

## Your Pharmacy Benefits



## OptumRx quick reference guide



Our website, **optumrx.com** is a fast, safe and secure way to manage your prescription benefits online.

This quick reference guide illustrates how to use the tools and features that will help you manage your OptumRx account and prescriptions:

- Search for drug pricing and lower-cost alternatives
- Refill and renew mail service pharmacy prescriptions
- Transfer your retail prescriptions to our mail service pharmacy
- View your mail service order status and claim history
- Sign up for medication reminders via text message
- View your OptumRx benefits in real time

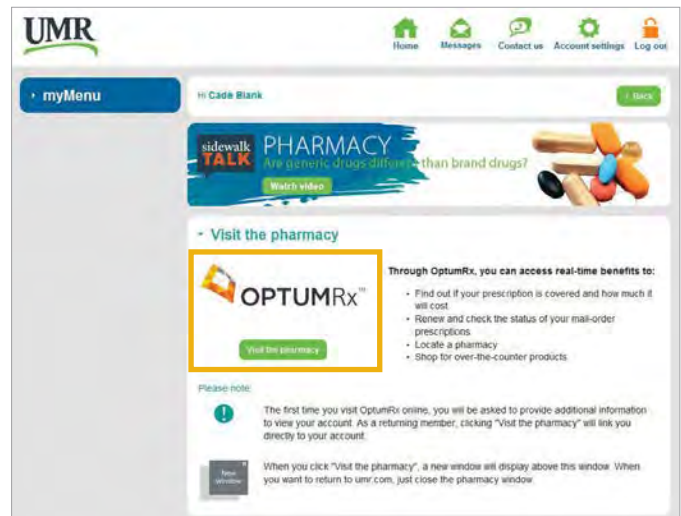
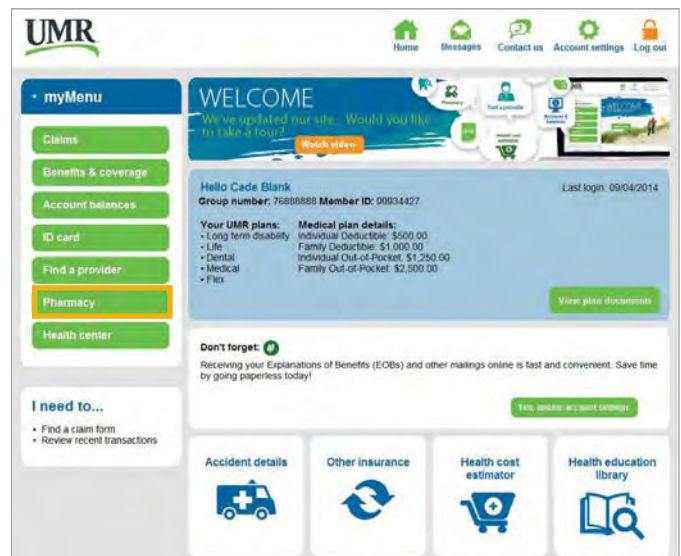
## UMR home page

As a UMR member, you can access your prescription information from the UMR website.

Follow these steps to register:

1. Visit **umr.com**.
2. In the left margin menu, select **Members**.
3. Login by entering your username and password in the top right login section. If you have not yet registered for a member account, select **New user? Register here** shown underneath username field.
4. Once successfully registered and/or logged in, select **Pharmacy** from the menu on the left. The website will redirect you to your online services home page.

Once on the pharmacy home page, you click on OptumRx or the Visit the pharmacy button to enter **optumrx.com** and begin to take advantage of the many tools and features that will help you manage your pharmacy benefit. On your first visit, you will also need to register at **optumrx.com** — just follow the simple instructions.



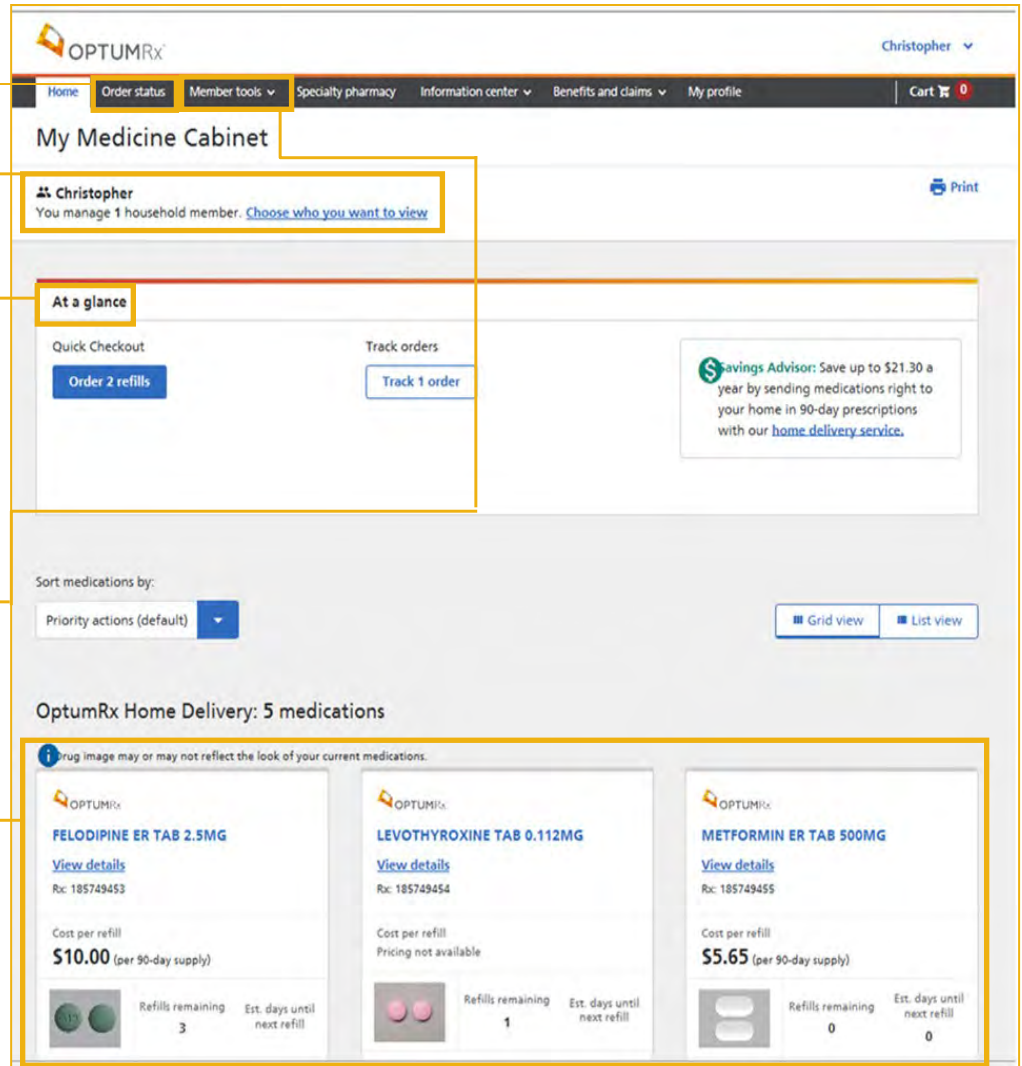


# OptumRx.com features and tools

## Member Portal: Overview

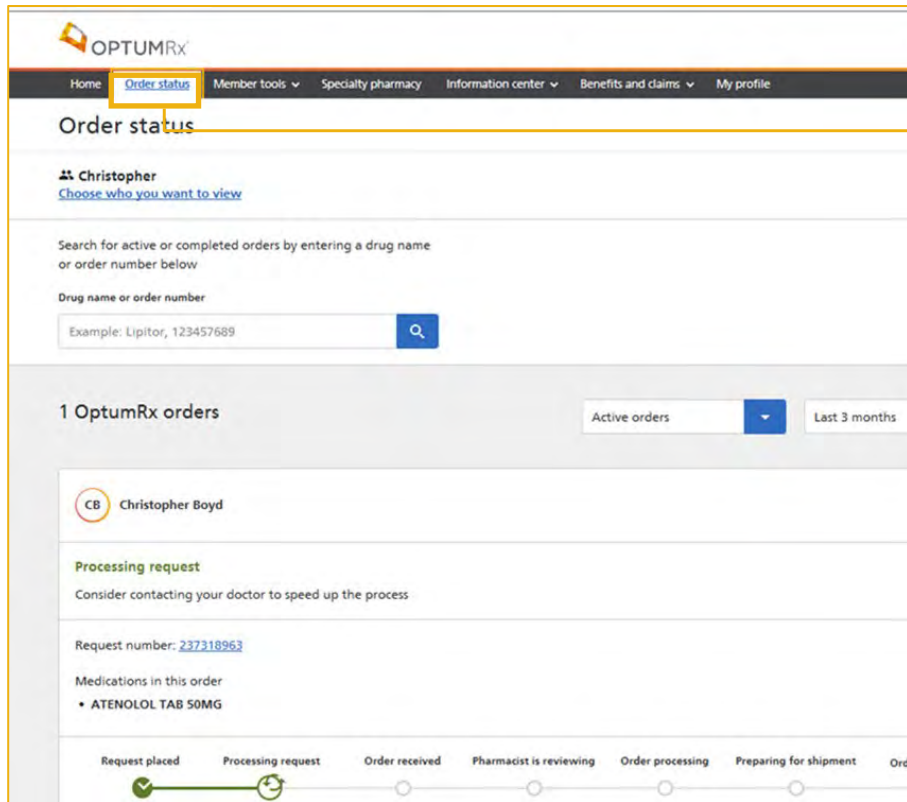
After you register or log in you'll see your OptumRx **My Medicine Cabinet Dashboard**. This dashboard makes it easy to access the tools and features designed to help you manage your medications and health.

- 1. Order Status**  
Select Order Status from the top navigation bar to
- 2. Household access**  
Ability to manage prescriptions on behalf of family members
- 3. At a glance**  
Displays at-a-glance actions you need to take for all your medications
- 4. Member tools**  
Provides easy access to the most commonly used member tools throughout the site
- 5. Medicine cards**  
Provides visibility to the most relevant information for medications you take



**Note:** Some sections are only available if you are logged in to your account. Not all sections of the website are available to all members — access to features and tools are determined by your benefits plan.

## Order Status



### Order Status

Select Order Status from the top navigation bar to view past or current orders

- **Order Tracking:**  
Visually displays where an order is within the order process:
  - What steps have been completed
  - What steps come next
  - Temporarily out of stock
- **Order Notifications:**
  - Alerts you when action is required
  - Alerts you if order is on hold
- **Estimated Delivery Date:**  
Displays estimated delivery date

**Note:** Some sections are only available if you are logged in to your account. Not all sections of the website are available to all members — access to features and tools are determined by your benefits plan.

## Drug Search & Pricing

- **Drug Pricing:**  
Easily view the cost of filling a prescription at up to 5 retail pharmacies
- **Two Tools in One:**  
Toggle between drug search results and drug pricing pages
- **Lower Cost Alternatives:**  
Compare the pricing between a medication and:
  - Generic alternative(s)
  - Similar brand name drugs

The screenshot shows the OptumRx website interface for a drug search result. The drug is LIPITOR TAB 10MG (Brand: NDC: 00071015323). The dosage is 1 per day. The page includes a coverage alert: "Coverage alert: This medication requires a Prior Authorization before coverage will be provided." Below this, there are tabs for "Drug info", "Price this drug", and "Lower-cost options". The "Drug pricing" section shows the lowest prices found near Stevensville, MI 49127. A table lists pharmacy options with their respective supply quantities, plan payment status, and the user's payment status.

Pharmacy	Supply	Plan pays	You pay
OPTUMRx	90 day supply (Qty: 90)	Not available	Not available
Home delivery - the most convenient way to save. 90 days of medication delivered right to your door. <a href="#">Learn More</a>			<a href="#">Request prescription</a>
<b>Plan Preferred Pharmacy</b> WALGREENS #6444 6444 Language support, in-network 2485 W Glenford Rd, Stevensville, MI, 49127 <a href="#">269-428-7288</a>	30 day supply (Qty: 30)	Plan pays Not available	You pay <b>Not available</b> Pricing under your plan is not available online. <a href="#">View the average retail price</a>
MARTINS PHARMACY 23 Language support, in-network, Infusion Services 5837 Cleveland Ave, Stevensville, MI, 49127 <a href="#">269-428-8441</a>	30 day supply (Qty: 30)	Plan pays Not available	You pay <b>Not available</b> Pricing under your plan is not available online. <a href="#">View the average retail price</a>
<b>Plan Preferred Pharmacy</b> WALGREENS #11265 11265 Language support, in-network 1710 W John Beers Rd, Stevensville, MI, 49127 <a href="#">269-428-1132</a>	30 day supply (Qty: 30)	Plan pays Not available	You pay <b>Not available</b> Pricing under your plan is not available online. <a href="#">View the average retail price</a>

## Claims History

The screenshot displays the OptumRx website interface. At the top, the OptumRx logo is on the left, and a user profile icon is on the right. Below the logo is a navigation bar with links: Home, Order status, Member tools (with a dropdown arrow), Specialty pharmacy, Information center (with a dropdown arrow), Benefits and claims (with a dropdown arrow), and My profile. A shopping cart icon with a '0' is on the far right. The main content area is titled 'My Medicine' and shows a user profile for a household of one. A 'Member tools' dropdown menu is open, listing options: Drug information, Drug pricing, Drug list tool, Lower-cost options, Pharmacy locator, and My medication reminders. Below the menu, there is an 'At a glance' section with a 'Quick Checkout' button labeled 'Order 1 refill'. To the right, there are two informational boxes: 'Hassle-Free Fill' and 'Medication reminder'. At the bottom, there is a 'Sort medications by:' dropdown set to 'Priority actions (default)' and two view toggle buttons: 'Grid view' and 'List view'.

### Claims History:

Provides access to claims history

## Household/caregiver access

Household/caregiver access allows you to become an account manager or let another person manage your account.

The screenshot shows the 'My household access' page on the OPTUMRx website. The page title is 'My household access'. Under the 'Manage Access' section, 'My household access' is highlighted. The main content area shows 'You' (Christopher Boyd, Age: 25, Adult) and 'Subscriber' (Cristina Urbano, Your access: Not registered, Send reminder). Under 'Dependents', Evan Boyd (Age: 22, Adult) is listed with 'Your access: Not registered' and a 'Send reminder' button.

### Household/caregiver access

Learn how you can:

- Become an account manager for your family's benefits (spouse and children)
- Become a caregiver for another person
- Assign a caregiver to manage your accounts on your behalf

### My household accounts

Manage the benefits of your minor dependents' and spouse (if you have your spouse's permission).

The screenshot shows the 'My caregiver access' page on the OPTUMRx website. The page title is 'My caregiver access'. Under the 'Manage Access' section, 'My caregiver access' is highlighted. The main content area shows 'My caregiver' information, including a link to 'Add a caregiver to manage my account.' Below this is the 'My care recipients' section, which includes a link to 'Accept caregiver invitation'.

### Accept caregiver invitation

Become a caregiver for another person. If someone wants you to manage their account on your behalf, they can send you a **caregiver invitation** by email.

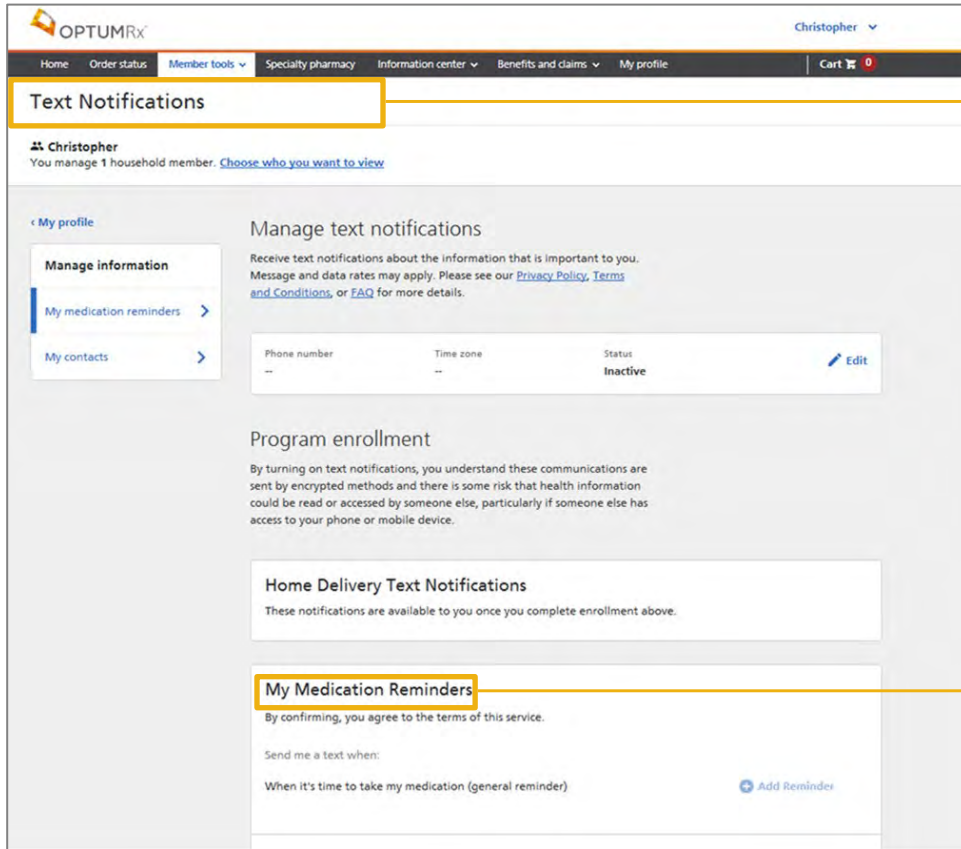
To accept the invitation, enter the access code that was included in the email invitation and the email address you received the invitation from.

Select **Accept your Caregiver Invitation**.



## My medication reminders

Sign up to receive medication reminders via text message and never forget to take or fill your medications again.



### My medication reminders

Enter your mobile phone number to set up text message reminders for:

- Refills
- Renewals
- Transfers
- Order shipments
- Daily text reminders to take medications

### Update medication reminders

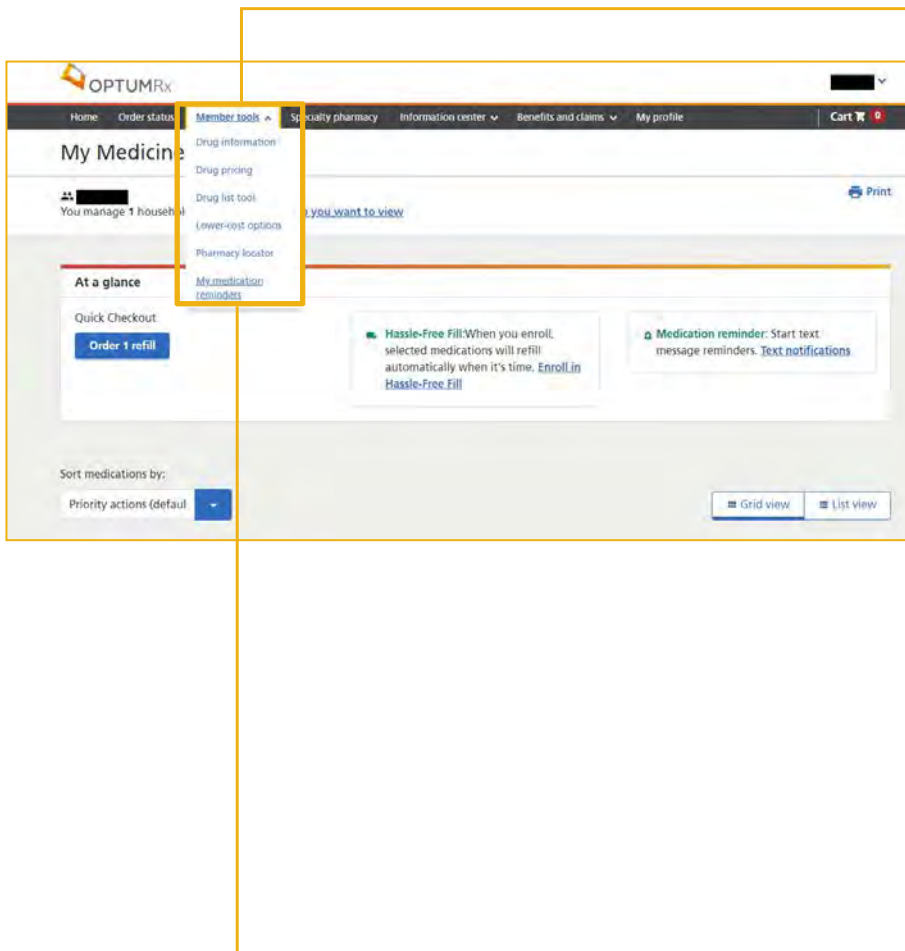
Select **Confirm** when you're done.

### Medication-specific reminders

Customize your dosage reminders for daily, weekly or monthly alerts.

## Member Tool links

The Member Tools box provides access to a variety of benefits and tools such as:



### Drug information

Find detailed information about thousands of prescription drugs.

### Home Delivery information

Find for detailed information about thousands of prescription drugs.

### Low Cost Options information

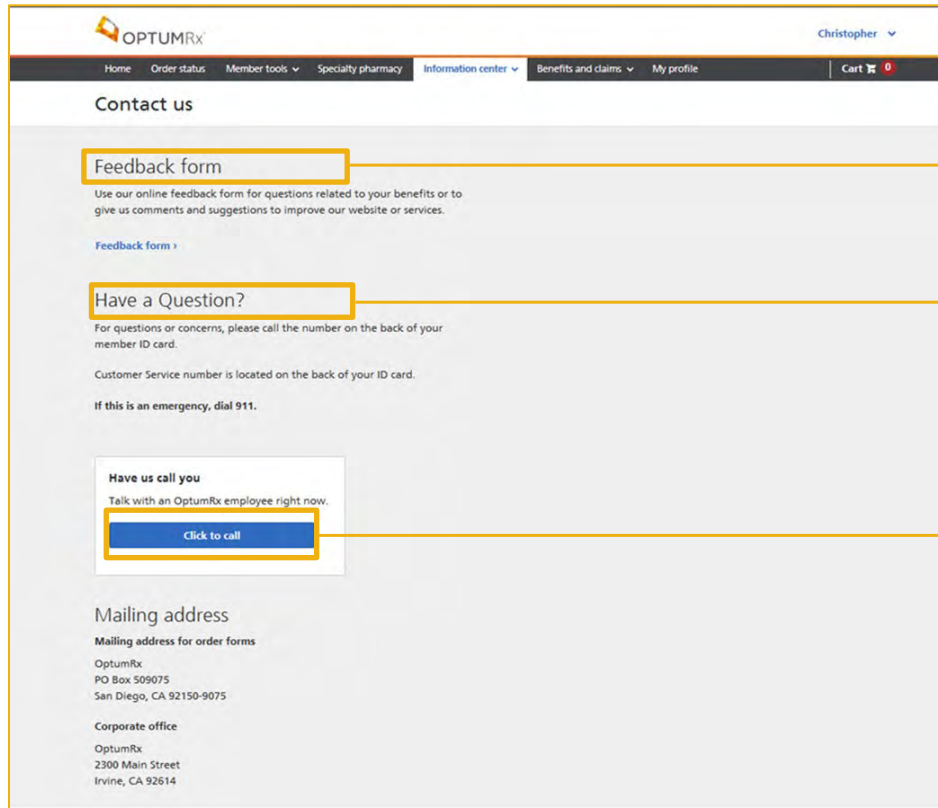
Search prices for medications and find their lower-cost alternatives.

### Locate a pharmacy

Enter your zip code and select **GO** to find a retail pharmacy near you.

## Contact us page

Find this page by clicking “information center” then “contact us” on the top navigation bar.



**Contact us**  
Use the **feedback form** or send us an **email**.

**Contact us by phone**  
Contact us by **phone** for:

- Customer service
- Mail service pharmacy help
- Medical supplies
- Medicare drug plan help

Call **1-877-559-2955**

**Have us call you**  
Select **Click to Call** to set up a time for a representative to call you.

## Education page

You will find a variety of additional Help Topics on the Education page.

Navigate to this page by clicking “Education” under the “Information Center” dropdown in the top navigation bar.

The screenshot shows the OptumRx website's Education page. The top navigation bar includes links for Home, Order status, Member tools, Specialty pharmacy, Information center (selected), Benefits and claims, and My profile. A user named Christopher is logged in. The main content area is titled "Education" and contains four columns of help topics:

- OptumRx Info:** Using your account, Account access, Shipping and delivery, Mobile apps.
- Drug Info:** Generic drugs, Understanding your Formulary, Medicine disposal, Ordering prescriptions, Opioids.
- FAQs:** Medication reminders, Technical questions.
- How-to videos:** Who is OptumRx?, What is Prior Authorization?, What is home delivery?, Online tools, What is Hassle-Free Fill?, What is a formulary?, Manage your pharmacy benefit online.

Callouts on the right side of the page point to the following help topics:

- OptumRx Information
- Drug Information
- Frequently Asked Questions
- How-to-videos



## Mobile website

Use your smartphone to access the mobile website, **m.optumrx.com**.

The mobile website lets you manage your prescription benefits from your smartphone. You can order refills, check your order status, set up medication reminders and more — anytime, anywhere. It's perfect for people on the go.



### Mobile website

Use your smartphone to access our mobile website where you can:

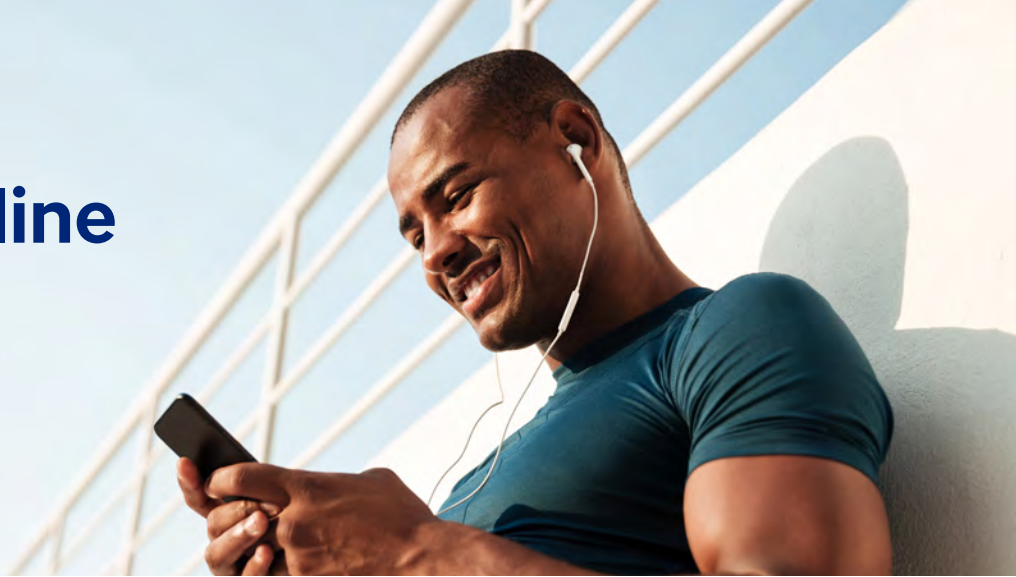
- Request prescription refills
- Check order status
- Locate a retail pharmacy
- Search your plan's formulary
- Register via our mobile website



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

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# Manage your medication online and save time



The Optum Rx website and app are fast, easy and secure ways to get the information you need to make the most of your pharmacy benefit.

