oral                                                                                                   | 1         |        | STELARA INTRAVENOUS                                                                                                                                                       | 2         | PA; SP     |
| methotrexate sodium oral                                                                                            | 1         |        | STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                           | 2         | PA; SP     |
| mycophenolate mofetil oral capsule                                                                                  | 1         | SP     | tacrolimus oral                                                                                                                                                           | 1         | SP         |
| mycophenolate mofetil oral tablet                                                                                   | 1         | SP     | TALTZ                                                                                                                                                                     | E         | SP         |
| mycophenolate sodium                                                                                                | 1         | SP     | TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                           | 2         | PA; SP     |
| OLUMIANT                                                                                                            | E         | SP     | XELJANZ                                                                                                                                                                   | 3         | PA; 3P; SP |
| OTEZLA ORAL TABLET                                                                                                  | 2         | PA; SP | XELJANZ XR                                                                                                                                                                | 3         | PA; 3P; SP |
| OTEZLA ORAL TABLET THERAPY PACK                                                                                     | 2         | PA; SP |                                                                                                                                                                           |           |            |
| PROGRAF ORAL CAPSULE                                                                                                | 3         | SP     |                                                                                                                                                                           |           |            |

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

| Drug Name                                                     | Drug Tier | Notes                |
|---------------------------------------------------------------|-----------|----------------------|
| <b>Inflammatory Bowel Disease Agents</b>                      |           |                      |
| APRISO                                                        | 2         |                      |
| ASACOL HD                                                     | E         |                      |
| DELZICOL                                                      | E         |                      |
| DIPENTUM                                                      | E         |                      |
| LIALDA                                                        | E         |                      |
| mesalamine oral                                               | 1         |                      |
| PENTASA                                                       | 3         |                      |
| PROCTOFOAM HC                                                 | 2         |                      |
| sulfasalazine oral tablet                                     | 1         |                      |
| UCERIS                                                        | 3         |                      |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |                      |
| alendronate sodium oral tablet 10 mg, 40 mg, 5 mg             | 1         |                      |
| alendronate sodium oral tablet 35 mg, 70 mg                   | 1         | QL                   |
| BINOSTO                                                       | 3         | QL                   |
| calcitriol oral capsule                                       | 1         |                      |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML                    | 2         | PA; SP               |
| ibandronate sodium oral                                       | 1         | QL                   |
| RAYALDEE                                                      | 3         |                      |
| TYMLOS                                                        | 2         | PA; SP               |
| <b>Miscellaneous Therapeutic Agents</b>                       |           |                      |
| BOTOX                                                         | 2         | PA; Non-Cosmetic; SP |
| CETYLEV                                                       | 3         |                      |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE           | 2         | PA; SP               |

