For more information, contact your Optum Rx representative or visit optum.com/optumrx.

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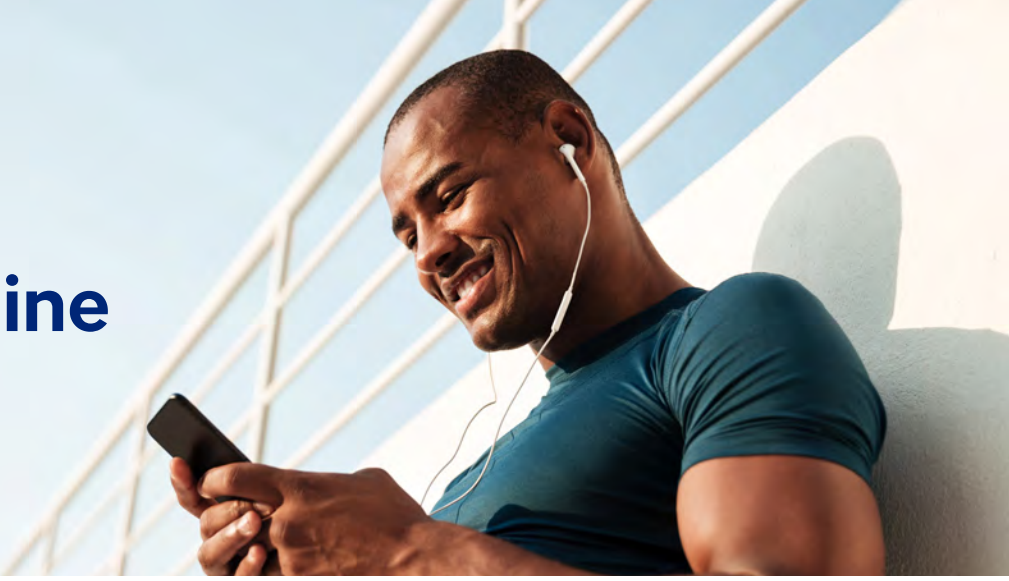
Optum Rx®

Your pharmacy benefits

Manage your medication online and save time



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

Set up an online account to:

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

Register now

To set up your online account:

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

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

Scan here to go to **OptumRx.com**

Skip the pharmacy line

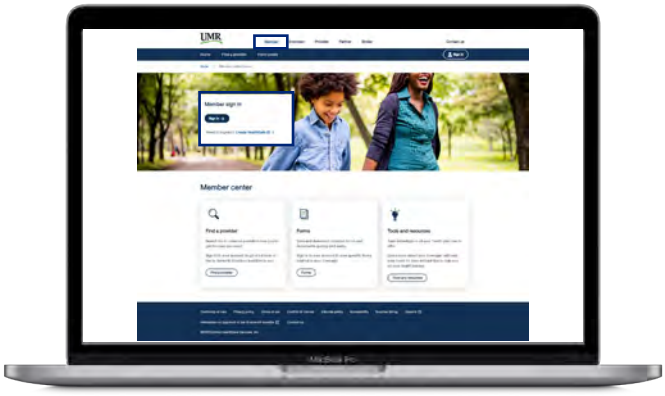
Transfer eligible maintenance medications to Optum® Home Delivery and get a three-month supply delivered right to your door.

Optum Rx®

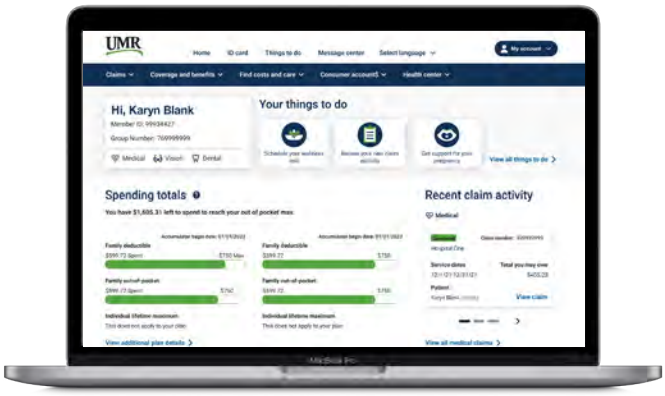
UMR members can access their prescription information from the UMR website

Follow these steps to register:

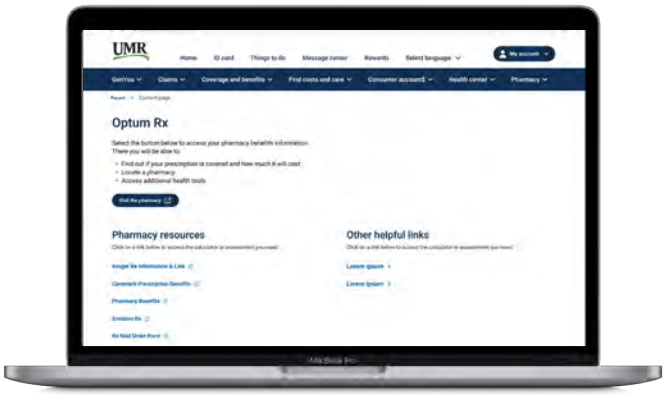
1. Visit **umr.com.**
2. At the top of the home page, select Member.
3. On the next page, select Member sign in and then sign in using your username and password. If you're new to the site, select Create Healthsafe ID to set up your account and sign in.



4. After signing in, go to Pharmacy drop-down and select Visit the pharmacy to go to pharmacy home page.



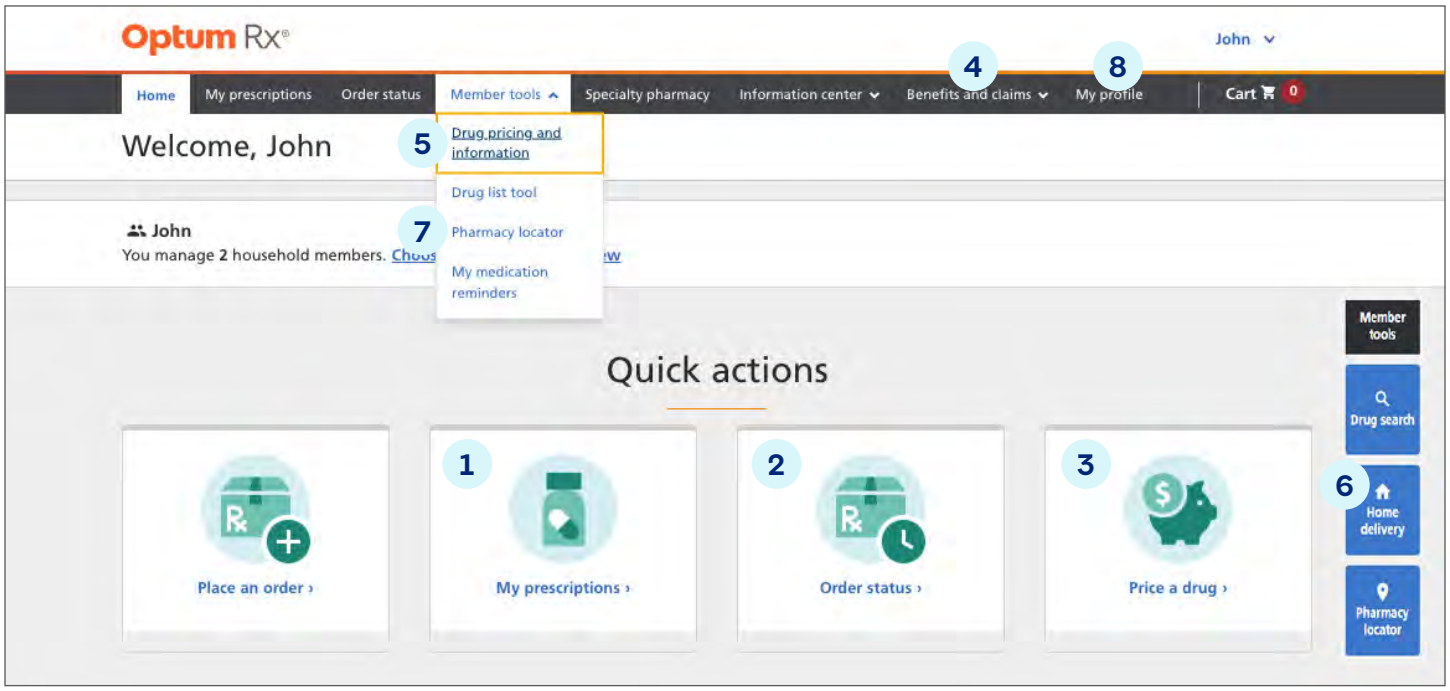
5. On the pharmacy home page, select the Visit the pharmacy button to go to **optumrx.com** and take advantage of the tools and features that will help you manage your pharmacy benefits.



On your first visit, you will also need to register at **optumrx.com** just follow the simple instructions.

Digital tools quick-start guide

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



1 **My prescriptions >** See all your medications, including home delivery prescriptions, retail pharmacy prescriptions and any over-the-counter medications you've logged. You can also request a new prescription or select another family member and manage their prescriptions.

2 **Order status >** Track orders in real time from any device.

3 **Price a drug >** Precision pricing technology is built into our tools. Whether you look up a new medication or select one of your current medications, you will see a listing of pharmacies with the best price for the medication selected, as well as a lower-cost alternative.

4 **Benefits and claims >** View your benefit information, access claims details to see what your plan covered, print and view your ID card and track a prior authorization.

5 **Prescription drug list/formulary >** View a list of covered medications, including therapeutic class and tier status.

6 **Home delivery >** Learn more about Optum Home Delivery and see a list of your retail medications eligible for the service. With home delivery, you receive 90-day supplies of eligible maintenance medications right to your mailbox. You will also see a message about how much money you will save.

7 **Pharmacy locator >** Whether you are close to home or traveling, the pharmacy locator tool makes it easy to find the nearest network pharmacy. Search for pharmacies by zip code, address or by distance to see if they are in your network.

8 **My profile >** You can easily manage your personal profile or your entire household. Set up or edit a variety of account details, including contact, shipping and payment information, communication preferences and paperless settings, home delivery and automatic refill programs, medication reminders, personalized emails and text alerts.

Submit and track a prior authorization request

A prior authorization (PA) is an approval we give your doctor before the medication can be covered. You will be alerted on **OptumRx.com** if a medication requires PA.

There are three ways to request a prior authorization:

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

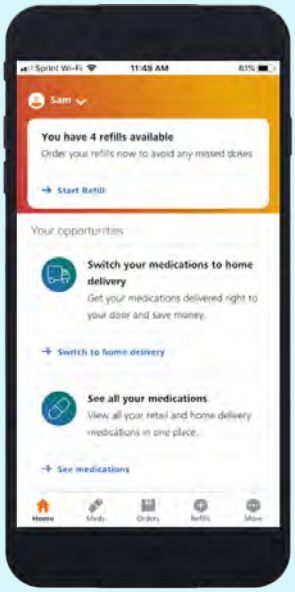
Once submitted, you can track requests on the mobile app or website.

Download the Optum Rx app

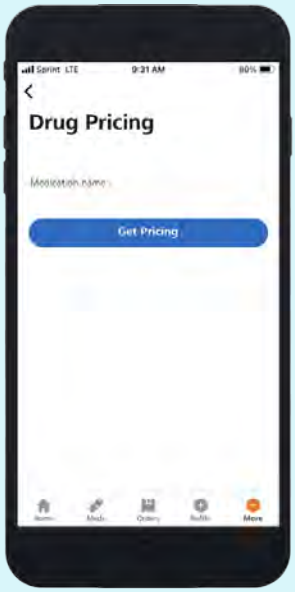
Take the same online tools with you on the go to manage your medication any time, anywhere.

To access your account using your mobile device:

1. Go to the Apple® App Store® or Google Play™ to download the Optum Rx app.
2. Open the app and sign in using the same username and password you use on **OptumRx.com**.



View notifications, alerts and savings opportunities



Check medication pricing

Track order status

Use this checklist

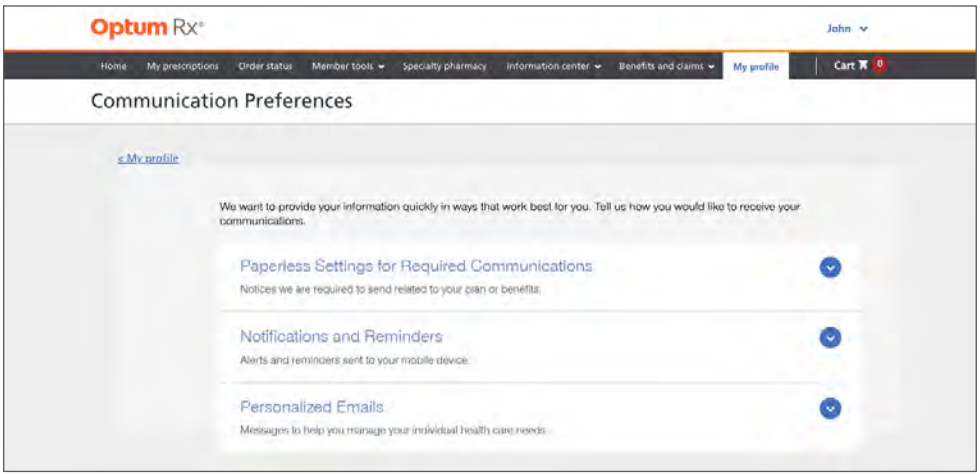
Get ready to manage your pharmacy benefits and costs. Take these easy steps:

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

Go paperless – it's convenient and secure

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

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



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Optum Rx®

Broad Network

Chains and PSAOs[1]

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

A

- A S Medication Solutions
- Aberdeen Area Indian Health Service
- ABS LLC SO CAL and IMW
- Accelerate Specialty Network
- Acme Pharmacy
- AHS-St John Pharmacy
- AIDS Healthcare Foundation
- Albertsons
- Albuquerque Area Office
- AlignRx
- Allina Community Pharmacies
- Alto Pharmacy
- Amber Specialty Pharmacy
- Appalachian Reg Health Care
- Associated Fresh Market
- Astrup Drug
- Aurora Pharmacy

B

- Bailey's Pharmacy
- Balls Four B
- Baylor Health Enterprises
- Baystate Medical Center
- Bemidji Area Indian Health Service
- Benescripts
- Benzer Pharmacy
- BiLo
- Big Y Foods
- Billings Area Indian Health Service
- BioRx
- Brockie Healthcare
- Brookshire Bros
- Brookshire Grocery Company

C

- Cardinal Health
- Care Pharmacies Cooperative
- Carrs Quality Center
- CCERT
- Central Dakota Pharmacies
- Central Florida Health Care Pharmacy
- CHAS Health
- Chen Neighborhood Medical Centers
- Cherokee Nation Health Services
- CHI Health Retail Pharmacies
- CHI Pharmacy
- Chickasaw Nation Division of Health
- Children's Mercy Hospital Pharmacies
- Choctaw Nation Health Care Services
- Cigna Medical Group Pharmacy
- City Market
- Cleveland Clinic Pharmacies
- Coborns
- Collier Drug Stores
- Common Compounds
- Community Health Centers
- Community Health Systems
- Complete Claims Processing
- Concierge Medical Management Group
- Concord Food Stores
- Concord
- Cook County
- Coopharma
- Costco
- Curators of the University of MO
- CVS

D

- Dallas Metrocare Services
- DCHD
- Dedicated Senior Medical
- Denver Health and Hospital Authority
- Dillon Stores
- Discount Drug Mart
- Doc Rx
- Doctors Choice Pharmacies
- DrDispense

E

- E MedRx Solutions

Eckerds Pharmacy
Elevate Provider Network
Epic Pharmacy Network
Eskenazi Health
Essentia Health Pharmacies
Express Rx

F

F&F Pharmacies
Fairview Health Services
Fairview Pharmacy Services
Family Health Centers of Southwest
Farmacia Caridad
Farmacia La Candelaria
Farmacias Plaza
First Coast Health Solutions
Food City K Va T Food Stores
Food Lion
Fred Meyer
Fruth Pharmacy
Frys Food and Drug Stores

G

Genoa Healthcare
Gerimed LTC Network
Geroulds Professional Pharmacy
Giant Eagle
Global
Good Day Pharmacy
Greater Lawrence Family Health Center
Guardian Pharmacy

H

H and H Drug Stores
Haggen Pharmacies
Hannford Bros
Harmons City
Harris County Hospital District
Harris Teeter
Hartig Drug
Harvard Vanguard Medical Associates
Health Mart Atlas
H-E-B LP
Henry Ford Health System
Hi School Pharmacy
Homeland Stores
Hometown Pharmacy
Humana Pharmacy
Hy-Vee

I

IHC Health Services
Ingles Markets Pharmacy
Innovatix Network
Innovatix Specialty Network
Insty Meds
Integris ProHealth Pharmacy
IntegrityRx America

J

Jordan Drug
JPS Health System Outpatient Pharmacy

K

K-Mart
Kabafusion
KC Medical Management
King Kullen Pharmacy
King Soopers Pharmacy
Kinney Drugs
Kleins Family Markets
Klingensmiths Drug Store
Knight Drugs
Kohll's Rx
KS Pharmacy

