

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



621 Santa Fe
Fresno, CA 93721

TELEPHONE (559) 499-2450
FAX (559) 499-2460

P.O. BOX 45018
FRESNO, CA 93718-5018

**Fresno City Employees Health & Welfare Trust
Agenda for the Regular Board Meeting
October 11, 2023
General Meeting 8:30 AM**

Location: Fresno City Hall, 2600 Fresno Street, Fresno CA 93721, Room 4017

Employer Trustees-City of Fresno

Georgeanne White, Vice Chairperson
Jennifer Misner, Trustee
TJ Miller, Trustee

Administrator

Thomas J. Georgouses, Esq. General Counsel

Legal Counsel

Michael E. Moss, Esq.

Employee Trustees

Shane Archer, Chairperson
Jeff LaBlue, Trustee
Sam Hernandez, Trustee
William Dearsan, Trustee
Sam Frank, Trustee
Jesse Gonzalez, Trustee
Kim Jackson, Trustee
Keola Park, Trustee
Terri Hauschel, Trustee
Anna Pine, Trustee
Vacant, Trustee

FFA
FPOA
ATU
IBEW
FCEA
CFPEA
CFMEA
FFA
Local 39
FPOA
FAPSS

Consultants

Andrew Desa
Rael & Letson

Roll Call 8:30 A.M.

1. Approval of Agenda**

Approve Agenda for October 11, 2023

⇒ Action as required

2. Executive Session

3. Public Discussion***

4. Consent Calendar

All Consent Calendar items are considered to be routine and will be treated as one agenda item. The Consent Calendar will be enacted by one motion. There will be no separate discussion of these items unless requested by a Board of Trustee Member, in which event the item will be removed from the Consent Calendar and will be considered as time allows.

- a. Approval of the Minutes of August 9, 2023
- b. Correspondence
- c. Blue Shield of California
- d. Halcyon

Utilization Report

- e. United HealthCare
- f. OptumRx

- i). *Executive Summary and Comparative Executive Summary Commercial*
- ii). *Executive Summary and Comparative Executive Summary EGWP*

- iii). *Correspondence Dated August 17, 2023 Requesting Approval of Calendar Year 2024 EGWP Materials with Subsequent Approval*
- iv). *Correspondence Dated September 12, 2023 with Discount and Dispensing Fee Performance Reports Reflecting Amounts to be Reimbursed for the Period of July 2022 – June 2023*
- v). *Correspondence Dated September 14, 2023 Requesting Approval of Preclusion, Excluded Provider and Terminated Pharmacy Letter Templates with Subsequent Approval*
- vi). *Correspondence Dated September 19, 2023 Regarding OptumRx Jan. 1, 2024 Pharmacy Benefit Update*
- vii). *Correspondence Dated September 19, 2023 Announcing The Completion of the GLP-1 Refill Letter Campaign*
- viii). *Correspondence Dated September 21, 2023 Announcing Coverage for Naloxone OTC Effective January 1, 2024*
- ix). *Correspondence Dated September 22, 2023 Announcing New commercial COVID-19 vaccines approved*
- x). *Correspondence Dated September 29, 2023 Announcing OptumRx January 2024 Select Formulary and Affordable Care Act Preventative Drug List*
- xi). *Correspondence Dated October 5, 2023 Announcing OptumRx National Prescription Drug Take Back Day*
- g. Delta Dental
 - i). *Financial Reporting Package*
- h. PhysMetrics
 - i). *Utilization Report*
- i. EyeMed
- j. Teladoc
- k. EPIC
- l. Body Scan International
- m. HealthComp
- n. Elite Medical
 - i). *Correspondence dated September 18, 2023 Announcing Bivalent mRNA COVID-19 Vaccines Are No Longer Authorized*
 - ii). *Ratification of Chairperson and Vice Chairperson's Approval of Comprehensive Service Package, Scheduling and Flu Shot Correspondence*
- o. Board of Trustee and Appeal Committee Calendar for 2022
- p. Sutter Health
 - i). *Correspondence Dated June 27, 2023 with Notice of Reimbursement Pertaining to Sutter Health Class Action*

5. General Calendar

- a. HealthComp Administrators
 - i). *Claim and Benefits Reports*
 - ii). *Specific Stop-Loss Reports*
 - iii). *Turnaround Time Reports*

- iv). *Subrogation*
- v). *HCOOnline Complaints*
 - Review and Discuss HCOOnline Complaints*
- vi). *HCOOnline Open Enrollment*
 - Review and Discuss HCOOnline Open Enrollment*
- vii). *Membership Outreach*
 - Review, Discuss and Approve Proposed Membership Outreach*
 - ⇒ *Action as required*
- viii). *Review of Vendor Contracts and Business Associates Agreements*
 - Review and Discuss Status of Vendor Contracts and Business Associates Agreements*
- ix). *Body Scan International*
 - Review and Ratify Body Scan International Announcement*
 - ⇒ *Action as required*
- x). *HealthComp Merger With Virgin Pulse*
 - Review and Discuss HealthComp Merger with Virgin Pulse*
- b. *Annual Employee Benefits Conference*
 - Review and Discuss Annual Employee Benefits Conference*
- c. *Appeals*
 - i). *23-01*
 - ii). *23-02*
- d. *OptumRx*
 - i). *Supply Chain Issues*
 - Review and Discuss OptumRx's Supply Chain Issues*
 - ii). *Refill too-soon Change GLP-1s*
 - Review and Discuss Refill too-soon Change GLP-1s*
 - iii). *Average Manufacturer Price Cap Removal*
 - Review and Discuss Average Manufacturer Price Cap Removal*
 - iv). *Trends*
 - Review and Discuss Trends*

6. Consultant's Report

- a. *Fiduciarily Liability Policy*
 - i). *Review, Discuss and Approve Fiduciary Liability Policy*
 - ⇒ *Action as required*
- b. *Benefit Changes*
 - i) *Request for Proposed Benefit Changes for 2024-2025 be Submitted by December 15, 2023*

c. Vendor Rates

- i). *Request for Vendor Rate Changes for 2024-2025 be Submitted by December 15, 2023*
- ii). *Body Scan International Renewal Effective January 1, 2024
Review, Discuss and Approve Body Scan International Renewal*
⇒ Action as required

d. Financial Status and Reserves

- i). *Review and Discuss June 30, 2023 Financial Status and Reserves*

7. Attorney's Report

a. Consolidated Appropriation Act

- i). *Review and Discuss Consolidated Appropriation Act, Prohibition on Gag Clauses*

b. Mental Health Parity and Addiction Equity Act (MHPAEA)

- i). *Review, Discuss and Approve Action Pertaining to New MHPAEA Regulations*
⇒ Action as required

c. Delta Dental Third Party Cyber Event

- i). *Review and Discuss Delta Dental Cyber Event*
⇒ Action as required

8. Board Meeting Schedule

⇒ Action as required

9. Future Agenda Items

10. Adjournment

⇒ Action as required

* The meeting room is accessible to the physical disabled. If you require a disability related modification or accommodation to participate in the meeting, notify HealthComp Administrators at (559) 499-2450.

** All writings, including Agendas, distributed prior to or during any Regular or Special Meeting are available for public inspection during regular business hours at the offices of HealthComp Administrators located at 621 Santa Fe, Fresno CA.

***Provides an opportunity for members of the public to address the Board of Trustees on items of interest to the public within the Board of Trustees jurisdiction or items on the Agenda. It is the policy of the Board of Trustees not to answer questions impromptu but refer such matters to the Administration Office for placement on the next Agenda. Speakers should limit their comments to no more than three (3) minutes. No more than ten (10) minutes per issue will be allowed. For items which are on the Agenda for this meeting, members of the public will be provided an opportunity to address the Board of Trustees before a vote is taken on each item.

NOTICE APPEALS COMMITTEE

Next Meeting:

Tuesday, September 30, 2023 at 4:00 p.m.

Committee Members to Attend:

Sam Frank, William Dearson, Georgeanne White

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HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



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**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
MINUTES OF THE REGULAR BOARD MEETING
August 9, 2023**

CALL TO ORDER: The regular monthly meeting of the Board of Trustees for the Fresno City Employees Health & Welfare Trust was called to order by Vice Chairperson Georgeanne White at 8:36 A.M., Wednesday, August 9, 2023 via a Zoom webinar and in person at 2600 Fresno Street, Fresno, CA, Room 4017. A quorum was present including the following:

**EMPLOYEE TRUSTEES
PRESENT:**

Kim Jackson
Sam Frank
Terri Hauschel
William Dearson

Jesse Gonzalez
Keola Park
Jeff LaBlue
Anna Pine

EMPLOYEE TRUSTEES ABSENT:

Shane Archer
Sam Hernandez

EMPLOYER TRUSTEES PRESENT:

Georgeanne White
Jennifer Misner

TJ Miller

EMPLOYER TRUSTEES ABSENT:

OTHERS PRESENT:

HealthComp
Tom Georgouses
Diana Cavazos

Delta Dental
Duab Xoachay

**Halcyon/PhysMetrics/
ChiroMetrics**

Rael & Letson
Andrew Desa
David Broome

EPIC

Blue Shield
Linda Patron

Law Office of Michael E. Moss
Mike Moss

Body Scan International
Bill Penzo

Optum Rx
Carolyn Martinez
Anna Yang
Shannon Ross

Benefits, COF
Phillip Carbajal

FORCE
Cheri Detweiler

UHC

- Item 1 Approval of Agenda - A Motion** was made Trustee Sam Frank and Seconded by Trustee Terri Hauschel to approve the Agenda. The **Motion** was **unanimously approved**.
- Item 2 Executive Session - None**
- Item 3 Public Discussion - None**
- Item 4 Consent Calendar – A Motion** was made by Trustee Sam Frank and Seconded by Trustee Terri Hauschel to approve the Consent Calendar. The **Motion** was **unanimously approved**.
- Item 5 General Calendar**

a. HealthComp Administrators

- i. **Claim and Benefits Reports** - Mr. Tom Georgouses reviewed the reports on Claims and Benefits ending June 30, 2023 and Claims and Benefits ending July 31, 2023. Mr. Tom Georgouses explained the 12-month rolling average will be updated to reflect a 10-year look back.
- ii. **Specific Stop-Loss Reports** – Mr. Tom Georgouses reviewed the reports on Specific Stop-Loss for the policy ending December 31, 2023 and December 31, 2024.
- iii. **Turnaround Time Reports** – Mr. Tom Georgouses reviewed the reports related to claim processing turnaround time.
- iv. **Subrogation** – Mr. Tom Georgouses reviewed the report on Subrogation.
- v. **HealthComp HCOOnline Complaint Form**- Ms. Diana Cavazos provided a review of the HCOonline complaint form available on HCOonline. Directions were provided to the plan professionals to post the form online with the corrections that were discussed. Direction was further given for the complaints to initially be reviewed by HealthComp to address claim and benefit questions. Further complaints for consideration will be provided to the Plan Professionals for action or referral to the Claims Committee. A report of complaints will be included on the Agenda for future Board Meetings.

- vi. **HCOOnline Open Enrollment** – Mr. Tom Georgouses stated a meeting will be scheduled with the subcommittee.
 - vii. **City Council Workshop** Mr. Tom Georgouses stated a meeting will be scheduled with the subcommittee.
 - viii. **Review of Vendor Contracts and Business Associates Agreements** – Mr. Mike Moss explained he will be reviewing all contracts and BAA's prior to review with subcommittee members. Direction was given to the Plan Professionals to research methods to provide a secure shared file for Trustee access that is owned by the Fresno City Employee Health and Welfare Trust.
 - ix. **Open Enrollment Status** – Mr. Tom Georgouses explained open enrollment was completed the end of June for the 2023-2024 plan year. Mr. Georgouses stated 4,876 open enrollment packets were mailed and 506 members did not complete their open enrollment.
 - x. **Plan Year-End Review** - Mr. Tom Georgouses presented the Year-End review which included medical, pharmacy and dental claims information for the 2022-2023 plan year compared to previous plan years. Direction was provided to Mr. Andrew Desa to analyze the top diagnosis and provide information on wellness programs.
- b. **Appeals** - No discussion.
 - c. **Optum Rx GLP-1 Agonists**- Ms. Anna Yang, a representative from OptumRx, referred to her memo on GLP-1. Ms. Yang explained the authorization and utilization process for diabetes medication. Ms. Yang further explained the current status of the drug shortage, the access to early refills and correspondence that will be sent to effected members explaining the early refill process.
 - d. **Body Scan International** – Mr. Bill Penzo, a representative from Body Scan International, referred to his memo outlining utilization of the body scans.

Item 6

Consultant's Report –

- a.) **COVID-19 Claim Status** - Mr. Andrew Desa discussed the current COVID-19 statistics. Mr. Desa stated that through July 31, 2023, there had been 24,244 diagnostic tests and 541 antibody tests administered; 2,087 individuals with a positive diagnostic test for COVID-19 with 899 being members; approximately \$3.8 million paid for testing; approximately \$645,000 paid for screening; and approximately \$3.3 million paid for treatment. Directions were provided to Mr. Desa to provide COVID-19 reports on an annual basis.
- b.) **Body Scan International Review-** Mr. Andrew Desa referred to his memo regarding the renewal for Body Scan International (BSI). Mr. Desa explained the current rate expires on December 31, 2023 and BSI is proposing a new rate of \$1,315 for two years representing a 15.4% increase. Discussion followed regarding consideration to raise the co-pay and alternatives to align the new rate with the next Plan Year. Directions were given to Mr. Desa to request a renewal rate on a fiscal basis from BSI. Mr. Desa further explained dates and locations are being determined for BSI to provide scans to members in Fresno in September of 2023.
- c.) **Elite Medical Health Screening and Vaccinations Proposal –** Mr. Andrew Desa referred to his memo regarding the proposal from Elite Medical for health screenings and vaccinations for 2023. Mr. Desa stated Elite Medical has provided the service for the last five years. Mr. Desa explained the proposal includes Biometric Health Screening, Influenza, Pneumonia, High-Dose flu shots, and the COVID-19 Vaccine. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Keola Park to accept Elite's proposal for 2023 and to grant authority to the Chairperson and Vice-Chairperson to execute and approve all necessary documents following approval by the Plan Professionals. The **Motion** was **unanimously approved**.
- d.) **Stop Loss Renewal Effective July 1, 2023 –** Mr. Andrew Desa referred to his memo regarding the Stop Loss Renewal. Mr. Desa explained there was

a 20% increase in the premium and lasers were placed on two individuals.

Item 7 Attorney's Report –

a.) Consolidated Appropriation Act

i). **Consolidated Appropriation Act, Rx Reporting** - Mr. Mike Moss provided an update explaining the reporting requirements under the Consolidated Appropriation Act, Rx reporting. Mr. Mike Moss explained Optum and HealthComp will report on the required information filing due on June 1, 2024.

ii). **Consolidated Appropriation Act, Prohibition on Gag Clauses** – Mr. Mike Moss explained the prohibition on gag clauses for contracts entered after December 27, 2020. Mr. Mike Moss stated that following the review of all vendor agreements, requests will be made to applicable vendors for the required attestation to allow compliance by the Trust by December 31, 2023.

b.) **Luxottica Data Breach**– Mr. Mike Moss explained information that had been received regarding the Luxottica data breach. Mr. Moss explained Luxottica owned MES and currently owns EyeMed. Mr. Moss stated the Plan Professionals confirmed that no Fresno City Health and Welfare Trust members had any breach of data through the Trust relationship with MES or EyeMed.

c.) **Mental Health Parity and Addiction Equity Act (MHPAEA)** – Mr. Mike Moss explained the new proposed regulations. Mr. Moss suggested MedExpert, which had performed the initial analysis, be contacted to opine on whether the proposed regulations will affect the Trust. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Kim Jackson to make an inquiry to MedExpert and that authorization be provided to the Chairperson and Vice Chairperson to approve any expenditure that might be necessary. The **Motion** was **unanimously approved**.

Item 8 Board Meeting Schedule – A Motion was made Trustee Kim Jackson and Seconded by Truste Sam Frank to have the next Board meeting on November 8, 2023 at 8:30 am. The **Motion** was **unanimously approved**.

Item 9 Future Agenda Items –

1. Add Complaints to Agenda
2. Shared File Drive
3. Wellness programs

Item 10 Adjournment- A Motion to adjourn was made by Trustee Sam Frank and Seconded by Trustee William Dearson. The **Motion** was **unanimously approved**, and the meeting adjourned at 11:35 AM.