| Drug Name                                                                    | Drug Tier | Notes  |
|------------------------------------------------------------------------------|-----------|--------|
| SYNVISIC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE                          | 2         | PA; SP |
| SYNVISIC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE                      | 2         | PA; SP |
| TAKHZYRO                                                                     | 3         | PA; SP |
| <b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b> |           |        |
| AZASITE                                                                      | 3         |        |
| BESIVANCE                                                                    | 3         |        |
| BROMSITE                                                                     | E         |        |
| ciprofloxacin hcl ophthalmic                                                 | 1         |        |
| erythromycin ophthalmic                                                      | 1         |        |
| gentamicin sulfate ophthalmic solution                                       | 1         |        |
| ILEVRO                                                                       | E         |        |
| ketorolac tromethamine ophthalmic                                            | 1         |        |
| MOXEZA                                                                       | 2         |        |
| moxifloxacin hcl ophthalmic                                                  | 1         |        |
| NEVANAC                                                                      | E         |        |
| ofloxacin ophthalmic                                                         | 1         |        |
| olopatadine hcl ophthalmic                                                   | 1         |        |
| PAZEO                                                                        | 2         |        |
| prednisolone acetate ophthalmic                                              | 1         |        |
| PROLENSA                                                                     | 2         | QL     |
| tobramycin ophthalmic                                                        | 1         |        |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b>                                |           |        |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                                         | 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 |
|-------------------------------------------------------------------|-----------|-------|
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %                             | E         |       |
| AZOPT                                                             | 2         |       |
| BETIMOL                                                           | 3         |       |
| brimonidine tartrate ophthalmic                                   | 1         |       |
| COMBIGAN                                                          | 2         |       |
| COSOPT PF                                                         | 3         |       |
| dorzolamide hcl-timolol mal                                       | 1         |       |
| latanoprost ophthalmic                                            | 1         | QL    |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                                | 2         | QL    |
| RHOPRESSA                                                         | 2         |       |
| SIMBRINZA                                                         | 2         |       |
| timolol maleate ophthalmic solution                               | 1         |       |
| TIMOPTIC OCUDOSE                                                  | 3         |       |
| TRAVATAN Z                                                        | 2         | QL    |
| VYZULTA                                                           | E         |       |
| ZIOPTAN                                                           | E         |       |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |       |
| LASTACFT                                                          | 3         | ST    |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1   | 1         |       |
| polymyxin b-trimethoprim                                          | 1         |       |
| RESTASIS                                                          | 2         | PA    |
| RESTASIS MULTIDOSE                                                | 2         | PA    |
| TOBRADEX OPHTHALMIC SUSPENSION                                    | E         |       |

| Drug Name                                                                      | Drug Tier | Notes  |
|--------------------------------------------------------------------------------|-----------|--------|
| tobramycin-dexamethasone                                                       | 1         |        |
| XIIDRA                                                                         | 2         | PA     |
| <b>Otic Agents - Drugs for Ear Conditions</b>                                  |           |        |
| CIPRODEX                                                                       | 2         |        |
| neomycin-polymyxin-hc otic                                                     | 1         |        |
| ofloxacin otic                                                                 | 1         |        |
| OTOVEL                                                                         | 3         |        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |        |
| ASTEPRO NASAL SOLUTION 0.15 %                                                  | 3         | QL     |
| azelastine hcl nasal                                                           | 1         | QL     |
| benzonatate                                                                    | 1         |        |
| cetirizine hcl oral solution                                                   | 1         |        |
| desloratadine oral tablet                                                      | 1         |        |
| DYMISTA                                                                        | 2         | QL     |
| fluticasone propionate nasal                                                   | 1         |        |
| hydrocodone polst-cpm polst er oral suspension extended release                | 1         | PA; QL |
| ipratropium bromide nasal                                                      | 1         |        |
| levocetirizine dihydrochloride oral tablet                                     | 1         |        |
| mometasone furoate nasal                                                       | 1         | QL     |
| NASONEX                                                                        | E         |        |
| OMNARIS                                                                        | 3         | QL     |
| promethazine hcl oral tablet                                                   | 1         |        |
| promethazine-codeine oral syrup                                                | 1         | 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  |
|------------------------------------------------------------------------------------------|-----------|--------|
| promethazine-dm                                                                          | 1         |        |
| pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml                                    | 1         |        |
| QNASL                                                                                    | 3         | QL     |
| QNASL CHILDRENS                                                                          | 3         | QL     |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED                                               | 2         | PA; SP |
| ZETONNA                                                                                  | 3         | QL     |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |           |        |
| ADVAIR DISKUS                                                                            | 2         | QL     |
| ADVAIR HFA                                                                               | 2         | QL     |
| AIRDUO RESPICLICK 113/14                                                                 | E         |        |
| AIRDUO RESPICLICK 232/14                                                                 | E         |        |
| AIRDUO RESPICLICK 55/14                                                                  | E         |        |
| albuterol sulfate inhalation                                                             | 1         | QL     |
| ALVESCO                                                                                  | E         |        |
| ANORO ELLIPTA                                                                            | 2         | QL     |
| ARNUITY ELLIPTA                                                                          | 2         | QL     |
| ASMANEX 120 METERED DOSES                                                                | E         |        |
| ASMANEX 14 METERED DOSES                                                                 | E         |        |
| ASMANEX 30 METERED DOSES                                                                 | E         |        |
| ASMANEX 60 METERED DOSES                                                                 | E         |        |

