

Your 2021 Premium Standard Formulary

Effective July 1, 2021



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 OptumRx app to:

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



Understanding your formulary

What is a formulary?

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

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

How do I use my formulary?

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

What are tiers?

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

About this formulary

When differences between this formulary and your benefit plan exist, the benefit plan documents rule. This formulary may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

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.

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 OptumRx 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

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
APADAZ	E	
apap-caff-dihydrocodeine oral capsule	1	QL
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR	E	
CONZIP	E	
DILAUDID ORAL	E	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
fentanyl	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET	E	M
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
LAZANDA	E	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral solution	1	QL
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL ER	E	M
oxycodone hcl oral tablet	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
QDOLO	E	
ROXICODONE	E	
SUBSYS	E	
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	3	QL

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

Drug Name	Drug Tier	Notes
ULTRACET	E	
ULTRAM	E	
XTAMPZA ER	2	PA; QL
ZOHYDRO ER	E	
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CAMBIA	E	
CELEBREX	E	
celecoxib oral	1	QL
DICLOFENAC CAP 35MG	E	M
DICLOFENAC PATCH 1.3%	E	M
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	E	
ibuprofen oral tablet	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	ST
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	E	M
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
MOBIC	E	
nabumetone oral	1	
NALFON	E	

Drug Name	Drug Tier	Notes
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	E	
VIMOVO	E	
VOLTAREN	E	
ZIPSOR	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
CHANTIX STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
ZUBSOLV	2	QL
Antibacterials		
ACTICLATE	E	
amoxicillin 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
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID ORAL TABLET	3	
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	

Drug Name	Drug Tier	Notes
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
MINOLIRA	E	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
SOLODYN	E	
SOLOSEC	3	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XENLETA	3	
XEPI	3	
XIMINO	3	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL

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

Drug Name	Drug Tier	Notes
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine oral tablet	1	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
KEPPRA ORAL	E	
KEPPRA XR	E	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	

Drug Name	Drug Tier	Notes
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
QUDEXY XR	E	
SABRIL	E	SP
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	3	ST
VALTOCO	3	QL
VIMPAT	3	
XCOPRI	3	ST
ZONEGRAN	E	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet 10 mg, 23 mg	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
Antidepressants		
amitriptyline hcl oral	1	

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

Drug Name	Drug Tier	Notes
BRISDELLE	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 tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
PAXIL CR	E	
PAXIL ORAL TABLET	E	

Drug Name	Drug Tier	Notes
PRISTIQ	E	
PROZAC	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
GIMOTI	E	
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet 10 mg	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclopirox external solution	1	
clotrimazole external cream	1	
clotrimazole- betamethasone external cream	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
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	M
colchicine oral tablet	1	
COLCRYS	E	
febuxostat	1	ST
GLOPERBA	E	
MITIGARE	E	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
IMITREX	E	

Drug Name	Drug Tier	Notes
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
TOSYMRA	E	
TREXIMET	E	
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
anastrozole oral	1	
ARIMIDEX	E	
BELRAPZO	E	SP
CABOMETYX	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	PA; SP
DARZALEX FASPRO	E	SP
ERLEADA	E	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 ORAL TABLET	3	PA; SP
IDHIFA	3	PA; SP; QL
KANJINTI	2	PA; SP
KEYTRUDA	3	PA; SP
letrozole oral	1	
LYNPARZA	2	PA; SP
MVASI	2	PA; SP
NUBEQA	3	PA; SP
OGIVRI	E	SP
ONTRUZANT	E	SP
PHESGO	2	PA; SP
REVLIMID	2	PA; SP
ROZLYTREK	3	PA; SP
RUBRACA	2	PA; SP
RUXIENCE	2	PA; SP
SPRYCEL	2	PA; SP
TABRECTA	E	SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
tamoxifen citrate oral	1	
TARGRETIN EXTERNAL	3	PA; SP
TARGRETIN ORAL	E	SP
TAZVERIK	E	SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	2	PA; SP
TREANDA	E	SP
TRUXIMA	E	SP
VELCADE	2	PA; SP

Drug Name	Drug Tier	Notes
VITRAKVI	3	PA; SP
XTANDI ORAL CAPSULE	3	PA; SP
YONSA	E	SP
ZEJULA	2	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
GOCOVRI	E	
INBRIJA	3	PA; SP
KYNMOBI	3	PA; SP; QL
KYNMOBI TITRATION KIT	3	PA; SP; QL
NOURIANZ	3	PA
ONGENTYS	3	ST
OSMOLEX ER	E	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
ASPIRIN-OMEPRAZOLE	E	M
BRILINTA	2	

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Drug Name	Drug Tier	Notes
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
ARISTADA	3	
ARISTADA INITIO	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
PERSERIS	3	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA	E	
Antivirals		
acyclovir oral tablet	1	
ATRIPLA	E	
BARACLUDE ORAL TABLET	E	SP

Drug Name	Drug Tier	Notes
BIKTARVY	3	
CIMDUO	2	
DESCOVY	E	
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI	2	PA; SP; QL
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
PREZCOBIX	2	
RUKOBIA	3	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
TEMIXYS	E	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX	E	

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

Drug Name	Drug Tier	Notes
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
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 INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
EPOGEN	E	SP

Drug Name	Drug Tier	Notes
ESPEROCT	E	SP
FULPHILA	E	SP
GRANIX	E	SP
JIVI	3	SP
KOATE	2	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NPLATE	3	PA; SP
NUWIQ	2	SP
PROCRT	E	SP
RECOMBINATE	2	SP
RETACRIT	2	PA; SP
SOLIRIS	3	PA; SP
UDENYCA	E	SP
ULTOMIRIS	3	PA; SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	3	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	

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

Drug Name	Drug Tier	Notes
amlodipine-olmesartan	1	
ANTARA	3	
ATACAND	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
candesartan cilexetil	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
clonidine hcl oral	1	
COLESTID	E	
COLESTID FLAVORED	E	
CONJUPRI	E	
CONSENSI	E	
COREG	E	

Drug Name	Drug Tier	Notes
COREG CR	E	
CORLANOR	3	PA; QL
COZAAR	E	
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide 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
HYZAAR	E	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LESCOL XL	E	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
MULTAQ	3	
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NIASPAN	E	
nifedipine er	1	

Drug Name	Drug Tier	Notes
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	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
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADHANSIA XR	E	
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
CONCERTA	E	

Drug Name	Drug Tier	Notes
dexmethylphenidate hcl er	1	PA; QL
dexmethylphenidate hcl oral tablet 10 mg, 5 mg	1	PA; QL
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	PA; ST; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	PA; QL
methylphenidate hcl er (xr)	1	PA; QL
methylphenidate hcl er oral tablet extended release	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL

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
EXTAVIA	E	SP
GILENYA	3	PA; SP; QL
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TECFIDERA	E	SP
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; QL
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
CONTRACE	E	
GRALISE ORAL TABLET	3	ST; QL
HORIZANT	3	PA; QL
INGREZZA	3	PA; SP; QL
LYRICA	E	
phentermine hcl oral tablet	1	PA
pregabalin oral capsule	1	QL

Drug Name	Drug Tier	Notes
QSYMIA	3	PA
SAXENDA	3	PA
TEGSEDI	3	PA; SP
TIGLUTIK	3	PA; SP; QL
VYLEESI	3	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous hcl	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ABSORICA LD	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel	1	PA
AKLIEF	E	
ALA SCALP	E	
AMZEEQ	3	
APEXICON E	E	
ARAZLO	E	
AVITA	E	
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
betamethasone dipropionate external cream	1	
BRYHALI	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
CALCIPOTRIENE EXTERNAL FOAM	E	M
CAPEX	E	
claravis	1	PA
CLINDAGEL	E	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
CLODERM	E	
CORDRAN EXTERNAL TAPE	E	
DAPSONE GEL 7.5 % EXTERNAL	E	M
DESONATE	E	
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	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	ST
fluocinonide external cream	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	E	M
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone external cream	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 5 %	1	
IMIQUIMOD PUMP	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
IMPOYZ	E	
KENALOG EXTERNAL	E	
LEXETTE	E	
METROGEL	E	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	3	
mometasone furoate external cream	1	
NORITATE	E	
ONEXTON	3	
ORACEA	E	
PANDEL	E	
pimecrolimus	1	ST
PROPECIA	E	
PSORCON	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
RHOFADE	3	
SERNIVO	3	
SOOLANTRA	3	
SORILUX	E	
TACLONEX EXTERNAL OINTMENT	E	

Drug Name	Drug Tier	Notes
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external ointment	1	
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
ULTRAVATE	E	
VECTICAL	E	
VELTIN	E	
VERDESO	E	
ZIANA	E	
ZILXI	3	ST
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST

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

Drug Name	Drug Tier	Notes
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	E	
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
RYBELSUS	2	ST; QL
SEGLUROMET	E	

Drug Name	Drug Tier	Notes
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRIJARDY XR	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK GUIDE TEST STRIPS	E	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	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 ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
glucagon emergency kit 1 mg injection 1 mg	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	Made by Lilly
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
GVOKE HYPOPEN 1-PACK	2	

Drug Name	Drug Tier	Notes
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
Diabetes - Insulins		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
APIDRA SOLOSTAR	E	
APIDRA VIAL	E	
BASAGLAR KWIKPEN	E	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
FIASP	E	
FIASP FLEXTOUCH	E	
FIASP PENFILL	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	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
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	2	
INSULIN ASP PROT & ASP FLEXPEN	E	M
INSULIN ASPART	E	M
INSULIN ASPART FLEXPEN	E	M
INSULIN ASPART PENFILL	E	M
INSULIN ASPART PROT & ASPART	E	M
INSULIN LISPRO	E	M
INSULIN LISPRO (1 UNIT DIAL)	E	M
INSULIN LISPRO JUNIOR KWIKPEN	E	M
INSULIN LISPRO PROT & LISPRO	E	M
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	E	
LEVEMIR U-100 VIAL	E	
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 FLEXPEN	E	

Drug Name	Drug Tier	Notes
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE	2	
SEMGLEE	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
CARNITOR ORAL	E	
CARNITOR SF	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
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
FEONYX	E	
folic acid oral tablet 1 mg	1	
FOLTREXYL	E	
klor-con m20	1	
K-TAB	E	
LOKELMA	3	
NASCOBAL	3	
potassium chloride crystal	1	
potassium chloride er	1	
potassium citrate er	1	
sodium fluoride oral tablet chewable	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL
esomeprazole magnesium oral capsule delayed release	1	QL
famotidine oral suspension reconstituted	1	

Drug Name	Drug Tier	Notes
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
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	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	E	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LUBIPROSTONE	E	M
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
NULYTELY LEMON-LIME	E	
OMECLAMOX-PAK	2	
OSMOPREP	E	
peg 3350-kcl-na bicarb-nacl	1	
PLENVU	E	
PYLERA	2	
RELISTOR	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
ZELNORM	3	PA; QL

Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA; SP
CREON	2	
EXONDYS 51	E	SP
KUVAN	E	SP
NITYR	3	PA; SP
ORFADIN	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	2	PA; SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
DEPEN TITRATABS	2	SP
ELMIRON	E	
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	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
RENAGEL	E	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
solifenacin succinate	1	
STAXYN	E	
STENDRA	E	
tadalafil oral	1	QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	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	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
CORTEF	E	
dexamethasone oral tablet	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	

Drug Name	Drug Tier	Notes
methylprednisolone oral tablet therapy pack	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL	E	
ANDROGEL PUMP	E	
AVEED	E	
DEPO-TESTOSTERONE	E	
FORTESTA	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	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
Hormonal Agents - Osteoporosis		
OSPHEA	3	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
BYNFEZIA PEN	E	SP
cabergoline	1	
CETROTIDE	E	SP
clomiphene citrate oral	1	
FENSOLVI (6 MONTH)	3	PA; SP; QL
FOLLISTIM AQ	2	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	PA; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	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
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP

Drug Name	Drug Tier	Notes
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
MYCAPSSA	E	SP
NOCDURNA	3	
NORDITROPIN FLEXPPO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
OMNITROPE	E	SP
ORILISSA	2	PA; QL
SAIZEN	E	SP
SAIZENPREP	E	SP
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SOMATULINE DEPOT	3	PA; SP
SUPPRELIN LA	2	PA; SP; QL
TRIPTODUR	3	PA; SP; QL
ZOMACTON	E	SP
ZOMACTON (FOR ZOMA-JET 10)	E	SP
Hormonal Agents - Sex Hormones and Birth Control		
ANNOVERA	E	
apri	1	
aurovela fe 1/20	1	
aviane	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
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	E	
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
eluryng	1	
ENDOMETRIN	2	
enskyce	1	
estarylla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	
EVAMIST	3	
GENERESS FE	E	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	