L

Leader Drug Stores
Leader Puerto Rico
Lewis Drugs
Lins Pharmacy
Loma Linda University Medical Center
Long's Drug Stores California
Long's Pharmacy Solutions

M

M K Stores
Maceys
Marc Glassman
Marianos Pharmacies
Maricopa Integrated Health System
Market Basket Pharmacies
Marshfield Clinic Pharmacy
Martins Super Markets
Maxor National Pharmacy Services
Maxorxpress
Mayo Clinic Health System Pharmacy
Mayo Clinic Pharmacy
McHugh
MCR Health
MDS Rx
Medcard Specialty Care
Medicap Pharmacies
Medicine Shoppe
Medly Pharmacy
Meijer
Memorial Healthcare System
Mercy Health System
Mercy Pharmacy
MHA Long Term Care Network
Multicare Outpatient Pharmacies
Muscogee Creek Nation Health System
MyRx

N

NAI Saturn Eastern
Nash Finch
Navajo Area Indian Health Service
Navarro Discount Pharmacies
NE OH Neighborhood Health Services
Neighborcare Pharmacy Services
New Albertsons
Northeast Pharmacy Service
Northside Pharmacy
Novant Health Pharmacies

O

Ochsner Pharmacy and Wellness
OK Area Indian Health Service
Omnicare
Oncology Pharmacy Services
Oncomed Specialty
Optum Home Delivery
Optum Infusion Services
Optum Pharmacy
Optum Specialty
Opus ISM

Orlando Health
Osborn Drugs
Owens Pharmacy

P

Patient First Corporation
PCORP
Peoples Pharmacy
Personalmed
Pharmaca Integrative Pharmacy
Pharmacy Corporation of America
Pharmacy First
Pharmacy First PR
Pharmacy Plus
PHARMCAREUSA
PharmedQuest
Pharmerica
Phoenix Area Indian Health Service
Pill Box Drugs
Pillpack
Planned Parenthood Columbia Willame
Planned Parenthood of Greater Ohio
Planned Parenthood of Northern New
Planned Parenthood of the Pacific
PMR US Holdings
POC Management Group
POC Network Technologies
Portland Area Indian Health Service
Presbyterian Medical Services
Prescribeit Rx
Price Chopper House Calls Pharma
Price Cutter Pharmacy
Prime Healthcare Services
Procare Pharmacy
Providerpay
Public Health Trust of Dade County
Publix Super Markets

Q

Quality Food Centers

R

Raley's
Ralphs Pharmacy
Randalls Food & Drugs
Reasor
Recept Healthcare Services
Recept Pharmacy
Redners Markets
Remedi Seniorcare
Rexall Pharmacy
Ridleys Food and Drug
Rite Aid
Rogers Pharmacy
Ronetco Supermarkets
Roundys Pharmacies
Rural Health Care
Rx Development Associates
RxSelect Pharmacy Network

S

SRS
Safeway
Saint Joseph Mercy Pharmacy
Saker Shoprites
Sam's Club East & West
Santa Clara Valley Health and Hospital
Sav Mor Drug Stores
Save Mart Supermarkets
Seip Drug
Sharp Rees-Stealy Pharmacies
Shaws Supermarkets
Shoprite Financial Services
Shoprite Supermarkets
Smart ID Works
Smiths Food and Drug Center
Southeastern Preferred Pharmacy
SpotRx Pharmacy
Star Discount Pharmacy
Stop and Shop Pharmacy
Suncoast Community Health Centers
SuperValu

T

Tampa Family Health Center
The Bartell Drug Company
The Infusion Network
The Kroger Company
The Medicine Cabinet
The Metrohealth System Pharmacy
The University of Kansas Hospital
Thrifty Drug Stores
Times Supermarket
Tom Thumb
Topco (Powered by AlignRx)
Tops Markets
Trihealth G LLC DBA GHA Pharmacy
Trinet
Tucson Area Indian Health Service

U

U Health Pharmacies
UCDHS Pharmacies
UCSD Medical Center
UHS CentRx Pharmacy
United Supermarkets
UVA Medical Center Ambulatory Pharmacy
UW Health Pharmacy Services

V

VCU Health System
Village Supermarkets
Virginia Mason Medical Center
Vons Companies

W

Walgreens
Walmart
Wegman Food Market
Weis Pharmacies
Welgo PSAO
Western Pharmacy Group
Winn Dixie Pharmacy

Y

Yakima Valley Farm Workers Clinic
Yokes Foods

Z

Zallie Supermarkets

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

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

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

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

[3] Network participation may vary based on market and state requirements.

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Optum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products.
We are an Optum® company – a leading provider of integrated health services. Learn more at Optum.com.

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Optum Rx®

Preventive care medications

$0 cost share medications and products[1,2,3,5]

Effective Jan. 1, 2025

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

These products include:

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

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

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

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

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

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements[4]

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

Medication/Supplement	Reason
OTC	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy. (Ages up to 55 years)
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg of folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year. (Ages 45 - 75 years)
Magnesium Citrate Solution	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year. (Ages 45 - 75 years)
PEG 3350 (generic Miralax) *Only the OTC product may be covered at $0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.*	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year. (Ages 45 - 75 years)
Prescription	
Generic Colyte sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year. (Ages 45 - 75 years)
Generic Golytely sold as: PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year. (Ages 45 - 75 years)
Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two $0-cost fills per year. (Ages 45 - 75 years)
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride

Tobacco Cessation Medications[4]

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

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

OTC Medications
Nicotine Replacement Gum
Nicotine Replacement Lozenge
Nicotine Replacement Patch
Prescriptions
Bupropion Sustained-Release Tablet
Varenicline Tablet
These prescription medications are covered after members have tried: 1) One OTC nicotine product and 2) bupropion sustained-release separately.
Nicotrol Inhaler
Nicotrol Nasal Spray

Human Immunodeficiency Virus Preventive Medications[4]

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

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

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

HIV PrEP medications currently available at $0

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

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

Breast Cancer Preventive Medications[4]

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

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

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

Breast Cancer Medications (prescription)
anastrozole
exemestane
raloxifene
tamoxifen

Statin Preventive Medications[4]

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

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

Statin Medications (prescription)	
lovastatin (generic Mevacor) - All strengths	
atorvastatin* (generic Lipitor) 10 & 20 mg	(Copay waiver review required to confirm risk of CVD)
pravastatin* (generic Pravachol) - All strengths	(Copay waiver review required to confirm risk of CVD)
rosuvastatin* (generic Crestor) 5 & 10mg	(Copay waiver review required to confirm risk of CVD)
simvastatin* (generic Zocor) 5, 10, 20 & 40 mg	(Copay waiver review required to confirm risk of CVD)

*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request $0 cost share for primary prevention, if you meet the above coverage criteria.

Women's Health: Birth Control Products

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

Birth Control Caps & Diaphragms (Cervical)

Caya
Femcap
Omniflex
Wide-Seal

Combination Birth Control Pills

Four Phase Birth Control Pills:
Natazia

Generic Alesse & Levlite sold as:
Afirmelle
Aubra EQ
Aviane
Delyla
Falmina
Lessina
Levonor/Ethi
Lutera
Orsythia
Sronyx
Tyblume CHW
Vienva

Generic Beyaz sold as:
Drospire/Eth Estr/Lev

Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:
Necon 0.5/35
Nortrel 0.5/35
Wera 0.5/35

Generic Cyclessa Pak sold as:
Velivet Pak

Generic Demulen 1/35 sold as:
Ethy Eth Est 1/35
Kelnor 1/35
Zovia 1/35

Generic Demulen 1/50 sold as:
Ethynodiol 1/50
Kelnor 1/50

Generic Desogen-28 & Ortho-Cept sold as:
Apri
Cyred EQ
Deso/Ethinyl Estradiol
Enskyce
Isibloom
Juleber
Kalliga
Reclipsen
Solia

Generic Estrostep FE sold as:
Noreth/Ethin FE
Tilia FE
Tri-Legest FE

Generic Femcon FE chewable sold as:
Nore/Eth/Fer CHW
Wymzya FE CHW

Generic Generess FE chewable sold as:
Kaitlib FE CHW
Layolis FE CHW
Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:
Aurovela 24 FE
Blisovi 24 FE
Hailey 24 FE
Junel 24 FE
Larin 24 FE
Tarina 24 FE

Generic Loestrin 1/20 sold as:
Aurovela 1/20
Junel 1/20
Larin 1/20
Microgestin 1/20
Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:
Aurovela 1.5/30
Hailey 1.5/30
Junel 1.5/30
Larin 1.5/30
Microgestin 1.5/30
Noreth/Ethin 1.5/30

Generic Loestrin FE 1/20 sold as:
Aurovela FE 1/20
Blisovi FE 1/20
Hailey FE 1/20
Junel FE 1/20
Larin FE 1/20
Microgestin FE 1/20
Noreth/Ethin FE 1/20
Tarina FE 1/20 EQ

Generic Loestrin FE 1.5/30 sold as:
Aurovela FE 1.5/30
Blisovi FE 1.5/30
Hailey FE 1.5/30
Junel FE 1.5/30
Larin FE 1.5/30
Microgestin FE 1.5/30
Nor/Est/FF 1.5/30

Generic Lo/Ovral-28 sold as:
Cryselle-28
Elinest
Low-Ogestrel

Generic LoSeasonique sold as:
Camrese Lo
Levonor/Ethi Estradiol
Lojaimiess

Generic Lybrel 90-20mcg sold as:
Amethyst 90-20mcg
Dolishale 90-20mcg
Levo-Eth Est 90-20mcg

Generic Minastrin 24 CHW FE sold as:
Charlotte 24 CHW FE
Finzala CHW FE
Noreth/Ethin CHW FE

Generic Mircette 28 Day sold as:
Azurette
Deso/Ethinyl Estradiol
Kariva
Pimtrea
Simliya
Viorele
Volnea

Generic Nordette-28 sold as:
Altavera
Ayuna
Chateal Eq
Kurvelo
Levonor/Ethi Estradiol
Levora-28
Marlissa
Portia-28

Generic Ortho-Cyclen sold as:
Estarylla
Mili
Mono-Linyah
Norgest/Ethi
Nymyo
Sprintec 28
Vylibra

For eligible prescriptions — you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Women's Health: Birth Control Products continued

Generic Ortho-Novum 1/35 & Norinyl 1/35 sold as:
Alyacen 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Nylia 1/35

Generic Ortho-Novum 7/7/7 sold as:
Alyacen 7/7/7
Dasetta 7/7/7
Nortrel 7/7/7
Nylia 7/7/7

Generic Ortho Tri-Cyclen sold as:
Norgest/Ethi Estradiol
Tri-Estaryll
Tri Femynor
Tri-Linyah
Tri-Mili
Tri-Nymyo
Tri-Sprintec
Tri-Vylibra
Trinessa

Generic For Ortho Tri-Cyclen Lo sold as:
Norgest/Ethi Estradiol
Tri-Lo-Estaryll
Tri-Lo-Marzia
Tri-Lo Mili
Tri-Lo-Sprintec
Tri-Vylibra Lo

Generic Ovcon-35 sold as:
Balziva
Briellyn
Philith
Vyfemla

Generic Quartette sold as:
Levonor/Ethi Estradiol
Rivelsa

Generic Safyral sold as:
Dros/Eth Est Levomefo
Tydemy

Generic Seasonale sold as:
Iclevia
Introvale
Jolessa
Levonor/Ethinyl Estradiol
Setlakin

Generic Seasonique sold as:
Ashlyna
Camrese
Daysee
Jaimiess
Levonor/Ethi Estradiol
Simpesse

Generic Taytulla sold as:
Gemmily
Merzee
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl sold as:
Aranelle
Leena

Generic Triphasil sold as:
Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28 sold as:
Drospir/Ethi
Ocella
Syeda
Zumandimine

Generic Yaz sold as:
Drospir/Ethi
Drospirenone/Ethy Est
Jasmiel
Lo-Zumandimine
Loryna
Nikki
Vestura

Progestin Only Birth Control Pills

Generic Ortho Micronor & Nor-QD sold as:
Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
Norethindrone
Norlyda
Norlyroc
Sharobel

Birth Control Rings (Vaginal)

Generic NuvaRing sold as:
Annovera
EluRyng
Etonogestrel/Ethyl Estradiol
Haloette

Birth Control Patches (Transdermal)

Generic Ortho Evra sold as:
Xulane
Zafemy

Birth Control Shots (Injection)

Generic Depo-Provera sold as:
Medroxyprogesterone 150 mg/ml IM

Emergency Birth Control

ella

Over-The-Counter (OTC) Birth Control

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

Contraceptive films (e.g. VCF Vaginal)

Contraceptive foams (e.g. VCF Vaginal Aer)
Contraceptive gels (e.g. Gynol II, VCF Vaginal)

Contraceptive pills
Opill

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

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

Today Sponge

Encare Suppository

Birth Control IUDs and Implants

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

For eligible prescriptions — you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Flu Shot and Immunizations

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

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

Routine Immunizations[6]

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

Flu Shots		
Flu (Influenza)		
Afluria	Flublok	FluMist
Fluad	Flucelvax	Fluzone High-Dose
Fluarix	Flulaval	Fluzone

Other Immunizations
COVID-19
Dengue Dengvaxia
Hepatitis A Havrix, Vaqta
Hepatitis B Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB
Hepatitis A/Hepatitis B Twinrix
Human Papilloma Virus (HPV) – Vaccine prevents HPV related cancers Gardasil 9
Measles, Mumps, Rubella M-M-R II, PRIORIX
Meningococcal – Vaccine prevents meningitis Groups A, C, Y and W-135 Menquadfi, Menveo, Penbraya
Meningococcal – Vaccine prevents meningitis Group B Bexsero, Trumenba
Pneumococcal – Vaccine prevents pneumonia Pneumovax 23, Prevnar 20, Vaxneuvance
Poliovirus Ipol
Respiratory Syncytial Virus (RSV) Abrysvo, Arexvy, Beyfortus, mRESVIA
Tdap – Vaccine prevents tetanus, diptheria, pertussis Adacel, Boostrix
Td – Vaccine prevents tetanus and diptheria TDVax, Tenivac
Varicella – Vaccine prevents chicken pox Varivax
Zoster – Vaccine prevents shingles Shingrix

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

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

Frequently asked questions

Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

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

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

What happens if a generic medication becomes available?

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

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

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

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

Is my plan required to cover contraceptives?

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

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

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

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

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

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

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

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

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

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

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

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

Frequently asked questions continued

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

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

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

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

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

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

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

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

Will this drug list change?

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

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

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

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

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

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

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

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

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Optum Rx®

Prescription Reimbursement Request Form

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

1. Member information

RxGroup (see ID card)	Member ID (see ID card)	
Last name	First name	MI
Mailing street address		Apt. #
City	State	ZIP
Prescription is for ☐ Self ☐ Spouse ☐ Dependent	Date of Birth (mm/dd/yyyy)	

2. Custodial parent information

For reimbursement requests from a parent for a child (under the age of 18) when the requesting parent meets both of the following requirements:
1. Parent is not enrolled in the same Group Health plan as the child
2. Parent does not reside in the same household as the subscriber under the child's Group Health plan

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

Legal custodian's name	Legal custodian's contact phone
Custodian requesting reimbursement name	Custodian requesting reimbursement contact phone
Address payment is to be mailed to	

3. Physician and pharmacy information

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

4. Reason for request Select appropriate options for your request

☐ I did not use my Prescription Drug ID card
☐ I used a non-participating pharmacy (please explain)
_____
_____
☐ I filled a compound prescription (your pharmacist must complete section B on the back of this form)
☐ I purchased medication outside of the United States
Country _____
Currency used _____

☐ My primary coverage is with another insurance carrier (coordination of benefits claim; see section C on back for details)
  ☐ I am submitting an Explanation of Benefits (EOB) from another Health Plan or Medicare
  ☐ I am submitting a copay receipt
☐ I was waiting for a drug approval
☐ I was retroactively enrolled with the plan
☐ My pharmacy billed the wrong plan
☐ Other (please explain)_____

5. Acknowledgement

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

Signature: _____ Date: _____

Instructions for submitting form

1. Include the original pharmacy receipt for each medication (not the register receipt). Pharmacy receipts must contain the information in Section A (below). If you do not have pharmacy receipts, ask your pharmacy to provide them to you.
2. Read the Acknowledgement (section 5) on the front of this form carefully. Then sign and date. Print page 2 of this form on the back of page 1.
3. Send completed form with pharmacy receipt(s) to: **Optum Rx Claims Department, PO Box 650334, Dallas, TX 75265-0334**

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

Section A – Pharmacy receipts for reimbursement

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

☐ Date prescription filled
☐ National Drug Code (NDC) number
☐ Prescription number (Rx number)
☐ Name and address of pharmacy
☐ Name of drug and strength
☐ Quantity
☐ Prescribing physician name or ID number

Section B – Pharmacy information (for compound prescriptions ONLY)

(Pharmacist must complete and sign)

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

* Individual quantities must equal the total quantity.