| Drug Name                                                            | Drug Tier | Notes            |
|----------------------------------------------------------------------|-----------|------------------|
| ASMANEX 7 METERED DOSES                                              | E         |                  |
| ASMANEX HFA                                                          | E         |                  |
| ATROVENT HFA                                                         | 3         | QL               |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML | E         |                  |
| BEVESPI AEROSPHERE                                                   | E         |                  |
| BREO ELLIPTA                                                         | 2         | QL               |
| budesonide inhalation                                                | 1         | QL               |
| COMBIVENT RESPIMAT                                                   | 2         | QL               |
| DULERA                                                               | E         |                  |
| EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML                          | 1         | Made by Impax; M |
| EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML          | 1         | Made by Impax; M |
| EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML           | 1         | Made by Mylan    |
| EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION            | 1         | Made by Mylan    |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection            | 1         |                  |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR                        | 2         | ST               |

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 INJECTION SOLUTION AUTO-INJECTOR | E         |       |
| FLOVENT DISKUS                                   | 2         | QL    |
| FLOVENT HFA                                      | 2         | QL    |
| INCRUSE ELLIPTA                                  | 2         | QL    |
| ipratropium bromide inhalation                   | 1         | QL    |
| ipratropium-albuterol                            | 1         | QL    |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT   | E         | M     |
| LONHALA MAGNAIR REFILL KIT                       | 3         | QL    |
| LONHALA MAGNAIR STARTER KIT                      | 3         | QL    |
| montelukast sodium oral tablet                   | 1         |       |
| montelukast sodium oral tablet chewable          | 1         |       |
| PROAIR HFA                                       | 2         | QL    |
| PROAIR RESPICLICK                                | 2         | QL    |
| PROVENTIL HFA                                    | E         |       |
| PULMICORT FLEXHALER                              | 2         | QL    |
| PULMICORT SUSPENSION                             | E         |       |
| QVAR REDHALER                                    | E         |       |
| SEEBRI NEOHALER                                  | E         |       |
| SEREVENT DISKUS                                  | 2         | QL    |
| SINGULAIR                                        | E         |       |
| SPIRIVA HANDIHALER                               | 2         | QL    |