Drug Name	Drug Tier	Notes
isibloom	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	
kurvelo	1	
larin fe 1/20	1	
larissia	1	
lessina	1	
levonorgest-eth est & eth est	1	QL
levonorgest-eth estrad 91-day oral tablet 0.15- 0.03 & 0.01 mg, 0.15- 0.03 mg	1	QL
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	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	
loryna	1	
MAKENA	2	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
MINASTRIN 24 FE	E	
MIRENA (52 MG)	3	
mono-linyah	1	
NATAZIA	2	
nikki	1	

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

Drug Name	Drug Tier	Notes
norethin ace-eth estrad-fe oral tablet	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	
norethindrone oral	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
ORIAHNN	2	PA; QL
ORTHO MICRONOR	E	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
PROMETRIUM	E	
SAFYRAL	E	
SEASONIQUE	E	
SLYND	E	
sprintec 28	1	
syeda	1	
tri femynor	1	
tri-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-sprintec	1	
TWIRLA	E	
VAGIFEM	E	
vienva	1	
VIVELLE-DOT	E	

Drug Name	Drug Tier	Notes
xulane	1	
YASMIN 28	E	
YAZ	E	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	ST
CYTOMEL	E	
euthyrox	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid oral tablet 30 mg, 60 mg	1	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
ASCENIV	E	SP
AVSOLA	2	PA; SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	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
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
CUTAQUIG	E	SP
cyclosporine modified oral capsule	1	SP
ENBREL MINI	3	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP; QL
GAMMAGARD	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium oral	1	

Drug Name	Drug Tier	Notes
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
OLUMIANT	E	SP
ORENCIA CLICKJECT	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA; 3P; SP
OTEZLA	2	PA; SP
PANZYGA	E	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	E	SP
RINVOQ	2	PA; SP
RUCONEST	3	PA; SP; QL
SIMPONI	2	PA; SP
SIMPONI ARIA	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
tacrolimus oral	1	SP
TAKHZYRO	3	PA; SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
XEMBIFY	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	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
ASACOL HD	E	
CANASA	E	
DELZICOL	E	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	
mesalamine oral tablet delayed release	1	
ORTIKOS	E	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
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
BINOSTO	3	QL
FORTEO	E	SP
ibandronate sodium oral	1	QL
PROLIA	2	PA; SP; QL
RAYALDEE	3	
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS	2	PA; SP
XGEVA	2	PA; SP

Drug Name	Drug Tier	Notes
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BOTOX	2	PA; Non-Cosmetic; SP
DOJOLVI	E	
DUROLANE	2	PA; SP
ENDARI	3	PA
EUFLEXXA	2	PA; SP
FIRDAPSE	E	SP
GEL-ONE	E	SP
GELSYN-3	2	PA; SP
GENVISC 850	E	SP
HYALGAN	E	SP
HYMOVIS	E	SP
MONOVISC	E	SP
ORTHOVISC	E	SP
OXBRYTA	E	SP
PALFORZIA	E	SP
PHEXXI	E	
SUPARTZ FX	E	SP
SYNVISC	E	SP
SYNVISC ONE	E	SP
TRILURON	E	SP
TRIVISC	E	SP
VISCO-3	E	SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BEPREVE	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
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
FLAREX	3	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
MOXEZA	2	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
moxifloxacin hcl ophthalmic solution	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
VIGAMOX	E	
ZERVIATE	E	

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	E	
TIMOPTIC OCUDOSE	E	
TIMOPTIC-XE	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
CEQUA	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
LASTACAFT	E	
LATISSE	E	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy relief oral tablet 5 mg	1	
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	

Drug Name	Drug Tier	Notes
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	2	QL
FASENRA	2	PA; SP
FASENRA PEN	2	PA; SP
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
NASONEX	E	
NUCALA	2	PA; SP; QL
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XHANCE	E	
XOLAIR	2	PA; SP
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL

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

Drug Name	Drug Tier	Notes
AIRDUO DIGIHALER	E	
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	M
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARMONAIR DIGIHALER	E	
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX (7 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL

Drug Name	Drug Tier	Notes
AUVI-Q INJECTION SOLUTION AUTO- INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation	1	QL
BUDESONIDE- FORMOTEROL FUMARATE	E	M
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	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
INCRUSE ELLIPTA	E	
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
LONHALA MAGNAIR REFILL KIT	3	QL

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

Drug Name	Drug Tier	Notes
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR DIGIHALER	E	
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	3	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
wixela inhub	1	QL
XOPENEX HFA	E	
YUPELRI	3	QL

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	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
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
REMODULIN	E	SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	E	SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	

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

Drug Name	Drug Tier	Notes
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
NORGESIC FORTE	E	
ORPHENGESIC FORTE	E	M
OZOBAX	E	
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
RESTORIL	E	
SILENOR	3	QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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NEEDLES.....	22	BUPROPION HCL ER (XL).....	10	CIMZIA PREFILLED KIT.....	29
BD VEO INSULIN SYR U/F		buspirone hcl.....	14	CIMZIA STARTER KIT.....	29
1/2UNIT.....	22	butalbital-apap-caffeine.....	6	CIPRODEX.....	33
BELBUCA.....	6	BUTRANS.....	6	ciprofloxacin hcl.....	8, 32
BELRAPZO.....	11	BYDUREON BCISE		ciprofloxacin-dexamethasone... 33	
BELSOMRA.....	36	AUTOINJECTOR.....	20	citalopram hydrobromide.....	10
benazepril hcl.....	15	BYETTA 10 MCG PEN.....	20	claravis.....	19
BENICAR.....	15	BYETTA 5 MCG PEN.....	20	CLARINEX.....	33
BENICAR HCT.....	15	BYNFEZIA PEN.....	27	CLARINEX-D 12 HOUR.....	33
BENZACLIN.....	18	BYSTOLIC.....	15	clarithromycin.....	8
BENZACLIN WITH PUMP.....	18	cabergoline.....	27	CLENPIQ.....	24
BENZAMYCIN.....	18	CABOMETYX.....	11	CLIMARA.....	28
BENZHYDROCODONE-		CALCIPOTRIENE.....	19	CLIMARA PRO.....	28
ACETAMINOPHEN.....	6	calcitriol.....	31	CLINDAGEL.....	19
benzonatate.....	33	CALQUENCE.....	11	clindamycin hcl.....	8
benztropine mesylate.....	12	CAMBIA.....	7	clindamycin phosphate.....	19
BEOVU.....	32	CANASA.....	31	CLINDAMYCIN PHOSPHATE..	19
BEPREVE.....	31	candesartan cilexetil.....	15	clindamycin phosphate-	
BESIVANCE.....	32	capecitabine.....	11	benzoyl peroxide.....	19
betamethasone dipropionate....	18	CAPEX.....	19	CLINDESSE.....	8
BETASERON.....	17	CARAFATE.....	24	clobetasol propionate.....	19
BETHKIS.....	35	carbamazepine.....	9	CLOBEX.....	19
BETIMOL.....	32	CARBATROL.....	9	CLOBEX SPRAY.....	19
BEVESPI AEROSPHERE.....	34	carbidopa-levodopa.....	12	CLODERM.....	19
BEYAZ.....	28	CARDIZEM LA.....	15	clomiphene citrate.....	27
BIJUVA.....	28	carisoprodol.....	35	clonazepam.....	14
BIKTARVY.....	13	CARNITOR.....	23	clonidine hcl.....	15
BINOSTO.....	31	CARNITOR SF.....	23	clopidogrel bisulfate.....	13
bisoprolol fumarate.....	15	cartia xt.....	15	clotrimazole.....	10
bisoprolol-hydrochlorothiazide..	15	carvedilol.....	15	clotrimazole-betamethasone....	10
blisovi 24 fe.....	28	CATAPRES-TTS-1.....	15	COLCHICINE.....	11
blisovi fe 1.5/30.....	28	CATAPRES-TTS-2.....	15	colchicine.....	11
blisovi fe 1/20.....	28	CATAPRES-TTS-3.....	15	COLCRYS.....	11
BOTOX.....	31	CAYSTON.....	35	COLESTID.....	15
BREO ELLIPTA.....	34	cefdinir.....	8	COLESTID FLAVORED.....	15
BREZTRI AEROSPHERE.....	34	cefuroxime axetil.....	8	COMBIGAN.....	32
BRILINTA.....	12	CELEBREX.....	7	COMBIVENT RESPIMAT.....	34
brimonidine tartrate.....	32	celecoxib.....	7	CONCERTA.....	17
BRISDELLE.....	10	CELEXA.....	10	CONJUPRI.....	15
BRIVIACT.....	9	cephalexin.....	8	CONSENSI.....	15
BROMSITE.....	32	CEQUA.....	32	CONTOUR CONTROL	
BRYHALI.....	18	CERDELGA.....	25	SOLUTION.....	21
budesonide.....	34	cetirizine hcl.....	33	CONTOUR MONITOR	
BUDESONIDE-		CETROTIDE.....	27	DEVICE.....	21
FORMOTEROL FUMARATE....	34				

CONTOUR MONITOR KIT	dexamethasone.....	26	DUROLANE.....	31
W/DEVICE.....	DEXCOM G4 / G5 / G6		dutasteride.....	26
CONTOUR NEXT CONTROL	RECEIVER, TRANSMITTER,		DYMISTA.....	33
SOLUTION.....	SENSOR (INCLUDING		EDARBI.....	15
CONTOUR NEXT EZ KIT	PLATINUM, PLATINUM		EDARBYCLOR.....	15
W/DEVICE.....	PEDIATRIC).....	22	EFFEXOR XR.....	10
CONTOUR NEXT MONITOR	DEXILANT.....	24	ELESTRIN.....	28
KIT W/DEVICE.....	dexmethylphenidate hcl.....	17	eletriptan hydrobromide.....	11
CONTOUR NEXT ONE KIT.....	dexmethylphenidate hcl er.....	17	ELIDEL.....	19
CONTOUR NEXT TEST	diazepam.....	14	ELIQUIS.....	8
STRIPS.....	DICLOFENAC CAP 35MG.....	7	ELIQUIS DVT/PE STARTER	
CONTOUR TEST STRIPS.....	DICLOFENAC PATCH 1.3%.....	7	PACK.....	8
CONTRACE.....	diclofenac sodium.....	7	ELMIRON.....	25
CONZIP.....	dicyclomine hcl.....	24, 25	ELOCTATE.....	14
COPAXONE.....	DIFFERIN.....	19	eluryng.....	28
CORDRAN.....	DIFICID.....	8	EMGALITY.....	11
COREG.....	digoxin.....	15	EMGALITY (300 MG DOSE)....	11
COREG CR.....	DILANTIN.....	9	EMVERM.....	12
CORLANOR.....	DILANTIN INFATABS.....	9	enalapril maleate.....	15
CORTEF.....	DILAUDID.....	6	ENBREL.....	30
COSENTYX (300 MG DOSE)...	diltiazem hcl er coated beads...	15	ENBREL MINI.....	30
COSENTYX 150 MG/ML.....	DIOVAN.....	15	ENBREL SURECLICK.....	30
COSENTYX SENSOREADY	DIOVAN HCT.....	15	ENDARI.....	31
(300 MG).....	DIPENTUM.....	31	ENDOMETRIN.....	28
COSENTYX SENSOREADY	diphenoxylate-atropine.....	25	enoxaparin sodium.....	8
PEN.....	divalproex sodium.....	9	enskyce.....	28
COSOPT.....	divalproex sodium er.....	9	ENSTILAR.....	19
COSOPT PF.....	DIVIGEL.....	28	entecavir.....	13
COZAAR.....	DOJOLVI.....	31	ENTRESTO.....	15
CREON.....	donepezil hcl.....	9	EPCLUSA.....	13
CRESEMBA.....	DORYX.....	8	EPIDIOLEX.....	9
CRESTOR.....	DORYX MPC.....	8	EPIDUO.....	19
cryselle-28.....	dorzolamide hcl-timolol mal.....	32	EPIDUO FORTE.....	19
CUTAQUIG.....	dotti.....	28	epinephrine.....	34
cyanocobalamin.....	DOVATO.....	13	EPIPEN 2-PAK.....	34
cyclobenzaprine hcl.....	doxazosin mesylate.....	15	EPIPEN JR 2-PAK.....	34
cyclosporine modified.....	doxepin hcl.....	10	EPOGEN.....	14
CYMBALTA.....	doxycycline hyclate.....	8	ergocalciferol.....	24
cyproheptadine hcl.....	DOXYCYCLINE HYCLATE.....	8	ERLEADA.....	11
CYTOMEL.....	doxycycline monohydrate.....	8	erythromycin.....	32
DAPSONE.....	drospirenone-ethinyl estradiol...	28	escitalopram oxalate.....	10
DARZALEX FASPRO.....	DUAKLIR PRESSAIR.....	34	esomeprazole magnesium.....	24
DAYVIGO.....	DUAVEE.....	28	ESPEROCT.....	14
DELESTROGEN.....	DUEXIS.....	7	estarylla.....	28
DELZICOL.....	DULERA.....	34	ESTRACE.....	28
DEPAKOTE.....	duloxetine hcl.....	10	estradiol.....	28
DEPAKOTE ER.....	DUOBRII.....	19	estradiol-norethindrone acet....	28
DEPAKOTE SPRINKLES.....	DUPIXENT.....	19	ESTROGEL.....	28
DEPEN TITRATABS.....	DURAGESIC-100.....	6	eszopiclone.....	36
DEPO-TESTOSTERONE.....	DURAGESIC-12.....	6	etodolac.....	7
DESCOVY.....	DURAGESIC-25.....	6	etonogestrel-ethinyl estradiol...	28
DESONATE.....	DURAGESIC-50.....	6	EUCRISA.....	19
desvenlafaxine succinate er.....	DURAGESIC-75.....	6	EUFLEXXA.....	31