## Set up an online account and you can:

- Check drug prices
- Place a home delivery order
- Track home delivery order status
- Access and print your ID card
- Find a network pharmacy
- Sign up for automatic refills
- View claims and benefit information

## Register now

To set up your online account:

1. Go to [OptumRx.com](https://OptumRx.com) or scan the QR code below
2. Select Register on the home page
3. Enter the information from your member ID card
4. Create a username and password
5. Complete your profile

If you already have an account, sign in using your username and password.



Scan here to go to [OptumRx.com](https://OptumRx.com)

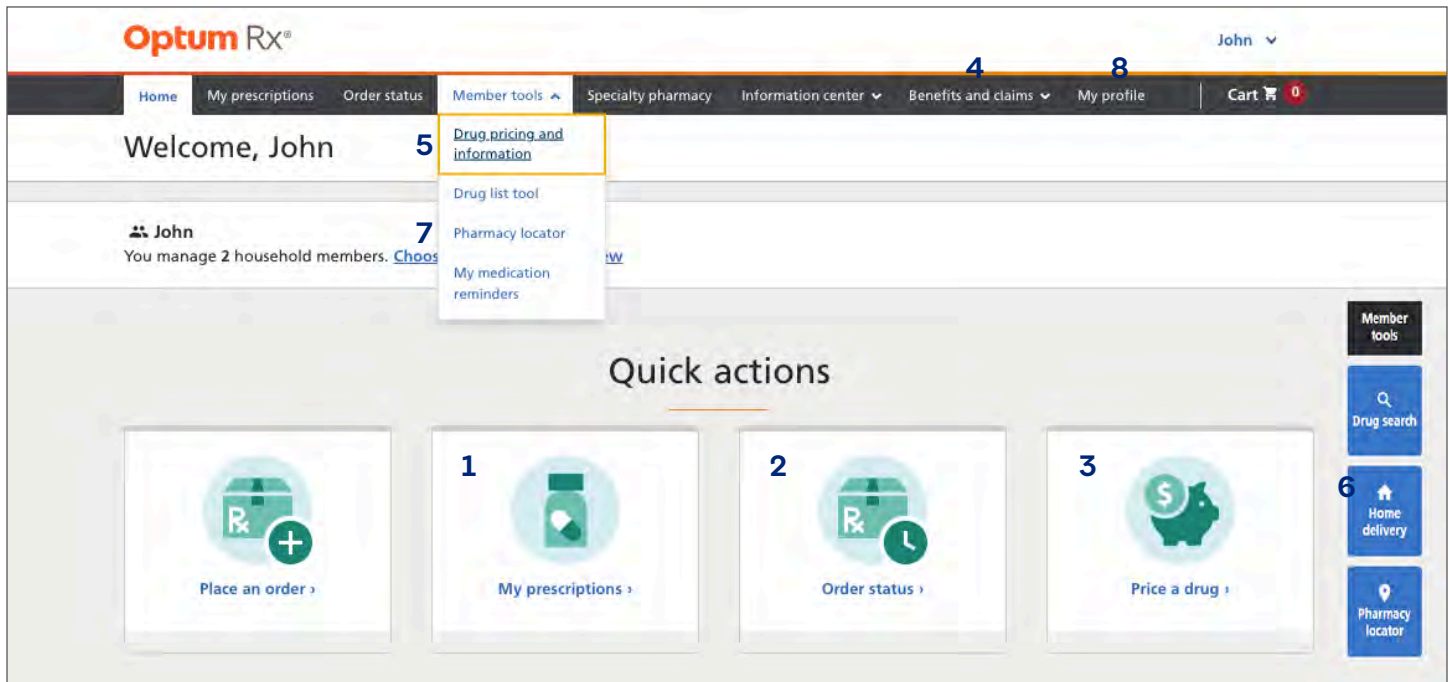


## Skip the pharmacy line

Transfer eligible maintenance medications to Optum® Home Delivery and get a 3-month supply delivered right to your door.

# Digital tools quick-start guide

Once your account is set up and you are logged in, easily navigate to these digital tools to manage your medication.



- 1 My prescriptions** > See all your medications, including home delivery prescriptions, retail pharmacy prescriptions and any over-the-counter medications you've logged. You can also request a new prescription or select another family member and manage their prescriptions.
- 2 Order status** > Track orders in real time from any device.
- 3 Price a drug** > Precision pricing technology is built into our tools. Whether you look up a new drug or select one of your current drugs, you will see a listing of pharmacies with the best price for the medication selected, as well as a lower-cost alternative.
- 4 Benefits and claims** > View your benefit information, access claims details to see what your plan covered, print and view your ID card and track a prior authorization.
- 5 Prescription drug list/formulary** > View a list of covered drugs, including therapeutic class and tier status.
- 6 Home delivery** > Learn more about Optum Home Delivery and see a list of your retail medications eligible for the service. With home delivery, you receive 90-day supplies of eligible maintenance medications right to your mailbox. You will also see a message about how much money you will save.
- 7 Pharmacy locator** > Whether you are close to home or traveling, the pharmacy locator tool makes it easy to find the nearest network pharmacy. Search for pharmacies by zip code, address or by distance to see if they are in your network.
- 8 My profile** > You can easily manage your personal profile or your entire household. Set up or edit a variety of account details, including contact, shipping and payment information, communication preferences and paperless settings, home delivery and automatic refill programs, medication reminders, personalized emails and text alerts.

## Submit and track a prior authorization request

A prior authorization (PA) is an approval we give your doctor before the medication can be covered. You will be alerted on [OptumRx.com](https://www.optumrx.com) if a medication requires PA.

There are 3 ways to request a prior authorization:

- Let your doctor know your medication requires a PA. They will submit a request on your behalf.
- Call Optum Rx at the toll-free number on your member ID card.
- Start the request yourself on [OptumRx.com](https://www.optumrx.com) and go to Benefits and claims > Prior Authorization or exception request.

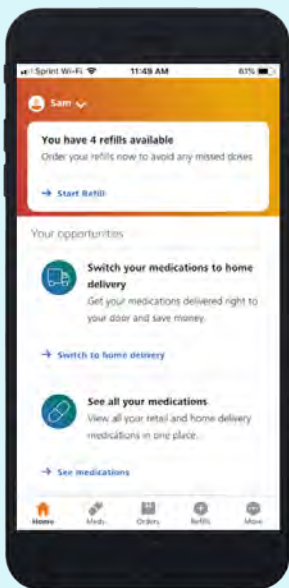
Once submitted, you can track requests on the mobile app or website.

## Download the Optum Rx app

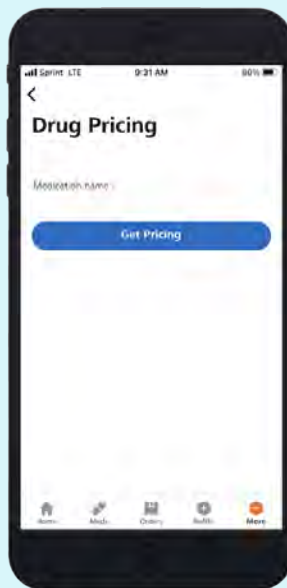
Take the same online tools with you on the go to manage your medication any time, anywhere.

To access your account using your mobile device:

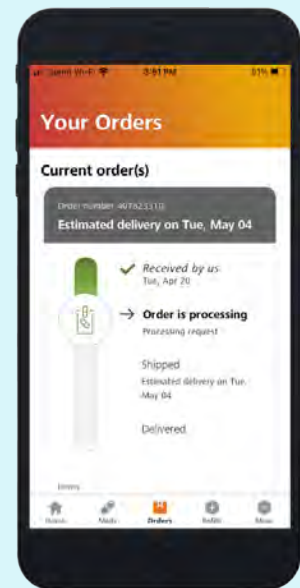
1. Go to the Apple® App Store® or Google Play™ to download the Optum Rx app.
2. Open the app and sign in using the same username and password you use on [OptumRx.com](https://www.optumrx.com).



**View notifications, alerts and savings opportunities**



**Check drug pricing**



**Track order status**



## Use this checklist

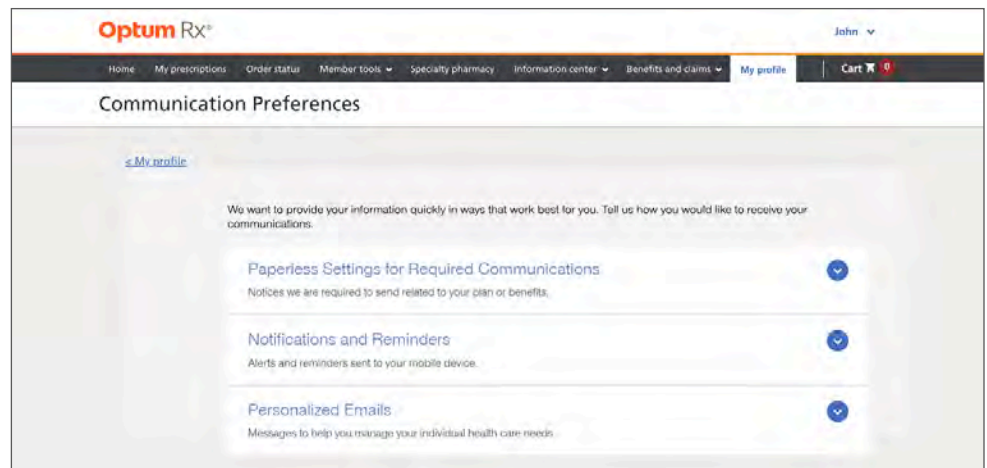
Get ready to manage your pharmacy benefits and costs. Take these easy steps:

- Set up the My profile page.** Add/confirm personal contact information, payment and shipping details, and set up medication reminders.
- Go paperless.** Go to the communication preferences section of your profile. Then, tell us if you'd like email or text message notifications. You can also opt in for personalized emails.
- Check prescription price and coverage.** Add/confirm your personal medication list to see your prescription drug costs and what pharmacy offers the best pricing.
- Transfer retail prescriptions to home delivery.** If you're interested in having your medications shipped right to your mailbox in 90-day supplies, transfer your eligible maintenance medication to Optum home delivery. You may even save money!
- Download the mobile app.** Manage your medication any time, anywhere.

## Go paperless – it's convenient and secure

Did you know you can receive emails for important plan documents and updates? Tell us which items you'd like to get by email and reduce the clutter in your mailbox.

- Benefit/plan updates
- Explanation of benefits and billing statements
- Regulatory/legal notices
- Tax documents



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# Broad Network

## Chains and PSAs<sup>1</sup>

The Broad Pharmacy Network is comprised of more than 67,000<sup>2</sup> pharmacies which equates to over 93 percent of available retail pharmacies. This network provides members and customers convenient access to all major chains, grocery store pharmacies, mass merchants, small chains, Pharmacy Services Administration Organizations (PSAOs), and independent pharmacies throughout the United States (including Puerto Rico, Guam, and the Virgin Islands).<sup>3</sup> Our Broad Pharmacy Network offers customers competitive negotiated discounts including a 90-day supply component; however, customers can maximize 90-day savings with one of our 90-day retail program offerings.

<b>A</b>	<b>B</b>	Central Florida Health Care Pharmacy	Complete Claims Processing
A S Medication Solutions	Bailey's Pharmacy	CHAS Health	Concierge Medical Management Group
Aberdeen Area Indian Health Service	Balls Four B	Chen Neighborhood Medical Centers	Concord Food Stores
ABS LLC SO CAL and IMW	Baylor Health Enterprises	Cherokee Nation Health Services	Concord
Accelerate Specialty Network	Baystate Medical Center	CHI Health Retail Pharmacies	Cook County
Acme Pharmacy	Bemidji Area Indian Health Service	CHI Pharmacy	Coopharma
AHS-St John Pharmacy	Benescripts	Chickasaw Nation Division of Health	Costco
AIDS Healthcare Foundation	Benzer Pharmacy	Children's Mercy Hospital Pharmacies	Curators of the University of MO
Albertsons	BiLo	Choctaw Nation Health Care Services	CVS
Albuquerque Area Office	Big Y Foods	Cigna Medical Group Pharmacy	<b>D</b>
AlignRx	Billings Area Indian Health Service	City Market	Dallas Metrocare Services
Allina Community Pharmacies	BioRx	Cleveland Clinic Pharmacies	DCHD
Alto Pharmacy	Brockie Healthcare	Coborns	Dedicated Senior Medical
Amber Specialty Pharmacy	Brookshire Bros	Collier Drug Stores	Denver Health and Hospital Authority
Appalachian Reg Health Care	Brookshire Grocery Company	Common Compounds	Dillon Stores
Associated Fresh Market	<b>C</b>	Community Health Centers	Discount Drug Mart
Astrup Drug	Cardinal Health	Community Health Systems	Doc Rx
Aurora Pharmacy	Care Pharmacies Cooperative		Doctors Choice Pharmacies
	Carrs Quality Center		DrDispense
	CCERT		<b>E</b>
	Central Dakota Pharmacies		E MedRx Solutions

Eckerds Pharmacy

Elevate Provider  
Network

Epic Pharmacy  
Network

Eskenazi Health

Essentia Health  
Pharmacies

Express Rx

**F**

F&F Pharmacies

Fairview Health  
Services

Fairview Pharmacy  
Services

Family Health Centers  
of Southwest

Farmacia Caridad

Farmacia La Candelaria

Farmacias Plaza

First Coast Health  
Solutions

Food City K Va T Food  
Stores

Food Lion

Fred Meyer

Fruth Pharmacy

Frys Food and Drug  
Stores

**G**

Genoa Healthcare

Gerimed LTC Network

Geroulds Professional  
Pharmacy

Giant Eagle

Global

Good Day Pharmacy

Greater Lawrence  
Family Health Center

Guardian Pharmacy

**H**

H and H Drug Stores

Haggen Pharmacies

Hannford Bros

Harmons City

Harris County Hospital  
District

Harris Teeter

Hartig Drug

Harvard Vanguard  
Medical Associates

Health Mart Atlas

H-E-B LP

Henry Ford Health  
System

Hi School Pharmacy

Homeland Stores

Hometown Pharmacy

Humana Pharmacy

Hy-Vee

**I**

IHC Health Services

Ingles Markets  
Pharmacy

Innovatix Network

Innovatix Specialty  
Network

Insty Meds

Integris ProHealth  
Pharmacy

IntegrityRx America

**J**

Jordan Drug

JPS Health System  
Outpatient Pharmacy

**K**

K-Mart

Kabafusion

KC Medical  
Management

King Kullen Pharmacy

King Soopers  
Pharmacy

Kinney Drugs

Kleins Family Markets

Klingensmiths Drug  
Store

Knight Drugs

Kohl's Rx

KS Pharmacy

**L**

Leader Drug Stores

Leader Puerto Rico

Lewis Drugs

Lins Pharmacy

Loma Linda University  
Medical Center

Long's Drug Stores  
California

Long's Pharmacy  
Solutions

**M**

M K Stores

Maceys

Marc Glassman

Marianos Pharmacies

Maricopa Integrated  
Health System

Market Basket  
Pharmacies

Marshfield Clinic  
Pharmacy

Martins Super Markets

Maxor National  
Pharmacy Services

Maxorxpress

Mayo Clinic Health  
System Pharmacy

Mayo Clinic Pharmacy

McHugh

MCR Health

MDS Rx

Medcard Specialty  
Care

Medicap Pharmacies

Medicine Shoppe

Medly Pharmacy

Meijer

Memorial Healthcare  
System

Mercy Health System

Mercy Pharmacy

MHA Long Term Care  
Network

Multicare Outpatient  
Pharmacies

Muscogee Creek  
Nation Health System

MyRx

**N**

NAI Saturn Eastern

Nash Finch

Navajo Area Indian  
Health Service

Navarro Discount  
Pharmacies

NE OH Neighborhood  
Health Services

Neighborcare  
Pharmacy Services

New Albertsons

Northeast Pharmacy  
Service

Northside Pharmacy

Novant Health  
Pharmacies

**O**

Ochsner Pharmacy and  
Wellness

OK Area Indian Health  
Service

Omnicare

Oncology Pharmacy  
Services

Oncomed Specialty

Optum Home Delivery

Optum Infusion  
Services

Optum Pharmacy

Optum Specialty

Opus ISM

Orlando Health  
Osborn Drugs  
Owens Pharmacy  
**P**  
Patient First Corporation  
PCORP  
Peoples Pharmacy  
Personalmed  
Pharmaca Integrative Pharmacy  
Pharmacy Corporation of America  
Pharmacy First  
Pharmacy First PR  
Pharmacy Plus  
PHARMCAREUSA  
PharmedQuest  
Pharmerica  
Phoenix Area Indian Health Service  
Pill Box Drugs  
Pillpack  
Planned Parenthood Columbia Willame  
Planned Parenthood of Greater Ohio  
Planned Parenthood of Northern New  
Planned Parenthood of the Pacific  
PMR US Holdings  
POC Management Group  
POC Network Technologies  
Portland Area Indian Health Service  
Presbyterian Medical Services  
Prescribeit Rx  
Price Chopper House Calls Pharma

Price Cutter Pharmacy  
Prime Healthcare Services  
Procure Pharmacy  
Providerpay  
Public Health Trust of Dade County  
Publix Super Markets  
**Q**  
Quality Food Centers  
**R**  
Raley's  
Ralphs Pharmacy  
Randalls Food & Drugs  
Reasor  
Recept Healthcare Services  
Recept Pharmacy  
Redners Markets  
Remedi Seniorcare  
Rexall Pharmacy  
Ridleys Food and Drug  
Rite Aid  
Rogers Pharmacy  
Ronetco Supermarkets  
Roundys Pharmacies  
Rural Health Care  
Rx Development Associates  
RxSelect Pharmacy Network  
**S**  
SRS  
Safeway  
Saint Joseph Mercy Pharmacy  
Saker Shoprites  
Sam's Club East & West  
Santa Clara Valley Health and Hospital  
Sav Mor Drug Stores

Save Mart Supermarkets  
Seip Drug  
Sharp Rees-Stealy Pharmacies  
Shaws Supermarkets  
Shoprite Financial Services  
Shoprite Supermarkets  
Smart ID Works  
Smiths Food and Drug Center  
Southeastern Preferred Pharmacy  
SpotRx Pharmacy  
Star Discount Pharmacy  
Stop and Shop Pharmacy  
Suncoast Community Health Centers  
SuperValu  
**T**  
Tampa Family Health Center  
The Bartell Drug Company  
The Infusion Network  
The Kroger Company  
The Medicine Cabinet  
The Metrohealth System Pharmacy  
The University of Kansas Hospital  
Thrifty Drug Stores  
Times Supermarket  
Tom Thumb  
Topco (Powered by AlignRx)  
Tops Markets  
Trihealth G LLC DBA GHA Pharmacy  
Trinet

Tucson Area Indian Health Service  
**U**  
U Health Pharmacies  
UCDHS Pharmacies  
UCSD Medical Center  
UHS CentRx Pharmacy  
United Supermarkets  
UVA Medical Center Ambulatory Pharmacy  
UW Health Pharmacy Services  
**V**  
VCU Health System  
Village Supermarkets  
Virginia Mason Medical Center  
Vons Companies  
**W**  
Walgreens  
Walmart  
Wegman Food Market  
Weis Pharmacies  
Welgo PSAO  
Western Pharmacy Group  
Winn Dixie Pharmacy  
**Y**  
Yakima Valley Farm Workers Clinic  
Yokes Foods  
**Z**  
Zallie Supermarkets



Visit **OptumRx.com** to search for other pharmacies in your network, or to look up drug pricing information. If you have questions, call the number on your member ID card.

This list represents the top utilized pharmacy providers based on store volume. This list is not all inclusive.

<sup>1</sup>(PSAO) Pharmacy Service Administration Organization are a high performing select group of chains and independents that have demonstrated success with generic utilization and cost containment.

<sup>2</sup>Number of pharmacies shown is approximate and may vary based on store openings, closing, and network actions. Network participants are subject to change.

<sup>3</sup>Network participation may vary based on market and state requirements.



Optum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company – a leading provider of integrated health services. Learn more at [Optum.com](https://www.optum.com).

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# Your Generics Program

A *generic equivalent* is a generic version of a brand name medication. Generic equivalents have the same active ingredients, safety, quality and strength as their brand name counterparts, and they are proven to act the same way in the body. Generics also cost significantly less than brand name medications.

If you use a branded medication instead of its generic equivalent, you pay your plan's applicable brand copayment plus a penalty. This penalty is the difference in cost between the brand and generic medications. Your out-of-pocket cost for the brand may be up to the entire cost of the medication.

Generics are typically the best value for you and your plan sponsor. Both of you usually pay less when you use generics.

## About Generics

Generics are U.S. Food and Drug Administration (FDA) approved to be just as safe and effective as their brand name counterparts.

### Generics are safe . . .

- Meet the same quality standards as brand name medications
- Tested for purity before reaching pharmacy shelves

### . . . and effective

- Strength, active ingredients and quality are equal to brand name medications
- Proven to act the same way as brand name medications

### . . . and usually cost less

- You save money because your benefit plan's generic copay is typically your lowest out-of-pocket cost
- Along with your own out-of-pocket savings, you take an active role in lowering your benefit plan's cost for providing your coverage when you use generics

## PRESCRIPTION REIMBURSEMENT REQUEST FORM

Use this form to request reimbursement for covered medications purchased at retail cost. Complete one form per member. **Please print clearly. Additional information and instructions on back, please read carefully.**

### 1 Member Information

RxGroup (see ID card) Member ID (see ID card)

Last Name First Name MI

Mailing Street Address Apt. #

City State ZIP

Prescription is for  Self  Spouse  Dependent Gender  M  F Date of Birth (mm/dd/yyyy)

### 2 Custodial parent information

For reimbursement requests from a parent for a child (under the age of 18) when the requesting parent meets both of the following requirements:

1. Parent is not enrolled in the same Group Health plan as the child
2. Parent does not reside in the same household as the subscriber under the child's Group Health plan

**If your child is covered under two or more health plans, state law determines the order of benefits for processing claims.**

Legal custodian's name Legal custodian's contact phone

Custodian requesting reimbursement name Custodian requesting reimbursement contact phone

Address payment is to be mailed to

### 3 Physician and Pharmacy Information

Prescribing physician name Dispensing pharmacy name

Prescribing physician phone number with area code Dispensing pharmacy phone number with area code

### 4 Reason For Request

Select appropriate options for your request:

- I did not use my Prescription Drug ID card
- I used a non-participating pharmacy (please explain)
- I filled a compound prescription (your pharmacist must complete section B on the back of this form)
- I purchased medication outside of the United States  
Country  
Currency used
- My primary coverage is with another insurance carrier (coordination of benefits claim; see section C on back for details)
- I am submitting an Explanation of Benefits (EOB) from another Health Plan or Medicare
- I am submitting a copay receipt
- I was waiting for a drug approval
- I was retroactively enrolled with the plan
- My pharmacy billed the wrong plan
- Other (please explain)

### 5 Acknowledgement

I certify that the medication(s) for which reimbursement is requested were received for use by the patient above, and that I (or the patient, if not myself) am eligible for prescription drug benefits. I also certify that the medications received were not for treatment of an on-the-job injury. I recognize reimbursement will be paid directly to me and assignment of these benefits to a pharmacy or any other party is void.

X  
Signature

Date



## Instructions for Submitting Form

1. Include the original pharmacy receipt for each medication (not the register receipt). Pharmacy receipts must contain the information in Section A (below). If you do not have pharmacy receipts, ask your pharmacy to provide them to you.
2. Read the Acknowledgement (section 5) on the front of this form carefully. Then sign and date.  
Print page 2 of this form on the back of page 1.
3. Send completed form with pharmacy receipt(s) to: **OptumRx Claims Department, P.O. Box 29044, Hot Springs, AR 71903**

Note: Cash and credit card receipts are not proof of purchase. Incomplete forms may be returned and delay reimbursement. Reimbursement is not guaranteed. Claims are subject to your plan's limits, exclusions and provisions

## Section A – Pharmacy Receipts for Reimbursement

Use the following checklist to ensure your receipts have all information required for your reimbursement request:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Date prescription filled                | <input type="checkbox"/> National Drug Code (NDC) number | <input type="checkbox"/> Prescription number (Rx number) |
| <input type="checkbox"/> Name and address of pharmacy            | <input type="checkbox"/> Name of drug and strength       | <input type="checkbox"/> Quantity                        |
| <input type="checkbox"/> Prescribing physician name or ID number |  |  |

## Section B – Pharmacy Information *(for compound prescriptions ONLY)*

*(Pharmacist must complete and sign)*

- List VALID 11 digit NDC number (highest to lowest cost) in the box at right. Include EACH ingredient used in the compound prescription.
- For each NDC number, indicate the metric quantity expressed in the number of tablets, grams, milliliters, creams, ointments, injectables, etc.
- Indicate the TOTAL amount paid by the patient.
- Receipt(s) must be provided with this claim form.

\* Individual quantities must equal the total quantity.

† Individual ingredient costs plus compounding fees must be equal to the total ingredient costs.

Rx#	Date Filled	Days Supply
VALID 11 digit NDC#	Quantity*	Ingredient Cost†
<b>Compounding Fee</b>	X	
<b>Total</b>		

X \_\_\_\_\_  
Signature of Pharmacist

## Section C – Coordination of Benefits

You must submit claims within one year of date of purchase or as required by your plan.

**When submitting an Explanation of Benefits (EOB) from another Health Plan or Medicare:** If you have not already done so, submit the claim to the Primary Plan or Medicare. Once you receive the EOB, complete this form, submit the pharmacy receipts, and attach the EOB. The EOB must clearly indicate the cost of the prescription and amount paid by the Primary Plan or Medicare.

**When submitting a copay receipt:** If your Primary Plan requires you to pay a copayment or coinsurance to the pharmacy, then no EOB is needed. Just complete this form and submit the pharmacy receipts showing the amount you paid at the pharmacy. These receipts will serve as the EOB.

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines and/or imprisonment, or denial of benefits.\*

\* **Arizona:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties.

\* **California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

**ATENCIÓN:** Si habla **español (Spanish)**, La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。



## Let us bring your medications to you

With OptumRx<sup>®</sup> home delivery, you can get a 3-month supply of your long-term medications. Plus, we mail them to you with free standard shipping.

### Want more reasons?



#### Skip the trips

We deliver your medication to your door. You don't even have to leave home or wait in the pharmacy line.



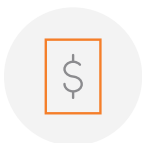
#### Save some money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.



#### Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.



#### Pay your way

Make 1 payment upfront or split it up into 3 equal monthly payments with the Easy Payment Plan.