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

Rx#		Date Filled		Days Supply	

VALID 11 digit NDC#	Quantity*	Ingredient Cost†
Compounding Fee		
Total		

X _____
Signature of Pharmacist

Section C – Coordination of benefits

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

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

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

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

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

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

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

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

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

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

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

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

Let us bring your medications to you

With Optum® Home Delivery, you can get a 3-month supply of your long-term medications. Plus, we mail them to you with free standard shipping.

Want more reasons?

Skip the trips

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

Save money

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

Stay on track

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

Easy Payment

Make 1 payment upfront. Or split it up into 3 equal monthly payments.

We're here when you need us

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

Ready for home delivery?

Here are the ways to sign up.

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

Scan code. Log in. Sign up.

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Frequently Asked Questions

Is the Optum Home Delivery pharmacy in my plan's network?

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

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

Medications should arrive within 5 business days after we receive the complete order.

Do I need to set up a home delivery account?

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

What is a long-term medication?

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

Can I use home delivery for any medication?

Use home delivery for long-term medications. See which of your prescriptions can be filled through home delivery by going online or using the app.

Can I set up medication reminders?

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

How does the automatic refill program work?

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

Confused about health care terms? Visit **justplainclear.com**.

Sign up for home delivery today

Log in to **optumrx.com** or use the Optum Rx app

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Optum Rx®

Premium PDL Free Meter Program

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 **ascensiadiabetes.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**

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

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Optum

Welcome to your specialty pharmacy

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

What is a specialty medication?

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

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

What services does the specialty pharmacy provide?

You'll get access to these helpful resources.

Easy prescriptions

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

Expert guidance

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

We're here for you 24/7

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

Sign in or register today

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

Guiding your health journey

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

Getting started

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

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

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

Personalized support

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

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

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

Working with your pharmacist or nurse

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

Staying on track

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

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

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

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Optum

Reduce medication intolerance and waste

It can take time for patients to find the right dose and comfort level before they're able to follow their specialty medication regimen. The Smart Fill program from Optum® Specialty Pharmacy offers two strategies for dispensing specialty medications so that patients get the medications they need, adhere to their therapy and reduce waste:

	Split fill strategy	90-day fill strategy
Eligible classes	Oral oncology	Multiple sclerosis, rheumatoid arthritis, transplant
Patient stability	Unstable on medication	Stable on medication
Clinical benefits	Timely medication adjustment	Patient adherence
Program outcome	Avoid waste	Patient convenience
Fill frequency	Six fills over the first three months	Four fills over 12 months
Copays	Half a copay	Three times the copay

Split fill overview

Side effects sometimes lead patients to stop taking their specialty medication. A recent Optum Rx® analysis found that almost half of patients on certain oral oncology drugs discontinued their therapy within 90 days.

Our split fill program helps avoid early-discontinuation waste by filling half of a patient's oral oncology prescription twice a month. Once the patient tolerates their new drug for three months, they'll be returned to standard days' supply for the rest of their therapy.

Increasing the fill frequency enables:

- More frequent conversations with the patient
- Early identification of adverse events
- Timely clinical intervention
- Adherence monitoring

90-day fill overview

Our 90-day program is a convenient option for patients who demonstrate regiment stability and adherence. Instead of 12 refills and 12 copays per year, the 90-day fill program gives patients four refills of a 90-day supply, with three copays per refill.

This program is voluntary and enables:

- Enhanced member convenience
- Adherence monitoring
- Improved patient satisfaction

About Optum

We're evolving health care so everyone can have the opportunity to live their healthiest life. Together, for better health.

Split fill results

More frequent refills resulted in[2]:

More patient support
Our oncology care team had more frequent touchpoints with patients, spending an additional 428 hours with split fill patients annually.

Cost savings
Split fills helped patients avoid discontinuing their treatment, saving an average $7,035 per instance.

To see how Optum Specialty Pharmacy can help patients with specialty conditions, visit optum.com/optumrx.

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Reference: 1. Optum Specialty Pharmacy. Internal analysis of split fill program. 2020. | 2. Ibid.

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2025
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.

Optum Rx®

Effective Jan. 1, 2025

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.

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.

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. Call the number on the back of your member ID card to learn more about where you can fill your specialty prescriptions.

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 oral tablet	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
bac	1	
BELBUCA	2	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS	E	
CONZIP	E	
DILAUDID ORAL	E	
endocet	1	QL
FENTANYL CITRATE BUCCAL TABLET	E	M
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	

Drug Name	Drug Tier	Notes
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	E	M
oxycodone hcl oral tablet	1	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	E	M
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
QDOLO	E	
ROXICODONE	E	
ROXYBOND	E	
SEGLENTIS	E	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
TRAMADOL HCL ORAL SOLUTION	E	M
tramadol hcl oral tablet	1	QL
TREZIX	3	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	QL
COXANTO	E	
DICLOFENAC PATCH 1.3%	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 potassium oral tablet	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
DUEXIS	E	
ELYXYB	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NALFON	E	
NAPRELAN	3	PA
naproxen oral tablet	1	
OXAPROZIN ORAL CAPSULE	E	M
PENNSAID	E	
RELAFEN DS	E	
SPRIX	E	
VIMOVO	E	
ZIPSOR	E	
Anesthetics		
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	

Drug Name	Drug Tier	Notes
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
TRIDACAINE II	E	
TRIDACAINE III	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
OPVEE	2	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate	1	++; QL
VIVITROL	3	SP
ZIMHI	3	
ZUBSOLV	2	QL
Antibacterials		
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	
cefpodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	E	
metronidazole oral tablet	1	

Drug Name	Drug Tier	Notes
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MINOLIRA	E	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	E	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	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
jantoven	1	
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
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
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide oral tablet	1	
LAMICTAL	E	

Drug Name	Drug Tier	Notes
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
primidone oral	1	
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	E	
VALTOCO	3	QL
VIMPAT	E	
XCOPRI	3	ST
ZONEGRAN	E	
ZONISADE	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
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
ADUHELM	E	SP
donepezil hcl oral tablet	1	
LEQEMBI	E	SP
memantine hcl oral tablet	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	
AUVELITY	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL

Drug Name	Drug Tier	Notes
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
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 BESYLATE ER	E	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour	1	
vilazodone hcl	1	QL

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
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	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	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 INTRAVENOUS	3	

Drug Name	Drug Tier	Notes
CRESEMBA ORAL CAPSULE 186 MG	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
VIVJOA	E	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral tablet	1	
GLOPERBA	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

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
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	E	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	E	
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	QL
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
QULIPTA	2	PA; QL
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	

Drug Name	Drug Tier	Notes
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
AFINITOR	E	SP
AFINITOR DISPERZ	E	SP
AKEEGA	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	SP
anastrozole oral	1	
ARIMIDEX	E	
AUGTYRO	3	PA; SP
BELRAPZO	E	SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Apotex; SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Baxter; SP
BESREMI	E	SP
CABOMETYX ORAL TABLET 20 MG	2	PA; SP; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	SP
COSELA	E	SP
COTELLIC	3	PA; SP
DARZALEX FASPRO	E	SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
FOTIVDA	E	SP
GAVRETO	3	PA; SP
GLEEVEC	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
HERZUMA	E	SP
IBRANCE	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; SP; QL
imatinib mesylate	1	PA; SP
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
INQOVI	E	SP
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP
KISQALI (400 MG DOSE)	3	PA; SP
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO	3	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MEKINIST	3	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
OGIVRI	E	SP
OJJAARA	E	SP

Drug Name	Drug Tier	Notes
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PEMAZYRE	E	SP
PHESGO	2	PA; SP
PIQRAY	3	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG	3	PA; SP; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	3	PA; SP
RETEVMO ORAL CAPSULE	3	PA; SP
REVLIMID	2	PA; SP
REZLIDHIA	E	SP
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	2	PA; SP
RYDAPT	3	PA; SP
RYLAZE	E	SP
SCEMBLIX ORAL TABLET 100 MG, 40 MG	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG	3	PA; SP; QL
SPRYCEL	2	PA; SP
STIVARGA	2	PA; SP
SUTENT	E	SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	

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
TARGRETIN ORAL	E	SP
TASIGNA	3	PA; SP
TAZVERIK	E	SP
temozolomide	1	PA; SP
TEPMETKO	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUQAP	3	PA; SP
TRUXIMA	E	SP
VEGZELMA	E	SP
VERZENIO	3	PA; SP
VIJOICE ORAL TABLET THERAPY PACK	E	SP
VITRAKVI	3	PA; SP
VIVIMUSTA	E	SP
XALKORI	E	SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
atovaquone-proguanil hcl	1	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	

Drug Name	Drug Tier	Notes
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
DHIVY	E	
GOCOVRI	E	
INBRIJA	3	PA; SP
NEUPRO	3	
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 ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	E	
lurasidone hcl	1	QL

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

Drug Name	Drug Tier	Notes
LYBALVI	E	
olanzapine oral tablet	1	QL
PERSERIS	3	++
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
RYKINDO	3	++
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY	3	++
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA	E	
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral tablet	1	
APRETUDE	E	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	E	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	
emtricitabine-tenofovir df	1	
EPCLUSA	2	PA; SP; QL
HARVONI	2	PA; SP; QL
JULUCA	2	

Drug Name	Drug Tier	Notes
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
SYMTUZA	3	
TAMIFLU	E	
TRIUMEQ	2	
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	E	
VOCABRIA	E	
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	

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
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
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
DOPTELET	3	PA; SP
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
EPOGEN	E	SP
ESPEROCT	3	SP
FABHALTA	3	PA; SP; QL
FULPHILA	E	SP
FYLNETRA	E	SP
GRANIX	E	SP
IDELVION	3	SP
JESDUVROQ	E	SP

Drug Name	Drug Tier	Notes
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYVEPRIA	E	SP
PROCRIT	2	PA; SP
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RELEUKO	E	SP
RETACRIT	2	PA; SP
ROLVEDON	E	SP
SEVENFACT	E	SP
SOLIRIS	3	PA; SP
STIMUFEND	E	SP
TAVALISSE	3	PA; SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP
UDENYCA ONBODY	3	PA; SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	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
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ASPRUZYO SPRINKLE	E	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	E	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
CAMZYOS	E	SP
candesartan cilexetil	1	
CARDIZEM LA	E	
cartia xt	1	
carvedilol	1	

Drug Name	Drug Tier	Notes
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
clonidine hcl oral	1	
COLESTID	E	
CONJUPRI	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	E	
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	PA
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	PA
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
INPEFA	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	
LODOCO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	

Drug Name	Drug Tier	Notes
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
minoxidil oral	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL

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 PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium oral	1	
simvastatin oral	1	
SOAANZ	E	
sotalol hcl oral	1	
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	M
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	

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS XR-ODT	E	
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
CONCERTA	E	
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
DYANAVEL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	
methylphenidate hcl er (cd)	1	ST; QL
methylphenidate hcl er (la)	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
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	QL
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	E	
XELSTRYM	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	SP
AUBAGIO	E	SP
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	E	SP

Drug Name	Drug Tier	Notes
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
EXTAVIA	E	SP
GILENYA ORAL CAPSULE 0.5 MG	E	SP
glatiramer acetate	1	PA; SP; QL
glatopa	1	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
PONVORY	E	SP
PONVORY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TASCENSO ODT	E	SP
TECFIDERA	E	SP
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL

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
Central Nervous System Agents - Miscellaneous		
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
CONTRAVE	E	
DAYBUE	E	SP
EXSERVAN	E	
GRALISE	3	ST; QL
GRALISE ORAL 300 (9) & 600(24) MG	3	ST; QL
HORIZANT	3	PA; QL
IMCIVREE	E	SP
INGREZZA	3	PA; SP; QL
LYRICA	E	
LYRICA CR	E	
phentermine hcl oral	1	++
pregabalin oral capsule	1	QL
QSYMIA	2	PA; ++
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
SAXENDA	2	PA; ++; QL
TEGLUTIK	2	PA; QL
VYLEESI	3	PA; ++; QL
WAINUA	3	PA; SP; QL
WEGOVY	2	PA; ++; QL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; ++; QL

Drug Name	Drug Tier	Notes
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
accutane	1	
ACZONE	E	
adapalene-benzoyl peroxide external gel	1	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ALA SCALP	E	
ala-cort	1	
amnesteem	1	
AMZEEQ	3	
APEXICON E	E	
ARAZLO	E	
azelaic acid external	1	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external ointment	1	
CABTREO	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
CALCIPOTRIENE EXTERNAL FOAM	E	M
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	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	E	
desonide external cream	1	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	

Drug Name	Drug Tier	Notes
DIFFERIN EXTERNAL LOTION	E	
DUOBRII	E	
DUPIXENT	2	PA; SP; QL
ELIDEL	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EPSOLAY	E	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
finasteride oral tablet 1 mg	1	
fluocinonide external cream	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYFTOR	E	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPOYZ	E	
isotretinoin 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
KENALOG	E	
KLISYRI	3	ST
LEXETTE	E	
LITFULO	3	PA; SP; QL
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
NORITATE	E	
ONEXTON	1	
OPZELURA	E	
ORACEA	E	
PANDEL	E	
PROPECIA	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA; ++
RHOFADE	E	
SANTYL	3	QL
SOOLANTRA	3	
SORILUX	E	
TACLONEX	3	QL
tacrolimus external	1	QL

Drug Name	Drug Tier	Notes
TAZAROTENE EXTERNAL FOAM	E	
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
triderm	1	
TWYNEO	3	
ULTRAVATE	E	
VECTICAL	E	
VTAMA	3	PA
WINLEVI	E	
WYNZORA	3	QL
YCANTH	3	PA
zenatane	1	
ZIANA	E	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM 0.3 %	E	
ZORYVE EXTERNAL FOAM	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BEXAGLIFLOZIN	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
BRENZAVVY	E	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
BYETTA 10 MCG PEN	2	PA; QL
BYETTA 5 MCG PEN	2	PA; QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	M
DAPAGLIFLOZIN PROPANEDIOL	E	M
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
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	E	
MOUNJARO	2	PA; QL
ONGLYZA	E	

Drug Name	Drug Tier	Notes
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	PA; QL
SEGLUROMET	E	
SITAGLIPTIN	E	M
SOLIQUA	2	
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRIJARDY XR	2	
TRULICITY	2	PA; QL
TZIELD	E	
VICTOZA	E	
XIGDUO XR	2	
ZITUVIO	E	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CEQUR SIMPLICITY 2U 10PK	2	++
CEQUR SIMPLICITY INSERTER	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR	2	++

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
CONTOUR NEXT MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT	2	++
CONTOUR NEXT GEN TEST STRIPS	2	++; QL
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
DEXCOM G7 RECEIVER	2	PA; ++
DEXCOM G7 SENSOR	2	PA; ++
ENLITE GLUCOSE SENSOR	3	PA; ++
EVERSENSE E3 SENSOR/HOLDER	E	
EVERSENSE E3 SMART TRANSMITTER	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 PLUS SENSOR	E	

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 3 READER	E	
FREESTYLE LIBRE 3 SENSOR	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN CONNECT TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN SENSOR (3)	3	PA; ++
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH VERIO KIT W/DEVICE	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
TEMPO REFILL	E	
TEMPO SMART BUTTON	E	
TEMPO WELCOME	E	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	++
BAQSIMI TWO PACK	2	++

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

Drug Name	Drug Tier	Notes
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius; ++
GVOKE HYPOPEN 1-PACK	E	
GVOKE HYPOPEN 2-PACK	E	
GVOKE KIT	E	
GVOKE PFS	E	
ZEGALOGUE	2	++
Diabetes - Insulins		
ADMELOG	1	++
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN	E	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
FIASP	1	++
FIASP FLEXTOUCH	1	++
FIASP PENFILL	1	++
HUMALOG	1	++
HUMALOG KWIKPEN	1	++
HUMALOG MIX 50/50 KWIKPEN	1	++
HUMALOG MIX 50/50 VIAL	1	++

Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25 KWIKPEN	1	++
HUMALOG MIX 75/25 VIAL	1	++
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N KWIKPEN	1	++
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R U-500 VIAL	1	++
HUMULIN R VIAL	1	++
INSULIN ASP PROT & ASP FLEXPEN	E	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	
INSULIN ASPART PENFILL	E	
INSULIN ASPART PROT & ASPART	E	
INSULIN DEGLUDEC	E	
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	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
INSULIN GLARGINE-YFGN	E	
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	1	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LEVEMIR FLEXPEN	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	1	++
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	++
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	++
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	++

Drug Name	Drug Tier	Notes
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	1	++
TOUJEO SOLOSTAR	1	++
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
CUVRIOR	E	SP
cyanocobalamin injection solution 1000 mcg/ml	1	++
cyanocobalamin nasal	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
JYNARQUE	E	SP
klor-con 10	1	
klor-con m10	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
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	E	
LOKELMA	3	
NASCOBAL	3	++
POKONZA	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
SYPRINE	E	SP
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	E	
dexlansoprazole	1	++; QL
esomeprazole magnesium oral capsule delayed release	1	++; QL
famotidine oral suspension reconstituted	1	++
famotidine oral tablet 20 mg, 40 mg	1	++
KONVOMEP	E	