euthyrox.....	29	FORTAMET.....	21	HARVONI.....	13
EVAMIST.....	28	FORTEO.....	31	HEMADY.....	26
EVEKEO.....	17	FORTESTA.....	26	HEMANGEOL.....	15
EXFORGE.....	15	FREESTYLE LIBRE 2		HERZUMA.....	12
EXFORGE HCT.....	15	READER.....	22	HORIZANT.....	18
EXONDYS 51.....	25	FREESTYLE LIBRE 2		HUMALOG KWIKPEN.....	22
EXTAVIA.....	18	SENSOR.....	22	HUMALOG MIX 50/50	
ezetimibe.....	15	FULPHILA.....	14	KWIKPEN.....	22
ezetimibe-simvastatin.....	15	furosemide.....	15	HUMALOG MIX 50/50 VIAL.....	22
FABIOR.....	19	FYCOMPA.....	9	HUMALOG MIX 75/25	
famotidine.....	24	gabapentin.....	9	KWIKPEN.....	22
FARXIGA.....	20	GAMMAGARD.....	30	HUMALOG MIX 75/25 VIAL.....	22
FASENRA.....	33	ganirelix acetate.....	27	HUMALOG U-100 JUNIOR	
FASENRA PEN.....	33	GEL-ONE.....	31	KWIKPEN.....	22
febuxostat.....	11	GELSYN-3.....	31	HUMALOG VIAL.....	22
fenofibrate.....	15	gemfibrozil.....	15	HUMATROPE.....	27
fenofibrate micronized.....	15	GENERESS FE.....	28	HUMIRA.....	30
fenofibric acid.....	15	GENOTROPIN.....	27	HUMIRA PEDIATRIC	
FENSOLVI (6 MONTH).....	27	GENOTROPIN MINIQUICK.....	27	CROHNS START.....	30
fentanyl.....	6	GENVISC 850.....	31	HUMIRA PEN.....	30
FENTANYL CITRATE.....	6	GENVOYA.....	13	HUMIRA PEN-CD/UC/HS	
FENTORA.....	6	GILENYA.....	18	STARTER.....	30
FEONYX.....	24	GIMOTI.....	10	HUMIRA PEN-PS/UV/ADOL	
FIASP.....	22	GLEEVEC.....	11	HS START.....	30
FIASP FLEXTOUCH.....	22	glimepiride.....	21	HUMIRA PEN-PSOR/UEVIT	
FIASP PENFILL.....	22	glipizide er.....	21	STARTER.....	30
FINACEA.....	19	glipizide ir.....	21	HUMULIN 70/30 KWIKPEN.....	22
finasteride.....	26	GLOPERBA.....	11	HUMULIN 70/30 VIAL.....	22
FIORICET.....	6	glucagon emergency kit.....	22	HUMULIN N KWIKPEN.....	22
FIORICET/CODEINE.....	6	GLUCAGON EMERGENCY		HUMULIN N VIAL.....	23
FIRAZYR.....	30	KIT.....	22	HUMULIN R U-500 KWIKPEN.....	23
FIRDAPSE.....	31	GLUMETZA.....	21	HUMULIN R U-500 VIAL.....	23
FLAREX.....	32	glyburide.....	21	HUMULIN R VIAL.....	23
flecainide acetate.....	15	glycopyrrolate.....	25	HYALGAN.....	31
FLECTOR.....	7	GLYCOPYRROLATE.....	25	hydralazine hcl.....	15
FLOMAX.....	26	GLYXAMBI.....	21	hydrochlorothiazide.....	15
FLOVENT DISKUS.....	34	GOCOVRI.....	12	hydrocodone-acetaminophen.....	6
FLOVENT HFA.....	34	GOLYTELY.....	25	hydrocortisone.....	19, 26
fluconazole.....	11	GONAL-F.....	27	hydrocortisone (perianal).....	31
fluocinonide.....	19	GONAL-F RFF.....	27	hydromorphone hcl.....	6
FLUOROPLEX.....	19	GONAL-F RFF REDIJECT.....	27	hydroxychloroquine sulfate.....	12
FLUOROURACIL.....	19	GRALISE.....	18	hydroxyzine hcl.....	14
fluorouracil.....	19	GRANIX.....	14	hydroxyzine pamoate.....	14
fluoxetine hcl.....	10	guanfacine hcl.....	15	HYMOVIS.....	31
fluticasone propionate.....	33	guanfacine hcl er.....	17	hyoscyamine sulfate.....	25
fluticasone-salmeterol.....	34	GVOKE HYPOPEN 1-PACK.....	22	hyoscyamine sulfate sl.....	25
fluvoxamine maleate.....	10	GVOKE HYPOPEN 2-PACK.....	22	HYSINGLA ER.....	6
FOCALIN.....	17	GVOKE PFS.....	22	HYZAAR.....	16
FOCALIN XR.....	17	GYNAZOLE-1.....	11	ibandronate sodium.....	31
folic acid.....	24	HAEGARDA.....	30	IBRANCE.....	12
FOLLISTIM AQ.....	27	HALOBETASOL		ibuprofen.....	7
FOLTREXYL.....	24	PROPIONATE.....	19	IDHIFA.....	12
FORFIVO XL.....	10	HALOG.....	19	ILEVRO.....	32

imiquimod.....	19	JENTADUETO XR.....	21	LEDIPASVIR-SOFOSBUVIR....	13
IMIQUIMOD PUMP.....	19	JIVI.....	14	leflunomide.....	30
IMITREX.....	11	JORNAY PM.....	17	LESCOL XL.....	16
IMITREX STATDOSE REFILL..	11	JUBLIA.....	11	lessina.....	28
IMITREX STATDOSE		JULUCA.....	13	LETAIRIS.....	35
SYSTEM.....	11	junel 1.5/30.....	28	letrozole.....	12
IMPOYZ.....	20	junel 1/20.....	28	LEVALBUTEROL HFA.....	34
IMVEXXY MAINTENANCE		junel fe 1.5/30.....	28	LEVEMIR U-100 FLEXTOUCH..	23
PACK.....	28	junel fe 1/20.....	28	LEVEMIR U-100 VIAL.....	23
IMVEXXY STARTER PACK....	28	junel fe 24.....	28	levetiracetam.....	9
INBRIJA.....	12	KANJINTI.....	12	LEVITRA.....	25
INCRUSE ELLIPTA.....	34	KAPSPARGO SPRINKLE.....	16	levocetirizine dihydrochloride....	33
INDERAL LA.....	16	KATERZIA.....	16	levofloxacin.....	8
INDERAL XL.....	16	KAZANO.....	21	levonorgest-eth est & eth est...	28
INDOMETHACIN.....	7	KENALOG.....	20, 26	levonorgest-eth estrad 91-day..	28
indomethacin.....	7	KEPPRA.....	9	levonorgestrel-ethinyl estrad....	28
INFLECTRA.....	30	KEPPRA XR.....	9	LEVOTHYROXINE SODIUM....	29
INGREZZA.....	18	KERYDIN.....	11	levothyroxine sodium.....	29
INNOPRAN XL.....	16	KESIMPTA.....	18	levoxyl.....	29
INSULIN ASP PROT & ASP		ketoconazole.....	11	LEXAPRO.....	10
FLEXPEN.....	23	KETOROLAC		LEXETTE.....	20
INSULIN ASPART.....	23	TROMETHAMINE.....	7	LIALDA.....	31
INSULIN ASPART FLEXPEN...	23	ketorolac tromethamine.....	7, 32	LICART.....	7
INSULIN ASPART PENFILL....	23	KEYTRUDA.....	12	lidocaine.....	7
INSULIN ASPART PROT &		KITABIS PAK.....	35	lidocaine viscous hcl.....	18
ASPART.....	23	KLONOPIN.....	14	lidocaine-prilocaine.....	7
INSULIN LISPRO.....	23	klor-con m20.....	24	LIDODERM.....	7
INSULIN LISPRO (1 UNIT		KOATE.....	14	LINZESS.....	25
DIAL).....	23	KOMBIGLYZE XR.....	21	liothyronine sodium.....	29
INSULIN LISPRO JUNIOR		K-TAB.....	24	LIPITOR.....	16
KWIKPEN.....	23	kurvelo.....	28	lisinopril.....	16
INSULIN LISPRO PROT &		KUVAN.....	25	lisinopril-hydrochlorothiazide....	16
LISPRO.....	23	KYNMOBI.....	12	lithium carbonate.....	14
INTUNIV.....	17	KYNMOBI TITRATION KIT.....	12	lithium carbonate er.....	14
INVEGA SUSTENNA.....	13	labetalol hcl.....	16	LIVALO.....	16
INVEGA TRINZA.....	13	lactulose.....	25	LO LOESTRIN FE.....	28
INVELTYS.....	32	LAMICTAL.....	9	LOESTRIN 1.5/30 (21).....	28
INVOKAMET.....	21	LAMICTAL ODT.....	9	LOESTRIN 1/20 (21).....	28
INVOKAMET XR.....	21	LAMICTAL STARTER.....	9	LOESTRIN FE 1.5/30.....	28
INVOKANA.....	21	LAMICTAL XR.....	9	LOESTRIN FE 1/20.....	28
ipratropium bromide.....	33	lamotrigine.....	9	LOKELMA.....	24
ipratropium-albuterol.....	34	lamotrigine er.....	9	LONHALA MAGNAIR REFILL	
irbesartan.....	16	lansoprazole.....	24	KIT.....	34
irbesartan-hydrochlorothiazide..	16	LANTUS SOLOSTAR.....	23	LONHALA MAGNAIR	
isibloom.....	28	LANTUS U-100 VIAL.....	23	STARTER KIT.....	35
isosorbide mononitrate er.....	16	larin fe 1/20.....	28	lorazepam.....	14
ISTURISA.....	27	larissia.....	28	loryna.....	28
JANUMET.....	21	LASIX.....	16	LORZONE.....	36
JANUMET XR.....	21	LASTACAPT.....	33	losartan potassium.....	16
JANUVIA.....	21	latanoprost.....	32	losartan potassium-hctz.....	16
JARDIANCE.....	21	LATISSE.....	33	LOTEMAX.....	32
JATENZO.....	26	LATUDA.....	13	LOTEMAX SM.....	32
JENTADUETO.....	21	LAZANDA.....	6	LOTREL.....	16