### Get the lowest price

Home delivery members save \$10-12\* on average per order when they use the drug pricing tool and fill with home delivery.

Go online or use the app to see what you can save.

\*2020 OptumRx drug pricing tool cost analysis.

### We're here when you need us

Use the website and app any time to track orders, request refills, price medications and more. Our pharmacists and customer support team are also ready 24/7.

## Ready for home delivery?

Here are the ways to sign up.

- **optumrx.com** or with the **OptumRx app**.
- Or, ask your doctor to send an electronic prescription to OptumRx.
- Or, call the number on your member ID card.

## Frequently Asked Questions

### **Is OptumRx home delivery pharmacy in my plan's network?**

Yes, it's part of your plan's pharmacy network.

### **Once I've enrolled in home delivery, how long will it take to get my medication(s)?**

Medications should arrive 2-5 business days after we receive completed new and refill orders.

### **Do I need to set up a home delivery account?**

Yes. Before we can ship your first order, you need to set up your account and provide your payment method (credit card, debit card or bank account). Using your account, you can go online or use the app any time to place and track orders, check prices, and more.

### **What is a long-term medication?**

Long-term medications are those you take on a regular basis. They may also be called "maintenance medications." These may be taken for high blood pressure, cholesterol, and depression, just to name a few.

### **Can I use home delivery for any medication?**

Most drugs are available through home delivery. See which of your prescriptions can be filled through home delivery by going online or using the app.

### **What is ePrescribe?**

It's a way for your provider to send electronic prescriptions to OptumRx. It is much faster than mail and faxing prescriptions. Controlled substances can only be ordered by ePrescribe. Some exceptions apply.

### **Can I set up medication reminders?**

Yes. Go online or use the app to check your profile and turn on email and phone notifications and reminders.

### **How does the automatic refill program work?**

Go online or use the app to see and enroll all eligible medications. Then, we'll send your refills when it's time. We notify you before we ship and we'll use your approved payment method on file. It's that easy.

### **How does the Easy Payment Plan work?**

Place your medication order online or by phone and select Easy Payment Plan. We'll split the cost for that order into 3 equal monthly payments that will be charged automatically to the payment method on file. When you make the first payment, we'll ship the entire supply. Then, we'll remind you before the other payments are due.

## **Don't wait. Sign up for home delivery today.**

Log in to [optumrx.com](https://optumrx.com) or use the **OptumRx app**.

**Confused about health care terms?** Visit [justplainclear.com](https://justplainclear.com).

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# How to order your free Contour®Next brand meter

Regular blood sugar testing can help you manage your diabetes and may lead to better glucose control.

## Take advantage of this great offer

Your plan offers a Free Meter Program. With this program, you can get a blood glucose meter at no charge. For information on the free meter, please contact Ascensia Diabetes Care, makers of the **ContourNext** brand at **1-800-401-8440** or visit **ascensidiabetes.com**.

## How to get your free meter

You, your doctor or caregiver can order directly. Just call **1-800-401-8440** and mention ID code **CTR-OPX**. Below are meters available to order.

Order a **ContourNext** branded meter by calling **1-800-401-8440**.

Mention ID code **CTR-OPX**.



### ContourNext ONE Blood Glucose Meter

- The SmartLIGHT feature gives instant feedback of results
- Seamlessly connects to the **free Contour Diabetes app** to use as an electronic logbook and view data patterns/trends on a compatible\* Bluetooth® enabled Android or iOS smartphone or tablet



### ContourNext EZ Blood Glucose Meter

- Large, easy-to-read display makes it simple to see test results
- Ready to use out of the box

Both meters use **ContourNext Test Strips**

- Highly accurate<sup>1,2</sup> test strip platform
- Compatible with all **ContourNext** branded meters



\* Compatible devices can be found at <http://compatibility.contourone.com>

References: 1. Christiansen, M. et al. (2017). A New, Wireless-enabled Blood Glucose Monitoring System That Links to a Smart Mobile Device: Accuracy and User Performance Evaluation. J Diabetes Sci Technol 11(3), 567-573. 2. Bernstein R. et al. (2013). A New Test Strip Technology Platform for Self-Monitoring of Blood Glucose. J Diabetes Sci Technol 7(5), 1386-1399.

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# Preventive care medications

**\$0 cost share medications & products**<sup>1,2,3,5</sup>

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 Supplements<sup>4</sup>

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
<b>OTC</b>	
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.
<b>Prescription</b>	
<b>Generic Colyte sold as:</b> PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
<b>Generic Golytely sold as:</b> PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
<b>Generic Nulytely sold as:</b> 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 Medications<sup>4</sup>

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 Medications<sup>4</sup>

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 Medications<sup>4</sup>

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)

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anastrozole

---

exemestane

---

raloxifene

---

tamoxifen

---

## Statin Preventive Medications<sup>4</sup>

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)

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lovastatin (generic Mevacor) – All strengths (Ages 40-75 years)

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\*atorvastatin (generic Lipitor) 10 & 20 mg (Copay waiver review required to confirm risk of CVD)

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\*simvastatin (generic Zocor) 5, 10, 20 & 40 mg (Copay waiver review required to confirm risk of CVD)

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\*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.

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## 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/Ethi  
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:

Cryelle-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

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**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

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**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

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**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

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**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

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**Birth Control Rings (Vaginal)****Generic NuvaRing****sold as:**

Annovera  
EluRyng  
Etonogestrel/Ethyl  
Estradiol  
Haloette

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**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

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**Emergency Birth Control**

ella

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**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

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**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 vaccines<sup>6</sup>

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

Prenar 13, Pneumovax 23, Vaxneuvance, Pevnar 20

##### Poliovirus

Ipol

**Tdap** – Vaccine prevents tetanus, diphtheria, pertussis

Adacel, Boostrix

**Td** – Vaccine prevents tetanus and diphtheria

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](http://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](https://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](https://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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# Welcome to your specialty pharmacy

Optum® Specialty Pharmacy does more than fill your specialty medications. We provide resources and personalized support to help you with your condition.

## What is a specialty medication?

A specialty medication may be injected, infused, taken by mouth or inhaled. It's different from other medication because it:

- May need ongoing clinical oversight and extra education
- May have unique storage or shipping needs
- May not be available at retail pharmacies
- May need infusion or home nursing

## What services does the specialty pharmacy provide?

You'll get access to these helpful resources.

### Easy prescriptions

- Get medications delivered on time, accurately, and affordably
- Order refills by phone or online\*
- Receive support through virtual visits, calls, live chat, or text

### Expert guidance

- Connect with a clinician to help manage your medications
- Find out about financial help for your medication
- Learn more about your condition and treatment through videos

**We're here for you 24/7**

**1-855-427-4682 TTY 711  
specialty.optumrx.com**

**Sign in or register today**



\*Some medications for more complex conditions do not qualify for online ordering. Call 1-855-427-4682 and speak with a patient care coordinator to order those refills.

# Guiding your health journey

Managing and living with a complex health condition is challenging. We're here for you when you need us.



## Getting started

Call **1-855-427-4682** to switch.

Pharmacists and patient care coordinators are ready 24/7 to help you:

- Transfer your prescription
- Find affordable ways to get your medication
- Explain how to use the specialty pharmacy



## Personalized support

We're always ready by phone to answer questions about your medication, side effects and more. You can also use the tools below:

**Virtual visits** – Set up a video chat with an expert in your condition. Ask questions from the privacy of your home. You can even record your session to review later or to share with your caregivers.

**Video series** – Watch videos from other patients with specialty conditions. Hear about their treatment and how they are doing.



## Working with your pharmacist or nurse

- Tell us how your therapy is going, if you're having trouble keeping up, having side effects or forgetting to take your medication.
- We can help you find wellness programs to help you stay on track.
- If you're part of a clinical management program, follow your care plan and tell us about any new medications you're taking.



## Staying on track

A few days before your next fill, we'll send you a refill reminder by email, phone or text. Call us to sign up for text messages.

Optum Specialty Pharmacy can only fill specialty medications. Use your home delivery or retail pharmacy for your non-specialty prescriptions. You may pay less with home delivery and lower-cost options.



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Optum Specialty Pharmacy is affiliated with Optum Rx, a pharmacy benefits manager. You may not be required to use Optum Specialty Pharmacy for your specialty medication. There may other pharmacies available in your network. Call the customer service number on your member ID card or visit your plan website and use the pharmacy locator to view listings. Your receipt of this communication is acknowledgment of the information provided. You may contact the customer service number on your member ID card for any questions or concerns.

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# 2024 Premium 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.
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

## Drug list information

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

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

# Premium Standard Formulary

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
bac	1	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS	E	
CONZIP	E	
DILAUDID ORAL	E	
endocet	1	QL
fentanyl	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET	E	M
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	
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
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	QL

Drug Name	Drug Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
QDOLO	E	
ROXICODONE	E	
ROXYBOND	E	
SEGLENTIS	E	
SUBSYS	E	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
TRAMADOL HCL ORAL SOLUTION	E	M
tramadol hcl oral tablet	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	QL
DICLOFENAC PATCH 1.3%	E	M
diclofenac potassium oral tablet	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
DUEXIS	E	
ELYXYB	E	
etodolac 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
FLECTOR	E	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin oral	1	
KETOROLAC TROMETHAMINE NASAL	E	M
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NALFON	E	
naproxen oral tablet	1	
PENNSAID	E	
RELAFEN DS	E	
SPRIX	E	
VIMOVO	E	
ZIPSOR	E	
ZORVOLEX	E	
<b>Anesthetics</b>		
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
ZTLIDO	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate	1	++; QL
ZIMHI	3	
ZUBSOLV	2	QL
<b>Antibacterials</b>		
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	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	

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



Drug Name	Drug Tier	Notes
CLINDESSE	3	
DIFICID	3	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MINOLIRA	E	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	

Drug Name	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
XENLETA	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	E	
XIMINO	3	
<b>Anticoagulants</b>		
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
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	

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

Drug Name	Drug Tier	Notes
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide oral tablet	1	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
primidone oral	1	
QUDEXY XR	E	
roweepra	1	

Drug Name	Drug Tier	Notes
SABRIL	E	SP
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VALTOCO	3	QL
VIMPAT	E	
XCOPRI	3	ST
ZONEGRAN	E	
ZONISADE	E	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ADLARITY	E	
ADUHELM	E	SP
donepezil hcl oral tablet	1	
memantine hcl oral tablet	1	
NAMZARIC	2	QL
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
AUVELITY	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	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
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
LYBALVI	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	

Drug Name	Drug Tier	Notes
SERTRALINE HCL ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE ER	E	
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
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
GIMOTI	E	
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	

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
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
<b>Antifungals</b>		
BREXAFEMME	E	
ciclodan	1	++
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
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	
TOLSURA	E	
VIVJOA	E	
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	1	

Drug Name	Drug Tier	Notes
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	M
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Made by Par
COLCRYS	E	
MITIGARE	E	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
CAMBIA	E	
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	E	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	E	
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	

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

Drug Name	Drug Tier	Notes
MAXALT-MLT	E	
naratriptan hcl	1	QL
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
QULIPTA	2	PA; QL
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	1	PA; SP
AFINITOR	E	SP
AFINITOR DISPERZ	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	SP
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Apotex; SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Baxter; SP

Drug Name	Drug Tier	Notes
BESREMI	E	SP
CABOMETYX	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	PA; SP
COSELA	E	SP
COTELLIC	3	PA; SP
DARZALEX FASPRO	E	SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
EXKIVITY	3	PA; SP
FOTIVDA	E	SP
GAVRETO	3	PA; SP
GLEEVEC	E	SP
HERZUMA	E	SP
IBRANCE ORAL TABLET	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
INQOVI	E	SP
KANJINTI	2	PA; SP
KISQALI FEMARA	3	PA; SP

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

Drug Name	Drug Tier	Notes
KISQALI 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
OGIVRI	E	SP
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PEMAZYRE	E	SP
PHESGO	2	PA; SP
PIQRAY	3	PA; SP
POMALYST	3	PA; SP
RETEVMO	3	PA; SP
REVLIMID	2	PA; SP
REZLIDHIA	E	SP
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	2	PA; SP
RYDAPT	3	PA; SP
RYLAZE	E	SP
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

Drug Name	Drug Tier	Notes
SUTENT	E	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
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
TASIGNA	3	PA; SP
TAZVERIK	E	SP
temozolomide	1	PA; SP
TEPMETKO	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP
VERZENIO	3	PA; SP
VIJOICE	E	SP
VITRAKVI	3	PA; SP
VIVIMUSTA	E	SP
XALKORI	E	SP
XTANDI	3	PA; SP
YONSA	E	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
ZYTIGA	E	SP
<b>Antiparasitics</b>		
ARAKODA	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
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
DHIVY	E	
GOCOVRI	E	
INBRIJA	3	PA; SP
NEUPRO	3	
NOURIANZ	3	PA
ONGENTYS	3	ST
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
<b>Antiplatelets</b>		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++

Drug Name	Drug Tier	Notes
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	E	
lurasidone hcl	1	QL
olanzapine oral tablet	1	QL
PERSERIS	3	++
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA	E	
<b>Antivirals</b>		
acyclovir oral tablet	1	
APRETUDE	E	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	E	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	
emtricitabine-tenofovir df	1	
entecavir	1	QL
EPCLUSA	2	PA; SP; QL
HARVONI	2	PA; SP; QL
JULUCA	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
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
SYMTUZA	3	
TAMIFLU	E	
TRIUMEQ	2	
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	E	
VOCABRIA	E	
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX	E	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
LOREEV XR	E	
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
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
EPOGEN	E	SP
ESPEROCT	3	SP
FULPHILA	E	SP
FYLNETRA	E	SP
GRANIX	E	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	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
KOVALTRY	2	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	SP
PROCRIT	2	PA; SP
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RELEUKO	E	SP
RETACRIT	2	PA; SP
ROLVEDON	E	SP
SEVENFACT	E	SP
SOLIRIS	3	PA; SP
STIMUFEND	E	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
ZIEXTENZO	E	SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALTACE	E	
amiodarone hcl oral	1	

Drug Name	Drug Tier	Notes
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ASPRUZYO SPRINKLE	E	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
CAMZYOS	E	SP
candesartan cilexetil	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	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
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
CONJUPRI	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
EZETIMIBE-ROSUVASTATIN	E	M
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	E	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	

Drug Name	Drug Tier	Notes
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	PA
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LEQVIO	E	
LESCOL XL	E	
LEVAMLODIPINE MALEATE	E	M
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
minoxidil 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
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	
NITROSTAT	E	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
ROSZET	E	

Drug Name	Drug Tier	Notes
simvastatin oral	1	
SOAANZ	E	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS XR-ODT	E	

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

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
DYANAVEL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral tablet	1	QL
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RITALIN	E	

Drug Name	Drug Tier	Notes
RITALIN LA	E	
STRATTERA	E	
VYVANSE	E	
XELSTRYM	E	
ZENZEDI	E	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	SP
AUBAGIO	E	SP
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	E	SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
EXTAVIA	E	SP
GILENYA ORAL CAPSULE 0.5 MG	E	SP
glatiramer acetate	1	PA; SP; QL
glatopa	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; SP; QL

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



Drug Name	Drug Tier	Notes
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
PONVORY	E	SP
PONVORY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TASCENSO ODT	E	SP
TECFIDERA	E	SP
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
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	PA; ++; QL
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
AUSTEDO PATIENT TITRATION KIT	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
CONTRACE	E	
EXSERVAN	E	
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
IMCIVREE	E	SP
INGREZZA	3	PA; SP; QL
LYRICA	E	

Drug Name	Drug Tier	Notes
LYRICA CR	E	
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
VYLEESI	3	PA; ++; QL
WEGOVY	3	PA; ++; QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
acutane	1	
ACZONE	E	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ALA SCALP	E	
ala-cort	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
amnesteem	1	
AMZEEQ	3	
APEXICON E	E	
ARAZLO	E	
AVITA	E	
azelaic acid external	1	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	E	M
CAPEX	E	
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phosph-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1	
clindamycin phosphate external gel	1	
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	
CLOBEX	E	

Drug Name	Drug Tier	Notes
CLOBEX SPRAY	E	
CLODERM	E	
CORDRAN EXTERNAL TAPE	E	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
DUOBRII	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EPSOLAY	E	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYFTOR	E	

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

Drug Name	Drug Tier	Notes
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%)	E	
IMPOYZ	E	
isotretinoin oral	1	
KENALOG EXTERNAL	E	
KLISYRI	3	ST
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	3	
OPZELURA	E	
ORACEA	E	
PANDEL	E	
PROPECIA	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA; ++

Drug Name	Drug Tier	Notes
RHOFADE	3	
SANTYL	3	QL
SOOLANTRA	3	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	QL
TAZAROTENE EXTERNAL FOAM	E	
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
TRIANEX	E	
triderm	1	
tritocin	1	
TWYNEO	3	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
VTAMA	3	PA
WINLEVI	E	
WYNZORA	3	QL
zenatane	1	
ZIANA	E	
ZILXI	3	ST

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

Drug Name	Drug Tier	Notes
ZORYVE	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
<b>Diabetes - Antidiabetic Agents</b>		
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
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	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	

Drug Name	Drug Tier	Notes
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA; QL
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	PA; QL
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRIJARDY XR	2	
TRULICITY	2	PA; QL
TZIELD	E	
VICTOZA	2	PA; QL
XIGDUO XR	2	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	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
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 SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 SENSOR	E	

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE READER	E	
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	E	
ONETOUCH ULTRA IN VITRO STRIP	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
TEMPO REFILL	E	
TEMPO SMART BUTTON	E	
TEMPO WELCOME	E	
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
GLUCAGEN HYPOKIT	E	
GLUCAGON EMERGENCY KIT	E	Made by Lilly
GLUCAGON EMERGENCY KIT	2	Made by Fresenius

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
GVOKE HYPOPEN 1-PACK	E	
GVOKE HYPOPEN 2-PACK	E	
GVOKE KIT	E	
GVOKE PFS	E	
ZEGALOGUE	2	
<b>Diabetes - Insulins</b>		
ADMELOG	1	++
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN	E	
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	++

Drug Name	Drug Tier	Notes
HUMALOG TEMPO PEN	E	
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 ASP PROT & ASP FLEXPEN	E	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	
INSULIN ASPART PENFILL	E	
INSULIN ASPART PROT & ASPART	E	
INSULIN DEGLUDEC	E	
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN GLARGINE-YFGN	E	
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	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
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LEVEMIR FLEXPEN	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	1	++
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	++
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	++
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	++
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++

Drug Name	Drug Tier	Notes
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	1	++
TOUJEO SOLOSTAR	1	++
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
ACCRUFER	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
JYNARQUE	E	SP
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	E	
LOKELMA	3	
NASCOBAL	3	++
potassium chloride cryster	1	
potassium chloride er	1	
potassium citrate er	1	

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

Drug Name	Drug Tier	Notes
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	++
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	E	
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	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	

Drug Name	Drug Tier	Notes
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	++; QL
sucralfate oral tablet	1	
ZEGERID	E	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	E	
CLENPIQ	3	
constulose	1	
DARTISLA ODT	E	
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
GOLYTELY	E	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	

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

Drug Name	Drug Tier	Notes
MOVANTIK	E	
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
PLENVU	E	
REBYOTA	E	SP
RELISTOR	E	
RELTONE	E	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	3	
TRULANCE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	M
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
AMONDYS 45	E	SP
BUPHENYL	E	SP
CERDELGA	3	PA; SP
CREON	2	
EXONDYS 51	E	SP
FABRAZYME	2	PA; SP
JAVYGTOR	E	SP
KUVAN	E	SP
NITYR	3	PA; SP

Drug Name	Drug Tier	Notes
ORFADIN	3	PA; SP
PALYNZIQ	E	SP
PANCREAZE	E	
PERTZYE	E	
RAVICTI	E	SP
STRENSIQ	2	PA; SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
VILTEPSO	E	SP
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	E	
CIALIS	E	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ELMIRON	E	
GEMTESA	E	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP

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

Drug Name	Drug Tier	Notes
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	E	
tadalafil oral	1	++; QL
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	
TOVIAZ	E	
VELPHORO	3	
VESICARE	E	
VESICARE LS	E	
VIAGRA	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
tamsulosin hcl	1	
<b>Hormonal Agents - Adrenal</b>		
ALKINDI SPRINKLE	E	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
dexamethasone oral tablet	1	

Drug Name	Drug Tier	Notes
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
ANDROGEL PUMP	E	
AVEED	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel	1	PA
TLANDO	E	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	

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

Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
CORTROPHIN	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon/Merk; ++; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
HUMATROPE	E	SP
ISTURISA	E	SP
LANREOTIDE ACETATE	E	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

Drug Name	Drug Tier	Notes
MYCAPSSA	E	SP
NOCDURNA	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
RECORLEV	E	SP
SAIZEN	E	SP
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SKYTROFA	E	SP
SOMATULINE DEPOT	3	PA; SP
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
ZOMACTON	E	SP
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	3	
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
afirmelle	1	++
altavera	1	++
alyacen 1/35	1	++
amabelz	1	
amethia	1	++; QL
ANNOVERA	3	++; QL
apri	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
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	++
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
briellyn	1	++
camila	1	++
camrese	1	++; QL
camrese lo	1	++; QL
chateal eq	1	++
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	++
cyred eq	1	++
dasetta 1/35	1	++
daysee	1	++; QL
deblitane	1	++
DELESTROGEN	E	
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++

Drug Name	Drug Tier	Notes
DUAVEE	2	
ELESTRIN	3	
elinest	1	++
eluryng	1	++
ENDOMETRIN	2	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
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
GENERESS FE	E	
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	

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
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
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	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	

Drug Name	Drug Tier	Notes
lojaimiess	1	++; QL
loryna	1	++
low-ogestrel	1	++
lo-zumandimine	1	++
luteru	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	
MINASTRIN 24 FE	E	
MIRENA (52 MG)	3	++
mono-linyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
necon 0.5/35 (28)	1	++
NEXTSTELLIS	E	
nikki	1	++
nora-be	1	++
norethin ace-eth estrad-fe oral tablet	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	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
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	
PROMETRIUM	E	
reclipsen	1	++
rivelsa	1	++; QL
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	1	++; QL
sharobel	1	++
simpesse	1	++; QL
SLYND	E	
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	++
TWIRLA	E	
VAGIFEM	E	
vestura	1	++
vienva	1	++
VIVELLE-DOT	E	
vyfemla	1	++
vylibra	1	++
wera	1	++
xulane	1	++
YASMIN 28	E	
YAZ	E	
yuvaferm	1	
zafemy	1	++
zumandimine	1	++
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	3	ST
ARMOUR THYROID	3	ST
CYTOMEL	E	
ERMEZA	E	

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

Drug Name	Drug Tier	Notes
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid oral tablet 15 mg, 30 mg, 60 mg	1	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-FKJP	E	SP
AMJEVITA	2	PA; SP; QL
ASCENIV	E	SP
AVSOLA	2	PA; SP
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
CIMZIA	2	PA; SP; QL

Drug Name	Drug Tier	Notes
CIMZIA STARTER KIT	2	PA; SP; QL
CINRYZE	E	SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
CUTAQUIG	E	SP
cyclosporine modified oral capsule	1	
CYLTEZO	2	PA; SP; QL
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	
FIRAZYR	E	SP
gengraf oral capsule	1	
HADLIMA	E	SP
HADLIMA PUSHTOUCH	E	SP
HAEGARDA	3	PA; SP
HIZENTRA	3	PA; SP
HULIO	E	SP
HUMIRA	2	PA; SP; QL
HUMIRA PEDIATRIC CROHNS START	2	PA; SP; QL
HUMIRA PEN	2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
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
IDACIO	E	SP
IDACIO FOR CROHNS DISEASE/UC	E	SP
IDACIO FOR PLAQUE PSORIASIS	E	SP
INFLECTRA	2	PA; SP
INFLIXIMAB	E	SP
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
OLUMIANT	3	PA; SP; QL

Drug Name	Drug Tier	Notes
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
OTREXUP	E	
PANZYGA	E	SP
RASUVO	2	PA; QL
REDITREX	E	
REMICADE	E	SP
RENFLEXIS	E	SP
REZUROCK	E	SP
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
SOTYKTU	E	SP
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
TREMFYA	2	PA; SP; QL
TREXALL	3	
XELJANZ	2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	PA; SP
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	SP
YUSIMRY	E	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
CANASA	E	
CORTIFOAM	3	
DELZICOL	E	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release	1	
ORTIKOS	E	
PENTASA	E	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral tablet	1	
TARPEYO	E	SP
UCERIS ORAL	E	
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet 10 mg, 5 mg	1	

Drug Name	Drug Tier	Notes
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
FORTEO	E	SP
ibandronate sodium oral	1	QL
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	2	PA; SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
RAYALDEE	3	
SENSIPAR	E	
<b>Miscellaneous Therapeutic Agents</b>		
BD ULTRA-FINE PEN NEEDLES	2	++
BOTOX	3	PA; Non- Cosmetic
DOJOLVI	E	
DUROLANE	2	PA
DYSFORT	2	PA
ENDARI	3	PA
EUFLEXXA	2	PA
FIRDAPSE	E	SP
GEL-ONE	E	
GELSYN-3	2	PA
GENVISC 850	E	
HYALGAN	E	
HYMOVIS	E	
KERENDIA	3	PA; QL
LIVMARLI	E	SP
MONOVISC	E	
MYOBLOC	2	PA

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

Drug Name	Drug Tier	Notes
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	++
ORTHOVISC	E	
OXBRYTA	E	SP
PALFORZIA	E	SP
PHEXXI	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
SYNVISC	E	
SYNVISC ONE	E	
TAVNEOS	E	SP
TRILURON	E	
TRIVISC	E	
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
VISCO-3	E	
XEOMIN	2	PA

Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BEPREVE	E	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
gentamicin sulfate ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PRED FORTE	E	

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

Drug Name	Drug Tier	Notes
PRED MILD	3	
PROLENSA	2	QL
TOBRADEX OPHTHALMIC SUSPENSION	E	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin- dexamethasone	1	
VIGAMOX	E	
ZERVIATE	E	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN	E	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	

Drug Name	Drug Tier	Notes
timolol maleate (once- daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	E	
TRAVATAN Z	E	
VUITY	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
BEOVU	E	SP
BYOOVIZ	E	SP
CEQUA	E	
CIMERLI	2	PA; SP
cyclosporine ophthalmic	E	
LATISSE	E	
LUCENTIS	E	SP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML	E	SP
polymyxin b- trimethoprim	1	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
TYRVAYA	3	PA; QL
VERKAZIA	E	
XIIDRA	2	PA

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

Drug Name	Drug Tier	Notes
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution 1 mg/ml	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
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

Drug Name	Drug Tier	Notes
QNASL CHILDRENS	3	++; QL
RYALTRIS	3	QL
XHANCE	E	
ZETONNA	3	++; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRDUO DIGIHALER	E	
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
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	E	Made by Prasco; M
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	E	
ANORO ELLIPTA	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
ARMONAIR DIGIHALER	E	
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	1	QL
breyana	E	
BREZTRI AEROSPHERE	2	QL
BROVANA	E	
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	