Shane Archer, Chairperson
Fresno City Employees Health &
Welfare Trust

Date

Tom Georgouses, Administrator
HealthComp

Date

**Mental Health and Substance Abuse Benefit
Utilization Report for:**

Fresno City Employees' Health & Welfare Trust

Reporting Period: 05/01/2023 - 06/30/2023

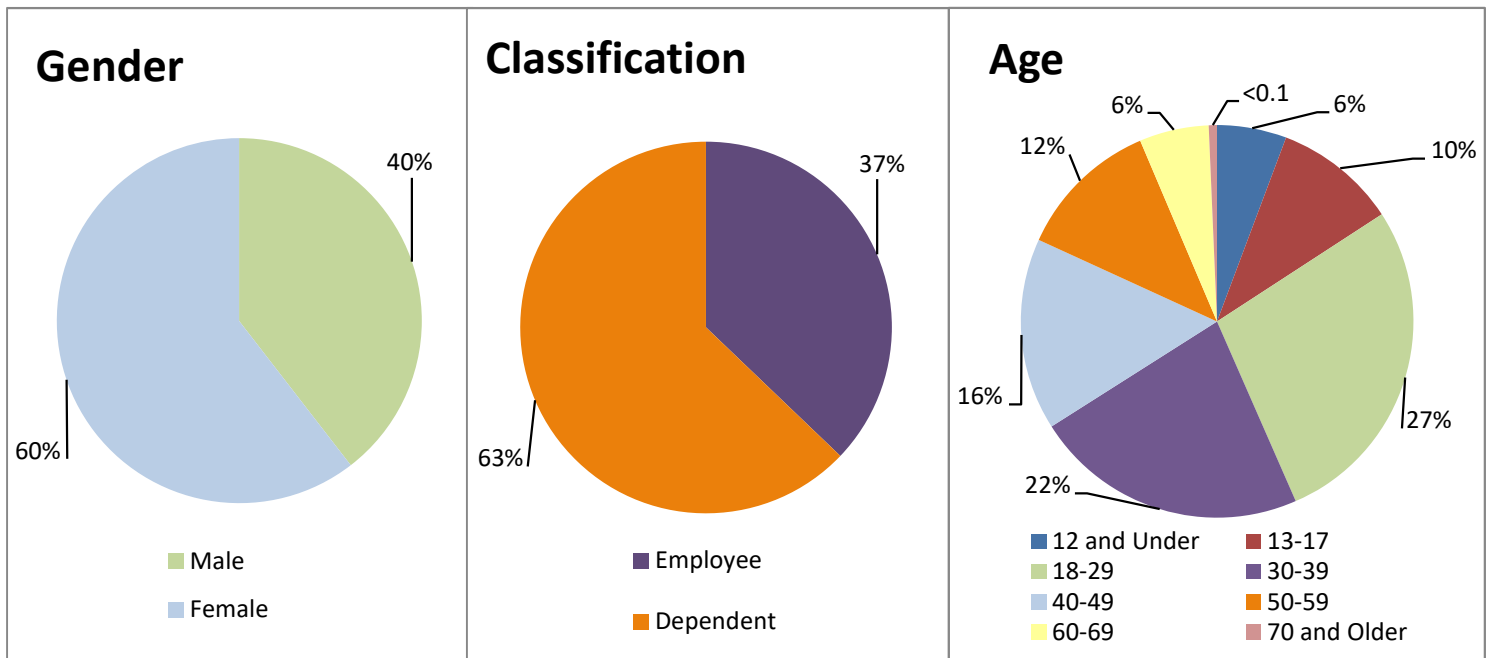
Presented by:



Overall Mental Health & Substance Abuse Benefit Utilization

	May 2023	June 2023	July 2022 – June 2023
Covered Employees	4,175	4,142	
Covered Dependents	7,191	7,147	
Total Covered Members	11,366	11,289	
Unique Employees Accessing Benefit	113	107	307
Unique Dependents Accessing Benefit	206	166	506
Total Unique Members Accessing Benefits	319	273	813
Access Rate	2.8%	2.4%	7.2%
Unique Dates of Service Priced	936	704	9,176

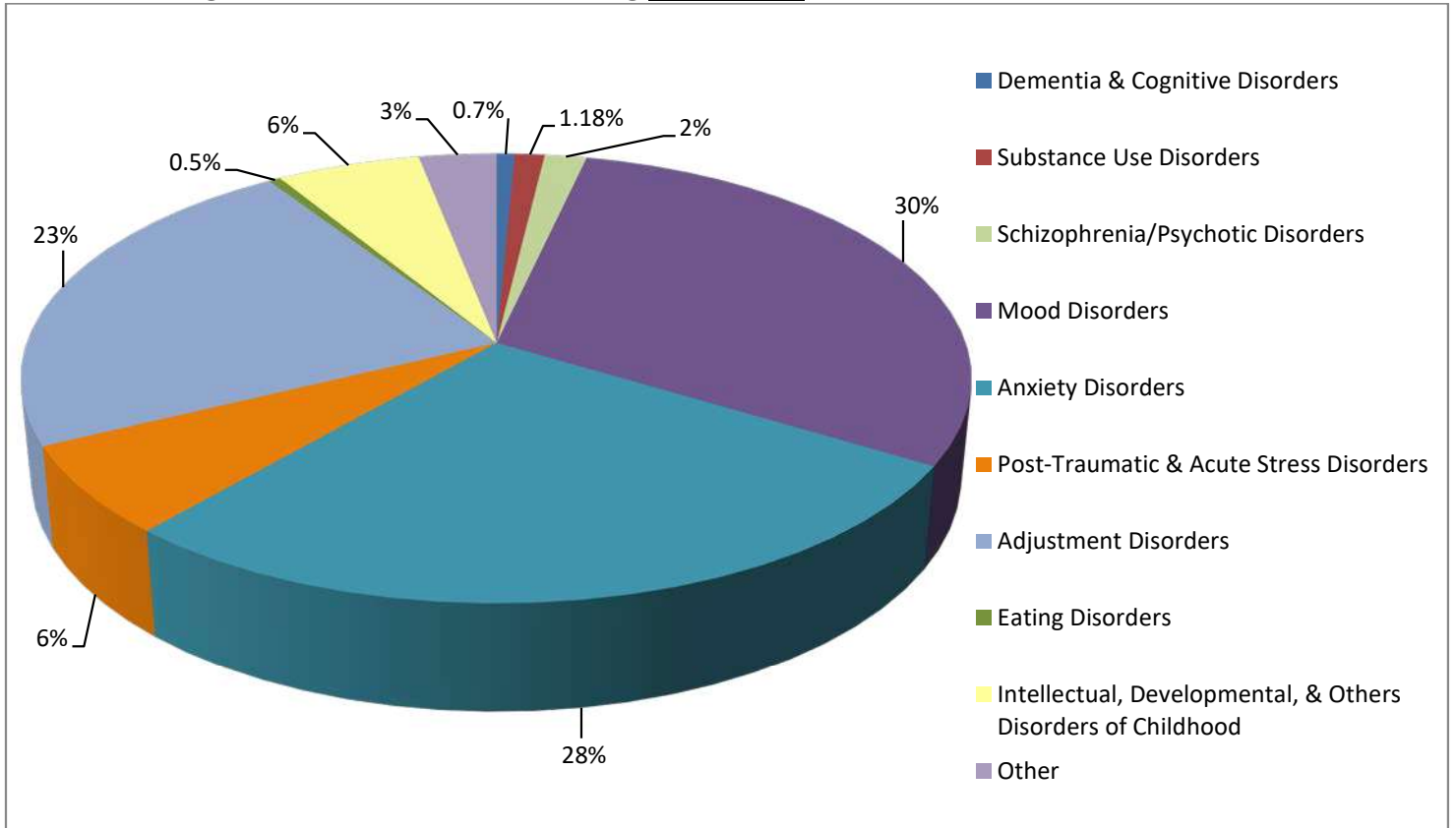
Member Demographics



Routine Outpatient Treatment Service Utilization

	May 2023	June 2023
Psychotherapy		
Total Cases	243	190
Medication Evaluation and Management		
Total Cases	82	82
Crisis Services		
Total Cases	1	0

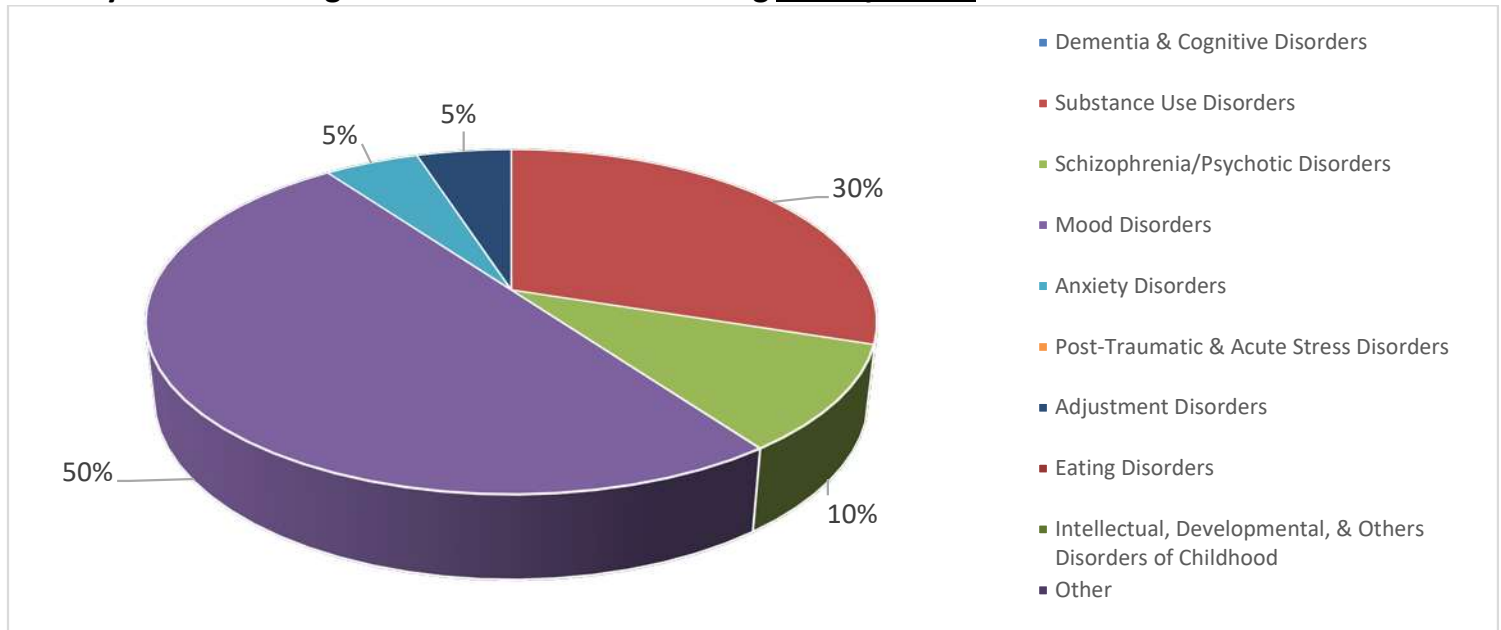
Conditions Diagnosed for Members Receiving Outpatient Treatment



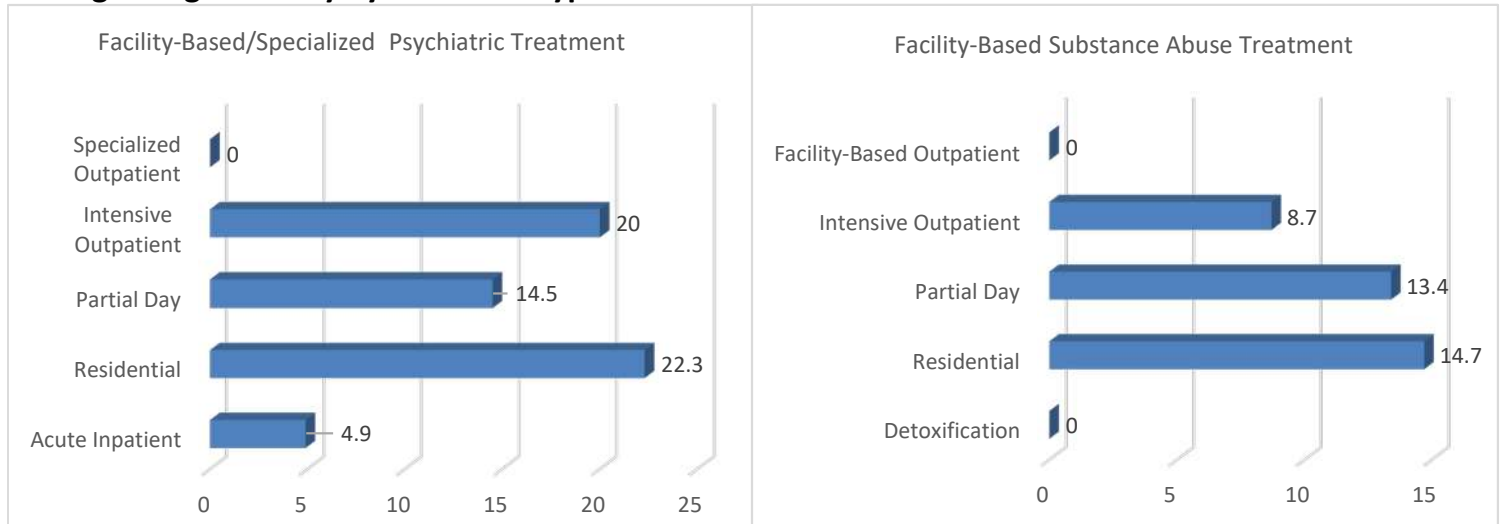
Intensive / Facility-Based Benefit Utilization

All Facility-Based/Intensive Psychiatric Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were 14 cases included in this category
All Facility Based Substance Abuse Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were 6 cases included in this category

Primary Condition Diagnosed for Members Receiving Facility-Based Treatment



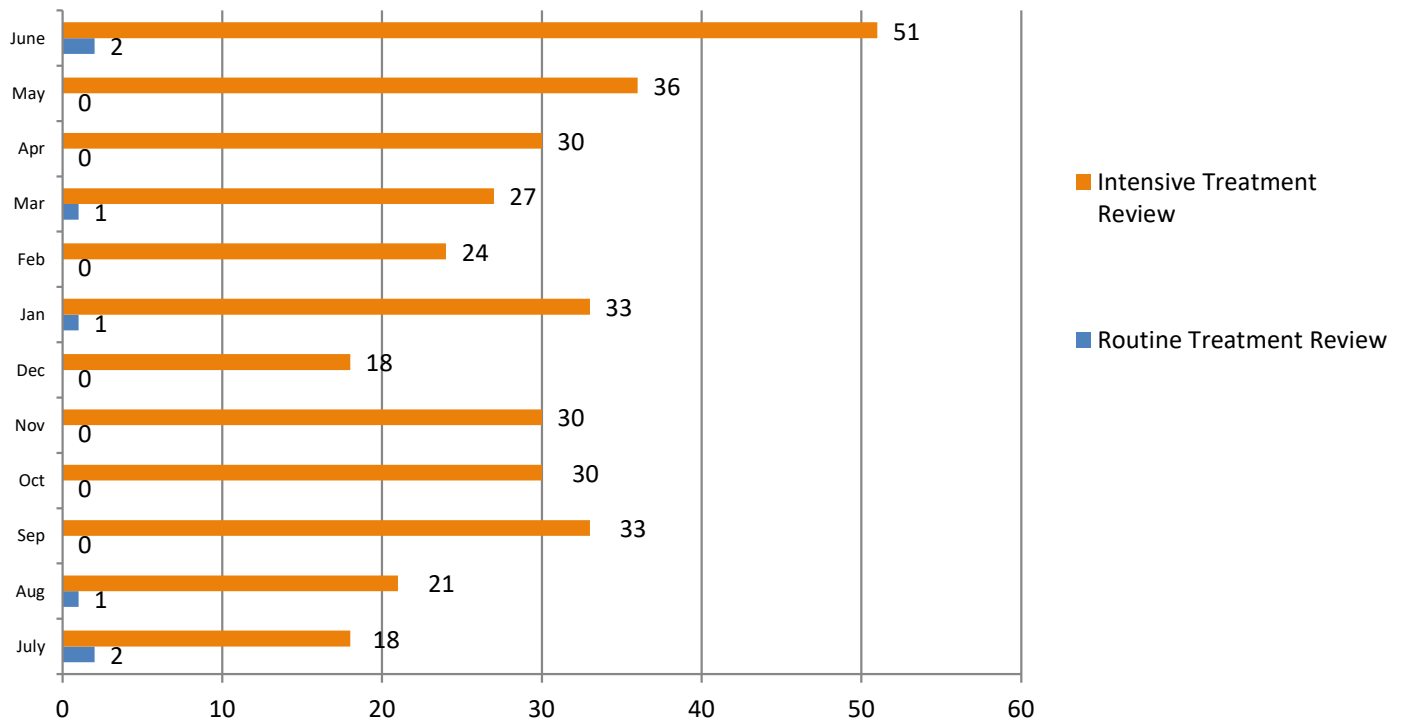
Average Length of Stay by Level and Type of Care



Care Management

<i>Routine Treatment Review</i>	
Review Includes	Review of treatment notes submitted by providers for services that extends beyond standard of care based on primary clinical issue(s)
<i>Facility-Based/Intensive Treatment Review</i>	
Review Includes	Admission, concurrent, discharge review for all treatment provided by psychiatric or substance treatment facilities and intensive treatment provided in an outpatient setting

2022-2023 Clinical Treatment Review



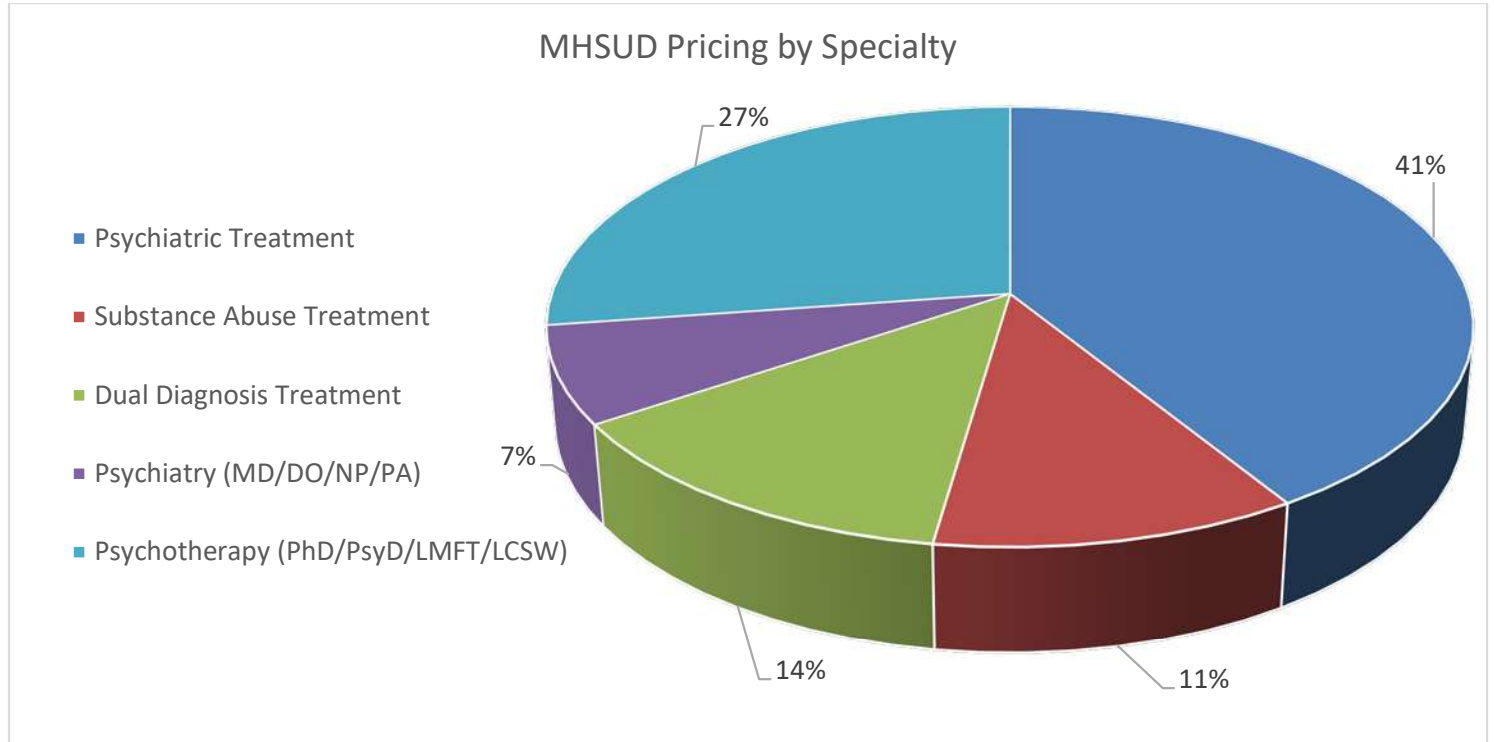


Claims Experience (Pricing: May-June)

Top 5 Facility/Program Provider Activity by Total Pricing for Period: May-June 2023	% Total Pricing
Ascend Behavioral Health	18.8%
Sierra Meadows Behavioral Health	14.1%
Bakersfield Behavioral Healthcare Hospital	6.6%
The Recovery Village Maryland	5.6%
Touchstone Recovery Centers	5.6%

Top 10 Outpatient Provider Activity by Total Pricing for Period: May-June 2023	% Total Pricing
Amy Parks, LCSW	3.2%
Randy Osuna, PhD	1.16%
Amber Saldate-Stubbs, LMFT	0.87%
Barbara Woodward, NP	0.76%
Nirmal Brar, MD	0.73%
Adriana Ramirez, LMFT	0.72%
Smadar Aviv, PhD	0.65%
Richard King, PhD	0.62%
Blanca Godinez, LCSW	0.60%
Celeste Penrose, LMFT	0.54%

Claims Experience (Pricing: May-June)



