

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

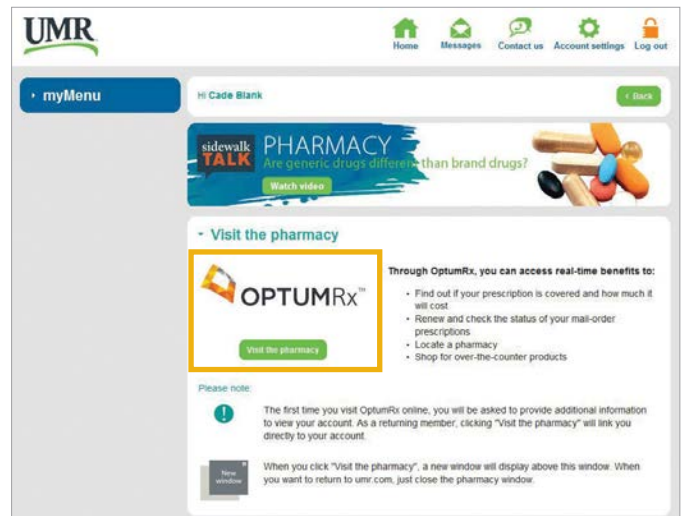
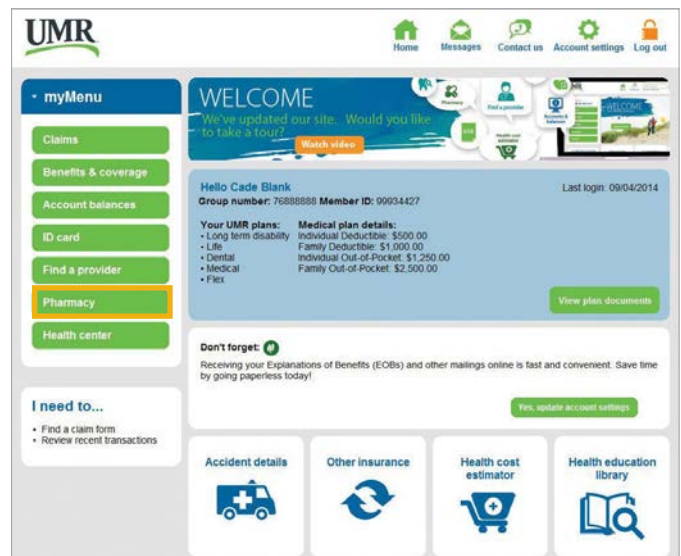
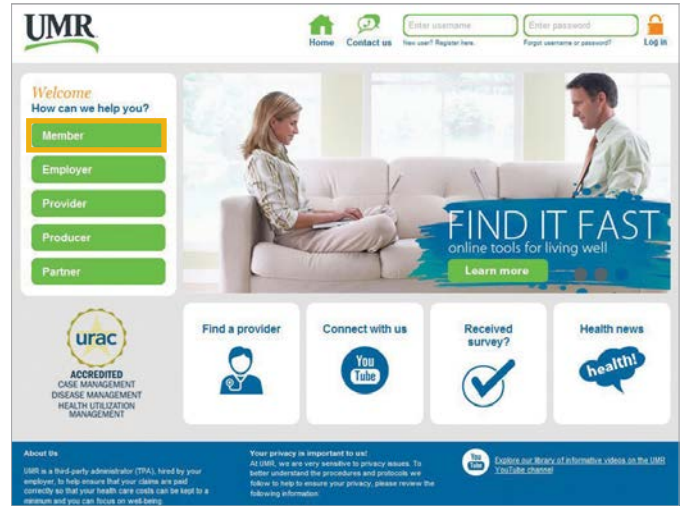
UMR home page

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.

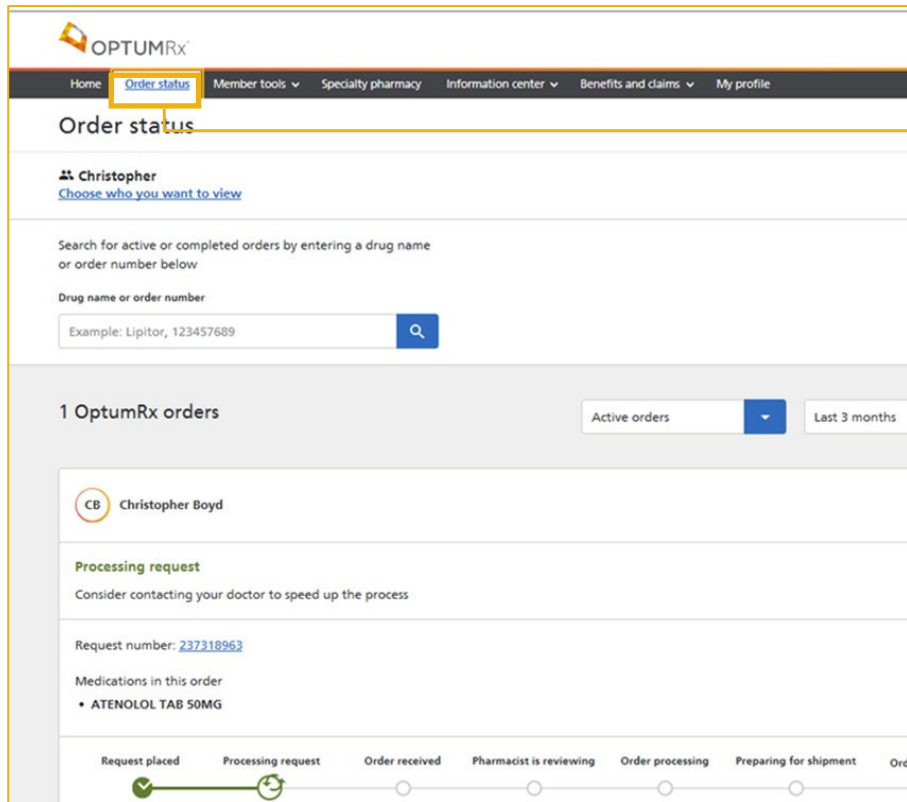
- 1. Order Status**
Select Order Status from the top navigation bar to
- 2. Household access**
Ability to manage prescriptions on behalf of family members
- 3. At a glance**
Displays at-a-glance actions you need to take for all your medications
- 4. Member tools**
Provides easy access to the most commonly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

The screenshot shows the OptumRx My Medicine Cabinet dashboard. At the top, there is a navigation bar with links for Home, Order status, Member tools, Specialty pharmacy, Information center, Benefits and claims, and My profile. A user profile for Christopher is visible in the top right. Below the navigation bar, the dashboard is titled "My Medicine Cabinet" and shows the user's name, Christopher, and a link to manage household members. A section titled "At a glance" contains buttons for "Quick Checkout" (Order 2 refills) and "Track orders" (Track 1 order). A "Savings Advisor" box offers a discount on home delivery. Below this, there is a "Sort medications by" dropdown set to "Priority actions (default)" and view toggles for "Grid view" and "List view". The main section is titled "OptumRx Home Delivery: 5 medications" and displays three medication cards. Each card shows the medication name, cost per refill, and refills remaining.

Medication	Cost per refill	Refills remaining	Est. days until next refill
FELODIPINE ER TAB 2.5MG	\$10.00 (per 90-day supply)	3	
LEVOTHYROXINE TAB 0.112MG	Pricing not available	1	
METFORMIN ER TAB 500MG	\$5.65 (per 90-day supply)	0	0

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.

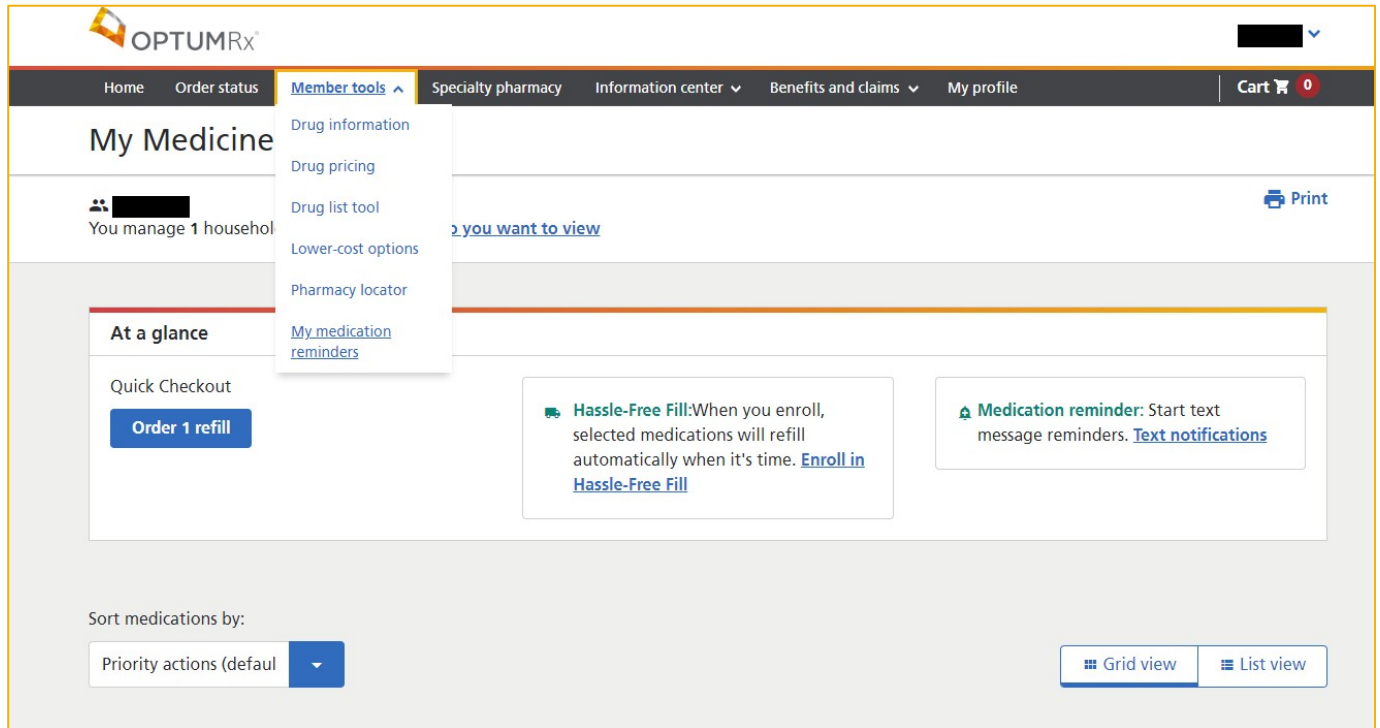
Drug Search & Pricing

- **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 page includes a navigation bar, a search result header, and a drug pricing section. The pricing section shows the lowest prices found near Stevensville, MI 49127. The table below summarizes the pricing information for various pharmacies.

Pharmacy	Supply	Plan Pays	You Pay
OPTUMRx	90 day supply (Qty: 90)	Plan cost: Not available	You pay: Not available
Home delivery - the most convenient way to save. 90 days of medication delivered right to your door. Learn More Request prescription			
Plan Preferred Pharmacy WALGREENS #6444 6444 Language support, in-network 2485 W Glenboro Rd, Stevensville, MI, 49127 269-428-7266	30 day supply (Qty: 30)	Plan pays: Not available	You pay: Not available Pricing under your plan is not available online. View the average retail price
MARTINS PHARMACY 23 Language support, in-network, Infusion Services 5637 Cleveland Ave, Stevensville, MI, 49127 269-428-8461	30 day supply (Qty: 30)	Plan pays: Not available	You pay: Not available Pricing under your plan is not available online. View the average retail price
Plan Preferred Pharmacy WALGREENS #11265 11265 Language support, in-network 1710 W John Beers Rd, Stevensville, MI, 49127 269-428-1133	30 day supply (Qty: 30)	Plan pays: Not available	You pay: Not available Pricing under your plan is not available online. View the average retail price

Claims History



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'. Below the title, there is a 'Manage Access' sidebar with three options: 'My household access' (selected), 'My caregiver access', and 'My caregiver access'. The main content area is titled 'My profile' and contains the following sections:

- You:** Christopher Boyd, Age: 25, Adult.
- Subscriber:** Cristina Urbano, Your access: Not registered, with a 'Send reminder' button.
- Dependents:** Evan Boyd, Age: 22, Adult, Your access: Not registered, with 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'. Below the title, there is a 'Manage Access' sidebar with three options: 'My household access', 'My caregiver access' (selected), and 'My caregiver access'. The main content area is titled 'My profile' and contains the following sections:

- My caregiver:** A caregiver has access to manage your account information and medications. Includes a link to 'Add a caregiver to manage my account.'
- My care recipients:** You have access to manage the account information and medications of the care recipients listed below. Select the care recipient account you'd like to log in to. Switching accounts will empty all items from your cart, so checkout before you switch. Includes a link to 'Accept caregiver invitation.'

Accept caregiver invitation

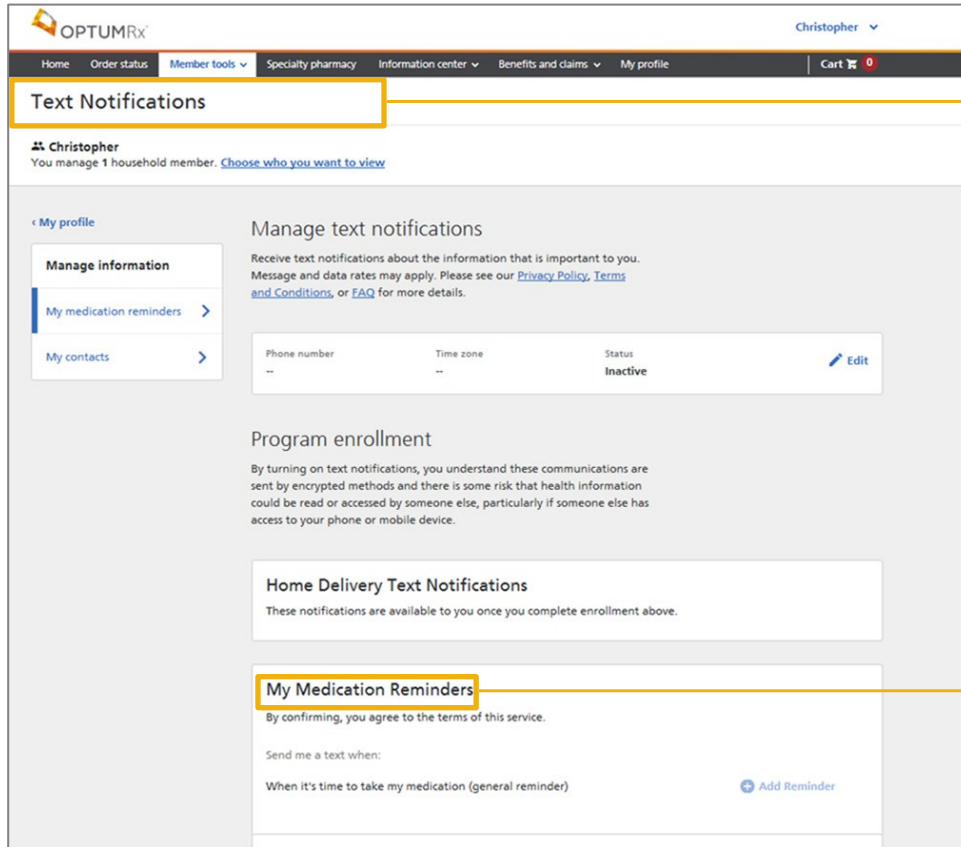
Become a caregiver for another person. If someone wants you to manage their account on your behalf, they can send you a **caregiver invitation** by email.

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

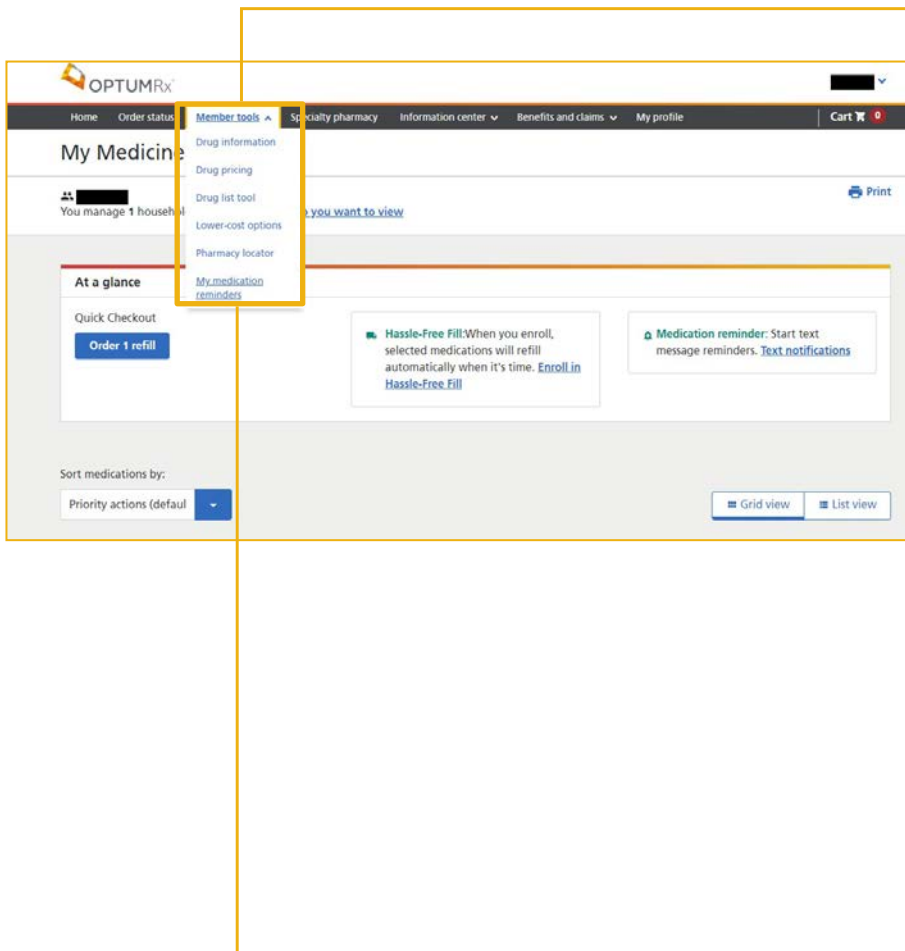
Select **Confirm** when you're done.