lovastatin.....	16	misoprostol.....	24	NIASPAN.....	16
LOVAZA.....	16	MITIGARE.....	11	nifedipine er.....	16
LUBIPROSTONE.....	25	MOBIC.....	7	nifedipine er osmotic release....	16
LUMIGAN.....	32	modafinil.....	36	nikki.....	28
LUNESTA.....	36	mometasone furoate.....	20, 33	nitrofurantoin macrocrystal.....	8
LUPRON DEPOT (1-MONTH).....	27	mono-linyah.....	28	nitrofurantoin monohydrate	
LUPRON DEPOT (3-MONTH).....	27	MONOVISC.....	31	macrocrystals.....	8
LUPRON DEPOT (4-MONTH)		montelukast sodium.....	35	nitroglycerin.....	16
INTRAMUSCULAR KIT 30MG.....	27	morphine sulfate.....	6	NITROSTAT.....	16
LUPRON DEPOT (6-MONTH)		morphine sulfate (concentrate)...	6	NITYR.....	25
INTRAMUSCULAR KIT 45MG.....	27	morphine sulfate er.....	6	NIVESTYM.....	14
LYNPARZA.....	12	MOTEGRITY.....	25	NOCDURNA.....	27
LYRICA.....	18	MOTOFEN.....	25	NORDITROPIN FLEXPRO.....	27
LYUMJEV KWIKPEN.....	23	MOVANTIK.....	25	norethin ace-eth estrad-fe.....	29
LYUMJEV VIAL.....	23	MOVIPREP.....	25	norethindrone.....	29
MAKENA.....	28	MOXEZA.....	32	norethindrone acetate.....	29
MAVENCLAD.....	18	MOXIFLOXACIN HCL.....	32	norethindrone acet-ethinyl est...29	
MAVYRET.....	13	moxifloxacin hcl.....	32	NORGESIC FORTE.....	36
MAXALT.....	11	MS CONTIN.....	6	norgestimate-ethinyl estradiol	
MAXALT-MLT.....	11	MULPLETA.....	14	triphasic.....	29
MAYZENT.....	18	MULTAQ.....	16	NORITATE.....	20
meclizine hcl.....	10	mupirocin.....	8	nortrel 1/35 (21).....	29
medroxyprogesterone acetate..	28	MVASI.....	12	nortrel 1/35 (28).....	29
meloxicam.....	7	MYCAPSSA.....	27	nortriptyline hcl.....	10
memantine hcl.....	9	mycophenolate mofetil.....	30	NORVASC.....	16
mesalamine.....	31	mycophenolate sodium.....	30	NOURIANZ.....	12
metaxalone.....	36	MYRBETRIQ.....	25	NOVOEIGHT.....	14
metformin hcl er.....	21	nabumetone.....	7	NOVOFINE AUTOCOVER	
metformin hcl er (mod).....	21	nadolol.....	16	PEN NEEDLE.....	23
metformin hcl er (osm).....	21	NALFON.....	7	NOVOFINE PEN NEEDLE.....	23
metformin hcl ir.....	21	naltrexone hcl.....	7	NOVOFINE PLUS PEN	
methimazole.....	29	NAMZARIC.....	9	NEEDLE.....	23
methocarbamol.....	36	NAPRELAN.....	7	NOVOLIN 70/30 FLEXPEN.....	23
methotrexate.....	30	naproxen.....	7	NOVOLIN 70/30 FLEXPEN	
methotrexate sodium.....	30	naproxen sodium.....	7	RELION.....	23
methylphenidate hcl.....	17	NARCAN.....	7	NOVOLIN 70/30 RELION.....	23
methylphenidate hcl er.....	17	NASCOBAL.....	24	NOVOLIN 70/30 VIAL.....	23
methylphenidate hcl er (la).....	17	NASONEX.....	33	NOVOLIN N FLEXPEN.....	23
methylphenidate hcl er (xr).....	17	NATAZIA.....	28	NOVOLIN N FLEXPEN	
methylprednisolone.....	26	NATESTO.....	26	RELION.....	23
metoclopramide hcl.....	10	NATROBA.....	12	NOVOLIN N RELION.....	23
metoprolol succinate er.....	16	NAYZILAM.....	9	NOVOLIN N VIAL.....	23
metoprolol tartrate.....	16	neomycin-polymyxin-dexameth	33	NOVOLIN R FLEXPEN.....	23
METROGEL.....	20	neomycin-polymyxin-hc.....	33	NOVOLIN R FLEXPEN	
metronidazole.....	8, 20	NESINA.....	21	RELION.....	23
MICARDIS.....	16	NEULASTA.....	14	NOVOLIN R RELION.....	23
MICARDIS HCT.....	16	NEULASTA ONPRO.....	14	NOVOLIN R VIAL.....	23
MINASTRIN 24 FE.....	28	NEUPOGEN.....	14	NOVOLOG FLEXPEN.....	23
minocycline hcl.....	8	NEURONTIN.....	9	NOVOLOG MIX 70/30	
MINOLIRA.....	8	NEVANAC.....	32	FLEXPEN.....	23
MIRENA (52 MG).....	28	NEXIUM.....	24	NOVOLOG MIX 70/30 VIAL.....	23
mirtazapine.....	10	NEXLETOL.....	16	NOVOLOG PENFILL.....	23
MIRVASO.....	20	NEXLIZET.....	16	NOVOLOG U-100 VIAL.....	23

NOVOTWIST PEN NEEDLE	23	OSMOLEX ER.....	12	pravastatin sodium.....	16
np thyroid.....	29	OSMOPREP	25	prazosin hcl.....	16
NPLATE.....	14	OSPHENA.....	27	PRED FORTE.....	32
NUBEQA.....	12	OTEZLA.....	30	prednisolone acetate.....	32
NUCALA.....	33	OTOVEL.....	33	prednisolone sodium	
NUCYNTA.....	6	OXBRYTA.....	31	phosphate.....	26
NUCYNTA ER.....	6	oxcarbazepine.....	9	prednisone.....	26
NULYTELY LEMON-LIME.....	25	OXTELLAR XR.....	9	pregabalin.....	18
NURTEC.....	11	oxybutynin chloride.....	25	PREMARIN.....	29
NUTROPIN AQ NUSPIN 10.....	27	oxybutynin chloride er.....	25	PREMPHASE.....	29
NUTROPIN AQ NUSPIN 20.....	27	oxycodone hcl.....	6	PREMPRO.....	29
NUTROPIN AQ NUSPIN 5.....	27	OXYCODONE HCL ER.....	6	PREVACID.....	24
NUVIGIL.....	36	OXYCODONE-		PREVACID SOLUTAB.....	24
NUWIQ.....	14	ACETAMINOPHEN.....	6	PREZCOBIX.....	13
NUZYRA.....	8	oxycodone-acetaminophen.....	6	PRINIVIL.....	16
nystatin.....	11	OXYCONTIN.....	6	PRISTIQ.....	10
ODEFSEY.....	13	OZEMPIC.....	21	PROAIR DIGIHALER.....	35
ofloxacin.....	32, 33	OZOBAX.....	36	PROAIR HFA.....	35
OGIVRI.....	12	PALFORZIA.....	31	PROAIR RESPICLICK.....	35
olanzapine.....	13	PANCREAZE.....	25	prochlorperazine maleate.....	10
olmesartan medoxomil.....	16	PANDEL.....	20	PROCRIT.....	14
olmesartan medoxomil-hctz.....	16	pantoprazole sodium.....	24	PROCTOFOAM HC.....	31
olmesartan-amlodipine-hctz.....	16	PANZYGA.....	30	progesterone micronized.....	29
olopatadine hcl.....	32	paroxetine hcl.....	10	PROLENSA.....	32
OLUMIANT.....	30	PAXIL.....	10	PROLIA.....	31
OMECLAMOX-PAK.....	25	PAXIL CR.....	10	promethazine hcl.....	33
omega-3-acid ethyl esters.....	16	peg 3350-kcl-na bicarb-nacl.....	25	promethazine-dm.....	33
omeprazole.....	24	penicillin v potassium.....	8	PROMETRIUM.....	29
omeprazole-sodium		PENNSAID.....	7	PROPECIA.....	20
bicarbonate.....	24	PENTASA.....	31	propranolol hcl.....	16
OMNARIS.....	33	PERCOCET.....	6	propranolol hcl er.....	16
OMNITROPE.....	27	PERFOROMIST.....	35	PROTONIX.....	24
ondansetron hcl.....	10	PERSERIS.....	13	PROVENTIL HFA.....	35
ondansetron odt.....	10	PERTZYE.....	25	PROVIGIL.....	36
ONEXTON.....	20	phenazopyridine hcl.....	25	PROZAC.....	10
ONFI.....	9	phentermine hcl.....	18	pseudoephedrine-bromphen-	
ONGENTYS.....	12	PHESGO.....	12	dm.....	33
ONGLYZA.....	21	PHEXXI.....	31	PSORCON.....	20
ONTRUZANT.....	12	pimecrolimus.....	20	PULMICORT FLEXHALER.....	35
ONZETRA XSAIL.....	11	pioglitazone hcl.....	21	PULMICORT SUSPENSION....	35
OPSUMIT.....	35	PLAQUENIL.....	12	PULMOZYME.....	35
ORACEA.....	20	PLAVIX.....	13	PYLERA.....	25
ORENCIA.....	30	PLEGRIDY.....	18	QBREXZA.....	20
ORENCIA CLICKJECT.....	30	PLEGRIDY STARTER PACK...	18	QDOLO.....	6
ORENITRAM.....	35	PLENVU.....	25	QMIIZ ODT.....	7
ORFADIN.....	25	polymyxin b-trimethoprim.....	33	QNASL.....	33
ORIAHNN.....	29	potassium chloride crys er.....	24	QNASL CHILDRENS.....	33
ORILISSA.....	27	potassium chloride er.....	24	QSYMIA.....	18
ORPHENGESIC FORTE.....	36	potassium citrate er.....	24	QTERN.....	21
ORTHO MICRONOR.....	29	PRADAXA.....	8	QUDEXY XR.....	9
ORTHOVISC.....	31	PRALUENT.....	16	QUESTRAN.....	16
ORTIKOS.....	31	pramipexole dihydrochloride.....	12	QUESTRAN LIGHT.....	16
OSENI.....	21	prasugrel hcl.....	13	quetiapine fumarate.....	13

quetiapine fumarate er.....	13	RUCONEST.....	30	sprintec 28.....	29
QVAR REDIHALER.....	35	RUKOBIA.....	13	SPRIX.....	7
RABEPRAZOLE SODIUM.....	24	RUXIENCE.....	12	SPRYCEL.....	12
rabeprazole sodium.....	24	RYBELSUS.....	21	STAXYN.....	26
ramipril.....	16	RYTARY.....	12	STEGLATRO.....	21
RANEXA.....	16	SABRIL.....	9	STEGLUJAN.....	21
ranolazine er.....	16	SAFYRAL.....	29	STELARA.....	30
RASUVO.....	30	SAIZEN.....	27	STENDRA.....	26
RAYALDEE.....	31	SAIZENPREP.....	27	STIOLTO RESPIMAT.....	35
RAYOS.....	26	SANCUSO.....	10	STRATTERA.....	17
REBIF.....	18	SANDOSTATIN.....	27	STRENSIQ.....	25
REBIF REBIDOSE.....	18	SAPHRIS.....	13	STRIVERDI RESPIMAT.....	35
REBIF REBIDOSE		SAXENDA.....	18	SUBOXONE.....	7
TITRATION PACK.....	18	scopolamine.....	10	SUBSYS.....	6
REBIF TITRATION PACK.....	18	SEASONIQUE.....	29	sucralfate.....	24
RECOMBINATE.....	14	SECUADO.....	13	sulfamethoxazole-trimethoprim... 8	
RELAFEN.....	7	SEEBRI NEOHALER.....	35	sulfasalazine.....	31
RELAFEN DS.....	7	SEGLUROMET.....	21	sumatriptan succinate.....	11
RELISTOR.....	25	SEMGLEE.....	23	SUNOSI.....	36
RELPAK.....	11	SENSIPAR.....	31	SUPARTZ FX.....	31
REMICADE.....	30	SEREVENT DISKUS.....	35	SUPPRELIN LA.....	27
REMODULIN.....	35	SERNIVO.....	20	SUPREP BOWEL PREP KIT... 25	
RENAGEL.....	26	SEROQUEL.....	13	syeda.....	29
RENFLEXIS.....	30	SEROQUEL XR.....	13	SYMBICORT.....	35
REPATHA.....	16	sertraline hcl.....	10	SYMFI.....	13
REPATHA PUSHTRONEX		SEYSARA.....	8	SYMFI LO.....	13
SYSTEM.....	16	SIGNIFOR.....	27	SYMJEPI.....	35
REPATHA SURECLICK.....	16	sildenafil citrate.....	26, 35	SYMLINPEN 120.....	21
RESTASIS.....	33	SILENOR.....	36	SYMLINPEN 60.....	21
RESTASIS MULTIDOSE.....	33	SILVADENE.....	8	SYMPAZAN.....	9
RESTORIL.....	36	SIMBRINZA.....	32	SYMPROIC.....	25
RETACRIT.....	14	SIMPONI.....	30	SYNJARDY.....	21
RETIN-A.....	20	SIMPONI ARIA.....	30	SYNJARDY XR.....	21
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	20	simvastatin.....	16	SYNTHROID.....	29
RETIN-A MICRO PUMP.....	20	SINGULAIR.....	35	SYNVISC.....	31
REVLIMID.....	12	SKELAXIN.....	36	SYNVISC ONE.....	31
REXULTI.....	13	SKYRIZI (150 MG DOSE).....	30	TABRECTA.....	12
REYVOW.....	11	SLYND.....	29	TACLONEX.....	20
RHOFADE.....	20	sodium fluoride.....	24	tacrolimus.....	20, 30
RHOPRESSA.....	32	SOFOSBUVIR-VELPATASVIR.....	13	tadalafil.....	26
RINVOQ.....	30	solifenacin succinate.....	26	TAGRISSE.....	12
RISPERDAL.....	13	SOLIQUA.....	21	TAKHZYRO.....	30
risperidone.....	13	SOLIRIS.....	14	TALTZ.....	30
RITALIN.....	17	SOLODYN.....	8	TAMIFLU.....	13
RITALIN LA.....	17	SOLOSEC.....	8	tamoxifen citrate.....	12
rizatriptan benzoate.....	11	SOMA.....	36	tamsulosin hcl.....	26
ROCKLATAN.....	32	SOMATULINE DEPOT.....	27	TAPERDEX 12-DAY.....	26
ropinirole hcl.....	12	SOOLANTRA.....	20	TAPERDEX 6-DAY.....	26
rosuvastatin calcium.....	16	SORILUX.....	20	TAPERDEX 7-DAY.....	26
ROXICODONE.....	6	sotalol hcl.....	16	TARGADOX.....	8
ROZLYTREK.....	12	SPIRIVA HANDIHALER.....	35	TARGRETIN.....	12
RUBRACA.....	12	SPIRIVA RESPIMAT.....	35	TAZORAC.....	20
		spironolactone.....	16	TAZVERIK.....	12