Network Savings*

Network Savings May 2023 - June 2023	Amount
Total Billed	\$670,745.20
Network Pricing	\$372,698.00
Network Savings	\$298,047.20

*Estimate based on Halcyon network pricing before benefits have been applied

10,540	10,568	10,612	10,708	10,750	10,887	11,028	11,123
2,794	2,814	2,876	2,834	2,658	2,724	2,793	2,567
26.5%	26.6%	27.1%	26.5%	24.7%	25.0%	25.3%	23.1%
31.79	31.77	31.73	31.64	31.63	31.58	31.53	31.36
6,637	6,789	7,022	6,915	6,271	6,523	6,866	6,200
\$1,272,481.76	\$1,333,604.90	\$1,237,507.48	\$1,439,880.16	\$1,304,506.00	\$1,467,846.35	\$1,668,478.91	\$1,517,799.37
\$1,123,711.37	\$1,196,168.22	\$1,102,023.36	\$1,281,553.27	\$1,172,581.01	\$1,336,637.30	\$1,513,925.44	\$1,362,327.77
\$148,770.39	\$137,436.68	\$135,484.12	\$158,326.89	\$131,924.99	\$131,209.05	\$154,553.47	\$155,471.60
\$1,246,724.94	\$1,312,512.72	\$1,224,082.19	\$1,430,342.24	\$1,297,309.57	\$1,598,076.25	\$1,661,004.54	\$1,510,562.31
\$18,849.12	\$16,217.53	\$10,056.24	\$7,739.54	\$6,488.71	\$7,992.44	\$7,091.25	\$6,884.48
\$86.70	\$75.15	\$106.53	\$152.38	\$133.21	\$88.18	\$99.10	\$56.08
\$6,821.00	\$4,799.50	\$3,262.52	\$1,646.00	\$574.51	\$576.50	\$284.02	\$296.50
88.3%	89.7%	89.1%	89.0%	89.9%	91.1%	90.7%	89.8%
11.7%	10.3%	10.9%	11.0%	10.1%	8.9%	9.3%	10.2%
\$191.73	\$196.44	\$176.23	\$208.23	\$208.02	\$227.89	\$243.01	\$244.81
\$169.31	\$176.19	\$156.94	\$185.33	\$186.98	\$206.48	\$220.50	\$219.73
\$22.42	\$20.24	\$19.29	\$22.90	\$21.04	\$20.11	\$22.51	\$25.08
0.63	0.64	0.66	0.65	0.58	0.60	0.62	0.56
\$120.73	\$126.19	\$116.61	\$134.47	\$121.35	\$134.83	\$151.29	\$136.46
\$106.61	\$113.19	\$103.85	\$119.68	\$109.08	\$134.73	\$137.28	\$131.95
\$14.11	\$13.00	\$12.77	\$14.79	\$12.27	\$13.97	\$14.01	\$12.72
20.1%	17.1%	17.4%	15.2%	15.0%	15.6%	16.9%	15.5%
0.4%	0.5%	0.5%	0.6%	0.4%	0.5%	0.3%	0.4%
79.5%	82.4%	82.1%	84.2%	84.6%	83.9%	82.8%	85.1%
99.5%	99.4%	99.4%	99.3%	99.6%	99.4%	99.6%	99.6%
73.8%	74.8%	74.7%	73.6%	73.8%	72.6%	72.2%	70.5%
20.2%	19.2%	19.1%	21.1%	20.2%	20.5%	21.3%	23.4%
6.0%	6.0%	6.3%	5.3%	6.0%	6.9%	5.8%	6.1%
105	117	105	113	90	108	115	110
\$572,739.85	\$702,631.74	\$501,110.80	\$693,981.73	\$580,932.66	\$673,319.97	\$738,046.59	\$734,633.88
\$515,007.43	\$650,934.79	\$464,292.98	\$641,515.75	\$545,059.77	\$649,373.06	\$705,197.34	\$697,226.93
\$57,732.42	\$51,696.95	\$36,817.82	\$52,465.98	\$35,872.89	\$23,946.91	\$32,849.25	\$37,406.95
1.6%	1.7%	1.5%	1.6%	1.4%	1.7%	1.7%	1.7%
45.0%	52.7%	40.5%	48.2%	44.5%	45.9%	44.2%	48.4%
45.8%	54.4%	42.1%	50.1%	46.5%	48.6%	46.6%	51.2%
38.8%	37.6%	27.2%	33.1%	27.2%	18.3%	21.3%	24.1%
0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
\$54.34	\$66.49	\$47.22	\$64.81	\$54.04	\$61.85	\$66.92	\$66.05
\$48.86	\$61.59	\$43.75	\$59.91	\$50.70	\$59.65	\$63.95	\$62.68
\$5.48	\$4.89	\$3.47	\$4.90	\$3.34	\$3.22	\$2.98	\$3.36
0.62	0.63	0.65	0.64	0.57	0.59	0.61	0.55
\$66.39	\$59.71	\$69.39	\$69.66	\$67.31	\$84.47	\$84.37	\$70.41
\$57.75	\$54.50	\$60.10	\$50.77	\$59.37	\$62.13	\$70.23	\$50.80

Client: Fresno City Employees Health and Welfare Trust

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	10,855	10,315	5.2%
% Utilizing Members	5.2%	5.5%	-5.1%
Total Utilizing Members	6,768	6,776	-0.1%
Avg Member Age	31.56	32.01	-1.4%
Rx and Cost			
Total Days Supply	3,232,982	3,195,944	1.2%
Total Rxs	79,869	80,229	-0.4%
Total Drug Cost	\$17,699,647.13	\$15,740,906.53	12.4%
Total Plan Paid	\$15,917,822.49	\$14,507,830.43	9.7%
Total Member Paid	\$1,781,824.64	\$1,233,076.10	44.5%
Total Ingredient Cost	\$17,546,063.90	\$15,527,652.15	13.0%
Total Dispensing Fee	\$132,667.17	\$121,238.68	9.4%
Total Sales Tax	\$1,096.95	\$413.57	165.2%
Total Incentive Fee	\$19,819.11	\$91,602.13	-78.4%
% Plan Paid	89.9%	92.2%	-2.4%
% Member Paid	10.1%	7.8%	28.5%
Days Supply / Rx	40.48	39.84	1.6%
Drug Cost / Rx	\$221.61	\$196.20	13.0%
Plan Paid / Rx	\$199.30	\$180.83	10.2%
Member Paid / Rx	\$22.31	\$15.37	45.2%
Per Member Per Month			
Days Supply PMPM	24.82	25.82	-3.9%
Rxs PMPM	0.61	0.65	-5.4%
Drug Cost PMPM	\$135.88	\$127.16	6.9%
Plan Paid PMPM	\$122.20	\$117.20	4.3%
Member Paid PMPM	\$13.68	\$9.96	37.3%
Drug Type			
% Single-Source Brand Rxs	16.4%	17.4%	-5.8%
% Multi-Source Brand Rxs	0.4%	0.6%	-22.8%
% Generic Rxs	83.1%	82.0%	1.4%
% Generic Efficiency	99.5%	99.3%	0.2%
Drug Channel			
% Retail Rxs	72.9%	73.4%	-0.7%
% Retail 90 Rxs	20.9%	20.2%	3.4%
% Mail Rxs	6.2%	6.4%	-2.7%
Specialty Drugs			
Total Specialty Days Supply	43,476	39,447	10.2%
Total Specialty Rxs	1,305	1,213	7.6%
Total Specialty Drug Cost	\$8,056,245.76	\$7,524,743.43	7.1%
Total Specialty Plan Paid	\$7,590,660.53	\$7,386,382.46	2.8%
Total Specialty Member Paid	\$465,585.23	\$138,360.97	236.5%
% Specialty Rxs	1.6%	1.5%	8.1%
% Specialty of Total Drug Cost	45.5%	47.8%	-4.8%
% Specialty of Total Plan Paid	47.7%	50.9%	-6.3%
% Specialty of Total Member Paid	26.1%	11.2%	132.9%
Specialty Days Supply PMPM	0.33	0.32	4.7%
Specialty Rxs PMPM	0.01	0.01	2.2%
Specialty Drug Cost PMPM	\$61.85	\$60.79	1.7%

Non-Specialty Member Paid PMPM	\$10.10	\$8.84	14.3%
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Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	223	229	-2.4%
% Utilizing Members	8.5%	8.8%	-3.5%
Total Utilizing Members	227	241	-5.8%
Avg Member Age	76.46	76.16	0.4%
Rx and Cost			
Total Days Supply	395,923	385,446	2.7%
Total Rxs	6,760	6,734	0.4%
Total Drug Cost	\$1,388,374.64	\$1,545,399.10	-10.2%
Total Plan Paid	\$1,031,837.85	\$1,224,216.11	-15.7%
Total Member Paid	\$358,566.33	\$321,182.99	11.6%
Total Ingredient Cost	\$1,383,684.32	\$1,539,945.26	-10.1%
Total Dispensing Fee	\$4,033.80	\$4,765.75	-15.4%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$656.52	\$688.09	-4.6%
% Plan Paid	74.3%	79.2%	-6.2%
% Member Paid	25.8%	20.8%	24.3%
Days Supply / Rx	58.57	57.24	2.3%
Drug Cost / Rx	\$205.38	\$229.49	-10.5%
Plan Paid / Rx	\$152.64	\$181.80	-16.0%
Member Paid / Rx	\$53.04	\$47.70	11.2%
Per Member Per Month			
Days Supply PMPM	147.90	140.57	5.2%
Rxs PMPM	2.53	2.46	2.8%
Drug Cost PMPM	\$518.63	\$563.60	-8.0%
Plan Paid PMPM	\$385.45	\$446.47	-13.7%
Member Paid PMPM	\$133.94	\$117.13	14.3%
Drug Type			
% Single-Source Brand Rxs	12.5%	13.2%	-5.0%
% Multi-Source Brand Rxs	1.1%	1.0%	16.5%
% Generic Rxs	86.3%	85.8%	0.6%
% Generic Efficiency	98.7%	98.9%	-0.2%
Drug Channel			
% Retail Rxs	47.1%	49.1%	-4.1%
% Retail 90 Rxs	32.5%	31.5%	3.2%
% Mail Rxs	20.4%	19.4%	5.3%
Specialty Drugs			
Total Specialty Days Supply	4,114	3,938	4.5%
Total Specialty Rxs	79	82	-3.7%
Total Specialty Drug Cost	\$372,744.18	\$613,576.02	-39.3%
Total Specialty Plan Paid	\$338,771.02	\$576,399.16	-41.2%
Total Specialty Member Paid	\$33,973.16	\$37,176.86	-8.6%
% Specialty Rxs	1.2%	1.2%	-4.0%
% Specialty of Total Drug Cost	26.8%	39.7%	-32.4%
% Specialty of Total Plan Paid	32.8%	47.1%	-30.3%
% Specialty of Total Member Paid	9.5%	11.6%	-18.1%
Specialty Days Supply PMPM	1.54	1.44	7.0%
Specialty Rxs PMPM	0.03	0.03	-1.3%
Specialty Drug Cost PMPM	\$139.24	\$223.77	-37.8%
Specialty Plan Paid PMPM	\$126.55	\$210.21	-39.8%
Specialty Member Paid PMPM	\$12.69	\$13.56	-6.4%

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Diana Cavazos | HealthComp

From: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Sent: Monday, August 21, 2023 1:24 PM
To: Martinez, Carolyn; Andrew Desa
Cc: Tom Georgouses | HealthComp; Ross, Shannon C; Duarte, Nissa
Subject: RE: City of Fresno CY2024 materials for review - due 8/23/23
Attachments: MC_DS02_2024 Fresno ANOC_redline.docx; 2024 Fresno Material Approval Form.docx; MC_DS01_2024 Fresno EOC_redline.docx; MC-DS11 2024 Fresno Formulary Front Matter_COMPREHENSIVE_redline.docx; MC_DS10_2024 Fresno Formulary Back Matter_ABRIDGED_redline.docx; MC_DS10_2024 Fresno Formulary Front Matter_ABRIDGED_redline.docx; MC-DS11 2024 Fresno Formulary Back Matter_COMPREHENSIVE_redline.docx; MC_DS04_2024 Fresno EGWP Welcome ID Letter_redline.docx; MC_DS07_2024 Fresno EGWP Opt Out Letter_redline.docx; MC_DS110_2024 EGWP Pharm only_Locator page_OE_final.docx; MC_DS09_2024 EGWP Pharmacy Directory Template_final.docx; MC_DS13_2024 Fresno Summary of Benefits_redline.docx

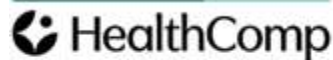
Hello Carolyn

Our offices do not have any edits to the standard Optum updates, approved.

Thanks

Diana Cavazos | Account Management

(o) 559-312-2295 Pacific Time Zone



Your Workforce Is Unique.
Your Benefits Should Be Too.

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Thursday, August 17, 2023 8:34 AM
To: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>; Andrew Desa <andrewd@rael-letson.com>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; Ross, Shannon C <shannon.ross@optum.com>; Duarte, Nissa <nissa.duarte@optum.com>
Subject: City of Fresno CY2024 materials for review - due 8/23/23

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning Diana and Andrew,

Below is a listing of all 2024 EGWP materials attached for review. Please review and make any necessary edits/comments (where applicable), or send back approval. Once final, we will provide final documents for your records. Please redline or provide comments on any further updates you would like, or let us know if you have any

questions regarding our edits. Please do not change the Table of Contents or formatting within each document. We will take care of this when finalizing.

FINAL material approvals are due 8/23/2023 (or sooner IF AT ALL POSSIBLE)

- ANOC - Sent to existing members
- EOC - Sent to new and existing members
- Formulary front and back matter/pages (**abridged only provided**) - Sent to both new and existing members
- Pharmacy directory intro (**not customizable**) – Sent to new members only
- Pharmacy Locator page (**not customizable**) – Sent to existing members annually
- Summary of Benefits - Sent to all new members
- Opt out letter - Sent to new members only
- Welcome letter - Sent with ID card to all new members
- EOB (**not customizable**) - Sent to all members with claim history. This was previously approved in 2022. We can provide the 2024 template once it is available.
- **2024 Fresno Material Approval Form** – please return this form. Digital signature is okay.

Thank you,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

Optum

Upcoming PTO Alert: 8/24
Business Travel:
Office Closure:

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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, September 12, 2023 8:54 AM
To: Andrew Desa; Tom Georgouses | HealthComp; Diana Cavazos | HealthComp
Cc: Ross, Shannon C
Subject: Fresno City Employees Health and Welfare Trust Plan Year Reconciliation Reports
Attachments: Fresno City Employees EGWP Reconciliation Report 2023.pdf; Fresno City Employees Reconciliation Report 2023.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning FCEHWT Team,

I hope everyone is doing well.

Attached you will find Fresno City Employees Health and Welfare Trust's plan year reconciliation reports.

The result is \$2,971 under-performance for the EGWP and \$84,888 under-performance for the commercial plan, which is payable upon approval.

Please review and let me know if you have any questions.

Thank you,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

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CITY OF FRESNO EGWP

Discount and Dispensing Fee Performance

July 2022 thru June 2023

CAG(s): EGWPS003



Discount Performance						
Description	Rx	AWP	Ingred Cost	Actual Discount	Contracted Discount	Performance
Retail Brand 1-83 Days Supply	322	\$174,236	\$142,653	18.13%	18.00%	\$221
Retail Brand 84+ Days Supply	111	\$118,975	\$94,699	20.40%	21.00%	(\$709)
Retail Generic 1-83 Days Supply	2,127	\$254,641	\$41,109	83.86%	83.70%	\$397
Retail Generic 84+ Days Supply	2,037	\$704,687	\$94,583	86.58%	84.50%	\$14,644
Mail Brand	354	\$647,257	\$490,924	24.15%	24.00%	\$991
Mail Generic	941	\$403,810	\$58,613	85.49%	86.00%	(\$2,079)

Dispensing Fee Performance						
Description	Rx		Total Dispensing Fees	Dispensing Fee per Rx	Contracted Dispensing Fee	Performance
Retail Brand 1-83 Days Supply	322		\$237	\$0.74	\$1.00	\$85
Retail Brand 84+ Days Supply	111		\$8	\$0.08	\$0.00	(\$8)
Retail Generic 1-83 Days Supply	2,127		\$1,482	\$0.70	\$1.00	\$645
Retail Generic 84+ Days Supply	2,037		\$169	\$0.08	\$0.00	(\$169)
Mail Brand	354		\$0	\$0.00	\$0.00	\$0
Mail Generic	941		\$2	\$0.00	\$0.00	(\$2)
Specialty	52		\$4	\$0.08	\$0.00	(\$4)

Overall Performance	
Total	\$14,012
Payment Due	(\$2,971)

Comments

AWP discounts are based on Medi-Span's Published AWP

Excludes DMR/Paper Claims

Excludes Compounds

Excludes COB

Excludes the following Pharmacy Types: Tribal, IV Infusion and Long Term Care

Excludes Vaccines

Excludes all COVID-related Claims

US Territories AK,GA,GU,HI,MA,MP,PR,VI Excluded

Excludes 340B

Excludes Limited Distribution Products

Excludes Reversals. Both the original claim and the reversal claim are excluded.

FRESNO CITY HEALTH & WELFARE TRUST

Discount and Dispensing Fee Performance

July 2022 thru June 2023

CAG(s): PCN00494



Discount Performance						
Description	Rx	AWP	Ingred Cost	Actual Discount	Contracted Discount	Performance
Retail Brand 1-83 Days Supply	7,389	\$4,305,426	\$3,519,935	18.24%	18.00%	\$10,514
Retail Brand 84+ Days Supply	1,096	\$1,087,366	\$862,857	20.65%	20.50%	\$1,599
Retail Generic 1-83 Days Supply	46,736	\$6,728,930	\$1,306,721	80.58%	80.25%	\$22,243
Retail Generic 84+ Days Supply	15,249	\$5,178,373	\$720,621	86.08%	81.25%	\$250,324
Mail Brand	1,447	\$2,850,317	\$2,152,135	24.49%	24.50%	(\$146)
Mail Generic	3,499	\$1,583,630	\$249,721	84.23%	84.75%	(\$8,217)
Specialty	879	\$6,254,251	\$5,111,032	18.28%	19.50%	(\$76,360)

Dispensing Fee Performance						
Description	Rx		Total Dispensing Fees	Dispensing Fee per Rx	Contracted Dispensing Fee	Performance
Retail Brand 1-83 Days Supply	7,389		\$6,321	\$0.86	\$0.85	(\$40)
Retail Brand 84+ Days Supply	1,096		\$2	\$0.00	\$0.00	(\$2)
Retail Generic 1-83 Days Supply	46,736		\$39,823	\$0.85	\$0.85	(\$98)
Retail Generic 84+ Days Supply	15,249		\$0	\$0.00	\$0.00	(\$0)
Mail Brand	1,447		\$3	\$0.00	\$0.00	(\$3)
Mail Generic	3,499		\$1	\$0.00	\$0.00	(\$1)
Specialty	879		\$21	\$0.02	\$0.00	(\$21)

Overall Performance	
Total	\$199,792
Payment Due	(\$84,888)

Comments

AWP discounts are based on Medi-Span's Published AWP

Excludes DMR/Paper Claims

Excludes Compounds

Excludes COB

Excludes the following Pharmacy Types: Tribal, IV Infusion and Long Term Care

Excludes Vaccines

Excludes all COVID-related Claims

US Territories AK,GA,GU,HI,MA,MP,PR,VI Excluded

Excludes 340B

Excludes Limited Distribution Products

Excludes Reversals. Both the original claim and the reversal claim are excluded.