Drug Name	Drug Tier	Notes
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	E	
ESBRIET	E	SP
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
FLOVENT DISKUS	E	
FLOVENT HFA	E	
FLUTICASONE FUROATE-VILANTEROL	E	M
FLUTICASONE PROPIONATE HFA	E	M
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	M
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	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
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	M
INCRUSE ELLIPTA	E	
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL

Drug Name	Drug Tier	Notes
SYMJEPI	3	
TEZSPIRE	2	PA; SP; QL
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
VENTOLIN HFA	E	
wixela inhub	1	ST; QL
XOLAIR	2	PA; SP
XOPENEX HFA	E	
YUPELRI	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	E	SP
BRONCHITOL	E	
CAYSTON	E	SP
KITABIS PAK	E	SP
PULMOZYME	2	PA; SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	3	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP

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

Drug Name	Drug Tier	Notes
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN	E	SP
REVATIO	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TADLIQ	E	SP
TRACLEER 62.5 MG, 125 MG	E	SP
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
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	E	
BACLOFEN ORAL SOLUTION	E	M
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
FLEQSUVY	E	
LORZONE	3	
LYVISPAH	E	
methocarbamol oral tablet 1000 mg	1	PA

Drug Name	Drug Tier	Notes
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	E	
NORGESIC FORTE	E	
ORPHENGESIC FORTE	E	M
OZOBAX	E	
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	E	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL
HETLIOZ	E	SP
HETLIOZ LQ	E	SP
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
RESTORIL	E	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; Made by Hikma; M; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	Made by Amneal; M; SP
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	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
XYREM	E	SP
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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ADMELOG.....	25	amlodipine besylate-benazepril		ASPRUZYO SPRINKLE.....	16
ADMELOG SOLOSTAR.....	25	hcl.....	16	ATACAND.....	16
ADTHYZA.....	33	amlodipine besylate-valsartan..	16	atenolol.....	16
ADUHELM.....	9	amlodipine-olmesartan.....	16	atenolol-chlorthalidone.....	16
ADVAIR DISKUS.....	39	amnestem.....	21	ATIVAN.....	15
ADVAIR HFA.....	39	AMONDYS 45.....	28	atomoxetine hcl.....	19
ADVATE.....	15	amoxicillin.....	7	atorvastatin calcium.....	16
ADYNOVATE.....	15	amoxicillin-potassium		ATROVENT HFA.....	40
ADZENYS XR-ODT.....	18	clavulanate.....	7	AUBAGIO.....	19
AFINITOR.....	12	amphetamine-		aubra eq.....	31
AFINITOR DISPERZ.....	12	dextroamphetamine.....	19	aurovela 1.5/30.....	31
afirmelle.....	30	amphetamine-		aurovela 1/20.....	31
AFSTYLA.....	15	dextroamphetamine er.....	19	aurovela 24 fe.....	31
AIMOVIG.....	11	AMPYRA.....	19	aurovela fe 1.5/30.....	31
AIRDUO DIGIHALER.....	39	AMRIX.....	42	aurovela fe 1/20.....	31
AIRDUO RESPICLICK 113/14..	39	AMZEEQ.....	21	AURYXIA.....	28
AIRDUO RESPICLICK 232/14..	39	anastrozole.....	12	AUSTEDO.....	20
AIRDUO RESPICLICK 55/14....	39	ANDRODERM.....	29	AUSTEDO PATIENT	
AJOVY.....	11	ANDROGEL PUMP.....	29	TITRATION KIT.....	20
AKLIEF.....	20	ANNOVERA.....	30	AUSTEDO XR.....	20
ALA SCALP.....	20	ANORO ELLIPTA.....	39	AUVELITY.....	9
ala-cort.....	20	APADAZ.....	6	AUVI-Q.....	40
albuterol sulfate.....	39	apap-caff-dihydrocodeine.....	6	AVAPRO.....	16

AVEED.....	29	BETIMOL.....	38	CAMZYOS.....	16
aviane.....	31	BEVESPI AEROSPHERE.....	40	CANASA.....	36
avidoxy.....	7	BEYAZ.....	31	candesartan cilexetil.....	16
AVITA.....	21	BIJUVA.....	31	capecitabine.....	12
AVODART.....	29	BIKTARVY.....	14	CAPEX.....	21
AVONEX PEN.....	19	bisoprolol fumarate.....	16	CARAFATE.....	27
AVONEX PREFILLED.....	19	bisoprolol-hydrochlorothiazide..	16	CARBATROL.....	8
AVSOLA.....	34	blisovi 24 fe.....	31	carbidopa-levodopa.....	14
ayuna.....	31	blisovi fe 1.5/30.....	31	CARDIZEM LA.....	16
AZASITE.....	37	blisovi fe 1/20.....	31	carisoprodol.....	42
azathioprine.....	34	BOTOX.....	36	CARNITOR.....	26
azelaic acid.....	21	BREO ELLIPTA.....	40	CARNITOR SF.....	26
azelastine hcl.....	39	BREXAFEMME.....	11	cartia xt.....	16
azelastine-fluticasone.....	39	breyna.....	40	carvedilol.....	16
azithromycin.....	7	BREZTRI AEROSPHERE.....	40	CATAPRES-TTS-1.....	16
AZOPT.....	38	briellyn.....	31	CATAPRES-TTS-2.....	16
AZOR.....	16	BRILINTA.....	14	CATAPRES-TTS-3.....	16
AZSTARYS.....	19	brimonidine tartrate.....	38	CAYSTON.....	41
bac.....	6	BRIVIACT.....	8	cefadroxil.....	7
BACLOFEN.....	42	BROMSITE.....	37	cefdinir.....	7
baclofen.....	42	BRONCHITOL.....	41	cefuroxime axetil.....	7
BAFIERTAM.....	19	BROVANA.....	40	CELEBREX.....	6
BALCOLTRA.....	31	budesonide.....	40	celecoxib.....	6
balziva.....	31	budesonide-formoterol		CELEXA.....	10
BAQSIMI ONE PACK.....	24	fumarate.....	40	cephalexin.....	7
BAQSIMI TWO PACK.....	24	bumetanide.....	16	CEQUA.....	38
BARACLUDGE.....	14	BUPHENYL.....	28	CEQUR SIMPLICITY 2U 10PK.24	
BASAGLAR KWIKPEN.....	25	buprenorphine hcl.....	7	CEQUR SIMPLICITY	
BASAGLAR TEMPO PEN.....	25	buprenorphine hcl-naloxone		INSERTER.....	24
BD ULTRA-FINE INSULIN		hcl.....	7	CERDELGA.....	28
SYRINGES.....	25	bupropion hcl.....	10	cetirizine hcl.....	39
BD ULTRA-FINE PEN		bupropion hcl er (sr).....	9	CETROTIDE.....	30
NEEDLES.....	36	bupropion hcl er (xl).....	9	chateal eq.....	31
BELBUCA.....	6	BUPROPION HCL ER (XL).....	10	chlorhexidine gluconate.....	20
BELRAPZO.....	12	buspirone hcl.....	15	chlorthalidone.....	16
BELSOMRA.....	42	butalbital-apap-caffeine.....	6	CIALIS.....	28
benazepril hcl.....	16	BUTRANS.....	6	CIBINQO.....	21
BENDAMUSTINE HCL.....	12	BYDUREON BCISE		ciclodan.....	11
BENICAR.....	16	AUTOINJECTOR.....	23	ciclopirox.....	11
BENICAR HCT.....	16	BYETTA 10 MCG PEN.....	23	CIMDUO.....	14
BENLYSTA.....	34	BYETTA 5 MCG PEN.....	23	CIMERLI.....	38
BENZAMYCIN.....	21	BYOOVIZ.....	38	CIMZIA.....	34
BENZHYDROCODONE-		BYSTOLIC.....	16	CIMZIA STARTER KIT.....	34
ACETAMINOPHEN.....	6	CABENUVA.....	14	CINRYZE.....	34
benzonatate.....	39	cabergoline.....	30	CIPRODEX.....	39
benztropine mesylate.....	14	CABOMETYX.....	12	ciprofloxacin hcl.....	7, 37
BEOVU.....	38	CALCIPOTRIENE.....	21	ciprofloxacin-dexamethasone...	39
BEPREVE.....	37	calcitriol.....	36	CITALOPRAM	
BESIVANCE.....	37	CALQUENCE.....	12	HYDROBROMIDE.....	10
BESREMI.....	12	CAMBIA.....	11	citalopram hydrobromide.....	10
betamethasone dipropionate...	21	camila.....	31	claravis.....	21
BETASERON.....	19	camrese.....	31	CLARINEX.....	39
BETHKIS.....	41	camrese lo.....	31	CLARINEX-D 12 HOUR.....	39

clarithromycin.....	7	COSENTYX SENSOREADY		DEXILANT.....	27
CLENPIQ.....	27	(300 MG).....	34	dexlansoprazole.....	27
CLEOCIN.....	7	COSENTYX SENSOREADY		dexamethylphenidate hcl.....	19
CLIMARA.....	31	PEN.....	34	dexamethylphenidate hcl er.....	19
CLIMARA PRO.....	31	COSENTYX UNOREADY.....	34	DHIVY.....	14
clindacin etz.....	21	COSOPT.....	38	diazepam.....	15
clindacin-p.....	21	COSOPT PF.....	38	DICLOFENAC PATCH 1.3%.....	6
CLINDAGEL.....	21	COTELLIC.....	12	diclofenac potassium.....	6
clindamycin hcl.....	7	COTEMPLA XR-ODT.....	19	diclofenac sodium.....	6
clindamycin phosphate.....	21	COZAAR.....	17	dicyclomine hcl.....	27
clindamycin phosphate-		CREON.....	28	DIFFERIN.....	21
benzoyl peroxide.....	21	CRESEMBA.....	11	DIFICID.....	8
CLINDESSE.....	8	CRESTOR.....	17	digoxin.....	17
clobetasol propionate.....	21	cryselle-28.....	31	DILANTIN.....	8, 9
CLOBEX.....	21	CUPRIMINE.....	28	DILANTIN INFATABS.....	8
CLOBEX SPRAY.....	21	CUTAQUIG.....	34	DILAUDID.....	6
CLODERM.....	21	cyanocobalamin.....	26	diltiazem hcl er coated beads...	17
clonazepam.....	15	cyclobenzaprine hcl.....	42	dimethyl fumarate.....	19
clonidine hcl.....	17	cyclosporine.....	38	DIOVAN.....	17
clopidogrel bisulfate.....	14	cyclosporine modified.....	34	DIOVAN HCT.....	17
clotrimazole.....	11	CYLTEZO.....	34	DIPENTUM.....	36
clotrimazole-betamethasone.....	11	CYLTEZO-CD/UC/HS		diphenoxylate-atropine.....	27
COLCHICINE.....	11	STARTER.....	34	divalproex sodium.....	9
colchicine.....	11	CYLTEZO-PSORIASIS		divalproex sodium er.....	9
COLCRYS.....	11	STARTER.....	34	DIVIGEL.....	31
COLESTID.....	17	CYMBALTA.....	10	DOJOLVI.....	36
COLESTID FLAVORED.....	17	cyproheptadine hcl.....	39	donepezil hcl.....	9
COMBIGAN.....	38	cyred eq.....	31	DOPTELET.....	15
COMBIVENT RESPIMAT.....	40	CYTOMEL.....	33	DORYX.....	8
CONJUPRI.....	17	DARTISLA ODT.....	27	DORYX MPC.....	8
constulose.....	27	DARZALEX FASPRO.....	12	dorzolamide hcl-timolol mal.....	38
CONTOUR NEXT EZ KIT		dasetta 1/35.....	31	dorzolamide hcl-timolol mal pf..	38
W/DEVICE.....	24	daysee.....	31	dotti.....	31
CONTOUR NEXT GEN		DAYTRANA.....	19	DOVATO.....	14
MONITOR.....	24	DAYVIGO.....	42	doxazosin mesylate.....	17
CONTOUR NEXT GEN TEST		deblitane.....	31	doxepin hcl.....	10
STRIPS.....	24	DELESTROGEN.....	31	doxycycline hyclate.....	8
CONTOUR NEXT ONE KIT.....	24	delyla.....	31	DOXYCYCLINE HYCLATE.....	8
CONTRACE.....	20	DELZICOL.....	36	doxycycline monohydrate.....	8
CONZIP.....	6	DEPAKOTE.....	8	drosiprenone-ethinyl estradiol...	31
COPAXONE.....	19	DEPAKOTE ER.....	8	DUAKLIR PRESSAIR.....	40
CORDRAN.....	21	DEPAKOTE SPRINKLES.....	8	DUAVEE.....	31
COREG.....	17	DEPEN TITRATABS.....	28	DUEXIS.....	6
COREG CR.....	17	DEPO-TESTOSTERONE.....	29	DULERA.....	40
CORLANOR.....	17	DESCOVY.....	14	duloxetine hcl.....	10
CORTEF.....	29	desmopressin acetate.....	30	DUOBRII.....	21
CORTIFOAM.....	36	desvenlafaxine succinate er.....	10	DUPIXENT.....	21
CORTISONE ACETATE.....	29	dexamethasone.....	29	DUROLANE.....	36
CORTROPHIN.....	30	DEXCOM G6 RECEIVER.....	24	dutasteride.....	29
COSELA.....	12	DEXCOM G6 SENSOR.....	24	DYANAVEL XR.....	19
COSENTYX (300 MG DOSE)...	34	DEXCOM G6 TRANSMITTER..	24	DYMISTA.....	39
COSENTYX 150 MG/ML.....	34	DEXCOM G7 RECEIVER.....	24	DYSPORT.....	36
		DEXCOM G7 SENSOR.....	24	EDARBI.....	17



EDARBYCLOR.....	17	ESTRACE.....	31	fluconazole.....	11
EFFEXOR XR.....	10	estradiol.....	31	fludrocortisone acetate.....	29
ELEPSIA XR.....	9	estradiol-norethindrone acet.....	31	fluocinonide.....	21
ELESTRIN.....	31	ESTROGEL.....	31	fluorouracil.....	21
eletriptan hydrobromide.....	11	eszopiclone.....	42	fluoxetine hcl.....	10
ELIDEL.....	21	etodolac.....	6	FLUTICASONE FUROATE-	
elinest.....	31	etonogestrel-ethinyl estradiol....	31	VILANTEROL.....	40
ELIQUIS.....	8	EUCRISA.....	21	fluticasone propionate.....	39
ELIQUIS DVT/PE STARTER		EUFLEXXA.....	36	FLUTICASONE PROPIONATE	
PACK.....	8	euthyrox.....	34	HFA.....	40
ELMIRON.....	28	EVAMIST.....	31	FLUTICASONE-	
ELOCTATE.....	15	EVEKEO.....	19	SALMETEROL.....	40, 41
eluryng.....	31	EVERSENSE		fluticasone-salmeterol.....	40
ELYXYB.....	6	SENSOR/HOLDER.....	24	fluvoxamine maleate.....	10
EMGALITY.....	11	EVERSENSE SMART		FOCALIN.....	19
EMPAVELI.....	15	TRANSMITTER.....	24	FOCALIN XR.....	19
emtricitabine-tenofovir df.....	14	EXFORGE.....	17	folic acid.....	26
EMVERM.....	14	EXFORGE HCT.....	17	FOLLISTIM AQ.....	30
enalapril maleate.....	17	EXKIVITY.....	12	FORFIVO XL.....	10
ENBREL.....	34	EXONDYS 51.....	28	FORTEO.....	36
ENBREL MINI.....	34	EXSERVAN.....	20	FORTESTA.....	29
ENBREL SURECLICK.....	34	EXTAVIA.....	19	FOTIVDA.....	12
ENDARI.....	36	EYSUVIS.....	37	FREESTYLE LIBRE 14 DAY	
endocet.....	6	ezetimibe.....	17	READER.....	24
ENDOMETRIN.....	31	EZETIMIBE-ROSUVASTATIN..	17	FREESTYLE LIBRE 14 DAY	
ENLITE GLUCOSE SENSOR..	24	FABIOR.....	21	SENSOR.....	24
enoxaparin sodium.....	8	FABRAZYME.....	28	FREESTYLE LIBRE 2	
enskyce.....	31	falmina.....	31	READER.....	24
ENSTILAR.....	21	famotidine.....	27	FREESTYLE LIBRE 2	
entecavir.....	14	FARXIGA.....	23	SENSOR.....	24
ENTRESTO.....	17	FASENRA.....	40	FREESTYLE LIBRE 3	
ENVARUSUS XR.....	34	FASENRA PEN.....	40	SENSOR.....	24
EPCLUSA.....	14	fayosim.....	31	FREESTYLE LIBRE READER..	24
EPIDIOLEX.....	9	fenofibrate.....	17	FULPHILA.....	15
EPIDUO.....	21	fentanyl.....	6	FUROSCIX.....	17
EPIDUO FORTE.....	21	FENTANYL CITRATE.....	6	furosemide.....	17
epinephrine.....	40	FENTORA.....	6	FYCOMPA.....	9
EPIPEN 2-PAK.....	40	FIASP.....	25	FYLNETRA.....	15
EPIPEN JR 2-PAK.....	40	FIASP FLEXTOUCH.....	25	gabapentin.....	9
EPOGEN.....	15	FIASP PENFILL.....	25	ganirelix acetate.....	30
EPRONTIA.....	9	FINACEA.....	21	gavilyte-c.....	27
EPSOLAY.....	21	finasteride.....	29	gavilyte-g.....	27
ergocalciferol.....	26	FIORICET.....	6	GAVRETO.....	12
ERIVEDGE.....	12	FIORICET/CODEINE.....	6	GEL-ONE.....	36
ERLEADA.....	12	FIRAZYR.....	34	GELSYN-3.....	36
ERMEZA.....	33	FIRDAPSE.....	36	gemfibrozil.....	17
errin.....	31	FLAREX.....	37	GEMTESA.....	28
erythromycin.....	37	flecainide acetate.....	17	GENERESS FE.....	31
ESBRIET.....	40	FLECTOR.....	7	gengraf.....	34
escitalopram oxalate.....	10	FLEQSUVY.....	42	GENOTROPIN.....	30
esomeprazole magnesium.....	27	FLOMAX.....	29	GENOTROPIN MINIQUICK.....	30
ESPEROCT.....	15	FLOVENT DISKUS.....	40	gentamicin sulfate.....	37
estarylla.....	31	FLOVENT HFA.....	40	GENVISC 850.....	36

GILENYA.....	19	HEMANGEOL.....	17	HYRIMOZ-CROHNS/UC	
GIMOTI.....	10	HERZUMA.....	12	STARTER PACK.....	35
glatiramer acetate.....	19	HETLIOZ.....	42	HYRIMOZ-PED CROHNS	
glatopa.....	19	HETLIOZ LQ.....	42	STARTER.....	35
GLEEVEC.....	12	HIZENTRA.....	34	HYRIMOZ-PLAQUE	
glimepiride.....	23	HORIZANT.....	20	PSORIASIS START.....	35
glipizide er.....	23	HULIO.....	34	HYSINGLA ER.....	6
glipizide ir.....	23	HUMALOG.....	25	HYZAAR.....	17
glipizide xl.....	23	HUMALOG KWIKPEN.....	25	ibandronate sodium.....	36
GLUCAGEN HYPOKIT.....	24	HUMALOG MIX 50/50		IBRANCE.....	12
GLUCAGON EMERGENCY		KWIKPEN.....	25	IBSRELA.....	27
KIT.....	24	HUMALOG MIX 50/50 VIAL.....	25	ibuprofen.....	7
GLUMETZA.....	23	HUMALOG MIX 75/25		ibuprofen-famotidine.....	7
glyburide.....	23	KWIKPEN.....	25	iclevia.....	31
glycopyrrolate.....	27	HUMALOG MIX 75/25 VIAL.....	25	ICLUSIG.....	12
GLYXAMBI.....	23	HUMALOG TEMPO PEN.....	25	icosapent ethyl.....	17
GOCOVRI.....	14	HUMALOG U-100 JUNIOR		IDACIO.....	35
GOLYTELY.....	27	KWIKPEN.....	25	IDACIO FOR CROHNS	
GONAL-F.....	30	HUMATROPE.....	30	DISEASE/UC.....	35
GONAL-F RFF.....	30	HUMIRA.....	34	IDACIO FOR PLAQUE	
GONAL-F RFF REDIJECT.....	30	HUMIRA PEDIATRIC		PSORIASIS.....	35
GRALISE.....	20	CROHNS START.....	34	IDELVION.....	15
GRANIX.....	15	HUMIRA PEN.....	34	IDHIFA.....	12
guanfacine hcl.....	17	HUMIRA PEN-CD/UC/HS		ILEVRO.....	37
guanfacine hcl er.....	19	STARTER.....	35	imatinib mesylate.....	12
GUARDIAN 4 GLUCOSE		HUMIRA PEN-PEDIATRIC UC		IMBRUVICA.....	12
SENSOR.....	24	START.....	35	IMCIVREE.....	20
GUARDIAN 4 TRANSMITTER.....	24	HUMIRA PEN-PS/UV/ADOL		imiquimod.....	22
GUARDIAN CONNECT		HS START.....	35	imiquimod pump.....	22
TRANSMITTER.....	24	HUMIRA PEN-PSOR/UEVIT		IMITREX.....	11
GUARDIAN LINK 3		STARTER.....	35	IMITREX STATDOSE REFILL.....	11
TRANSMITTER.....	24	HUMULIN 70/30 KWIKPEN.....	25	IMITREX STATDOSE	
GUARDIAN SENSOR (3).....	24	HUMULIN 70/30 VIAL.....	25	SYSTEM.....	11
GUARDIAN SENSOR 3.....	24	HUMULIN N KWIKPEN.....	25	IMPEKLO.....	22
GVOKE HYPOPEN 1-PACK.....	25	HUMULIN N VIAL.....	25	IMPOYZ.....	22
GVOKE HYPOPEN 2-PACK.....	25	HUMULIN R U-500 KWIKPEN.....	25	IMVEXXY MAINTENANCE	
GVOKE KIT.....	25	HUMULIN R U-500 VIAL.....	25	PACK.....	31
GVOKE PFS.....	25	HUMULIN R VIAL.....	25	IMVEXXY STARTER PACK.....	31
GYNAZOLE-1.....	11	HYALGAN.....	36	INBRIJA.....	14
HADLIMA.....	34	hydralazine hcl.....	17	incassia.....	32
HADLIMA PUSH TOUCH.....	34	hydrochlorothiazide.....	17	INCRUSE ELLIPTA.....	41
HAEGARDA.....	34	hydrocodone-acetaminophen.....	6	INDERAL LA.....	17
hailey 1.5/30.....	31	hydrocortisone.....	21, 29	INDERAL XL.....	17
hailey 24 fe.....	31	hydrocortisone (perianal).....	36	indomethacin.....	7
hailey fe 1.5/30.....	31	hydromorphone hcl.....	6	INFLECTRA.....	35
hailey fe 1/20.....	31	hydroxychloroquine sulfate.....	14	INFLIXIMAB.....	35
HALOBETASOL		hydroxyzine hcl.....	15	INGREZZA.....	20
PROPIONATE.....	21	hydroxyzine pamoate.....	15	INNOPRAN XL.....	17
haloette.....	31	HYFTOR.....	21	INQOVI.....	12
HALOG.....	21	HYMOVIS.....	36	INSULIN ASP PROT & ASP	
HARVONI.....	14	hyoscyamine sulfate.....	27	FLEXPEN.....	25
heather.....	31	hyoscyamine sulfate sl.....	27	INSULIN ASPART.....	25
HEMADY.....	29	HYRIMOZ.....	35	INSULIN ASPART FLEXPEN.....	25