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.

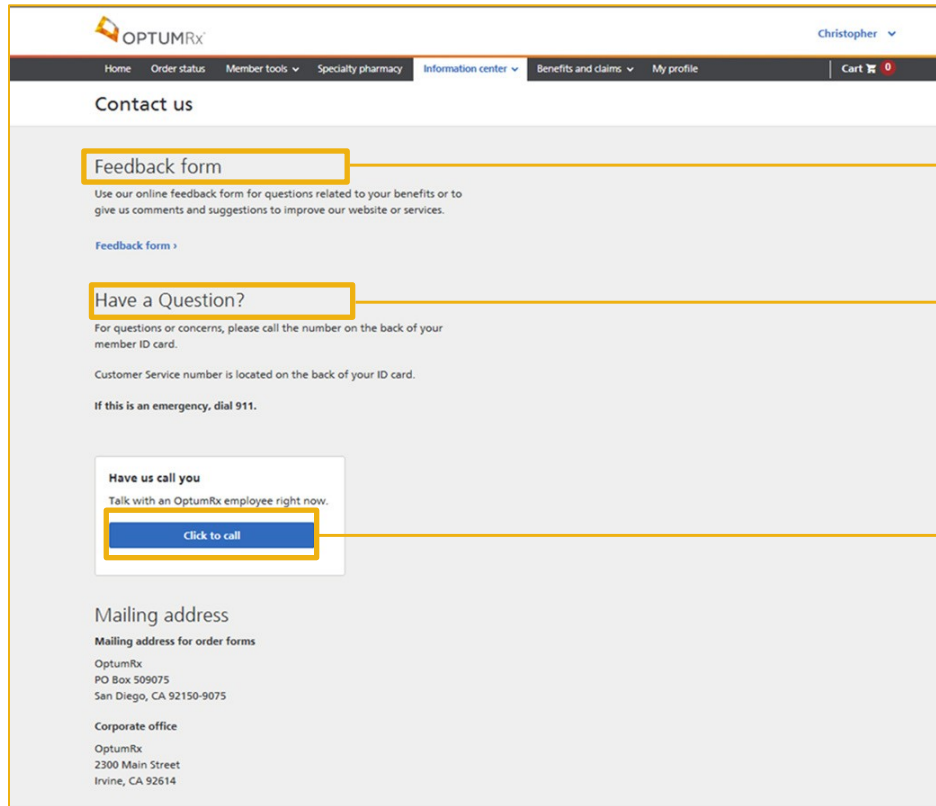
Home Delivery information
Find for detailed information about thousands of prescription drugs.

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.

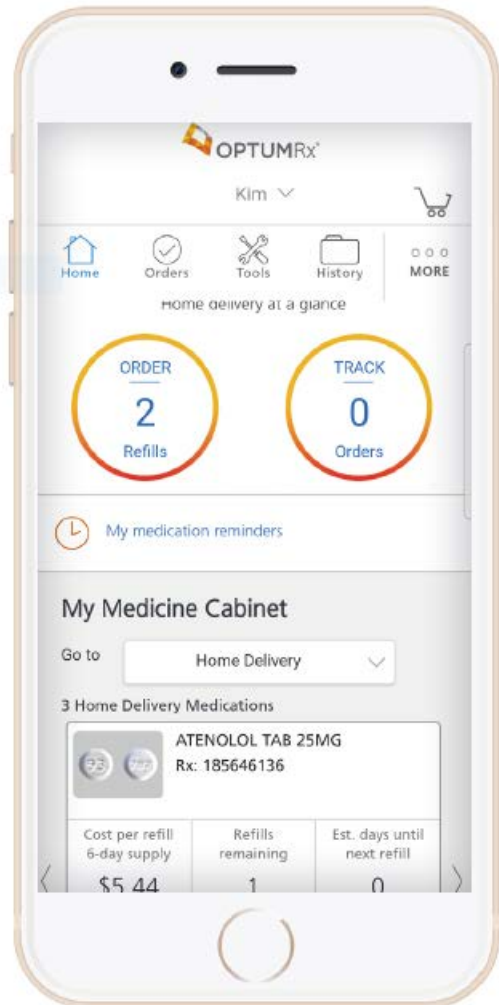
The screenshot shows the OptumRx website's Education page. The top navigation bar includes links for Home, Order status, Member tools, Specialty pharmacy, Information center (selected), Benefits and claims, and My profile. A user named Christopher is logged in. The main content area is titled "Education" and features a search bar with the text "Don't see what you're looking for? [Contact us](#)". Below the search bar are four main sections: "OptumRx Info", "Drug Info", "FAQs", and "How-to videos". Each section is highlighted with a yellow box, and lines connect these boxes to a separate box on the right titled "Help Topics:". This box lists the topics: "OptumRx Information", "Drug Information", "Frequently Asked Questions", and "How-to-videos".

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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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. However, you will not be charged a penalty if your doctor tells the pharmacy to give you the brand instead of the generic.

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 generic

Make your health a priority



Get your flu shot and other routine vaccines

Flu shots

The flu affects millions of people each year and can lead to serious illness, or even death. The flu can be a contagious illness caused by influenza viruses that infect the lungs, throat and nose. According to the Centers for Disease Control and Prevention (CDC), one of the best ways to prevent the flu is by getting vaccinated each year.¹ The CDC recommends a yearly flu vaccine for everyone 6 months of age and older, as the first and most important step in protecting against this serious disease.²

Routine vaccines

You can also keep yourself and your family members healthy with routine vaccines that prevent illnesses like tetanus, pneumonia and shingles. Routine vaccines are available on most plans, and can help you and your family maintain better overall health.

Easy access to flu shots and other vaccines

OptumRx works with many national pharmacy chains to provide members easy access to flu shots and other routine vaccines. Plus, members get the highest level of benefit coverage (100% for many plans) when they get vaccines at pharmacies in the Vaccine Immunization/Injection Network.³



Many vaccines are available on a walk-in basis. Show your member ID card before getting your flu shot or vaccine. Most plans cover routine vaccines at 100% when you use network pharmacies.

See the pharmacy list on page 2.

For more information sign in to **optumrx.com** or call the number on your member ID card.

Retail pharmacies

This list shows the larger retail chain pharmacies in our network, but is not the full list. For a more complete list, you can log in to [optumrx.com](https://www.optumrx.com) or call the number on your health plan or prescription ID card. Pharmacists give the vaccines at these locations.

- **Ahold USA** (Giant Food Stores, Giant of Maryland, Stop & Shop, Ukrop's Super Markets)
- **Albertsons**
- **CVS Pharmacy**
- **Four B Corporation** (Hen House, Price Chopper)
- **H-E-B Pharmacy**
- **Hy-Vee Pharmacy**
- **Kmart Pharmacy**
- **The Kroger Co.** (Dillons, King Soopers, Fry's, Fred Meyer, Ralphs, QFC, Harris Teeter, Roundy's, Pick 'n Save, Cops Food Center, Metro Market, Baker's Pharmacy, City Market, Mariano's, Pay Less, Owen's Market, Jay C Food Stores, Gerbes Pharmacy)
- **K-VA-T Food Stores, Inc.** (Food City)
- **Meijer Pharmacies**
- **Publix**
- **Rite Aid Pharmacy**
- **Safeway-affiliated pharmacies** (Carrs, Pavillions, Randalls, Safeway, Tom Thumb, Vons)
- **Supervalu-affiliated pharmacies** (Biggs, Osco Drug, Sav-on Drugs, Shaw's Supermarket)
- **Thrifty White Pharmacy**
- **Tops Markets**
- **Walgreens Pharmacy** (Duane Reade, Walgreens)
- **Walmart Pharmacy**
- **Wegmans**

Routine vaccines

Here is a list of flu shots and CDC-recommended routine adult vaccines.

Age restrictions or limitations may apply. Check with your network pharmacy for requirements.

Flu shots
Flu (Influenza)⁴ Afluria [®] Quad, Flud [®] Quad, Fluarix [®] Quad, Flublok [®] Quad, Flucelvax [®] Quad, FluLaval [®] Quad, FluMist [®] Quad, Fluzone [®] High-Dose Quadrivalent, Fluzone Quad
Routine adult vaccines
Hepatitis A⁴ (Adult and pediatric) Havrix [®] , Vaqta [®]
Hepatitis B⁴ (Adult and pediatric) Engerix-B [®] , Heplisav-B [®] (adult only), Recombivax HB [®]
Human papillomavirus (HPV)⁴ — Vaccine prevents HPV-related cancers (ages 9-26 years) Gardasil-9 [®]
Measles, mumps, rubella⁴ MMR [®] -II
Meningococcal⁴ — Vaccine prevents meningitis groups A, C, Y and W-135 Menactra [®] , Menquadfi [®] , Menveo [®]
Meningococcal⁴ — Vaccine prevents meningitis group B Bexsero [®] , Trumenba [®]
Pneumococcal⁴ — Vaccine prevents pneumonia Pneumovax [®] 23, Prevnar13 [®]
Tdap⁴ — Vaccine prevents tetanus, diphtheria, pertussis Adacel [®] , Boostrix [®]
Td⁴ — Vaccine prevents tetanus and diphtheria TdVAX [™] , Tenivac [®]
Varicella⁴ — Vaccine prevents chickenpox Varivax [®]
Zoster⁴ — Vaccine prevents shingles Shingrix [®]

⁴Vaccine type

1. Centers for Disease Control and Prevention. Influenza. [cdc.gov/flu/](https://www.cdc.gov/flu/). Last reviewed July 24, 2020. Accessed July 27, 2020.
2. Ibid.
3. There may be some instances in which a particular location of one of the vaccine providers is not participating in the national OptumRx Vaccine Immunization/Injection Network.
4. 2021 Recommended vaccinations for children and adults, [cdc.gov/vaccines](https://www.cdc.gov/vaccines/). Accessed July 16, 2021.

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.



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Member Reimbursement Pharmacy Form

Please read the back for instructions. Complete all information.
An incomplete form may either delay your reimbursement or may be returned for additional information.

Complete and return this form when you have purchased a covered prescribed prescription drug at retail cost and are seeking reimbursement. Submit this form with the original prescription label receipt(s). Cash register and credit card receipts alone are not acceptable as proof of purchase. Reimbursement is not guaranteed. Claims will be reviewed, subject to limitations, exclusions and other provisions of the Plan Benefit.

Member/Subscriber Information (See your ID card.)

RxGrp

Member ID

Member Name (Last, First)

Street Address

City

Patient Information

Patient Name (Last, First)

Patient Date of Birth (Month/Day/Year)

Gender	Relationship to Member/Subscriber	
<input type="checkbox"/> Female	<input type="checkbox"/> 1 Self	<input type="checkbox"/> 5 Disabled Dependent
<input type="checkbox"/> Male	<input type="checkbox"/> 2 Spouse	<input type="checkbox"/> 6 Dependent Partner
	<input type="checkbox"/> 3 Eligible Child	<input type="checkbox"/> 7 Nonspouse Partner
	<input type="checkbox"/> 4 Dependent Student	<input type="checkbox"/> 8 Other

Pharmacy and Prescribing Physician Information

Name of Pharmacy

Street Address

City

Telephone (Include Area Code)

X

Signature of Pharmacist or Representative (If required by your pharmacy plan) NCPDP#/NPI# (Pharmacy Account Number)(11 Digit Number)

Prescribing Physician Name and Phone Number

Acknowledgement

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

X

Signature of Member/Subscriber

Claim Receipts

(Please read Section A on back for details.)

Check the appropriate box if your receipts are for a:

- Compound prescription**
Please have your pharmacist complete Section A below. Make sure your pharmacist lists ALL the VALID 11 digit NDC numbers and ingredients and quantities on the claim form.
- Medication purchased outside of the United States**
Please indicate:
Country _____
Currency used _____
- Allergy medication**
(if covered by your pharmacy plan)

Coordination of Benefits

(Another Health Plan has paid a portion)
Is this a coordination of benefits claim?

Yes No

If yes, please read Section B on back for details, and mark the appropriate box for your primary coverage method.

- 1 You are submitting an Explanation of Benefits (EOB) from another Health Plan or from Medicare
- 3 You are submitting a copay receipt

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.*

Instructions – Read carefully before completing this form.

1. Be sure your receipts are complete. In order for your request to be processed, all receipts must contain the information listed below. Your pharmacist can provide the necessary information if your claim is not itemized.
2. The member/subscriber should read the acknowledgment carefully, then sign and date this form.

3. **Return the completed form and receipt(s) to:** **OptumRx**
ATTN: Claims Department
P.O. Box 29077
Hot Springs, AR 71903

Section A – Claim Receipts

Receipts must contain the following information.

- Date prescription filled
- Name and address of pharmacy
- Prescribing Physician Name or ID number
- NDC number (National Drug Code)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written Code)

PHARMACY INFORMATION (For Compound Prescriptions ONLY)					
---	--	--	--	--	--

- List the VALID 11 digit NDC number (highest to lowest cost) in the box at right for EACH ingredient used for 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 charge (dollar amount) paid by the patient.
- Receipt(s) must be provided with patient claim form.

RX#		Date Filled		Days Supply	
VALID 11 digit NDC#					Quantity
Total Quantity					
Total Charge					

X _____
 Signature of Pharmacist

Section B – Coordination of Benefits

- You must complete a separate claim form for each pharmacy used and for each patient.
- 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 from Medicare:

If you have not already done so, submit the claim to the Primary Plan or Medicare. Once the EOB is received, complete this form, submit the original prescription receipts, and attach the EOB from the Primary Plan or Medicare, which clearly indicates the cost of the prescription and what was paid by the Primary Plan or Medicare.

When submitting a copay receipt:

If your Primary Plan is one in which a co-payment or coinsurance is paid at the pharmacy, then no EOB is needed. Just complete this form and submit the prescription receipt(s) that shows the co-payment or coinsurance amount paid at the pharmacy. The receipt(s) will serve as the EOB.

*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.

Retail pharmacies and Retail 90 Rx



A well-balanced pharmacy network offers you convenient access and competitive discounts for brand and generic medications. Our national retail pharmacy network includes more than 67,000 chain and independent retail pharmacies, so you're sure to find one close to home or work.

Using your ID card

When you fill a prescription through a participating pharmacy, show the pharmacy your ID card so they can submit a claim for coverage by your pharmacy benefit plan. When you pick up your prescription, the pharmacy then collects your applicable member contribution as defined by your plan.

If you do not present your ID card or you fill a prescription at a non-participating pharmacy, you pay the full retail price for your medication. If the prescription is eligible for coverage under your pharmacy benefit plan, you may submit a claim to request reimbursement (forms are available at **optumrx** or by calling customer service).

When you submit a claim using the reimbursement form, OptumRx first determines if your plan covers the medication. If it is covered, the amount you receive is based on contracted pharmacy rates less your plan's out-of-pocket member contribution. All prescription claims are subject to your pharmacy benefit plan's rules and restrictions.

Retail 90 Rx program

The Retail 90 Rx Program allows you to receive up to a three-month supply of your medication from more than 57,000 participating retail pharmacies. Like a traditional mail service pharmacy, you can avoid refilling a prescription every month while still getting personalized counsel from a local pharmacy professional. See your benefit plan documents for Retail 90 Rx copayment information.

To use Retail 90 Rx, talk with your doctor to see if the program is right for you. If it is, get a prescription written for up to a 90-day supply and take it to a participating Retail 90 Rx pharmacy. Please note, some medications are limited by law and cannot be dispensed as a three-month supply. Not all medications are eligible for this program.

Finding a network pharmacy

You can choose from three easy ways to find participating pharmacies near you:

1. Review the partial list included on the following pages.
2. Go to our website and use the LOCATE A PHARMACY tool.
3. Contact customer service using the number on the back of your benefit plan member ID card.