Diana Cavazos | HealthComp

From: Diana Cavazos | HealthComp
Sent: Monday, September 18, 2023 12:22 PM
To: Martinez, Carolyn; Andrew Desa; David Broome; Tom Georgouses | HealthComp
Cc: Ross, Shannon C; Duarte, Nissa
Subject: RE: FCEHWT EGWP Letter Templates - Approval Needed
Attachments: PL-Proof_2123136_EGWPS003_09-14-2023.pdf; TP-Proof_2123135_EGWPS003_09-14-2023.pdf; EP-Proof_2123134_EGWPS003_09-14-2023.pdf

Hello Carolyn

Our offices do not have any edits to the standard Optum updates, approved.

Thanks

Diana Cavazos | Account Management
(o) 559-312-2295 Pacific Time Zone



Your Workforce Is Unique.
Your Benefits Should Be Too.

Upcoming PTO: September 21,22,28,29

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Thursday, September 14, 2023 4:45 PM
To: Andrew Desa <andrewd@rael-letson.com>; David Broome <davidb@rael-letson.com>; Diana Cavazos | HealthComp <dcavazos@healthcomp.com>; Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>
Cc: Ross, Shannon C <shannon.ross@optum.com>; Duarte, Nissa <nissa.duarte@optum.com>
Subject: FCEHWT EGWP Letter Templates - Approval Needed

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon FCEHWT Team,

Attached you will find FCEHWT's 2024 Preclusion List (PL), Excluded Provider (EP) and Terminated Pharmacy (TP) letter templates. Would you please review for approval?

Please let me know if you have any questions or concerns regarding the documents.

Thank you,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com



Upcoming PTO Alert:
Business Travel:
Office Closure:

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Optum Rx
P.O. Box 42000
Hazelwood, MO 63042



September 14, 2023

>000001 001 P51036
FIRSTNAME MI LASTNAME
123 STREET NAME
APT 101
CITY, ST 60000



Dear FIRSTNAME LASTNAME:

This letter is to inform you that Optum Rx[®] can no longer fill prescriptions from a doctor or pharmacy that you may have recently used.

What has changed?

We will no longer cover prescriptions that have been prescribed by VARIABLE_2 VARIABLE_3. The U.S. Department of Health and Human Services' Office of the Inspector General (OIG) has decided this person or company can no longer take part in Medicare and other federal health care programs.

When does this change start?

This change is effective VARIABLE_1, and applies to any new prescription(s), or any refills left on the prescription(s) you are taking that were provided by VARIABLE_2 VARIABLE_3.

Questions?

Call Optum Rx at 1-866-443-1095, TTY 711, 24 hours a day, 7 days a week. We can help answer questions about your prescriptions or help you find a network pharmacy.

For more information about this decision, you may visit the OIG's website at <http://oig.hhs.gov/fraud/exclusions.asp>.

Sincerely,
Optum Rx

Last Updated 09/14/2023

S8841_23_MC-DS26_C





Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-443-1095. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-443-1095. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-443-1095。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-443-1095。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-443-1095. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-443-1095. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-443-1095 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-443-1095. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-443-1095번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-443-1095. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-866-443-1095 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-443-1095 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-443-1095. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-443-1095. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-443-1095. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-443-1095. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-443-1095 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



Optum Rx
P.O. Box 42000
Hazelwood, MO 63042



September 14, 2023



>000001 001 P51036
FIRSTNAME MI LASTNAME
123 STREET NAME
APT 101
CITY, ST 60000



Dear FIRSTNAME LASTNAME,

This letter is to inform you that Optum Rx[®] can no longer cover medications from a doctor that you may have recently used.

What has changed?

We can no longer cover medications prescribed by VARIABLE_2 VARIABLE_3 because he/she has been placed on a Medicare “preclusion list” by the Centers for Medicare & Medicaid Services.

When does this change start?

This change is effective VARIABLE_1, and applies to any new prescription(s), or any refills left on the prescription(s) you are taking that were provided by VARIABLE_2 VARIABLE_3.

What do you need to do?

You will need to find another prescriber/doctor for new prescriptions or those with refills left.

Questions?

Call Optum Rx at 1-866-443-1095, (TTY 711), 24 hours a day, 7 days a week. We are here to help if you have questions about your prescriptions or if you would like help finding another prescriber/doctor in your area.

For more information about the preclusion list, you may visit the Centers for Medicare & Medicaid Services website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html>.

Sincerely,
Optum Rx

Last Updated 09/14/2023

S8841_23_MC-DS131_C



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CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.





Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-443-1095. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-443-1095. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-443-1095。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-443-1095。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-443-1095. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-443-1095. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-443-1095 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-443-1095. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-443-1095번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-443-1095. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-866-443-1095 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-443-1095 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-443-1095. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-443-1095. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-443-1095. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-443-1095. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-443-1095 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。





September 14, 2023



>000001 001 P51036
FIRSTNAME MI LASTNAME
123 STREET NAME
APT 101
CITY, ST 60000



Notice Regarding Pharmacy Network Change

Dear FIRSTNAME LASTNAME,

This letter is to inform you that Optum Rx® can no longer cover prescriptions from a pharmacy that you may have used within the last 90 days.

What has changed?

VARIABLE_1 at VARIABLE_2, VARIABLE_3, VARIABLE_4 will no longer be part of your plan's pharmacy network.

When does this change start?

This change is effective beginning VARIABLE_5.

What do you need to do?

You will need to find a new network pharmacy to fill your prescription drugs. You may choose from a wide variety of pharmacies in our network including pharmacy chains, independent pharmacies or a home delivery pharmacy. If you need help in finding another network pharmacy, please contact Optum Rx toll-free at the phone number listed at the end of this letter.

To get started using another pharmacy, you should do one of the following as soon as you can:

- Take your prescription number or medication information from your current pharmacy to any pharmacy in our network
- Have your doctor or prescriber call in your prescription to any network pharmacy
- Have your doctor or prescriber write a new prescription, which you can then take to any of our network pharmacies

Questions?

Call Optum Rx at 1-866-443-1095, TTY 711, 24 hours a day, 7 days a week. We can help answer questions about your prescriptions or help you find a network pharmacy.

Sincerely,
Optum Rx

Last Updated 09/14/2023

S8841_23_MC_DS55_C



Nondiscrimination notice and access to communication services

Optum Rx and its family of affiliated Optum companies do 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, 7 days a week.

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

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

Phone: **1-800-562-6223 (TTY 711)**
Fax: 1-855-351-5495
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, 7 days a week. You can also file a complaint directly with the U.S. Department 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:
<https://www.hhs.gov/ocr/office/file/index.html>

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab 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. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क 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 raus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(Khmer)សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'í. T'áá shq'odí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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



From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, September 19, 2023 8:52 AM
To: David Broome; Andrew Desa
Cc: Ross, Shannon C; Duarte, Nissa; Tom Georgouses | HealthComp; Diana Cavazos | HealthComp
Subject: Optum Rx Jan. 1, 2024 Pharmacy Benefit Update

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning David & Andrew,

I wanted to share Optum's January 1, 2024 pharmacy benefit update with you. Below you will find a link to our video presentation and key updates.

I am currently working on FCEHWT's client specific impact (summary of changes & member impact) and will share with the team by EOW.

If you have any questions in the interim, please don't hesitate to reach out.

Sincerely,
Carolyn



**Join us to learn about the Optum Rx
Jan. 1, 2024 Pharmacy Benefit Update**

We update our formularies on Jan. 1 and July 1. By making updates twice a year, we are able to keep pace with current market trends, price changes and new clinical information. Join our webcast to learn more.

[Watch now](#)

Key updates occurring on Jan. 1, 2024

Affordability – With the goal of improving access and affordability for members, **eight insulins** will be added to coverage at the preferred Tier 1 status on Optum Rx standard formularies. Optum Rx will also be offering **new weight management solutions** in response to the increased use of GLP-1 agonists. New generic launches for Latuda, Xyosted and other drugs will promote more cost-effective generic utilization.

Specialty medication updates – With the launch of **new Humira biosimilars**, Optum Rx will continue to cover brand Humira while adding select biosimilars at parity, ensuring the broadest possible choice and access to lower cost options for members, providers and clients. A few therapeutic classes of medications will move from **specialty to non-specialty status**, making them more available and affordable for members at network retail pharmacies.

Utilization Management updates – Updates to **Prior Authorization** and **early refill limits** for GLP-1 agonists will guide more appropriate use for members with Type 2 diabetes and those using these medications for weight loss. **Quantity Limits** will be applied to select opioids, aligning with the Centers for Disease Control and Prevention (CDC) updates to morphine milligram equivalent (MME) conversion factors.

Questions?

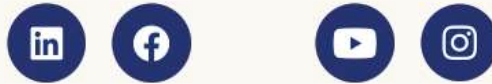
Contact us

Featured speakers

Sanjit Puri, MD, MBA, ASA, MAAA, Sr. Director, Clinical Formulary Strategy

Linda Nichols, Pharm.D., Vice President, Clinical Utilization Management & Policy

Christy Unekis, Director, Growth & Retention Marketing



1-888-445-8745 | [Contact us](#)

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The email was sent to: christy_unekis@optum.com | [Privacy Policy](#)

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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, September 19, 2023 1:56 PM
To: Andrew Desa; David Broome; Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Michael Moss
Cc: Ross, Shannon C; Duarte, Nissa
Subject: January 2024 Pharmacy Benefit Update
Attachments: Fresno City Employees Health and Welfare Trust Formulary Update Summary January 1 2024.pdf; Jan 2024 B2B Cycle Pharmacy Benefit Update_FCEHWT_Final.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon FCEHWT Team,

Attached you will find Fresno City Employees Health and Welfare Trust's January 1, 2024 pharmacy benefit update and changes summary.

We have some exciting news to share this cycle. Optum is adding eight new insulins to the formulary which will improve member access and affordability. We are also moving 50 drugs from specialty to non-specialty status. This will allow members to fill at the local network pharmacy of their choice or Optum home delivery.

There is a total of 132 members impacted by formulary or utilization management updates. The largest impact falls within the uptier with alternatives category (121 members impacted). Products within this category are shifting from a lower to higher tier (1 to 3 or 2 to 3). Alternative medication options are listed within the pharmacy benefit update document.

Would you please have both documents added to the October 11th Board meeting consent calendar?

Please let me know if you have any questions or concerns.

Thank you,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com



Upcoming PTO Alert:
Business Travel:
Office Closure:

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Key Drug Formulary Updates

Effective January 1, 2024

- New **Quantity Limits** will be applied to select opioids (i.e. tramadol), aligning with the Centers for Disease Control and Prevention (CDC) updates to morphine milligram equivalent conversion factors
- Updates made to the following Vigilant Drug List:
 - **High-Cost Brands** – excludes high-cost brands that have lost patent protection and have clinically equivalent, lower-cost generic alternatives

High-Cost Brand				
# Impacted Members	Excluded Drug	Est. Total Cost/Month	Alternative Drug	Est. Total Cost/Month
1	Pentasa Cap 500mg Cr	\$1,100.00	Mesalamine Cap Er 500mg	\$826.00

- 18 **Uptiers** – Medications that move to a higher tier because they offer less health care value, clinically and/or financially, than similar medications in their therapeutic classes
- Updates were vetted and approved by the independent Pharmacy and Therapeutics Committee (P&T)
- Impacted members will be notified of change, along with name of alternative covered medication, via USPS letter mailed by November 1, 2023
 - New single-letter template will be utilized
 - Sample letter provided on pages 2 - 4
- Member has the ability to stay on current drug through the appeal process
- Copays
 - Retail pharmacy coinsurance based on applicable plan and tier level
 - Home Delivery copays are \$5, \$20, or \$50 depending on tier, for a 90-day supply

login to your account at
umrx.com
see the QR code.



JOHN
123
DOE
TEST ST
EDEN PRARIE, MN 55344

Coverage change alert:
Take action on or before January 1, 2024.

September 20, 2023

Dear John,

We are making some changes to our covered drug list on January 1, 2024. This means we could be adding or removing some medications. Some medications may now require prior authorization, step therapy or have a new quantity limit.

The following changes take place soon. If you do not take action on or before January 1, 2024, you may experience a delay for your prescription. Your next refill may also be delayed.

Coverage change summary

Medication	What's changing	Try this instead
TARGET DRUG	Your medication will no longer be covered.*	PREFERRED DRUG
TARGET DRUG	Your medication is moving to a higher tier. You may pay more for your medication.*	PREFERRED DRUG
TARGET DRUG	You may pay more for your generic medication because its brand-name medication is available at a lower cost.*	PREFERRED DRUG
TARGET DRUG	Moving to step therapy. Try a lower cost option first.*	STEP1 MED
TARGET DRUG	There is a new quantity limit. You may need a new prescription. Contact your doctor or pharmacist.*	NEW QUANTITY

~~FD_EXIST_CYCLE-ORX_STANDARD-~~

Medication	What's changing	Take action
TARGET DRUG	Your medication will no longer be covered.*	Talk to your doctor about your options.
TARGET DRUG	Prior authorization is needed for your medication.	Talk to your doctor about your options.

*What if my doctor wants me to keep taking my current medication?

Your doctor will need to ask us for a review on or after January 1, 2020. You can also call the number on your member ID card to initiate the review process. If approved, you may continue to use your prescription, but you may pay a higher cost. If not approved, you will pay the full cost of the requested prescription.

Questions?

Please call the number on your member ID card. We'll be happy to help.

Thanks for letting us serve you.

Sincerely,

The Optum Rx Team

Added requirements for medications

Some medications on your plan's drug list may have added requirements before your plan will cover them. These added requirements are to make sure you're receiving coverage, at the best cost and in the right amount. Here's what each of these changes means:

Prior authorization (PA) – Your doctor provides information to make sure the use of the medication meets coverage guidelines for the medication. If approved, your plan will cover the medication.

Step therapy – Your program encourages the use of lower-cost medications (step 1) that can be used for the same condition as the higher-cost medication (step 2). Your plan doesn't cover the higher-cost medication until you try one or more alternatives first (unless you receive approval from us). The plan will only cover the high-cost medication if your doctor requests and receives approval from us.

Quantity – This program covers up to a certain amount of your medication over a certain length of time. For example, your plan may only cover 15mg per day for 30 days. You will only get that amount each time you fill. The plan will only cover a larger amount if your doctor requests and receives approval from us.



If you are no longer a member of this benefit plan after the effective date of these changes, please disregard this notice.

Members were selected to receive this communication based on pharmacy claims data. Information in this letter is confidential and not shared with any non-medical personnel or personnel not directly managing pharmacy claims. Medications listed in this letter are subject to change. Please visit [optumrx.com](https://www.optumrx.com) for the most current formulary information.

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January 1, 2024 Pharmacy Benefit Update

San Diego City Employees
Health and Welfare Trust

 CITY EMPLOYEES
HEALTH AND WELFARE TRUST



Jan. 1, 2024 key formulary updates

Affordability

In line with the goal of improving access and affordability for members, **eight insulins** will be added to coverage at Tier 1 in the rapid-acting, short-acting and long-acting categories.

We are continuing to monitor the increased use of **GLP-1 weight loss medications** by gender, age and income. Optum Rx will be offering new weight management options for plans and members starting Jan. 1.

generic launches for Latuda, Xyosted, Copaxone and Aubagio will enhance savings opportunities for plans and members.

Approximately 49 drugs will be added to the **Vigilant Drug List** which continues to help participating clients save at least \$2.50 per member per month.*

Specialty medication updates

Following the launch of **new Humira biosimilars** in 2023, Optum Rx will continue to cover brand Humira while adding select biosimilars at parity, ensuring the best possible choice and access to low net and list cost options for patients, members, providers and clients.

Up to 50 drugs will move from **specialty to non-specialty status**, making them more available and affordable for members at local network retail pharmacies and mail delivery.

Medication Management

Step Therapy will promote use of lower cost generics in the ADHD class, taking advantage of new savings opportunities.

Updates to **Prior Authorization** and **early refill limits** for GLP-1 agonists will guide more appropriate use for members with Type 2 diabetes and those using medications for weight loss.

Quantity Limits will be applied to select opioids, aligning with the Centers for Disease Control and Prevention (CDC) updates to morphine milligram equivalent factors.



Sno City Employees Health and Welfare Trust

2024 Formulary Cycle Changes Impact

Change Type	Change Subtype	# of Impacted Members
Formulary Change	<i>Uptier with Alternatives</i>	121
Utilization Management	<i>Quantity Limits</i>	10
Vigilant Drug Exclusion	<i>Exclusions with Alternatives</i>	1
Total		132

Sno City Employees Health and Welfare Trust

2024 Formulary Cycle Changes Impact Details

Change Type	Medication	Disease State	Change	Alternative / UM Details
Optier with Alternative	Adderall XR	ADHD	1 → 3	amphetamine-dextroamphetamine er cap
	Advair Diskus	Respiratory Agents	1 → 3	Advair HFA, Breo Ellipta, Symbicort Aer
	Flovent Diskus ¹	Respiratory Agents	2 → 3	Arnuity Ellipta, Qvar Redihaler Aer
	Flovent HFA ¹	Respiratory Agents	2 → 3	Arnuity Ellipta, Qvar Redihaler Aer
	Lialda	Inflammatory Bowel Disease Agents	1 → 3	mesalamine dr tab 1.2gm, Apriso cap
	Pulmicort Flexhaler	Respiratory Agents	2 → 3	Arnuity Ellipta, Qvar Redihaler Aer
	Tivicay	HIV	2 → 3	Please talk to your doctor about other option(s).
	Vyvanse	ADHD	2 → 3	lisdexamfetamine, amphetamine-dextroamphetamine IR/ER, dexamethylphenidate ER/IR, dextroamphetamine IR/SR, methylphenidate ER/IR
Utilization Management	tramadol HCl tab 50mg	Opioid Analgesics	Quantity Limits	5 tabs/day up to 7 days for treatment naive, 8 tabs/day for treatment experienced
Vigilant Drug Program	Pentasa cap 500mg cr	Inflammatory Bowel Disease Agents	1 → Excluded	mesalamine cap er 500mg

1 – Product is being discontinued by the

Diana Cavazos | HealthComp

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, September 19, 2023 2:36 PM
To: Andrew Desa; David Broome; Diana Cavazos | HealthComp; Tom Georgouses | HealthComp
Cc: Ross, Shannon C; Duarte, Nissa
Subject: RE: Fresno City Employees Health and Welfare Trust - 8/9 BOT mtg follow-ups for OptumRx
Attachments: 11467780_Fresno Refill Threshold_adhoc_FINAL.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon FCEHWT team,

I am following up regarding FCEHWT's GLP-1 refill too soon letter campaign.

Attached you will find a copy of the final letter template. A total quantity of 276 letters mailed on September 13, 2023.

Diana – Would you like a copy of the mail file? It might be helpful to have on hand in case HealthComp receives calls. The letter directs members to contact Optum Rx customer service however, we know that does not always happen. Please let me know your preference. I'm happy to send the file if you think it will be useful.