INSULIN ASPART PENFILL.....	25	junel 1/20.....	32	larin 24 fe.....	32
INSULIN ASPART PROT & ASPART.....	25	junel fe 1.5/30.....	32	larin fe 1.5/30.....	32
INSULIN DEGLUDEC.....	25	junel fe 1/20.....	32	larin fe 1/20.....	32
INSULIN DEGLUDEC FLEXTOUCH.....	25	junel fe 24.....	32	LASIX.....	17
INSULIN GLARGINE.....	25	JYNARQUE.....	26	latanoprost.....	38
INSULIN GLARGINE SOLOSTAR.....	25	kalliga.....	32	LATISSE.....	38
INSULIN GLARGINE-YFGN.....	25	KANJINTI.....	12	LATUDA.....	14
INSULIN LISPRO.....	25	KAPSPARGO SPRINKLE.....	17	LEDIPASVIR-SOFOSBUVIR....	15
INSULIN LISPRO (1 UNIT DIAL).....	25	KATERZIA.....	17	leflunomide.....	35
INSULIN LISPRO JUNIOR KWIKPEN.....	25	KAZANO.....	23	LEQVIO.....	17
INSULIN LISPRO PROT & LISPRO.....	25	KENALOG.....	22, 29	LESCOL XL.....	17
introvale.....	32	KEPPRA.....	9	lessina.....	32
INTUNIV.....	19	KEPPRA XR.....	9	LETAIRIS.....	41
INVEGA HAFYERA.....	14	KERENDIA.....	36	letrozole.....	13
INVEGA SUSTENNA.....	14	KESIMPTA.....	19	LEVALBUTEROL HFA.....	41
INVEGA TRINZA.....	14	ketoconazole.....	11	LEVAMLODIPINE MALEATE...	17
INVELTYS.....	37	KETOROLAC.....		LEVEMIR FLEXPEN.....	26
INVOKAMET.....	23	TROMETHAMINE.....	7	LEVEMIR U-100 VIAL.....	26
INVOKAMET XR.....	23	ketorolac tromethamine.....	7, 37	levetiracetam.....	9
INVOKANA.....	23	KISQALI.....	13	levocetirizine dihydrochloride....	39
ipratropium bromide.....	39	KISQALI FEMARA.....	12	levofloxacin.....	8
ipratropium-albuterol.....	41	KITABIS PAK.....	41	levonorgest-eth est & eth est...	32
irbesartan.....	17	KLISYRI.....	22	levonorgest-eth estrad 91-day..	32
irbesartan-hydrochlorothiazide..	17	KLONOPIN.....	15	levonorgestrel-ethinyl estrad....	32
isibloom.....	32	klor-con.....	26	levora 0.15/30 (28).....	32
isosorbide mononitrate er.....	17	klor-con 10.....	26	levo-t.....	34
isotretinoin.....	22	klor-con m10.....	26	LEVOTHYROXINE SODIUM....	34
ISTURISA.....	30	klor-con m15.....	26	levothyroxine sodium.....	34
jaimiess.....	32	klor-con m20.....	26	levoxyl.....	34
jantoven.....	8	KLOXXADO.....	7	LEXAPRO.....	10
JANUMET.....	23	KOATE.....	15	LEXETTE.....	22
JANUMET XR.....	23	KOGENATE FS.....	15	LIALDA.....	36
JANUVIA.....	23	KOMBIGLYZE XR.....	23	LICART.....	7
JARDIANCE.....	23	KOSELUGO.....	13	lidocaine.....	7
jasmiel.....	32	KOVALTRY.....	16	lidocaine hcl.....	20
JATENZO.....	29	K-TAB.....	26	lidocaine viscous hcl.....	20
JAVYGTOR.....	28	kurvelo.....	32	lidocaine-prilocaine.....	7
jencycla.....	32	KUVAN.....	28	LIDOCAN.....	7
JENTADUETO.....	23	labetalol hcl.....	17	LIDODERM.....	7
JENTADUETO XR.....	23	lacosamide.....	9	LINZESS.....	27
JIVI.....	15	lactulose.....	27	liothyronine sodium.....	34
jolessa.....	32	LAMICTAL.....	9	LIPITOR.....	17
JORNAY PM.....	19	LAMICTAL ODT.....	9	lisinopril.....	17
JUBLIA.....	11	LAMICTAL STARTER.....	9	lisinopril-hydrochlorothiazide....	17
juleber.....	32	LAMICTAL XR.....	9	lithium carbonate.....	15
JULUCA.....	14	lamotrigine.....	9	lithium carbonate er.....	15
junel 1.5/30.....	32	lamotrigine er.....	9	LIVALO.....	17
		LANREOTIDE ACETATE.....	30	LIVMARLI.....	36
		lansoprazole.....	27	LO LOESTRIN FE.....	32
		LANTUS SOLOSTAR.....	26	LOESTRIN 1.5/30 (21).....	32
		LANTUS U-100 VIAL.....	26	LOESTRIN 1/20 (21).....	32
		larin 1.5/30.....	32	LOESTRIN FE 1.5/30.....	32
		larin 1/20.....	32	LOESTRIN FE 1/20.....	32

lojaimiess.....	32	metformin hcl er.....	23	MULTAQ.....	18
LOKELMA.....	26	metformin hcl er (mod).....	23	mupirocin.....	8
lorazepam.....	15	metformin hcl er (osm).....	23	MVASI.....	13
LOREEV XR.....	15	metformin hcl ir.....	23	MYCAPSSA.....	30
loryna.....	32	methimazole.....	34	mycophenolate mofetil.....	35
LORZONE.....	42	methocarbamol.....	42	mycophenolate sodium.....	35
losartan potassium.....	17	methotrexate.....	35	MYDAYIS.....	19
losartan potassium-hctz.....	17	methotrexate sodium.....	35	MYFEMBREE.....	32
LOTEMAX.....	37	methylphenidate hcl.....	19	MYOBLOC.....	36
LOTEMAX SM.....	37	methylphenidate hcl er.....	19	MYRBETRIQ.....	28
LOTREL.....	17	methylphenidate hcl er (cd).....	19	na sulfate-k sulfate-mg sulf.....	28
lovastatin.....	17	methylphenidate hcl er (la).....	19	nabumetone.....	7
LOVAZA.....	17	methylphenidate hcl er (osm).....	19	nadolol.....	18
low-ogestrel.....	32	methylphenidate hcl er (xr).....	19	NALFON.....	7
lo-zumandimine.....	32	methylprednisolone.....	29	naloxone hcl.....	7
LUCENTIS.....	38	metoclopramide hcl.....	10	naltrexone hcl.....	7
LUMAKRAS.....	13	metoprolol succinate er.....	17	NAMZARIC.....	9
LUMIGAN.....	38	metoprolol tartrate.....	17	naproxen.....	7
LUNESTA.....	42	METROGEL.....	22	naratriptan hcl.....	12
LUPKYNIS.....	35	metronidazole.....	8, 22	NARCAN.....	7
LUPRON DEPOT (1-MONTH).....	30	MICARDIS.....	17	NASCOBAL.....	26
LUPRON DEPOT (3-MONTH).....	30	MICARDIS HCT.....	17	NATAZIA.....	32
LUPRON DEPOT (4-MONTH)		microgestin 1.5/30.....	32	NATESTO.....	29
INTRAMUSCULAR KIT 30MG.....	30	microgestin 1/20.....	32	NATROBA.....	14
LUPRON DEPOT (6-MONTH)		microgestin 24 fe.....	32	NAYZILAM.....	9
INTRAMUSCULAR KIT 45MG.....	30	microgestin fe 1.5/30.....	32	nebivolol hcl.....	18
lurasidone hcl.....	14	microgestin fe 1/20.....	32	necon 0.5/35 (28).....	32
lutea.....	32	mili.....	32	neomycin-polymyxin-dexameth.....	37
LYBALVI.....	10	mimvey.....	32	neomycin-polymyxin-hc.....	39
lyleq.....	32	MINASTRIN 24 FE.....	32	NESINA.....	23
lyllana.....	32	minocycline hcl.....	8	NEULASTA.....	16
LYNPARZA.....	13	MINOLIRA.....	8	NEULASTA ONPRO.....	16
LYRICA.....	20	minoxidil.....	17	NEUPOGEN.....	16
LYRICA CR.....	20	MIRENA (52 MG).....	32	NEUPRO.....	14
LYUMJEV KWIKPEN.....	26	mirtazapine.....	10	NEURONTIN.....	9
LYUMJEV TEMPO PEN.....	26	MIRVASO.....	22	NEVANAC.....	37
LYUMJEV VIAL.....	26	misoprostol.....	27	NEXIUM.....	27
LYVISPAH.....	42	MITIGARE.....	11	NEXLETOL.....	18
lyza.....	32	modafinil.....	42	NEXLIZET.....	18
marlissa.....	32	mometasone furoate.....	22, 39	NEXTSTELLIS.....	32
MAVENCLAD.....	19	mondoxyne nl.....	8	nifedipine er.....	18
MAVYRET.....	15	mono-linyah.....	32	nifedipine er osmotic release....	18
MAXALT.....	11	MONOVISC.....	36	nikki.....	32
MAXALT-MLT.....	12	montelukast sodium.....	41	nitrofurantoin macrocrystal.....	8
MAYZENT.....	19	morphine sulfate er.....	6	nitrofurantoin monohydrate	
MAYZENT STARTER PACK.....	19	MOTEGRITY.....	27	macrocrystals.....	8
meclizine hcl.....	10	MOTOFEN.....	27	nitroglycerin.....	18
medroxyprogesterone acetate..	32	MOUNJARO.....	23	NITROSTAT.....	18
MEKINIST.....	13	MOVANTIK.....	28	NITYR.....	28
meloxicam.....	7	MOVIPREP.....	28	NIVESTYM.....	16
memantine hcl.....	9	moxifloxacin hcl.....	37	NOCDURNA.....	30
mesalamine.....	36	MS CONTIN.....	6	nora-be.....	32
mesalamine er.....	36	MULPLETA.....	16	NORDITROPIN FLEXPRO.....	30

norethin ace-eth estrad-fe.....	32	NUBEQA.....	13	ONETOUCH VERIO	
norethindrone.....	33	NUCALA.....	41	REFLECT KIT W/DEVICE.....	24
norethindrone acetate.....	32	NUCYNTA.....	6	ONEXTON.....	22
norethindrone acet-ethinyl est...32		NUCYNTA ER.....	6	ONFI.....	9
NORGESIC.....	42	NURTEC.....	12	ONGENTYS.....	14
NORGESIC FORTE.....	42	NUTROPIN AQ NUSPIN 10.....	30	ONGLYZA.....	23
norgestimate-eth estradiol.....	33	NUTROPIN AQ NUSPIN 20.....	30	ONTRUZANT.....	13
norgestimate-ethinyl estradiol		NUTROPIN AQ NUSPIN 5.....	30	ONZETRA XSAIL.....	12
triphasic.....	33	NUVESSA.....	8	OPSUMIT.....	41
NORITATE.....	22	NUVIGIL.....	42	OPZELURA.....	22
NORLIQVA.....	18	NUWIQ.....	16	ORACEA.....	22
norlyroc.....	33	NUZYRA.....	8	ORENCIA.....	35
nortrel 0.5/35 (28).....	33	nyamyc.....	11	ORENCIA CLICKJECT.....	35
nortrel 1/35 (21).....	33	nylia 1/35.....	33	ORENITRAM.....	41
nortrel 1/35 (28).....	33	nymyo.....	33	ORENITRAM MONTH 1.....	42
nortriptyline hcl.....	10	nystatin.....	11	ORENITRAM MONTH 2.....	42
NORVASC.....	18	nystop.....	11	ORENITRAM MONTH 3.....	42
NOURIANZ.....	14	NYVEPRIA.....	16	ORFADIN.....	28
NOVOEIGHT.....	16	ocella.....	33	ORGOVYX.....	13
NOVOFINE AUTOCOVER		ODOMZO.....	13	ORIAHNN.....	33
PEN NEEDLE.....	37	OFEV.....	41	ORLISSA.....	30
NOVOFINE PEN NEEDLE.....	37	ofloxacin.....	37, 39	ORLADEYO.....	35
NOVOFINE PLUS PEN		OGIVRI.....	13	ORPHENGESIC FORTE.....	42
NEEDLE.....	37	olanzapine.....	14	ORTHOVISC.....	37
NOVOLIN 70/30 FLEXPEN.....	26	olmesartan medoxomil.....	18	ORTIKOS.....	36
NOVOLIN 70/30 FLEXPEN		olmesartan medoxomil-hctz.....	18	oseltamivir phosphate.....	15
RELION.....	26	olopatadine hcl.....	37	OSENI.....	23
NOVOLIN 70/30 RELION.....	26	OLUMIANT.....	35	OSMOLEX ER.....	14
NOVOLIN 70/30 VIAL.....	26	OMECLAMOX-PAK.....	28	OSPHENA.....	30
NOVOLIN N FLEXPEN.....	26	omega-3-acid ethyl esters.....	18	OTEZLA.....	35
NOVOLIN N FLEXPEN		omeprazole.....	27	OTREXUP.....	35
RELION.....	26	omeprazole-sodium		OVIDREL.....	30
NOVOLIN N RELION.....	26	bicarbonate.....	27	OXBRYTA.....	37
NOVOLIN N VIAL.....	26	OMNARIS.....	39	oxcarbazepine.....	9
NOVOLIN R FLEXPEN.....	26	OMNIPOD 5 G6 INTRO (GEN		OXTELLAR XR.....	9
NOVOLIN R FLEXPEN		5).....	37	oxybutynin chloride.....	28
RELION.....	26	OMNIPOD 5 G6 POD (GEN 5). 37		oxybutynin chloride er.....	28
NOVOLIN R RELION.....	26	OMNIPOD CLASSIC PODS		OXYCODONE HCL.....	6
NOVOLIN R VIAL.....	26	(GEN 3).....	37	oxycodone hcl.....	6
NOVOLOG 70/30 FLEXPEN		OMNIPOD DASH INTRO		OXYCODONE HCL ER.....	6
RELION.....	26	(GEN 4).....	37	oxycodone-acetaminophen.....	6
NOVOLOG FLEXPEN.....	26	OMNIPOD DASH PODS (GEN		OXYCONTIN.....	6
NOVOLOG FLEXPEN		4).....	37	OZEMPIC.....	23
RELION.....	26	ondansetron hcl.....	10	OZOBAX.....	42
NOVOLOG MIX 70/30		ondansetron odt.....	10	PALFORZIA.....	37
FLEXPEN.....	26	ONETOUCH ULTRA 2 KIT		PALYNZIQ.....	28
NOVOLOG MIX 70/30		W/DEVICE.....	24	PANCREAZE.....	28
RELION.....	26	ONETOUCH ULTRA TEST		PANDEL.....	22
NOVOLOG MIX 70/30 VIAL.....	26	STRIPS.....	24	PANRETIN.....	13
NOVOLOG PENFILL.....	26	ONETOUCH VERIO FLEX		pantoprazole sodium.....	27
NOVOLOG RELION.....	26	SYSTEM.....	24	PANZYGA.....	35
NOVOLOG U-100 VIAL.....	26	ONETOUCH VERIO KIT		paroxetine hcl.....	10
np thyroid.....	34	W/DEVICE.....	24	PAXIL.....	10



PAXIL CR.....	10	PREVACID.....	27	ramipril.....	18
PAXLOVID (150/100).....	15	PREVACID SOLUTAB.....	27	ranolazine er.....	18
PAXLOVID (300/100).....	15	PREZCOBIX.....	15	RASUVO.....	35
peg 3350-kcl-na bicarb-nacl.....	28	primidone.....	9	RAVICTI.....	28
peg-3350/electrolytes.....	28	PRISTIQ.....	10	RAYALDEE.....	36
PEMAZYRE.....	13	PROAIR DIGIHALER.....	41	RAYOS.....	29
penicillamine.....	28	PROAIR RESPICLICK.....	41	REBIF.....	20
penicillin v potassium.....	8	prochlorperazine maleate.....	10	REBIF REBIDOSE.....	20
PENNSAID.....	7	PROCRIPT.....	16	REBIF REBIDOSE TITRATION PACK.....	20
PENTASA.....	36	PROCTOFOAM HC.....	36	REBIF TITRATION PACK.....	20
PERCOCET.....	6	procto-med hc.....	36	REBINYN.....	16
PERFOROMIST.....	41	proctosol hc.....	36	REBYOTA.....	28
perio gard.....	20	proctozone-hc.....	36	reclipsen.....	33
PERSERIS.....	14	progesterone.....	33	RECOMBINATE.....	16
PERTZYE.....	28	PROLENSA.....	38	RECORLEV.....	30
phenazo.....	29	PROMACTA.....	16	REDITREX.....	35
phenazopyridine hcl.....	29	promethazine hcl.....	10	RELAFEN DS.....	7
phentermine hcl.....	20	promethazine-dm.....	39	RELEUKO.....	16
PHESGO.....	13	PROMETRIUM.....	33	RELISTOR.....	28
PHEXXI.....	37	PROPECIA.....	22	RELPAK.....	12
philith.....	33	propranolol hcl.....	18	RELTONE.....	28
pioglitazone hcl.....	23	propranolol hcl er.....	18	REMICADE.....	35
PIQRAY.....	13	PROTONIX.....	27	REMODULIN.....	42
pirmella 1/35.....	33	PROVENTIL HFA.....	41	RENFLEXIS.....	35
PLAQUENIL.....	14	PROVIGIL.....	42	REPATHA.....	18
PLAVIX.....	14	PROZAC.....	10	REPATHA PUSHTRONEX SYSTEM.....	18
PLEGRIDY.....	20	pseudoephedrine-bromphen- dm.....	39	REPATHA SURECLICK.....	18
PLEGRIDY STARTER PACK...	20	PULMICORT FLEXHALER.....	41	RESTASIS.....	38
PLENVU.....	28	PULMICORT SUSPENSION...	41	RESTASIS MULTIDOSE.....	38
polymyxin b-trimethoprim.....	38	PULMOZYME.....	41	RESTORIL.....	42
POMALYST.....	13	QBREXZA.....	22	RETACRIT.....	16
PONVORY.....	20	QDOLO.....	6	RETEVMO.....	13
PONVORY STARTER PACK...	20	QELBREE.....	19	RETIN-A.....	22
portia-28.....	33	QNASL.....	39	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	22
potassium chloride crys er.....	26	QNASL CHILDRENS.....	39	RETIN-A MICRO PUMP.....	22
potassium chloride er.....	26	QSYMIA.....	20	REVATIO.....	42
potassium citrate er.....	26	QTERN.....	23	REVLIMID.....	13
PRADAXA.....	8	QUDEXY XR.....	9	REXULTI.....	14
PRALUENT.....	18	QUESTRAN.....	18	REYVOW.....	12
pramipexole dihydrochloride.....	14	QUESTRAN LIGHT.....	18	REZLIDHIA.....	13
prasugrel hcl.....	14	quetiapine fumarate.....	14	REZUROCK.....	35
pravastatin sodium.....	18	quetiapine fumarate er.....	14	REZVOGLAR KWIKPEN.....	26
prazosin hcl.....	18	QUILLICHEW ER.....	19	RHOFADE.....	22
PRED FORTE.....	37	QUILLIVANT XR.....	19	RHOPRESSA.....	38
PRED MILD.....	38	QULIPTA.....	12	RIABNI.....	13
prednisolone.....	29	QUVIVIQ.....	42	RINVOQ.....	35
prednisolone sodium phosphate.....	29	QVAR REDIHALER.....	41	RISPERDAL.....	14
prednisone.....	29	RABEPRAZOLE SODIUM.....	27	risperidone.....	14
pregabalin.....	20	rabeprazole sodium.....	27	RITALIN.....	19
PREMARIN.....	33	RADICAVA ORS.....	20	RITALIN LA.....	19
PREMPHASE.....	33	RADICAVA ORS STARTER KIT.....	20		
PREMPRO.....	33				

rivelsa.....	33	sirolimus.....	35	SYMFI.....	15
rizatriptan benzoate.....	12	SKYRIZI.....	35	SYMFI LO.....	15
ROCKLATAN.....	38	SKYRIZI PEN.....	35	SYMJEPI.....	41
ROLVEDON.....	16	SKYTROFA.....	30	SYMLINPEN 120.....	23
ropinirole hcl.....	14	SLYND.....	33	SYMLINPEN 60.....	23
rosuvastatin calcium.....	18	SOAAZ.....	18	SYMPAZAN.....	9
ROSZET.....	18	SODIUM OXYBATE.....	42	SYMPROIC.....	28
roweepra.....	9	SOFOSBUVIR-VELPATASVIR.....	15	SYMTUZA.....	15
ROXICODONE.....	6	solifenacin succinate.....	29	SYNJARDY.....	23
ROXYBOND.....	6	SOLQUA.....	23	SYNJARDY XR.....	23
ROZLYTREK.....	13	SOLIRIS.....	16	SYNOJOYNT.....	37
RUBRACA.....	13	SOLODYN.....	8	SYNTHROID.....	34
RUCONEST.....	35	SOMA.....	42	SYNVISC.....	37
RUXIENCE.....	13	SOMATULINE DEPOT.....	30	SYNVISC ONE.....	37
RYALTRIS.....	39	SOOLANTRA.....	22	TABRECTA.....	13
RYBELSUS.....	23	SORILUX.....	22	TACLONEX.....	22
RYDAPT.....	13	SOTYKTU.....	35	tacrolimus.....	22, 35
RYLAZE.....	13	SPIRIVA HANDIHALER.....	41	tadalafil.....	29
RYTARY.....	14	SPIRIVA RESPIMAT.....	41	TADLIQ.....	42
SABRIL.....	9	spironolactone.....	18	TAFINLAR.....	13
SAFYRAL.....	33	SPRAVATO (56 MG DOSE).....	10	TAGRISSE.....	13
SAIZEN.....	30	SPRAVATO (84 MG DOSE).....	10	TAKHZYRO.....	35
SANCUSO.....	11	sprintec 28.....	33	TALICIA.....	28
SANDOSTATIN.....	30	SPRIX.....	7	TALTZ.....	35
SANTYL.....	22	SPRYCEL.....	13	TALZENNA.....	13
SAPHRIS.....	14	sronyx.....	33	TAMIFLU.....	15
SAXENDA.....	20	STEGLATRO.....	23	tamoxifen citrate.....	13
SCEMBLIX.....	13	STEGLUJAN.....	23	tamsulosin hcl.....	29
scopolamine.....	11	STELARA.....	35	TARGADOX.....	8
SEASONIQUE.....	33	STENDRA.....	29	TARGRETIN.....	13
SECUADO.....	14	STIMUFEND.....	16	tarina 24 fe.....	33
SEGLENTIS.....	6	STIOLTO RESPIMAT.....	41	tarina fe 1/20 eq.....	33
SEGLUROMET.....	23	STIVARGA.....	13	TARPEYO.....	36
SEMGLEE (YFGN).....	26	STRATTERA.....	19	TASCENSO ODT.....	20
SENSIPAR.....	36	STRENSIQ.....	28	TASIGNA.....	13
SEREVENT DISKUS.....	41	STRIVERDI RESPIMAT.....	41	TAVALISSE.....	16
SEROQUEL.....	14	SUBLOCADE.....	7	TAVNEOS.....	37
SEROQUEL XR.....	14	SUBOXONE.....	7	TAZAROTENE.....	22
SERTRALINE HCL.....	10	SUBSYS.....	6	TAZORAC.....	22
sertraline hcl.....	10	subvenite.....	9	TAZVERIK.....	13
setlakin.....	33	sucralfate.....	27	TECFIDERA.....	20
SEVENFACT.....	16	sulfamethoxazole-trimethoprim...8		TEGRETOL.....	9
SEYSARA.....	8	sulfasalazine.....	36	TEGRETOL-XR.....	9
sharobel.....	33	sulfatrim pediatric.....	8	TEGSEDI.....	20
SIGNIFOR.....	30	sumatriptan succinate.....	12	TEKTURNA.....	18
sildenafil citrate.....	29, 42	SUNOSI.....	42	TEKTURNA HCT.....	18
SILVADENE.....	8	SUPARTZ FX.....	37	telmisartan.....	18
SIMBRINZA.....	38	SUPPRELIN LA.....	30	telmisartan-hctz.....	18
simpesse.....	33	SUPREP BOWEL PREP KIT....	28	temazepam.....	42
SIMPONI.....	35	SUTAB.....	28	temozolomide.....	13
SIMPONI ARIA.....	35	SUTENT.....	13	TEMPO REFILL.....	24
simvastatin.....	18	syeda.....	33	TEMPO SMART BUTTON.....	24
SINGULAIR.....	41	SYMBICORT.....	41	TEMPO WELCOME.....	24



TENORMIN.....	18	trazodone hcl.....	10	TYVASO DPI TITRATION KIT..	42
TEPMETKO.....	13	TREANDA.....	13	TYVASO REFILL.....	42
terbinafine hcl.....	11	TRELEGY ELLIPTA.....	41	TYVASO STARTER.....	42
terconazole.....	11	TREMFYA.....	35	TZIELD.....	23
TERIPARATIDE (RECOMBINANT).....	36	treprostinil.....	42	UBRELVY.....	12
TESTIM.....	29	TRESIBA.....	26	UCERIS.....	36
TESTOPEL.....	29	TRESIBA FLEXTOUCH.....	26	UDENYCA.....	16
testosterone.....	29	tretinoin.....	22	ULTOMIRIS.....	16
testosterone cypionate.....	29	TREXALL.....	35	ULTRAVATE.....	22
TEZSPIRE.....	41	TREXIMET.....	12	unithroid.....	34
THIOLA.....	29	TREZIX.....	6	URSODIOL.....	28
THIOLA EC.....	29	triamcinolone acetonide.....	22	VAGIFEM.....	33
THYQUIDITY.....	34	triamcinolone in absorbbase.....	22	valacyclovir hcl.....	15
TIGLUTIK.....	20	triamterene-hctz.....	18	VALIUM.....	15
TIKOSYN.....	18	TRIANEX.....	22	VALSARTAN.....	18
timolol maleate.....	38	triazolam.....	15	valsartan.....	18
timolol maleate (once-daily).....	38	TRIBENZOR.....	18	valsartan-hydrochlorothiazide...	18
timolol maleate ocudose.....	38	TRICOR.....	18	VALTOCO.....	9
timolol maleate pf.....	38	triderm.....	22	VALTREX.....	15
TIMOPTIC OCUDOSE.....	38	tri-estarylla.....	33	VANADOM.....	42
TIROSINT.....	34	TRIJARDY XR.....	23	varenicline tartrate.....	7
TIROSINT-SOL.....	34	TRIKAFTA.....	41	VARUBI (180 MG DOSE).....	11
tizanidine hcl.....	42	TRILEPTAL.....	9	VASCEPA.....	18
TLANDO.....	29	tri-linyah.....	33	VECTICAL.....	22
TOBI NEBULIZER.....	41	tri-lo-estarylla.....	33	VELPHORO.....	29
TOBI PODHALER.....	41	tri-lo-marzia.....	33	VELTASSA.....	27
TOBRADEX.....	38	tri-lo-mili.....	33	VELTIN.....	22
TOBRADEX ST.....	38	tri-lo-sprintec.....	33	VEMLIDY.....	15
tobramycin.....	38	TRILURON.....	37	VENLAFAXINE BESYLATE ER.....	10
TOBRAMYCIN.....	41	tri-mili.....	33	venlafaxine hcl.....	10
tobramycin-dexamethasone.....	38	TRINTELLIX.....	10	venlafaxine hcl er.....	10
TOLSURA.....	11	tri-nymyo.....	33	VENTOLIN HFA.....	41
tolterodine tartrate er.....	29	TRIPTODUR.....	30	verapamil hcl er.....	18
TOPAMAX.....	9	tri-sprintec.....	33	VERDESO.....	22
TOPAMAX SPRINKLE.....	9	tritocin.....	22	VERKAZIA.....	38
TOPICORT SPRAY.....	22	TRIUMEQ.....	15	VERQUOVO.....	18
topiramate.....	9	TRIVISC.....	37	VERZENIO.....	13
TOPROL XL.....	18	tri-vylibra.....	33	VESICARE.....	29
torseamide.....	18	tri-vylibra lo.....	33	VESICARE LS.....	29
TOSYMRA.....	12	TROKENDI XR.....	9	vestura.....	33
TOUJEO MAX SOLOSTAR.....	26	TRUDHESA.....	12	V-GO 20.....	37
TOUJEO SOLOSTAR.....	26	TRULANCE.....	28	V-GO 30.....	37
TOVIAZ.....	29	TRULICITY.....	23	V-GO 40.....	37
TRACLEER.....	42	TRUVADA.....	15	VIAGRA.....	29
TRADJENTA.....	23	TRUXIMA.....	13	VIBERZI.....	28
TRAMADOL HCL (ER BIPHASIC).....	6	TUDORZA PRESSAIR.....	41	VICTOZA.....	23
TRAMADOL HCL IR.....	6	TWIRLA.....	33	vienna.....	33
tramadol hcl ir.....	6	TWYNEO.....	22	VIGAMOX.....	38
tranexamic acid.....	16	TYMLOS.....	36	VIJOICE.....	13
TRAVATAN Z.....	38	TYRVAYA.....	38	vilazodone hcl.....	10
TRAZIMERA.....	13	TYVASO.....	42	VILTEPSO.....	28
		TYVASO DPI MAINTENANCE KIT.....	42	VIMOVO.....	7

VIMPAT.....	9	XOFLUZA (40 MG DOSE).....	15	ZOMIG.....	12
VIOKACE.....	28	XOFLUZA (80 MG DOSE).....	15	ZONEGRAN.....	9
VISCO-3.....	37	XOLAIR.....	41	ZONISADE.....	9
vitamin d (ergocalciferol).....	27	XOPENEX HFA.....	41	zonisamide.....	9
VITRAKVI.....	13	XTAMPZA ER.....	6	ZORVOLEX.....	7
VIVELLE-DOT.....	33	XTANDI.....	13	ZORYVE.....	23
VIVIMUSTA.....	13	xulane.....	33	ZOVIRAX.....	15
VIVJOA.....	11	XYNTHA.....	16	ZTLIDO.....	7
VOCABRIA.....	15	XYNTHA SOLOFUSE.....	16	ZUBSOLV.....	7
VOGELXO.....	29	XYOSTED.....	29	zumandimine.....	33
VOGELXO PUMP.....	29	XYREM.....	43	ZYCLARA.....	23
VOSEVI.....	15	XYWAV.....	43	ZYCLARA PUMP.....	23
VRAYLAR.....	14	YASMIN 28.....	33	ZYLET.....	39
VTAMA.....	22	YAZ.....	33	ZYPITAMAG.....	18
VUITY.....	38	YONSA.....	13	ZYPREXA.....	14
VUMERITY.....	20	YOSPRALA.....	14	ZYTIGA.....	13
vyfemla.....	33	YUFLYMA.....	36		
VYLEESI.....	20	YUPELRI.....	41		
vylibra.....	33	YUSIMRY.....	36		
VYONDYS 53.....	28	yuvafem.....	33		
VYTORIN.....	18	zafemy.....	33		
VYVANSE.....	19	ZANAFLEX.....	42		
VYZULTA.....	38	ZARXIO.....	16		
WAKIX.....	42	ZEGALOGUE.....	25		
warfarin sodium.....	8	ZEGERID.....	27		
WEGOVI.....	20	ZEJULA.....	13		
WELCHOL.....	18	ZELBORAF.....	13		
WELLBUTRIN SR.....	10	ZEMBRACE SYMTOUCH.....	12		
WELLBUTRIN XL.....	10	zenatane.....	22		
wera.....	33	ZENPEP.....	28		
WILATE.....	16	ZENZEDI.....	19		
WINLEVI.....	22	ZEPOSIA.....	20		
wixela inhub.....	41	ZEPOSIA 7-DAY STARTER PACK.....	20		
WYNZORA.....	22	ZEPOSIA STARTER KIT.....	20		
XALATAN.....	38	ZERVIATE.....	38		
XALKORI.....	13	ZESTRIL.....	18		
XANAX.....	15	ZETIA.....	18		
XANAX XR.....	15	ZETONNA.....	39		
XARELTO.....	8	ZIANA.....	22		
XARELTO STARTER PACK.....	8	ZIEXTENZO.....	16		
XCOPRI.....	9	ZILXI.....	22		
XELJANZ.....	35	ZIMHI.....	7		
XELJANZ XR.....	36	ZIOPTAN.....	38		
XELSTRYM.....	19	ziprasidone hcl.....	14		
XEMBIFY.....	36	ZIPSOR.....	7		
XENLETA.....	8	ZIRABEV.....	13		
XEOMIN.....	37	ZOCOR.....	18		
XEPI.....	8	ZOLGENSMA.....	28		
XHANCE.....	39	ZOLOFT.....	10		
XIFAXAN.....	8	zolpidem tartrate.....	43		
XIGDUO XR.....	23	zolpidem tartrate er.....	43		
XIIDRA.....	38	ZOMACTON.....	30		
XIMINO.....	8				

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Premium

## **Prior authorization – Premium**

Utilization management updates  
Jan. 1, 2024



Prior authorization (PA) requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for safely treating specific conditions.
- Cost more than other medications used to treat the same or similar conditions.