TECFIDERA.....	18	TRAZIMERA.....	12	VANADOM.....	36
TEGRETOL.....	9	trazodone hcl.....	10	VARUBI (180 MG DOSE).....	10
TEGRETOL-XR.....	9	TREANDA.....	12	VASCEPA.....	17
TEGSEDI.....	18	TRELEGY ELLIPTA.....	35	VECTICAL.....	20
TEKTURNA.....	16	TREMFYA.....	30	VELCADE.....	12
TEKTURNA HCT.....	17	TRESIBA.....	23	VELPHORO.....	26
telmisartan.....	17	TRESIBA FLEXTOUCH.....	23	VELTASSA.....	24
telmisartan-hctz.....	17	tretinoin.....	20	VELTIN.....	20
temazepam.....	36	TREXIMET.....	11	VEMLIDY.....	13
TEMIXYS.....	13	TREZIX.....	6	venlafaxine hcl.....	10
TENORMIN.....	17	tri femynor.....	29	venlafaxine hcl er.....	10
terazosin hcl.....	26	triamcinolone acetonide.....	20	VENTOLIN HFA.....	35
terbinafine hcl.....	11	triamterene-hctz.....	17	verapamil hcl er.....	17
terconazole.....	11	TRIANEX.....	20	VERDESO.....	20
TERIPARATIDE (RECOMBINANT).....	31	triazolam.....	14	VESICARE.....	26
TESTIM.....	26	TRIBENZOR.....	17	V-GO 20.....	22
TESTOPEL.....	26	TRICOR.....	17	V-GO 30.....	22
testosterone.....	26	tri-estarylla.....	29	V-GO 40.....	22
testosterone cypionate.....	26	TRIJARDY XR.....	21	VIAGRA.....	26
THYQUIDITY.....	29	TRIKAFTA.....	35	VIBERZI.....	25
TIGLUTIK.....	18	TRILEPTAL.....	9	VICTOZA.....	21
TIKOSYN.....	17	tri-lo-marzia.....	29	vienva.....	29
timolol maleate.....	32	tri-lo-mili.....	29	VIGAMOX.....	32
timolol maleate pf.....	32	tri-lo-sprintec.....	29	VIIBRYD.....	10
TIMOPTIC.....	32	TRILURON.....	31	VIIBRYD STARTER PACK.....	10
TIMOPTIC OCUDOSE.....	32	TRINTELLIX.....	10	VIMOVO.....	7
TIMOPTIC-XE.....	32	TRIPTODUR.....	27	VIMPAT.....	9
TIROSINT.....	29	tri-sprintec.....	29	VIOKACE.....	25
TIROSINT-SOL.....	29	TRIUMEQ.....	13	VISCO-3.....	31
TIVICAY.....	13	TRIVISC.....	31	vitamin d (ergocalciferol).....	24
tizanidine hcl.....	36	TROKENDI XR.....	9	VITRAKVI.....	12
TOBI NEBULIZER.....	35	TRULANCE.....	25	VIVELLE-DOT.....	29
TOBI PODHALER.....	35	TRULICITY.....	21	VOGELXO.....	26
TOBRADEX.....	33	TRUVADA.....	13	VOGELXO PUMP.....	26
TOBRADEX ST.....	33	TRUXIMA.....	12	VOLTAREN.....	7
TOBRAMYCIN.....	35	TUDORZA PRESSAIR.....	35	VOSEVI.....	13
tobramycin-dexamethasone.....	33	TWIRLA.....	29	VRAYLAR.....	13
TOLSURA.....	11	TYMLOS.....	31	VUMERITY.....	18
tolterodine tartrate er.....	26	UBRELVY.....	11	VYLEESI.....	18
TOPAMAX.....	9	UCERIS.....	31	VYONDYS 53.....	25
TOPAMAX SPRINKLE.....	9	UDENYCA.....	14	VYTORIN.....	17
TOPICORT SPRAY.....	20	ULTOMIRIS.....	14	VYVANSE.....	17
topiramate.....	9	ULTRACET.....	7	VYZULTA.....	32
TOPROL XL.....	17	ULTRAM.....	7	WAKIX.....	36
torse mide.....	17	ULTRAVATE.....	20	warfarin sodium.....	9
TOSYMRA.....	11	UTIBRON NEOHALER.....	35	WELCHOL.....	17
TOUJEO MAX SOLOSTAR.....	23	VAGIFEM.....	29	WELLBUTRIN SR.....	10
TOUJEO SOLOSTAR.....	23	valacyclovir hcl.....	13	WELLBUTRIN XL.....	10
TOVIAZ.....	26	VALIUM.....	14	WILATE.....	14
TRACLEER.....	35	valsartan.....	17	wixela inhub.....	35
TRADJENTA.....	21	valsartan-hydrochlorothiazide...	17	XALATAN.....	32
tramadol hcl ir.....	6	VALTOCO.....	9	XANAX.....	14
		VALTREX.....	13	XANAX XR.....	14

XARELTO.....	9	ZOLGENSMA.....	25
XARELTO STARTER PACK.....	9	ZOLOFT.....	10
XCOPRI.....	9	zolpidem tartrate.....	36
XELJANZ.....	30	zolpidem tartrate er.....	36
XELJANZ XR.....	30	ZOMACTON.....	27
XEMBIFY.....	30	ZOMACTON (FOR ZOMA-JET	
XENLETA.....	8	10).....	27
XEPI.....	8	ZOMIG.....	11
XGEVA.....	31	ZOMIG ZMT.....	11
XHANCE.....	33	ZONEGRAN.....	9
XIGDUO XR.....	21	zonisamide.....	9
XIIDRA.....	33	ZORVOLEX.....	7
XIMINO.....	8	ZOVIRAX.....	13
XOFLUZA (40 MG DOSE).....	13	ZTLIDO.....	7
XOFLUZA (80 MG DOSE).....	13	ZUBSOLV.....	7
XOLAIR.....	33	ZYCLARA.....	20
XOPENEX HFA.....	35	ZYCLARA PUMP.....	20
XTAMPZA ER.....	7	ZYPITAMAG.....	17
XTANDI.....	12	ZYPREXA.....	13
xulane.....	29	ZYTIGA.....	12
XYNTHA.....	14		
XYNTHA SOLOFUSE.....	14		
XYOSTED.....	26		
XYREM.....	36		
YASMIN 28.....	29		
YAZ.....	29		
YONSA.....	12		
YOSPRALA.....	13		
YUPELRI.....	35		
ZANAFLEX.....	36		
ZARXIO.....	14		
ZEGERID.....	24		
ZEJULA.....	12		
ZELNORM.....	25		
ZEMBRACE SYMTOUCH.....	11		
ZENPEP.....	25		
ZEPOSIA.....	18		
ZEPOSIA 7-DAY STARTER			
PACK.....	18		
ZEPOSIA STARTER KIT.....	18		
ZERVIAE.....	32		
ZESTRIL.....	17		
ZETIA.....	17		
ZETONNA.....	33		
ZIANA.....	20		
ZIEXTENZO.....	14		
ZILXI.....	20		
ZIOPTAN.....	32		
ziprasidone hcl.....	13		
ZIPSOR.....	7		
ZIRABEV.....	12		
ZOCOR.....	17		
ZOHYDRO ER.....	7		

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207918-022021 **Premium Standard**

Quantity limits — Premium

Utilization management updates — July 1, 2021



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

Therapeutic use	Medication name	Quantity limit
Anti-infectives		
Antibiotics	SIVEXTRO (tedizolid) Soln	6 vials/30 days
	SIVEXTRO (tedizolid) Tabs	6 tabs/30 days
	ZYVOX (linezolid)	28 tabs/30 days
	ZYVOX (linezolid) Suspension	6 bottles (900 mL)/28 days
Antifungals	LAMISIL (terbinafine) 250 mg	84 days supply/180 days
Antivirals, Herpetic	SITAVIG (acyclovir) 50 mg	2 tabs/30 days
	VALTREX (valacyclovir)	4 tabs/day
Antivirals, Influenza	oseltamivir 30 mg	40 caps/365 days
	oseltamivir 45 mg, 75 mg	20 caps/365 days
	oseltamivir Suspension	360 mL/365 days
	RELENZA (zanamivir)	40 inh/365 days
	XOFLUZA (baloxavir marboxil)	4 tabs/365 days
Cardiology		
Anticoagulants	BEVYXXA (betrixaban)	43 tabs/180 days
	ELIQUIS (apixiban)	2 tabs/day
	ELIQUIS (apixiban) Starter Pack	2 packs/365 days
	PRADAXA (dabigatran)	2 caps/day
	SAVAYSA (edoxaban)	1 tab/day
	XARELTO (rivaroxaban)	1 tab/day
	XARELTO (rivaroxaban) 2.5 mg, 15 mg	2 tabs/day
	XARELTO (rivaroxaban) Starter Pack	2 packs/365 days
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) Suspension	15 mL/day
	ENTRESTO (sacubitril/valsartan)	2 tabs/day
Central Nervous System		
ADHD Agents	ADZENYS ER (amphetamine)	15 mL/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	amphetamine	6 tabs/day
	amphetamine/dextroamphetamine 30 mg tab	2 tabs/day
	amphetamine/dextroamphetamine	3 tabs/day
	amphetamine/detroamphetamine ER	1 cap/day
	APTENSIO XR (methylphenidate)	1 cap/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day

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

Therapeutic use	Medication name	Quantity limit
	dexmethylphenidate	2 tabs/day
	dexmethylphenidate ER	1 cap/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO ODT (amphetamine) 5 mg, 10 mg	3 tabs/day
	EVEKEO ODT (amphetamine) 15 mg, 20 mg	2 tabs/day
	JORNAY PM (methylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/day
	METHYLIN 10 mg/5 mL (methylphenidate) Soln	30 mL/day
	METHYLIN 5 mg/5 mL (methylphenidate) Soln	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day
	methylphenidate	3 tabs/day
	METHYLPHENIDATE ER (methylphenidate) 10 mg	2 tabs/day
	methylphenidate ER tab osmotic release 36 mg	2 tabs/day
	methylphenidate ER tab osmotic release	1 tab/day
	MYDAYIS (amphetamine/dextroamphetamine)	1 cap/day
	PROCENTRA (dextroamphetamine) Sol	60 mL/day
	QUILLICHEW ER (methylphenidate) 30 mg	2 tabs/day
	QUILLICHEW ER (methylphenidate)	1 tab/day
	QUILLIVANT XR (methylphenidate)	12 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day
	STRATTERA (atomoxetine)	1 cap/day
	STRATTERA (atomoxetine) 10 mg, 40 mg	2 caps/day
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
	ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day
	ZENZEDI (dextroamphetamine)	3 tabs/day
	ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day
Alzheimers Agents	NAMENDA XR (memantine hcl) caps	1 cap/day
	NAMENDA XR TITRATION PACK (memantine hcl) caps	2 packs/365 days
	NAMZARIC (memantine hcl) caps	1 cap/ day
	NAMZARIC TITRATION PACK(memantine hcl)	2 packs/365 days