Thank you,

Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

Optum

Upcoming PTO Alert:
Business Travel:
Office Closure:



P.O. Box 510941
Livonia, MI 48151-6941

<MEMBER_FIRST_NAME> <MEMBER_LAST_NAME>
<MEMBER_ADDRESS1>
<MEMBER_ADDRESS2>
<MEMBER_CITY>, <MEMBER_STATE><MEMBER_ZIP>

Coverage change alert
Talk with your doctor before
<CHANGE_CODE_EFFECTIVE_DATE>.

Month DD, YYYY

Dear <MEMBER_FIRST_NAME>,

Optum Rx manages the pharmacy benefits for your plan.

We work with your health plan to help you get the medication you need and help find ways to keep your costs down. We want to make sure you know about time-sensitive changes to your prescription coverage and what to do next.

Starting <CHANGE_CODE_EFFECTIVE_DATE>, there will be a new refill threshold for the medication listed below. A refill threshold is the percentage of your prescription that must be used before you can receive your next refill. Refill thresholds help reduce potential medication stockpiling and ensure that the medication is used as it is intended.

Medication stockpiling may mean refilling prescriptions early or saving high amounts of a medication to use later. This can result in unnecessary cost for you. There is also increased chance to take incorrect doses, which can be harmful.

Here is the new refill threshold for your medication(s):

Medication with a new refill threshold	New refill threshold
<TARGET_MED>	<MED_MONTH_SUPPLY>

If you attempt to refill your prescription earlier than the allowed threshold, your prescription will not be filled. It will come up as a refill-too-soon.

Questions? We'll be here to help.

If you have any questions about this letter or your pharmacy benefit, please:

- View drug coverage changes online at **OptumRx.com**.
- Call Optum Rx customer service at the number on your member ID card.

Thanks for letting us serve you.

Sincerely,

The Optum Rx Team

Optum

If you are no longer a member of this benefit plan after the effective date of these changes, please disregard this letter.

Members were selected to receive this communication based on pharmacy claims data. Information in this letter is confidential and not shared with any non-medical personnel or personnel not directly managing pharmacy claims. Medications listed in this letter are subject to change. Please visit **OptumRx.com** for the most current formulary information.

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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Thursday, September 21, 2023 3:48 PM
To: Andrew Desa; David Broome; Diana Cavazos | HealthComp; Tom Georgouses | HealthComp
Cc: Michael Moss; Ross, Shannon C; Duarte, Nissa
Subject: Optum Rx will cover naloxone OTC Jan. 1

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Optum Rx will cover naloxone OTC effective Jan. 1, 2024

Broadening access to opioid overdose treatment

Dear FCEHWT Team,

Earlier this year, the U.S. Food and Drug Administration (FDA) announced the approval of an **over-the-counter (OTC)** version of naloxone hydrochloride nasal spray (Narcan®). Naloxone nasal spray is indicated for the emergency treatment of known or suspected opioid overdose.

To ensure broad access to this life-saving drug, Optum Rx will add the low-cost OTC versions to pharmacy benefit coverage for plans using our standard formularies effective Jan. 1, 2024. The table below outlines these updates. No utilization management programs will be applied. *The products will process based on your plans' benefit designs.*

Most retail pharmacies are expected to stock the OTC versions on their shelves. The suggested retail price of the products is expected to be less than \$50 per unit.

Prescription versions of Narcan® nasal spray and associated prescription generics will no longer be available after existing market supplies are exhausted.

Product	Select Formulary
Narcan OTC nasal spray	Tier 2
naloxone OTC nasal spray	Tier 1

If you would like to cover this drug as part of the pharmacy benefit, no action is required. If you would prefer not to cover naloxone OTC on the pharmacy benefit, please contact me by **Oct. 20** so an opt-out can be processed.

We appreciate the opportunity to serve your plan and manage your pharmacy care services.

Sincerely,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

Optum

Upcoming PTO Alert: 11/1 3:30pm – 5:00pm
Business Travel: 10/16, 11/2 – 11/3
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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Friday, September 22, 2023 9:40 AM
To: David Broome; Andrew Desa; Tom Georgouses | HealthComp; Diana Cavazos | HealthComp
Cc: Duarte, Nissa; Ross, Shannon C
Subject: New commercial COVID-19 vaccines approved

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New COVID-19 vaccines approved

Dear Fresno City Employees Health and Welfare Trust team,

The following message applies to your commercial plan.

The FDA has [granted approval](#) to two new formulations of monovalent COVID-19 vaccines targeting the Omicron XBB.1.5 subvariant.

On Sept. 11, the FDA approved Pfizer/BioNTech's Comirnaty and Moderna's Spikevax COVID-19 vaccines in individuals 12 years of age and older. In addition, the FDA granted emergency use authorization to Pfizer/BioNTech's COVID-19 vaccine (2023-2024 formula) and Moderna's COVID-19 vaccine (2023-2024 formula) in individuals from 6 months to 11 years of age.

As a result of these actions, existing bivalent Moderna and Pfizer/BioNTech COVID-19 vaccines are no longer authorized for use in the U.S.

Like the earlier vaccines, the new vaccines have been added to the HCR list at \$0 cost share for members.

We will keep you updated on the commercial launch of the new COVID-19 vaccines. Let me know if you have any questions.

Regards,

Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

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Diana Cavazos | HealthComp

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Friday, September 29, 2023 1:17 PM
To: Diana Cavazos | HealthComp
Cc: Andrew Desa; David Broome; Tom Georgouses | HealthComp; Ross, Shannon C; Duarte, Nissa
Subject: Optum Rx January 2024 Select Formulary & Affordable Care Act Preventative Drug List
Attachments: Jan2024_B2C_Cycle_HCR_Prev Med_508.pdf; Jan2024_Select_Standard_Abridged_508.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon Diana,

Happy Friday! I wanted to share a copy of our Jan 2024 formulary and ACA preventative drug list with you. Both are 508 compliant and can be posted to your website.

Please let me know if you have any questions.

Thank you,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

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Preventive care medications

\$0 cost share medications & products^{1,2,3,5}

Effective Jan. 1, 2024



Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100% – without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives).
- Flu shot and other vaccines

In support of this law, Optum Rx is offering this updated list of no-cost preventive care medications.

You can use your Optum Rx member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

To find a network pharmacy, log on to [optumrx.com](https://www.optumrx.com), select *Pharmacy Locator* on the right hand side of the screen and enter your zip code or call the number on your Optum Rx member ID card. If you get these medications or products from an out-of-network pharmacy, you may have to pay the full cost for them.

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements⁴

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason
OTC	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg of folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Magnesium Citrate Solution	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
PEG 3350 (generic Miralax) <i>Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</i>	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Prescription	
Generic Colyte sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Generic Golytely sold as: PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride

Tobacco Cessation Medications⁴

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

OTC Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

Prescriptions

Bupropion Sustained-Release Tablet

Varenicline Tablet

***These prescription medications are covered after members have tried:
1) One OTC nicotine product and 2) bupropion sustained-release separately.***

Nicotrol Inhaler

Nicotrol Nasal Spray

Human Immunodeficiency Virus Preventive Medications⁴

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be at increased risk for first-time infection with HIV
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of HIV infection. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share.

HIV PrEP medications currently available at \$0

Drug name	Coverage
emtricitabine-tenofovir disoproxil fumarate 200-300mg (generic Truvada)	Copay waiver required for \$0. (Truvada available if unable to take generic)
tenofovir (generic Viread)	Copay waiver required for \$0.
Apretude	Copay waiver required for \$0. (Apretude available if unable to take generics listed above)
Descovy	Copay waiver required for \$0. (Descovy available if unable to take generics listed above)

If you have more questions about current coverage of HIV PrEP medications, please contact your Optum Rx representative.

Breast Cancer Preventive Medications⁴

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

Breast Cancer Medications (prescription)	
anastrozole	
exemestane	
raloxifene	
tamoxifen	

Statin Preventive Medications⁴

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) – symptomatic coronary artery disease or stroke – use a statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- Have an estimated 10-year risk of a cardiovascular event of 10% or greater.

Statin Medications (prescription)	
lovastatin (generic Mevacor) – All strengths (Ages 40-75 years)	
*atorvastatin (generic Lipitor) 10 & 20 mg	(Copay waiver review required to confirm risk of CVD)
*simvastatin (generic Zocor) 5, 10, 20 & 40 mg	(Copay waiver review required to confirm risk of CVD)
*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.	

Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at \$0 cost share. A Health Care Reform copay waiver request form can be submitted by a member's provider to request \$0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

Birth Control Caps & Diaphragms (Cervical)

Caya
Femcap
Omniflex
Wide-Seal

Combination Birth Control Pills

Four Phase Birth Control Pills:
Natazia

Generic Alesse & Levlite sold as:

Afirmelle
Aubra EQ
Aviane
Delyla
Falmina
Lessina
Levonor/Ethin
Lutera
Orsythia
Sronyx
Tyblume CHW
Vienna

Generic Beyaz sold as:

Drospire/Eth Estr/Lev

Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35
Nortrel 0.5/35
Wera 0.5/35

Generic Cyclessa Pak sold as:

Velivet Pak

Generic Demulen 1/35 sold as:

Ethy Eth Est 1/35
Kelnor 1/35
Zovia 1/35

Generic Demulen 1/50 sold as:

Ethynodiol 1/50
Kelnor 1/50

Generic Desogen-28 & Ortho-Cept sold as:

Apri
Cyred EQ
Deso/Ethinyl Estradiol
Enskyce
Isibloom
Juleber
Kalliga
Reclipsen
Solia

Generic Estrostep FE sold as:

Noreth/Ethin FE
Tilia FE
Tri-Legest FE

Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW
Wymzya FE CHW

Generic Generess FE chewable sold as:

Kaitlib FE CHW
Layolis FE CHW
Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:

Aurovela 24 FE
Blisovi 24 FE
Hailey 24 FE
Junel 24 FE
Larin 24 FE
Microgestin 24 FE
Tarina 24 FE

Generic Loestrin 1/20 sold as:

Aurovela 1/20
Junel 1/20
Larin 1/20
Microgestin 1/20
Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30
Hailey 1.5/30
Junel 1.5/30
Larin 1.5/30
Microgestin 1.5/30
Noreth/Ethin 1.5/30

Generic Loestrin FE 1/20 sold as:

Aurovela FE 1/20
Blisovi FE 1/20
Hailey FE 1/20
Junel FE 1/20
Larin FE 1/20
Microgestin FE 1/20
Noreth/Ethin FE 1/20
Tarina FE 1/20 EQ

Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30
Blisovi FE 1.5/30
Hailey FE 1.5/30
Junel FE 1.5/30
Larin FE 1.5/30
Microgestin FE 1.5/30
Nor/Est/FF 1.5/30

Generic Lo/Ovral-28 sold as:

Cryselle-28
Elinest
Low-Ogestrel

Generic LoSeasonique sold as:

Camrese Lo
Levonor/Ethin Estradiol
Lojaimiess

Generic Lybrel 90-20mcg sold as:

Amethyst 90-20mcg
Dolishale 90-20mcg
Levo-Eth Est 90-20mcg

Generic Minastrin 24 CHW FE sold as:

Charlotte 24 CHW FE
Finzala CHW FE
Noreth/Ethin CHW FE

Generic Mircette 28 Day sold as:

Azurette
Deso/Ethinyl Estradiol
Kariva
Pimtrex
Simliya
Viorele
Volnea

Generic Nordette-28 sold as:

Altavera
Ayuna
Chateal Eq
Kurvelo
Levonor/Ethin Estradiol
Levora-28
Marlissa
Portia-28

Generic Ortho-Cyclen sold as:

Estarylla
Mili
Mono-Linyah
Norgest/Ethin
Nymyo
Sprintec 28
Vylibra

You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your Optum Rx member ID card, and ask for home delivery.

Women's Health: Birth Control Products continued

Generic Ortho-Novum 1/35 & Norinyl 1/35 sold as:

Alyacen 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Nylia 1/35
Pirmella 1/35

Generic Ortho-Novum 7/7/7 sold as:

Alyacen 7/7/7
Dasetta 7/7/7
Nortrel 7/7/7
Nylia 7/7/7
Pirmella 7/7/7

Generic Ortho Tri-Cyclen sold as:

Norgest/Ethi Estradiol
Tri-Estaryll
Tri Femynor
Tri-Linyah
Tri-Mili
Tri-Nymyo
Tri-Sprintec
Tri-Vylibra
Trinessa

Generic For Ortho Tri-Cyclen Lo sold as:

Norgest/Ethi Estradiol
Tri-Lo-Estaryll
Tri-Lo-Marzia
Tri-Lo Mili
Tri-Lo-Sprintec
Tri-Vylibra Lo

Generic Ovcon-35

sold as:

Balziva
Briellyn
Philith
Vyfemla

Generic Quartette

sold as:

Fayosim
Levonor/Ethi Estradiol
Rivelsa

Generic Safyral sold as: Dros/Eth Est Levomefo Tydemy

Generic Seasonale

sold as:

Iclevia
Introvale
Jolessa
Levonor/Ethinyl Estradiol
Setlakin

Generic Seasonique

sold as:

Amethia
Ashlyna
Camrese
Daysee
Jaimiess
Levonor/Ethi Estradiol
Simpesse

Generic Taytulla sold as:

Gemmily
Merzee
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl

sold as:

Aranelle
Leena

Generic Triphasil sold as:

Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28

sold as:

Drospir/Ethi
Ocella
Syeda
Zumandimine

Generic Yaz sold as:

Drospir/Ethi
Drospirenone/Ethyl Est
Jasmiel
Lo-Zumandimine
Loryna
Nikki
Vestura

Progestin Only Birth Control Pills

Generic Ortho Micronor & Nor-QD sold as:

Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
Norethindrone
Norlyda
Norlyroc
Sharobel

Birth Control Rings (Vaginal)

Generic NuvaRing

sold as:

Annovera
EluRyng
Etonogestrel/Ethyl
Estradiol
Haloette

Birth Control Patches (Transdermal)

Generic Ortho Evra

sold as:

Xulane
Zafemy

Birth Control Shots (Injection)

Generic Depo-Provera

sold as:

Medroxyprogesterone
150 mg/ml IM

Emergency Birth Control

ella

Over-The-Counter (OTC) Birth Control

(must have a prescription and get them from a network pharmacy for Optum Rx to cover the costs)

Contraceptive films
(e.g. VCF Vaginal)

Contraceptive foams
(e.g. VCF Vaginal Aer)

Contraceptive gels
(e.g. Gynol II, Shur-Seal, VCF Vaginal)

Condoms:
Various OTC condoms
(e.g., Durex, Kimono, Trustex)
FC2 Female

Generic emergency birth control
(e.g. Aftera, EContra EZ, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action)

Today Sponge

Encare Suppository

Birth Control IUDs and Implants

Kyleena
Liletta
Mirena
Nexplanon
Paragard
Skyla
(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.)

You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your Optum Rx member ID card, and ask for home delivery.

Flu shot and other vaccines

Plans must provide coverage without cost sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Vaccines may be covered by your medical benefit and not your pharmacy benefit.

Many vaccines can be obtained on a walk-in basis by presenting the Optum Rx member ID card at the time of service. Members should review their benefit plan to determine coverage for vaccines.

Routine vaccines⁶

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and vaccine requirements.

Flu Shots		
Flu (Influenza)		
Afluria Quad	Flublok Quad	FluMist Quad
Fluad Quad	Flucelvax Quad	Fluzone High-Dose Quad
Fluarix Quad	Flulaval Quad	Fluzone Quad
Other Vaccines		
COVID-19		
Dengue		
Dengvaxia (copay waiver required to determine eligibility)		
Hepatitis A		
Havrix, Vaqta		
Hepatitis B		
Engerix-B, Heplisav-B, Recombivax-HB, PreHevbrio		
Hepatitis A/Hepatitis B		
Twinrix		
Human Papilloma Virus (HPV) – Vaccine prevents HPV related cancers (ages 9 - 26 years)		
Gardasil 9		
Measles, Mumps, Rubella		
M-M-R II, PRIORIX		
Meningococcal – Vaccine prevents meningitis Groups A, C, Y and W-135		
Menactra, Menquadfi, Menveo		
Meningococcal – Vaccine prevents meningitis Group B		
Bexsero, Trumenba		
Pneumococcal – Vaccine prevents pneumonia		
Pneumovax 23, Vaxneuvance, Prevnar 20		
Poliovirus		
Ipol		
Tdap – Vaccine prevents tetanus, diptheria, pertussis		
Adacel, Boostrix		
Td – Vaccine prevents tetanus and diptheria		
TDVax, Tenuvac		
Varicella – Vaccine prevents chicken pox		
Varivax		
Zoster – Vaccine prevents shingles		
Shingrix		

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all vaccines on this list are available at all network pharmacies. Contact your local network pharmacy to confirm vaccine availability.

Frequently asked questions

Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

Look at the list in this document, log on to optumrx.com, or call the number on your Optum Rx member ID card for a list of medications covered at \$0 cost share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

What happens if a generic medication becomes available?

Prescription brand products may be replaced by newly launched FDA approved generic equivalents.

What if my doctor says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each category of FDA-approved, -cleared and -granted contraceptives typically available through your pharmacy benefit. If your doctor prescribes birth control not on our list that is medically necessary, Optum Rx will cover that recommended drug or product at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

Some methods of birth control, such as IUDs and implants, may be available through your **medical benefit** and not your pharmacy benefit.

Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, for employers who elect a religious or moral accommodation, Optum Rx may provide or arrange for separate contraceptive coverage for those employers' members as allowed by the health reform law.

If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of two \$0-cost fills per year.

What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your Optum Rx member ID card, and asking how to get coverage at no cost.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

How can I get preventive medications to help me stop using tobacco for no cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

Frequently asked questions continued

What if my doctor says I need an HIV PrEP medication that is not on this list?

If your doctor prescribes an HIV PrEP medication not on our list for medical reasons, Optum Rx will cover that recommended drug at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost share?

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?

If you are a member age 40-75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for people who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet coverage criteria.

Will this drug list change?

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

Are the no cost preventive care medications available at both retail and home delivery pharmacies?

Preventive care medications are available at network retail pharmacies. Most are also available at the Optum® Home Delivery Pharmacy for plans with a home delivery benefit. For example, the Optum Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your Optum Rx member ID card.

What if the health care reform law requirements for preventive care medication coverage change?

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.



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2024 Select Standard Formulary

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



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the Optum Rx app to:

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

Understanding your formulary

What is a formulary?

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

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

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

Tier information

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

Drug tier	Includes		Helpful tips
Tier 1	\$	Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$	Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$	Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

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

PA	Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.