### **The following medications require a PA for coverage.**

This means we need more information from your doctor to see if you can get coverage for your medication.

### **Getting a short-term supply**

If you must take a medication that requires prior authorization right away, there are two options that may work for you. First, ask your doctor if a sample is available. Or, check with your pharmacy to request a short-term supply of 5 days or less. Keep in mind, you will be responsible for the full cost at that time. If the prior authorization request is approved, then your pharmacist can fill the rest of your prescription.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the PA process, call the phone number on your member ID card.

## Premium non-specialty prior authorization list

Therapy class	Medication name	Quantity limit
<b>Anti-infectives</b>		
Anthelmintics	ALBENZA (albendazole)	None
Antibiotics	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin) 500 mg	None
Antifungals	CICLOPIROX KIT (ciclopirox)	None
	CRESEMBA (isavuconazonium sulfate)	None
	KERYDIN (tavaborole)	None
	NOXAFIL (posaconazole)	None
	SPORANOX (itraconazole)	None
	VFEND (voriconazole)	None
Antimalarial	QUALAQUIN (quinine)	None
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
	SUNLENCA (lenacapavir)	9 mL/365 days
	SUNLENCA (lenacapavir) 300 mg tab	2 packs/365 days
<b>Cardiology</b>		
Antihypertensive Agents	NORLIQVA (amlodipine)	None
Antilipemic	NEXLETOL (bempedoic acid)	1 tab/day
	NEXLIZET (bempedoic acid/ezetimibe)	1 tab/day
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
	VASCEPA (icosapent ethyl)	None
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) solution	15 mL/day
	VERQUVO (vericiguat)	1 tab/day
Miscellaneous	DEMSER (metyrosine)	16 caps/day
	DIBENZYLIN (phenoxybenzamine)	None
<b>Central Nervous System</b>		
Analgesics (gastroprotective)	naproxen-esomeprazole	2 tabs/day
Analgesics (non-opioid)	diclofenac solution 1.5%	None
	QUTENZA (capsaicin)	4 patches/90 days
Analgesics (opioid)	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	buprenorphine patch	4 patches/28 days
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydromorphone tab ER	2 tabs/day
	hydrocodone ext-release	2 caps/day
	hydrocodone ext-release 50 mg	4 caps/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	methadone	None
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sulfate ER capsule	2 caps/day
	morphine sulfate ER tablet	3 tabs/day
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
oxymorphone ER	4 tabs/day	

Therapy class	Medication name	Quantity limit
	tramadol ER	1 tab/day
	XTAMPZA ER (oxycodone ER)	4 caps/day
Anticonvulsants	BANZEL (rufinamide)	None
	HORIZANT (gabapentin enacarbil)	2 tabs/day
Antipsychotics	ADASUVE (loxapine)	None
	IGALMI (dexmedetomidine)	None
Antitussives (PA age <18)	CAPCOF (phenylephrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN DAC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	guaifenesin/codeine	240 mL/fill, 2 fills/60 days
	HISTEX-AC (phenylephrine/triprolidine/codeine)	240 mL/fill, 2 fills/60 days
	HYCODAN (hydrocodone/homatropine)	6 tabs/day, 7 day supply, 2 fills/60 days
	HYD POL/CPM (hydrocodone polst-chlorphen ER)	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	MAR-COF BP (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	MAXI-TUSS CD (phenylephrine-chlorphen w/ codeine)	240 mL/fill, 2 fills/60 days
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PROMETH VC/ SYP CODEINE (promethazine-phenylephrine-codeine)	240 mL/fill, 2 fills/60 days
	PROMETH/COD (promethazine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-RED AC (phenylephrine/dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TUSNEL C (pseudoephedrine w/ cod-gg)	240 mL/fill, 2 fills/60 days
	TUXARIN ER (codeine/chlorpheniramine)	2 tabs/day, 7 day supply, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
Benzodiazepines	clobazam	None
	SYMPAZAN (clobazam)	None
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
	VYLEESI (bremelanotide)	1.8 mL (6 injections)/30 days
Migraine	AIMOVIG (erenumab-aooe)	2 syringes/30 days
	AIMOVIG (erenumab-aooe) 140 mg/mL	1 syringe/30 days
	AJOVY (fremanezumab-vfrm)	3 syringes/90 days
	CAFERGOT (ergotamine w/caffeine)	24 tabs/28 days
	D.H.E. 45 (dihydroergotamine)	24 ampules/28 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injectors/30 days
	ERGOMAR (ergotamine tartrate)	20 tabs/28 days
	MIGERGOT (ergotamine)	20 supps/28 days
	MIGRANAL (dihydroergotamine)	1 package (8 vials)/30 days
	NURTEC ODT (rimegepant)	8 tabs/30 days
	QULIPTA (atogepant)	1 tab/day
	UBRELVY (ubrogepant)	10 tabs/30 days
	VYEPTI (eptinezumab-jjmr)	3 mL/90 days
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day

Therapy class	Medication name	Quantity limit
	TIGLUTIK (riluzole)	20 mL/day
Neurotoxins	BOTOX (onabotulinumtoxinA)	None
	BOTOX COSMETIC (onabotulinumtoxinA)	None
	DYSPORE (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
Parkinson's	DUOPA (carbidopa-levodopa) susp	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	flurazepam	1 cap/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
	SUNOSI (solriamfetol)	1 tab/day
Weight Loss	LOMAIRA (phentermine)	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	5 pens/30 days
	WEGOVY (semaglutide)	4 pens/28 days
	XENICAL (orlistat)	None
<b>Dermatology</b>		
Acne (Oral)	ABSORICA LD (isotretinoin)	None
Acne (Topical)	AKLIEF (trifarotene)	None
	ALTRENO (tretinoin)	None
	ATRALIN (tretinoin)	None
	tazarotene cream	None
Plaque Psoriasis	VTAMA (tapinarof)	None
<b>Electrolyte &amp; Renal Agents</b>		
Diuretics	NOCDURNA (desmopressin)	None
<b>Endocrinology &amp; Metabolism</b>		
Aldosterone Antagonist	KERENDIA (finerenone)	1 tab/day
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	KYZATREX (testosterone undecanoate)	None
	METHITEST (methyltestosterone)	None
	methyltestosterone	None
	oxandrolone 2.5 mg	8 tabs/day
	oxandrolone 10 mg	2 tabs/day
Androgens, Testosterone (Injectable)	testosterone cypionate	None
	testosterone enanthate	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone) gel	None
	testosterone gel	None
	testosterone solution	None
Antidiabetic Agents	AFREZZA (insulin regular)	None
	SYMLINPEN (pramlintide)	None
Diabetic Supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonists	BYDUREON BCISE (exenatide)	4 injectors/28 days
	BYETTA (exenatide)	1 syringe/30 days
	MOUNJARO (tirzepatide)	4 pens/28 days
	OZEMPIC (semaglutide)	1 pen/28 days



Therapy class	Medication name	Quantity limit
	OZEMPIC (semaglutide) 1 mg/dose (2 mg/1.5 mL)	2 pens/28 days
	RYBELSUS 3 mg (semaglutide)	60 tabs/365 days
	RYBELSUS (semaglutide)	1 tab/day
	TRULICITY (dulaglutide)	4 pen-inj/28 days
	VICTOZA (liraglutide)	3 pen-inj/ 30 days
Gonadotropins	MYFEMBREE (relugolix/estradiol/norethindrone acetate)	1 tab/day
	ORIAHNN (elagolix/estradiol/norethisterone)	2 tabs/day
	ORLISSA (elagolix) 150mg	1 tab/day
	ORLISSA (elagolix) 200mg	2 tabs/day
<b>Gastroenterology</b>		
Antiemetics	BONJESTA (doxylamine/pyridoxine)	2 tabs/day
	DICLEGIS (doxylamine/pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	4mL/day
Helicobacter Pylori Agents	VOQUEZNA DUAL PAK (amoxicillin/clarithromycin/vonoprazan)	None
	VOQUEZNA TRIPLE PAK (amoxicillin/vonoprazan)	None
Irritable Bowel Syndrome	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
<b>Immunology</b>		
Allergen Extracts	GRASTEK (timothy grass pollen)	1 tab/day
	ODACTRA (house dust mite)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) starter pack	2 packs/365 days
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) sample kit	2 kits/365 days
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Immune Globulins	VARIZIG (varicella-zoster immune globulin)	None
<b>Miscellaneous</b>		
Amino Acid	ENDARI (glutamine)	None
Anticholinergic	CUVPOSA (glycopyrrolate)	None
	GLYCATE (glycopyrrolate)	6 tabs/day
	ROBINUL (glycopyrrolate)	4 tabs/day
	ROBINUL FORTE (glycopyrrolate)	4 tabs/day
Antimetabolites	SIKLOS (hydroxyurea)	None
Calcium Modifier	cinacalcet	None
Methotrexate Auto-Injectors	RASUVO (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	NOURIANZ (istradefylline)	None
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
	PEDMARK (sodium thiosulfate)	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
	SYNOJOYNT (sodium hyaluronate)	None
	TRILURON (sodium hyaluronate)	None

Therapy class	Medication name	Quantity limit
Wound Care	REGANEX (becaplermin)	None
<b>Ophthalmology</b>		
Dry Eye	EYSUVIS (loteprednol)	None
	RESTASIS (cyclosporine)	None
	TYRVAYA (varenicline)	2 bottles/30 days
	XIIDRA (lifitegrast)	None
Miscellaneous	XIPERE (triamcinolone)	None
Vasoconstrictor	UPNEEQ (oxymetazoline)	None
<b>Respiratory</b>		
Asthma/COPD	DALIRESP (roflumilast)	None
<b>Clinical Duplicates</b>		
	ABILIFY MYCITE (aripiprazole)	1 tab/day
	ABILIFY MYCITE (aripiprazole) starter pack	2 starter packs/365 days
	ACUVAIL (ketorolac)	None
	ALLZITAL (butalbital/acetaminophen)	None
	ALOCRIL (nedocromil sodium)	None
	ALREX (loteprednol etabonate)	None
	ANALPRAM-HC (hydrocortisone/pramoxine)	None
	ANTARA (fenofibrate micronized)	None
	BETOPTIC-S (betaxolol)	None
	BRYHALI (halobetasol)	None
	BUTAL/APAP (butalbital/acetaminophen)	None
	CORDRAN (flurandrenolide) cream	None
	CYCLO/GABA (cyclobenzaprine-gabapentin)	None
	DECADRON (dexamethasone)	None
	DENAVIR (penciclovir)	5 grams/30 days
	DEXABLISS (dexamethasone)	None
	DUREZOL (difluprednate)	None
	DURLAZA (acetylsalicylic acid)	None
	DUTOPROL (metoprolol hydrochlorothiazide)	None
	DXEVO 11-DAY PAK (dexamethasone)	None
	ECOZA (econazole nitrate)	None
	EPANED (enalapril)	None
	ERTACZO (sertaconazole nitrate)	None
	EXELDERM (sulconazole nitrate)	None
	FOSAMAX + D (alendronate sodium-cholecalciferol)	4 tabs/28 days
	GIALAX (polyethylene glycol)	None
	GILPHEX TR (phenylephrine-chlorphen)	None
	GILTUSS TR (phenylephrine w/dm)	None
	GLYCATE (glycopyrrolate)	None
	HALOG SOLUTION (halcinonide)	None
	HIDEX 6-DAY PAK (dexamethasone)	None
	IMPEKLO (clobetasol)	None
	IMPOYZ (clobetasol)	None
	KARBINAL ER (carbinoxamine maleate)	None
	KRISTALOSE (lactulose)	None
	LOTEMAX (loteprednol etabonate)	4 bottles/365 days
	LUZU (luliconazole)	None
	MENTAX (butenafine)	None

Therapy class	Medication name	Quantity limit
	methocarbamol	None
	MILLIPRED (prednisolone)	None
	MILLIPRED DP PAK (dexamethasone)	None
	NAPRELAN (naproxen)	None
	NEOTUSS PLUS (pheynylephrine-chlorphen)	None
	NEXICLON XR (clonidine)	None
	ORAVIG (miconazole buccal)	None
	OTOVEL (ciprofloxacin-fluocinolone)	None
	OXISTAT (oxiconazole nitrate)	None
	PLIAGLIS (lidocaine-tetracaine)	None
	QBRELIS (lisinopril)	None
	SEMPREX-D (acrivastine & pseudoephedrine)	None
	SITAVIG TAB 50MG (acyclovir buccal)	2 tabs/30 days
	SIVEXTRO TAB 200MG (tedizolid phosphate)	6 tabs/30 days
	SPRITAM (levetiracetam)	None
	SULFAMYLON (mafenide acetate)	None
	SYNERA (lidocaine-tetracaine)	None
	TAPERDEX (dexamethasone)	None
	VANATOL LQ (butalbital-acetaminophen-caffeine)	None
	VANATOL S (butalbital-acetaminophen-caffeine)	None
	VTOL LQ (butalbital-acetaminophen-caffeine)	None
	VEREGEN (sinecatechins)	None
	VUSION (miconazole-zinc oxide)	None
	XERESE (acyclovir-hydrocortisone)	None
	XOLEGEL (ketoconazole-pyrithione zinc)	None
	ZCORT 7-DAY (dexamethasone)	None
	ZILRETTA (triamcinolone acetonide)	None
	ZUPLENZ (ondansetron)	10 films/30 days

## Premium specialty prior authorization list

Therapy class	Medication name	Quantity limit
<b>Anti-infectives</b>		
Antibiotic	ARIKAYCE (amikacin)	None
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antivirals	LIVTENCITY (maribavir)	None
<b>Cardiology</b>		
Antilipemic	EVKEEZA (evinacumab-dgnb)	None
	JUXTAPID (lomitapide)	1 tab/day
	JUXTAPID (lomitapide) 20 mg, 30 mg	2 tabs/day
Hemostatic Agent	BERINERT (c1 esterase)	10 vials/30 days
	HAEGARDA (c1 esterase)	None
	icatibant	6 syringes/30 days
	KALBITOR (ecallantide)	6 vials/30 days
	ORLADEYO (berotralstat)	1 tab/day
	RUCONEST (c1 esterase)	8 vials/30 days
	TAKHZYRO (lanadelumab-flyo)	None
Pulmonary Arterial Hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	bosentan tablet	2 tabs/day
	FLOLAN (epoprostenol)	None
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	treprostinil	None
	sildenafil solution	None
	sildenafil suspension	2 bottles/30 days
	sildenafil tablet	3 tabs/day
	tadalafil	2 tabs/day
	TRACLEER (bosentan) tablet for suspension	4 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	TYVASO DPI (treprostinil)	4 cartridges/day
	TYVASO DPI (treprostinil) 16-32 mcg	2 kits/365 days
	TYVASO DPI (treprostinil) 16-32-38 mcg	2 kits/365 days
	TYVASO DPI (treprostinil) 32-48 mcg	8 cartridges/day
	UPTRAVI (selexipag) tablet	2 tabs/day
	UPTRAVI (selexipag) pack	2 packs/365 days
	UPTRAVI (selexipag) solution	None
	VELETRI (epoprostenol)	None
	VENTAVIS (iloprost)	9 ampules/day
Transthyretin Stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day
Vasopressors	NORTHERA (droxidopa)	None
Von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit/day

Therapy class	Medication name	Quantity limit
<b>Central Nervous System</b>		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol)	None
	FINTEPLA (fenfluramine)	None
	vigabatrin	None
	ZTALMY (ganaxolone)	None
Antidepressants	SPRAVATO (esketamine)	None
	ZULRESSO (brexanolone)	None
Antipruritic	KORSUVA (difelikefalin)	None
Depressant	SODIUM OXYBATE (sodium oxybate)	18 mL/day
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Gene Therapy	SKYSONA (elivaldogene autotemcel)	None
Miscellaneous	QALSODY (tofersen)	None
	RADICAVA (edaravone)	None
	RELYVRIO (sodium phenylbutyrate/taurursodiol)	2 packets/day
Muscular Dystrophy	EMFLAZA (deflazacort)	None
Neurological Agents	AMVUTTRA (vutrisiran)	0.5 mL/ 90 days
	ONPATTRO (patisiran sodium)	None
	TEGSEDI (inotersen)	4 syringes/28 days
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
Sleep Disorder	WAKIX (pitolisant)	2 tabs/day
<b>Dermatology</b>		
Alkylating Agents	VALCHLOR (mechlorethamine)	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE (afamelanotide)	None
<b>Electrolyte &amp; Renal Agents</b>		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
<b>Endocrinology &amp; Metabolism</b>		
C-type Natriuretic Peptide	VOXZOGO (vosoritide)	1 vial/day
Cyclic pyranopterin monophosphate (cPMP) substrate	NULIBRY (fosdenopterin)	None
Endothelin Receptor Antagonist	FILSPARI (sparsentan)	1 tab/day
Farnesyltransferase Inhibitor	ZOKINVY (lonafarnib)	4 caps/day
Gonadotropins	CAMCEVI leuprolide 42 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FENSOLVI (leuprolide)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/365 days
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	leuprolide 1 mg/0.2 mL	None
	LEUPROLIDE (leuprolide)	1 injection/84 days
LUPRON DEPOT (leuprolide)	None	

Therapy class	Medication name	Quantity limit
	LUPRON DEPOT-PED (leuprolide)	None
	ORGOVYX (relugolix)	None
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
	VANTAS (histrelin)	1 implant/365 days
Growth Hormones and Related Therapy	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
	NORDITROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	OMNITROPE (somatropin)	None
	SEROSTIM (somatropin)	None
	ZORBTIVE (somatropin)	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX (mecasermin)	None
	SOMAVERT (pegvisomant)	None
Hormone Modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
Hyperammonemia Agent	CARBAGLU (carglumic acid)	None
Miscellaneous	ACTHAR (corticotropin)	None
	CORTROPHIN (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day
Monoclonal Antibody	TEPEZZA (teprotumumab-trbw)	None
Osteoporosis	EVENITY (romosozumab-aqqg)	2 syringes/28 days
	PROLIA (denosumab)	2 syringes/365 days
	TERIPARATIDE (teriparatide)	None
	TYMLOS (abaloparatide)	None
Somatostatins	octreotide	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None
	SAMSCA (tolvaptan)	2 tabs/day
<b>Enzyme-Related</b>		
Alpha-1 proteinase inhibitor	ARALAST NP (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None
	PROLASTIN-C (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
Cystine-depleting Agents	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase)	None
	sodium phenylbutyrate	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	GALAFOLD (migalastat)	14 caps/28 days
	KANUMA (sebelipase alfa)	None
	LAMZEDE (velmanase alfa-tycv)	None

Therapy class	Medication name	Quantity limit
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	NEXVIAZYME (avalglucosidase alfa-ngpt)	None
	PHEBURANE (sodium phenylbutyrate)	None
	REVCOVI (elapegademase-lvlr)	None
	STRENSIQ (asfotase alfa)	None
	SUCRAID (sacrosidase)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase alfa)	None
	XENPOZYME (olipudase alfa-rpcp)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
	Enzyme, Gout	KRYSTEXXA (pegloticase)
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
	sapropterin	None
<b>Gastroenterology</b>		
Bile Acid Agents	CHOLBAM (cholic acid)	None
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Gallstone Solubilizing Agents	CHENODAL (chenodiol)	None
Hepatic Agents	GIVLAARI (givosiran)	None
	OCALIVA (obeticholic acid)	1 tab/day
Ileal Bile Acid Transporter Inhibitor	BYLVAY (odevixibat)	None
Short Bowel Syndrome	GATTEX (teduglutide)	None
<b>Hematology</b>		
Gene Therapy	HEMGENIX (etranacogene dezaparvovec-drlb)	None
	ROCTAVIAN (valoctocogene roxaparvovec-rvox)	None
Hemolytic Anemia	PYRUKYND (mitapivat)	2 tabs/day
	PYRUKYND (mitapivat) taper pak	1 tab/day
Sickle Cell Disease	ADAKVEO (crizanlizumab-tmca)	None
	ZYNTEGLO (betibeglogene autotemcel)	None
<b>Immunology</b>		
Atopic Dermatitis	ADBRY (tralokinumab-ldrm)	4 syringes/28 days
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
Complement Inhibitor	ENJAYMO (sutimlimab-jome)	None
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None
	DOPTELET (avatrombopag)	None
	EMPAVELI (pegcetacoplan)	None
	ENSPRYNG (satralizumab-mwge)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy peg-epoetin beta)	None
	MULPLETA (lusutrombopag)	None
	NEULASTA (pegfilgrastim)	None
	NIVESTYM (filgrastim-aafi)	None
	NPLATE (romiplostim)	None
	PROMACTA (eltrombopag)	None



Therapy class	Medication name	Quantity limit
	REBLOZYL (luspatercept-aamt)	None
	RETACRIT (epoetin alfa-epbx)	None
	SOLIRIS (eculizumab)	None
	TAVALISSE (fostamatinib)	None
	UDENYCA (pegfilgrastim-cbqv)	None
	ULTOMIRIS (ravulizumab-cwvz)	None
	UPLIZNA (inebilizumab-cdon)	None
	ZARXIO (filgrastim-sndz)	None
Hepatitis C Agents	EPCLUSA (sofosbuvir-velpatasvir)	1 tab or packet/day
	EPCLUSA (sofosbuvir-velpatasvir) 200-50 mg pellet pack	2 packets/day
	HARVONI (ledipasvir-sofosbuvir) 90-400 mg tab	1 tab/day
	HARVONI (ledipasvir-sofosbuvir) 45-200 mg tab	2 tabs/day
	HARVONI (ledipasvir-sofosbuvir) 45-200 mg pellet pack	2 packs/day
	HARVONI (ledipasvir-sofosbuvir) 33.75-150mg pellet pack	1 packs/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day
	MAVYRET (glecaprevir-pibrentasvir) pellet pack	5 packets/day
	PEGASYS (peginterferon alfa-2a)	None
	PEG-INTRON (peginterferon alfa-2b)	None
	SOVALDI (sofosbuvir) 400 mg tab	1 tab/day
	SOVALDI (sofosbuvir) 200 mg tab	2 tabs/day
	SOVALDI (sofosbuvir) 200 mg pellet pack	2 packs/day
	SOVALDI (sofosbuvir) 150mg pellet pack	1 pack/day
	VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)	1 tab/day
ZEPATIER (elbasvir-grazoprevir)	1 tab/day	
Immune Globulins	BIVIGAM (immune globulin)	None
	CARIMUNE/NF (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus immune globulin)	None
	FLEBOGAMMA (immune globulin)	None
	GAMASTAN (immune globulin)	None
	GAMMAGARD/SD (immune globulin)	None
	GAMMAKED (immune globulin)	None
	GAMMAPLEX (immune globulin)	None
	GAMUNEX-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PRIVIGEN (immune globulin)	None
	XEMBIFY (immune globulin)	None
Immunomodulators	ACTEMRA (tocilizumab) 162 mg/0.9 mL	4 syringes/28 days
	ACTEMRA (tocilizumab) IV	None
	AMJEVITA (adalimumab-atto) 20 mg/0.4 mL, 40 mg/0.8 mL	4 syringes/28 days
	AMJEVITA (adalimumab-atto) 10 mg/0.2 mL	2 syringes/28 days
	AVSOLA (infliximab-axxq)	None
	CIBINQO (abrocitinib)	1 tab/day
	CIMZIA (certolizumab) 200 mg/mL	4 syringes/28 days
	CIMZIA (certolizumab) Starter Kit	1 starter kit/365 days
	CYLTEZO (adalimumab-adbm) 10 mg/0.2 mL	2 syringes/28 days