A

- 90 AADP
- 90 Aberdeen Area IHS
- 90 Access Health
- Accredo Health – Olsten Health
- 90 AHS St. John Pharmacy
- 90 Albertsons
- 90 Albuquerque Area IHS
- 90 American Drug - Albertsons
- 90 American Pharmacy
- Amerita
- 90 Arete
- 90 A-S Medication Solutions
- 90 Aurora Pharmacy

B

- 90 Balls Four B
- 90 Bartell Drugs
- 90 Bashas
- 90 Bemidji Area IHS
- 90 Bi Lo - Winn Dixie
- 90 Billins Area IHS

- 90 Bi-Mart
- 90 BioRx
- 90 Brookshire
- 90 Brookshire Brothers

C

- 90 Cardinal Health
- Caremark – CVS Pharmacy
- 90 Carrs - Albertsons
- Central Dakota Pharmacies
- Choctaw Nation Health Care Center
- Cigna Medical Group
- 90 City Market - Kroger
- 90 Clinic Pharmacies Kelsey Seybo
- 90 Community Health Centers *Complete Claims Processing
- 90 Cook County
- 90 Costco
- 90 CVS Pharmacy

D

- 90 Dallas Metrocare Services
- 90 Denver Health

- 90 Dillon - Kroger
- 90 Discount Drug Mart
- DMVA Pharmacies

E

- Elevate Provider
- 90 E-MedRx Solutions
- 90 Epic Pharmacy

F

- Fairview Pharmacy
- Family Pharmacy
- Fitzgerald's
- 90 Food City
- 90 Food Lion - Hannaford
- 90 Fred Meyer - Kroger
- 90 Fred's
- 90 Fruth
- 90 Fry's Food and Drug - Kroger

G

- 90 GeriMed LTC
- 90 Giant Eagle
- Global Pharmacy

H

- 90 H.E.B. Pharmacy
- 90 Hannaford
- 90 Harris County Hospital District
- 90 Harris Teeter - Kroger
- 90 Harvard Community Health Plan
- 90 Health Partners – Access Health/
McKesson
- 90 Henry Ford Health System
- 90 HIP Pharmacy Services
- 90 Homechoice Partners
- 90 Horton & Converse
- 90 Hy-Vee

I

- 90 Ihc Pharmacy Services
IHS Acquisition XXX
- 90 Ingles
- 90 Innovatix Network
- 90 Inserra - Shoprite Supermarkets
- 90 INSTYMEDS

J

- 90 JPS Health Network

K

- 90 KC Medical Management
- 90 King Soopers - Kroger
- 90 Kinney Drugs
- 90 Klein's Family - Shoprite Supermarkets
- 90 Klingensmiths
- 90 K-Mart
- 90 Kohl's
- 90 Kroger

L

- 90 Leader - Cardinal Health
Leader Drug Stores – Cardinal Health
- 90 LML - Shoprite Supermarkets
- Long's – CVS Pharmacy

M

- 90 M K Stores
- 90 Manatee County Rural Health
- 90 Mariano's – Kroger
- 90 Maricopa IHS
Marshfield Clinic
- 90 MAXORXPRESS
- 90 Mayo Clinic
- 90 MDS Rx
- 90 Med College VA
- 90 Medicap – Cardinal Health
- 90 Medicine Shoppe – Cardinal Health
- 90 Meijer
- 90 MHA Long Term Care
- 90 Muscogee Creek Nation
MyRx

N

- 90 NAI Saturn Eastern – Albertsons
- 90 Navajo Area IHS
- 90 Navarro Discount - CVS Pharmacy
- 90 NCPRx
- Neighborcare – CVS/Omnicare
- 90 New England Home Therapies
- 90 Northeast Service Pharmacy

O

- 90 OK Area IHS
- Omnicare – CVS/Omnicare
- Oncology Pharmacy Services
- 90 OPUS-ISM

P

- Pacific Medical Clinics
- 90 Patient First
- 90 Pharmacy Providers Of Oklahoma
Pharmerica
- 90 Phoenix Area IHS
- 90 Physicians' Pharmaceutical
- 90 Planned Parenthood
- 90 POC Network Technologies
- Portland Area IHS
- Presbyterian Medical Services
- 90 Price Chopper House

- Procure – CVS Pharmacy
- 90 Progressive – Sav-Mor
Provider Services of America
- 90 Publix Super Markets

Q

- 90 Quality Care Pharmacy NetwoRx
- 90 Quality Food - Kroger
- 90 Quick Chek

R

- 90 Raley's
- 90 Ralph's - Kroger
- 90 Randalls - Albertsons
- Receipt Pharmacy
- 90 Red Cross Pharmacy
- 90 Redners Markets
- RightSource – Humana Pharmacy
- 90 Rite Aid
- 90 Ronetco - Shoprite Supermarkets
- 90 Roundy's – Kroger
- 90 Rural Health Care

S

- 90 Safeway - Albertsons
- 90 Saker - Shoprite Supermarkets
- 90 Sam's Club
- 90 Santa Clara Valley Health
- 90 Save Mart
- 90 Sav-Mor
- 90 Schnuck Markets
- 90 Seip Drug
- 90 Shaw's - Albertsons
- 90 Shopko
- 90 Shoprite Supermarkets
- 90 Smith's Food & Drug - Kroger
- 90 SRS - Shoprite Supermarkets
- 90 Stop & Shop
- 90 SuperValu
- 90 Swift Rx

T

- 90 Tampa Family Health Centers
- 90 Target - CVS Pharmacy
- 90 Tempest Med
- 90 Third Party
- 90 Third Party Station
- 90 Thrifty White Drug
- 90 Tom Thumb - Albertsons
- Tops Markets
- 90 Tucson Area IHS

U

- 90 UCSD Medical Center Pharmacies
- 90 United Pharmacy - Albertsons
- 90 University of Kansas Hospital
- 90 University of Utah
- University of Virginia Health System

V

- 90 Valley Wholesale Drug
- 90 Vantage Rx Dispensing Services
- 90 Village - Shoprite Supermarkets
- 90 Von's - Albertsons

W

- 90 Walgreens
- 90 Walmart
- 90 Wegman's
- 90 Weis
- 90 Welgo
- 90 Winn Dixie
- 90 Wishard Health Services

Y

- 90 Yakima Valley Farm Workers Clinic

Z

- 90 Zallie - Shoprite Supermarkets

90 All Pharmacy locations may not dispense 90 day supplies.

Many independent pharmacies also participate in Retail 90 Rx, and additional chains join monthly. To determine if your pharmacy participates, please go to **optumrx.com**, locate a pharmacy tool.



2300 Main Street, Irvine, CA 92614

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**.

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1. Member and physician information – please use black or blue ink. One form per member.

Member ID number

(Additional coverage, if applicable) Secondary member ID number

Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

2. Health history

Medication allergies:

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	_____
<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines

Health conditions:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	_____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease

Over-the-counter medications, vitamins and herbal supplements taken regularly:

3. Payment and shipping information – do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

<input type="checkbox"/> Expedite shipping. Add \$20.00 to order amount (subject to change).	New credit card number	
<input type="checkbox"/> Check enclosed. All checks must be signed and made payable to: Optum Rx.	[Dashed box for credit card number]	
<input type="checkbox"/> Charge to my credit card on file.	Expiration Date (Month/Year)	_____
<input type="checkbox"/> Charge to my new credit card.	[Dashed box for expiration date]	_____

Signature: _____ Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4. Mail this completed order form with your new prescription(s) to Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.

Automatic refill program

Never worry about refills again.

The automatic refill program is an easy way to get refills for the medications you take regularly.

When it's time to refill your prescription, we'll automatically:

- Contact you to let you know your order will ship soon
- Bill the amount due to the approved payment method on file
- Send you a 3-month supply of your medication to the address you provided

Take advantage of automatic refills and home delivery.

Our automatic refill program is a great reason to use home delivery through OptumRx. Not only is home delivery safe and reliable, it also offers these advantages:



Cost savings: You may pay less for your medication with a 3-month supply.



Convenience: Get free standard shipping on medications delivered to your mailbox.



24/7 access and reminders: Speak to a pharmacist any time, any day. Even set up text and email reminders to help you remember to take or refill your medications.*

Our website makes it easy.

At [optumrx.com](https://www.optumrx.com), you can easily select which medications you do and don't want in the automatic refill program. You can change the delivery date before your order is processed.



It's easy to sign up for automatic refills.



Online:

Visit **optumrx.com** and choose which eligible medication you want in the program. Add a payment method and shipping address to your account.



By phone:

Call the number on your member ID card. Please have your ID card and medication bottles available.

**If you don't use home delivery yet, we'll help you get started.
Just call the toll-free number on your ID card.**

*OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.



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**.

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Specialty pharmacy drug list

July 1, 2022

Optum® Specialty Pharmacy provides specialty medication support through your pharmacy benefits with Opum Rx. Optum Specialty Pharmacy provides comprehensive support services, including access to pharmacists around the clock, for high-cost oral and injectable medications used to treat rare and complex conditions. In addition, your medications will be shipped to you at no extra cost.

Characteristics of specialty medications

Specialty medications are often drugs you take by mouth or inject. For a medication to be filled through Optum Specialty Pharmacy, it must be at least one of the following:

High-priced

- Can cost more than \$1,000/30 day supply

Complex

- Drug imitates compounds found in the body
- Part of a specialty drug class

High-touch

- Special shipping or handling like refrigeration
- Needs a doctor or pharmacist to measure how well it works for you
- Special steps to follow as you take

Adult incontinence

Solesta

Alzheimer's disease

Aduhelm^{PA}

Ammonia detoxicants

Ravicti^{PA}

Anemia

Aranesp^{PA}

Epogen^{PA}

Mircera^{PA}

Procrit^{PA}

Reblozyl^{PA}

Retacrit^{PA}

Antibacterials

Arikayce^{PA}

Anticoagulation

Arixtra

Fragmin

Lovenox

Anticovulsants

Diacomit^{PA}

Epidiolex^{PA}

Fintepla^{PA}

Anti-gout agent

Krystexxa^{PA}

Antihyperlipidemic

Evkeeza^{PA}

Juxtapid^{PA}

Anti-infective

Daraprim^{PA}

Prevymis

Asthma

Cinqair^{PA}

Fasenra^{PA}

Nucala^{PA}

Tezspire^{PA}

Xolair^{PA}

Cardiovascular

Camzyos

Northera^{PA}

Vyndamax^{PA}

Vyndaqel^{PA}

Central nervous system agents

Austedo^{PA}

Brineura^{PA}

Enspryng^{PA}

Firdapse^{PA}

Hetlioz^{PA}

Ingrezza^{PA}

Koursuva

Radicava^{PA}

Sabril^{PA}

Uplizna^{PA}

Xenazine^{PA}

Chemotherapy protectant

Elitek

Cystic fibrosis

Bethkis

Cayston^{PA}

Kalydeco^{PA}

Kitabis pakST

Orkambi^{PA}

Pulmozyme^{PA}

Specialty pharmacy drug list

Symdeko ^{PA}
Tobi ST
Tobi Podhalr
Tobramycin
Trikafta ^{PA}
Dermatologic
Scenesse ^{PA}
Duchenne muscular dystrophy
Amondys 45 ^{PA}
Emflaza ^{PA}
Endocrine
Chenodal ^{PA}
Crysvita ^{PA}
Cuprimine ^{PA}
Cystadane
Depen Titra
Egrifta ^{PA}
Firmagon ^{PA}
Imcivree ^{PA}
Isturisa ^{PA}
Jynarque ^{PA}
Korlym ^{PA}
Kuvan ^{PA}
Lanreotide ^{PA}
Makena ^{PA}
Mycapssa ^{PA}
Myalept ^{PA}
Natpara ^{PA}
Nityr ^{PA}
Parsabiv
Procysbi ^{PA}
Recorlev ^{PA}
Samsca ^{PA}
Sandostatin ^{PA}
Signifor ^{PA}
Somatuline ^{PA}
Somavert ^{PA}
Supprelin LA ^{PA}
Syprine ^{PA}
Tepezza ^{PA}
Thiola

Thyrogen ^{PA}
Triptodur ^{PA}
Xuriden ^{PA}
Enzyme therapy
Aldurazyme ^{PA}
Aralast NP ^{PA}
Buphenyl
Carbaglu
Cerdelga ^{PA}
Cerezyme ^{PA}
Cholbam ^{PA}
Cystagon
Elaprase ^{PA}
Elelyso ^{PA}
Fabrazyme ^{PA}
Galafold ^{PA}
Givlaari ^{PA}
Glassia ^{PA}
Kanuma ^{PA}
Lumizyme ^{PA}
Mepsevii ^{PA}
Naglazyme ^{PA}
Nexviazyme ^{PA}
Onpattro ^{PA}
Orfadin ^{PA}
Palynziq ^{PA}
Prolastin-C ^{PA}
Revcovi ^{PA}
Strensiq ^{PA}
Sucraid
Tegsedi ^{PA}
Vimizim ^{PA}
Vpriv ^{PA}
Zavesca ^{PA}
Zemaira ^{PA}
Gastrointestinal agents
Gattex ^{PA}
Ocaliva ^{PA}
Xermelo ^{PA}
Gene therapy
Zolgensma ^{PA}

Genetic Disorder
Oxlumo ^{PA}
Ryplazim ^{PA}
Vijoice
Zokinvy ^{PA}
Growth hormone deficiency
Genotropin ^{PA}
Humatrope ^{PA}
Increlex ^{PA}
Norditropin ^{PA}
Nutropin AQ ^{PA}
Omnitrope ^{PA}
Saizen ^{PA}
Serostim ^{PA}
Skytrofa ^{PA}
Zomacton ^{PA}
Zorbtive ^{PA}
Hematological agents
Adakveo ^{PA}
Cablivi ^{PA}
Doptelet ^{PA}
Empaveli ^{PA}
Enjaymo ^{PA}
Fibryga
Mozobil ^{PA}
Mulpleta ^{PA}
Nplate ^{PA}
Oxbryta ^{PA}
Panhematin
Promacta ^{PA}
Pyrukynd
Riastap
Rezurock ^{PA}
Soliris ^{PA}
Tavalisse ^{PA}
Thrombat III
Ultomiris ^{PA}
Hemophilia
Advate
Adynovate
Afstyla

Specialty pharmacy drug list

Alphanate
Alphanine SD
Alprolix
Benefix
Ceprotrin
Coagadex
Corifact
Eloctate
Esperoct
Feiba
Hemlibra
Hemofil M
Humate-P
Idelvion
Ixinity
Jivi
Koate
Koate-DVI
Kogenate FS
Kovaltry
Novoeight
Novoseven RT
Nuwiq
Obizur
Profilnine
Rebinyn
Recombinate
Rixubis
Sevenfact ST
Tretten
Vonvendi
Wilate
Xyntha
Hepatitis B
Baraclude
Epivir HBV
Hepsera
Vemlidy ^{PA}
Hepatitis C
Epclusa ^{PA}
Harvoni ^{PA}
Ledip-Sofosb ^{PA}
Mavyret ^{PA}
Pegasys ^{PA}
Sofos/Velpat ^{PA}
Sovaldi ^{PA}
Viekira ^{PA}
Vosevi ^{PA}
Zepatier ^{PA}
Hereditary angioedema
Berinert ^{PA}
Cinryze ^{PA}
Firazyr ^{PA}
Haegarda ^{PA}
Kalbitor ^{PA}
Orladeyo ^{PA}
Ruconest ^{PA}
Takhzyro ^{PA}
Hepatology
Bylvay ^{PA}
Livmarli ^{PA}
Immune globulin
Asceniv ^{PA}
Bivigam ^{PA}
Cutaquig ^{PA}
Cuvitru ^{PA}
Cytogam ^{PA}
Flebogamma ^{PA}
Gamastan ^{PA}
Gammagard ^{PA}
Gammaked ^{PA}
Gammaplex ^{PA}
Gamunex-C ^{PA}
Hizentra ^{PA}
Hyperrho S/D
Hyqvia ^{PA}
Micrhogam PL
Octagam ^{PA}
Panzyga ^{PA}
Privigen ^{PA}
Rhogam Plus
Winrho SDF
Xembify ^{PA}
Immunological agents
Actimmune ^{PA}
Arcalyst ^{PA}
Benlysta ^{PA}
Gamifant ^{PA}
Ilaris ^{PA}
Lupkynis ^{PA}
Palforzia ^{PA}
Rethymic
Saphnelo ^{PA}
Tavneos
Infertility
Cetrotide ^{PA}
Follistim AQ ^{PA}
Gonal-F ^{PA}
Menopur ^{PA}
Novarel ^{PA}
Ovidrel ^{PA}
Pregnyl ^{PA}
Inflammatory conditions
Actemra ^{PA}
Acthar ^{PA}
Adbry
Avsola ^{PA}
Cibinqo ^{PA}
Cimzia ^{PA}
Cortrophin ^{PA}
Cosentyx ^{PA}
Dupixent ^{PA}
Enbrel ^{PA}
Entyvio ^{PA}
Humira ^{PA}
Ilumya ^{PA}
Inflixtra ^{PA}
Infliximab ^{PA}
Kevzara ^{PA}
Kineret ^{PA}
Olumiant ^{PA}
Orencia ^{PA}
Otezla ^{PA}

Specialty pharmacy drug list

Remicade ^{PA}
Renflexis ^{PA}
Ridaura
Rinvoq ^{PA}
Siliq ^{PA}
Simponi ^{PA}
Skyrizi ^{PA}
Stelara ^{PA}
Taltz ^{PA}
Tremfya ^{PA}
Xeljanz ^{PA}
Xeljanz solution

Metabolic bone disease

Reclast

Metabolic Agents

Nulibry^{PA}

Mood disorder

Spavato^{PA}

Zulresso^{PA}

Multiple sclerosis

Ampyra^{PA}

Aubagio^{PA}

Avonex^{PA}

Bafiertam^{PA}

Betaseron^{PA}

Copaxone^{PA}

Extavia^{PA}

Gilenya^{PA}

Kesimpta^{PA}

Lemtrada^{PA}

Mavenclad^{PA}

Mayzent^{PA}

Ocrevus^{PA}

Plegridy^{PA}

Ponvory^{PA}

Rebif^{PA}

Tecfidera^{PA}

Tysabri^{PA}

Vumerity^{PA}

Zeposia^{PA}

Musculoskeletal agents

Botox Cosmet^{PA}

Evrysdi^{PA}

Exondys 51^{PA}

Spinraza^{PA}

Viltepso^{PA}

Voxzogo

Vyondys 53^{PA}

Vyvgart^{PA}

Xiaflex^{PA}

Narcolepsy

Wakix^{PA}

Xyrem^{PA}

Xywav^{PA}

Neurological agents

Botox^{PA}

Dysport^{PA}

Myobloc^{PA}

Xeomin^{PA}

Neutropenia

Fulphila^{PA}

Granix^{PA}

Leukine^{PA}

Neulasta^{PA}

Neupogen^{PA}

Nivestym^{PA}

Nyvepria^{PA}

Releuko^{PA}

Udenyca^{PA}

Zarxio^{PA}

Ziextenzo^{PA}

Oncology - injectable

Abecma^{PA}

Abraxane

Adcetris^{PA}

Alferon N

Alimta

Aliqopa^{PA}

Alkeran

Arranon

Arzerra^{PA}

Asparlas

Avastin^{PA}

Bavencio^{PA}

Beleodaq^{PA}

Belrapzo^{PA}

Bendeka^{PA}

Besponsa^{PA}

Besremi^{PA}

Bicnu

Blenrep^{PA}

Blinicyto^{PA}

Bortezomib^{PA}

Busulfex

Breyanzi^{PA}

Camcevi

Camptosar

Carvykti^{PA}

Cisplatin Injectable

Clolar

Cosela^{PA}

Cosmegen

Cyclophosphamide

Cyramza^{PA}

Dacogen^{PA}

Danyelza^{PA}

Darzalex^{PA}

Doxil

Eligard^{PA}

Ellence

Elzonris^{PA}

Empliciti^{PA}

Enhertu^{PA}

Erbitux^{PA}

Erwinase

Etopophos

Evomela

Faslodex

Fensolvi^{PA}

Foloty^{PA}

Fyarro^{PA}

Gazyva^{PA}

Specialty pharmacy drug list

Halaven ^{PA}	Perjeta ^{PA}	Zaltrap ^{PA}
Herceptin ^{PA}	Phesgo ^{PA}	Zanosar
Herzuma ^{PA}	Photofrin	Zepzelca ^{PA}
Hycamtin	Polivy ^{PA}	Zevalin
Idamycin PFS	Portrazza ^{PA}	Zirabev ^{PA}
Ifex	Poteligeo ^{PA}	Zoladex
Imfinzi ^{PA}	Proleukin	Zynlonta ^{PA}
Imlygic	Provenge ^{PA}	Oncology - oral
Infugem	Riabni ^{PA}	Afinitor ^{PA}
Intron A ^{PA}	Rituxan ^{PA}	Alecensa ^{PA}
Istodax OVR ^{PA}	Romidepsin ^{PA}	Alkeran
Ixempra kit	Ruxience ^{PA}	Alunbrig ^{PA}
Jelmyto	Rybrevant ^{PA}	Ayvakit ^{PA}
Jemperli ^{PA}	Rylaze ^{PA}	Balversa ^{PA}
Jevtana ^{PA}	Sarclisa ^{PA}	Bosulif ^{PA}
Kadcyla ^{PA}	Sylvant ^{PA}	Braftovi ^{PA}
Kanjinti ^{PA}	Synribo ^{PA}	Brukinsa ^{PA}
Kepivance	Tecartus ^{PA}	Cabometyx ^{PA}
Keytruda ^{PA}	Tecentriq ^{PA}	Calquence ^{PA}
Khapzory ^{PA/ST}	Temodar ^{PA}	Caprelsa ^{PA}
Kimmtrak ^{PA}	Tepadina	Cometriq ^{PA}
Kymriah ^{PA}	Tice BCG	Copiktra ^{PA}
Kyprolis ^{PA}	Tivdak ^{PA}	Cotellic ^{PA}
Libtayo ^{PA}	Torisel	Daurismo ^{PA}
Lumoxiti ^{PA}	Totect	Erivedge ^{PA}
Lupron Depot ^{PA}	Trazimera ^{PA}	Erleada ^{PA}
Marqibo	Treanda ^{PA}	Exkivity ^{PA}
Margenza ^{PA}	Trelstar mix ^{PA}	Farydak ^{PA}
Mesnex	Trisenox	Fotivda ^{PA}
Mitomycin Injectable	Trodelvy ^{PA}	Gavreto ^{PA}
Monjuvi ^{PA}	Truxima ^{PA}	Gilotrif ^{PA}
Mvasi ^{PA}	Unituxin ^{PA}	Gleevec ^{PA}
Mylotarg ^{PA}	Valstar	Gleostine
Nipent	Vectibix	Hycamtin
Ogivri ^{PA}	Velcade ^{PA}	Ibrance ^{PA}
Oncaspar	Vidaza	Iclusig ^{PA}
Onivyde	Vyxeos ^{PA}	Idhifa ^{PA}
Ontruzant ^{PA}	Xgeva ^{PA}	Imbruvica ^{PA}
Opdivo ^{PA}	Yervoy ^{PA}	Inlyta ^{PA}
Padcev ^{PA}	Yescarta ^{PA}	Inqovi ^{PA}
Pemfexy	Yondelis	Inrebic ^{PA}