Select Standard Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
bac	1	
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
endocet	1	QL
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
NUCYNTA	3	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
ROXYBOND	3	QL
tramadol hcl oral tablet	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac potassium oral tablet	1	

Drug Name	Drug Tier	Notes
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
ELYXYB	3	PA; QL
etodolac oral tablet	1	
ibuprofen oral suspension 100 mg/5ml	1	
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	
naproxen oral tablet	1	
Anesthetics		
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
ZTLIDO	3	ST
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBLOCADE	3	SP
varenicline tartrate	1	++; QL
ZIMHI	3	
ZUBSOLV	2	QL

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

Drug Name	Drug Tier	Notes
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefadroxil oral capsule	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	

Drug Name	Drug Tier	Notes
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
XENLETA	3	
XEPI	3	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

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

Drug Name	Drug Tier	Notes
Anticonvulsants - Drugs for Seizures		
APTOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral tablet	1	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
NAYZILAM	3	QL
oxcarbazepine oral tablet	1	
primidone oral	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TOPAMAX	3	ST
TOPAMAX SPRINKLE	3	ST
topiramate oral tablet	1	
VALTOCO	3	QL
XCOPRI	3	ST
ZONEGRAN	3	ST
zonisamide oral	1	

Drug Name	Drug Tier	Notes
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
LYBALVI	3	ST; QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	

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

Drug Name	Drug Tier	Notes
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour	1	
vilazodone hcl	1	QL
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
SANCUSO	3	PA; QL
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	1	++
ciclopirox external solution	1	++

Drug Name	Drug Tier	Notes
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL CAPSULE 186 MG	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	3	PA; ++
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
VIVJOA	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Made by Par
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL

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

Drug Name	Drug Tier	Notes
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA; QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	1	
CABOMETYX	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	PA; SP
COTELLIC	3	PA; SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
EXKIVITY	3	PA; SP
GAVRETO	3	PA; SP
IBRANCE ORAL TABLET	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL

Drug Name	Drug Tier	Notes
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET	3	PA; SP; QL
KANJINTI	2	PA; SP
KISQALI FEMARA	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; SP
KOSELUGO	3	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MEKINIST ORAL TABLET	3	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PHESGO	2	PA; SP
PIQRAY	3	PA; SP
POMALYST	3	PA; SP
RETEVMO	3	PA; SP
REVLIMID	2	PA; SP
ROZLYTREK	3	PA; SP
RUXIENCE	2	PA; SP
RYDAPT	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
SCEMBLIX ORAL TABLET 20 MG	3	PA; SP; QL
SCEMBLIX ORAL TABLET 40 MG	3	PA; SP
SPRYCEL	2	PA; SP
STIVARGA	2	PA; SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral	1	
TASIGNA	3	PA; SP
temozolomide	1	PA; SP
TRAZIMERA	2	PA; SP
VERZENIO	3	PA; SP
VITRAKVI	3	PA; SP
XTANDI	3	PA; SP
ZEJULA ORAL CAPSULE 100 MG	2	PA; SP
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
Antiparkinson Agents		
benztropine mesylate oral	1	

Drug Name	Drug Tier	Notes
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
NEUPRO	3	
NOURIANZ	3	PA
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	3	ST; QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	QL
PERSERIS	3	++
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
VRAYLAR	3	QL
ziprasidone hcl	1	QL

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

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

Drug Name	Drug Tier	Notes
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
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
DOPTelet	3	PA; SP
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
ESPEROCT	3	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	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
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIT	2	PA; SP
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
SOLIRIS	3	PA; SP
TAVALISSE	3	PA; SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
bumetanide oral	1	
candesartan cilexetil	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
ezetimibe	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	3	PA
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	1	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	

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
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
minoxidil oral	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NORLIQVA	3	PA
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL

Drug Name	Drug Tier	Notes
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
SOAANZ	3	PA
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
toremide	1	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	ST; QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
guanfacine hcl er	1	
JORNAY PM	3	ST; QL
methylphenidate hcl er	1	QL

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

Drug Name	Drug Tier	Notes
methamphetamine hcl er (cd)	1	QL
methamphetamine hcl er (la)	1	QL
methamphetamine hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL
methamphetamine hcl er (xr)	1	QL
methamphetamine hcl oral tablet	1	QL
VYVANSE ORAL CAPSULE	3	ST; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
glatiramer acetate	1	PA; SP; QL
glatopa	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP

Drug Name	Drug Tier	Notes
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; SP; QL
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; ++; QL
AUSTEDO	3	PA; SP; QL
AUSTEDO PATIENT TITRATION KIT	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	3	PA; SP; QL
phentermine hcl oral	1	++
pregabalin oral capsule	1	QL
QSYMIA	3	PA; ++
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
SAXENDA	3	PA; ++; QL
TEGSEDI	3	PA; SP; QL
TIGLUTIK	2	PA; QL

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

Drug Name	Drug Tier	Notes
VYLEESI	3	PA; ++; QL
WEGOVY	3	PA; ++; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	3	PA
acutane	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ala-cort	1	
amnesteem	1	
AMZEEQ	3	
azelaic acid external	1	
betamethasone dipropionate external cream	1	
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1	
clindamycin phosphate external gel	1	

Drug Name	Drug Tier	Notes
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
DUPIXENT	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYFTOR	3	PA
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
isotretinoin oral	1	
KLISYRI	3	ST
metronidazole external cream	1	
metronidazole external gel	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
MIRVASO	3	
mometasone furoate external cream	1	
ONEXTON	3	
OPZELURA	2	ST; QL
QBREXZA	3	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA; ++
RHOFADE	3	
SANTYL	3	QL
SOOLANTRA	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	QL
tretinoin external cream	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
triderm	1	
tritocin external ointment 0.05 %	1	
TWYNEO	3	
VTAMA	3	PA
WINLEVI	3	PA
WYNZORA	3	QL
zenatane	1	
ZILXI	3	ST
ZORYVE	3	PA
Diabetes - Antidiabetic Agents		
BYDUREON BCISE AUTOINJECTOR	2	PA; QL

Drug Name	Drug Tier	Notes
BYETTA 10 MCG PEN	2	PA; QL
BYETTA 5 MCG PEN	2	PA; QL
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glyburide oral	1	
GLYXAMBI	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl er (mod)	1	PA
metformin hcl er (osm)	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	1	PA
MOUNJARO	2	PA; QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SOLIQUA	2	ST; QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRIJARDY XR	2	
TRULICITY	2	PA; QL

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

Drug Name	Drug Tier	Notes
VICTOZA	2	PA; QL
XIGDUO XR	2	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CEQUR SIMPLICITY 2U 10PK	2	++
CEQUR SIMPLICITY INSERTER	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR	2	++
CONTOUR NEXT ONE KIT	2	++
CONTOUR NEXT GEN TEST STRIPS	2	++; QL
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
DEXCOM G7 RECEIVER	2	PA; ++
DEXCOM G7 SENSOR	2	PA; ++
ENLITE GLUCOSE SENSOR	3	PA; ++
EVERSENSE E3 SENSOR/HOLDER	3	PA; ++
EVERSENSE E3 SMART TRANSMITTER	3	PA; ++
EVERSENSE SENSOR/HOLDER	3	PA; ++

Drug Name	Drug Tier	Notes
EVERSENSE SMART TRANSMITTER	3	PA; ++
FREESTYLE LIBRE 14 DAY READER	2	PA; ++
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; ++
FREESTYLE LIBRE 2 READER	2	PA; ++
FREESTYLE LIBRE 2 SENSOR	2	PA; ++
FREESTYLE LIBRE 3 SENSOR	2	PA; ++
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN CONNECT TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN SENSOR (3)	3	PA; ++
GUARDIAN SENSOR 3	3	PA; ++
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++
ONETOUCH ULTRA IN VITRO STRIP	2	++; QL
ONETOUCH VERIO FLEX SYSTEM	2	++
ONETOUCH VERIO TEST STRIPS	2	++; QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	2	++
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	

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
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius
ZEGALOGUE	2	
Diabetes - Insulins		
ADMELOG	1	++
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN	3	ST; ++
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
FIASP	1	++
FIASP FLEXTouch	1	++
FIASP PENFILL	1	++
HUMALOG	1	++
HUMALOG KWIKPEN	1	++
HUMALOG MIX 50/50 KWIKPEN	1	++
HUMALOG MIX 50/50 VIAL	1	++
HUMALOG MIX 75/25 KWIKPEN	1	++
HUMALOG MIX 75/25 VIAL	1	++
HUMALOG TEMPO PEN	3	ST; ++

Drug Name	Drug Tier	Notes
HUMALOG U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N KWIKPEN	1	++
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R U-500 VIAL	1	++
HUMULIN R VIAL	1	++
INSULIN ASPART	1	PA; ++
INSULIN ASPART FLEXPEN	1	PA; ++
INSULIN DEGLUDEC FLEXTouch	3	PA; ++
INSULIN GLARGINE	3	PA; ++
INSULIN GLARGINE SOLOSTAR	3	PA; ++
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	1	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LEVEMIR FLEXPEN	1	++
LEVEMIR U-100 VIAL	1	++
LYUMJEV KWIKPEN	1	++
LYUMJEV VIAL	1	++
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	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
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	1	++
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++
NOVOLIN R FLEXPEN RELION	1	++
NOVOLIN R VIAL	1	++
NOVOLOG FLEXPEN	1	++
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
TOUJEO MAX SOLOSTAR	1	++
TOUJEO SOLOSTAR	1	++
TRESIBA	1	++
TRESIBA FLEXTOUCH	1	++
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	3	ST
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	

Drug Name	Drug Tier	Notes
klor-con m20	1	
klor-con oral tablet extended release	1	
LOKELMA	3	
NASCOBAL	3	++
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
dexlansoprazole	1	++; QL
esomeprazole magnesium oral capsule delayed release	1	++; QL
famotidine oral suspension reconstituted	1	++
famotidine oral tablet 20 mg, 40 mg	1	++
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral tablet delayed release	1	QL

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
rabeprazole sodium oral tablet delayed release	1	++; QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	1	
gavilyte-g	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
na sulfate-k sulfate-mg sulf	1	
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL

Drug Name	Drug Tier	Notes
TALICIA	3	
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
FABRAZYME	2	PA; SP
NITYR	3	PA; SP
ORFADIN	3	PA; SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA; SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DEPEN TITRATABS	2	SP
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	3	++; QL
tadalafil oral	1	++; QL
THIOLA	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
THIOLA EC	3	SP
tolterodine tartrate er	1	
VELPHORO	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
Hormonal Agents - Adrenal		
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
HEMADY	3	PA
hydrocortisone oral	1	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel	1	PA
XYOSTED	3	PA

Drug Name	Drug Tier	Notes
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CORTROPHIN	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon/Merck; ++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOC DURNA	3	PA
NORDITROPIN FLEXPPO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	2	PA; ++; SP
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	2	PA; ++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
SOMATULINE DEPOT	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
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	++
altavera	1	++
alyacen 1/35	1	++
amabelz	1	
amethia	1	++; QL
ANNOVERA	3	++; QL
apri	1	++
ashlyna	1	++; QL
aubra eq	1	++
aurovela 1.5/30	1	++
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
balziva	1	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
briellyn	1	++
camila	1	++
camrese	1	++; QL

Drug Name	Drug Tier	Notes
camrese lo	1	++; QL
chateal eq	1	++
CLIMARA PRO	2	
cryselle-28	1	++
cyred eq	1	++
dasetta 1/35	1	++
daysee	1	++; QL
deblitane	1	++
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
elinest	1	++
eluryng	1	++
ENDOMETRIN	2	++
enskyce	1	++
errin	1	++
estarylla	1	++
estradiol oral	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
fayosim oral tablet 42-21-21-7 days	1	++; QL

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

Drug Name	Drug Tier	Notes
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
haloette	1	++
heather	1	++
iclevia	1	++; QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
introvale	1	++; QL
isibloom	1	++
jaimiess	1	++; QL
jasmiel	1	++
jencycla	1	++
jolessa	1	++; QL
juleber	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kalliga	1	++
kurvelo	1	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonorgest-eth est & eth est	1	++; QL

Drug Name	Drug Tier	Notes
levonorgest-eth estrad 91-day	1	++; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	++
levora 0.15/30 (28)	1	++
LO LOESTRIN FE	3	++
lojaimiess	1	++; QL
loryna	1	++
low-ogestrel	1	++
lo-zumandimine	1	++
luteria	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin 24 fe	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
mimvey	1	
MIRENA (52 MG)	3	++
mono-lynyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
necon 0.5/35 (28)	1	++
NEXTSTELLIS	3	++
nikki	1	++
nora-be	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
norethin ace-eth estrad-fe oral tablet	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norgestimate-eth estradiol	1	++
norgestimate-ethinyl estradiol triphasic	1	++
norlyroc	1	++
nortrel 0.5/35 (28)	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
nylia 1/35	1	++
nymyo	1	++
ocella	1	++
ORIAHNN	2	PA; QL
philith	1	++
pirmella 1/35 oral tablet 1-35 mg-mcg	1	++
portia-28	1	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
reclipsen	1	++
rivelsa	1	++; QL
setlakin	1	++; QL
sharobel	1	++
simpesse	1	++; QL
SLYND	3	ST; ++
sprintec 28	1	++
sronyx	1	++

Drug Name	Drug Tier	Notes
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	1	++
tri-estarylla	1	++
tri-linyah	1	++
tri-lo-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++
tri-mili	1	++
tri-nymyo	1	++
tri-sprintec	1	++
tri-vylibra	1	++
tri-vylibra lo	1	++
vestura	1	++
vienva	1	++
vyfemla	1	++
vylibra	1	++
wera	1	++
xulane	1	++
yuvaferm	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ADTHYZA	3	ST
ARMOUR THYROID	3	ST
ERMEZA	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole 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
np thyroid oral tablet 15 mg, 30 mg, 60 mg	1	
SYNTHROID	3	ST
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
ADALIMUMAB-ADAZ	2	PA; SP; QL
AMJEVITA	2	PA; SP; QL
AVSOLA	2	PA; SP
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA STARTER KIT	2	PA; SP; QL
COSENTYX (300 MG DOSE)	3	PA; SP; QL
COSENTYX 150 MG/ML	3	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	3	PA; SP; QL
COSENTYX SENSOREADY PEN	3	PA; SP; QL
cyclosporine modified oral capsule	1	
CYLTEZO	2	PA; SP; QL

Drug Name	Drug Tier	Notes
CYLTEZO-CD/UC/HS STARTER	2	PA; SP; QL
CYLTEZO-PSORIASIS STARTER	2	PA; SP; QL
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
ENVARUSUS XR	3	
engraf oral capsule	1	
HAEGARDA	3	PA; SP
HIZENTRA	3	PA; SP
HUMIRA	2	PA; SP; QL
HUMIRA PEDIATRIC CROHNS START	2	PA; SP; QL
HUMIRA PEN	2	PA; SP; QL
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP; QL
HUMIRA PEN-PEDIATRIC UC START	2	PA; SP; QL
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP; QL
HUMIRA PEN-PSOR/UEIT STARTER	2	PA; SP; QL
HYRIMOZ	2	PA; SP; QL
HYRIMOZ-CROHNS/UC STARTER PACK	2	PA; SP; QL
HYRIMOZ-PED CROHNS STARTER	2	PA; SP; QL
HYRIMOZ-PLAQUE PSORIASIS START	2	PA; SP; QL
INFLECTRA	2	PA; SP
leflunomide oral	1	
LUPKYNIS	3	PA; SP; QL

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

Drug Name	Drug Tier	Notes
methotrexate oral tablet 2.5 mg	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
OLUMIANT	3	PA; SP; QL
ORENCIA CLICKJECT	3	PA; 3P; SP; QL
ORENCIA INTRAVENOUS	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
RASUVO	2	PA; QL
REDITREX	3	PA; QL
RINVOQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP
sirolimus oral tablet	1	
SKYRIZI	2	PA; SP; QL
SKYRIZI PEN	2	PA; SP; QL
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; SP
TALTZ	3	PA; 3P; SP; QL

Drug Name	Drug Tier	Notes
TREMFYA	2	PA; SP; QL
TREXALL	3	
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	1	
CORTIFOAM	3	
DIPENTUM	3	
hydrocortisone (perianal)	1	
LIALDA	3	ST
mesalamine er oral capsule 0.375 gm	3	PA
mesalamine oral tablet delayed release	1	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral tablet	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
ibandronate sodium oral	1	QL
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	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
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
Miscellaneous Therapeutic Agents		
BD ULTRA-FINE PEN NEEDLES	2	++
BOTOX	3	PA; Non-Cosmetic
DUROLANE	2	PA
DYSPORT	2	PA
ENDARI	3	PA
EUFLEXXA	2	PA
GELSYN-3	2	PA
KERENDIA	3	PA; QL
MYOBLOC	2	PA
NOVOFINE AUTOCOVER PEN NEEDLE	2	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
OMNIPOD 5 G6 INTRO (GEN 5)	2	++
OMNIPOD 5 G6 POD (GEN 5)	2	++
OMNIPOD CLASSIC PODS (GEN 3)	2	++
OMNIPOD DASH INTRO (GEN 4)	2	++
OMNIPOD DASH PODS (GEN 4)	2	++
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++

Drug Name	Drug Tier	Notes
XEOMIN	2	PA
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PRED MILD	3	
PROLENSA	2	QL
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	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
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
BETIMOL	3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate (once- daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CIMERLI	2	PA; SP
cyclosporine ophthalmic	3	PA
polymyxin b- trimethoprim	1	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
TYRVAYA	3	PA; QL
VERKAZIA	3	PA; QL

Drug Name	Drug Tier	Notes
XIIDRA	2	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin- dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution 1 mg/ml	1	++
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine- bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
RYALTRIS	3	QL
XHANCE	3	ST; ++; QL

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
ZETONNA	3	++; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	3	ST; QL
ADVAIR HFA	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Teva; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Prasco; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL
ALVESCO	3	ST; QL
ANORO ELLIPTA	2	QL
ARNUIITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL
BREO ELLIPTA	1	QL
breyna	3	PA; QL
BREZTRI AEROSPHERE	2	QL

Drug Name	Drug Tier	Notes
budesonide inhalation	1	QL
budesonide-formoterol fumarate	3	PA; QL
COMBIVENT RESPIMAT	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	Made by Mylan
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	
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	3	ST
EPIPEN JR 2-PAK	3	ST
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
FLOVENT HFA	3	ST; QL
FLUTICASONE FUROATE-VILANTEROL	3	PA; QL
FLUTICASONE PROPIONATE HFA	3	ST; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	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
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
ipratropium-albuterol	1	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP
PERFOROMIST	3	QL
PULMICORT FLEXHALER	3	ST; QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
SYMJEPI	3	
TEZSPIRE	2	PA; SP; QL
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	1	ST; QL
XOLAIR	2	PA; SP
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA; QL

Drug Name	Drug Tier	Notes
PULMOZYME	2	PA; SP
TOBI PODHALER	3	SP; QL
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TADLIQ	3	PA; SP; QL
treprostinil	1	PA; SP
TYVASO	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL
TYVASO REFILL	3	PA; SP; QL
TYVASO STARTER	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	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
methocarbamol oral tablet 1000 mg	1	PA
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL
modafinil	1	PA; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; Made by Amneal; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; Made by Hikma; SP; QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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