Therapy class	Medication name	Quantity limit
	CYLTEZO (adalimumab-adbm) 20 mg/0.4 mL, 40 mg/0.8 mL	4 syringes/28 days
	ENBREL (etanercept) 25mg/0.5mL	8 vials or syringes/28 days
	ENBREL (etanercept) 50mg/mL	4 syringes or cartridges/28 days
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab) 20mg/0.2mL, 40mg/0.8mL, 40 mg/0.4mL	4 syringes/28 days
	HUMIRA (adalimumab) 10 mg/0.1mL, 80 mg/0.8mL	2 syringes/28 days
	HYRIMOZ/ADALIMUMAB-ADAZ (adalimumab-adaz) 10 mg/0.1 mL, 80 mg/0.8 mL	2 syringes/28 days
	HYRIMOZ/ADALIMUMAB-ADAZ (adalimumab-adaz) 20 mg/0.2mL, 40 mg/0.4mL	4 syringes/28 days
	HYRIMOZ (adalimumab-adaz) starter kit	1 starter kit/365 days
	HYRIMOZ/ADALIMUMAB-ADAZ (adalimumab-adaz) 40 mg/0.4 mL	4 syringes/28 days
	ILUMYA (tildrakizumab-asmn)	1 syringe/84 days
	INFLECTRA (infliximab)	None
	KEVZARA (sarilumab)	2 syringes/28 days
	KINERET (anakinra)	None
	OLUMIANT (baricitinib)	1 tab/day
	ORENCIA (abatacept) IV injection	None
	ORENCIA (abatacept) subcutaneous injection	4 syringes/28 days
	OTEZLA (apremilast)	2 tabs/day
	OTEZLA (apremilast) starter pack	1 pack/365 days
	RINVOQ (upadacitinib)	1 tab/day
	SILIQ (brodalumab)	2 syringes/ 28 days
	SIMPONI (golimumab)	1 syringe/28 days
	SIMPONIA (golimumab)	None
	SKYRIZI (risankizumab-rzaa)	None
	SKYRIZI (risankizumab-rzaa) 75 mg/0.83mL	2 syringes/84 days
	SKYRIZI (risankizumab-rzaa) 150 mg/mL	1 syringe/84 days
	SKYRIZI (risankizumab-rzaa) 180 mg/1.2mL, 360 mg/2.4mL	1 cartridge/56 days
	STELARA (ustekinumab) 45 mg/0.5mL, 90 mg/mL	1 syringe/56 days
	STELARA (ustekinumab) IV injection	None
	TALTZ (ixekizumab)	1 syringe/28 days
	TREMFYA (guselkumab)	1 syringe/56 days
	XELJANZ (tofacitinib)	2 tabs/day
	XELJANZ (tofacitinib) solution	10 mL/day
	XELJANZ XR (tofacitinib)	1 tab/day
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/28 days
	SPEVIGO (spesolimab-sbzo)	30mL/84 days
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
	SAPHNELO (anifrolumab-fnia)	None
	CINQAIR (reslizumab)	None
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days

Therapy class	Medication name	Quantity limit
	FASENRA (benralizumab)	None
	GAMIFANT (emapalumab-lzsg)	None
	NUCALA (mepolizumab) 40 mg/0.4 mL	1 syringe/28 days
	NUCALA (mepolizumab)	3 vials/28 days
	TEZSPIRE (tezepelumab-ekko)	1 syringe/28 days
	XOLAIR (omalizumab)	None
Multiple Sclerosis	teriflunomide	1 tab/day
	dalfampridine	2 tabs/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BAFIERTAM (monomethyl fumarate)	4 caps/day
	BETASERON (interferon beta-1b)	1 package/28 days
	BRIUMVI (ublituximab-xiiy)	None
	glatiramer 20 mg/mL	1 syringe/day
	COPAXONE (glatiramer) 40 mg/mL	12 syringes/28 days
	dimethyl fumarate	2 caps/day
	dimethyl fumarate starter pack	2 starter packs/365 days
	GILENYA (fingolimod) 0.25 mg, fingolimod 0.5 mg	1 cap/day
	KESIMPTA (ofatumumab)	1 syringe/30 days
	LEMRADA (alemtuzumab)	None
	MAVENCLAD (cladribine)	None
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 1 mg, 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs/365 days
	mitoxantrone	None
	OCREVUS (ocrelizumab)	40 mL/365 days
	TYSABRI (natalizumab)	1 injection/28 days
	VUMERITY (diroximel fumarate)	4 caps/day
	ZEPOSIA (ozanimod)	1 cap/day
	ZEPOSIA Starter Pack (ozanimod cap pack)	2 starter packs/365 days
ZEPOSIA Starter Kit (ozanimod cap pack)	2 kits/365 days	
Neonatal Fc Receptor Antagonist	VYVGART (efgartigimod alfa-fcab)	None
	VYVGART HYTRULO (efgartigimod alfa-hyaluronidase-qvfc)	None
<b>Miscellaneous</b>		
Blood Modifier	RYPLAZIM (plasminogen, human-tvmh)	None
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Diagnostic	THYROGEN (thyrotropin alfa)	None
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	AUSTEDO (deutetrabenazine) starter pack	2 starter packs/365 days
	AUSTEDO XR (deutetrabenazine) 6 mg	7 tabs/day
	AUSTEDO XR (deutetrabenazine) 12 mg	3 tabs/day
	AUSTEDO XR (deutetrabenazine) 24 mg	2 tabs/day
	AUSTEDO XR (deutetrabenazine) titration pack	84 tabs/365 days
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) starter pack	2 starter packs/365 days
Musculoskeletal Agents	XENAZINE (tetrabenazine)	None
	EVRYSDI (risdiplam)	8 mL/day
	SPINRAZA (nusinersen)	None
	ZOLGENSMA (onasemnogene abeparvovec-xioi)	None

Therapy class	Medication name	Quantity limit
Toxicology	SYPRINE (trientine)	None
<b>Obstetrics &amp; Gynecology</b>		
Fertility Agents	CHORIONIC GONADOTROPIN	None
	FOLLISTIM AQ (follitropin beta)	None
	FYREMADEL (ganirelix acetate)	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	OVIDREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
Hormone Replacement	hydroxyprogesterone caproate	None
	MAKENA (hydroxyprogesterone caproate)	None
<b>Oncology (Injectable)</b>		
Alkylating Agents	BENDEKA (bendamustine)	None
	ZEPZELCA (lurbinectedin)	None
Antifolate	FOLOTYN (pralatrexate)	None
	TECENTRIQ (atezolizumab)	None
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
CAR-T Therapy	ABECMA (idecabtagene vicleucel)	None
	BREYANZI (lisocabtagene maraleucel)	None
	CARVYKTI (ciltacabtagene autoleucel)	None
	KYMRIAH (tisagenlecleucel)	None
	TECARTUS (brexucabtagene autoleucel)	None
	YESCARTA (axicabtagene ciloleucel)	None
Interferons	INTRON A (interferon alfa-2b)	None
Interleukins	ELZONRIS (tagraxofusp-erzs)	None
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)	None
	BESPONSA (inotuzumab)	None
	FYARRO (sirolimus)	None
	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab)	None
	VELCADE (bortezomib)	None
	VYXEOS (daunorubicin-cytarabine)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	PROVENGE (sipuleucel-T)	None
	ROMIDEPSIN (romidepsin)	None
	SYNRIBO (omacetaxine)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DANYELZA (naxitamab-ggqk)	None
	DARZALEX (daratumumab)	None
	ELAHERE (mirvetuximab soravtansine-gynx)	None
	EMPLICITI (elotuzumab)	None

Therapy class	Medication name	Quantity limit
	ENHERTU (fam-trastuzumab deruxtecan-nxki)	None
	ERBITUX (cetuximab)	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	HERCEPTIN HYLECTA (trastuzumab and hyaluronidase-oysk)	None
	IMFINZI (durvalumab)	None
	IMJUDO (tremelimumab-actl)	None
	JEMPERLI (dostarlimab-gxly)	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KANJINTI (trastuzumab-anns)	None
	KEYTRUDA (pembrolizumab)	None
	LIBTAYO (cemiplimab-rwlc)	None
	LUMOXITI (moxetumomab pasudotox-tdfk)	None
	LUNSUMIO (mosunetuzumab-axgb)	None
	MARGENZA (margetuximab-cmkb)	None
	MONJUVI (tafasitamab-cxix)	None
	MYLOTARG (gemtuzumab)	None
	OPDIVO (nivolumab)	None
	OPDUALAG (nivolumab/relatlimab-rmbw)	None
	PADCEV (enfortumab vedotin-ejfv)	None
	PERJETA (pertuzumab)	None
	PHESGO (pertuzumab-trastuz-hyaluron-zzxf)	None
	POLIVY (polatuzumab vedotin-piiq)	None
	POTELIGEO (mogamulizumab-kpkc)	None
	RITUXAN (rituximab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	RYBREVANT (amivantamab-vmjw)	None
	SARCLISA (isatuximab-irfc)	None
	SYLVANT (siltuximab)	None
	TECVAYLI (teclistamab-cqyv)	None
	TIVDAK (tisotumab vedotin-tftv)	None
	TRAZIMERA (trastuzumab-qyyp)	None
	TRODELVY (sacituzumab govitecan-hziy)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
	ZYNLONTA (loncastuximab tesirine-lpyl)	None
	ZYNYZ (retifanlimab-dlwr)	None
T-cell Receptor	KIMMTRAK (tebentafusp-tebn)	None
Vascular Endothelial Growth Factor (VEGF) Inhibitor	AVASTIN (bevacizumab)	None
	MVASI (bevacizumab-awwb)	None
	ZIRABEV (bevacizumab-bvzr)	None
<b>Oncology (Oral)</b>		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	abiraterone	None
	BRUKINSA (zanubrutinib)	None
	ERLEADA (apalutamide)	None
	INREBIC (fedratinib)	None

Therapy class	Medication name	Quantity limit
	NUBEQA (darolutamide)	None
	ROZLYTREK (entrectinib)	None
	XTANDI (enzalutamide )	None
Kinase and Molecular Target Inhibitors	ALECENSA (alectinib)	None
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg, 180 mg	1 tab/day
	ALUNBRIG (brigatinib) pack	1 pack/365 days
	AYVAKIT (avapritinib)	1 tab/day
	BALVERSA (erdafitinib)	None
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CAPRELSA (vandetanib)	None
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetinib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	everolimus	1 tab/day
	everolimus for oral susp	None
	EXKIVITY (mobocertinib succinate)	None
	GAVRETO (pralsetnib)	None
	GILOTRIF (afatinib)	1 tab/day
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 10 mg, 15 mg	1 tab/day
	ICLUSIG (ponatinib) 30 mg, 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	imatinib	None
	IMBRUVICA (ibrutinib) oral suspension	None
	IMBRUVICA (ibrutinib) capsule	1 tab/day
	IMBRUVICA (ibrutinib) 420 mg, 560 mg tablet	1 cap/day
	IMBRUVICA (ibrutinib) 140 mg capsule	3 cap/day
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 5 mg, 10 mg	2 tabs/day
	JAYPIRCA (pirtobrutinib) 50 mg tablet	1 tab/day
	JAYPIRCA (pirtobrutinib) 100 mg tablet	None
	KOSELUGO (selumetinib)	None
	KRAZATI (adagrasib)	None
	LENVIMA (lenvatinib)	None
LORBRENA (lorlatinib)	None	
LUMAKRAS (sotorasib)	None	
LYNPARZA (olaparib)	None	
LYTGOBI (futibatinib)	None	
MEKINIST (trametinib)	None	
MEKTOVI (binimetinib)	None	

Therapy class	Medication name	Quantity limit
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	PIQRAY (alpelisib)	None
	QINLOCK (ripretinib)	None
	RETEVMO (selpercatinib)	None
	RYDAPT (midostaurin)	None
	SCEMBLIX (asciminib)	None
	SCEMBLIX (asciminib) 20 mg	2 tabs/day
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	sunitinib	None
	TABRECTA (capmatinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TARCEVA (erlotinib)	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TRUSELTIQ (infigratinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VONJO (pacritinib)	None
	VOTRIENT (pazopanib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib)	None
	ZEJULA (niraparib) 100 mg tablet	1 tab/day
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
Miscellaneous	KISQALI (ribociclib)	None
	KISQALI-FEMARA (ribociclib-letrozole)	None
	LONSURF (trifluridine-tipiracil)	None
	ONUREG (azacitadine)	None
	ORSERDU (elacestrant)	None
	bexarotene capsule	None
	TARGRETIN GEL (bexarotene)	None
	TIBSOVO (ivosidenib)	None
	WELIREG (belzutifan)	None
	XELODA (capecitabine)	None
	XPOVIO (selinexor)	None
	ZOLINZA (vorinostat)	None



Therapy class	Medication name	Quantity limit
	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
	LUXTURNA (voretigene neparvovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day; 112 mL/lifetime
	CIMERLI (ranibizumab-eqrn)	None
	EYLEA (aflibercept)	None
	MACUGEN (pegaptanib)	None
	SUSVIMO (ranibizumab)	None
	VABYSMO (faricimab-svoa)	None
	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor/ivacaftor)	112 tablets/28 days
	ORKAMBI (lumacaftor/ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor/ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) tablet	3 tabs/day
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) oral granule	2 packets/day
	pirfenidone	None
OFEV (nintedanib)	None	
	SYNAGIS (palivizumab)	None
	OXLUMO (lumasiran)	None

**PLEASE NOTE:** This drug list may have regular updates and may not include all medications. Drugs in this list include brand and generic and all dosage types unless noted. If a new drug is approved and falls into one of the targeted PA categories, the new drug may be automatically added to this list.



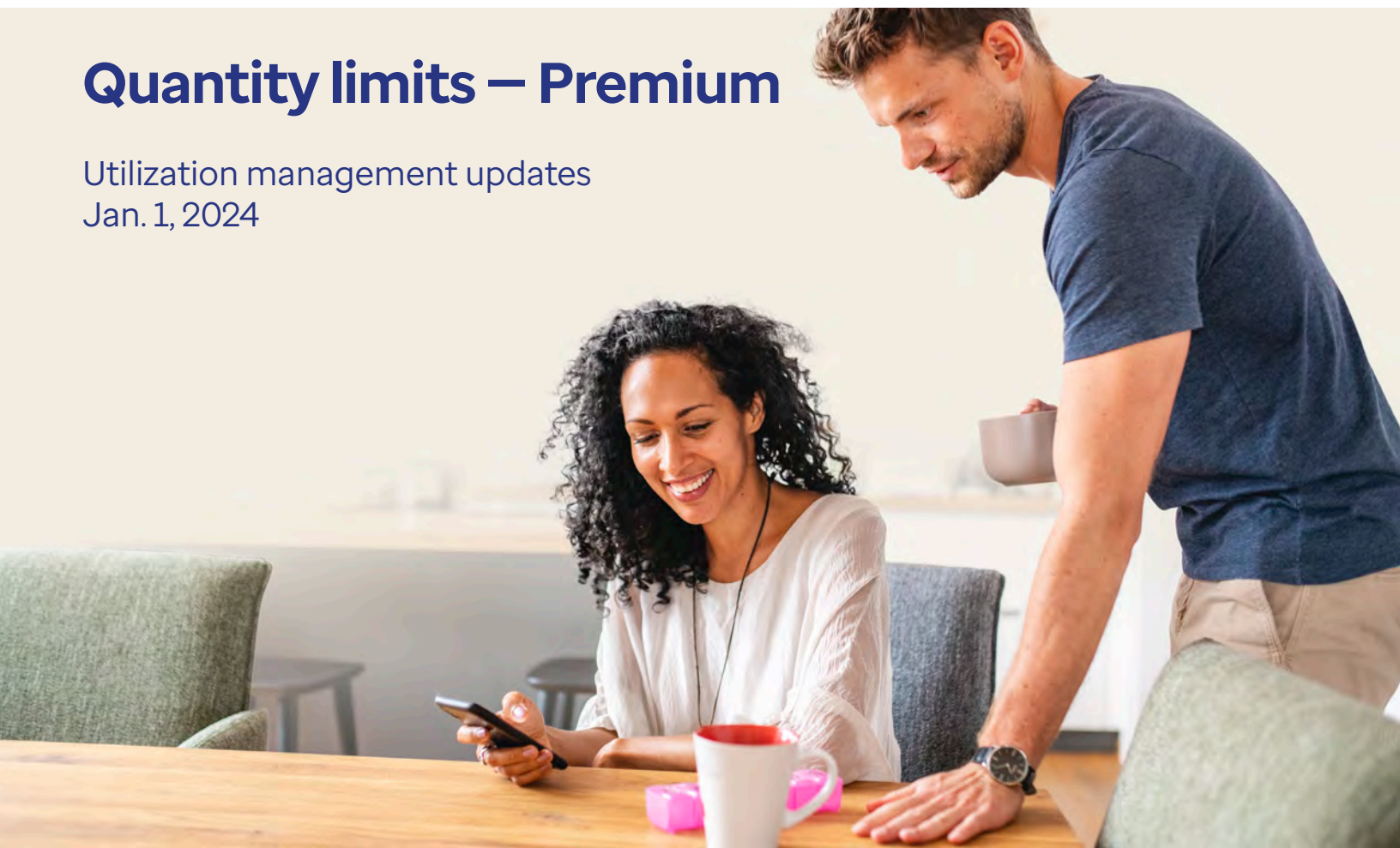
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PREMIUM

## Quantity limits – Premium

Utilization management updates  
Jan. 1, 2024



Your pharmacy benefit plan has a quantity limits program that can help you get the best results from your medication therapy. With safe doses, quantity limits can also keep prescription drug costs lower for you.

### **Determining quantity limits**

Quantity limits are meant to lower the risk of overuse. Quantity limit rules are based on:

- Food and Drug Administration (FDA) approved uses
- Medication instruction labels
- Accepted or published clinical recommendations

### **The following medications have a new or revised quantity limit that will be covered.**

If your medication includes a quantity limit, this means there is a new limit to the amount of the drug(s) below that will be covered.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the quantity limits program, call the phone number on your member ID card.

## Premium non-specialty quantity limit

Therapy class	Medication name	Quantity limit
<b>Anti-infectives</b>		
Antibiotics	SIVEXTRO (tedizolid) solution	6 vials/30 days
	SIVEXTRO (tedizolid) tablet	6 tabs/30 days
	ZYVOX (linezolid)	28 tabs/30 days
	ZYVOX (linezolid) suspension	6 bottles (900 mL)/28 days
Antifungals	LAMISIL (terbinafine) 250 mg	84 days supply/180 days
Antiretrovirals, Hepatitis B	BARACLUDE (entecavir)	1 tab/day
	BARACLUDE (entecavir) solution	630 mL/30 days
Antiretrovirals, HIV	SUNLENCA (lenacapavir)	9 mL/365 days
	SUNLENCA (lenacapavir) tablet	2 packs/365 days
Antivirals, Herpetic	DENAVIR (penciclovir)	5 grams/30 days
	SITAVIG (acyclovir) 50 mg	2 tabs/30 days
	valacyclovir	4 tabs/day
	acyclovir cream	5 grams/30 days
	acyclovir ointment	30 grams/30 days
Antivirals, Influenza	oseltamivir 30 mg	40 caps/365 days
	oseltamivir 45 mg, 75 mg	20 caps/365 days
	oseltamivir suspension	360 mL/365 days
	RELENZA (zanamivir)	40 inh/365 days
	XOFLUZA (baloxavir marboxil)	4 tabs/365 days
	XOFLUZA (baloxavir marboxil) 40 mg	2 tabs/365 days
	XOFLUZA (baloxavir marboxil) 80 mg	2 tabs/365 days
	LAGEVRIO (molnupiravir)	1 course/fill, 2 fills/365 days
	PAXLOVID (nirmatrelvir/ritonavir)	1 course/fill, 2 fills/365 days
	VEKLURY (remdesivir)	1 course/fill, 2 fills/365 days
<b>Cardiology</b>		
Anticoagulants	ELIQUIS (apixaban)	2 tabs/day
	ELIQUIS (apixaban) 5 mg	3 tabs/day
	ELIQUIS (apixaban) starter pack	2 packs/365 days
	PRADAXA (dabigatran)	2 caps/day
	PRADAXA (dabigatran) 20 mg, 150 mg pak	2 packets/day
	PRADAXA (dabigatran) pak	4 packets/day
	SAVAYSA (edoxaban)	1 tab/day
	XARELTO (rivaroxaban)	1 tab/day
	XARELTO (rivaroxaban) 2.5 mg, 15 mg	2 tabs/day
	XARELTO (rivaroxaban) suspension	20 mL/day
	XARELTO (rivaroxaban) starter pack	2 packs/365 days
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) suspension	15 mL/day
	ENTRESTO (sacubitril/valsartan)	2 tabs/day
	VERQUVO (vericiguat)	1 tab/day
Miscellaneous	DEMSER (metyrosine)	16 caps/day
<b>Central Nervous System</b>		
ADHD Agents	amphetamine/dextroamphetamine extended release	2 caps/day
	amphetamine	6 tabs/day
	amphetamine/dextroamphetamine 30 mg tab	2 tabs/day

Therapy class	Medication name	Quantity limit
	amphetamine/dextroamphetamine	3 tabs/day
	APTENSIO XR (methylphenidate)	1 cap/day
	atomoxetine	1 cap/day
	AZSTARYS (serdexmethylphenidate/dexmethylphenidate)	1 cap/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	dexmethylphenidate	2 tabs/day
	dexmethylphenidate ER	1 cap/day
	dextroamphetamine ER 5 mg	3 caps/day
	EVEKEO ODT (amphetamine) 5 mg, 10 mg	3 tabs/day
	EVEKEO ODT (amphetamine) 15 mg, 20 mg	2 tabs/day
	JORNAY PM (methylphenidate)	1 cap/day
	METHYLIN 10 mg/5 mL (methylphenidate) soln	30 mL/day
	METHYLIN 5 mg/5 mL (methylphenidate) soln	60 mL/day
	methylphenidate	3 tabs/day
	methylphenidate chewable	3 tabs/day
	methylphenidate chewable 10mg	6 tabs/day
	methylphenidate ER	1 cap/day
	methylphenidate ER 10 mg	2 tabs/day
	methylphenidate ER 20 mg	3 tabs/day
	methylphenidate ER 24H 36 mg	2 tabs/day
	methylphenidate ER 24H	1 tab/day
	methylphenidate ER tab osmotic release 36 mg	2 tabs/day
	methylphenidate ER tab osmotic release	1 tab/day
	PROCENTRA (dextroamphetamine) solution	60 mL/day
	RELEXII (methylphenidate) 72 mg	1 tab/day
	Alzheimer's Agents	NAMENDA XR (memantine hcl) capsule
NAMENDA XR TITRATION PACK (memantine hcl) capsule		2 packs/365 days
NAMZARIC (memantine hcl) capsule		1 cap/ day
NAMZARIC TITRATION PACK (memantine hcl)		2 packs/365 days
Analgesics (gastroprotective agents)	naproxen-esomeprazole	2 tabs/day
Analgesics (non-opioid)	celecoxib	2 caps/day
	diclofenac gel 1%	10 tubes/30 days
	diclofenac patch	2 patches/day up to 15 days
	ketorolac	20 tabs or 5 days supply/30 days
	orphenadrine ER	2 tabs/day
	orphenadrine/ASA/caffeine	4 tabs/day
	QUTENZA (capsaicin)	4 patches/90 days
Analgesics (opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-15 mg	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-30 mg	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced

Therapy class	Medication name	Quantity limit
	acetaminophen/codeine tab 300-60 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	BUNAVAIL (buprenorphine/naloxone) 2.1-0.3 mg	6 films/day
	BUNAVAIL (buprenorphine/naloxone) 6.3-1 mg	2 films/day
	BUNAVAIL (buprenorphine/naloxone) 4.2-0.7 mg	3 films/day
	buprenorphine 8 mg	3 tabs/day
	buprenorphine 2 mg	12 tabs/day
	buprenorphine/naloxone 8-2 mg	3 tabs or films/day
	buprenorphine/naloxone 12-3 mg	2 films/day
	buprenorphine/naloxone 4-1 mg	6 films/day
	buprenorphine/naloxone 2-0.5 mg	12 tabs or films/day
	butorphanol nasal spray 10 mg/mL	1 bottle/fill, 2 fills/60 days
	buprenorphine patch	4 patches/28 days
	codeine tab 15 mg	21 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 40 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 30 mg	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 20 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 60 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydrocodone/acetaminophen tab 7.5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 10-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-325 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 10-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone bitartrate	2 caps/day
	hydrocodone bitartrate 50mg	4 caps/day
	hydrocodone/ibuprofen tab 5-200 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 16 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/ibuprofen tab 7.5-200 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced

Therapy class	Medication name	Quantity limit
	hydrocodone/ibuprofen tab 10-200 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone liq 1 mg/mL	10 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 mL/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	3 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 supps/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 2 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 4 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 8 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab ER	2 tabs/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	levorphanol tab 2 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	levorphanol tab 3 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	LORTAB (hydrocodone/acetaminophen) 10-300 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	meperidine 50 mg tablet	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	meperidine solution 50 mg/5 mL	49 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4.5 mL/day, 2 fills/60 days for treatment experienced
	morphine supp 5 mg	9 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 10 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 20 mg	2 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced



Therapy class	Medication name	Quantity limit
	morphine supp 30 mg	1 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 supps/day, 2 fills/60 days for treatment experienced
	morphine tab 15 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	morphine tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	morphine sulfate ER cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	NALOCET (oxycodone/acetaminophen)	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	oxymorphone tab 5 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxymorphone tab 10 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone capsule 5 mg	6 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	oxycodone solution 5 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 mL/day, 2 fills/60 days for treatment experienced
	oxycodone tablet 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tablet 10 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tablet 15 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tablet 20 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tablet 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tablet 2.5-325 mg	12 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tablet 5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced



Therapy class	Medication name	Quantity limit
	oxycodone/acetaminophen tablet 7.5-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tablet 10-325 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tablet 5-325 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day
	pentazocine/naloxone tab 50-0.5 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tablet 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tablet 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tablet 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) solution 10-300 mg	16.3 mL/day up to 3 days for treatment naïve, 16.3 mL/day for treatment experienced
	tramadol tablet 50 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol tablet 100 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	tramadol/acetaminophen tablet 37.5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol ER tablet	1 tab/day
	TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	10 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 caps/day, 2 fills/60 days for treatment experienced
	XODOL (hydrocodone/acetaminophen) tab 5-300 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	XTAMPZA ER (oxycodone)	4 caps/day
	ZUBSOLV (buprenorphine/naloxone) SL tab 0.7-0.18 mg	3 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL tab 5.7-1.4 mg	3 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL tab 8.6/2.1 mg	2 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL tab 11.4/2.9 mg	1 tab/day
	ZUBSOLV (buprenorphine/naloxone) SL tab 2.9/0.71 mg	6 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL tab 1.4-0.36 mg	12 tabs/day
Anticonvulsants	DIASTAT GEL (diazepam)	2 boxes/fill
	GRALISE (gabapentin) 300 mg	6 tabs/day
	GRALISE (gabapentin) 450 mg, 600 mg	3 tabs/day
	GRALISE (gabapentin) pack	2 packs/365 days
	GRALISE (gabapentin) 750 mg, 900 mg	2 tabs/day
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	pregabalin ER	3 tabs/day