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

Therapeutic use	Medication name	Quantity limit
Analgesics (non-opioid)	celecoxib	2 caps/day
	diclofenac gel 1%	10 tubes/30 days
	diclofenac patch	2 patches/day up to 15 days
	ketorolac	20 tabs or 5 days supply/30 days
	naproxen-esomeprazole	2 tabs/day
	QUTENZA (capsaicin)	4 patches/90 days
Analgesics (opioid)	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	BUNAVAIL (buprenorphine/naloxone) 2.1-0.3 mg	6 films/day
	BUNAVAIL (buprenorphine/naloxone) 6.3-1 mg	2 films/day
	BUNAVAIL (buprenorphine/naloxone) 4.2-0.7 mg	3 films/day
	buprenorphine/naloxone 8-2 mg	3 tabs or films/day
	buprenorphine/naloxone 12-3 mg	2 films/day
	buprenorphine/naloxone 4-1 mg	6 films/day
	buprenorphine/naloxone 2-0.5 mg	12 tabs or films/day
	BUTRANS (buprenorphine)	4 patches/28 days
	EMBEDA (morphine/naltrexone)	2 caps/day
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	hydrocodone cap ER	2 caps/day
	hydrocodone cap ER 50 mg	4 caps/day
	hydromorphone tab ER	2 tabs/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sulfate ER cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	NUCYNTA ER (tapentadol)	2 tabs/day
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ext-release	4 tabs/day
	SUBUTEX (buprenorphine) 8 mg	3 tabs/day
	SUBUTEX (buprenorphine) 2 mg	12 tabs/day
	tramadol ER capsules	1 cap/day
	tramadol ER tablets	1 tab/day
	XTAMPZA ER	4 caps/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 0.7-0.18 MG	3 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 5.7-1.4 MG	3 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 8.6/2.1 MG	2 tabs/day
ZUBSOLV (buprenorphine/naloxone) SL Tab 11.4/2.9 MG	1 tab/day	
ZUBSOLV (buprenorphine/naloxone) SL Tab 2.9/0.71 MG	6 tabs/day	
ZUBSOLV (buprenor+B95:B132phine/naloxone) SL Tab 1.4-0.36 MG	12 tabs/day	

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

Therapeutic use	Medication name	Quantity limit
Anticonvulsants	DIASTAT GEL (diazepam)	2 boxes/fill
	GRALISE (gabapentin) 300 mg	6 tabs/day
	GRALISE (gabapentin) 600 mg	3 tabs/day
	GRALISE (gabapentin) Pack	1 pack/fill
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	LYRICA CR (pregabalin)	3 tabs/day
	LYRICA CR (pregabalin) 330mg	2 tabs/day
	pregabalin cap 300 mg	2 caps/day
	pregabalin caps	3 caps/day
	pregabalin Soln	900 mL/30 days
	VALTOCO (diazepam) 5 mg, 10 mg	10 devices/30 days, 2 packages/fill
	VALTOCO (diazepam) 15 mg 20 mg	20 devices/30 days, 2 packages/fill
Antidepressants	APLENZIN (bupropion)	1 tab/day
	bupropion SR	2 tabs/day
	bupropion XL	1 tab/day
	bupropion XL 150 mg	3 tabs/day
	desvenlafaxine fumarate	1 tab/day
	duloxetine	2 caps/day
	duloxetine 30 mg	3 caps/day
	EMSAM (selegiline)	1 patch/day
	FETZIMA (levomilnacipran)	1 cap/day
	FETZIMA (levomilnacipran) Pack	2 packs/365 days
	KHEDEZLA (desvenlafaxine ER)	1 tab/day
	LUVOX CR (fluvoxamine)	2 caps/day
	PEXEVA (paroxetine)	1 tab/day
	PEXEVA (paroxetine) 30 mg	2 tabs/day
	PRISTIQ (desvenlafaxine)	1 tab/day
	PROZAC WEEKLY (fluoxetine)	4 caps/28 days
	TRINTELLIX (vortioxetine)	1 tab/day
	VIIBRYD (vilazodone)	1 tab/day
	VIIBRYD (vilazodone) Starter Kit	2 kits/365 days
	Antipsychotics	aripiprazole tabs
aripiprazole ODT		2 tabs/day
aripiprazole soln		25 mL/day
asenapine		2 tabs/day
CAPLYTA (lumateperone tosylate)		1 tab/day
CLOZARIL (clozapine) 100 mg		9 tabs/day
CLOZARIL (clozapine) 200 mg		4 tabs/day
CLOZARIL (clozapine) 25 mg		9 tabs/day
CLOZARIL (clozapine) 50 mg		6 tabs/day
FANAPT (iloperidone)		2 tabs/day
FANAPT PAK (iloperidone)		1 pack/180 days
FAZACLO (clozapine) 100 mg		9 tabs/day

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

Therapeutic use	Medication name	Quantity limit
	FAZACLO (clozapine) 12.5 mg	3 tabs/day
	FAZACLO (clozapine) 150 mg	6 tabs/day
	FAZACLO (clozapine) 200 mg	4 tabs/day
	FAZACLO (clozapine) 25 mg	9 tabs/day
	GEODON (ziprasidone)	2 caps/day
	INVEGA (paliperidone)	1 tab/day
	INVEGA (paliperidone) 6 mg	2 tabs/day
	LATUDA (lurasidone) 20 mg, 40 mg, 60mg, 120 mg	1 tab/day
	LATUDA (lurasidone) 80 mg	2 tabs/day
	olanzapine tabs	1 tab/day
	quetiapine 300 mg, 400 mg	2 tabs/day
	quetiapine 25 mg, 50 mg, 100 mg, 200 mg	3 tabs/day
	quetiapine ER	2 tabs/day
	quetiapine ER 200 mg	3 tabs/day
	REXULTI (brexpiprazole)	1 tab/day
	risperidone tabs	2 tabs/day
	risperidone soln	8 mL/day
	RISPERDAL M (risperidone)	2 tabs/day
	SYMBYAX (olanzapine/fluoxetine)	1 cap/day
	SYMBYAX (olanzapine/fluoxetine) 3-25 mg	3 caps/day
	SYMBYAX (olanzapine/fluoxetine) 6-25 mg	3 caps/day
	VERSACLOZ (clozapine)	18 mL/day
	VRAYLAR (cariprazine)	1 cap/day
	VRAYLAR (cariprazine) pack	2 packs/year
	ZYPREXA ZYDIS (olanzapine)	1 tab/day
Benzodiazepines	alprazolam ER	1 tab/day
	alprazolam ER 2 mg	5 tabs/day
	alprazolam ER 3 mg	3 tabs/day
	alprazolam ODT	4 tabs/day
	alprazolam ODT 2 mg	5 tabs/day
	alprazolam intensol	10 mL/day
	alprazolam tabs	4 tabs/day
	alprazolam tab 2 mg	5 tabs/day
	chlordiazepoxide 10 mg	30 caps/day
	chlordiazepoxide 25 mg	12 caps/day
	chlordiazepoxide 5 mg	4 caps/day
	clonazepam ODT	3 tabs/day
	clonazepam ODT 2 mg	10 tabs/day
	clonazepam tabs	3 tabs/day
	clonazepam tab 2 mg	10 tabs/day
	lorazepam intensol	5 mL/day
	lorazepam tabs	3 tabs/day
	lorazepam tab 2 mg	5 tabs/day

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Therapeutic use	Medication name	Quantity limit
	NAYZILAM (midazolam nasal spray)	10 spray units/30 days
	oxazepam	4 caps/day
	TRANXENE T (clorazepate) 15 mg	6 tabs/day
	TRANXENE T (clorazepate) 3.75 mg	24 tabs/day
	TRANXENE T (clorazepate) 7.5 mg	12 tabs/day
Fibromyalgia	SAVELLA (milnacipran)	2 tabs/day
	SAVELLA (milnacipran) Pack	2 packs/365 days
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
	VYLEESI (bremelanotide acet)	6 injections/30 days
Migraine	AMERGE (naratriptan)	9 tabs/30 days
	AXERT (almotriptan)	12 tabs/30 days
	D.H.E. (dihydroeriotamine)	24 mL (24 ampules)/28 days
	eletriptan tabs	12 tabs/30 days
	FROVA (frovatriptan)	12 tabs/30 days
	MIGRANAL (dihydroergotamine)	1 package (8 vials)/30 days
	rizatriptan tabs	18 tabs/30 days
	rizatriptan ODT	18 tabs/30 days
	sumatriptan injection	5 kits (10 units)/30 days
	sumatriptan nasal	12 spray unit devices/30 days
	sumatriptan tabs	9 tabs/30 days
	sumatriptan-naproxen tabs	9 tabs/30 days
	zolmitriptan ODT	12 tabs/30 days
	zolmitriptan tabs	12 tabs/30 days
	ZOMIG (zolmitriptan) Nasal	12 spray unit devices/30 days
Parkinson's	XADAGO (safinamide)	1 tab/day
Sedative Hypnotics	BELSOMRA (suvorexant)	1 tab/day
	DAYVIGO (lemborexant)	1 tab/day
	DORAL (quazepam)	1 tab/day
	EDLUAR (zolpidem)	1 tab/day
	estazolam tabs	1 tab/day
	eszopiclone tabs	1 tab/day
	flurazepam caps	1 cap/day
	HALCION (triazolam)	2 tabs/day
	INTERMEZZO (zolpidem)	1 tab/day
	ROZEREM (ramelteon)	1 tab/day
	SILENOR (doxepin)	1 tab/day
	SONATA (zaleplon) 10 mg	2 cap/day
	SONATA (zaleplon) 5 mg	1 cap/day
	SUNOSI (solriamfetol)	1 cap/day
	temazepam caps	1 cap/day
	zolpidem tabs	1 tab/day
	zolpidem ER	1 tab/day
	ZOLPIMIST (zolpidem)	1 bottle (7.7 g)/30 days

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Therapeutic use	Medication name	Quantity limit
Stimulants	armodafinil tabs	1 tab/day
	armodafinil tab 50 mg	2 tabs/day
	modafinil tabs	1 tab/day
Toxicology	LUCEMYRA (lofexidine)	16 tabs/day, 14 day supply
Dermatology		
Anticholinergic	QBREXZA (glycopyrronium tosylate)	1 cloth/day
Anti-Inflammatory	diclofenac gel 3%	300 gm/30 days
	calcipotriene/betamethasone ointment	400 g/30 days
Miscellaneous	ENSTILAR (calcipotriene/betamethasone dipropionate)	420 g/28 days
	TACLONEX SCALP (calcipotriene/betamethasone)	120 g/30 days
	WYNZORA (calcipotriene/betamethasone dipropionate)	420 g per 28 days
Endocrinology & Metabolism		
Androgens, Anabolic	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
Steroids	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
Antidiabetic Agents	ADLYXIN (lixisenatide)	2 pens (6 mL)/28 days
	ADLYXIN (lixisenatide) Starter Pack	2 starter kits (12 mL)/365 days
	BYDUREON, BYDUREON BCISE (exenatide)	4 vials/pen-inj/28 days
	BYETTA (exenatide)	1 syringe/30 days
	OZEMPIC (semaglutide)	1 pen/28 days
	OZEMPIC (semaglutide) 1 mg/dose (2 mg/1.5 mL)	2 pens/28 days
	RYBELSUS 3 MG (semaglutide)	2 boxes (60 tablets)/365 days
	RYBELSUS (semaglutide)	1 tab/day
	SOLIQUA (insulin glargine/lixisenatide)	5 pens (15 mL)/25 days
	TRULICITY (dulaglutide)	4 pen-inj/28 days
	VICTOZA (liraglutide)	3 pen-inj/ 30 days
	XULTOPHY (insulin degludec/liraglutide)	5 pens (15 mL)/30 days
Gonadotropins	ORIAHNN (elagolix-estradiol-noreth)	2 tabs/day
	ORILISSA (elagolix)	1 tab/day
	ORILISSA (elagolix)	2 tabs/day
Osteoporosis	ACTONEL (risedronate) tab 150 mg	1 tab/28 days
	ACTONEL (risedronate) tab 35 mg	4 tabs/28 days
	ATELVIA (risedronate)	4 tabs/28 days
	BINOSTO (alendronate)	4 tabs/28 days
	BONIVA (ibandronate)	1 tab/28 days
	BONIVA IV (ibandronate)	1 syringe/90 days
	FORTICAL (calcitonin)	1 bottle (3.7mL)/30 days
	FOSAMAX (alendronate) 35 mg & 70 mg	4 tabs/28 days
	FOSAMAX PLUS D (alendronate/cholecalciferol)	4 tabs/28 days
	MIACALCIN (calcitonin)	1 bottle (3.7mL)/30 days

