

## Abbreviated Formulary

This is an abbreviated list of commonly prescribed generic and preferred brand medications on the ClearScript Formulary. This is not a complete list of medications on the formulary.

Please refer to your benefit plan documents for information on your plan's coverage for these medications or contact ClearScript Member Services at the number on the back of your ID Card.

**Important Note:** The drugs included on this list may not be covered by all benefit plans. Your benefit plan determines coverage for all medications. Additional coverage restrictions may apply for the medications included on this list. This list is subject to change throughout the year.

ACCU-CHEK (QL, ST)	bupropion hcl	cyclobenzaprine hcl	esomeprazole magnesium
acetaminophen-codeine (PA)	bupropion hcl sr (QL)	dasetta	estarylla
acyclovir	bupropion xl (QL)	desogestr-eth estrad eth estra	estradiol
AIMOVIG AUTOINJECTOR	bupropion xl (QL)	desvenlafaxine succinate er	eszopiclone (QL)
(QL, PA)	bupropion xl (QL)	(QL)	etonogestrel-ethinyl estradiol
albuterol sulfate (QL)	butalbital-acetaminophen-caffe	dexamethasone	EUCRISA (ST)
alendronate sodium (QL)	BYDUREON (QL, ST)	DEXCOM	euthyrox
allopurinol	BYSTOLIC	dexmethylphenidate hcl er (QL)	ezetimibe
alprazolam (QL)	camila	dextroamphetamine-amphet er	falmina
alyacen	capecitabine (PA)	(QL)	famotidine
amitriptyline hcl	carbamazepine	dextroamphetamine-	fenofibrate
amlodipine besylate	carbidopa-levodopa	amphetamine (QL)	finasteride
amnesteem	carisoprodol	diazepam	FLOVENT
amoxicillin	carvedilol	diclofenac sodium (QL)	fluconazole
amoxicillin-clavulanate potass	cefdinir	dicloxacillin sodium	fludrocortisone acetate
anastrozole	cefuroxime	dicyclomine hcl	fluorometholone
ANORO ELLIPTA (QL)	celecoxib (QL)	divalproex sodium er	fluorouracil
apri	cephalexin	dorzolamide-timolol	flouxetine hcl
aripiprazole (QL)	cevimeline hcl	dotti	fluticasone propionate (QL)
ARNUITY ELLIPTA	chateal eq	doxepin hcl	fluticasone-salmeterol
ashlyna	chlorhexidine gluconate	doxycycline	fluvoxamine maleate
atenolol	chlorthalidone	drospirenone-ethinyl estradiol	folic acid
atorvastatin calcium	CIMZIA (PA)	duloxetine hcl (QL)	FORTEO (PA)
atovaquone-proguanil hcl	CIPRODEX	DUPIXENT SYRINGE (QL, PA)	FREESTYLE
aviane	ciprofloxacin hcl	DYMISTA (QL)	furosemide
AVONEX PEN (QL, PA)	citalopram hbr	eletriptan hbr (QL)	gabapentin
azathioprine	claravis	elinest	gavilyte-g
azelastine hcl (QL)	clindamycin	ELIQUIS (QL)	gemfibrozil
azithromycin	clobetasol propionate	ELMIRON	gentamicin sulfate
baclofen	clomiphene citrate	eluryng	gianvi
BAQSIMI	clonazepam (QL)	EMGALITY PEN (QL, PA)	glatiramer acetate (QL, PA)
BELBUCA (QL, PA)	clonidine hcl	ENDOMETRIN	glipepiride
benzonatate	clopidogrel	enoxaparin sodium	glipizide
blisovi fe	COLCRYS	enskyce	glipizide er
BREO ELLIPTA	COMBIGAN	ENTRESTO (QL)	GLUCAGON EMERGENCY
BRILINTA	COMBIVENT RESPIMAT (QL)	epinephrine	KIT
budesonide (QL)	CONTRAIVE	errin	guanfacine hcl
buprenorphine hcl (QL)	CREON	erythromycin	guanfacine hcl er
buprenorphine-naloxone (QL)	cryselle	escitalopram oxalate	heather
	cyanocobalamin injection		