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accutane.....	16	amphetamine- dextroamphetamine.....	14	azelastine-fluticasone.....	29
acetaminophen-codeine.....	6	amphetamine- dextroamphetamine er.....	14	azithromycin.....	7
ACTEMRA.....	26	AMZEEQ.....	16	AZSTARYS.....	14
ACTEMRA ACTPEN.....	26	anastrozole.....	10	bac.....	6
ACTHAR.....	22	ANDRODERM.....	22	baclofen.....	31
acyclovir.....	12	ANNOVERA.....	23	BAFIERTAM.....	15
ADALIMUMAB-ADAZ.....	26	ANORO ELLIPTA.....	30	BALCOLTRA.....	23
adapalene-benzoyl peroxide.....	16	apap-caff-dihydrocodeine.....	6	balziva.....	23
ADBRY.....	16	APIDRA SOLOSTAR.....	19	BAQSIMI ONE PACK.....	18
ADDERALL XR.....	14	APIDRA VIAL.....	19	BAQSIMI TWO PACK.....	18
ADDYI.....	15	apri.....	23	BASAGLAR KWIKPEN.....	19
ADEMPAS.....	31	APRISO.....	27	BASAGLAR TEMPO PEN.....	19
ADMELOG.....	19	APTIOM.....	8	BD ULTRA-FINE INSULIN SYRINGES.....	19
ADMELOG SOLOSTAR.....	19	ARAKODA.....	11	BD ULTRA-FINE PEN NEEDLES.....	28
ADTHYZA.....	25	ARANESP (ALBUMIN FREE).....	12	BELBUCA.....	6
ADVAIR DISKUS.....	30	aripiprazole.....	11	BELSOMRA.....	32
ADVAIR HFA.....	30	ARISTADA.....	11	benazepril hcl.....	13
ADVATE.....	12	ARISTADA INITIO.....	11	BENLYSTA.....	26
ADYNOVATE.....	12	armodafinil.....	32	benzonatate.....	29
afirmelle.....	23	ARMOUR THYROID.....	25	benztropine mesylate.....	11
AFSTYLA.....	12	ARNUITY ELLIPTA.....	30	BESIVANCE.....	28
AIMOVIG.....	9	ashlyna.....	23	betamethasone dipropionate....	16
AJOVY.....	9	atenolol.....	13	BETASERON.....	15
AKLIEF.....	16	atenolol-chlorthalidone.....	13	BETIMOL.....	29
ala-cort.....	16	atomoxetine hcl.....	14	BIJUVA.....	23
albuterol sulfate.....	30	atorvastatin calcium.....	13	BIKTARVY.....	12
albuterol sulfate hfa.....	30	ATROVENT HFA.....	30	bisoprolol fumarate.....	13
ALBUTEROL SULFATE HFA...	30	AUBAGIO.....	15	bisoprolol-hydrochlorothiazide..	13
ALECENSA.....	10	aubra eq.....	23	blisovi 24 fe.....	23
alendronate sodium.....	27	aurovela 1.5/30.....	23	blisovi fe 1.5/30.....	23
alfuzosin hcl er.....	22	aurovela 1/20.....	23	blisovi fe 1/20.....	23
allopurinol.....	9	aurovela 24 fe.....	23	BOTOX.....	28
ALPHAGAN P.....	29	aurovela fe 1.5/30.....	23	BREO ELLIPTA.....	30
alprazolam.....	12	aurovela fe 1/20.....	23	breyana.....	30
ALPROLIX.....	12	AUSTEDO.....	15	BREZTRI AEROSPHERE.....	30
altavera.....	23	AUSTEDO PATIENT TITRATION KIT.....	15	briellyn.....	23
ALUNBRIG.....	10	AUSTEDO XR.....	15	BRILINTA.....	11
ALVESCO.....	30	AUVI-Q.....	30	brimonidine tartrate.....	29
alyacen 1/35.....	23	aviane.....	23	BRIVIACT.....	8
amabelz.....	23	avidoxy.....	7	BRONCHITOL.....	31
amethia.....	23	AVONEX PEN.....	15	budesonide.....	30
amiodarone hcl.....	13	AVONEX PREFILLED.....	15	budesonide-formoterol fumarate.....	30
amitriptyline hcl.....	8			bumetanide.....	13
AMJEVITA.....	26			buprenorphine hcl.....	6
amlodipine besylate.....	13				

buprenorphine hcl-naloxone hcl.....	6	clindamycin hcl.....	7	desmopressin acetate.....	22
bupropion hcl.....	8	clindamycin phosphate.....	16	desvenlafaxine succinate er.....	8
bupropion hcl er (sr).....	8	clindamycin phosphate- benzoyl peroxide.....	16	dexamethasone.....	22
bupropion hcl er (xl).....	8	CLINDESSE.....	7	DEXCOM G6 RECEIVER.....	18
buspirone hcl.....	12	clobetasol propionate.....	16	DEXCOM G6 SENSOR.....	18
butalbital-apap-cafeine.....	6	clonazepam.....	12	DEXCOM G6 TRANSMITTER..	18
BYDUREON BCISE AUTOINJECTOR.....	17	clonidine hcl.....	13	DEXCOM G7 RECEIVER.....	18
BYETTA 10 MCG PEN.....	17	clopidogrel bisulfate.....	11	DEXCOM G7 SENSOR.....	18
BYETTA 5 MCG PEN.....	17	clotrimazole.....	9	dexlansoprazole.....	20
cabergoline.....	22	clotrimazole-betamethasone.....	9	dexmethylphenidate hcl.....	14
CABOMETYX.....	10	colchicine.....	9	dexmethylphenidate hcl er.....	14
calcitriol.....	28	COMBIVENT RESPIMAT.....	30	diazepam.....	12
CALQUENCE.....	10	constulose.....	21	diclofenac potassium.....	6
camila.....	23	CONTOUR NEXT EZ KIT W/DEVICE.....	18	diclofenac sodium.....	6
camrese.....	23	CONTOUR NEXT GEN MONITOR.....	18	dicyclomine hcl.....	21
camrese lo.....	23	CONTOUR NEXT GEN TEST STRIPS.....	18	DIFICID.....	7
candesartan cilexetil.....	13	CONTOUR NEXT ONE KIT.....	18	digoxin.....	13
capecitabine.....	10	COPAXONE.....	15	diltiazem hcl er coated beads...	13
carbidopa-levodopa.....	11	CORLANOR.....	13	dimethyl fumarate.....	15
carisoprodol.....	31	CORTIFOAM.....	27	DIPENTUM.....	27
cartia xt.....	13	CORTROPHIN.....	22	diphenoxylate-atropine.....	21
carvedilol.....	13	COSENTYX (300 MG DOSE)...	26	divalproex sodium.....	8
cefadroxil.....	7	COSENTYX 150 MG/ML.....	26	divalproex sodium er.....	8
cefdinir.....	7	COSENTYX SENSOREADY (300 MG).....	26	DIVIGEL.....	23
cefuroxime axetil.....	7	COSENTYX SENSOREADY PEN.....	26	donepezil hcl.....	8
celecoxib.....	6	COTELLIC.....	10	DOPTelet.....	12
cephalexin.....	7	CREON.....	21	dorzolamide hcl-timolol mal.....	29
CEQUR SIMPLICITY 2U 10PK..	18	CRESEMBA.....	9	dorzolamide hcl-timolol mal pf..	29
CEQUR SIMPLICITY INSERTER.....	18	cryselle-28.....	23	dotti.....	23
CERDELGA.....	21	cyanocobalamin.....	20	DOVATO.....	12
cetirizine hcl.....	29	cyclobenzaprine hcl.....	31	doxazosin mesylate.....	13
chateal eq.....	23	cyclosporine.....	29	doxepin hcl.....	8
chlorhexidine gluconate.....	16	cyclosporine modified.....	26	doxycycline hyclate.....	7
chlorthalidone.....	13	CYLTEZO.....	26	doxycycline monohydrate.....	7
CIBINQO.....	16	CYLTEZO-CD/UC/HS STARTER.....	26	drospirenone-ethinyl estradiol...	23
ciclodan.....	9	CYLTEZO-PSORIASIS STARTER.....	26	DUAVEE.....	23
ciclopirox.....	9	cyproheptadine hcl.....	29	duloxetine hcl.....	8
CIMDUO.....	12	cyred eq.....	23	DUPIXENT.....	16
CIMERLI.....	29	dasetta 1/35.....	23	DUROLANE.....	28
CIMZIA.....	26	daysee.....	23	dutasteride.....	22
CIMZIA STARTER KIT.....	26	DAYVIGO.....	32	DYMISTA.....	29
ciprofloxacin hcl.....	7, 28	deblitane.....	23	DYSPORT.....	28
ciprofloxacin-dexamethasone...	29	delyla.....	23	EDARBI.....	13
citalopram hydrobromide.....	8	DEPEN TITRATABS.....	21	EDARBYCLOR.....	13
claravis.....	16	DESCOVY.....	12	ELESTRIN.....	23
clarithromycin.....	7			eletriptan hydrobromide.....	10
CLENPIQ.....	21			elinest.....	23
CLIMARA PRO.....	23			ELIQUIS.....	7
clindacin etz.....	16			ELIQUIS DVT/PE STARTER PACK.....	7
clindacin-p.....	16			ELOCTATE.....	12
				eluryng.....	23
				ELYXYB.....	6

EMGALITY.....	10	EYSUVIS.....	28	GELSYN-3.....	28
EMPAVELI.....	12	ezetimibe.....	13	gemfibrozil.....	13
emtricitabine-tenofovir df.....	12	FABRAZYME.....	21	gengraf.....	26
EMVERM.....	11	falmina.....	23	gentamicin sulfate.....	28
enalapril maleate.....	13	famotidine.....	20	glatiramer acetate.....	15
ENBREL.....	26	FARXIGA.....	17	glatopa.....	15
ENBREL MINI.....	26	FASENRA.....	30	glimepiride.....	17
ENBREL SURECLICK.....	26	FASENRA PEN.....	30	glipizide er.....	17
ENDARI.....	28	fayosim.....	23	glipizide ir.....	17
endocet.....	6	fenofibrate.....	13	glipizide xl.....	17
ENDOMETRIN.....	23	fentanyl.....	6	GLUCAGON EMERGENCY	
ENLITE GLUCOSE SENSOR... 18		FIASP.....	19	KIT.....	19
enoxaparin sodium.....	7	FIASP FLEXTOUCH.....	19	glyburide.....	17
enskyce.....	23	FIASP PENFILL.....	19	glycopyrrolate.....	21
ENSTILAR.....	16	FINACEA.....	16	GLYXAMBI.....	17
entecavir.....	12	finasteride.....	22	GRALISE.....	15
ENTRESTO.....	13	FLAREX.....	28	guanfacine hcl.....	13
ENVARSUS XR.....	26	flecainide acetate.....	13	guanfacine hcl er.....	14
EPCLUSA.....	12	FLOVENT HFA.....	30	GUARDIAN 4 GLUCOSE	
EPIDIOLEX.....	8	fluconazole.....	9	SENSOR.....	18
EPIDUO FORTE.....	16	fludrocortisone acetate.....	22	GUARDIAN 4 TRANSMITTER. 18	
epinephrine.....	30	fluocinonide.....	16	GUARDIAN CONNECT	
EIPEN 2-PAK.....	30	fluorouracil.....	16	TRANSMITTER.....	18
EIPEN JR 2-PAK.....	30	fluoxetine hcl.....	8	GUARDIAN LINK 3	
ergocalciferol.....	20	FLUTICASONE FUROATE-		TRANSMITTER.....	18
ERIVEDGE.....	10	VILANTEROL.....	30	GUARDIAN SENSOR (3).....	18
ERLEADA.....	10	fluticasone propionate.....	29	GUARDIAN SENSOR 3.....	18
ERMEZA.....	25	FLUTICASONE PROPIONATE		GYNAZOLE-1.....	9
errin.....	23	HFA.....	30	HAEGARDA.....	26
erythromycin.....	28	FLUTICASONE-		hailey 1.5/30.....	24
escitalopram oxalate.....	8	SALMETEROL.....	30	hailey 24 fe.....	24
esomeprazole magnesium.....	20	fluticasone-salmeterol.....	31	hailey fe 1.5/30.....	24
ESPEROCT.....	12	fluvoxamine maleate.....	8	hailey fe 1/20.....	24
estarylla.....	23	folic acid.....	20	haloette.....	24
estradiol.....	23	FOLLISTIM AQ.....	22	HARVONI.....	12
estradiol-norethindrone acet.....	23	FREESTYLE LIBRE 14 DAY		heather.....	24
ESTROGEL.....	23	READER.....	18	HEMADY.....	22
eszopiclone.....	32	FREESTYLE LIBRE 14 DAY		HEMANGEOL.....	13
etodolac.....	6	SENSOR.....	18	HIZENTRA.....	26
etonogestrel-ethinyl estradiol....	23	FREESTYLE LIBRE 2		HORIZANT.....	15
EUCRISA.....	16	READER.....	18	HUMALOG.....	19
EUFLEXXA.....	28	FREESTYLE LIBRE 2		HUMALOG KWIKPEN.....	19
euthyrox.....	25	SENSOR.....	18	HUMALOG MIX 50/50	
EVAMIST.....	23	FREESTYLE LIBRE 3		KWIKPEN.....	19
EVERSENSE E3		SENSOR.....	18	HUMALOG MIX 50/50 VIAL.....	19
SENSOR/HOLDER.....	18	FUROSCIX.....	13	HUMALOG MIX 75/25	
EVERSENSE E3 SMART		furosemide.....	13	KWIKPEN.....	19
TRANSMITTER.....	18	FYCOMPA.....	8	HUMALOG MIX 75/25 VIAL.....	19
EVERSENSE		gabapentin.....	8	HUMALOG TEMPO PEN.....	19
SENSOR/HOLDER.....	18	ganirelix acetate.....	22	HUMALOG U-100 JUNIOR	
EVERSENSE SMART		gavilyte-c.....	21	KWIKPEN.....	19
TRANSMITTER.....	18	gavilyte-g.....	21	HUMIRA.....	26
EXKIVITY.....	10	GAVRETO.....	10		

HUMIRA PEDIATRIC	INBRIJA.....	11	KANJINTI.....	10
CROHNS START.....	incassia.....	24	KERENDIA.....	28
HUMIRA PEN.....	indomethacin.....	6	KESIMPTA.....	15
HUMIRA PEN-CD/UC/HS	INFLECTRA.....	26	ketoconazole.....	9
STARTER.....	INGREZZA.....	15	ketorolac tromethamine.....	6, 28
HUMIRA PEN-PEDIATRIC UC	INSULIN ASPART.....	19	KISQALI.....	10
START.....	INSULIN ASPART FLEXPEN...	19	KISQALI FEMARA.....	10
HUMIRA PEN-PS/UV/ADOL	INSULIN DEGLUDEC		KLISYRI.....	16
HS START.....	FLEXTOUCH.....	19	klor-con.....	20
HUMIRA PEN-PSOR/UEIT	INSULIN GLARGINE.....	19	klor-con 10.....	20
STARTER.....	INSULIN GLARGINE		klor-con m10.....	20
HUMULIN 70/30 KWIKPEN.....	SOLOSTAR.....	19	klor-con m15.....	20
HUMULIN 70/30 VIAL.....	INSULIN LISPRO.....	19	klor-con m20.....	20
HUMULIN N KWIKPEN.....	INSULIN LISPRO (1 UNIT		KLOXXADO.....	6
HUMULIN N VIAL.....	DIAL).....	19	KOATE.....	12
HUMULIN R U-500 KWIKPEN..	INSULIN LISPRO JUNIOR		KOGENATE FS.....	12
HUMULIN R U-500 VIAL.....	KWIKPEN.....	19	KOSELUGO.....	10
HUMULIN R VIAL.....	INSULIN LISPRO PROT &		KOVALTRY.....	12
hydralazine hcl.....	LISPRO.....	19	kurvelo.....	24
hydrochlorothiazide.....	introvale.....	24	labetalol hcl.....	13
hydrocodone-acetaminophen....	INVEGA HAFYERA.....	11	lacosamide.....	8
hydrocortisone.....	INVEGA SUSTENNA.....	11	lactulose.....	21
hydrocortisone (perianal).....	INVEGA TRINZA.....	11	lamotrigine.....	8
hydromorphone hcl.....	INVELTYS.....	28	lamotrigine er.....	8
hydroxychloroquine sulfate.....	ipratropium bromide.....	29	lansoprazole.....	20
hydroxyzine hcl.....	ipratropium-albuterol.....	31	LANTUS SOLOSTAR.....	19
hydroxyzine pamoate.....	irbesartan.....	13	LANTUS U-100 VIAL.....	19
HYFTOR.....	irbesartan-hydrochlorothiazide..	13	larin 1.5/30.....	24
hyoscyamine sulfate.....	isibloom.....	24	larin 1/20.....	24
hyoscyamine sulfate sl.....	isosorbide mononitrate er.....	13	larin 24 fe.....	24
HYRIMOZ.....	isotretinoin.....	16	larin fe 1.5/30.....	24
HYRIMOZ-CROHNS/UC	jaimiess.....	24	larin fe 1/20.....	24
STARTER PACK.....	jantoven.....	7	latanoprost.....	29
HYRIMOZ-PED CROHNS	JANUMET.....	17	LATUDA.....	11
STARTER.....	JANUMET XR.....	17	leflunomide.....	26
HYRIMOZ-PLAQUE	JANUVIA.....	17	lessina.....	24
PSORIASIS START.....	JARDIANCE.....	17	letrozole.....	10
HYSINGLA ER.....	jasmiel.....	24	LEVEMIR FLEXPEN.....	19
ibandronate sodium.....	jencycla.....	24	LEVEMIR U-100 VIAL.....	19
IBRANCE.....	JENTADUETO.....	17	levetiracetam.....	8
ibuprofen.....	JENTADUETO XR.....	17	levocetirizine dihydrochloride....	29
iclevia.....	JIVI.....	12	levofloxacin.....	7
ICLUSIG.....	jolessa.....	24	levonorgest-eth est & eth est....	24
icosapent ethyl.....	JORNAY PM.....	14	levonorgest-eth estrad 91-day..	24
IDELVION.....	JUBLIA.....	9	levonorgestrel-ethinyl estrad....	24
IDHIFA.....	juleber.....	24	levora 0.15/30 (28).....	24
imatinib mesylate.....	JULUCA.....	12	levo-t.....	25
IMBRUVICA.....	junel 1.5/30.....	24	levothyroxine sodium.....	25
imiquimod.....	junel 1/20.....	24	levoxyl.....	25
imiquimod pump.....	junel fe 1.5/30.....	24	LIALDA.....	27
IMVEXXY MAINTENANCE	junel fe 1/20.....	24	lidocaine.....	6
PACK.....	junel fe 24.....	24	lidocaine hcl.....	16
IMVEXXY STARTER PACK.....	kalliga.....	24	lidocaine viscous hcl.....	16