Drug Name	Drug Tier	Notes
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	++; QL
sucralfate oral tablet	1	
VOQUEZNA	E	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
constulose	1	
dicyclomine hcl 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
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n with flavor pack	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GOLYTELY	E	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	
lactulose oral solution	1	
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
OMECLAMOX-PAK	2	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
PLENVU	E	
PYLERA	3	
REBYOTA	3	PA; SP
RELISTOR	E	
RELTONE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	

Drug Name	Drug Tier	Notes
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	3	
TRULANCE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	M
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
VOWST	E	SP
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
AMONDYS 45	E	SP
BUPHENYL	E	SP
CERDELGA	3	PA; SP
CREON	2	
ELEVIDYS	E	SP
ELFABRIO	E	SP
EXONDYS 51	E	SP
FABRAZYME	2	PA; SP
JAVYGTOR	E	SP
KUVAN	E	SP
OLPRUVA (2 GM DOSE)	E	SP
OLPRUVA (3 GM DOSE)	E	SP
OLPRUVA (4 GM DOSE)	E	SP
OLPRUVA (5 GM DOSE)	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
OLPRUVA (6 GM DOSE)	E	SP
OLPRUVA (6.67 GM DOSE)	E	SP
ORFADIN	3	PA; SP
PALYNZIQ	E	SP
PANCREAZE	E	
PERTZYE	E	
PHEBURANE	3	PA; SP
RAVICTI	E	SP
STRENSIQ	2	PA; SP
VILTEPSO	E	SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ELMIRON	E	
GEMTESA	E	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP

Drug Name	Drug Tier	Notes
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	E	
tadalafil oral	1	++; QL
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	
TOVIAZ	E	
VELPHORO	E	
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	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
dexamethasone 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
EMFLAZA	E	SP
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG-40	E	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
Hormonal Agents - Men's Health		
ANDROGEL PUMP	E	
AVEED	E	
DEPO-TESTOSTERONE	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel	1	PA
TLANDO	E	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP

Drug Name	Drug Tier	Notes
cabergoline	1	
CETROTIDE	E	SP
CORTROPHIN	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon; ++; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
HUMATROPE	E	SP
ISTURISA	E	SP
LANREOTIDE ACETATE	E	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
LUPRON DEPOT-PED (6-MONTH)	3	PA; SP
MENOPUR	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
MYCAPSSA	E	SP
NGENLA	3	PA; ++; SP
NOCDURNA	3	PA
NORDITROPIN FLEXPRO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	3	PA; ++; SP
NUTROPIN AQ NUSPIN 20	3	PA; ++; SP
NUTROPIN AQ NUSPIN 5	3	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
RECORLEV	E	SP
SAIZEN	E	SP
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SKYTROFA	3	PA; ++; SP
SOGROYA	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	++
ANNOVERA	3	++; QL
apri	1	++

Drug Name	Drug Tier	Notes
ashlyna	1	++; QL
aubra eq	1	++
aurovela 1.5/30	1	++
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
camila	1	++
camrese	1	++; QL
camrese lo	1	++; QL
chateal eq	1	++
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	++
cyred eq	1	++
daysee	1	++; QL
deblitane	1	++
DELESTROGEN	E	
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
elinest	1	++

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Drug Name	Drug Tier	Notes
eluryng	1	++
emzahh	1	++
ENDOMETRIN	2	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
haloette	1	++
heather	1	++
iclevia	1	++; QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
introvale	1	++; QL
isibloom	1	++
jaimiess	1	++; QL

Drug Name	Drug Tier	Notes
jasmiel	1	++
jencycla	1	++
jolessa	1	++; QL
juleber	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kalliga	1	++
kurvelo	1	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonorgest-eth est & eth est	1	++; QL
levonorgest-eth estrad 91-day	1	++; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
levora 0.15/30 (28)	1	++
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	++; QL
loryna	1	++
low-ogestrel	1	++
lo-zumandimine	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
lutera	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin 24 fe	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
mimvey	1	
MIRENA (52 MG)	3	++
mono-linyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
NEXTSTELLIS	E	
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	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	++

Drug Name	Drug Tier	Notes
norlyroc	1	++
nymyo	1	++
ocella	1	++
ORIAHNN	2	PA; QL
portia-28	1	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
reclipsen	1	++
rivelsa	1	++; QL
SAFYRAL	E	
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 eq	1	++
tri-estarylla	1	++
tri-linyah	1	++
tri-lo-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++
tri-mili	1	++
tri-nymyo	1	++
tri-sprintec	1	++
tri-vylibra	1	++
tri-vylibra lo	1	++

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
turqoz	1	++
TWIRLA	E	
VAGIFEM	E	
vestura	1	++
vienva	1	++
VIVELLE-DOT	E	
vylibra	1	++
xulane	1	++
YASMIN 28	E	
YAZ	E	
yuvafem	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ADTHYZA	3	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	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	
NIVA THYROID	3	
np thyroid oral tablet 15 mg, 30 mg, 60 mg	1	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	

Drug Name	Drug Tier	Notes
TIROSINT-SOL	E	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	SP
ABRILADA (2 PEN)	E	SP
ABRILADA (2 SYRINGE)	E	SP
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA INTRAVENOUS	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
ADALIMUMAB-AACF (2 PEN)	E	SP
ADALIMUMAB-AATY (1 PEN)	E	SP
ADALIMUMAB-AATY (2 PEN)	E	SP
ADALIMUMAB-AATY (2 SYRINGE)	E	SP
ADALIMUMAB-ADAZ	E	SP
ADALIMUMAB-ADBM (2 PEN)	E	SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	SP
ADALIMUMAB-FKJP (2 PEN)	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
ADALIMUMAB-FKJP (2 SYRINGE)	E	SP
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	SP
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	E	SP
ADALIMUMAB-RYVK (2 PEN)	E	SP
ALYGLO	E	SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	2	PA; SP; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	2	PA; SP; QL
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	2	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	2	PA; SP; QL
ASCENIV	E	SP
AVSOLA	2	PA; SP
azathioprine oral	1	
BENLYSTA	3	PA; SP
BIMZELX	E	SP

Drug Name	Drug Tier	Notes
BIVIGAM	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA STARTER KIT	2	PA; SP; QL
CINRYZE	E	SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
CUTAQUIG	3	PA; SP
CYLTEZO (2 PEN)	E	SP
CYLTEZO (2 SYRINGE)	E	SP
CYLTEZO-CD/UC/HS STARTER	E	SP
CYLTEZO-PSORIASIS/UV STARTER	E	SP
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
ENTYVIO SUBCUTANEOUS	3	PA; SP; QL
FIRAZYR	E	SP
HADLIMA	E	SP
HADLIMA PUSHTOUCH	E	SP
HAEGARDA	3	PA; SP
HIZENTRA	3	PA; SP
HULIO (2 PEN)	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
HULIO (2 SYRINGE)	E	SP
HUMIRA (2 PEN)	E	SP
HUMIRA (2 SYRINGE)	E	SP
HUMIRA-CD/UC/HS STARTER	E	SP
HUMIRA-PSORIASIS/UVEIT STARTER	E	SP
HYRIMOZ	E	SP
HYRIMOZ-CROHNS/UC STARTER	E	SP
HYRIMOZ-PED<40KG CROHN STARTER	E	SP
HYRIMOZ-PED>/=40KG CROHN START	E	SP
HYRIMOZ-PLAQUE PSORIASIS START	E	SP
IDACIO (2 PEN)	E	SP
IDACIO (2 SYRINGE)	E	SP
IDACIO-CROHNS/UC STARTER	E	SP
IDACIO-PSORIASIS STARTER	E	SP
INFLECTRA	2	PA; SP
INFLIXIMAB	E	SP
JOENJA	E	SP
JYLAMVO	3	PA
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	

Drug Name	Drug Tier	Notes
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT	3	PA; SP; QL
OMVOH	2	PA; SP; QL
ORENCIA CLICKJECT	3	PA; 3P; SP; QL
ORENCIA INTRAVENOUS	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
OTREXUP	E	
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	E	SP
REZUROCK	E	SP
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SAJAZIR	E	SP
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
SOTYKTU	2	PA; SP; QL
STELARA INTRAVENOUS	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
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	
TAKHZYRO	3	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	2	PA; SP; QL
TREMFYA	2	PA; SP; QL
TREXALL	3	
VELSIPITY	E	SP
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	PA; SP
YUFLYMA (1 PEN)	E	SP
YUFLYMA (2 PEN)	E	SP
YUFLYMA (2 SYRINGE)	E	SP
YUFLYMA-CD/UC/HS STARTER	E	SP
YUSIMRY	E	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide oral	1	
CANASA	E	
CORTIFOAM	3	
DELZICOL	E	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	

Drug Name	Drug Tier	Notes
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release	1	
PENTASA	E	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral tablet	1	
TARPEYO	E	SP
UCERIS ORAL	E	
UCERIS RECTAL	3	
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) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	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
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BD ULTRA-FINE PEN NEEDLES	2	++
DOJOLVI	E	
DUROLANE	2	PA; ++
DYSPORT	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 ORAL SOLUTION 9.5 MG/ML	E	SP
MONOVISC	E	
MYOBLOC	2	PA
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
OMNIPOD 5 G6 INTRO (GEN 5)	2	++
OMNIPOD 5 G6 PODS (GEN 5)	2	++
OMNIPOD CLASSIC PODS (GEN 3)	2	++
OMNIPOD DASH INTRO (GEN 4)	2	++
OMNIPOD DASH PODS (GEN 4)	2	++
OMNIPOD GO	2	++
ORTHOVISC	E	

Drug Name	Drug Tier	Notes
OXBRYTA	E	SP
PALFORZIA	E	
PHEXXI	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
SYNVISC	E	
SYNVISC ONE	E	
TAVNEOS	E	SP
TRILURON	E	
TRIVISC	E	
VEOZAH	E	
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
VISCO-3	E	
VYVGART	3	PA; SP
VYVGART HYTRULO	3	PA; SP
XEOMIN	2	PA
XPHOZAH	E	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BEPREVE	E	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
ILEVRO	E	
INVELTYS	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
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	E	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVY	E	
ZERVIATE	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
COMBIGAN	E	

Drug Name	Drug Tier	Notes
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IYUZEH	E	
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 IN OCUDOSE OPHTHALMIC SOLUTION 0.25 %	E	
TIMOPTIC OCUDOSE	E	
TRAVATAN Z	E	
VUITY	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
BYOOVIZ	E	SP
CEQUA	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
cyclosporine ophthalmic	E	
LATISSE	E	
LUCENTIS	E	SP
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
TYRVAYA	3	PA; QL
VERKAZIA	E	
VEVYE	E	
XIIDRA	2	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL

Drug Name	Drug Tier	Notes
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
RYALTRIS	3	QL
XHANCE	E	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
AIRSUPRA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	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
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	M
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q	3	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	1	QL
breyna	E	
BREZTRI AEROSPHERE	2	QL

Drug Name	Drug Tier	Notes
BROVANA	E	
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	E	
ESBRIET	E	SP
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL
FLUTICASONE FUROATE-VILANTEROL	E	M
FLUTICASONE PROPIONATE DISKUS	E	M
FLUTICASONE PROPIONATE HFA	E	M
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	M
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL

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

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	M
INCRUSE ELLIPTA	E	
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP
PERFOROMIST	3	QL
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL

Drug Name	Drug Tier	Notes
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
VENTOLIN HFA	E	
wixela inhub	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
XOPENEX HFA	E	
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	SP
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

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
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
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN	E	SP
REVATIO	E	SP
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	E	SP
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TADLIQ	E	SP
TRACLEER 62.5 MG, 125 MG	E	SP
treprostinil solution 100 mg/20ml injection	1	PA; SP
treprostinil solution 100 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 20 mg/20ml injection	1	PA; SP
treprostinil solution 20 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 200 mg/20ml injection	1	PA; SP
treprostinil solution 200 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 50 mg/20ml injection	1	PA; SP
treprostinil solution 50 mg/20ml injection	1	PA; Made by Sandoz; SP
TYVASO	3	PA; SP; QL
TYVASO DPI INSTITUTIONAL KIT	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL
TYVASO REFILL KIT	3	PA; SP; QL
TYVASO STARTER KIT	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
BACLOFEN ORAL SOLUTION 10 MG/5ML	E	
BACLOFEN ORAL SOLUTION 5 MG/5ML	E	M
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
FLEQSUVY	E	
LORZONE	3	
LYVISPAH	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	E	
NORGESIC FORTE	E	

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

Drug Name	Drug Tier	Notes
ORPHENGESIC FORTE	E	M
OZOBAX DS	E	
SOMA	E	
tizanidine hcl oral	1	
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
LUMRYZ	E	SP
LUNESTA	E	
modafinil oral	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
RESTORIL	E	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; Made by Hikma; M; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	Made by Amneal; M; SP
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	E	SP
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL

Drug Name	Drug Tier	Notes
ZOLPIDEM TARTRATE ORAL CAPSULE	E	
zolpidem tartrate oral tablet	1	QL

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

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Optum Rx®

Prior authorization Premium Formulary

Utilization management updates
Jan. 1, 2025

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 TAB	None
Antibiotics	AEMCOLO TAB	None
	XIFAXAN TAB 550 MG	None
	ZINPLAVA IV SOLN	None
Antifungals	CICLOPIROX KIT	None
	CRESEMBA CAP	None
	KERYDIN SOLN	None
	NOXAFIL PACKET	None
	NOXAFIL SUSP	None
	NOXAFIL TAB	None
	SPORANOX	None
	VFEND SUSP	None
	VFEND TAB	None
Antimalarial	QUALAQUIN CAP	None
Antiretrovirals, HIV	SELZENTRY	None
	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB THERAPY PACK 4 X 300 MG	2 packs (8 tabs) per 365 days
	SUNLENCA TAB THERAPY PACK 5 X 300 MG	2 packs (10 tabs) per 365 days
Cardiology		
Antilipemic	NEXLETOL TAB	1 tablet per day
	NEXLIZET TAB	1 tablet per day
	REPATHA	3 syringes per 28 days
	REPATHA PUSH	1 cartridge per 28 days
	VASCEPA CAP	None
Heart Failure	CORLANOR SOLN	15 mL per day
	CORLANOR TAB	2 tablets per day
	VERQUVO TAB	1 tablet per day
Miscellaneous	DEMSER CAP 250 MG	16 capsules per day
	DIBENZYLINE CAP	None
Central Nervous System		
Analgesics (cough opioid) (PA age <18 years only)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF BP LIQUID 30-2-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	M-END PE LIQUID 3.33-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days

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

Therapy class	Medication name	Quantity limit
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUSNEL C SYRUP 30-10-100 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days
	TUZISTRA XR SUSP 14.7-2.8 MG/5 ML	240 mL per fill, 2 fills per 60 days
Analgesics (non-opioid)	diclofenac soln	None
	QUTENZA PATCH KIT	4 patches per 90 days
Analgesics (opioid)	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	buprenorphine patch	4 patches per 28 days
	fentanyl patch	15 patches per 30 days
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day
	hydromorphone ER tab	2 tablets per day
	HYSINGLA ER TAB	1 tablet per day
	methadone tab	None
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day
	morphine ER cap	2 capsules per day
	morphine ER tab	3 tablets per day
	OXYCONTIN ER TAB	4 tablets per day
	oxymorphone ER tab	4 tablets per day
	tramadol ER tab	1 tablet per day
	XTAMPZA ER CAP	4 capsules per day
Analgesics Gastroprotective Agents	naproxen/esomeprazole tab	2 tablets per day
Anticonvulsants	BANZEL	None
	HORIZANT	2 tablets per day
Antipsychotics	ADASUVE INHALER 10 MG	None
	IGALMI FILM	None
Benzodiazepines	SYMPAZAN, clobazam	None
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	1.8 mL (6 injections) per 30 days
Migraine	AIMOVIG INJ	2 syringes per 28 days
	AIMOVIG INJ 140 MG/ML	1 syringe per 28 days
	AJOVY	3 syringes per 84 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	EMGALITY INJ 100MG/ML	3 syringes per 28 days