| Drug Name                                                                      | Drug Tier | Notes      |
|--------------------------------------------------------------------------------|-----------|------------|
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT         | 2         | QL         |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT                   | 2         | QL         |
| SYMBICORT                                                                      | 2         | QL         |
| TRELEGY ELLIPTA                                                                | 2         | QL         |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED                    | E         |            |
| UTIBRON NEOHALER                                                               | E         |            |
| VENTOLIN HFA                                                                   | 2         | QL         |
| XOPENEX HFA                                                                    | E         |            |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>        |           |            |
| BETHKIS                                                                        | 2         | SP         |
| KITABIS PAK                                                                    | E         | SP         |
| TOBI NEBULIZER                                                                 | E         | SP         |
| TOBI PODHALER                                                                  | E         | SP         |
| tobramycin nebulization solution 300 mg/5ml inhalation                         | 1         | ST; SP     |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION                         | E         | M; SP      |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b> |           |            |
| ADEMPAS                                                                        | 2         | PA; SP; QL |
| LETAIRIS                                                                       | 2         | PA; SP; QL |
| OPSUMIT                                                                        | 2         | PA; SP; QL |
| ORENITRAM                                                                      | 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      |
|--------------------------------------------------------------------|-----------|------------|
| sildenafil citrate oral tablet 20 mg                               | 1         | PA; SP; QL |
| TRACLEER                                                           | 2         | PA; SP; QL |
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b> |           |            |
| AMRIX                                                              | E         |            |
| baclofen oral                                                      | 1         |            |
| carisoprodol oral                                                  | 1         |            |
| cyclobenzaprine hcl oral                                           | 1         |            |
| LORZONE                                                            | 3         |            |
| metaxalone                                                         | 1         |            |
| methocarbamol oral                                                 | 1         |            |
| orphenadrine citrate er                                            | 1         |            |
| tizanidine hcl oral tablet                                         | 1         |            |
| <b>Sleep Disorder Agents</b>                                       |           |            |
| AMBIEN                                                             | E         |            |
| AMBIEN CR                                                          | E         |            |
| eszopiclone                                                        | 1         | QL         |
| LUNESTA                                                            | E         |            |
| modafinil                                                          | 1         | PA; QL     |
| NUVIGIL                                                            | E         |            |
| SILENOR                                                            | 3         | QL         |
| temazepam                                                          | 1         | QL         |
| zolpidem tartrate er                                               | 1         | QL         |
| zolpidem tartrate oral                                             | 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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| TOBI NEBULIZER.....          | 30     | valsartan-                   |    | XOLAIR.....                     | 29 |
| TOBI PODHALER.....           | 30     | hydrochlorothiazide.....     | 15 | XOPENEX HFA.....                | 30 |
| TOBRADEX.....                | 28     | VARUBI.....                  | 10 | XTAMPZA ER.....                 | 6  |
| tobramycin.....              | 27, 30 | VASCEPA.....                 | 15 | XTANDI.....                     | 11 |
| TOBRAMYCIN.....              | 30     | VECTICAL.....                | 17 | xulane.....                     | 25 |
| tobramycin-                  |        | VELPHORO.....                | 22 | YAZ.....                        | 25 |
| dexamethasone.....           | 28     | VELTASSA.....                | 20 | YONSA.....                      | 11 |
| tolterodine tartrate er..... | 21     | VELTIN.....                  | 17 | yuvafem.....                    | 25 |
| TOPICORT SPRAY.....          | 22     | venlafaxine hcl.....         | 9  | ZARXIO.....                     | 13 |
| topiramate.....              | 9      | venlafaxine hcl er.....      | 9  | ZEGERID.....                    | 20 |
| TOPROL XL.....               | 15     | VENTOLIN HFA.....            | 30 | ZELAPAR.....                    | 11 |

|                           |    |
|---------------------------|----|
| ZEMBRACE SYMTOUCH..       | 10 |
| ZENPEP .....              | 21 |
| ZETIA.....                | 15 |
| ZETONNA.....              | 29 |
| ZIANA.....                | 17 |
| ZIOPTAN.....              | 28 |
| ziprasidone hcl.....      | 11 |
| ZOHYDRO ER.....           | 6  |
| ZOLOFT .....              | 10 |
| zolpidem tartrate.....    | 31 |
| zolpidem tartrate er..... | 31 |
| ZOMACTON.....             | 23 |
| ZOMIG.....                | 10 |
| ZOMIG ZMT .....           | 10 |
| zonisamide.....           | 9  |
| ZONTIVITY .....           | 11 |
| ZORVOLEX.....             | 7  |
| ZOVIRAX.....              | 12 |
| ZTLIDO .....              | 7  |
| ZUBSOLV .....             | 7  |
| ZURAMPIC.....             | 10 |
| ZYCLARA.....              | 17 |
| ZYCLARA PUMP .....        | 17 |
| ZYPITAMAG.....            | 15 |



## Nondiscrimination notice and access to communication services

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

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

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

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

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

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

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

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

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

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

## Multi-language interpreter services

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

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

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

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

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

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

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

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معزف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជួយការងារសាងសង់យានយន្តគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគិតថ្លៃ ដើម្បីមានសេវាជួយសម្រាប់អ្នក។

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

Díí BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'i biká'ígíí bee hodíilnih.

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



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