Therapy class	Medication name	Quantity limit
	pregabalin ER 330mg	2 tabs/day
	pregabalin capsule 300 mg	2 caps/day
	pregabalin capsule	3 caps/day
	pregabalin solution	900 mL/30 days
	VALTOCO (diazepam)	10 devices/30 days, 2 packages/fill
	VALTOCO (diazepam) 15 mg, 20 mg	20 devices/30 days, 2 packages/fill
Antidepressants	APLENZIN (bupropion)	1 tab/day
	bupropion SR	2 tabs/day
	bupropion XL	1 tab/day
	bupropion XL 150 mg	3 tabs/day
	desvenlafaxine ER	1 tab/day
	DESVENLAFAXINE ER	1 tab/day
	DRIZALMA	2 caps/day
	DRIZALMA 30 mg, 40 mg	3 caps/day
	duloxetine	2 caps/day
	duloxetine 30 mg	3 caps/day
	venlafaxine capsule 37.5 mg	1 cap/day
	venlafaxine capsule 75 mg	3 caps/day
	venlafaxine capsule 150 mg	2 caps/day
	EMSAM (selegiline)	1 patch/day
	FETZIMA (levomilnacipran)	1 cap/day
	FETZIMA (levomilnacipran) pack	2 packs/365 days
	fluoxetine weekly	4 caps/28 days
	fluvoxamine ER	2 caps/day
	PEXEVA (paroxetine)	1 tab/day
	PEXEVA (paroxetine) 30 mg	2 tabs/day
TRINTELLIX (vortioxetine)	1 tab/day	
VIIBRYD (vilazodone)	1 tab/day	
VIIBRYD (vilazodone) starter kit	2 kits/365 days	
Antipsychotics	ABILIFY MYCITE starter kit	2 kits/365 days
	ABILIFY MYCITE	1 tab/day
	aripiprazole tablet	1 tab/day
	aripiprazole ODT	2 tabs/day
	aripiprazole solution	25 mL/day
	asenapine	2 tabs/day
	CAPLYTA (lumateperone tosylate)	1 tab/day
	clozapine ODT 100 mg	9 tabs/day
	clozapine ODT 12.5 mg	3 tabs/day
	clozapine ODT 150 mg	6 tabs/day
	clozapine ODT 200 mg	4 tabs/day
	clozapine ODT 25 mg	9 tabs/day
	CLOZARIL (clozapine) 25 mg	9 tabs/day
	CLOZARIL (clozapine) 50 mg	6 tabs/day
	CLOZARIL (clozapine) 100 mg	9 tabs/day
	CLOZARIL (clozapine) 200 mg	4 tabs/day
	FANAPT (iloperidone)	2 tabs/day
	FANAPT PAK (iloperidone)	1 pack/180 days
	GEODON (ziprasidone)	2 caps/day
	INVEGA (paliperidone)	1 tab/day

Therapy class	Medication name	Quantity limit
	INVEGA (paliperidone) 6 mg	2 tabs/day
	lurasidone	1 tab/day
	lurasidone 80 mg	2 tabs/day
	olanzapine tabs	1 tab/day
	quetiapine 300 mg, 400 mg	2 tabs/day
	quetiapine	3 tabs/day
	quetiapine ER	2 tabs/day
	REXULTI (brexpiprazole)	1 tab/day
	risperidone ODT	2 tabs/day
	risperidone solution	8 mL/day
	risperidone tablet	2 tabs/day
	SYMBYAX (olanzapine/fluoxetine)	1 cap/day
	SYMBYAX (olanzapine/fluoxetine) 3-25 mg	3 caps/day
	SYMBYAX (olanzapine/fluoxetine) 6-25 mg	3 caps/day
	VERSACLOZ (clozapine)	18 mL/day
	VRAYLAR (cariprazine)	1 cap/day
	VRAYLAR (cariprazine) pack	2 packs/365 days
	ZYPREXA ZYDIS (olanzapine)	1 tab/day
	Benzodiazepines	alprazolam ER
alprazolam ER 2 mg		5 tabs/day
alprazolam ER 3 mg		3 tabs/day
alprazolam ODT		4 tabs/day
alprazolam ODT 2 mg		5 tabs/day
alprazolam intensol		10 mL/day
alprazolam tabs		4 tabs/day
alprazolam tab 2 mg		5 tabs/day
chlordiazepoxide 10 mg		30 caps/day
chlordiazepoxide 25 mg		12 caps/day
chlordiazepoxide 5 mg		4 caps/day
clonazepam ODT		3 tabs/day
clonazepam ODT 2 mg		10 tabs/day
clonazepam tabs		3 tabs/day
clonazepam tab 2 mg		10 tabs/day
clorazepate 15 mg		6 tabs/day
clorazepate 3.75 mg		24 tabs/day
lorazepam intensol		5 mL/day
lorazepam tabs		3 tabs/day
lorazepam tab 2 mg		5 tabs/day
NAYZILAM (midazolam nasal spray)		10 spray units/30 days
oxazepam		4 caps/day
TRANXENE T (clorazepate) 7.5 mg		12 tabs/day
Fibromyalgia	SAVELLA (milnacipran)	2 tabs/day
	SAVELLA (milnacipran) pack	2 packs/365 days
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
	VYLEESI (bremelanotide acet)	6 injections/30 days
Migraine	AMERGE (naratriptan)	9 tabs/30 days
	almotriptan	12 tabs/30 days
	CAFERGOT (ergotamine/caffeine)	24 tabs/28 days
	D.H.E. 45 (dihydroergotamine)	24 ampules/28 days

Therapy class	Medication name	Quantity limit
	eletriptan tabs	12 tabs/30 days
	ERGOMAR (ergotamine tartrate)	20 tabs/28 days
	FROVA (frovatriptan)	12 tabs/30 days
	MIGERGOT (ergotamine w/ caffeine)	20 suppositories/28 days
	MIGRANAL (dihydroergotamine)	1 package (8 vials)/30 days
	QULIPTA (atogepant)	1 tab/day
	rizatriptan tablet 5 mg	18 tabs/30 days
	rizatriptan ODT 5mg	18 tabs/30 days
	rizatriptan tablet 10 mg	12 tabs/30 days
	rizatriptan ODT 10 mg	12 tabs/30 days
	sumatriptan injection	5 kits (10 units)/30 days
	sumatriptan nasal	12 spray unit devices/30 days
	sumatriptan tablet	9 tabs/30 days
	sumatriptan-naproxen tablet	9 tabs/30 days
	zolmitriptan ODT	12 tabs/30 days
	zolmitriptan tablet	12 tabs/30 days
	ZOMIG (zolmitriptan) nasal spray	12 spray unit devices/30 days
Parkinson's	XADAGO (safinamide)	1 tab/day
Sedative Hypnotics	BELSOMRA (suvorexant)	1 tab/day
	DAYVIGO (lemborexant)	1 tab/day
	DORAL (quazepam)	1 tab/day
	EDLUAR (zolpidem)	1 tab/day
	estazolam tablet	1 tab/day
	eszopiclone tablet	1 tab/day
	flurazepam capsule	1 cap/day
	HALCION (triazolam)	2 tabs/day
	ROZEREM (ramelteon)	1 tab/day
	SILENOR (doxepin)	1 tab/day
	zaleplon 10 mg	2 cap/day
	zaleplon 5 mg	1 cap/day
	temazepam caps	1 cap/day
	zolpidem tabs	1 tab/day
	zolpidem ER	1 tab/day
	ZOLPIMIST (zolpidem)	1 bottle (7.7 g)/30 days
Stimulants	armodafinil tablet	1 tab/day
	armodafinil tablet 50 mg	2 tabs/day
	modafinil tablet	1 tab/day
	SUNOSI (solriamfetol)	1 cap/day
Toxicology	LUCEMYRA (lofexidine)	16 tabs/day, 14 day supply
Weight Loss	SAXENDA (liraglutide)	5 pens/30 days
	WEGOVY (semaglutide)	4 pens/28 days
<b>Dermatology</b>		
Anti-Inflammatory	diclofenac gel 3%	300 gm/30 days
Miscellaneous	calcipotriene/betamethasone ointment	400 gm/30 days
	ENSTILAR (calcipotriene/betamethasone dipropionate)	420 gm/28 days
	pimecrolimus cream 1%	60 gm/30 days
	PROTOPIC (tacrolimus) ointment	60 gm/30 days
	QBREXZA (glycopyrronium)	1 pad/day
	SANTYL (collagenase)	90 gm/30 days

Therapy class	Medication name	Quantity limit
	TACLONEX SCALP (calcipotriene/betamethasone)	120 gm/30 days
<b>Endocrinology &amp; Metabolism</b>		
Aldosterone Antagonist	KERENDIA (finerenone)	1 tab/day
Androgens	oxandrolone 10 mg	2 tabs/day
	oxandrolone 2.5 mg	8 tabs/day
GLP-1 Agonists	ADLYXIN (lixisenatide)	2 pens (6 mL)/28 days
	ADLYXIN (lixisenatide) starter pack	2 starter kits (12 mL)/365 days
	BYDUREON, BYDUREON BCISE (exenatide)	4 vials/pen-inj/28 days
	BYETTA (exenatide)	1 syringe/30 days
	MOUNJARO (tirzepatide)	4 pens/28 days
	OZEMPIC (semaglutide) 8 mg/3 mL, 4 mg/3mL, 2 mg/3mL, 2 mg/1.5mL	1 pen/28 days
	OZEMPIC (semaglutide) 1 mg/dose (2 mg/1.5 mL)	2 pens/28 days
	RYBELSUS 3 mg (semaglutide)	2 boxes (60 tablets)/365 days
	RYBELSUS (semaglutide)	1 tab/day
	SOLIQUA (insulin glargine/lixisenatide)	5 pens (15 mL)/25 days
	TRULICITY (dulaglutide)	4 pen-inj/28 days
	VICTOZA (liraglutide)	3 pen-inj/ 30 days
	XULTOPHY (insulin degludec/liraglutide)	5 pens (15 mL)/30 days
Gonadotropins	MYFEMBREE (relugolix/estradiol/norethindrone acetate)	1 tab/day
	ORIAHNN (elagolix/estradiol/norethisterone)	2 tabs/day
	ORLISSA (elagolix) 150 mg	1 tab/day
	ORLISSA (elagolix) 200 mg	2 tabs/day
Osteoporosis	ACTONEL (risedronate) tablet 150 mg	1 tab/28 days
	ACTONEL (risedronate) tablet 35 mg	4 tabs/28 days
	ATELVIA (risedronate)	4 tabs/28 days
	BINOSTO (alendronate)	4 tabs/28 days
	BONIVA (ibandronate)	1 tab/28 days
	BONIVA IV (ibandronate)	1 syringe/90 days
	FOSAMAX (alendronate) 35 mg, 70 mg	4 tabs/28 days
	FOSAMAX PLUS D (alendronate/cholecalciferol)	4 tabs/28 days
MIACALCIN (calcitonin)	1 bottle (3.7mL)/30 days	
<b>Gastroenterology</b>		
Antiemetics	AKYNZEO (netupitant/palonosetron)	2 caps/30 days
	ANZEMET (dolasetron)	2 tabs/30 days
	aprepitant	2 caps/30 days
	BONJESTA (doxylamine/pyridoxine)	2 tabs/day
	DICLEGIS (doxylamine/pyridoxine)	4 tabs/day
	EMEND (aprepitant) 80 mg	4 caps/30 days
	EMEND (aprepitant) suspension 125 mg	3 packets/30 days
	EMEND (aprepitant) 40 mg	1 cap/day
	EMEND (aprepitant) 125 mg/80 mg therapy pack	2 packs/30 days
	granisetron	4 tabs/30 days
	MARINOL (dronabinol)	2 caps/day
	ondansetron oral solution	120 mL/30 days
	ondansetron 24 mg tablet	2 tabs/30 days

Therapy class	Medication name	Quantity limit
Constipation	SUSTOL (ganisetron)	2 syringes/30 days
	SYNDROS (dronabinol)	4 mL/day
	VARUBI (rolapitant)	4 tabs/30 days
	ZUPLENZ (ondansetron)	10 films/30 days
	LINZESS (linaclotide)	1 cap/day
Diarrhea	MOTEGRITY (prucalopride)	1 tab/day
Irritable Bowel Syndrome	MYTESI (crofelemer)	2 tabs/day
Opioid-induced Constipation	VIBERZI (eluxadoline)	2 tabs/day
Proton Pump Inhibitors	SYMPROIC (naldemedine)	1 tab/day
	dexlansoprazole	1 cap/day
	esomeprazole capsule/tablet	1 cap or tab/day
	ESOMEPRAZOLE STRONTIUM	1 cap/day
	lansoprazole caps	1 cap/day
	lansoprazole ODT	1 tab/day
	NEXIUM (esomeprazole) packets	1 packet/day
	omeprazole caps	1 cap/day
	pantoprazole tabs	1 tab/day
	PRILOSEC (omeprazole) packets	2 packets/day
	PROTONIX (pantoprazole) packets	1 packet/day
	rabeprazole tabs	1 tab/day
<b>Miscellaneous</b>		
Anticholinergic	GLYCATE (glycopyrrolate)	6 tabs/day
	glycopyrrolate	4 tabs/day
	ROBINUL (glycopyrrolate)	4 tabs/day
	ROBINUL FORTE (glycopyrrolate)	4 tabs/day
Methotrexate Auto-Injectors	RASUVO (methotrexate)	4 auto-injectors/28 days
Smoking Cessation Products	bupropion ER (smoking deterrent)	180 days supply/365 days
	CHANTIX (varenicline)	180 days supply/365 days
	NICODERM (nicotine transdermal)	180 days supply/365 days
	NICORETTE (nicotine gum/lozenge)	180 days supply/365 days
	NICOTROL Inhaler (nicotine)	180 days supply/365 days
	NICOTROL NS (nicotine)	180 days supply/365 days
<b>Obstetrics &amp; Gynecology</b>		
Contraceptives	AMETHIA (levonorg-eth est)	1/91 days
	AMETHIA LO (levonorg-eth est)	1/91 days
	ANNOVERA (segesterone ace-eth est)	1/350 days
	ASHLYNA (levonorg-eth est)	1/91 days
	CAMRESE (levonorg-eth est)	1/91 days
	CAMRESE LO (levonorg-eth est)	1/91 days
	DAYSEE (levonorg-eth est)	1/91 days
	DEPO/DEPO-SUBQ PROVERA (medroxyprogesterone)	1/90 days
	ethinyl estradiol/levonorgestrel	1/90 days
	ICLEVIA (levonorg-eth est)	1/91 days
	INTROVALE (levonorg-eth est)	1/91 days
	JOLESSA (levonorg-eth est)	1/91 days
	levonorgestrel/ethinyl estradiol	1/91 days
	LOSEASONIQUE (ethinyl estradiol/levonorgestrel)	1/91 days
	QUARTETTE (levonorg-eth est)	1/91 days
	SETLAKIN (levonorg-eth est)	1/91 days

Therapy class	Medication name	Quantity limit
Ergot Alkaloids	METHERGINE (methylergonovine)	28 tabs/fill, 2 fills/365 days
Hormone Replacement	CRINONE (progesterone)	15 applicators/30 days
	ESTRING (estradiol)	1 package/90 days
	FEMRING (estradiol acetate)	1 package/90 days
Miscellaneous	paroxetine 7.5 mg	1 cap/day
<b>Ophthalmology</b>		
Anti-inflammatory	bromfenac 0.09%	4 bottles/365 days
	LOTEMAX (loteprednol) gel, ointment	4 bottles/365 days
	PROLENSA (bromfenac sodium)	4 bottles/365 days
Dry Eye	TYRVAYA (varenicline)	2 bottles/30 days
Prostaglandins	LUMIGAN (bimatoprost)	1 bottle (2.5 mL)/25 days
	RHOPRESSA (netarsudil)	1 bottle (2.5 mL)/25 days
	ROCKLATAN (netarsudil/latanoprost)	1 bottle (2.5 mL)/25 days
	travoprost	1 bottle (2.5 mL)/25 days
	XELPROS (latanoprost)	1 bottle (2.5 mL)/25 days
<b>Respiratory</b>		
Allergy (intranasal)	azelastine	2 bottles/30 days
	BECONASE AQ (beclomethasone)	1 inhaler/25 days
	DYMISTA (fluticasone/azelastine)	1 inhaler/30 days
	FLONASE SENSIMIST(fluticasone furoate)	1 bottle/30 days
	flunisolide nasal spray	1 bottle/30 days
	mometasone nasal spray	2 inhalers/30 days
	OMNARIS (ciclesonide)	1 inhaler/30 days
	PATANASE (olopatadine)	1 bottle/30 days
	QNASL (beclomethasone)	1 inhaler/30 days
	QNASL CHILDRENS (beclomethasone)	1 inhaler/30 days
	RHINOCORT (budesonide)	2 bottles/30 days
	ZETONNA (ciclesonide nasal)	1 inhaler/30 days
Asthma/COPD (inhaled)	ADVAIR DISKUS (fluticasone/salmeterol)	1 diskus/30 days
	ADVAIR HFA (fluticasone/salmeterol)	1 inhaler/30 days
	albuterol HFA	2 inhalers/30 days
	ANORO ELLIPTA (umeclidinium/vilanterol)	1 package/30 days
	ARNUITY ELLIPTA (fluticasone furoate)	1 inhaler/30 days
	ATROVENT HFA (ipratropium)	2 inhalers/30 days
	BREO ELLIPTA (fluticasone furoate/vilanterol)	1 package/30 days
	BREZTRI (budesonide/glycopyrrolate/formoterol fumarate)	1 inhaler/30 days
	COMBIVENT RESPIMAT (ipratropium/albuterol)	2 inhalers/30 days
	SEREVENT DISKUS (salmeterol) 50 mcg	1 package/30 days
	SPIRIVA HANDIHALER (tiotropium)	1 package/30 days
	SPIRIVA RESPIMAT (tiotropium)	1 inhaler/30 days
	STIOLTO RESPIMAT (tiotropium br-olodaterol)	1 inhaler/30 days
	STRIVERDI RESPIMAT (olodaterol)	1 inhaler/30 days
	SYMBICORT (budesonide/formoterol)	1 inhaler/30 days
	TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)	60 blisters/30 days
	WIXELA INHUB (fluticasone/salmeterol)	1 diskus/30 days
Asthma/COPD (nebulized)	ALBUTEROL NEB 0.5% (5 mg/mL)	5 packages (150 mL)/30 days
	albuterol sulf 0.083% (2.5 mg/3 mL)	180 vials (540 mL)/30 days
	albuterol sulf soln	5 packages (125 vials or 375 mL)/30 days



Therapy class	Medication name	Quantity limit
	arformoterol tartrate soln	60 vials (120 mL)/30 days
	budesonide respules	2 packages (120 mL)/30 days
	ipratropium bromide soln	125 vials (312.5 mL)/30 days
	ipratropium/albuterol	180 vials (540 mL)/30 days
	PERFOROMIST (formoterol)	60 vials (120 mL)/30 days
	XOPENEX (levalbuterol)	180 vials (540 mL)/30 days
	XOPENEX (levalbuterol) 1.25 mg/0.5 mL	90 vials (45 mL)/30 days
	XOPENEX (levalbuterol) 1.25 mg/3 mL	90 vials (270 mL)/30 days
	YUPELRI (revefenacin)	1 vial/day
Epinephrine Auto-Injectors	AUVI-Q (epinephrine) 0.1 mg	2 auto-injectors/30 days
<b>Urology</b>		
BPH Agents	ENTADFI (finasteride/tadalafil)	1 cap/day
Erectile Dysfunction	CAVERJECT (alprostadil)	6 units/30 days for any combination of ED medications
	EDEX (alprostadil)	6 units/30 days for any combination of ED medications
	MUSE (alprostadil)	6 units/30 days for any combination of ED medications
	sildenafil tablet	6 units/30 days for any combination of ED medications
	tadalafil tab 10 mg	6 units/30 days for any combination of ED medications
	tadalafil tab 2.5 mg	1 tab/day
	tadalafil tab 20 mg	6 units/30 days for any combination of ED medications
	tadalafil tab 5 mg	1 tab/day
	vardefafil ODT	6 units/30 days for any combination of ED medications
	vardefafil tabs	6 units/30 days for any combination of ED medications
Overactive Bladder Antispasmodics	OXYTROL (oxybutynin)	8 patches/28 days

## Premium specialty quantity limit

Therapy class	Medication name	Quantity limit
<b>Cardiology</b>		
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
	JUXTAPID (lomitapide) 20 mg, 30 mg	2 tabs/day
Hereditary Angioedema	BERINERT (C1 inhibitor, human)	10 vials/30 days
	icatibant	6 syringes/30 days
	KALBITOR (ecallantide)	6 vials/30 days
	ORLADEYO (berotralstat hcl)	1 tab/day
	RUCONEST (C1 esterase inhibitor)	8 vials/30 days
Pulmonary Arterial Hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	bosentan tabs	2 tabs/day
	OPSUMIT (macitentan)	1 tab/day
	sildenafil suspension	2 bottles/30 days
	sildenafil tablet	3 tabs/day
	tadalafil tablet	2 tabs/day
	TRACLEER (bosentan) tablet for suspension	4 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	TYVASO DPI	4 cartridges/day
	TYVASO DPI 16-32 mcg	2 kits/365 days
	TYVASO DPI 16-32-38 mcg	2 kits/365 days
	TYVASO DPI 32-48 mcg	8 cartridges/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) pack	2 packs/365 days
VENTAVIS (iloprost)	9 ampules/day	
Transthyretin Stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit/day
<b>Central Nervous System</b>		
Depressant	XYREM (sodium oxybate)	18 mL/day
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Miscellaneous	RELYVRIO (sodium phenylbutyrate/taurursodiol) pack	2 packets/day
Neurological Agents	AMVUTTRA (vutrisiran)	0.5 mL/90 days
	TEGSEDI (inotersen)	4 syringes/28 days
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
Sleep Disorder	WAKIX (pitolisant)	2 tabs/day
<b>Electrolyte &amp; Renal Agents</b>		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
<b>Endocrinology &amp; Metabolism</b>		
C-type Natriuretic Peptide	VOXZOGO (vosoritide)	1 vial/day
Endothelin Receptor Antagonist	FILSPARI (sparsentan)	1 tab/day
Farnesyltransferase Inhibitor	ZOKINVY (lonafarnib)	4 caps/day
Gonadotropins	CAMCEVI (leuprolide) 42 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days

Therapy class	Medication name	Quantity limit
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FENSOLVI (leuprolide acetate)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/365 days
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LEUPROLIDE (leuprolide)	1 injection/84 days
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
	VANTAS (histrelin)	1 implant/365 days
	ZOLADEX (goserelin) 10.8 mg	1 injection/84 days
	ZOLADEX (goserelin) 3.6 mg	1 injection/28 days
	Growth Hormones and Related Therapy	EGRIFTA SV (tesamorelin)
Hormone Modifiers	NATPARA (parathyroid hormone)	2 cartridges/28 days
Miscellaneous	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	EVENITY (romosozumab-aqqg)	2 syringes/28 days
	PROLIA (denosumab)	2 syringes/365 days
Somatostatins	SIGNIFOR LAR (pasireotide)	1 vial/28 days
Vasopressin Antagonist	tolvaptan	2 tabs/day
	SAMSCA (tolvaptan)	2 tabs/day
<b>Enzyme-Related</b>		
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	CYSTADROPS (cysteamine)	4 bottles/28 days
Enzyme Replacement	GALAFOLD (migalastat hcl) capsule	14 caps/28 days
	XURIDEN (uridine triacetate)	4 packets/day
<b>Gastroenterology</b>		
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic Agents	OICALIVA (obeticholic acid)	1 tab/day
<b>Hematology</b>		
Hemolytic Anemia	PYRUKYND (mitapivat)	2 tabs/day
	PYRUKYND (mitapivat) Taper pack	1 tab/day
<b>Immunology</b>		
Atopic Dermatitis	ADBRY (tralokinumab-ldrm)	4 syringes/28 days
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
Hematopoietic Agents	MOZOBIL (plerixafor)	8 vials (9.6 mL)/transplant
Interleukins	ILARIS (canakinumab)	2 vials/28 days
	SPEVIGO (spesolimab-sbzo)	30 mL/84 days
Monoclonal Antibody	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
	NUCALA (mepolizumab)	3 vials/28 days
	NUCALA (mepolizumab) 40 mg/0.4 mL	1 syringe/28 days
	TEZSPIRE tezepelumab-ekko)	1 syringe/28 days
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days

Therapy class	Medication name	Quantity limit
	BAFIERTAM (monomethyl fumarate)	4 caps/day
	BETASERON (interferon beta-1b)	1 package/28 days
	glatiramer 20 mg/mL	30 syringes/30 days
	COPAXONE (glatiramer) 40 mg/mL	12 syringes/28 days
	dimethyl fumarate starter pack	2 starter packs/365 days
	dimethyl fumarate	2 caps/day
	GILENYA (fingolimod)	1 cap/day
	KESIMPTA (ofatumumab)	1 syringe/30 days
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 1 mg, 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs (24 tabs)/365 days
	TYSABRI (natalizumab)	1 injection/28 days
	VUMERITY (diroximel fumarate)	4 caps/day
	ZEPOSIA (ozanimod)	1 cap/day
	ZEPOSIA starter pack (ozanimod cap pack)	2 packs/365 days
ZEPOSIA starter kit (ozanimod cap pack)	2 starter kits/365 days	
<b>Miscellaneous</b>		
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	AUSTEDO (deutetrabenazine) starter pack	2 starter packs/365 days
	AUSTEDO (deutetrabenazine) XR 6 mg tablet	7 tabs/day
	AUSTEDO (deutetrabenazine) XR 12 mg tablet	3 tabs/day
	AUSTEDO (deutetrabenazine) XR 24 mg tablet	2 tabs/day
	AUSTEDO (deutetrabenazine) XR starter kit	84 tabs/day
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) starter pack	2 packs/365 days
<b>Oncology</b>		
Kinase and Molecular Target Inhibitors	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib)	1 tab/day
	ALUNBRIG (brigatinib) starter pack	1 pack/365 days
	AYVAKIT (avapritinib)	1 tab/day
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	everolimus tabs	1 tab/day
	GILOTRIF (afatinib)	1 tab/day
	ICLUSIG (ponatinib) 10 mg, 15 mg	1 tab/day
	IDHIFA (enasidenib)	1 tab/day
	IMBRUVICA (ibrutinib) capsule	1 cap/day
	IMBRUVICA (ibrutinib) 140 mg cap	3 caps/day
	IMBRUVICA (ibrutinib) 420 mg, 560 mg tablet	1 cap/day
	JAKAFI (ruxolitinib) 5 mg, 10 mg	2 tabs/day
	NERLYNX (neratinib maleate)	6 tabs/day
	SCEMBLIX (asciminib) 20 mg	2 tabs/day
	TAGRISSO (osimertinib) 40mg	1 tab/day
TARCEVA (erlotinib) 25 mg	3 tabs/day	
<b>Ophthalmology</b>		
Miscellaneous	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day; 112 mL/lifetime
<b>Respiratory</b>		
Cystic Fibrosis	ORKAMBI (lumacaftor/ivacaftor)	112 tablets/28 days
	ORKAMBI (lumacaftor/ivacaftor) packet	2 packets/day

Therapy class	Medication name	Quantity limit
	SYMDEKO (tezacaftor/ivacaftor)	2 tabs/day
	TOBI PODHALER (tobramycin)	1 package/56 days
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) granules	2 packets/day
	TRIKAFTA (elexacaftor/tezacaftor/ivacaftor) tablet	3 tabs/day

Quantity limits effective as of Jan. 1, 2024.

PLEASE NOTE: This drug list is subject to regular updates and may not be all inclusive. Drugs affected include both brand and generic and include all strengths unless noted. If a targeted drug has a new strength, it may be automatically added to the list.



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