Specialty pharmacy drug list

Iressa ^{PA}	Targretin ^{PA}	Iluvien
Jakafi ^{PA}	Tasigna ^{PA}	Keveyis ^{PA}
Kisqali ^{PA}	Tazverik ^{PA}	Lucentis ^{PA}
Koselugo ^{PA}	Temodar ^{PA}	Luxturna ^{PA}
Lenvima ^{PA}	Tepmetko ^{PA}	Oxervate ^{PA}
Lonsurf ^{PA}	Thalomid ^{PA}	Ozurdex
Lorbrena ^{PA}	Tibsovo ^{PA}	Retisert
Lumakras ^{PA}	Truseltiq ^{PA}	Susvimo ^{PA}
Lynparza ^{PA}	Tukysa	Vabysmo ^{PA}
Matulane	Turalio ^{PA}	Visudyne
Mekinist ^{PA}	Tykerb ^{PA}	Yutiq
Mektovi ^{PA}	Ukoniq ^{PA}	Opioid antagonists
Mesnex	Venclexta ^{PA}	Sublocade
Nerlynx ^{PA}	Verzenio ^{PA}	Osteoarthritis
Nexavar ^{PA}	Vitrakvi ^{PA}	Durolane ^{PA}
Nilandron	Vizimpro ^{PA}	Euflexxa ^{PA}
Ninlaro ^{PA}	Vonjo	Gel-one ^{PA}
Nubeqa ^{PA}	Votrient ^{PA}	Gelsyn-3 ^{PA}
Odomzo ^{PA}	Welireg ^{PA}	Genvisc 850 ^{PA}
Onureg ^{PA}	Xalkori ^{PA}	Hymovis ^{PA}
Orgovyx ^{PA}	Xeloda ^{PA}	Monovisc ^{PA}
Pemazyre ^{PA}	Xospata ^{PA}	Orthovisc ^{PA}
Piqray ^{PA}	Xpovio ^{PA}	Supartz ^{PA}
Pomalyst ^{PA}	Xtandi ^{PA}	Synvisc ^{PA}
Purixan	Yonsa ^{PA}	Triluron ^{PA}
Qinlock ^{PA}	Zejula ^{PA}	Trivisc ^{PA}
Retevmo ^{PA}	Zelboraf ^{PA}	Visco-3 ^{PA}
Revlimid ^{PA}	Zolinza ^{PA}	Osteoporosis
Rozlytrek ^{PA}	Zydelig ^{PA}	Evenity ^{PA}
Rubraca ^{PA}	Zykadia ^{PA}	Forteo ^{PA}
Rydapt ^{PA}	Zytiga ^{PA}	Prolia ^{PA}
Scemblix ^{PA}	Oncology - topical	Teriparatide ^{PA}
Sprycel ^{PA}	Targretin Gel ^{PA}	Tymlos ^{PA}
Stivarga ^{PA}	Valchlor ^{PA}	Pain management
Sutent ^{PA}	Ophthalmic agents	Prialt
Tabloid	Beovu ^{PA}	Parkinson's disease
Tabrecta ^{PA}	Bevacizumab	Apokyn ^{PA}
Tafinlar ^{PA}	Cystadrops ^{PA}	Inbrija ^{PA}
Tagrisso ^{PA}	Cystaran ^{PA}	Kinmobi ^{PA}
Talzenna ^{PA}	Dextenza	Pulmonary fibrosis
Tarceva ^{PA}	Eylea ^{PA}	Esbriet ^{PA}

Ofev ^{PA}	Uptravi ^{PA}	Envarsus XR
Pulmonary hypertension	Veletri ^{PA}	Livtency ^{PA}
Adcirca ^{PA}	Ventavis ^{PA}	Myfortic
Adempas ^{PA}	RSV	Neoral
Flolan ^{PA}	Synagis ^{PA}	Nulojix
Letairis ^{PA}	Substance abuse treatment	Prograf
Opsumit ^{PA}	Vivitrol	Rapamune
Orenitram ^{PA}	Transplant	Sandimmune
Remodulin ^{PA}	Astagraf XL	Zortress
Revatio ^{PA}	Atgam	
Tracleer ^{PA}	Cellcept (injectable)	
Tyvaso ^{PA}	Cellcept (oral)	

About Opum Rx

Opum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. Our high-quality, integrated services deliver optimal member outcomes, superior savings and outstanding customer service. We are an Optum[®] company – a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

To fill a prescription for a specialty medication on this list, contact us today.

Please note that Optum Specialty Pharmacy may not have access to all the drugs on this list. Please contact us so that we can help you fill your prescription.



1-855-427-4682



specialty.optumrx.com

This specialty pharmacy drug list may not be a complete list of all specialty medications; this list can change at any time without notice. This list only includes brand name drugs.

Non-specialty alternatives may be a recommended first-line therapy to treat your condition. Please consult your doctor.



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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^{1,2} test strip platform
- Compatible with all **ContourNext** branded meters



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

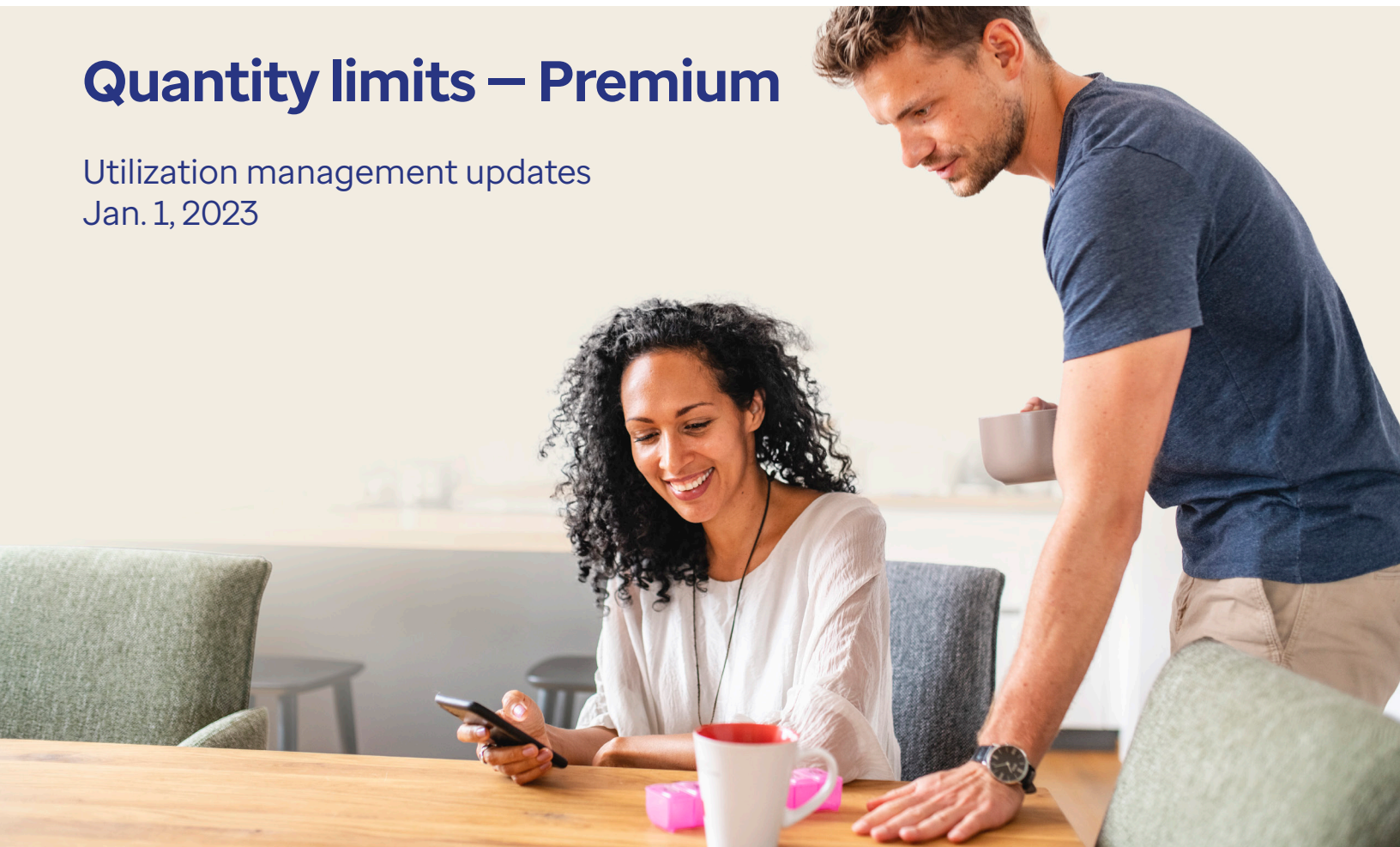
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Quantity limits – Premium

Utilization management updates
Jan. 1, 2023



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
Anti-infectives		
Antibiotics	SIVEXTRO (tedizolid) soln	6 vials/30 days
	SIVEXTRO (tedizolid) tabs	6 tabs/30 days
	ZYVOX (linezolid)	28 tabs/30 days
	ZYVOX (linezolid) susp	6 bottles (900 mL)/28 days
Antifungals	LAMISIL (terbinafine) 250 mg	84 days supply/180 days
Antiretrovirals, Hepatitis B	BARACLUDE (entecavir) Soln	630 mL/30 days
	entecavir tabs	1 tab/day
Antivirals, herpetic	SITAVIG (acyclovir) 50 mg	2 tabs/30 days
	valacyclovir	4 tabs/day
Antivirals, influenza	oseltamivir 30 mg	40 caps/365 days
	oseltamivir 45 mg, 75 mg	20 caps/365 days
	oseltamivir susp	360 mL/365 days
	RELENZA (zanamivir)	40 inh/365 days
	XOFLUZA (baloxavir marboxil)	2 packs/365 days
Antivirals	BEBTELOVIMAB (bebtelovimab)	1 course/fill, 2 fills/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
Cardiology		
Anticoagulants	ELIQUIS (apixiban)	2 tabs/day
	ELIQUIS (apixiban) 5 mg	3 tabs/day
	ELIQUIS (apixiban) Starter Pack	2 packs/365 days
	PRADAXA (dabigatran)	2 caps/day
	SAVAYSA (edoxaban)	1 tab/day
	XARELTO (rivaroxaban)	1 tab/day
	XARELTO (rivaroxaban) 2.5 mg, 15 mg	2 tabs/day
	XARELTO (rivaroxaban) susp	20 mL/day
	XARELTO (rivaroxaban) Starter Pack	2 packs/365 days
Anticoagulants, LMWH	ARIXTRA (fondaparinux)	35 days supply/180 days
	FRAGMIN (dalteparin)	35 days supply/180 days
	LOVENOX (enoxaparin)	35 days supply/180 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 capsules/day
Central nervous system		
ADHD agents	ADDERALL XR (amphetamine/dextroamphetamine mixed salts)	2 caps/day
	ADZENYS ER (amphetamine)	15 mL/day
	amphetamine	6 tabs/day
	amphetamine/dextroamphetamine 30 mg tab	2 tabs/day
	amphetamine/dextroamphetamine	3 tabs/day
	APTENSIO XR (methylphenidate)	1 cap/day
	atomoxetine	1 cap/day

Therapy class	Medication name	Quantity limit
ADHD agents <i>continued</i>	AZSTARYS (serdexmethylphenidate/ dexmethylphenidate)	1 cap/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	dexmethylphenidate	2 tabs/day
	dexmethylphenidate ER	1 cap/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) Sol	60 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
Alzheimers agents	NAMENDA XR (memantine hcl) caps	1 cap/day
	NAMENDA XR TITRATION PACK (memantine hcl) caps	2 packs/365 days
	NAMZARIC (memantine hcl) caps	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	4 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
Analgesics (opioid) <i>continued</i>	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
	BUTRANS (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
	DVORAH (acetaminophen/caffeine/dihydrocodeine)	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
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydrocodone ER	2 caps/day
	hydrocodone ER 50 mg	4 caps/day
	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/acetaminophen sol 10-325 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	

Therapy class	Medication name	Quantity limit
Analgesics (opioid) <i>continued</i>	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
	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	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
	hydromorphone supp 3 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; 7 supps/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 2 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; 11 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 4 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; 5 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 8 mg	1 tabs/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 tab 50 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; 18 tabs/day, 2 fills/60 days for treatment experienced
	meperidine sol 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

Therapy class	Medication name	Quantity limit
Analgesics (opioid) <i>continued</i>	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
	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/aspirin tab	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 cap 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 sol 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 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
	oxycodone tab 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 tab 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 tab 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

Therapy class	Medication name	Quantity limit
Analgesics (opioid) <i>continued</i>	oxycodone 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; 2 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 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 tab 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
	oxycodone/acetaminophen tab 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 tab 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 tab 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
	PRIMLEV (oxycodone/acetaminophen) tab 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
	PRIMLEV (oxycodone/acetaminophen) tab 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
	PRIMLEV (oxycodone/acetaminophen) tab 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) tab 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) tab 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) tab 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) soln 10-300 mg	16.3ml/day up to 3 days for treatment naïve, 16.3ml/day for treatment experienced
	tramadol tab 50 mg	8 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 tab 100 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; 4 tabs/day, 2 fills/60 days for treatment experienced
	tramadol/acetaminophen tab 37.5-325 mg	8 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 cap	1 cap/day
tramadol ER tab	1 tab/day	
TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	12 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	

Therapy class	Medication name	Quantity limit
Analgesics (opioid) <i>continued</i>	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) 600 mg	3 tabs/day
	GRALISE (gabapentin) Pack	2 packs/365 days
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	pregabalin ER	3 tabs/day
	pregabalin ER 330mg	2 tabs/day
	pregabalin cap 300 mg	2 caps/day
	pregabalin caps	3 caps/day
	pregabalin Soln	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	3 caps/day
	DRIZALMA 30 mg, 40 mg	2 caps/day
	duloxetine	2 caps/day
	duloxetine 30 mg	3 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 tabs	1 tab/day
	aripiprazole ODT	2 tabs/day
	aripiprazole soln	25 mL/day
	asenapine	2 tabs/day
	CAPLYTA (lumateperone tosylate)	1 tab/day

Therapy class	Medication name	Quantity limit
Antipsychotics <i>continued</i>	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) 100 mg	9 tabs/day
	CLOZARIL (clozapine) 200 mg	4 tabs/day
	CLOZARIL (clozapine) 25 mg	9 tabs/day
	CLOZARIL (clozapine) 50 mg	6 tabs/day
	FANAPT (iloperidone)	2 tabs/day
	FANAPT PAK (iloperidone)	1 pack/180 days
	GEODON (ziprasidone)	2 caps/day
	INVEGA (paliperidone)	1 tab/day
	INVEGA (paliperidone) 6 mg	2 tabs/day
	LATUDA (lurasidone)	1 tab/day
	LATUDA (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 soln	8 mL/day
	risperidone tabs	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

Therapy class	Medication name	Quantity limit
Benzodiazepines <i>continued</i>	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 (dihydroertotamine)	24 ampules/28 days
	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 tabs 5 mg	18 tabs/30 days
	rizatriptan ODT 5mg	18 tabs/30 days
	rizatriptan tabs 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 tabs	9 tabs/30 days
	sumatriptan-naproxen tabs	9 tabs/30 days
	zolmitriptan ODT	12 tabs/30 days
	zolmitriptan tabs	12 tabs/30 days
ZOMIG (zolmitriptan) Nasal	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 tabs	1 tab/day
	eszopiclone tabs	1 tab/day
	flurazepam caps	1 cap/day
	HALCION (triazolam)	2 tabs/day
	INTERMEZZO (zolpidem)	1 tab/day
	QUVIVIQ (daridorexant)	1 tab/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	