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

Therapy class	Medication name	Quantity limit
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	1 package (8 vials) per 30 days
	NURTEC ODT	8 tablets per 30 days
	QULIPTA TAB	1 tablet per day
	UBRELVY TAB	10 tablets per 30 days
	VYEPTI IV SOLN	3 vials per 84 days
	ZAVZPRET NASAL SPRAY 10 MG/ACT	6 devices per 30 days
Miscellaneous	NUEDEXTA CAP	None
	RILUTEK TAB (Brand only)	2 tablets per day
	TIGLUTIK SUSP	20 mL per day
Neurotoxins	BOTOX COSMETIC INJ	None
	BOTOX INJ	None
	DAXXIFY INJ	None
	DYSPORT INJ	None
	MYOBLOC INJ	None
	XEOMIN INJ	None
Parkinson's	DUOPA SUSP 4.63-20 MG/ML	None
	NUPLAZID CAP	None
	NUPLAZID TAB	None
Sedative Hypnotics	flurazepam cap	1 capsule per day
Stimulants	armodafinil tab	1 tablet per day
	armodafinil tab 50 mg	2 tablets per day
	modafinil tab	1 tablet per day
	SUNOSI TAB	1 tablet per day
Weight Loss	LOMAIRA TAB 8 MG	None
	QSYMIA CAP	None
	SAXENDA INJ	5 syringes per 30 days
	WEGOVY INJ	4 syringes per 28 days
	XENICAL CAP 120 MG	None
	ZEPBOUND INJ	4 syringes per 28 days
Dermatology		
Acne (Oral)	ABSORICA LD CAP	None
Acne (topical)	AKLIEF CREAM	None
	ALTRENO, ATRALIN, tretinoin	None
	tazarotene	None
Beta-Blocker	HEMANGEOL SOLN 4.28 MG/ML	None
Molluscum Contagiosum Agents	YCANTH SOLN 0.7%	None
Plaque Psoriasis	VTAMA CREAM 1%	None
Electrolyte & Renal Agents		
Vasopressin Analog	NOCDURNA SL TAB	None

Therapy class	Medication name	Quantity limit
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Androgens, Testosterone (Injectable)	testosterone cypionate	None
	testosterone	None
	testosterone enanthate	None
Androgens, Testosterone (Oral)	KYZATREX CAP	None
	METHITEST TAB 10 MG	None
	methyltestosterone cap	None
Androgens, Testosterone (Topical)	ANDRODERM PATCH	None
	testosterone gel	None
	testosterone soln	None
Antidiabetic Agents	AFREZZA INHALATION POWDER	None
	SYMLINPEN INJ	None
Diabetic Supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonists	BYDUREON BCISE	4 syringes per 28 days
	BYETTA INJ	1 syringe per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
	LIRAGLUTIDE	3 syringes per 30 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 capsules per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Gastroenterology		
Antiemetics	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	MARINOL CAP	2 capsules per day
	SYNDROS SOLN	4 mL per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Helicobacter Pylori Agents	VOQUEZNA DUAL PAK	None
	VOQUEZNA TRIPLE PAK	None
Irritable Bowel Syndrome	LOTRONEX TAB	None
	VIBERZI TAB	2 tablets per day
Immunology		
Allergen Extracts	GRASTEK SL TAB	1 tablet per day
	ODACTRA SL TAB 12 SQ-HDM	1 tablet per day

Therapy class	Medication name	Quantity limit
	ORALAIR SL TAB 100 IR	2 packs per 365 days
	ORALAIR SL TAB 300 IR	1 tablet per day
	RAGWITEK SL TAB	1 tablet per day
Immune Globulins	VARIZIG	None
Miscellaneous		
Amino Acid	ENDARI POWDER PACK	None
Anticholinergic	CUVPOSA SOLN 1 MG/5 ML	None
	GLYCATE TAB 1.5 MG	6 tablets per day
	ROBINUL FORTE TAB 2 MG (Brand only)	4 tablets per day
	ROBINUL TAB 1 MG (Brand only)	4 tablets per day
Antimetabolites	SIKLOS TAB	None
Calcium Modifier	cinacalcet tab	None
Methotrexate Auto-Injectors	RASUVO INJ	4 syringes per 28 days
Movement Disorder Agents	NOURIANZ TAB	None
Toxicology	EXJADE, JADENU	None
	FERRIPROX SOLN 100 MG/ML	None
	FERRIPROX TAB	None
	PEDMARK INJ 12.5 GM	None
Viscosupplements	DUROLANE INJ	None
	EUFLEXXA INJ 20 MG/2 ML	None
	GELSYN-3 INJ 16.8 MG/2 ML	None
Wound Care	REGRANEX GEL	None
Non-Solid Oral Dosage Forms		
Antihypertensive Agents	NORLIQVA SOLN 1 MG/ML	None
Oncology (Oral)	JYLAMVO SOLN 2 MG/ML	None
	XATMEP SOLN 2.5 MG/ML	None
Ophthalmology		
Dry Eye	CEQUA	None
	EYSUVIS SUSP 0.25%	None
	MIEBO SOLN 1.3 GM/ML	12 mL (4 bottles) per 30 days
	RESTASIS EMULSION 0.05% (Brand only)	None
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	XIIDRA SOLN	None
Miscellaneous	XIPERE SUSP 40 MG/ML	None
Prostaglandins	IDOSE TR IMPLANT	None
Vasoconstrictor	UPNEEQ SOLN	None
Respiratory		
Asthma/COPD	DALIRESP TAB	None
Clinical Duplicates		
	ABILIFY MYCITE MAINTENANCE KIT	1 tablet per day
	ABILIFY MYCITE STARTER KIT	2 starter packs per 365 days
	ACUVAIL SOLN 0.45%	None
	ALLZITAL TAB 25-325 MG	None
	ALOCRIL SOLN 2%	None

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Therapy class	Medication name	Quantity limit
	ALREX SUSP 0.2%	None
	ANALPRAM-HC LOT 2.5%	None
	BETOPTIC S SUSP 0.25%	None
	BRYHALI LOT 0.01%	None
	BUTAL/APAP CAP 50-300 MG	None
	CAROSPIR SUSP 25 MG/5 ML	None
	CORDRAN CREAM 0.025%	None
	DENAVIR CREAM 1%	5 gm per 30 days
	DEXABLISS TAB 1.5 MG	None
	DUREZOL EMU 0.05%	None
	DURLAZA CAP 162.5 MG	None
	DUTOPROL TAB	None
	DXEVO 11-DAY PAK 1.5 MG	None
	ECOZA AER 1%	None
	EPANED SOLN 1 MG/ML	None
	ERTACZO CREAM 2%	None
	EXELDERM	None
	FENOFIBRATE MICRONIZED CAP	None
	FOSAMAX + D	4 tablets per 28 days
	GIALAX KIT	None
	GILPHEX TR TAB 10-388 MG	None
	GILTUSS TR TAB 10-28-388 MG	None
	GLYCATE TAB 1.5 MG	None
	HALOG SOLN 0.1%	None
	HIDEX 6-DAY PAK 1.5 MG, TAPERDEX PAK 6 DAY	None
	HYDROXYM, HYDROXATE GEL 2%	None
	KARBINAL ER SUSP 4 MG/5 ML	None
	KRISTALOSE PAK	None
	halobetasol	None
	LOTEMAX GEL 0.5%	4 bottles per 365 days
	LOTEMAX OINT 0.5%	4 bottles per 365 days
	LUZU CREAM 1%	None
	MENTAX CREAM 1%	None
	MILLIPRED TAB 5 MG	None
	NAPRELAN CR TAB	None
	NEXICLON XR TAB 0.17 MG	None
	ORAVIG TAB 50 MG	None
	OTOVEL SOLN 0.3-0.025%	None
	OXISTAT LOT 1%	None
	PLIAGLIS CREAM 7-7%	None
	QBRELIS SOLN 1 MG/ML	None
	SITAVIG TAB 50MG	2 tablets per 30 days
	SIVEXTRO TAB	6 tablets per 30 days
	SPRITAM TAB	None

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Therapy class	Medication name	Quantity limit
	SULFAMYLON CREAM 85 MG/GM	None
	SYNERA PATCH 70-70 MG	None
	TAPERDEX PAK	None
	VTOL LQ SOLN 50-325-40 MG/15 ML	None
	VEREGEN OINT 15%	None
	VUSION OINT	None
	XERESE CREAM 5-1%	None
	XOLEGEL GEL 2%	None
	ZCORT 7-DAY TAB 1.5 MG	None
	ZILRETTA INJ 32 MG	None
	ZUPLENZ FILM	10 films per 30 days
	ZILRETTA INJ 32 MG	None

Premium specialty prior authorization list

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotics	ARIKAYCE SUSP 590 MG/8.4 ML	None
	REBYOTA SUSP	None
Antifungals	REZZAYO IV SOLN	None
Antiprotozoal	DARAPRIM TAB	None
Antivirals	LIVTENCITY TAB	None
Cardiology		
Antilipemic	EVKEEZA IV SOLN	None
	JUXTAPID CAP	1 capsule per day
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
Hemostatic Agent	BERINERT INJ	10 vials per 30 days
	HAEGARDA INJ	None
	icatibant inj	6 syringes per 30 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO	None
Pulmonary Arterial Hypertension	ADEMPAS TAB	3 tablets per day
	ambrisentan tab	1 tablet per day
	bosentan tab	2 tablets per day
	FLOLAN/VELETRI	None
	OPSUMIT TAB	1 tablet per day
	ORENITRAM TAB	None
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	sildenafil iv soln	None
	sildenafil susp	2 bottles per 30 days
	sildenafil tab	3 tablets per day
	tadalafil tab	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	treprostinil	None
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-48 MCG	8 cartridges per day
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAVI IV SOLN	None
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
Transthyretin Stabilizers	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day
Vasopressors	NORTHERA CAP	None

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Therapy class	Medication name	Quantity limit
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Anticonvulsants	DIACOMIT	None
	EPIDIOLEX SOLN	None
	FINTEPLA SOLN	None
	vigabatrin powder pack	None
	vigabatrin tab	None
	ZTALMY	None
Antidepressants	SPRAVATO NASAL SPRAY	None
	ZULRESSO IV SOLN	None
Antipruritic	KORSUVA INJ 50 MCG/ML	None
Depressant	SODIUM OXYBATE (Hikma brand only)	18 mL per day
Depressant	XYWAV SOLN	18 mL per day
Gene Therapy	LENMELDY	None
	SKYSONA	None
Miscellaneous	QALSODY SOLN	None
	RADICAVA	None
	RELYVRIO PAK 3-1 GM	2 packets per day
Muscular Dystrophy	AGAMREE	None
	deflazacort	None
Neurological Agents	AMVUTTRA INJ	0.5 mL per 90 days
	ONPATTRO IV SOLN	None
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ 45 MG/0.8 ML	1 syringe per 28 days
Parkinson's	APOKYN INJ	30 cartridges per 30 days
	INBRIJA CAP	None
Sleep Disorder	tasimelteon cap	1 capsule per day
	WAKIX TAB	2 tablets per day
Dermatology		
Alkylating Agents	VALCHLOR GEL	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE IMPLANT	None
Epidermolysis Bullosa Agent	VYJUVEK GEL	10 mL (4 vials) per 28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS TAB, ORMALVI	4 tablets per day
Endocrinology & Metabolism		
Antidiabetic Agents	LANTIDRA IV SUSP	None
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Cyclic Pyranopterin Monophosphate (cPMP) Substrate Replacement Therapy	NULIBRY IV SOLN	None

Therapy class	Medication name	Quantity limit
Endothelin Receptor Antagonist	FILSPARI TAB	1 tablet per day
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD INJ 7.5 MG	1 injection per 28 days
	ELIGARD INJ 22.5 MG	1 injection per 84 days
	ELIGARD INJ 30 MG	1 injection per 112 days
	ELIGARD INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	leuprolide inj 1 mg/0.2 mL	None
	LEUPROLIDE INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT INJ	None
	LUPRON DEPOT-PED INJ	None
	ORGOVYX TAB	None
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
	TRIPTODUR INJ	1 injection per 168 days
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial per day
	NGENLA	None
	NORDITROPIN, NUTROPIN AQ, OMNITROPE	None
	SEROSTIM INJ	None
	SKYTROFA INJ	None
	ZORBTIVE INJ	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX	None
	SOMAVERT	None
Hormone Modifiers	MYALEPT INJ	None
	NATPARA INJ	2 cartridges per 28 days
Hyperammonemia Agents	CARBAGLU TAB 200 MG	None
Miscellaneous	ACTHAR, CORTROPHIN INJ GEL	None
	KORLYM TAB	4 tablets per day
Monoclonal Antibody	TEPEZZA IV SOLN	None
Osteoporosis	EVENITY INJ	2 syringes per 28 days
	PROLIA INJ 60 MG/ML	2 syringes per 365 days
	TERIPARATIDE	None
	TYMLOS INJ	None
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day

Therapy class	Medication name	Quantity limit
Somatostatins	octreotide inj	None
	SANDOSTATIN LAR INJ	None
	SIGNIFOR LAR INJ	1 vial per 28 days
	SOMATULINE INJ	None
Vasopressin Antagonist	SAMSCA TAB	2 tablets per day
Enzyme-Related		
Alpha-1 proteinase inhibitor	ARALAST NP, PROLASTIN-C, ZEMAIRA INJ	None
	GLASSIA INJ 1000 MG/50 ML	None
	PROLASTIN-C INJ 1000 MG/20 ML	None
Cystine-depleting Agents	PROCYSBI CAP	None
	PROCYSBI GRANULES PACKET	None
Enzyme Replacement	ADZYNMA KIT	None
	ALDURAZYME INJ	None
	BRINEURA KIT	None
	sodium phenylbutyrate powder 3 gm/ teaspoonful	None
	sodium phenylbutyrate tab 500 mg	None
	CERDELGA CAP	None
	CEREZYME INJ	None
	ELAPRASE	None
	ELELYSO INJ	None
	FABRAZYME IV SOLN	None
	GALAFOLD CAP	14 capsules per 28 days
	KANUMA IV SOLN	None
	LAMZEDE IV SOLN 10 MG	None
	LUMIZYME IV SOLN	None
	MEPSEVII IV SOLN	None
	NAGLAZYME IV SOLN	None
	NEXVIAZYME IV SOLN 100 MG	None
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	PHEBURANE PELLETS	None
	POMBILITI	None
	REVCOVI INJ	None
	STRENSIQ INJ	None
	SUCRAID SOLN 8500 UNIT/ML	None
	VIMIZIM INJ	None
	VPRIV INJ	None
	XENPOZYME	None
	XURIDEN GRANULES PACKET	4 packets per day
	ZAVESCA CAP	None
Enzyme, Gout	KRYSTEXXA INJ	None
Metabolic Agents	nitisinone	None
	NITYR TAB	None
	ORFADIN SUSP	None

Therapy class	Medication name	Quantity limit
Phenylketonuria Treatment Agents	sapropterin powder packet	None
	sapropterin tab	None
Gastroenterology		
Bile Acid Agents	CHOLBAM CAP	None
Diarrhea	XERMELO	3 tablets per day
Gallstone Solubilizing Agents	CHENODAL TAB	None
Hepatic Agents	GIVLAARI INJ	None
Hepatic Agents	OCALIVA TAB	1 tablet per day
Ileal Bile Acid Transporter Inhibitor	BYLVAY	None
Short Bowel Syndrome	GATTEX KIT	None
Hematology		
Gene Therapy	HEMGENIX	None
	ROCTAVIAN INJ	None
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Sickle Cell Disease	ADAKVEO INJ	None
	CASGEVY	None
	LYFGENIA	None
	ZYNTEGLO INJ	None
Immunology		
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days
Complement Inhibitor	ENJAYMO IV SOLN	None
	VEOPOZ INJ 400 MG/2 ML	None
Hematopoietic Agents	ARANESP	None
	EMPAVELI INJ	None
	ENSPRYNG INJ	None
	FABHALTA CAP 200 MG	2 capsules per day
	LEUKINE	None
	MIRCERA INJ	None
	NEULASTA	None
	NIVESTYM	None
	PROCRIT INJ	None
	REBLOZYL INJ	None
	RETACRIT INJ	None
	SOLIRIS IV SOLN	None
	TAVALISSE TAB	None
	UDENYCA INJ	None
	ULTOMIRIS IV SOLN	None
	UPLIZNA IV SOLN	None
	ZARXIO INJ	None
Hepatitis C Agents	EPCLUSA PELLET PACK 150-37.5 MG	1 pack per day
	EPCLUSA PELLET PACK 200-50 MG	2 packs per day