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Therapeutic use	Medication name	Quantity limit
Gastroenterology		
Antiemetics	AKYNZEO (netupitant-palonosetron)	2 caps/30 days
	ANZEMET (dolasetron)	2 tabs/30 days
	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 caps/fill or 3 max days supply
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	EMEND (aprepitant) caps 125 mg	2 caps/30 days
	EMEND (aprepitant) 125 mg/80 mg	2 packs (6 caps)/30 days
	EMEND (aprepitant) 40 mg	1 cap/30 days
	EMEND (aprepitant) 80 mg	4 caps/30 days
	EMEND (aprepitant) Susp 125 mg	3 packets/30 days
	KYTRIL (granisetron)	4 tabs/30 days
	MARINOL (dronabinol)	2 caps/day
	SUSTOL (ganisetron)	2 syringes/30 days
	SYNDROS (dronabinol)	4 mL/day
	VARUBI (rolapitant)	4 tabs/30 days
	ZOFRAN (ondansetron) oral solution	120 mL/30 days
	ZOFRAN (ondansetron) 24 mg tab	2 tabs/30 days
ZUPLLENZ (ondansetron)	10 films/30 days	
Constipation	LINZESS (linaclotide)	1 cap/day
	MOTEGRITY (prucalopride)	1 tab/day
	ZELNORM (prucalopride succinate)	2 tabs/day
Diarrhea	MYTESI (crofelemer)	2 tabs/day
Irritable Bowel Syndrome	VIBERZI (eluxadoline)	2 tabs/day
Opioid-induced Constipation	SYMPROIC (naldemedine)	1 tab/day
Proton Pump Inhibitors	ACIPHEX SPRINKLE (rabeprazole)	1 cap/day
	DEXILANT (dexlansoprazole)	1 cap/day
	esomeprazole strontium	1 cap/day
	lansoprazole caps	1 cap/day
	lansoprazole tabs	1 tab/day
	NEXIUM (esomeprazole) caps	1 cap/day
	NEXIUM (esomeprazole) packets	1 packet/day
	omeprazole caps	1 cap/day
	pantoprazole tabs	1 tab/day
	PRILOSEC PACKETS (omeprazole)	2 packets/day
	PROTONIX (pantoprazole) packets	1 packet/day
rabeprazole tabs	1 tab/day	
Miscellaneous		
Diabetic Supplies	GLUCOSE TEST STRIPS	300 strips/30 days
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
	REDITREX (methotrexate)	4 auto-injectors/28 days

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Therapeutic use	Medication name	Quantity limit
Smoking Cessation Products	CHANTIX (varenicline)	180 days supply/365 days
	COMMIT (nicotine lozenges)	180 days supply/365 days
	NICODERM (nicotine transdermal)	180 days supply/365 days
	NICORETTE (nicotine gum)	180 days supply/365 days
	NICOTROL Inhaler (nicotine)	180 days supply/365 days
	NICOTROL NS (nicotine)	180 days supply/365 days
	ZYBAN (bupropion)	180 days supply/365 days
Obstetrics & Gynecology		
Contraceptives	AMETHIA (levonorg-eth est)	1/91 days
	AMETHIA LO (levonorg-eth est)	1/91 days
	ASHLYNA (levonorg-eth est)	1/91 days
	CAMRESE (levonorg-eth est)	1/91 days
	CAMRESE LO (levonorg-eth est)	1/91 days
	DAYSEE (levonorg-eth est)	1/91 days
	DEPO/DEPO-SUBQ PROVERA (medroxyprogesterone)	1/90 days
	ICLEVIA (levonorg-eth est)	1/91 days
	INTROVALE (levonorg-eth est)	1/91 days
	JOLESSA (levonorg-eth est)	1/91 days
	LOSEASONIQUE (ethinyl estradiol/levonorgestrel)	1/91 days
	QUARTETTE (levonorg-eth est)	1/91 days
	QUASENSE (levonorg-eth est)	1/91 days
	SEASONIQUE (ethinyl estradiol/levonorgestrel)	1/91 days
	SETLAKIN (levonorg-eth est)	1/91 days
Ergot Alkaloids	METHERGINE (methylergonovine)	28 tabs/fill, 2 fills/365 days
Hormone Replacement	CRINONE (progesterone)	15 applicators/30 days
	ESTRING (estradiol)	1 package/90 days
	FEMRING (estradiol acetate)	1 package/90 days
Miscellaneous	BRISDELLE (paroxetine)	1 cap/day
Ophthalmology		
Anti-inflammatory	bromfenac 0.09%	4 bottles/year
	LOTEMAX (loteprednol) gel, oint	4 bottles/year
	PROLENSA (bromfenac sodium)	4 bottles/year
Prostaglandins	LUMIGAN (bimatoprost)	1 bottle (2.5 mL)/25 days
	RHOPRESSA (netarsudil)	1 bottle (2.5 mL)/25 days
	ROCKLATAN (netarsudil-latanoprost)	1 bottle (2.5 mL) per 25 days
	TRAVATAN Z (travoprost)	1 bottle (2.5 mL)/25 days
	XELPROS (latanoprost)	1 bottle (2.5 mL)/25 days
Respiratory		
Allergy (intranasal)	ASTELIN (azelastine)	2 bottles/30 days
	ASTEPRO (azelastine)	2 bottles/30 days
	BECONASE AQ (beclomethasone)	1 inhaler/25 days
	DYMISTA (fluticasone/azelastine)	1 inhaler/30 days
	flunisolide nasal	1 bottle/30 days

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Therapeutic use	Medication name	Quantity limit
	mometasone nasal	2 inhalers/30 days
	OMNARIS (ciclesonide)	1 inhaler/30 days
	PATANASE (olopatadine)	1 bottle/30 days
	QNASL (beclomethasone)	1 inhaler/30 days
	QNASL CHILDRENS (beclomethasone)	1 inhaler/30 days
	RHINOCORT AQUA (budesonide)	2 bottles/30 days
	VERAMYST (fluticasone furoate)	1 bottle/30 days
	ZETONNA (ciclesonide nasal)	1 inhaler/30 days
Asthma/COPD (inhaled)	ADVAIR DISKUS (fluticasone/salmeterol)	1 diskus/30 days
	ADVAIR HFA (fluticasone/salmeterol)	1 inhaler/30 days
	AEROSPAN (flunisolide)	2 inhalers/30 days
	albuterol HFA	2 inhalers/30 days
	ANORO ELLIPTA (umeclidinium/vilanterol)	1 package/30 days
	ARNUITY ELLIPTA (fluticasone furoate)	1 inhaler/30 days
	ATROVENT HFA (ipratropium)	2 inhalers/30 days
	BREO ELLIPTA (fluticasone furoate/vilanterol)	1 package/30 days
	BREZTRI (budesonide/glycopyrrolate/formoterol fumarate)	1 inhaler/30 days
	COMBIVENT RESPIMAT (ipratropium/albuterol)	2 inhalers/30 days
	FLOVENT (fluticasone) 110 mcg, 220 mcg	2 inhalers (12 g each)/30 days
	FLOVENT (fluticasone) 44 mcg	2 inhalers/30 days
	FLOVENT DISKUS (fluticasone) 250 mcg	4 diskus/30 days
	FLOVENT DISKUS (fluticasone) 50 mcg, 100 mcg	1 diskus/30 days
	FORADIL (formoterol)	1 package/30 days
	LONHALA MAGNAIR (glycopyrrolate)	60 vials/30 days
	PULMICORT FLEXHALER (budesonide)	2 packages/30 days
	SEREVENT DISKUS (salmeterol) 50 mcg	1 package/30 days
	SPIRIVA HANDIHALER (tiotropium)	1 package/30 days
	SPIRIVA RESPIMAT (tiotropium)	1 inhaler/30 days
	STIOLTO RESPIMAT (tiotropium br-olodaterol)	1 inhaler/30 days
	STRIVERDI RESPIMAT (olodaterol)	1 inhaler/30 days
	SYMBICORT (budesonide/formoterol)	1 inhaler/30 days
	TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)	60 blisters/30 days
	WIXELA INHUB (fluticasone/salmeterol)	1 diskus/30 days
Asthma/COPD (nebulized)	ACCUNEB (albuterol)	5 packages (125 vials or 375 mL)/30 days
	albuterol 2.5 mg/3 mL (0.083%)	180 vials (540 mL)/30 days
	ATROVENT (ipratropium)	125 vials (312.5 mL)/30 days
	BROVANA (arformoterol)	60 vials (120 mL)/30 days
	budesonide respules	2 packages (120 mL)/30 days
	DUONEB (ipratropium/albuterol)	180 vials (540 mL)/30 days
	PERFOROMIST (formoterol)	60 vials (120 mL)/30 days
	XOPENEX (levalbuterol)	180 vials (540 mL)/30 days
	XOPENEX (levalbuterol) 1.25 mg/0.5 mL	90 vials (45 mL)/30 days

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Therapeutic use	Medication name	Quantity limit
	XOPENEX (levalbuterol) 1.25 mg/3 mL	90 vials (270 mL)/30 days
	YUPELRI (revefenacin)	1 vial/day
Epinephrine Auto-Injectors	AUVI-Q (epinephrine) 0.1 mg	2 auto-injectors/30 days
Urology		
Erectile Dysfunction	CAVERJECT (alprostadil)	6 units/30 days
	EDEX (alprostadil)	6 units/30 days
	MUSE (alprostadil)	6 units/30 days
	sildenafil tabs	6 tabs/30 days
	tadalafil tab 10 mg	6 tabs/30 days
	tadalafil tab 2.5 mg	1 tab/day
	tadalafil tab 20 mg	6 tabs/30 days
	tadalafil tab 5 mg	1 tab/day
	vardenafil ODT	6 tabs/30 days
	vardenafil tabs	6 tabs/30 days
Overactive Bladder Antispasmodics	OXYTROL (oxybutynin)	8 patches/28 days

Premium Specialty Quantity Limit

Therapeutic use	Medication name	Quantity limit
Anti-Infectives		
Antiretrovirals, Hepatitis B	BARACLUDE (entecavir) Soln	630 mL/30 days
	entecavir tabs	1 tab/day
Antithrombotic Agents		
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit/day
Cardiology		
Anticoagulants, LMWH	ARIXTRA (fondaparinux)	35 days supply/180 days
	FRAGMIN (dalteparin)	35 days supply/180 days
	LOVENOX (enoxaparin)	35 days supply/180 days
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
Hereditary Angioedema	BERINERT (C1 inhibitor, human)	10 vials/30 days
	FIRAZYR (icatibant)	6 syringes/30 days
	KALBITOR (ecallantide)	6 vials/30 days
	ORLADEYO (berotralstat hcl)	1 tab/day
	RUCONEST (C1 esterase inhibitor)	8 vials/30 days
Pulmonary Arterial Hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan tabs	1 tab/day
	bosentan tabs	2 tabs/day
	OPSUMIT (macitentan)	1 tab/day

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Therapeutic use	Medication name	Quantity limit
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	tadalafil tabs	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
	VENTAVIS (iloprost)	9 ampules/day
Transthyretin Stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day
Central Nervous System		
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	KYNMOBI (apomorphine hcl)	5 films/day
	KYNMOBI (apomorphine hcl)	20 films/365 days
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
	WAKIX (pitolisant)	2 tabs/day
Weight Loss	IMCIVREE (setmelanotide acetate)	9 vials/30 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & Metabolism		
Gonadotropins	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FENSOLVI (leuprolide acetate)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/365 days
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/28 days
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR DEPOT (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR LA (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
	VANTAS (histrelin)	1 implant/365 days
	ZOLADEX (goserelin) 10.8 mg	1 injection/84 days
	ZOLADEX (goserelin) 3.6 mg	1 injection/28 days
Growth Hormones and Related Therapy	EGRIFTA (tesamorelin)	2 vials (1 mg each)/day
	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
Hormone Modifiers	NATPARA (parathyroid hormone)	2 cartridges/28 days

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Therapeutic use	Medication name	Quantity limit
Miscellaneous	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	EVENITY (romosozumab-aqqg)	2 syringes/28 days
Osteoporosis	PROLIA (denosumab)	2 syringes/365 days
Somatostatin	SIGNIFOR (pasireotide)	2 ampules/day
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
Vasopressin Antagonist	JYNARQUE (tolvaptan)	2 tabs/day
	SAMSCA (tolvaptan)	2 tabs/day
Enzyme-Related		
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	CYSTADROPS (cysteamine)	4 bottles/28 days
Enzyme Replacement	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	XURIDEN (uridine triacetate)	4 packets/day
Phenylketonuria Treatment Agents	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day
Gastroenterology		
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
Immunology		
Hematopoietic Agents	MOZOBIL (plerixafor)	8 vials (9.6 mL)/transplant
Interleukins	ILARIS (canakinumab)	2 vials/4 weeks
Monoclonal Antibody	DUPIXENT (dupilumab)	4 syringes/28 days
	NUCALA (mepolizumab)	3 vials/28 days
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BAFIERTAM (monomethyl fumarate)	4 caps/day
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	dimethyl fumarate Starter Pack	2 starter packs/365 days
	dimethyl fumarate	2 caps/day
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	KESIMPTA (ofatumumab)	1 syringe/30 days
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs (24 tabs)/365 days
	OCREVUS (ocrelizumab) Soln	4 vials/365 days
	TYSABRI (natalizumab)	1 injection/28 days
	VUMERITY 231 mg (diroximel fumarate)	4 caps/day
	VUMERITY STARTER BOTTLE 231 mg (diroximel fumarate)	212 caps/365 days

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

Therapeutic use	Medication name	Quantity limit
	ZEPOSIA (ozanimod)	1 capsule per day
	ZEPOSIA 7DAY CAP STR PACK (ozanimod cap pack)	14 caps per 365 days
	ZEPOSIA STARTER KIT (ozanimod cap pack)	74 caps per 365 days
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) pack	56 caps (2 packs) per 365 days
Oncology		
Kinase and Molecular Target Inhibitors	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg	1 tab/day
	ALUNBRIG (brigatinib) 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Starter Pack	1 pack/365 days
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	everolimus tabs	1 tab/day
	GILOTRIF (afatinib)	1 tab/day
	ICLUSIG (ponatinib) 10 mg	1 tabs/day
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	IDHIFA (enasidenib)	1 tab/day
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	NERLYNX (neratinib maleate)	6 tabs/day
	PEMAZYRE (pemigatinib)	1 tab/day
	TAGRISSO (osimertinib) 40mg	1 tab/day
	TARCEVA (erlotinib) 25 mg	3 tabs/day
Ophthalmology		
Miscellaneous	OXERVATE	2 mL (2 vials) per day
Respiratory		
Cystic Fibrosis	ORKAMBI (lumacaftor/ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor/ivacaftor) packets	2 packets/day
	SYMDEKO (tezacaftor/ivacaftor)	2 tabs/day
	TOBI PODHALER (tobramycin)	1 package (224 tabs)/56 days
	TRIKAFTA (elexacaf-tezacaf-ivacaf)	3 tabs/day

Quantity Limits effective as of July 1, 2021.