Therapy class	Medication name	Quantity limit
Stimulants	armodafinil tabs	1 tab/day
	armodafinil tab 50 mg	2 tabs/day
	modafinil tabs	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
Dermatology		
Anti-inflammatory	diclofenac gel 3%	300 g/30 days
Miscellaneous	calcipotriene/betamethasone ointment	400 g/30 days
	ENSTILAR (calcipotriene/betamethasone dipropionate)	420 g/28 days
	pimecrolimus cream 1%	60 gm/30 days
	PROTOPIC (tacrolimus) ointment	60 gm/30 days
	QBREXZA (glycopyrronium tosylate)	1 cloth/day
	TACLONEX SCALP (calcipotriene/betamethasone)	120 g/30 days
Wound healing agents	SANTYL (collagenase)	60 g/30 days
Endocrinology & metabolism		
Aldosterone antagonist	KERENDIA (finerenone)	1 tab/day
Androgens	oxandrolone 10 mg	2 tabs/day
	oxandrolone 2.5 mg	8 tabs/day
Antidiabetic agents	BYDUREON, 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
	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
Diabetic supplies	GLUCOSE TEST STRIPS	300 strips/30 days
Gonadotropins	MYFEMBREE (relugolix-estradiol-norethindrone acetate)	1 tab/day
	ORIAHNN (elagolix-estradiol-noreth)	2 tabs/day
	ORLISSA (elagolix) 150 mg	1 tab/day
	ORLISSA (elagolix) 200 mg	2 tabs/day
Osteoporosis	ACTONEL (risedronate) tab 150 mg	1 tab/28 days
	ACTONEL (risedronate) tab 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

Therapy class	Medication name	Quantity limit
Gastroenterology		
Antiemetics	AKYNZEO (netupitant-palonosetron)	2 caps/30 days
	ANZEMET (dolasetron)	2 tabs/30 days
	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	EMEND (aprepitant) caps 125 mg	2 caps/30 days
	EMEND (aprepitant) 125 mg/80 mg	2 packs (6 caps)/30 days
	EMEND (aprepitant) 40 mg	1 cap/30 days
	EMEND (aprepitant) 80 mg	4 caps/30 days
	EMEND (aprepitant) Susp 125 mg	3 packets/30 days
	granisetron	4 tabs/30 days
	MARINOL (dronabinol)	2 caps/day
	ondansetron oral solution	120 mL/30 days
	ondansetron 24 mg tab	2 tabs/30 days
	SUSTOL (ganisetron)	2 syringes/30 days
	SYNDROS (dronabinol)	4 mL/day
	VARUBI (rolapitant)	4 tabs/30 days
	ZUPLENZ (ondansetron)	10 films/30 days
Constipation	IBSRELA (tenapanor)	2 tabs/day
	LINZESS (linaclotide)	1 cap/day
	MOTEGRITY (prucalopride)	1 tab/day
Diarrhea	MYTESI (crofelemer)	2 tabs/day
Irritable bowel syndrome	VIBERZI (eluxadoline)	2 tabs/day
Opioid-induced constipation	SYMPROIC (naldemedine)	1 tab/day
Proton pump inhibitors	ACIPHEX SPRINKLE (rabeprazole)	1 cap/day
	DEXILANT (dexlansoprazole)	1 cap/day
	esomeprazole caps	1 cap/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 PACKETS (omeprazole)	2 packets/day
	PROTONIX (pantoprazole) packets	1 packet/day
	rabeprazole tabs	1 tab/day
Miscellaneous		
Anticholinergic	GLYCATE (glycopyrrolate)	6 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

Therapy class	Medication name	Quantity limit
Obstetrics & gynecology		
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
	ICLEVIA (levonorg-eth est)	1/91 days
	INTROVALE (levonorg-eth est)	1/91 days
	JOLESSA (levonorg-eth est)	1/91 days
	levonorg-eth est	1/91 days
	LOSEASONIQUE (ethinyl estradiol/levonorgestrel)	1/91 days
	QUARTETTE (levonorg-eth est)	1/91 days
	SETLAKIN (levonorg-eth est)	1/91 days
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
Ophthalmology		
Anti-inflammatory	bromfenac 0.09%	4 bottles/365 days
	LOTEMAX (loteprednol) gel, oint	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
Respiratory		
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	1 bottle/30 days
	mometasone nasal	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)
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

Therapy class	Medication name	Quantity limit
Asthma/COPD (inhaled) <i>continued</i>	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
	FLOVENT (fluticasone)	2 inhalers/30 days
	FLOVENT DISKUS (fluticasone) 250 mcg	4 diskus/30 days
	FLOVENT DISKUS (fluticasone) 50 mcg, 100 mcg	1 diskus/30 days
	LONHALA MAGNAIR (glycopyrrolate)	60 vials/30 days
	PULMICORT FLEXHALER (budesonide)	2 packages/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	
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
	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
	PERFORMIST (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
Urology		
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 tabs	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
Cardiology		
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
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	tadalafil tabs	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	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
Central nervous system		
Depressant	XYREM (sodium oxybate)	18 mL/day
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	KYNMOBI (apomorphine hcl)	5 films/day
	KYNMOBI (apomorphine hcl) Starter pack	2 kits/365 days
Sleep disorder	WAKIX (pitolisant)	2 tabs/day
Electrolyte & renal agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & metabolism		
C-type natriuretic peptide	VOXZOGO (vosoritide)	1 vial/day
Farnesyltransferase inhibitor	ZOKINVY (lonafarnib)	4 caps/day
Gonadotropins	CAMCEVI (leuprolide) 42 mg (6-month)	1 injection/84 days
	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days

Therapy class	Medication name	Quantity limit
Gonadotropins <i>continued</i>	FENSOLVI (leuprolide acetate)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/365 days
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/28 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
Enzyme-related		
Cystine-depleting agents	CYSTARAN (cysteamine)	4 bottles/28 days
	CYSTADROPS (cysteamine)	4 bottles/28 days
Enzyme replacement	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	XURIDEN (uridine triacetate)	4 packets/day
Phenylketonuria treatment agents	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day
Gastroenterology		
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic agents	OCALIVA (obeticholic acid)	1 tab/day
Hematology		
Hemolytic anemia	PYRUKYND (mitapivat)	2 tabs/day
	PYRUKYND (mitapivat) Taper Pack	1 tab/day
Immunology		
Atopic dermatitis	ADBRY (tralokinumab-ldrm)	4 syringes/28 days
Hematopoietic agents	MOZOBIL (plerixafor)	8 vials (9.6 mL)/transplant
Interleukins	ILARIS (canakinumab)	2 vials/28 days
Monoclonal antibody	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100mg/0.67ml	2 syringes/28 days
	NUCALA (mepolizumab)	3 vials/28 days
	NUCALA (mepolizumab) 40 mg/0.4 ml	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
	BAFIERTAM (monomethyl fumarate)	4 caps/day
	BETASERON (interferon beta-1b)	1 package/28 days

Therapy class	Medication name	Quantity limit
Multiple sclerosis <i>continued</i>	COPAXONE (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
	OCREVUS (ocrelizumab) Soln	4 vials/365 days
	TYSABRI (natalizumab)	1 injection/28 days
	VUMERITY (diroximel fumarate)	4 caps/day
	ZEPOSIA (ozanimod)	1 cap/day
	ZEPOSIA 7DAY CAP STR PACK (ozanimod cap pack)	2 packs/365 days
	ZEPOSIA STARTER KIT (ozanimod cap pack)	2 packs/365 days
Miscellaneous		
Movement disorder agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) Starter pack	2 packs/365 days
Oncology		
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)	1 cap or tab/day
	IMBRUVICA (ibrutinib) 150 mg cap	3 caps/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
	VIJOICE (alpelisib)	1 tab/day
	VIJOICE (alpelisib) 250 mg	1 packet/28 days
Ophthalmology		
Miscellaneous	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
Respiratory		
Cystic Fibrosis	ORKAMBI (lumacaftor/ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor/ivacaftor) packets	2 packets/day
	SYMDEKO (tezacaftor/ivacaftor)	2 tabs/day
	TOBI PODHALER (tobramycin)	1 package/56 days
	TRIKAFTA (elexacaf-tezacaf-ivacaf)	3 tabs/day

Quantity limits effective as of Jan. 1, 2023.

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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PREMIUM



2023 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	Prior authorization - Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit - Medication may be limited to a certain quantity.
SP	Specialty medication - Medication is designated as specialty.
ST	Step therapy - Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	Benefit design options - Coverage is determined by your prescription medication benefit plan.

Premium Standard Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
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
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL

Drug Name	Drug Tier	Notes
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
QDOLO	E	
ROXICODONE	E	
SEGLENTIS	E	
SUBSYS	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
TRAMADOL HCL ORAL SOLUTION	E	M
tramadol hcl oral tablet	1	QL
TREZIX	3	QL
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	QL
DICLOFENAC CAP 35MG	E	M

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
DICLOFENAC PATCH 1.3%	E	M
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
DUEXIS	E	
ELYXYB	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	E	M
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NALFON	E	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA
naproxen oral tablet	1	
PENNSAID	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	E	
VIMOVO	E	

Drug Name	Drug Tier	Notes
ZIPSOR	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate oral tablet	1	++; QL
ZIMHI	3	
ZUBSOLV	2	QL
Antibacterials		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	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
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 oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX	E	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	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	

Drug Name	Drug Tier	Notes
levofloxacin oral tablet	1	
LYMEPAK	E	
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	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
vandazole	1	
XENLETA	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	E	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

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

Drug Name	Drug Tier	Notes
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
epitol	1	
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	

Drug Name	Drug Tier	Notes
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
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 oral tablet	1	
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
roweepra	1	
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	3	ST
VALTOCO	3	QL
VIMPAT	E	
XCOPRI	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
ZONEGRAN	E	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADUHELM	E	SP
donepezil hcl oral tablet	1	
memantine hcl oral tablet	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	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	

Drug Name	Drug Tier	Notes
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	
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 hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	ST; QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
GIMOTI	E	
meclizine hcl oral tablet	1	++
metoclopramide 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
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
BREXAFEMME	E	
ciclodan	1	++
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA ORAL	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin external ointment	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	

Drug Name	Drug Tier	Notes
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	M
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Made by Par
COLCRYS	E	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	E	
MITIGARE	E	
Antimigraine Agents		
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	

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
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
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	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
AFINITOR	E	SP
AFINITOR DISPERZ	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
BESREMI	E	SP
CABOMETYX	2	PA; SP
CALQUENCE ORAL CAPSULE	3	PA; SP
capecitabine	1	PA; SP
COSELA	E	SP

Drug Name	Drug Tier	Notes
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	3	PA; SP; QL
INQOVI	E	SP
KANJINTI	2	PA; SP
KISQALI FEMARA	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; SP
KOSELUGO	3	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
OGIVRI	E	SP
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PANRETIN	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
PEMAZYRE	E	SP
PHESGO	2	PA; SP
POMALYST	3	PA; SP
RETEVMO	3	PA; SP
REVLIMID	2	PA; SP
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	2	PA; SP
RYLAZE	E	SP
SPRYCEL	2	PA; SP
STIVARGA	3	PA; SP
SUTENT	E	SP
TABRECTA	3	PA; SP
TAGRISSE ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSE ORAL TABLET 80 MG	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
TAZVERIK	E	SP
temozolomide	1	PA; SP
TEPMETKO	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP
VITRAKVI	3	PA; SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	

Drug Name	Drug Tier	Notes
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
DHIVY	E	
GOCOVRI	E	
INBRIJA	3	PA; SP
KYNMOBI	3	PA; SP; QL
KYNMOBI TITRATION KIT	3	PA; SP; QL
NEUPRO	3	ST
NOURIANZ	3	PA
ONGENTYS	3	ST
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY MAINTENA	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
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	++
quetiapine fumarate er	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	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	
Antivirals		
acyclovir oral tablet	1	
APRETUDE	E	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	E	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	

Drug Name	Drug Tier	Notes
emtricitabine-tenofovir df	1	
entecavir	1	QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
RUKOBIA	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
SYMTUZA	3	
TAMIFLU	E	
TIVICAY	2	
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	

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
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
LOREEV XR	E	
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
DOPTELET	3	PA; SP
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
EPOGEN	E	SP

Drug Name	Drug Tier	Notes
ESPEROCT	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
KOATE	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
PROCRT	2	PA; SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
SEVENFACT	E	SP
SOLIRIS	3	PA; SP
TAVALISSE	3	PA; SP
UDENYCA	E	SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate 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
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
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	
BIDIL	3	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
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	
clonidine hcl oral	1	
COLESTID	E	

Drug Name	Drug Tier	Notes
COLESTID FLAVORED	E	
CONJUPRI	E	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digitek	1	
digox	1	
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	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	
furosemide oral tablet	1	
gemfibrozil 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
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
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	

Drug Name	Drug Tier	Notes
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
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	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL

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

Drug Name	Drug Tier	Notes
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
ROSZET	E	
simvastatin oral	1	
SOAAZ	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 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	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	

Drug Name	Drug Tier	Notes
ADDERALL XR	1	QL
ADHANSIA XR	E	
ADZENYS XR-ODT	E	
amphetamine- dextroamphetamine	1	QL
amphetamine- dextroamphetamine er	E	
atomoxetine hcl	1	QL
AZSTARYS	3	ST; QL
CONCERTA	E	
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm)	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl 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.

Drug Name	Drug Tier	Notes
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RELEXXII	3	ST; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
EXTAVIA	E	SP
GILENYA	3	PA; SP; QL
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 0.25 MG	3	PA; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP

Drug Name	Drug Tier	Notes
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
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
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; ++; QL
ADIPEX-P	E	
AUSTEDO	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	
LYRICA CR	E	
phentermine hcl oral tablet	1	PA; ++
pregabalin oral capsule	1	QL
QSYMIA	3	PA; ++
SAXENDA	3	PA; ++; QL
TEGSEDI	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
TIGLUTIK	3	PA; QL
VYLEESI	3	PA; ++; QL
WEGOVY	3	PA; ++; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
perio gard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
accutane	1	PA
ACZONE	E	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
AKLIEF	E	
ALA SCALP	E	
ala-cort	1	
amnestem	1	PA
AMZEEQ	3	
APEXICON E	E	
ARAZLO	E	
AVITA	E	
azelaic acid external	1	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	

Drug Name	Drug Tier	Notes
CALCIPOTRIENE EXTERNAL FOAM	E	M
CAPEX	E	
CIBINQO	2	PA; SP
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phos-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	
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	

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
DUPIXENT	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
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	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPEKLO	E	
IMPOYZ	E	
isotretinoin oral	1	PA
KENALOG EXTERNAL	E	
KLISYRI	3	ST
LEXETTE	E	

Drug Name	Drug Tier	Notes
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
myorisan	1	PA
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 %	2	PA; ++
RHOFADE	3	
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	QL
SOOLANTRA	3	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	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
tacrolimus external	1	QL
TAZAROTENE EXTERNAL FOAM	E	
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	PA; ++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
TRIANEX	E	
triderm	1	
tritocin	1	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
WINLEVI	E	
WYNZORA	E	
zenatane	1	PA
ZIANA	E	
ZILXI	3	ST
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M

Drug Name	Drug Tier	Notes
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	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	1	PA
NESINA	E	
ONGLYZA	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
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	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
VICTOZA	2	PA; QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK GUIDE TEST STRIPS	E	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CEQUR SIMPLICITY 2U KIT	2	++
CEQUR SIMPLICITY STARTER KIT	2	++
CONTOUR MONITOR KIT W/DEVICE	2	++

Drug Name	Drug Tier	Notes
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR	2	++
CONTOUR NEXT LINK KIT W/DEVICE	2	++
CONTOUR NEXT MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT	2	++
CONTOUR NEXT TEST STRIPS	2	++; QL
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
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	
GHT BLOOD GLUCOSE MONITOR	E	
GUARDIAN CONNECT TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN SENSOR (3)	3	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
GUARDIAN SENSOR 3	3	PA; ++
ONETOUCH VERIO KIT W/DEVICE	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	E	
ONETOUCH VERIO IQ SYSTEM	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
TGT BLOOD GLUCOSE MONITORING	E	
Diabetes - Glycemic Agents		
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
GVOKE HYPOPEN 1-PACK	E	
GVOKE HYPOPEN 2-PACK	E	
GVOKE KIT	E	
GVOKE PFS	E	
ZEGALOGUE	2	
Diabetes - Insulins		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	

Drug Name	Drug Tier	Notes
BASAGLAR KWIKPEN	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	E	
FIASP FLEXTOUCH	E	
FIASP PENFILL	E	
HUMALOG	2	++
HUMALOG KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++
HUMULIN 70/30 KWIKPEN	2	++
HUMULIN 70/30 VIAL	2	++
HUMULIN N KWIKPEN	2	++
HUMULIN N VIAL	2	++
HUMULIN R U-500 KWIKPEN	2	++
HUMULIN R U-500 VIAL	2	++
HUMULIN R VIAL	2	++
INSULIN ASP PROT & ASP FLEXPEN	E	M
INSULIN ASPART	E	M

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
INSULIN ASPART FLEXPEN	E	M
INSULIN ASPART PENFILL	E	M
INSULIN ASPART PROT & ASPART	E	M
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN GLARGINE-YFGN	E	
INSULIN LISPRO	E	M
INSULIN LISPRO (1 UNIT DIAL)	E	M
INSULIN LISPRO JUNIOR KWIKPEN	E	M
INSULIN LISPRO PROT & LISPRO	E	M
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	2	++
LYUMJEV VIAL	2	++
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	

Drug Name	Drug Tier	Notes
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	E	
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG PENFILL	E	
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
cyanocobalamin injection solution 1000 mcg/ml	1	++
ergocalciferol oral capsule	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
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 crystal	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	++; QL
DEXLANSOPRAZOLE	E	M
famotidine oral suspension reconstituted	1	++
famotidine oral tablet 20 mg, 40 mg	1	++
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	

Drug Name	Drug Tier	Notes
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	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	++; QL
sucralfate oral	1	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
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-g	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
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GOLYTELY	E	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LUBIPROSTONE	E	M
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
OMECLAMOX-PAK	2	
OSMOPREP	E	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
PLENVU	E	
PYLERA	2	
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

Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
AMONDYS 45	E	SP
CERDELGA	3	PA; SP
CREON	2	
EXONDYS 51	E	SP
KUVAN	E	SP
NITYR	3	PA; SP
ORFADIN	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ	2	PA; SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
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	

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
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL	E	
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	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
tamsulosin hcl	1	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	

Drug Name	Drug Tier	Notes
CORTEF	E	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
methylprednisolone oral	1	
prednisolone oral	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL	E	
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
VOGELXO	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
VOGELXO PUMP	E	
XYOSTED	3	PA
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
clomiphene citrate oral	1	++
CORTROPHIN	2	PA; SP
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