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Therapy class	Medication name	Quantity limit
	EPCLUSA TAB	1 tablet per day
	HARVONI PELLET PACK 33.75-150 MG	1 pack per day
	HARVONI PELLET PACK 45-200 MG	2 packs per day
	HARVONI TAB 45-200 MG	2 tablets per day
	HARVONI TAB 90-400 MG	1 tablet per day
	MAVYRET	3 tablets per day
	MAVYRET PELLET PACK 50-20 MG	5 packs per day
	PEGASYS	None
	SOVALDI PELLET PACK 150 MG	1 pack per day
	SOVALDI PELLET PACK 200 MG	2 packs per day
	SOVALDI TAB	1 tablet per day
	SOVALDI TAB 200 MG	2 tablets per day
	VOSEVI	1 tablet per day
	ZEPATIER	1 tablet per day
Immune Globulins	BIVIGAM, CARIMUNE/NF, CUTAQUIG, CUVITRU, FLEBOGAMMA, GAMASTAN, GAMMAGARD/SD, GAMMAKED, GAMMAPLEX, GAMUNEX-C, HIZENTRA, OCTAGAM, PANZYGA, PRIVIGEN, XEMBIFY	None
	CYTOGAM	None
	HYQVIA	None
Immunomodulators	ACTEMRA IV SOLN	None
	ACTEMRA INJ 162 MG/0.9 ML	4 syringes per 28 days
	AMJEVITA* INJ 10 MG	2 syringes per 28 days
	AMJEVITA* INJ 20 MG	4 syringes per 28 days
	AMJEVITA* INJ 40 MG	4 syringes per 28 days
	AMJEVITA* INJ 80 MG	2 syringes per 28 days
	AVSOLA IV SOLN	None
	CIBINQO TAB	1 tablet per day
	CIMZIA KIT 200 MG	4 syringes per 28 days
	CIMZIA PREFL KIT 200 MG/ML	4 syringes per 28 days
	CIMZIA START KIT 200 MG/ML	1 starter kit per 365 days
	ENBREL INJ 25 MG/0.5 ML	8 vials or syringes per 28 days
	ENBREL INJ 50 MG/ML	4 syringes per 28 days
	ENBREL MINI INJ 50 MG/ML	4 cartridges per 28 days
	ENBREL SRCLK INJ 50 MG/ML	4 syringes per 28 days
	ENTYVIO INJ 108 MG/0.68 ML	2 syringes per 28 days
	ENTYVIO IV SOLN	None
	ILUMYA INJ 100 MG/ML	1 syringe per 84 days
	INFLECTRA IV SOLN	None
	KEVZARA INJ	2 syringes per 28 days
	KINERET INJ	None
	LITFULO CAP	1 capsule per day
	OLUMIANT TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
	OMVOH INJ 100 MG/ML	2 syringes per 28 days
	OMVOH IV SOLN 300 MG/15 ML	45 mL per 365 days
	ORENCIA INJ 50 MG/0.4 ML	4 syringes per 28 days
	ORENCIA INJ 87.5 MG/0.7 ML	4 syringes per 28 days
	ORENCIA INJ 125 MG/ML	4 syringes per 28 days
	ORENCIA IV SOLN	None
	OTEZLA STARTER PACK	1 starter pack per 365 days
	OTEZLA TAB	2 tablets per day
	RINVOQ LQ SOLN 1 MG/ML	12 mL per day
	RINVOQ TAB	1 tablet per day
	SILIQ INJ 210 MG/1.5 ML	2 syringes per 28 days
	SIMPONI ARIA IV SOLN	None
	SIMPONI INJ	1 syringe per 28 days
	SKYRIZI IV SOLN	None
	SKYRIZI INJ 150 MG/ML	1 syringe per 84 days
	SKYRIZI INJ 180 MG/1.2 ML	1 syringe per 56 days
	SKYRIZI INJ 360 MG/2.4 ML	1 syringe per 56 days
	SKYRIZI PEN INJ 150 MG/ML	1 syringe per 84 days
	SOTYKTU TAB	1 tablet per day
	STELARA INJ 45 MG/0.5 ML	1 syringe/vial per 56 days
	STELARA INJ 90 MG/ML	1 syringe per 56 days
	STELARA IV SOLN	None
	TALTZ INJ	1 syringe per 28 days
	TREMFYA 100 MG/ML	1 syringe per 56 days
	XELJANZ SOLN	10 mL per day
	XELJANZ TAB	2 tablets per day
	XELJANZ XR TAB	1 tablet per day
Interleukins	ARCALYST	None
	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO	30 mL per 84 days
Miscellaneous	ACTIMMUNE INJ	None
	BENLYSTA	None
	CRYSVITA INJ	None
	SAPHNELO IV SOLN 300 MG/2 ML	None
Monoclonal Antibody	CINQAIR IV SOLN	None
	DUPIXENT INJ	4 syringes per 28 days
	DUPIXENT INJ 100 MG/0.67 ML	2 syringes per 28 days
	FASENRA INJ	None
	FASENRA INJ 10 MG/0.5 ML	1 syringe per 56 days
	FASENRA INJ 30 MG/ML	1 syringe per 56 days
	FASENRA PEN INJ 30 MG/ML	1 syringe per 56 days
	GAMIFANT IV SOLN	None
	NUCALA	3 vials/syringes per 28 days

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Therapy class	Medication name	Quantity limit
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR	None
	XOLAIR INJ 75 MG/0.5 ML	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days
Multiple Sclerosis	AVONEX INJ 30 MCG/0.5 ML	1 kit (4 syringes) per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON INJ	1 package per 28 days
	BRIUMVI INJ 150 MG/6 ML	None
	COPAXONE INJ 40 MG/ML	12 syringes per 28 days
	dalfampridine tab	2 tablets per day
	dimethyl fumarate cap	2 capsules per day
	dimethyl fumarate starter pack	2 starter packs per 365 days
	fingolimod cap	1 capsule per day
	glatiramer inj 20 mg/mL	1 syringe per day
	GILENYA CAP 0.25 MG	1 capsule per day
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	LEMTRADA INJ	None
	MAVENCLAD THERAPY PACK	None
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB 1 MG	1 tablet per day
	MAYZENT TAB 2 MG	1 tablet per day
	mitoxantrone inj	None
	OCREVUS IV SOLN	None
	teriflunomide tab	1 tablet per day
	TYSABRI INJ 300 MG/15 ML	1 injection per 28 days
	VUMERITY CAP	4 capsules per day
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Neonatal Fc Receptor Antagonist	RYSTIGGO INJ	None
	VYVGART HYTRULO INJ	None
	VYVGART IV SOLN	None
Thrombopoietin Receptor Agonists	ALVAIZ	None
	DOPTELET TAB	None
	MULPLETA TAB	None
	NPLATE	None
	PROMACTA	None
Miscellaneous		
Blood Modifier	RYPLAZIM IV SOLN	None
Collagenase	XIAFLEX INJ	None
Diagnostic	THYROGEN INJ	None
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day

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Therapy class	Medication name	Quantity limit
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsules per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
	XENAZINE TAB	None
Musculoskeletal Agents	EVRYSDI SOLN 0.75 MG/ML	8 mL per day
	SPINRAZA INJ 12 MG/5ML	None
	ZOLGENSMA INJ	None
Obstetrics & Gynecology		
Fertility Agents	cetrorelix inj	None
	CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL INJ	None
	FOLLISTIM AQ INJ	None
	FYREMADEL INJ	None
	MENOPUR INJ	None
	OVIDREL INJ 250 MCG/0.5 ML	None
Hormone Replacement	HYDROXYPROGESTERONE CAPROATE INJ	None
Oncology (Injectable)		
Alkylating Agents	bendamustine soln	None
	BENDEKA IV SOLN	None
	ZEPZELCA IV SOLN	None
Antifolate	FOLOTYN IV SOLN	None
	TECENTRIQ IV SOLN	None
Antimicrotubular	HALAVEN IV SOLN	None
	JEVTANA IV SOLN	None
CAR-T Therapy	ABECMA IV SUSP	None
	BREYANZI IV SUSP	None
	CARVYKTI IV SUSP	None
	KYMRIAH IV SUSP	None
	TECARTUS IV SUSP	None
	YESCARTA IV SUSP	None
Gene Therapy	ADSTILADRIN SUSP	None
Interferons	INTRON A	None
Interleukins	ELZONRIS IV SOLN	None
Kinase and Molecular Target Inhibitors	ALIQOPA IV SOLN	None
	BESPONSA IV SOLN	None
	FYARRO IV SUSP	None
	KYPROLIS IV SOLN	None
	PORTRAZZA IV SOLN	None
	VELCADE	None
	VYXEOS	None
	ZALTRAP IV SOLN	None
Miscellaneous	BELEODAQ IV SOLN	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
	ISTODAX IV SOLN	None
	PROVENGE IV SUSP	None
	ROMIDEPSIN IV SOLN	None
	SYNRIBO INJ	None
Monoclonal Antibody	ADCETRIS IV SOLN	None
	ARZERRA IV SOLN	None
	BAVENCIO IV SOLN	None
	BLINCYTO IV SOLN	None
	COLUMVI IV SOLN	None
	CYRAMZA IV SOLN	None
	DANYELZA IV SOLN	None
	DARZALEX IV SOLN	None
	ELAHERE IV SOLN	None
	ELREXFIO INJ	None
	EMPLICITI IV SOLN	None
	ENHERTU IV SOLN	None
	EPKINLY INJ	None
	ERBITUX IV SOLN	None
	GAZYVA IV SOLN	None
	HERCEPTIN HYLECTA INJ	None
	HERCEPTIN IV SOLN	None
	IMFINZI IV SOLN	None
	IMJUDO IV SOLN	None
	JEMPERLI IV SOLN	None
	KADCYLA IV SOLN	None
	KANJINTI IV SOLN	None
	KEYTRUDA IV SOLN	None
	LIBTAYO IV SOLN	None
	LOQTORZI IV SOLN	None
	LUMOXITI IV SOLN	None
	LUNSUMIO IV	None
	MARGENZA IV SOLN	None
	MONJUVI IV SOLN	None
	MYLOTARG IV SOLN	None
	OPDIVO IV SOLN	None
	OPDUALAG IV SOLN 240-80 MG/20 ML	None
	PADCEV IV SOLN	None
	PERJETA IV SOLN	None
	PHESGO INJ	None
	POLIVY IV SOLN	None
	POTELIGEO IV SOLN	None
	RITUXAN HYCELA INJ	None
	RITUXAN IV SOLN	None
	RUXIENCE IV SOLN	None

Therapy class	Medication name	Quantity limit
	RYBREVANT IV SOLN	None
	SARCLISA IV SOLN	None
	SYLVANT IV SOLN	None
	TALVEY INJ	None
	TECVAYLI INJ	None
	TIVDAK IV SOLN	None
	TRAZIMERA IV SOLN	None
	TRODELVY IV SOLN	None
	UNITUXIN IV SOLN	None
	XGEVA INJ 120 MG/1.7 ML	None
	YERVOY IV SOLN	None
	ZYNLONTA IV SOLN	None
	ZYNYZ IV SOLN	None
T-cell Receptor	KIMMTRAK IV SOLN	None
Vascular Endothelial Growth Factor (VEGF) Inhibitor	AVASTIN IV SOLN	None
	MVASI IV SOLN	None
	ZIRABEV IV SOLN	None
Oncology (Oral)		
Alkylating Agents	temozolomide cap	None
Antiandrogen	abiraterone	None
	BRUKINSA CAP	None
	ERLEADA CAP	None
	INREBIC TAB	None
	NUBEQA TAB	None
	ROZLYTREK	None
	XTANDI	None
Gamma Secretase Inhibitor	OGSIVEO TAB	None
Kinase and Molecular Target Inhibitors	everolimus tab	1 tablet per day
	everolimus tab for oral susp	None
	ALECENSA CAP	None
	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30MG	4 tablets per day
	AUGTYRO CAP	None
	AYVAKIT TAB	1 tablet per day
	BALVERSA TAB	None
	BOSULIF	None
	BRAFTOVI CAP	None
	CABOMETYX TAB	None
	CABOMETYX TAB 20 MG	1 tablet per day
	CALQUENCE	None
	CAPRELSA TAB	None
	CAPRELSA TAB 100MG	2 tablets per day
	COMETRIQ KIT	None

Therapy class	Medication name	Quantity limit
	COPIKTRA CAP	None
	COTELLIC TAB	None
	DAURISMO TAB	None
	ERIVEDGE CAP	None
	FRUZAQLA CAP	None
	GAVRETO CAP	None
	GILOTRIF TAB	1 tablet per day
	imatinib	None
	IBRANCE	None
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	ICLUSIG TAB 30 MG	None
	ICLUSIG TAB 45 MG	None
	IDHIFA TAB	1 tablet per day
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA SUSP 70 MG/ML	None
	IMBRUVICA 420MG, 560MG TAB	1 tablet per day
	INLYTA TAB	None
	IRESSA TAB	None
	JAKAFI TAB	None
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	JAYPIRCA TAB 100 MG	None
	KOSELUGO CAP	None
	KRAZATI TAB	None
	LENVIMA THERAPY PACK	None
	LORBRENA TAB	None
	LUMAKRAS TAB	None
	LYNPARZA TAB	None
	LYTGOBI THERAPY PACK	None
	MEKINIST	None
	MEKTOVI TAB	None
	NERLYNX TAB	6 tablets per day
	NEXAVAR	None
	NINLARO CAP	None
	ODOMZO CAP	None
	PIQRAY THERAPY PACK	None
	QINLOCK TAB	None
	RETEVMO CAP	None
	RYDAPT CAP	None
	SCEMBLIX TAB	None
	SCEMBLIX TAB 20 MG	2 tablets per day

Therapy class	Medication name	Quantity limit
	SPRYCEL	None
	STIVARGA TAB 40 MG	None
	sunitinib	None
	TABRECTA TAB	None
	TAFINLAR	None
	TAGRISSO TAB	None
	TAGRISSO TAB 40 MG	1 tablet per day
	TARCEVA TAB	None
	TARCEVA TAB 25 MG	3 tablets per day
	TASIGNA CAP	None
	TRUQAP TAB	None
	TRUSELTIQ THERAPY PACK	None
	TUKYSA TAB	None
	TURALIO CAP	None
	TYKERB	None
	VANFLYTA TAB	None
	VENCLEXTA	None
	VERZENIO TAB	None
	VITRAKVI	None
	VIZIMPRO TAB	None
	VIZIMPRO TAB 15 MG	1 tablet per day
	VONJO CAP 100 MG	None
	VOTRIENT TAB 200 MG	None
	XOSPATA TAB	None
	ZEJULA	None
	ZEJULA TAB 100 MG	1 tablet per day
	ZELBORAF TAB	None
	ZYDELIG TAB	None
	ZYKADIA	None
Miscellaneous	bexarotene cap	None
	KISQALI FEMARA	None
	KISQALI PAK	None
	LONSURF TAB	None
	ONUREG TAB	None
	ORSERDU TAB	None
	TARGRETIN GEL	None
	TIBSOVO CAP	None
	WELIREG CAP	None
	XPOVIO PAK	None
	ZOLINZA CAP	None
Ornithine Decarboxylase Inhibitor	IWILFIN TAB	None
Thalidomide-related Agents	POMALYST CAP	None
	POMALYST CAP 1 MG	1 capsule per day

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

Therapy class	Medication name	Quantity limit
	POMALYST CAP 2 MG	1 capsule per day
	REVLIMID CAP	None
	THALOMID CAP	None
Ophthalmology		
Complement Inhibitor	IZERVAY SOLN 2 MG/0.1 ML	None
	SYFOVRE INJ 15 MG/0.1 ML	None
Miscellaneous	LUXTURNA SUSP	None
	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Vascular Endothelial Growth Factor (VEGF) Inhibitor	CIMERLI	None
	EYLEA, EYLEA HD	None
	SUSVIMO	None
	SUSVIMO IMPLANT	None
	VABYSMO INJ	None
Respiratory		
Cystic fibrosis	KALYDECO PAK	2 packets per day
	KALYDECO TAB	None
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB	4 tablets per day
	PULMOZYME SOLN	None
	SYMDEKO TAB	2 tablets per day
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Pulmonary Fibrosis	OFEV CAP	None
	pirfenidone	None
Respiratory Syncytial Virus Agents	SYNAGIS	None
Urology		
Primary Hyperoxaluria Type 1	OXLUMO INJ	None
	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28 days

* Preferred NDCs

Note: PA applies to both brand and generic unless otherwised noted. If a strength is not listed then QL will apply to all strengths. When differences between this list and your benefit plan documents exist, please refer to the information included in your benefit plan documents. Please review your benefit plan documents for full details on what medications are covered by your plan.