lidocaine-prilocaine	6	metformin hcl ir	17	NAMZARIC	8
LINZESS	21	methimazole	25	naproxen	6
liothyronine sodium	25	methocarbamol	32	naratriptan hcl	10
lisinopril	13	methotrexate	27	NARCAN	6
lisinopril-hydrochlorothiazide	14	methotrexate sodium	27	NASCOBAL	20
lithium carbonate	12	methylphenidate hcl	15	NATAZIA	24
lithium carbonate er	12	methylphenidate hcl er	14	NAYZILAM	8
LIVALO	14	methylphenidate hcl er (cd)	15	nebivolol hcl	14
LO LOESTRIN FE	24	methylphenidate hcl er (la)	15	necon 0.5/35 (28)	24
lojaimiess	24	methylphenidate hcl er (osm)	15	neomycin-polymyxin-dexameth	28
LOKELMA	20	methylphenidate hcl er (xr)	15	neomycin-polymyxin-hc	29
lorazepam	12	methylprednisolone	22	NEULASTA	12
loryna	24	metoclopramide hcl	9	NEULASTA ONPRO	12
LORZONE	31	metoprolol succinate er	14	NEUPRO	11
losartan potassium	14	metoprolol tartrate	14	NEXLETOL	14
losartan potassium-hctz	14	metronidazole	7, 16	NEXLIZET	14
LOTEMAX SM	28	microgestin 1.5/30	24	NEXTSTELLIS	24
lovastatin	14	microgestin 1/20	24	nifedipine er	14
low-ogestrel	24	microgestin 24 fe	24	nifedipine er osmotic release	14
lo-zumandimine	24	microgestin fe 1.5/30	24	nikki	24
LUMAKRAS	10	microgestin fe 1/20	24	nitrofurantoin macrocrystal	7
LUMIGAN	29	mili	24	nitrofurantoin monohydrate	
LUPKYNIS	26	mimvey	24	macrocrystals	7
LUPRON DEPOT (1-MONTH)	22	minocycline hcl	7	nitroglycerin	14
LUPRON DEPOT (3-MONTH)	22	minoxidil	14	NITYR	21
LUPRON DEPOT (4-MONTH)		MIRENA (52 MG)	24	NIVESTYM	12
INTRAMUSCULAR KIT 30MG	22	mirtazapine	8	NOC DURNA	22
LUPRON DEPOT (6-MONTH)		MIRVASO	17	nora-be	24
INTRAMUSCULAR KIT 45MG	22	misoprostol	20	NORDITROPIN FLEXPOR	22
lurasidone hcl	11	modafinil	32	norethin ace-eth estrad-fe	25
lutra	24	mometasone furoate	17, 29	norethindrone	25
LYBALVI	8	mondoxylene nl	7	norethindrone acetate	25
lyleq	24	mono-lynyah	24	norethindrone acet-ethinyl est	25
lyllana	24	montelukast sodium	31	norgestimate-eth estradiol	25
LYNPARZA	10	morphine sulfate er	6	norgestimate-ethinyl estradiol	
LYUMJEV KWIKPEN	19	MOTEGRITY	21	triphasic	25
LYUMJEV VIAL	19	MOUNJARO	17	NORLIQVA	14
lyza	24	MOVANTIK	21	norlyroc	25
marlissa	24	moxifloxacin hcl	28	nortrel 0.5/35 (28)	25
MAVENCLAD	15	MULPLETA	12	nortrel 1/35 (21)	25
MAVYRET	12	MULTAQ	14	nortrel 1/35 (28)	25
MAYZENT	15	mupirocin	7	nortriptyline hcl	8
MAYZENT STARTER PACK	15	MVASI	10	NOURIANZ	11
meclizine hcl	9	mycophenolate mofetil	27	NOVOEIGHT	13
medroxyprogesterone acetate	24	mycophenolate sodium	27	NOVOFINE AUTOCOVER	
MEKINIST	10	MYFEMBREE	24	PEN NEEDLE	28
meloxicam	6	MYOBLOC	28	NOVOFINE PEN NEEDLE	28
memantine hcl	8	MYRBETRIQ	21	NOVOFINE PLUS PEN	
mesalamine	27	na sulfate-k sulfate-mg sulf	21	NEEDLE	28
mesalamine er	27	nabumetone	6	NOVOLIN 70/30 FLEXPEN	19
metformin hcl er	17	nadolol	14	NOVOLIN 70/30 FLEXPEN	
metformin hcl er (mod)	17	naloxone hcl	6	RELION	19
metformin hcl er (osm)	17	naltrexone hcl	6	NOVOLIN 70/30 VIAL	20

NOVOLIN N FLEXPEN.....	20	ONETOUCH ULTRA 2 KIT		philith.....	25
NOVOLIN N FLEXPEN		W/DEVICE.....	18	pioglitazone hcl.....	17
RELION.....	20	ONETOUCH ULTRA TEST		PIQRAY.....	10
NOVOLIN N VIAL.....	20	STRIPS.....	18	pirmella 1/35.....	25
NOVOLIN R FLEXPEN.....	20	ONETOUCH VERIO FLEX		polymyxin b-trimethoprim.....	29
NOVOLIN R FLEXPEN		SYSTEM.....	18	POMALYST.....	10
RELION.....	20	ONETOUCH VERIO KIT		portia-28.....	25
NOVOLIN R VIAL.....	20	W/DEVICE.....	18	potassium chloride crys er.....	20
NOVOLOG FLEXPEN.....	20	ONETOUCH VERIO		potassium chloride er.....	20
NOVOLOG MIX 70/30		REFLECT KIT W/DEVICE.....	18	potassium citrate er.....	20
FLEXPEN.....	20	ONEXTON.....	17	PRADAXA.....	7
NOVOLOG MIX 70/30 VIAL.....	20	ONGENTYS.....	11	pramipexole dihydrochloride.....	11
NOVOLOG PENFILL.....	20	OPSUMIT.....	31	prasugrel hcl.....	11
NOVOLOG U-100 VIAL.....	20	OPZELURA.....	17	pravastatin sodium.....	14
np thyroid.....	26	ORENCIA.....	27	prazosin hcl.....	14
NUBEQA.....	10	ORENCIA CLICKJECT.....	27	PRED MILD.....	28
NUCALA.....	31	ORENITRAM.....	31	prednisolone.....	22
NUCYNTA.....	6	ORENITRAM MONTH 1.....	31	prednisolone sodium	
NURTEC.....	10	ORENITRAM MONTH 2.....	31	phosphate.....	22
NUTROPIN AQ NUSPIN 10.....	22	ORENITRAM MONTH 3.....	31	prednisone.....	22
NUTROPIN AQ NUSPIN 20.....	22	ORFADIN.....	21	pregabalin.....	15
NUTROPIN AQ NUSPIN 5.....	22	ORGOVYX.....	10	PREMARIN.....	25
NUWIQ.....	13	ORIAHNN.....	25	PREMPHASE.....	25
NUZYRA.....	7	ORILISSA.....	22	PREMPRO.....	25
nyamyc.....	9	ORLADEYO.....	27	PREZCOBIX.....	12
nylia 1/35.....	25	oseltamivir phosphate.....	12	primidone.....	8
nymyo.....	25	OSPHENA.....	23	prochlorperazine maleate.....	9
nystatin.....	9	OTEZLA.....	27	PROCRIT.....	13
nystop.....	9	OVIDREL.....	22	PROCTOFOAM HC.....	27
ocella.....	25	oxcarbazepine.....	8	procto-med hc.....	27
ODOMZO.....	10	oxybutynin chloride.....	21	proctosol hc.....	27
OFEV.....	31	oxybutynin chloride er.....	21	proctozone-hc.....	27
ofloxacin.....	28, 29	oxycodone hcl.....	6	progesterone.....	25
olanzapine.....	11	oxycodone-acetaminophen.....	6	PROLENSA.....	28
olmesartan medoxomil.....	14	OXYCONTIN.....	6	PROMACTA.....	13
olmesartan medoxomil-hctz.....	14	OZEMPIC.....	17	promethazine hcl.....	9
olopatadine hcl.....	28	PANCREAZE.....	21	promethazine-dm.....	29
OLUMIANT.....	27	PANRETIN.....	10	propranolol hcl.....	14
OMECLAMOX-PAK.....	21	pantoprazole sodium.....	20	propranolol hcl er.....	14
omega-3-acid ethyl esters.....	14	paroxetine hcl.....	8	pseudoephedrine-bromphen-	
omeprazole.....	20	PAXLOVID (150/100).....	12	dm.....	29
OMNARIS.....	29	PAXLOVID (300/100).....	12	PULMICORT FLEXHALER.....	31
OMNIPOD 5 G6 INTRO (GEN		peg 3350-kcl-na bicarb-nacl.....	21	PULMOZYME.....	31
5).....	28	peg-3350/electrolytes.....	21	QBREXZA.....	17
OMNIPOD 5 G6 POD (GEN 5).....	28	penicillin v potassium.....	7	QNASL.....	29
OMNIPOD CLASSIC PODS		PERFOROMIST.....	31	QNASL CHILDRENS.....	29
(GEN 3).....	28	periogard.....	16	QSYMIA.....	15
OMNIPOD DASH INTRO		PERSERIS.....	11	quetiapine fumarate.....	11
(GEN 4).....	28	PERTZYE.....	21	quetiapine fumarate er.....	11
OMNIPOD DASH PODS (GEN		phenazo.....	21	QULIPTA.....	10
4).....	28	phenazopyridine hcl.....	21	QVAR REDIHALER.....	31
ondansetron hcl.....	9	phentermine hcl.....	15	rabeprazole sodium.....	21
ondansetron odt.....	9	PHESGO.....	10	RADICAVA ORS.....	15

RADICAVA ORS STARTER KIT.....	15	SEYSARA.....	7	SYMTUZA.....	12
ramipril.....	14	sharobel.....	25	SYNJARDY.....	17
ranolazine er.....	14	sildenafil citrate.....	21, 31	SYNJARDY XR.....	17
RASUVO.....	27	SIMBRINZA.....	29	SYNTHROID.....	26
RAYALDEE.....	28	simpesse.....	25	TABRECTA.....	11
REBIF.....	15	SIMPONI.....	27	TACLONEX.....	17
REBIF REBIDOSE.....	15	SIMPONI ARIA.....	27	tacrolimus.....	17, 27
REBIF REBIDOSE.....		simvastatin.....	14	tadalafil.....	21
TITRATION PACK.....	15	sirolimus.....	27	TADLIQ.....	31
REBIF TITRATION PACK.....	15	SKYRIZI.....	27	TAFINLAR.....	11
REBINYN.....	13	SKYRIZI PEN.....	27	TAGRISSE.....	11
reclipsen.....	25	SLYND.....	25	TAKHZYRO.....	27
RECOMBINATE.....	13	SOAANZ.....	14	TALICIA.....	21
REDITREX.....	27	SODIUM OXYBATE.....	32	TALTZ.....	27
REPATHA.....	14	solifenacin succinate.....	21	tamoxifen citrate.....	11
REPATHA PUSHTRONEX.....		SOLQUA.....	17	tamsulosin hcl.....	22
SYSTEM.....	14	SOLIRIS.....	13	tarina 24 fe.....	25
REPATHA SURECLICK.....	14	SOMATULINE DEPOT.....	22	tarina fe 1/20 eq.....	25
RESTASIS.....	29	SOOLANTRA.....	17	TASIGNA.....	11
RESTASIS MULTIDOSE.....	29	SPIRIVA HANDIHALER.....	31	TAVALISSE.....	13
RETACRIT.....	13	SPIRIVA RESPIMAT.....	31	TEGSEDI.....	15
RETEVMO.....	10	spironolactone.....	14	TEKTURNA.....	14
RETIN-A MICRO PUMP.....	17	SPRAVATO (56 MG DOSE).....	9	TEKTURNA HCT.....	14
REVLIMID.....	10	SPRAVATO (84 MG DOSE).....	9	telmisartan.....	14
REXULTI.....	11	sprintec 28.....	25	telmisartan-hctz.....	14
REZVOGLAR KWIKPEN.....	20	SPRYCEL.....	11	temazepam.....	32
RHOFADE.....	17	sronyx.....	25	temozolomide.....	11
RHOPRESSA.....	29	STELARA.....	27	terbinafine hcl.....	9
RINVOQ.....	27	STENDRA.....	21	terconazole.....	9
risperidone.....	11	STIOLTO RESPIMAT.....	31	TERIPARATIDE	
rivelsa.....	25	STIVARGA.....	11	(RECOMBINANT).....	27
rizatriptan benzoate.....	10	STRENSIQ.....	21	testosterone.....	22
ROCKLATAN.....	29	STRIVERDI RESPIMAT.....	31	testosterone cypionate.....	22
ropinirole hcl.....	11	SUBLOCADE.....	6	TEZSPIRE.....	31
rosuvastatin calcium.....	14	subvenite.....	8	THIOLA.....	21
roweepra.....	8	sucralfate.....	21	THIOLA EC.....	22
ROXYBOND.....	6	sulfamethoxazole-trimethoprim...7		TIGLUTIK.....	15
ROZLYTREK.....	10	sulfasalazine.....	27	timolol maleate.....	29
RUCONEST.....	27	sulfatrim pediatric.....	7	timolol maleate (once-daily).....	29
RUXIENCE.....	10	sumatriptan succinate.....	10	timolol maleate ocudose.....	29
RYALTRIS.....	29	SUNOSI.....	32	timolol maleate pf.....	29
RYBELSUS.....	17	SUPPRELIN LA.....	23	TIROSINT.....	26
RYDAPT.....	10	SUPREP BOWEL PREP KIT....	21	TIROSINT-SOL.....	26
RYTARY.....	11	SUTAB.....	21	tizanidine hcl.....	32
SANCUSO.....	9	syeda.....	25	TOBI PODHALER.....	31
SANTYL.....	17	SYMBICORT.....	31	TOBRADEX ST.....	28
SAXENDA.....	15	SYMFI.....	12	tobramycin.....	28
SCSEMBLIX.....	11	SYMFI LO.....	12	tobramycin-dexamethasone.....	28
scopolamine.....	9	SYMJEPI.....	31	tolterodine tartrate er.....	22
SEREVENT DISKUS.....	31	SYMLINPEN 120.....	17	TOPAMAX.....	8
sertraline hcl.....	8	SYMLINPEN 60.....	17	TOPAMAX SPRINKLE.....	8
setlakin.....	25	SYMPAZAN.....	8	topiramate.....	8
		SYMPROIC.....	21	torsemede.....	14

TOUJEO MAX SOLOSTAR.....	20	valsartan.....	14	XIGDUO XR.....	18
TOUJEO SOLOSTAR.....	20	valsartan-hydrochlorothiazide...	14	XIIDRA.....	29
TRADJENTA.....	17	VALTOCO.....	8	XIMINO.....	7
tramadol hcl ir.....	6	varenicline tartrate.....	6	XOFLUZA (40 MG DOSE).....	12
tranexamic acid.....	13	VARUBI (180 MG DOSE).....	9	XOFLUZA (80 MG DOSE).....	12
TRAZIMERA.....	11	VASCEPA.....	14	XOLAIR.....	31
trazodone hcl.....	9	VELPHORO.....	22	XTAMPZA ER.....	6
TRELEGY ELLIPTA.....	31	VELTASSA.....	20	XTANDI.....	11
TREMFYA.....	27	VEMLIDY.....	12	xulane.....	25
treprostinil.....	31	venlafaxine hcl.....	9	XYNTHA.....	13
TRESIBA.....	20	venlafaxine hcl er.....	9	XYNTHA SOLOFUSE.....	13
TRESIBA FLEXTOUCH.....	20	VENTOLIN HFA.....	31	XYOSTED.....	22
tretinoin.....	17	verapamil hcl er.....	14	XYWAV.....	32
TREXALL.....	27	VERKAZIA.....	29	YUPELRI.....	31
TREZIX.....	6	VERQUVO.....	14	yuvaferm.....	25
triamcinolone acetonide.....	17	VERZENIO.....	11	zafemy.....	25
triamcinolone in absorbbase.....	17	vestura.....	25	ZARXIO.....	13
triamterene-hctz.....	14	V-GO 20.....	28	ZEGALOGUE.....	19
triazolam.....	12	V-GO 30.....	28	ZEJULA.....	11
triderm.....	17	V-GO 40.....	28	ZELBORAF.....	11
tri-estarylla.....	25	VIBERZI.....	21	zenatane.....	17
TRIJARDY XR.....	17	VICTOZA.....	18	ZENPEP.....	21
TRIKAFTA.....	31	vienva.....	25	ZEPOSIA.....	15
tri-linyah.....	25	vilazodone hcl.....	9	ZEPOSIA 7-DAY STARTER	
tri-lo-estarylla.....	25	vitamin d (ergocalciferol).....	20	PACK.....	15
tri-lo-marzia.....	25	VITRAKVI.....	11	ZEPOSIA STARTER KIT.....	15
tri-lo-mili.....	25	VIVJOA.....	9	ZETONNA.....	30
tri-lo-sprintec.....	25	VOSEVI.....	12	ZILXI.....	17
tri-mili.....	25	VRAYLAR.....	11	ZIMHI.....	6
TRINTELLIX.....	9	VTAMA.....	17	ZIOPTAN.....	29
tri-nymyo.....	25	VUMERITY.....	15	ziprasidone hcl.....	11
TRIPTODUR.....	23	vyfemla.....	25	ZIRABEV.....	11
tri-sprintec.....	25	VYLEESI.....	16	ZOLGENSMA.....	21
tritocin.....	17	vylibra.....	25	zolpidem tartrate.....	32
TRIUMEQ.....	12	VYVANSE.....	15	zolpidem tartrate er.....	32
tri-vylibra.....	25	WAKIX.....	32	ZONEGRAN.....	8
tri-vylibra lo.....	25	warfarin sodium.....	7	zonisamide.....	8
TRULICITY.....	17	WEGOVY.....	16	ZORYVE.....	17
TWYNEO.....	17	wera.....	25	ZTLIDO.....	6
TYMLOS.....	27	WILATE.....	13	ZUBSOLV.....	6
TYRVAYA.....	29	WINLEVI.....	17	zumandimine.....	25
TYVASO.....	31	wixela inhub.....	31	ZYLET.....	29
TYVASO DPI MAINTENANCE		WYNZORA.....	17		
KIT.....	31	XARELTO.....	7		
TYVASO DPI TITRATION KIT..	31	XARELTO STARTER PACK.....	7		
TYVASO REFILL.....	31	XCOPRI.....	8		
TYVASO STARTER.....	31	XELJANZ.....	27		
UBRELVY.....	10	XELJANZ XR.....	27		
UCERIS.....	27	XEMBIFY.....	27		
UDENYCA.....	13	XENLETA.....	7		
ULTOMIRIS.....	13	XEOMIN.....	28		
unithroid.....	26	XEPI.....	7		
valacyclovir hcl.....	12	XHANCE.....	29		

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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Thursday, October 5, 2023 12:40 PM
To: Diana Cavazos | HealthComp
Cc: Tom Georgouses | HealthComp; David Broome; Andrew Desa; Ross, Shannon C
Subject: October 28 is National Prescription Drug Take Back Day

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Diana,

I hope you're doing well.

Below is a notification regarding National Prescription Takeback Day.



National Prescription Drug Take Back Day

It is that time again! On Saturday, October 28, 2023, the U.S. Drug Enforcement Agency (DEA) is partnering with local law enforcement to host National Prescription Drug Take Back Day, a safe and convenient way to dispose of expired prescription drugs.

During its last event in April 2023, the DEA collected nearly 664,000 pounds of unwanted drugs across nearly 5,000 locations — and more 17 million pounds total over the event's 13-year run.

Visit the DEA's official [Take Back Day website](#) to find many useful tools, including a zip-code based [collection site locator](#).

Optum Home Delivery members can support these efforts by requesting up to two free drug disposal kits.

Please share this information with your organization and let me know if you have any questions.

Sincerely,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com



Upcoming PTO Alert: 11/1 3:30pm – 5:00pm
Business Travel: 10/16, 11/2 – 11/3
Office Closure:

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