Drug Name	Drug Tier	Notes
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
MYCAPSSA	E	SP
NOCDURNA	3	
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
OMNITROPE	E	SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
RECORLEV	E	SP
SAIZEN	E	SP
SAIZENPREP	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
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	++
altavera	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
alyacen 1/35	1	++
amabelz	1	
amethia	1	++; QL
ANNOVERA	3	++; QL
apri	1	++
ashlyna	1	++; QL
aubra	1	++
aubra eq	1	++
aurovela 1.5/30	1	++
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
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	1	++
chateal eq	1	++
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	++
cyred	1	++
cyred eq	1	++
dasetta 1/35	1	++

Drug Name	Drug Tier	Notes
daysee	1	++; QL
deblitane	1	++
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	E	
delyla	1	++
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
elinest	1	++
eluryng	1	++
emoquette	1	++
ENDOMETRIN	2	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
fayosim	1	++; QL
femynor	1	++
GENERESS FE	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
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
heather	1	++
iclevia	1	++; QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
introvale	1	++; QL
isibloom	1	++
jaimiess	1	++; QL
jasmiel	1	++
jencycla	1	++
jolessa	1	++; QL
juleber	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kalliga	1	++
kurvelo	1	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
larissia oral tablet 0.1-20 mg-mcg	1	++
lessina	1	++
levonorgest-eth est & eth est	1	++; QL

Drug Name	Drug Tier	Notes
levonorgest-eth estrad 91-day	1	++; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
levora 0.15/30 (28)	1	++
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	++; QL
loryna	1	++
low-ogestrel	1	++
lo-zumandimine	1	++
luteria	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
MAKENA	2	PA; SP
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	++

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
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	++
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	1	++
portia-28	1	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
reclipsen	1	++

Drug Name	Drug Tier	Notes
rivelsa	1	++; QL
SAFYRAL	E	
SEASONIQUE	E	
setlakin	1	++; QL
sharobel	1	++
simpesse	1	++; QL
SLYND	E	
sprintec 28	1	++
sronyx	1	++
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20	1	++
tarina fe 1/20 eq	1	++
tri femynor	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	++

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
YASMIN 28	E	
YAZ	E	
yuvaferm	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
CYTOMEL	E	
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	1	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
ASCENIV	E	SP
AVSOLA	2	PA; SP
azathioprine oral	1	

Drug Name	Drug Tier	Notes
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
CUTAQUIG	E	SP
cyclosporine modified oral capsule	1	
ENBREL	2	PA; SP
ENBREL MINI	2	PA; SP
ENBREL SURECLICK	2	PA; SP
ENVARUSUS XR	3	
FIRAZYR	E	SP
gengraf oral capsule	1	
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PEDIATRIC UC START	2	PA; SP

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

Drug Name	Drug Tier	Notes
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA; 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	E	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP
OTREXUP	E	
PANZYGA	E	SP
RASUVO	2	PA; QL
REDITREX	E	
REMICADE	E	SP
RENFLEXIS	E	SP
REZUROCK	E	SP
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
sirolimus oral tablet	1	

Drug Name	Drug Tier	Notes
SKYRIZI (150 MG DOSE)	2	PA; SP
SKYRIZI PEN	2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; 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
TREMFYA	2	PA; SP
TREXALL	3	
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD	E	
CANASA	E	
CORTIFOAM	3	
DELZICOL	E	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	1	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release 1.2 gm	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
mesalamine oral tablet delayed release 800 mg	1	
ORTIKOS	E	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	E	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral tablet	1	
TARPEYO	E	SP
UCERIS ORAL	E	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
FORTEO	E	SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	2	PA; SP

Drug Name	Drug Tier	Notes
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BD ULTRA-FINE PEN NEEDLES	2	++
BOTOX	2	PA; Non-Cosmetic
DOJOLVI	E	
DUROLANE	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	
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	++

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

Drug Name	Drug Tier	Notes
OMNIPOD CLASSIC PDM (GEN 3)	2	++
OMNIPOD CLASSIC PODS (GEN 3)	2	++
OMNIPOD DASH INTRO (GEN 4)	2	++
OMNIPOD DASH PDM (GEN 4)	2	++
OMNIPOD DASH PODS (GEN 4)	2	++
ORTHOVISC	E	
OXBRYTA	E	SP
PALFORZIA	E	SP
PHEXXI	E	
SUPARTZ FX	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	++
VILTEPSO	E	SP
VISCO-3	E	
VYVGART	3	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BEPREVE	E	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	

Drug Name	Drug Tier	Notes
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic solution	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	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
TOBRADEX OPHTHALMIC SUSPENSION	E	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
TYRVAYA	3	PA; QL
VIGAMOX	E	
ZERVIAE	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
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic	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	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
TRAVATAN Z	E	
VUITY	E	
VYZULTA	E	

Drug Name	Drug Tier	Notes
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
CEQUA	E	
cyclosporine ophthalmic	E	
LATISSE	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
XIIDRA	2	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	PA
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution 1 mg/ml	1	++

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
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
ipratropium bromide nasal	1	
mometasone furoate nasal	1	++; QL
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP; QL
OMNARIS	3	++; QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
TEZSPIRE	E	SP
XHANCE	E	
XOLAIR	2	PA; SP
ZETONNA	3	++; QL

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	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 Par; 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	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARMONAIR DIGIHALER	E	
ARNUIITY 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
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	2	QL
BREZTRI AEROSPHERE	2	QL
BROVANA	E	
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	M
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT	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 ORAL CAPSULE	3	PA; SP
ESBRIET ORAL TABLET	E	SP
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
FLUTICASONE FUROATE-VILANTEROL	E	M
FLUTICASONE PROPIONATE HFA	E	M
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	M
INCRUSE ELLIPTA	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
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
OFEV	3	PA; SP
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
VENTOLIN HFA	E	

Drug Name	Drug Tier	Notes
wixela inhub	E	
XOPENEX HFA	E	
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	
BRONCHITOL TOLERANCE TEST	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	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
REMODULIN	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	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
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
BACLOFEN ORAL SOLUTION	E	
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
FLEQSUVY	E	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
NORGESIC	E	
NORGESIC FORTE	E	
ORPHENGESIC FORTE	E	M
OZOBAX	E	
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	E	
Sleep Disorder Agents		
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

Drug Name	Drug Tier	Notes
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	3	PA; SP; QL
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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SKYTROFA.....	29	SYMTUZA.....	14	TIGLUTIK.....	20
SLYND.....	32	SYNJARDY.....	23	TIKOSYN.....	18
SOAAZ.....	18	SYNJARDY XR.....	23	timolol maleate.....	37
SOFOSBUVIR-VELPATASVIR.....	14	SYNTHROID.....	33	timolol maleate (once-daily).....	37
solifenacin succinate.....	28	SYNVISC.....	36	timolol maleate ocudose.....	37
SOLIQUA.....	23	SYNVISC ONE.....	36	timolol maleate pf.....	37
SOLIRIS.....	15	TABRECTA.....	13	TIMOPTIC.....	37
SOLODYN.....	8	TACLONEX.....	21	TIMOPTIC OCUDOSE.....	37
SOMA.....	41	tacrolimus.....	22, 34	TIMOPTIC-XE.....	37
SOMATULINE DEPOT.....	29	tadalafil.....	28	TIROSINT.....	33
SOOLANTRA.....	21	TAGRISSE.....	13	TIROSINT-SOL.....	33
SORILUX.....	21	TAKHZYRO.....	34	TIVICAY.....	14
SPIRIVA HANDIHALER.....	40	TALICIA.....	27	tizanidine hcl.....	41
SPIRIVA RESPIMAT.....	40	TALTZ.....	34	TOBI NEBULIZER.....	40
spironolactone.....	18	TALZENNA.....	13	TOBI PODHALER.....	40
SPRAVATO (56 MG DOSE).....	10	TAMIFLU.....	14	TOBRADEX.....	36
SPRAVATO (84 MG DOSE).....	10	tamoxifen citrate.....	13	TOBRADEX ST.....	36
sprintec 28.....	32	tamsulosin hcl.....	28	TOBRAMYCIN.....	40
SPRIX.....	7	TARGADOX.....	8	tobramycin-dexamethasone.....	36
SPRYCEL.....	13	TARGRETIN.....	13	TOLSURA.....	11
sronyx.....	32	tarina 24 fe.....	32	tolterodine tartrate er.....	28
STEGLATRO.....	23	tarina fe 1/20.....	32	TOPAMAX.....	9
STEGLUJAN.....	23	tarina fe 1/20 eq.....	32	TOPAMAX SPRINKLE.....	9
STELARA.....	34	TARPEYO.....	35	TOPICORT SPRAY.....	22
STENDRA.....	28	TAVALISSE.....	15	topiramate.....	9
STIOLTO RESPIMAT.....	40	TAVNEOS.....	36	TOPROL XL.....	18
STIVARGA.....	13	TAZAROTENE.....	22	torsemide.....	18
STRATTERA.....	19	TAZORAC.....	22	TOSYMRA.....	12
STRENSIQ.....	27	TAZVERIK.....	13	TOUJEO MAX SOLOSTAR.....	25
STRIVERDI RESPIMAT.....	40	TECFIDERA.....	19	TOUJEO SOLOSTAR.....	25
SUBLOCADE.....	7	TEGRETOL.....	9	TOVIAZ.....	28
SUBOXONE.....	7	TEGRETOL-XR.....	9	TRACLEER.....	40
SUBSYS.....	6	TEGSEDI.....	19	TRADJENTA.....	23
subvenite.....	9	TEKTURNA.....	18	TRAMADOL HCL ER.....	6
sucralfate.....	26	TEKTURNA HCT.....	18	TRAMADOL HCL IR.....	6
sulfamethoxazole-trimethoprim.....	8	telmisartan.....	18	tramadol hcl ir.....	6
sulfasalazine.....	35	telmisartan-hctz.....	18	TRAVATAN Z.....	37
sumatriptan succinate.....	12	temazepam.....	41		
SUNOSI.....	41	temozolomide.....	13		

TRAZIMERA.....	13	ULTOMIRIS.....	15	VRAYLAR.....	14
trazodone hcl.....	10	ULTRACET.....	6	VUITY.....	37
TREANDA.....	13	ULTRAM.....	6	VUMERITY.....	19
TRELEGY ELLIPTA.....	40	ULTRAVATE.....	22	vyfemla.....	32
TREMFYA.....	34	unithroid.....	33	VYLEESI.....	20
TRESIBA.....	25	URSODIOL.....	27	vylibra.....	32
TRESIBA FLEXTOUCH.....	25	VAGIFEM.....	32	VYONDYS 53.....	27
tretinoin.....	22	valacyclovir hcl.....	14	VYTORIN.....	18
TREXALL.....	34	VALIUM.....	15	VYVANSE.....	19
TREXIMET.....	12	valsartan.....	18	VYVGART.....	36
TREZIX.....	6	valsartan-hydrochlorothiazide...	18	VYZULTA.....	37
tri femynor.....	32	VALTOCO.....	9	WAKIX.....	41
triamcinolone acetonide.....	22	VALTRESX.....	14	warfarin sodium.....	9
triamcinolone in absorbbase.....	22	VANADOM.....	41	WEGOVI.....	20
triamterene-hctz.....	18	vandazole.....	8	WELCHOL.....	18
TRIANEX.....	22	varenicline tartrate.....	7	WELLBUTRIN SR.....	10
triazolam.....	15	VARUBI (180 MG DOSE).....	11	WELLBUTRIN XL.....	10
TRIBENZOR.....	18	VASCEPA.....	18	wera.....	32
TRICOR.....	18	VECTICAL.....	22	WILATE.....	15
triderm.....	22	VELPHORO.....	28	WINLEVI.....	22
tri-estarylla.....	32	VELTASSA.....	26	wixela inhub.....	40
TRIJARDY XR.....	23	VELTIN.....	22	WYNZORA.....	22
TRIKAFTA.....	40	VEMLIDY.....	14	XALATAN.....	37
TRILEPTAL.....	9	venlafaxine hcl.....	10	XANAX.....	15
tri-linyah.....	32	venlafaxine hcl er.....	10	XANAX XR.....	15
tri-lo-estarylla.....	32	VENTOLIN HFA.....	40	XARELTO.....	9
tri-lo-marzia.....	32	verapamil hcl er.....	18	XARELTO STARTER PACK.....	9
tri-lo-mili.....	32	VERDESO.....	22	XCOPRI.....	9
tri-lo-sprintec.....	32	VERQUOVO.....	18	XELJANZ.....	34
TRILURON.....	36	VESICARE.....	28	XELJANZ XR.....	34
tri-mili.....	32	VESICARE LS.....	28	XEMBIFY.....	34
TRINTELLIX.....	10	vestura.....	32	XENLETA.....	8
tri-nymyo.....	32	V-GO 20.....	36	XEPI.....	8
TRIPTODUR.....	29	V-GO 30.....	36	XHANCE.....	38
tri-sprintec.....	32	V-GO 40.....	36	XIFAXAN.....	8
tritocin.....	22	VIAGRA.....	28	XIGDUO XR.....	23
TRIUMEQ.....	14	VIBERZI.....	27	XIIDRA.....	37
TRIVISC.....	36	VICTOZA.....	23	XIMINO.....	8
tri-vylibra.....	32	vienva.....	32	XOFLUZA (40 MG DOSE).....	14
tri-vylibra lo.....	32	VIGAMOX.....	36	XOFLUZA (80 MG DOSE).....	14
TROKENDI XR.....	9	VIIBRYD.....	10	XOLAIR.....	38
TRUDHESA.....	12	VILTEPSO.....	36	XOPENEX HFA.....	40
TRULANCE.....	27	VIMOVO.....	7	XTAMPZA ER.....	6
TRULICITY.....	23	VIMPAT.....	9	XTANDI.....	13
TRUVADA.....	14	VIOKACE.....	27	xulane.....	32
TRUXIMA.....	13	VISCO-3.....	36	XYNTHA.....	15
TUDORZA PRESSAIR.....	40	vitamin d (ergocalciferol).....	26	XYNTHA SOLOFUSE.....	15
TWIRLA.....	32	VITRAKVI.....	13	XYOSTED.....	29
TYMLOS.....	35	VIVELLE-DOT.....	32	XYREM.....	41
TYRVAYA.....	36	VOCABRIA.....	14	XYWAV.....	41
UBRELVY.....	12	VOGELXO.....	28	YASMIN 28.....	33
UCERIS.....	35	VOGELXO PUMP.....	29	YAZ.....	33
UDENYCA.....	15	VOSEVI.....	14	YONSA.....	13

YOSPRALA.....	13
YUPELRI.....	40
yuvafem.....	33
zafemy.....	33
ZANAFLEX.....	41
ZARXIO.....	15
ZEGALOGUE.....	24
ZEGERID.....	26
ZEJULA.....	13
ZEMBRACE SYMTOUCH.....	12
zenatane.....	22
ZENPEP.....	27
ZENZEDI.....	19
ZEPOSIA.....	19
ZEPOSIA 7-DAY STARTER PACK.....	19
ZEPOSIA STARTER KIT.....	19
ZERVIAE.....	36
ZESTRIL.....	18
ZETIA.....	18
ZETONNA.....	38
ZIANA.....	22
ZIEXTENZO.....	15
ZILXI.....	22
ZIMHI.....	7
ZIOPTAN.....	37
ziprasidone hcl.....	14
ZIPSOR.....	7
ZIRABEV.....	13
ZOCOR.....	18
ZOLGENSMA.....	27
ZOLOFT.....	10
zolpidem tartrate.....	41
zolpidem tartrate er.....	41
ZOMACTON.....	29
ZOMIG.....	12
ZONEGRAN.....	10
zonisamide.....	10
ZORVOLEX.....	7
ZOVIRAX.....	14
ZTLIDO.....	7
ZUBSOLV.....	7
zumandimine.....	33
ZYCLARA.....	22
ZYCLARA PUMP.....	22
ZYLET.....	37
ZYPITAMAG.....	18
ZYPREXA.....	14
ZYTIGA.....	13

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Premium

Prior authorization – Premium

Utilization management updates
Jan. 1, 2023



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
Anti-infectives		
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
	TROGARZO (ibalizumab-uiyk)	None
Antivirals	EVUSHELD (tixagevimab-cilgavimab)	None
Cardiology		
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) Soln	15 mL/day
	VERQUVO (vericiguat)	1 tab/day
Miscellaneous	DEMSEER (metyrosine)	16 caps/day
	DIBENZYLINE (phynoxybenzamine)	None
Central nervous system		
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
	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 cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day
	XTAMPZA ER (oxycodone)	4 caps/day
ZOHYDRO ER (hydrocodone ext-release)	2 caps/day	
ZOHYDRO ER (hydrocodone ext-release) 50 mg	4 caps/day	
Anticonvulsants	BANZEL (rufinamide)	None

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Therapy class	Medication name	Quantity limit	
Antipsychotics	HORIZANT (gabapentin enacarbil)	2 tabs/day	
	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 (hydrocod 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	
	TUSSICAPS (hydrocodone/chlorpheniramine) 10-8 mg	14 caps/fill, 2 fills/60 days	
	TUXARIN ER (codeine/chlorpheniramine)	14 caps/fill, 2 fills/60 days	
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days	
	VIRTUSSIN (pseudoephedrine w/ cod-gg)	240 mL/fill, 2 fills/60 days	
Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days		
Benzodiazepines	clobazam	None	
	SYMPAZAN (clobazam)	None	
Hypoactive sexual desire disorder	ADDYI (flibanserin)	1 tab/day	
	VYLEESI (bremelanotide)	6 injections/30 days	
Migraine	AIMOVIG (erenumab)	2 syringes/30 days	
	AIMOVIG (erenumab) 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)	8 vials/30 days	
	NURTEC (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
	QUVIVIQ (daridorexant)	1 tab/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
	SUNOSI (solriamfetol)	1 tab/day
Weight loss	benzphetamine	None
	diethylpropion	None
	LOMAIRA (phentermine)	None
	phendimetrazine	None
	phentermine	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	5 pens/30 days
	WEGOVY (semaglutide)	4 pens/28 days
XENICAL (orlistat)	None	
Dermatology		
Acne (oral)	ABSORICA LD (isotretinoin)	None
	ACCUTANE (isotretinoin)	none
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	isotretinoin	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (topical)	adapalene	None
	ALTRENO (tretinoin)	None
	ATRALIN (tretinoin)	None
	tazarotene cream	None
	tretinoin cream	None
	tretinoin gel	None
Endocrinology & metabolism		
Aldosterone antagonist	KERENDIA (finerenone)	1 tab/day
Androgens, testosterone (oral)	ANADROL-50 (oxymetholone)	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
	XYOSTED (testosterone enanthate)	None
Androgens, testosterone (topical)	ANDRODERM (testosterone)	None