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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Optum Rx®

Quantity limits Premium Formulary

Utilization management updates
January 1, 2025

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	NUZYRA TAB 150 MG	1 course per fill, 2 fills per 365 days
	SIVEXTRO IV SOLN	6 vials per 30 days
	SIVEXTRO TAB	6 tablets per 30 days
	ZYVOX SUSP 100 MG/5 ML	900 mL per 28 days
	ZYVOX TAB	28 tablets per 30 days
Antifungals	terbinafine tab 250 mg	84 days supply per 180 days
Antiretrovirals, Hepatitis B	BARACLUDE SOLN	630 mL per 30 days
	entecavir tab	1 tablet per day
Antiretrovirals, HIV	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB THERAPY PACK 4 X 300 MG	2 packs (8 tabs) per 365 days
	SUNLENCA TAB THERAPY PACK 5 X 300 MG	2 packs (10 tabs) per 365 days
Antivirals	LAGEVRIO CAP 200 MG	1 course per fill, 2 fills per 365 days
	PAXLOVID TAB 150-100 MG PAK	1 course per fill, 2 fills per 365 days
	PAXLOVID TAB 300-100 MG PAK	1 course per fill, 2 fills per 365 days
	PEMGARDA IV SOLN 500 MG/4 ML	9 vials per 84 days
	VEKLURY IV SOLN 100 MG	1 course per fill, 2 fills per 365 days
	VEKLURY IV SOLN 100 MG/20 ML	1 course per fill, 2 fills per 365 days
Antivirals, Herpetic	DENAVIR CREAM 1%	5 gm per 30 days
	SITAVIG TAB 50 MG	2 tablets per 30 days
	valacyclovir tab	4 tablets per day
	acyclovir cream 5%	5 gm per 30 days
	acyclovir oint 5%	30 gm per 30 days
Antivirals, Influenza	RELENZA DISKHALER 5 MG/ACT	40 inhalations per 365 days
	oseltamivir cap	20 capsules per 365 days
	oseltamivir cap 30 mg	40 capsules per 365 days
	oseltamivir susp	360 mL per 365 days
	XOFLUZA TAB THERAPY PACK	4 tablets per 365 days
	XOFLUZA TAB THERAPY PACK (40 MG DOSE)	2 tablets per 365 days
	XOFLUZA TAB THERAPY PACK (80 MG DOSE)	2 tablets per 365 days
Cardiology		
Anticoagulants	ELIQUIS TAB	2 tablets per day
	ELIQUIS TAB 5 MG	3 tablets per day
	ELIQUIS TAB STARTER PACK 5 MG	2 starter packs per 365 days
	PRADAXA CAP	2 capsules per day
	PRADAXA PELLET PACK	4 packets per day
	PRADAXA PELLET PACK 20 MG	2 packets per day
	PRADAXA PELLET PACK 150 MG	2 packets per day
	SAVAYSA TAB	1 tablet per day
	XARELTO STARTER THERAPY PACK 15 MG & 20 MG	2 starter packs per 365 days
	XARELTO SUSP 1 MG/ML	20 mL per day
	XARELTO TAB	1 tablet per day

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

Therapy class	Medication name	Quantity limit
	XARELTO TAB 2.5 MG	2 tablets per day
	XARELTO TAB 15 MG	2 tablets per day
Heart Failure	CORLANOR SOLN	15 mL per day
	CORLANOR TAB	2 tablets per day
	ENTRESTO TAB	2 tablets per day
	ENTRESTO SPRINKLE CAP	8 capsules per day
	VERQUVO TAB	1 tablet per day
Miscellaneous	DEMSER CAP 250 MG	16 capsules per day
Central Nervous System		
ADHD Agents	amphetamine tab	6 tablets per day
	amphetamine/dextroamphetamine cap	1 capsule per day
	amphetamine/dextroamphetamine tab	3 tablets per day
	amphetamine/dextroamphetamine tab 30 mg	2 tablets per day
	amphetamine/dextroamphetamine ER cap	2 capsules per day
	APTENSIO XR, JORNAY PM, methylphenidate ER cap	1 capsule per day
	atomoxetine cap	1 capsule per day
	AZSTARYS CAP	1 capsule per day
	DESOXYN TAB 5 MG	5 tablets per day
	DEXEDRINE CAP 10 MG	6 capsules per day
	DEXEDRINE CAP 15 MG	4 capsules per day
	dexmethylphenidate tab	2 tablets per day
	dexmethylphenidate ER cap	1 capsule per day
	dextroamphetamine cap 5 mg	3 capsules per day
	dextroamphetamine tab	3 tablets per day
	dextroamphetamine tab 10 mg	6 tablets per day
	dextroamphetamine tab 30 mg	2 tablets per day
	EVEKEO ODT 5 MG	3 tablets per day
	EVEKEO ODT 10 MG	3 tablets per day
	EVEKEO ODT 15 MG	2 tablets per day
	EVEKEO ODT 20 MG	2 tablets per day
	lisdexamfetamine cap	1 capsule per day
	lisdexamfetamine chew tab	1 tablet per day
	METADATE CD CAP	1 capsule per day
	METHYLIN SOLN 5 MG/5 ML	60 mL per day
	METHYLIN SOLN 10 MG/5 ML	30 mL per day
	methylphenidate chew tab	3 tablets per day
	methylphenidate chew tab 10 mg	6 tablets per day
	methylphenidate ER tab	1 tablet per day
	methylphenidate ER tab 10 mg	2 tablets per day
	methylphenidate ER tab 20 mg	3 tablets per day
	methylphenidate ER tab 36 mg	2 tablets per day
	methylphenicate patch	1 patch per day
	methylphenidate tab	3 tablets per day
	PROCENTRA SOLN 5 MG/5 ML	60 mL per day

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

Therapy class	Medication name	Quantity limit
	RELEXXII TAB	1 tablet per day
	RELEXXII TAB 36 MG	2 tablets per day
Alzheimers Agents	NAMENDA XR CAP	1 capsule per day
	NAMZARIC	1 capsule per day
	NAMZARIC CAP TITRATION PACK	2 starter packs per 365 days
Analgesics (Cough opioid)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF BP LIQUID 30-2-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	M-END PE LIQUID 3.33-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUSNEL C SYRUP 30-10-100 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days
	TUZISTRA XR SUSP 14.7-2.8 MG/5 ML	240 mL per fill, 2 fills per 60 days
Analgesics (non-opioid)	celecoxib cap	2 capsules per day
	diclofenac patch	2 patches per day up to 15 days
	ketorolac tab	20 tablets or 5 day supply per 30 days
	orphenadrine/aspirin/caffeine tab 25-385-30 mg	4 tablets per day
	orphenadrine ER tab	2 tablets per day
	QUTENZA PATCH KIT	4 patches per 90 days
	diclofenac gel 1%	10 tubes per month
Analgesics (opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 136 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 166.5 mL/day.
	acetaminophen/codeine tab 300-15 mg	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.

Therapy class	Medication name	Quantity limit
	acetaminophen/codeine tab 300-30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	buprenorphine SL tab 2 mg	12 tablets per day
	buprenorphine SL tab 8 mg	3 tablets per day
	buprenorphine/naloxone film 2-0.5 mg	12 films per day
	buprenorphine/naloxone film 4-1 mg	6 films per day
	buprenorphine/naloxone film 8-2 mg	3 films per day
	buprenorphine/naloxone film 12-3 mg	2 films per day
	buprenorphine/naloxone SL tab 2-0.5 mg	12 tablets per day
	buprenorphine/naloxone SL tab 8-2 mg	3 tablets per day
	butorphonal nasal spray 10 mg/mL	1 bottle per fill, 2 fills per 60 days
	buprenorphine patch	4 patches per 28 days
	codeine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 21 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 40 tabs/day.
	codeine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 20 tabs/day.
	codeine tab 60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	fentanyl patch	15 patches per 30 days
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day

Therapy class	Medication name	Quantity limit
	hydrocodone/acetaminophen soln 7.5-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 98 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 180 mL/day.
	hydrocodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 7.5-300 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-300 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/ibuprofen tab 5-200 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 16 tabs/day.
	hydrocodone/ibuprofen tab 7.5-200 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/ibuprofen tab 10-200 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone ER tab	2 tablets per day

Therapy class	Medication name	Quantity limit
	hydromorphone liquid 1 mg/mL	If you are new to opioid treatment, your prescription will be limited to 10 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 mL/day.
	hydromorphone supp 3 mg	If you are new to opioid treatment, your prescription will be limited to 3 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 supps/day.
	hydromorphone tab 2mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone tab 4mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	hydromorphone tab 8 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	HYSINGLA ER TAB	1 tablet per day
	levorphanol tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	levorphanol tab 3 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	meperidine soln 50 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 49 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 90 mL/day.
	meperidine tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 tabs/day.
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day

Therapy class	Medication name	Quantity limit
	morphine ER cap	2 capsules per day
	morphine soln 10 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 24.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 45 mL/day.
	morphine soln 20 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 12.25 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 22.5 mL/day.
	morphine soln 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 2.4 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4.5 mL/day.
	morphine supp 5 mg	If you are new to opioid treatment, your prescription will be limited to 9 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 supps/day.
	morphine supp 10 mg	If you are new to opioid treatment, your prescription will be limited to 4 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 supps/day.
	morphine supp 20 mg	If you are new to opioid treatment, your prescription will be limited to 2 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 supps/day.
	morphine supp 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 supp/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 supps/day.
	morphine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	morphine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	morphine ER tab	3 tablets per day

Therapy class	Medication name	Quantity limit
	NALOCET TAB 2.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	oxycodone cap 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 caps/day.
	oxycodone conc 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 1.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 mL/day.
	oxycodone soln 5 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxycodone tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	oxycodone tab 20 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	oxycodone tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.

Therapy class	Medication name	Quantity limit
	oxycodone/acetaminophen soln 5-325 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	oxycodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	PROLATE SOLN 10-300 MG/5 ML	If you are new to opioid treatment, your prescription will be limited to 16.3 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 30 mL/day.
	PROLATE TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PROLATE TAB 7.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PROLATE TAB 10-300 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	OXYCONTIN ER TAB	4 tablets per day
	oxymorphone ER tab	4 tablets per day

Therapy class	Medication name	Quantity limit
	oxymorphone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxymorphone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	pentazocine/naloxone tab 50-0.5 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	tramadol ER tab	1 tablet per day
	tramadol tab 25 mg	If you are new to opioid treatment, your prescription will be limited to 8 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 100 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	tramadol/acetaminophen tab 37.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	TREZIX CAP 320.5-30-16 MG	If you are new to opioid treatment, your prescription will be limited to 10 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 caps/day.
	XODOL TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	XTAMPZA ER CAP	4 capsules per day

Therapy class	Medication name	Quantity limit
	ZUBSOLV SL TAB 0.7-0.18 MG	3 tablets per day
	ZUBSOLV SL TAB 1.4-0.36 MG	12 tablets per day
	ZUBSOLV SL TAB 2.9-0.71 MG	6 tablets per day
	ZUBSOLV SL TAB 5.7-1.4 MG	3 tablets per day
	ZUBSOLV SL TAB 8.6-2.1 MG	2 tablets per day
	ZUBSOLV SL TAB 11.4-2.9 MG	1 tablet per day
Analgesics Gastroprotective Agents	naproxen/esomeprazole tab	2 tablets per day
Anticonvulsants	DIASTAT RECTAL GEL	2 boxes per fill
	GRALISE TAB 300 MG	6 tablets per day
	GRALISE TAB 450 MG	3 tablets per day
	GRALISE TAB 600 MG	3 tablets per day
	GRALISE TAB 750 MG	2 tablets per day
	GRALISE TAB 900 MG	2 tablets per day
	GRALISE TAB PACK 300-600 MG	2 starter packs per 365 days
	HORIZANT	2 tablets per day
	pregabalin cap	3 capsules per day
	pregabalin cap 300 mg	2 capsules per day
	pregabalin ER tab	3 tablets per day
	pregabalin ER tab 330 mg	2 tablets per day
	pregabalin soln	900 mL per 30 days
	VALTOCO NASAL SPRAY	10 devices per 30 days, 2 packages per fill
	VALTOCO NASAL SPRAY (15 MG DOSE)	20 devices per 30 days, 2 packages per fill
	VALTOCO NASAL SPRAY (20 MG DOSE)	20 devices per 30 days, 2 packages per fill
Antidepressants	APLENZIN TAB	1 tablet per day
	bupropion SR tab	2 tablets per day
	bupropion ER tab	1 tablet per day
	bupropion ER tab 150 mg	3 tablets per day
	DESVENLAFAXINE ER TAB	1 tablet per day
	duloxetine cap	2 capsules per day
	duloxetine cap 30 mg	3 capsules per day
	EMSAM PATCH	1 patch per day
	FETZIMA CAP	1 capsule per day
	FETZIMA TITRATION PACK	2 starter packs per 365 days
	fluoxetine DR cap	4 capsules per 28 days
	fluvoxamine ER cap	2 capsules per day
	TRINTELLIX TAB	1 tablet per day
	venlafaxine ER cap 37.5 mg	1 capsule per day
	venlafaxine ER cap 75 mg	3 capsules per day
	venlafaxine ER cap 150 mg	2 capsules per day
	VIIBRYD	1 tablet per day
	VIIBRYD STARTER KIT	2 starter packs per 365 days

Therapy class	Medication name	Quantity limit
Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	1 tablet per day
	ABILIFY MYCITE STARTER KIT	2 starter packs per 365 days
	aripiprazole tab	1 tablet per day
	aripiprazole ODT	2 tablets per day
	aripiprazole soln 1 mg/mL	25 mL per day
	asenapine tab	2 tablets per day
	CAPLYTA TAB	1 tablet per day
	clozapine ODT 12.5 mg	3 tablets per day
	clozapine ODT 25 mg	9 tablets per day
	clozapine ODT 100 mg	9 tablets per day
	clozapine ODT 150 mg	6 tablets per day
	clozapine ODT 200 mg	4 tablets per day
	CLOZARIL TAB 25 MG	9 tablets per day
	CLOZARIL TAB 50 MG	6 tablets per day
	CLOZARIL TAB 100 MG	9 tablets per day
	CLOZARIL TAB 200 MG	4 tablets per day
	FANAPT TAB	2 tablets per day
	FANAPT TITRATION PACK	2 starter packs per year
	GEODON CAP	2 capsules per day
	INVEGA TAB	1 tablet per day
	INVEGA TAB 6 MG	2 tablets per day
	lurasidone tab	1 tablet per day
	lurasidone tab 80 mg	2 tablets per day
	olanzapine tab	1 tablet per day
	REXULTI TAB	1 tablet per day
	risperidone soln 1 mg/mL	8 mL per day
	risperidone tab	2 tablets per day
	risperidone ODT	2 tablets per day
	quetiapine tab	3 tablets per day
	quetiapine tab 300 mg	2 tablets per day
	quetiapine tab 400 mg	2 tablets per day
	quetiapine ER tab	2 tablets per day
	SYMBYAX CAP	1 capsule per day
	SYMBYAX CAP 3-25 MG	3 capsules per day
	SYMBYAX CAP 6-25 MG	3 capsules per day
	VERSACLOZ SUSP	18 mL per day
	VRAYLAR CAP	1 capsule per day
	VRAYLAR THERAPY PACK	2 starter packs per 365 days
	ZYPREXA ZYDIS ODT	1 tablet per day
Benzodiazepines	alprazolam conc 1 mg/mL	10 mL per day
	alprazolam ER tab	1 tablet per day
	alprazolam ER tab 2 mg	5 tablets per day
	alprazolam ER tab 3 mg	3 tablets per day
	alprazolam ODT	4 tablets per day

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Therapy class	Medication name	Quantity limit
	alprazolam ODT 2 mg	5 tablets per day
	alprazolam tab	4 tablets per day
	alprazolam tab 2 mg	5 tablets per day
	chlordiazepoxide tab 5 mg	4 tablets per day
	chlordiazepoxide tab 10 mg	30 tablets per day
	chlordiazepoxide tab 25 mg	12 tablets per day
	clonazepam ODT	3 tablets per day
	clonazepam ODT 2 mg	10 tablets per day
	clonazepam tab	3 tablets per day
	clonazepam tab 2 mg	10 tablets per day
	clorazepate tab 3.75 mg	24 tablets per day
	clorazepate tab 7.5 mg	12 tablets per day
	clorazepate tab 15 mg	6 tablets per day
	lorazepam conc 2 mg/mL	5 mL per day
	lorazepam tab	3 tablets per day
	lorazepam tab 2 mg	5 tablets per day
	NAYZILAM NASAL SPRAY	10 spray units per 30 day
	oxazepam cap	4 capsules per day
Fibromyalgia	SAVELLA TAB	2 tablets per day
	SAVELLA TITRATION PACK	2 starter packs per 365 days
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	1.8 mL (6 injections) per 30 days
Migraine	almotriptan tab	12 tablets per 30 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	eletriptan tab	12 tablets per 30 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	FROVA TAB	12 tablets per 30 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	1 package (8 vials) per 30 days
	naratriptan tab	9 tablets per 30 days
	QULIPTA TAB	1 tablet per day
	rizatriptan tab 5 mg	18 tablets per 30 days
	rizatriptan tab 10 mg	12 tablets per 30 days
	rizatriptan ODT 5 mg	18 tablets per 30 days
	rizatriptan ODT 10 mg	12 tablets per 30 days
	sumatriptan cartridge	5 kits (10 units) per 30 days
	sumatriptan inj	5 kits (10 units) per 30 days
	sumatriptan nasal spray	12 spray unit devices per 30 days
	sumatriptan tab	9 tablets per 30 days
	sumatriptan/naproxen tab	9 tablets per 30 days
	zolmitriptan ODT	12 tablets per 30 days
	zolmitriptan tab	12 tablets per 30 days
	ZOMIG NASAL SPRAY	2 packages (12 spray units) per 30 days