HUMALOG	low-ogestrel	oxybutynin chloride er	sulfamethoxazole-trimethoprim
HUMIRA (PA)	LUMIGAN (QL)	oxycodone hcl (PA)	sulfasalazine dr
HUMULIN	meclizine hcl	oxycodone-acetaminophen (PA)	sumatriptan succinate (QL)
hydrochlorothiazide	medroxyprogesterone acetate	OXYCONTIN (QL, PA)	syeda
hydrocodone-acetaminophen (PA)	meloxicam	OZEMPIC (QL, ST)	SYMBICORT
hydrocodone-chlorpheniramine er (PA)	mesalamine	pantoprazole sodium	tacrolimus
hydrocortisone	metformin hcl	paroxetine hcl	tamoxifen citrate
hydromorphone hcl (PA)	metformin hcl er	PAZEO	tamsulosin hcl
hydroxychloroquine sulfate	methimazole	peg-3350 and electrolytes	TECFIDERA (QL, PA)
hydroxyzine	methocarbamol	penicillin v potassium	TECHLITE
ibandronate sodium (QL)	methotrexate	PENTIPS	temazepam (QL)
ibuprofen	methylphenidate (QL)	phenazopyridine hcl	terbinafine hcl (QL)
imiquimod	methylprednisolone	phentermine hcl	testosterone cypionate
INCRUSE ELLIPTA (QL, ST)	metoclopramide hcl	pioglitazone hcl	timolol maleate
indomethacin	metoprolol	pirmella	TIVICAY
introvale	metronidazole	polyethylene glycol 3350	tizanidine hcl
ipratropium bromide	microgestin	polymyxin b sul-trimethoprim	tobramycin
ipratropium-albuterol (QL)	MICROLET	portia	tobramycin-dexamethasone
irbesartan	mili	potassium chloride	tolterodine tartrate er
isibloom	minocycline hcl	PRADAXA (QL)	topiramate
isosorbide mononitrate er	mirtazapine	PRALUENT PEN (QL, PA)	TOUJEO
jantoven	misoprostol	pramipexole dihydrochloride	TRADJENTA (ST)
JANUMET (ST)	modafinil (QL)	pravastatin sodium	tramadol hcl (QL, PA)
JANUMET XR (ST)	mometasone furoate (QL)	prazosin hcl	trazodone hcl
JANUVIA (ST)	mono-lynyah	prednisone	TRELEGY ELLIPTA (QL)
JARDIANCE (ST)	montelukast sodium	PREMARIN	TRESIBA
juleber	morphine sulfate (PA)	PREMPRO	tretinoin
junel	morphine sulfate er (QL, PA)	PROAIR	tri femynor
junel fe	moxifloxacin	prochlorperazine maleate	tri-lynyah
kariva	mupirocin	progesterone	tri-lo-marzia
kelnor 1-35	mycophenolate mofetil	promethazine hcl	tri-lo-sprintec
ketoconazole	myrisan	promethazine-codeine (PA)	tri-sprintec
ketorolac tromethamine	MYRBETRIQ	propranolol hcl	triamcinolone acetonide
kurvelo	naltrexone hcl	propranolol hcl er	triamterene-hydrochlorothiazid
KUVAN	naproxen	PULMICORT FLEXHALER	triazolam (QL)
labetalol hcl	naratriptan hcl (QL)	PULMOZYME (PA)	TRIUMEQ
lamotrigine	NARCAN (QL)	quetiapine fumarate (QL)	TRUEPLUS
lansoprazole	neomycin-polymyxin-dexameth	QVAR REDHALER	TRULICITY (QL, ST)
LANTUS	neomycin-polymyxin-hc	rabeprazole sodium	TRUVADA
larin	nifedipine er	ranitidine hcl	TYMLOS (PA)
larin fe	nikki	REPATHA SURECLICK (QL, PA)	ULTICARE
larissia	nitrofurantoin mono-macro	RESTASIS (PA)	UNIFINE
latanoprost (QL)	nitroglycerin	risperidone (QL)	ursodiol
lessina	NORDITROPIN FLEXPRO (PA)	rizatriptan (QL)	valacyclovir
letrozole	norethindron-ethinyl estradiol	ropinirole hcl	venlafaxine hcl er
leuprolide acetate (PA)	norethindrone	rosuvastatin calcium	VENTOLIN HFA
LEVEMIR	norlyda	scopolamine	verapamil er
levetiracetam	nortrel	sertraline hcl	VICTOZA (QL, ST)
levofloxacin	nortriptyline hcl	setlakin	vienna
levonorgestrel-eth estradiol	NOVOLOG	sf 5000 plus	violele
levothyroxine sodium	np thyroid	sildenafil citrate (QL)	vitamin D2
lidocaine	NUTROPIN AQ NUSPIN (PA)	SIMPONI (PA)	VITAPEARL
lillow	nystatin	simvastatin	VYVANSE (QL)
LINZESS (QL, ST)	ocella	sodium bicarbonate	warfarin sodium
liothyronine sodium	ofloxacin	SOLQUA 100-33 (QL)	wixela inhub
lisinopril	olopatadine hcl	SOOLANTRA	XARELTO (QL)
lisinopril-hydrochlorothiazide	omega-3 acid ethyl esters	SPIRIVA	XELJANZ XR (PA)
lithium carbonate	omeprazole	spironolactone	XIIDRA (PA)
lithium carbonate er	ondansetron hcl	sprintec	xulane
lorazepam (QL)	ONETOUCH	sronyx	yuvafem
loryna	ORILISSA (QL, PA)	STELARA (QL, PA)	zolmitriptan (QL)
losartan potassium	oseltamivir phosphate (QL)	STIOLTO RESPIMAT (QL)	zolpidem tartrate (QL)
losartan-hydrochlorothiazide	OTEZLA (PA)	sucalfate	zolpidem tartrate er (QL)
	oxcarbazepine		zonisamide
			ZUBSOLV (QL)

## PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company (“PIC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
Email: [customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄວນມາພົວພັນໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013) .

တံသိုလ်သး- နမူကတိ ကညီ ကိုဝ်ဆယ်, နမူနို ကိုဝ်ဆတ်မစာလော တလက်ဘူလ်လ်စု၊ နိုတမံဘိုသုနုလ်လီ၊ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

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ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

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## PreferredOne Community Health Plan Nondiscrimination Notice

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Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
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200 Independence Avenue, SW  
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Washington, D.C. 20201  
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(መስማት ለተሳናቸው: 763.847.4013) .

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