Therapy class	Medication name	Quantity limit
	testosterone gel	None
	testosterone solution	None
Antidiabetic agents	AFREZZA (insulin regular)	None
	BYDUREON, 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
	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
	SYMLINPEN (pramlintide)	None
	TRULICITY (dulaglutide)	4 pen-inj/28 days
	VICTOZA (liraglutide)	3 pen-inj/ 30 days
Diabetic supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
Gonadotropins	MYFEMBREE (relugolix-estradiol-norethindrone acetate)	1 tab/day
	ORIAHNN (elagolix-estrad-noreth)	2 tabs/day
	ORLISSA (elagolix) 150mg	1 tab/day
	ORLISSA (elagolix) 200mg	2 tabs/day
Gastroenterology		
Antiemetics	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	120 mL/30 days
	Constipation	IBSRELA (tenapanor)
Irritable bowel syndrome	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
Immunology		
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
Miscellaneous		
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

Therapy class	Medication name	Quantity limit
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXA (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
	SYNOJOYNT (sodium hyaluronate)	None
Wound care	REGANEX (becaplermin)	None
Ophthalmology		
Dry eye	EYSUVIS (loteprednol)	None
	RESTASIS (cyclosporine)	None
	TYRVAYA (varenicline)	None
	XIIDRA (lifitegrast)	None
Miscellaneous	XIPERE (triamcinolone)	None
Vasoconstrictor	UPNEEQ (oxymetazoline)	None
Respiratory		
Asthma/COPD	DALIRESP (roflumilast)	None
Clinical duplicates		
	ABILIFY MYCITE (aripiprazole)	1 tab/day
	ABILIFY MYCITE (aripiprazole) starter pack	2 starter packs/365 days
	ACUVAIL (ketorolac)	None
	ALLZITAL (butalbital-acetaminophen)	None
	ALOCRI (nedocromil sodium)	None
	ALREX (loteprednol etabonate)	None
	ANALPRAM-HC (hydrocortisone acetate)	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)	None
	DEXABLISS (dexamethasone)	None
	DURLAZA (aspirin)	None
	DUTOPROL (metoprolol hydrochlorothiazide)	None
	DXEVO 11-DAY PAK (dexamethasone)	None
	ECOZA (econazole nitrate)	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
	HALOG SOL (halcinonide)	None
	HIDEX 6-DAY PAK (dexamethasone)	None
	KARBINAL ER (carbinoxamine maleate)	None
	KRISTALOSE (lactulose)	None

Therapy class	Medication name	Quantity limit
	LOTEMAX OINT 0.5% (loteprednol etabonate)	4 bottles/365 days
	LUZU (luliconazole)	None
	MENTAX (butenafine)	None
	MILLIPRED (prednisolone)	None
	NAPRELAN (naproxen sodium)	None
	NEOTUSS PLUS (pheynylephrine-chlorphen)	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-zoinc 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
Anti-infectives		
Antibiotic	ARIKAYCE (amikacin)	None
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antivirals	LIVTENCITY (maribavir)	None
	PREVYMIS (letermovir)	None
Cardiology		
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
	CINRYZE (c1 esterase)	None
	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	2 tabs/day
	FLOLAN (epoprostenol)	None
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REVATIO (sildenafil) Soln	None
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tab	3 tabs/day
	tadalafil	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	treprostinil	None
	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)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/365 days
	UPTRAVI (selexipag) Soln	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
Central nervous system		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol)	None
	FINTEPLA (fenfluramine)	None
	vigabatrin	None
Antidepressants	SPRAVATO (esketamine)	None
	ZULRESSO (brexanolone)	None
Depressant	XYREM (sodium oxybate)	18 mL/day
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Miscellaneous	RADICAVA (edaravone)	None
Muscular dystrophy	EMFLAZA (deflazacort)	None
Neurological agents	ONPATTRO (patisiran sodium)	None
	TEGSEDI (inotersen)	None
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
	KYNMOBI (apomorphine)	5 films/day
	KYNMOBI (apomorphine) titration kit	20 films/365 days
Sleep disorder	WAKIX (pitolisant)	2 tabs/day
Dermatology		
Alkylating agents	VALCHLOR (mechlorethamine)	None
Alpha-melanocyte stimulating hormone analog	SCENESSE (afamelanotide)	None
Electrolyte & renal agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & metabolism		
C-type Natriuretic Peptide	VOXZOGO (vosoritide)	None
Cyclic pyranopterin monophosphate (cPMP) substrate	NULIBRY (fosdenopterin)	None
Farnesyltransferase inhibitor	ZOKINVY (lonafarnib)	4 caps/day
Gonadotropins	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
	LUPANETA (leuprolide) 11.25 mg (3 month)	1 pack/84 days
	LUPANETA (leuprolide) 3.75 mg (1 month)	1 pack/28 days
	LUPRON DEPOT (leuprolide)	None
	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	

Therapy class	Medication name	Quantity limit
Growth hormones and related therapy	VANTAS (histrelin)	1 implant/365 days
	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
	NORDITROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	SEROSTIM (somatropin)	None
Growth hormones and related Therapy (Acromegaly)	ZORBTIVE (somatropin)	None
	INCRELEX (mecasermin)	None
Hormone modifiers	SOMAVERT (pegvisomant)	None
	MYALEPT (metreleptin)	None
Hyperammonemia agent	NATPARA (parathyroid hormone)	2 cartridges/28 days
	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	None
	TYMLOS (abaloparatide)	None
Somatostatins	octreotide	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None
Vasopressin antagonist	SAMSCA (tolvaptan)	2 tabs/day
Enzyme-related		
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	CYSTADROPS (cysteamine)	4 bottles/28 days
	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase)	None
	BUPHENYL (sodium phenylbutyrate)	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	GALAFOLD (migalastat hcl)	14 caps/28 days
	KANUMA (sebelipase alfa)	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	NEXVIAZYME (avalglucosidase alfa-ngpt)	None
	RAVICTI (glycerol phenylbutyrate)	None
	REVCOVI (elapegademase-lvlr)	None
STRENSIQ (asfotase alfa)	None	

Therapy class	Medication name	Quantity limit
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase alfa)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
Enzyme, Gout	KRYSTEXXA (pegloticase)	None
Metabolic agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
Phenylketonuria treatment Agents	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day
	sapropterin	None
Gastroenterology		
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
Hematology		
Hemolytic anemia	PYRUKYND (mitapivat)	2 tabs/day
	PYRUKYND (mitapivat) taper pak	1 tab/day
Sickle cell disease	ADAKVEO (crizanlizumab)	None
Immunology		
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)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy peg-epoetin beta)	None
	MOZOBIL (plerixafor)	8 vials (9.6 mL)/transplant
	MUPLETA (lusutrombopag)	None
	NEULASTA (pegfilgrastim)	None
	NIVESTYM (filgrastim-aafi)	None
	NPLATE (romiplostim)	None
	PROCRIT (epoetin alfa)	None
	PROMACTA (eltrombopag)	None
	REBLOZYL (luspatercept)	None
	RETACRIT (epoetin alfa-epbx)	None
	SOLIRIS (eculizumab)	None
	TAVALISSE (fostamatinib)	None
	ULTOMIRIS (ravulizumab-cwvz)	None
	UPLIZNA (inebilizumab-cdon)	None
	ZARXIO (filgrastim-sndz)	None

Therapy class	Medication name	Quantity limit
	ZIEXTENZO (pegfilgrastim-bmez)	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
	VIEKIRA PAK (ombitas-paritapre-riton & dasab)	4 tabs/day
	VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
	Immune globulins	BIVIGAM (immune globulin)
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)	None
	AVSOLA (infliximab-axxq)	None
	CIBINQO (abrocitinib)	None
	CIMZIA (certolizumab)	None
	ENBREL (etanercept)	None
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab)	None
	ILUMYA (tildrakizumab-asmn)	None
	INFLECTRA (infliximab)	None
	KEVZARA (sarilumab)	None
	KINERET (anakinra)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	RINVOQ (upadacitinib)	None
	SILIQ (brodalumab) Sosy	None
SIMPONI (golimumab)	None	

Therapy class	Medication name	Quantity limit
	SIMPONI ARIA (golimumab)	None
	SKYRIZI (risankizumab-rzaa)	None
	STELARA (ustekinumab)	1 syringe/56 days
	STELARA (ustekinumab) IV	None
	TALTZ (ixekizumab)	None
	TREMFYA (guselkumab)	None
	XELJANZ (tofacitinib)	None
	XELJANZ XR (tofacitinib)	None
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/28 days
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
	SAPHNELO (anifrolumab-fnia)	None
Monoclonal antibody	CINQAIR (reslizumab)	None
	DUPIXENT (dupilumab)	4 syringes/28 days
	DUPIXENT (dupilumab) 100 mg/0.67 mL	2 syringes/28 days
	FASENRA (benralizumab)	None
	GAMIFANT (emapalumab-lzsg)	None
	NUCALA (mepolizumab)	1 syringe/28 days
	NUCALA (mepolizumab)	3 vials/28 days
Multiple sclerosis	XOLAIR (omalizumab)	None
	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/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
	COPAXONE (glatiramer) 20 mg/ml	30 syringes/30 days
	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)	1 cap/day
	KESIMPTA (ofatumumab)	1 syringe/30 days
	LEMTRADA (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)	4 caps/day
	ZEPOSIA (ozanimod)	1 cap/day
	ZEPOSIA 7DAY CAP STR PACK (ozanimod cap pack)	2 starter packs/365 days
ZEPOSIA STARTER KIT (ozanimod cap pack)	2 starter packs/365 days	
Neonatal Fc receptor antagonist	VYVGART (efgartigimod alfa-fcab)	None

Therapy class	Medication name	Quantity limit
Miscellaneous		
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
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) starter pack	2 starter packs/365 days
	XENAZINE (tetrabenazine)	None
Musculoskeletal agents	EVRYSDI (risdiplam)	8 ml/day
	SPINRAZA (nusinersen)	None
	ZOLGENSMA (onasemnogene abeparvovec-xioi)	None
Toxicology	SYPRINE (trientine)	None
Obstetrics & gynecology		
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
Oncology (injectable)		
Alkylating agents	BENDEKA (bendamustine)	None
	PEPAXTO (melphalan flufenamide)	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
	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
	VONJO (pacritinib)	None
	VYXEOS (daunorubicin-cytarabine)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None

Therapy class	Medication name	Quantity limit
	PROVENGE (sipuleucel-T)	None
	ROMIDEPSIN (romidepsin)	None
	SYNRIBO (omacetaxine)	None
Monoclonal antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab)	None
	BLENREP (belantamab mafodotin)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DANYELZA (naxitamab-ggqk)	None
	DARZALEX (daratumumab)	None
	EMPLICITI (elotuzumab)	None
	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
	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
	MARGENZA (margetuximab-cmkb)	None
	MONJUVI (tafasitamab)	None
	MYLOTARG (gemtuzumab)	None
	OPDIVO (nivolumab)	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	
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	
T-cell receptor	KIMMTRAK (tebentafusp-tebn)	None

Therapy class	Medication name	Quantity limit
Vascular endothelial growth factor (VEGF) inhibitor	ALYMSYS (bevacizumab-maly)	None
	AVASTIN (bevacizumab)	None
	MVASI (bevacizumab-awwb)	None
	ZIRABEV (bevacizumab-bvzr)	None
Oncology (oral)		
Alkylating agents	TEMODAR (temozolomide)	None
Antiandrogen	abiraterone	None
	BRUKINSA (zanubrutinib)	None
	ERLEADA (apalutamide)	None
	INREBIC (fedratinib)	None
	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
	FARYDAK (panobinostat)	None
	GAVRETO (pralsetinib)	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)	1 tab or cap/day
	IMBRUVICA (ibrutinib) 140 mg	3 caps/day
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 5 mg, 10 mg	2 tabs/day
	KOSELUGO (selumetinib)	None
	LENVIMA (lenvatinib)	None

Therapy class	Medication name	Quantity limit
	LORBRENA (lorlatinib)	None
	LUMAKRAS (sotorasib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None
	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
	UKONIQ (umbralisib)	none
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VIJOICE (alpelisib)	1 tab/day
	VIJOICE (alpelisib) 250 mg	1 packet/28 days
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
Miscellaneous	bexarotene caps	None
	KISQALI (ribociclib)	None
	KISQALI-FEMARA (ribociclib-letrozole)	None
	LONSURF (trifluridine-tipiracil)	None
	ONUREG (azacitadine)	None
	TIBSOVO (ivosidenib)	None

Therapy class	Medication name	Quantity limit
	WELIREG (belzutifan)	None
	XELODA (capecitabine)	None
	XPOVIO (selinexor)	None
	ZOLINZA (vorinostat)	None
Thalidomide-related agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Oncology (topical)		
Skin cancer	TARGRETIN GEL (bexarotene)	None
Ophthalmology		
Miscellaneous	LUXTURNA (voretigene neparvovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
Vascular endothelial growth factor (VEGF) inhibitor	EYLEA (aflibercept)	None
	LUCENTIS (ranibizumab)	None
	MACUGEN (pegaptanib)	None
	SUSVIMO (ranibizumab)	None
	VABYSMO (faricimab-svoa)	None
Respiratory		
Cystic fibrosis	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor)	3 tabs/day
Pulmonary fibrosis	OFEV (nintedanib)	None
	pirfenidone	None
Respiratory syncytial virus agents	SYNAGIS (palivizumab)	None
Urology		
Miscellaneous	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

July 1, 2022 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements



Therapeutic Category	Excluded Medications	Formulary Alternative Medications	
ALLERGIC REACTIONS			
Anaphylaxis Treatment	Auvi-Q (0.15mg, 0.3mg)	epinephrine injection (0.15mg, 0.3mg)	
ANALGESICS			
Non-Steroidal Anti-Inflammatory Agents	Oral	Cambia, Diclofenac Cap 35mg (M), Zipsor, Zorvolex	celecoxib, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
		Qmiiz ODT	meloxicam
		Relafen DS	nabumetone
	Other	Ketorolac Nasal Spray (M), Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
	Topical	Diclofenac Patch (M), Flector, Licart	Any preferred/generic oral non-steroidal anti-inflammatory agent (examples: flurbiprofen, ibuprofen, ketoprofen, meloxicam, naproxen)
		Pennsaid, Voltaren gel	diclofenac gel/solution
Opioid Analgesics	Combinations	Apadaz, Benzhydrocodone/acetaminophen	hydrocodone/acetaminophen, oxycodone/acetaminophen
	Oral Long-Acting	Nucynta ER, Oxycodone ER (M)	hydrocodone bitartrate ER 24HR, hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Hysingla ER, OxyContin, Xtampza ER
		Conzip, Tramadol ER 100mg, 200mg, 300mg cap (M)	tramadol ER
	Oral Short-Acting	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
		Qdolo, Tramadol solution (M)	tramadol tablet

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Therapeutic Category	Excluded Medications	Formulary Alternative Medications
ANALGESICS		
Opioid Analgesics	Transmucosal Fentanyl Analgesics	Fentora, Fentanyl Citrate Buccal Tab (M), Lazanda, Subsys fentanyl citrate lozenge
Skeletal Muscle Relaxants	Norgesic Forte, Orphenesic Forte (M)	orphenadrine tab, aspirin
	Baclofen solution 5mg/5ml (M), Ozobax	baclofen tablet
ANTI-ANXIETY AGENTS		
Anti-anxiety Agents	Loreev XR	clonazepam, diazepam, lorazepam, oxazepam, temazepam
ANTIBACTERIALS		
Oral Antibiotics	Doryx 80mg, Doryx MPC, Doxycycline Hyclate DR 80mg, Minolira	doxycycline, minocycline
Vaginal Anti-Infectives	Cleocin vaginal suppositories, Nuversa gel	clindamycin vaginal cream, metronidazole vaginal gel
ANTICONVULSANTS		
Seizure Disorders	Elepsia XR ¹	levetiracetam
	Lamictal ODT Kit ¹	lamotrigine ODT
	Oxtellar XR ¹	oxcarbazepine IR
ANTIDEPRESSANTS		
Antidepressants	Bupropion XL (M) ¹ , Forfivo XL ¹	bupropion XL
ANTIFUNGALS, ORAL		
Oral Antifungals	Brexafemme	fluconazole tab
	Tolsura	itraconazole cap
ANTIMIGRAINES		
CGRP Antagonists	Emgality 120 mg/ml	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Ajovy
	Reyvow	Nurtec ODT, Ubrelvy
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT

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ANTIPARKINSON AGENTS		
Parkinson's Disease	Gocovri, Osmolex ER	amantadine
ANTIPSYCHOTICS		
Atypical/Second Generation Antipsychotics	Secuado ¹	aripiprazole, asenapine, olanzapine, quetiapine, quetiapine ER, paliperidone ER, risperidone, ziprasidone
ANTIVIRALS		
Hepatitis B drugs	Vemlidy ¹	entecavir, tenofovir disoproxil fumarate
Hepatitis C drugs	Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M)	Epclusa, Harvoni, Mavyret, Vosevi
HIV Drugs	Cabenuva ¹ , Descovy ² , Temixys ¹ , Vocabria ¹	Please talk to your doctor about clinically appropriate options.
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Attention Deficit Disorder	Adhansia XR	dexmethylphenidate ER, methylphenidate ER, Vyvanse
	amphetamine/dextroamphetamine ER cap	Adderall XR
	Azstarys	amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine IR/ER, methylphenidate IR/ER, Vyvanse
	Qelbree	atomoxetine, clonidine ER, guanfacine ER
Multiple Sclerosis	Extavia, Plegridy, Rebif, Rebif Rebidose	Avonex, Betaseron
	Ponvory	dimethyl fumarate DR, glatopa, glatiramer, Avonex, Bafiertam, Betaseron, Copaxone, Kesimpta, Vumerity
CARDIOVASCULAR		
Cholesterol-Lowering Agents	Ezetimibe/Rosuvastatin (M), Roszet	atorvastatin, ezetimibe, rosuvastatin, simvastatin
	Livalo, Zypitamag	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
	Praluent	Repatha
Hypertension	Conjupri, Katerzia	amlodipine
	Inderal XL, Innopran XL	propranolol ER
	Kaspargo	metoprolol ER