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Therapy class	Medication name	Quantity limit
Parkinson's	XADAGO TAB	1 tablet per day
Sedative Hypnotics	BELSOMRA TAB	1 tablet per day
	DAYVIGO TAB	1 tablet per day
	DORAL TAB	1 tablet per day
	EDLUAR SL TAB	1 tablet per day
	estazolam tab	1 tablet per day
	eszopiclone tab	1 tablet per day
	flurazepam cap	1 capsule per day
	HALCION TAB	2 tablets per day
	ROZEREM TAB	1 tablet per day
	SILENOR TAB	1 tablet per day
	temazepam cap	1 capsule per day
	zaleplon cap 5 mg	1 capsule per day
	zaleplon cap 10 mg	2 capsules per day
	zolpidem ER tab	1 tablet per day
	zolpidem tab	1 tablet per day
	ZOLPIMIST ORAL SPRAY 5 MG/ACT	1 bottle (7.7 gm) per 30 days
Stimulants	armodafinil tab	1 tablet per day
	armodafinil tab 50 mg	2 tablets per day
	modafinil tab	1 tablet per day
	SUNOSI TAB	1 tablet per day
Toxicology	LUCEMYRA TAB	16 tablets per day, up to a 14 day supply
Weight Loss	SAXENDA INJ	5 syringes per 30 days
	WEGOVY INJ	4 syringes per 28 days
Dermatology		
Anti-inflammatory	diclofenac gel	300 gm per 30 days
Miscellaneous	calcipotriene/betamethasone oint	400 gm per 30 days
	ENSTILAR FOAM 0.005-0.064%	420 gm per 28 days
	pimecrolimus cream 1%	60 gm per 30 days
	PROTOPIC OINT	60 gm per 30 days
	QBREXZA PAD	1 pad per day
	SANTYL OINT 250 UNIT/GM	90 gm per 30 days
	TACLONEX SUSP	120 gm per 30 days
Plaque Psoriasis	WYNZORA CREAM 0.005-0.064%	420 gm per 28 days
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Diabetic Supplies	GLUCOSE TEST STRIPS	300 strips per 30 days
GLP-1 Agonists	BYDUREON BCISE	4 syringes per 28 days
	BYETTA INJ	1 syringe per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days

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Therapy class	Medication name	Quantity limit
	TRULICITY INJ	4 syringes per 28 days
	VICTOZA	3 syringes per 30 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 tablets per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Osteoporosis	ACTONEL TAB 35 MG	4 tablets per 28 days
	ACTONEL TAB 150 MG	1 tablet per 28 days
	alendronate tab 35 mg	4 tablets per 28 days
	ATELVIA TAB 35 MG	4 tablets per 28 days
	BINOSTO TAB 70 MG	4 tablets per 28 days
	BONIVA TAB 150 MG	1 tablet per 28 days
	calcitonin nasal spray 200 units/act	1 bottle (3.7 mL) per 30 days
	FOSAMAX PLUS D TAB	4 tablets per 28 days
	FOSAMAX TAB 70MG	4 tablets per 28 days
	ibandronate iv soln	1 syringe per 90 days
Gastroenterology		
Antiemetics	AKYNZEO	2 capsules per month
	ANZEMET TAB	2 tablets per 30 days
	aprepitant cap 40 mg	1 capsule per 30 days
	aprepitant cap 125 mg	2 capsules per 30 days
	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	EMEND CAP 80 MG	4 capsules per 30 days
	EMEND SUSP	3 packets per 30 days
	EMEND TRIPACK 80-125 MG	2 packs per 30 days
	granisetron tab 1 mg	4 tablets per 30 days
	MARINOL CAP	2 capsules per day
	ondansetron soln 4 mg/5 mL	120 mL per 30 days
	ondansetron tab 24 mg	2 tablets per 30 days
	SUSTOL INJ	2 syringes per 30 days
	SYNDROS SOLN	4 mL per day
	VARUBI THERAPY PACK	4 tablets per 28 days
Constipation	LINZESS CAP	1 capsule per day
	lubiprostone	2 capsules per day
	MOTEGRITY TAB	1 tablet per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Diarrhea	MYTESI TAB	2 tablets per day
Irritable Bowel Syndrome	VIBERZI TAB	2 tablets per day
Opioid-induced Constipation	SYMPROIC TAB	1 tablet per day
Proton Pump Inhibitors	dexlansoprazole	1 capsule per day
	esomeprazole cap	1 capsule per day
	esomeprazole tab	1 tablet per day
	NEXIUM GRANULES PACKET	1 packet per day

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Therapy class	Medication name	Quantity limit
	lansoprazole cap	1 capsule per day
	lansoprazole ODT	1 tablet per day
	omeprazole cap	1 capsule per day
	pantoprazole tab	1 tablet per day
	PRILOSEC POWDER PACKET	2 packets per day
	PROTONIX GRANULES PACKET	1 packet per day
	rabeprazole	1 tablet per day
Miscellaneous		
Anticholinergic	GLYCATE TAB 1.5 MG	6 tablets per day
	ROBINUL FORTE TAB 2 MG	4 tablets per day
	ROBINUL TAB 1 MG	4 tablets per day
Methotrexate Auto-Injectors	RASUVO INJ	4 syringes per 28 days
Smoking Cessation Products	APO-VARENICLINE	180 days supply per year
	bupropion ER (smoking deterrent) tab 150 mg	180 days supply per year
	NICORETTE	180 days supply per year
	NICOTROL, NICODERM	180 days supply per year
Obstetrics & Gynecology		
Contraceptives	ANNOVERA RING	1 ring per 365 days
	DEPO/DEPO-SUBQ PROVERA	1 syringe per 90 days
	levonorgestrel/ethinyl estradiol (91-day)	1 pack per 91 days
Ergot Alkaloids	METHERGINE TAB 0.2 MG	28 tablets per fill, 2 fills per 365 days
Hormone Replacement	CRINONE GEL	15 applicators per 30 days
	ESTRING RING 7.5 MCG/24 HRS	1 package per 90 days
	FEMRING RING	1 package per 90 days
Miscellaneous	paroxetine cap 7.5 mg	1 capsule per day
Ophthalmology		
Anti-inflammatory	bromfenac soln 0.07%	4 bottles per 365 days
	bromfenac soln 0.075%	4 bottles per 365 days
	bromfenac soln 0.09%	4 bottles per 365 days
	LOTEMAX GEL 0.5%	4 bottles per 365 days
	LOTEMAX OINT 0.5%	4 bottles per 365 days
Dry Eye	MIEBO SOLN 1.3 GM/ML	12 mL (4 bottles) per 30 days
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
Prostaglandins	LUMIGAN SOLN	1 bottle (2.5 mL) per 25 days
	RHOPRESSA SOLN 0.02%	1 bottle (2.5 mL) per 25 days
	ROCKLATAN SOLN	1 bottle (2.5 mL) per 25 days
	tafluprost soln	1 container per day
	travoprost soln	1 bottle (2.5 mL) per 25 days
	XELPROS EMULSION	1 bottle (2.5 mL) per 25 days
Respiratory		
Allergy (intranasal)	azelastine nasal spray	2 bottles (60 mL) per 30 days
	BECONASE AQ NASAL SPRAY 42 MCG/SPRAY	1 inhaler (25 gm) per 25 days
	budesonide nasal spray 32 mcg/act	2 bottles per 30 days
	DYMISTA NASAL SPRAY 137-50 MCG/ACT	1 inhaler (23 gm) per 30 days

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Therapy class	Medication name	Quantity limit
	FLONASE SENSIMIST NASAL SPRAY 27.5 MCG/SPRAY	1 bottle (10 gm) per 30 days
	flunisolide nasal spray	1 bottle (25 mL) per 30 days
	mometasone nasal spray 50 mcg/act	2 inhalers per 30 days
	olopatadine nasal spray 0.6%	1 bottle (30.5 gm) per 30 days
	OMNARIS NASAL SPRAY 50 MCG/ACT	1 inhaler (12.5 gm) per 30 days
	QNASL CHILDRENS NASAL SPRAY 40 MCG/ACT	1 inhaler per 30 days
	QNASL NASAL SPRAY 80 MCG/ACT	1 inhaler per 30 days
	RYALTRIS NASAL SPRAY 665-25 MCG/ACT	1 bottle (29 mL) per 30 days
	ZETONNA NASAL SPRAY 37 MCG/ACT	1 inhaler (6.1 gm) per 30 days
Asthma/COPD (inhaled)	ADVAIR HFA	1 inhaler per 30 days
	AIRSUPRA INHALER 90-80 MCG/ACT	3 inhalers per 30 days
	albuterol HFA 108 mcg/act	2 inhalers per 30 days
	ANORO ELLIPTA	1 package (60 blisters) per 30 days
	ARNUITY ELLIPTA	1 inhaler per 30 days
	ATROVENT HFA 17 MCG	2 inhalers (12.9 gm) per 30 days
	BREO ELLIPTA	1 package (60 blisters) per 30 days
	BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT	1 inhaler per 30 days
	COMBIVENT RESPIMAT 20-100 MCG/ACT	2 inhalers (8 gm) per 30 days
	fluticasone/salmeterol inhaler	1 diskus (60 doses) per 30 days
	QVAR REDIHALER	2 inhalers per 30 days
	SEREVENT DISKUS	1 package (60 doses) per 30 days
	SPIRIVA HANDIHALER 18 MCG	1 package (30 caps) per 30 days
	SPIRIVA RESPIMAT	1 inhaler per 30 days
	STIOLTO RESPIMAT 2.5-2.5 MCG/ACT	1 inhaler per 30 days
	STRIVERDI RESPIMAT	1 inhaler per 30 days
	SYMBICORT INHALER	1 inhaler per 30 days
	TRELEGY ELLIPTA	60 blisters per 30 days
Asthma/COPD (nebulized)	albuterol soln	5 packages (125 vials or 375 mL) per 30 days
	albuterol soln 0.083%	180 vials (540 mL) per 30 days
	ALBUTEROL SOLN 0.5%	5 packages (150 mL) per 30 days
	arformoterol soln 15 mcg/2 mL	60 vials (120 mL) per 30 days
	budesonide susp	2 packages (120 mL) per 30 days
	ipratropium soln 0.02%	125 vials (312.5 mL) per 30 days
	ipratropium/albuterol soln 0.5-2.5 mg/3 mL	180 vials (540 mL) per 30 days
	levalbuterol soln	180 vials (540 mL) per 30 days
	levalbuterol soln 1.25 mg/0.5 mL	90 vials (45 mL) per 30 days
	levalbuterol soln 1.25 mg/3 mL	90 vials (270 mL) per 30 days
	PERFOROMIST SOLN 20 MCG/2 ML	60 vials (120 mL) per 30 days
	YUPELRI SOLN	3 mL (1 vial) per day
Respiratory Syncytial Virus Agents	ABRYSVO INJ 120 MCG/0.5 ML	1 dose per lifetime
	AREXVY INJ 120 MCG/0.5 ML	1 dose per lifetime
	BEYFORTUS INJ 50 MG/0.5 ML	1 dose per 365 days
	BEYFORTUS INJ 100 MG/ML	1 dose per 365 days

Therapy class	Medication name	Quantity limit
Urology		
BPH Agents	ENTADFI CAP	1 capsule per day
Erectile Dysfunction	CAVERJECT INJ	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	CAVERJECT, EDEX KIT	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	MUSE PELLET	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	sildenafil tab	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	tadalafil tab 2.5 mg	1 tablet per day
	tadalafil tab 5 mg	1 tablet per day
	tadalafil tab 10 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	tadalafil tab 20 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	vardenafil ODT 10 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	vardenafil tab	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
Overactive Bladder Antispasmodics	OXYTROL PATCH 3.9 MG/24 HR	8 patches per 28 days

Premium Specialty Quantity Limit

Therapy class	Medication name	Quantity limit
Cardiology		
Antilipemic	JUXTAPID CAP	1 capsule per day
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
Hemostatic Agent	BERINERT INJ	10 vials per 30 days
	icatibant inj	6 syringes per 30 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
Pulmonary Arterial Hypertension	ADEMPAS TAB	3 tablets per day
	ambrisentan tab	1 tablet per day
	bosentan tab	2 tablets per day
	OPSUMIT TAB	1 tablet per day
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	sildenafil susp	2 bottles per 30 days
	sildenafil tab	3 tablets per day
	tadalafil tab	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-48 MCG	8 cartridges per day
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
Transthyretin Stabilizers	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Depressant	SODIUM OXYBATE (Hikma brand only)	18 mL per day
	XYWAV SOLN	18 mL per day
Miscellaneous	RELYVRIO PAK 3-1 GM	2 packets per day
Neurological Agents	AMVUTTRA INJ	0.5 mL per 90 days
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ 45 MG/0.8 ML	1 syringe per 28 days
Parkinson's	APOKYN INJ	30 cartridges per 30 days
Sleep Disorder	tasimelteon cap	1 capsule per day
	WAKIX TAB	2 tablets per day
Dermatology		
Epidermolysis Bullosa Agent	VYJUVEK GEL	10 mL (4 vials) per 28 days

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

Therapy class	Medication name	Quantity limit
Electrolyte & Renal Agents		
Diuretics	KEVEYIS, ORMALVI TAB	4 tablets per day
Endocrinology & Metabolism		
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Endothelin Receptor Antagonist	FILSPARI TAB	1 tablet per day
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD INJ 7.5 MG	1 injection per 28 days
	ELIGARD INJ 22.5 MG	1 injection per 84 days
	ELIGARD INJ 30 MG	1 injection per 112 days
	ELIGARD INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	LEUPROLIDE INJ 22.5 MG	1 injection per 84 days
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
	TRIPTODUR INJ	1 injection per 168 days
	ZOLADEX IMP 3.6 MG	1 injection per 28 days
	ZOLADEX IMP 10.8 MG	1 injection per 84 days
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial per day
Hormone Modifiers	NATPARA INJ	2 cartridges per 28 days
Miscellaneous	KORLYM TAB	4 tablets per day
Osteoporosis	EVENITY INJ	2 syringes per 28 days
	PROLIA INJ 60 MG/ML	2 syringes per 365 days
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day
Somatostatins	SIGNIFOR LAR INJ	1 vial per 28 days
Vasopressin Antagonist	SAMSCA TAB	2 tablets per day
Enzyme-Related		
Cystine-depleting Agents	CYSTADROPS SOLN 0.37%	4 bottles per 28 days
	CYSTARAN SOLN 0.44%	4 bottles per 28 days
Enzyme Replacement	GALAFOLD CAP	14 capsules per 28 days
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	XURIDEN GRANULES PACKET	4 packets per day
Gastroenterology		
Diarrhea	XERMELO	3 tablets per day

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Therapy class	Medication name	Quantity limit
Hepatic Agents	OCALIVA TAB	1 tablet per day
Hematology		
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Immunology		
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days
Hematopoietic Agents	FABHALTA CAP 200 MG	2 capsules per day
Interleukins	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO IV SOLN	30 mL per 84 days
Monoclonal Antibody	DUPIXENT INJ	4 syringes per 28 days
	DUPIXENT INJ 100 MG/0.67 ML	2 syringes per 28 days
	FASENRA	1 syringe per 56 days
	NUCALA	3 vials/syringes per 28 days
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR INJ	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days
Multiple Sclerosis	AVONEX INJ 30 MCG/0.5 ML	1 kit (4 syringes) per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON	1 package per 28 days
	dalfampridine tab	2 tablets per day
	dimethyl fumarate cap	2 capsules per day
	dimethyl fumarate starter pack	2 starter packs per 365 days
	COPAXONE INJ 40 MG/ML	12 syringes per 28 days
	GILENYA CAP	1 capsule per day
	glatiramer inj 20 mg/mL	1 syringe per day
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB 1 MG	1 tablet per day
	MAYZENT TAB 2 MG	1 tablet per day
	teriflunomide tab	1 tablet per day
	TYSABRI INJ 300 MG/15 ML	1 injection per 28 days
	VUMERITY CAP	4 capsules per day
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Miscellaneous		
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsules per day

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Therapy class	Medication name	Quantity limit
	INGREZZA SPRINKLE CAP	1 capsule per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
Musculoskeletal Agents	EVRYSDI SOLN 0.75 MG/ML	8 mL per day
Oncology (Oral)		
Kinase and Molecular Target Inhibitors	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30MG	4 tablets per day
	AYVAKIT TAB	1 tablet per day
	CABOMETYX TAB 20 MG	1 tablet per day
	CAPRELSA TAB 100MG	2 tablets per day
	everolimus tab	1 tablet per day
	GILOTRIF TAB	1 tablet per day
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	IDHIFA TAB	1 tablet per day
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA TAB 420 MG, 560 MG	1 tablet per day
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	NERLYNX TAB	6 tablets per day
	SCEMBLIX TAB 20 MG	2 tablets per day
	TAGRISSO TAB 40 MG	1 tablet per day
	TARCEVA TAB 25 MG	3 tablets per day
	VIZIMPRO TAB 15 MG	1 tablet per day
	ZEJULA TAB 100 MG	1 tablet per day
Thalidomide-related Agents	POMALYST CAP 1 MG, 2 MG	1 capsule per day
Ophthalmology		
Miscellaneous	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Respiratory		
Cystic fibrosis	KALYDECO PAK	2 packets per day
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB 100-125 MG	4 tablets per day
	ORKAMBI TAB 200-125 MG	4 tablets per day
	SYMDEKO TAB	2 tablets per day
	TOBI PODHALER CAP	1 package per 56 days
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Urology		
Primary Hyperoxaluria Type 1	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28 days

Quantity limits effective as of January 1, 2025.

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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