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CARDIOVASCULAR		
Hypertension with Osteoarthritis	Consensi	amlodipine, celecoxib
CHEMOTHERAPY AGENTS		
Alkylating Agents	Belrapzo, Treanda	Bendeka
Antiandrogens	Yonsa	Xtandi
Asparaginase Enzyme Therapy Agents	Rylaze	Oncaspar
Combination Agents	Inqovi	Please talk to your doctor about clinically appropriate options.
Cytolytic Antibodies	Riabni, Truxima	Ruxience
HER-2 Inhibitors	Herzuma, Ogivri, Ontruzant	Kanjinti, Phesgo, Trazimera
Kinase Inhibitors	Fotivda	Please talk to your doctor about clinically appropriate options.
	Pemazyre	Truseltiq
	Rezurock	Imbruvica, Jakafi
	Tepmetko	Tabrecta
Methyltransferase Inhibitors	Tazverik	Please talk to your doctor about clinically appropriate options.
Miscellaneous	Darzalex Faspro	
CONTRACEPTIVES		
Gel	Phexxi	Please talk to your doctor about clinically appropriate options.
Oral	Lo Loestrin	junel FE, Iarin FE, microgestin FE, tarina FE
	Nextstellis	drosiprenone/ethinyl estradiol, Ioryna, nikki, Natazia
	Slynd	camila, incassia, nora-be, norethindrone, norlyda, norlyroc

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Therapeutic Category	Excluded Medications	Formulary Alternative Medications
CONTRACEPTIVES		
Patch	Twirla	levonorgestrel/ethinyl estradiol combined generic oral contraceptive, xulane
CORTICOSTEROIDS		
Oral Steroids	Alkindi Sprinkle	hydrocortisone
	Hemady	dexamethasone
	Rayos	prednisone
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Avita, Differin lotion	adapalene, tretinoin cream/gel, Retin-A micro gel 0.06% and 0.08%
	Aklief, Clindagel, Veltin	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, dapsone, erythromycin/benzoyl peroxide, tretinoin cream, Aczone 7.5%, Amzeeq, Onexton
	Arazlo, Fabior, Tazorac cream 0.05%; Tazorac gel 0.05%, 0.1%; Tazarotene foam 0.1%	tazarotene cream
	Winlevi	adapalene, clindamycin, dapsone, tazarotene cream, tretinoin cream
Topical Anesthetics	ZTlido	lidocaine patch
Topical Antifungals	Jublia	ciclopirox, tavaborole, terbinafine, Kerydin
Topical Anti-Infectives	Noritrate cream	azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra
Topical Corticosteroids	ALA Scalp lotion	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	flucinolone acetonide scalp oil, Derma-Smoothe/FS
	Cordran tape	flurandrenolide
	Halobetasol foam(M), Lexette	betamethasone, clobetasol, halobetasol cream/ointment

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Therapeutic Category	Excluded Medications	Formulary Alternative Medications
DERMATOLOGICAL AGENTS		
Topical Corticosteroids	Halog ointment	betamethasone, mometasone, triamcinolone
	Impeklo lotion	augmented betamethasone dipropionate, clobetasol
	Impoyz cream	clobetasol
	Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetonide
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Trianex ointment 0.05%	hydrocortisone valerate, triamcinolone acetonide
	Ultravate lotion	clobetasol propionate, fluocinonide, halobetasol propionate
Topical Plaque Psoriasis	Calcipotriene foam 0.005% (M), Sorilux	calcipotriene
	Duobrii lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar
	Wynzora	calcipotriene, calcipotriene/betamethasone, Enstilar, Taclonex suspension
DIABETES		
Anti-Hyperglycemic Agents	Glucagen Hypokit, Gvoke Hypopen, Gvoke Kit, Gvoke PFS	glucagon (generic), Baqsimi, Glucagon (made by Fresenius), Zegalogue
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(Glucocard), Lifescan (Onetouch), Trividia, (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Ascencia (Contour, Contour Next)
Continuous Glucose Monitoring (CGM)	Freestyle Libre	Dexcom
Blood Sugar Regulators Miscellaneous	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Basal insulins	Basaglar, Insulin Glargine-YFGN, Levemir, Semglee, Semglee-YFGN, Tresiba	Lantus, Toujeo

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DIABETES		
Glucagon-Like Peptide-1 (GLP1) Agonists	Adlyxin	Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity, Victoza
Insulins	Novolin, Novolin Relion	Humulin
Rapid-Acting Insulins	Admelog, Apidra, Fiasp, Insulin Aspart (M), Insulin Lispro (M), Novolog, Novolog Relion	Humalog, Lyumjev
Sodium-Glucose Co-transporter (SGLT2) Inhibitors - Single Agent	Invokana, Steglatro	Farxiga, Jardiance
Sodium-Glucose Co-transporter (SGLT2) inhibitors - Combination Agents	Invokamet, Invokamet XR, Segluromet	Synjardy, Synjardy XR, Xigduo XR
SGLT2 and DPP4 Combinations	QTERN, Steglujan	Glyxambi, Trijardy XR
ENDOCRINE (OTHER)		
Cortisol Synthesis Inhibitors	Isturisa	ketoconazole tabs, Korlym
Growth Hormones	Genotropin, Humatrope, Omnitrope, Saizen, Zomacton	Norditropin, Nutropin
Infertility	Gonal-F, Gonal-F RFF	Follistim AQ
	Cetrotide	ganirelix (made by Organon)
Somatostatin Analog	Mycapssa	octreotide injection
	Signifor (SQ)	Signifor LAR
Testosterone Replacement	Aveed, Jatenzo, Natesto, Testopel	testosterone, Androderm, Xyosted
ENZYME DISORDERS		
Duchenne Muscular dystrophy (DMD)	Amondys 45, Exondys 51, Vyondys 53	dexamethasone, methylprednisolone, prednisone
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory, Anti-Ulcer Agents	ibuprofen/famotidine, Duexis	famotidine, ibuprofen

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Therapeutic Category	Excluded Medications	Formulary Alternative Medications
GASTROINTESTINAL		
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, Lubiprostone (M), Trulance	Linzess
Opioid-Induced Constipation (OIC)	Amitiza, Lubiprostone (M), Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine DR cap 400mg, Apriso, Lialda
	mesalamine cap 0.375gm	Apriso
	mesalamine tab 1.2gm	Lialda
	Ortikos	budesonide ER
Laxatives	Osmoprep, Plenvu	gavilyte, peg 3350, Clenpiq, Suprep
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Proton Pump Inhibitors	omeprazole with sodium bicarbonate (cap, powder pak), Dexilant, Rabeprazole sprinkle cap (M)	esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, rabeprazole
HEMATOLOGICAL		
Coagulation Factors	Sevenfact ¹	Novoseven
Cyclin-Dependent Kinase Inhibitor	Cosela	Nivestym, Zarzio
Erythropoiesis-Stimulating Agents	Epogen	Aranesp, Procrit, Retacrit
Hemophilia A	Esperoct ¹	Adynovate, Afstyla, Eloctate, Jivi
Long-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Fulphila, Nyvepria, Udenyca	Neulasta, Ziextenzo
Short-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Granix, Neupogen	Nivestym, Zarzio
IMMUNOMODULATORS		
Calcineurin Inhibitor	Lupkynis	Benlysta
Folate Analog Metabolic Inhibitor	Otrexup, Reditrex	methotrexate, Rasuvo

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IMMUNOMODULATORS		
Immune Globulin, Intravenous (IVIG)	Asceniv, Panzyga	Gammagard, Gammaplex, Gamunex-C, Privigen
Immune Globulin, Subcutaneous (SCIG)	Cutaquig	Cuvitru, Hizentra, Xembify
Interleukin-17 (IL-17) Inhibitor	Cosentyx	Taltz
JAK Inhibitor	Olumiant	Rinvoq, Xeljanz, Xeljanz XR
TNF Inhibitor	Infliximab, Remicade, Renflexis	Avsola, Inflectra
IMMUNOTHERAPY		
Oral	Palforzia	Please talk to your doctor about clinically appropriate options.
OPHTHALMIC		
Antiglaucoma Drugs	Vyzulta, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
	Timoptic Ocudose 0.25%	timolol ophthalmic solution
Antihistamines	Zerviate	azelastine ophthalmic solution, bepotastine ophthalmic solution, olopatadine ophthalmic solution
Dry Eye Disease	Cequa	Restasis, Xiidra
	cyclosporine ophthalmic emulsion	Restasis
Non-Steroidal Anti-Inflammatory Agents	Bromsite, Ilevro, Nevanac	bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa
Wet Age-Related Macular Degeneration	Beovu	ophthalmic bevacizumab (compound), Eylea, Lucentis, Macugen
OTHER		
Alzheimer's Disease	Aduhelm	Please talk to your doctor about clinically appropriate options.
Amyotrophic Lateral Sclerosis (ALS)	Exservan	riluzole
Antigout Agents	Colchicine capsule (M), Colcrys, Gloperba, Mitigare	colchicine tablet
Antihistamines and Combinations	Clarinet-D	desloratadine, pseudoephedrine

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OTHER		
Bile Acid Therapy	Reltone, Ursodiol (M)	ursodiol
Chelating Agents	penicillamine cap	penicillamine tab, Depen Titra
Diabetic Gastroparesis	Gimoti	metoclopramide
Duchenne Muscular Dystrophy (DMD)	Viltepsa	dexamethasone, methylprednisolone
Iron Replacement Therapy	Accrufer	ferrous fumarate, ferrous gluconate, ferrous sulfate
Lambert-Eaton Myasthenic Syndrome (LEMS)	Firdapse	Ruzurgi
Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)	Dojolvi	Please talk to your doctor about clinically appropriate options.
Multivitamins	Examples: Folic-K, Genicin Vita-S, Hylavite, Lorid, Tronvite, Xvite	Any preferred multivitamin
Obesity	Contrave	phentermine, Qsymia, Saxenda, Wegovy
	Imcivree	Please talk to your doctor about clinically appropriate options.
Opioid Reversal Agents	Lifems Naloxone	naloxone, Kloxxado, Narcan
Osteoarthritis/Hyaluronic Acid Injections	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3	Durolane, Euflexxa, Gelsyn-3
Osteoporosis	Forteo	Teriparatide, Tymlos
Platelet-Modifying Agent	Aspirin/Omeprazole (M), Yosprala	aspirin, omeprazole
Polycystic Kidney Disease	Jynarque	Please talk to your doctor about clinically appropriate options.
Prenatal Vitamins	Examples: Azesco, Pregenna, Prenate, Trinaz, Vitafof FE, Vitathely, Zalvit	Any preferred prenatal vitamin
Sickle Cell Anemia	Oxbryta	hydroxyurea
Sleep Disturbance Agents	Hetlioz, Hetlioz LQ	Please talk to your doctor about clinically appropriate options.

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OTHER		
Thyroid Agents	Levothyroxine caps (M), Thyquidity, Tirosint caps, solution	levothyroxine
RESPIRATORY		
Allergy: Nasal Steroids	Xhance	mometasone furoate, Beconase AQ
COPD: Inhaled Anticholinergics	Incruse Ellipta, Tudorza	Spiriva
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination Inhalers	Bevespi, Duaklir	Anoro Ellipta, Stiolto Respimat
Cystic Fibrosis	Cayston, Kitabis Pak, Tobramycin Neb 300mg/5ml (M)	tobramycin nebulizer soln, TOBI podhaler
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair Digihaler, Asmanex, Asmanex HFA, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	Airduo Digihaler, AirDuo Respiclick, Budesonide/Formoterol (M), Dulera, Fluticasone/Salmeterol 55mcg/14, 113mcg/14, 232mcg/14 (M)	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
	fluticasone-salmeterol 100mcg/50, 250mcg/50, 500mcg/50, wixela	Advair Diskus
Short-Acting Beta-2 Adrenergic Inhalers	Albuterol HFA (brand alternative for Ventolin HFA made by Prasco) (M), Levalbuterol Inhaler (M), Proair Digihaler, Proair HFA, Proair Respiclick, Proventil HFA, Ventolin HFA, Xopenex HFA	Any generic albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
Sugar Alcohol Inhalation Therapy	Bronchitol	hypertonic saline, Pulmozyme
UROLOGICAL		
Erectile Dysfunction Oral Agents	Stendra	sildenafil
Interstitial Cystitis	Elmiron	amitriptyline, hydroxyzine
Overactive Bladder (OAB)	Gemtesa	darifenacin ER, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq tablet
	Myrbetriq Granules, Vesicare LS	oxybutynin ER/IR

(M) Co-branded product

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Excluded brand-name medications with generic equivalents

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Abilify	Clobex	Intuniv	Prevacid	Timoptic
Absorica	Cloderm	Kenalog-40 Injection	Prinivil	Timoptic Ocudose 0.5%
Acanya	Colestid	Kenalog spray	Pristiq	Timoptic-XE
Aciphex tablet	Concerta	Keppra	Prometrium	TOBI nebulizer solution
Acticlate	Coreg	Keppra XR	Propecia	Tobradex suspension
Aczone 5%	Coreg CR	Klonopin	Protonix tab	Topamax
Adcirca	Cortef	K-tab	Provigil	Topamax sprinkle cap
Adderall	Cosopt solution	Kuvan	Prozac	Topicort spray
Adipex-P	Cosopt PF solution	Lamictal chewable	Pulmicort inhalation	Toprol XL
Afinitor	Cozaar	Lamictal starter kit	suspension	Tracleer 62.5,125mg
Afinitor Disperz	Crestor	Lamictal ODT	Qudexy XR	Travatan-Z
Alphagan P 0.15%	Cuprimine	Lamictal tab	Questran	Treximet
Altace	Cymbalta	Lamictal XR	Questran Light	Tribenzor
Ambien	Cytomel	Lasix	Ranexa	Tricor
Ambien CR	Delestrogen injection	Latisse	Relafen	Trileptal
Amrix	20mg/ml, 40mg/ml	Lescol XL	Relpax	Truvada
Androgel	Delzicol	Letairis	Remodulin injection	Uceris tab
Arimidex	Depakote	Lexapro	Renagel	Ultracet
Arthrotec	Depakote ER	Lidoderm	Restoril	Ultram
Asacol HD	Depakote sprinkle cap	Lipitor	Retin-A	Vagifem
Atacand	Depo-testosterone	Loestrin 21	Retin-A micro gel	Valium
Ativan	injection	Loestrin FE	0.04%, 0.1%	Valtrex
Atripia	Differin cream, gel	Lotemax suspension	Risperdal solution,	Vanadom
Avapro	Dilantin cap 100mg	Lotrel	tablet	Vectical
Avodart	Dilantin chewable	Lovaza	Ritalin	Vesicare tab
Azopt	Dilantin suspension	Lunesta	Ritalin LA	Viagra
Azor	Dilaudid	Lyrca	Roxicodone	Vigamox
Baraclude	Diovan	Lyrca CR	Sabril	Vimovo
Benicar	Diovan HCT	Maxalt	Safyral	Vivelle-Dot
Benicar HCT	Doryx tab 50, 200mg	Maxalt-MLT	Sandostatin injection	Volgelxo
Benzacilin	Effexor XR	Metrogel	Saphris	Vytorin
Benzamycin	Elidel	Micardis	Seasonique	Welchol
Bepreve	Epiduo gel	Micardis HCT	Sensipar	Wellbutrin SR
Bethkis	EpiPen Jr 0.15mg	Minastrin	Seroquel	Wellbutrin XL
Beyaz	Estrace	Mobic	Seroquel XR	Xalatan
Brisdelle	Evekeo	Moviprep	Silvadene	Xanax
Brovana	Exforge	MS Contin	Singulair	Xanax XR
Butrans	Exforge HCT	Nalfon	Skelaxin	Yasmin 28
Bystolic	Fioricet	Nasonex	Solodyn	Yaz
Canasa	Fioricet w/ codeine	Natropa	Soma	Zanaflex
Carafate	Firazyr	Neurontin	Strattera	Zegerid
Carbatrol	Flomax	Nexium capsule	Suboxone	Zestril
Cardizem LA	Focalin	Niaspan ER	Sutent	Zetia
180,240,300,	Focalin XR	Nitrostat	Synthroid	Ziana
360, 420mg	Fortesta	Norvasc	Taclonex ointment	Zocor
Carnitor solution,	Generess FE	Nulytely	Tamiflu	Zolof
tablet	chewable	Nuvigil	Targadox	Zomig tab
Catapres-TTS patch	Gleevec	Onfi	Targretin	Zomig ZMT
Celebrex	Glucagon kit (Lilly)	Oracea	Tazorac cream 0.1%	Zonegran
Celexa	Glumetza	Paxil tab	Tecfidera	Zovirax
Cialis	Golytely solution	Paxil CR	Tegretol	Zyclara 3.75%
Ciprodex	Halog cream	Percocet	Tegretol-XR	Zyprexa
Clarinex 5mg tab	Hyzaar	Plaquenil	Tenormin	Zytiga
Cleocin vaginal cream	Imitrex	Plavix	Testim gel	
Climara patch	Inderal LA	Pred Forte	Tikosyn	

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Required Prior Authorization +

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands non-preferred with prior authorization	Epclusa, Harvoni, Mavyret, Vosevi
Multiple Sclerosis	All other brands non-preferred with prior authorization	dimethyl fumarate DR, glatopa, glatiramer, Avonex, Bafiertam, Betaseron, Copaxone, Kesimpta, Vumerity
Immunomodulators	All other brands non-preferred with prior authorization	Avsola, Cimzia, Humira, Inflectra, Otezla, Rinvoq, Simponi, Skyrizi, Stelara, Tremfya, Xeljanz, Xeljanz XR

* All of the products listed above are currently subject to prior authorization. Preferred medications are required prior to new requests for non-preferred medication(s). Existing utilizers of non-preferred medication(s) within the therapeutic categories of Hepatitis C, Immunomodulators and Multiple Sclerosis will be eligible to remain on current therapy if compliance and efficacy of therapy are demonstrated. Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.

About this document: 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.



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