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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Your formulary updates

Tier changes — effective July 1, 2021



This is a list of biannual tier changes made to your formulary. Each medication is placed in a tier that shows the cost level you may pay for that prescription. Your employer or health plan makes the decision on tier placements. Medications are grouped by the conditions they treat.



Tier 1

Lower cost medications



Tier 2

Mid-range cost medications



Tier 3

Higher cost medications



EXC

Medications may not be covered

In this formulary update, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Medications moving to a higher tier

These medications are moving to a higher tier and will cost more because there are other lower-cost options. If your medication is listed below, you may still take it, but you may pay a higher cost. Please talk to your doctor about lower-cost option(s) to see if they will work for you.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Antifungals	ALA-QUIN CR 3-0.5%	Tier 2 to Tier 3	Please talk to your doctor about other option(s)
Antineoplastics - Drugs for Cancer	XALKORI CAP 200MG, 250MG	Tier 2 to Tier 3	Please talk to your doctor about other option(s)
Antiparkinson Agents	APOKYN INJ 10MG/ML	Tier 2 to Tier 3	Please talk to your doctor about other option(s)
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders	NPLATE INJ 125MCG, 250MCG, 500MCG	Tier 2 to Tier 3	Please talk to your doctor about other option(s)
Electrolytes / Minerals / Metals / Vitamins	CORVITE TAB	Tier 2 to Tier 3	Any preferred multivitamin with minerals and folic acid
	CORVITA TAB	Tier 2 to Tier 3	Any preferred multivitamin with minerals and folic acid
	INFUVITE INJ	Tier 2 to Tier 3	Please talk to your doctor about other option(s)
	POLY-VITE DROPS	Tier 2 to Tier 3	polyvitamin drops
Electrolyte Modifiers	SAMSCA TAB 15MG	Tier 2 to Tier 3	tolvaptan tab
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	MUCINEX ALLERGY TAB 180MG	Tier 2 to Tier 3	fexofenadine tab
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/5ML	Tier 2 to Tier 3	baclofen inj
	GABLOFEN INJ 50MCG/ML, 10000MCG/20ML, 20000MCG/20ML, 40000MCG/20ML	Tier 2 to Tier 3	baclofen inj

Medications moving to exclusion

The following excluded medications may not be covered by your plan.

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Analgesics - Drugs for Pain and Inflammation	DICLOFENAC PATCH 1.3%	Tier 3 to EXC	diclofenac gel/solution
Antipsychotics - Drugs for Mood Disorders	SAPHRIS SUB 2.5MG, 5MG, 10MG	Tier 3 to EXC	asenapine
Antivirals	TRUVADA TAB 100-150MG, 133-200MG, 167-250MG	Tier 3 to EXC	emtricitabine- tenofovir disoproxil fumarate
Central Nervous System Agents - Drugs for Multiple Sclerosis	TECFIDERA CAP 120MG, 240MG, STARTER PACK	Tier 2 to EXC	dimethyl fumarate dr
Dermatological Agents - Drugs for Skin Conditions	FABIOR AER FOAM 0.1%	Tier 3 to EXC	tazarotene
	TAZORAC CR 0.05%	Tier 3 to EXC	tazarotene
	TAZORAC GEL 0.05%, 0.1%	Tier 3 to EXC	tazarotene
Electrolytes / Minerals / Metals / Vitamins	DEXIFOL TAB	Tier 3 to EXC	Any covered multivitamin
	FOLIC-K CAP	Tier 3 to EXC	Any covered multivitamin
	FOLIKA-T TAB	Tier 3 to EXC	Any covered multivitamin
	FOLIKA-V TAB	Tier 3 to EXC	Any covered multivitamin
	GENICIN VITA-Q TAB	Tier 3 to EXC	Any covered multivitamin
	GENICIN VITA-S TAB	Tier 3 to EXC	Any covered multivitamin
	HYLAVITE TAB	Tier 3 to EXC	Any covered multivitamin
	LORID TAB	Tier 3 to EXC	Any covered multivitamin
	MULTIPRO CAP	Tier 3 to EXC	Any covered multivitamin
	NICADAN TAB	Tier 3 to EXC	Any covered multivitamin
	NICAZEL FORTE TAB	Tier 3 to EXC	Any covered multivitamin
	NICAZEL TAB	Tier 3 to EXC	Any covered multivitamin
	NICOMIDE TAB	Tier 3 to EXC	Any covered multivitamin
	PRENATRIX TAB	Tier 3 to EXC	Any covered prenatal vitamin
	QUFLORA FE CHW	Tier 3 to EXC	Any covered multivitamin
	REMEDIENT CAP	Tier 3 to EXC	Any covered multivitamin
	TRONVITE TAB	Tier 3 to EXC	Any covered multivitamin
	VITASURE TAB	Tier 3 to EXC	Any covered multivitamin
	XVITE TAB	Tier 3 to EXC	Any covered multivitamin

Therapeutic use	Medication name	Tier placement	Lower-cost medications
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	KUVAN POW 100MG, 500MG	Tier 3 to EXC	sapropterin
	KUVAN TAB 100MG	Tier 3 to EXC	sapropterin
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	ELMIRON CAP 100MG	Tier 2 to EXC	amitriptyline, hydroxyzine
Hormonal Agents - Pituitary	SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	Tier 3 to EXC	octreotide
Immunological Agents - Drugs for Immune System Stimulation or Suppression	RENFLXIS INJ 100MG	Tier 2 to EXC	AVSOLA, INFLECTRA
Metabolic Bone Disease Agents - Drugs for Osteoporosis	FORTEO SOL 600/2.4	Tier 2 to EXC	TERIPARATIDE INJ, TYMLOS INJ
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	BEPREVE OPHTH SOL 1.5%	Tier 3 to EXC	azelastine sol, olopatadine sol
	LASTACRAFT OPHTH SOL 0.25%	Tier 3 to EXC	azelastine sol, olopatadine sol
Otic Agents - Drugs for Ear Conditions	CIPRODEX SUSP 0.3-0.1%	Tier 2 to EXC	ciprofloxacin-dexamethasone otic susp
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis	BETHKIS NEB 300/4ML	Tier 2 to EXC	tobramycin neb solution, TOBI PODHALER CAP
	CAYSTON INH 75MG	Tier 3 to EXC	tobramycin neb solution, TOBI PODHALER CAP



When differences between this list and your benefit plan exist, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan for full details.



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Premium

Prior authorization — Premium

Utilization management updates — July 1, 2021



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

Therapeutic use	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	ALBENZA (albendazole)	None
Antibiotics	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin)	None
Antifungals	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	KERYDIN (tavaborole)	None
	NOXAFIL (posaconazole)	None
	ONMEL (itraconazole)	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
Antimalarial	QUALAQUIN (quinine)	None
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
	TROGARZO (ibalizumab-uiyk)	None
Cardiology		
Antilipemic	omega-3-acid 1 gm	None
	NEXLETOL (bempedoic acid)	1 tab/day
	NEXLIZET (bempedoic acid-ezetimibe)	1 tab/day
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days
	VASCEPA (icosapent ethyl)	None
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	CORLANOR (ivabradine) Soln	15 mL/day
Central nervous system		
ADHD Agents (PA age 19+ only)	ADZENYS ER (amphetamine)	15 mL/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	amphetamine	6 tabs/day
	amphetamine/dextroamphetamine 30 mg tab	2 tabs/day
	amphetamine/dextroamphetamine	3 tabs/day
	amphetamine/detroamphetamine ER	1 cap/day
	APTENSIO XR (methylphenidate)	1 cap/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day

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

Therapeutic use	Medication name	Quantity limit
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	dexmethylphenidate	2 tabs/day
	dexmethylphenidate ER	1 cap/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO ODT (amphetamine) 5 mg, 10 mg	3 tabs/day
	EVEKEO ODT (amphetamine) 15 mg, 20 mg	2 tabs/day
	JORNAY PM (methylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/day
	METHYLIN (methylphenidate) Soln 10 mg/5 mL	30 mL/day
	METHYLIN (methylphenidate) Soln 5 mg/5 mL	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day
	methylphenidate	3 tabs/day
	METHYLPHENIDATE ER (methylphenidate) 10 mg	2 tabs/day
	methylphenidate ER tab osmotic release 36 mg	2 tabs/day
	methylphenidate ER tab osmotic release	1 tab/day
	MYDAYIS (amphetamine/dextroamphetamine)	1 cap/day
	PROCENTRA (dextroamphetamine) Sol	60 mL/day
	QUILLICHEW ER (methylphenidate) 30 mg	2 tabs/day
	QUILLICHEW ER (methylphenidate)	1 tab/day
	QUILLIVANT XR (methylphenidate)	12 mL/day
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day

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

Therapeutic use	Medication name	Quantity limit
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
	ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day
	ZENZEDI (dextroamphetamine)	3 tabs/day
	ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day
Analgesics (non-opioid)	diclofenac solution 1.5%	None
	naproxen-esomeprazole	2 tabs/day
	QUTENZA (capsaicin)	4 patches/3 months
Analgesics (opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-15	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-30	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-60	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day
	BELBUCA (buprenorphine) film	2 films/day
	butorphanol nasal spray 10 mg/mL	1 bottle/fill, 2 fills/60 days
	BUTRANS (buprenorphine)	4 patches/28 days
	codeine tab 15 mg	21 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 40 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 30 mg	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 20 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 60 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 100 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 50 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	DOLOPHINE (methadone)	None
	EMBEDA (morphine/naltrexone)	2 caps/day
	fentanyl transdermal patch	15 patches/30 days
	fentanyl transdermal patch 75 mcg/hr, 100 mcg/hr	30 patches/30 days

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

Therapeutic use	Medication name	Quantity limit
	hydrocodone/acetaminophen sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen sol 10-325 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 10-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-300 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 5-325 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/acetaminophen tab 7.5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone/ibuprofen tab 7.5-200 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone liq 1 mg/mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 7 supps/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 2 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 4 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 5 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab 8 mg	1 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	hydromorphone tab ER	2 tabs/day
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	levorphanol tab 2 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	levorphanol tab 3 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	LORTAB (hydrocodone/acetaminophen) elx 10-300 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced

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

Therapeutic use	Medication name	Quantity limit
	meperidine/promethazine cap 50-25 mg	9 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 caps/day, 2 fills/60 days for treatment experienced
	mepridine sol 50 mg/5 mL	49 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	methadone	None
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sulfate ER beads	1 cap/day
	morphine sulfate ER beads 120 mg	2 caps/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4.5 mL/day, 2 fills/60 days for treatment experienced
	morphine supp 10 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 20 mg	2 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 30 mg	1 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 5 mg	9 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 supps/day, 2 fills/60 days for treatment experienced
	morphine tab 15 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	morphine tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	morphine sulfate ER cap	2 caps/day
	morphine sulfate ER tab	3 tabs/day
	NALOCET (oxycodone/acetaminophen)	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 10 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 5 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced

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

Therapeutic use	Medication name	Quantity limit
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/aspirin tab	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/ibuprofen tab 5-400 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone cap 5 mg	6 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 mL/day, 2 fills/60 days for treatment experienced
	oxycodone sol 5 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 10 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 15 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 20 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen sol 5-325 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 10-325 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 2.5-325 mg	12 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen tab 7.5-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced

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Therapeutic use	Medication name	Quantity limit
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ER	4 tabs/day
	pentazocine/naloxone tab 50-0.5 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PROLATE (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	SYNALGOS-DC (aspirin/caffeine/dihydrocodeine) cap	11 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 caps/day, 2 fills/60 days for treatment experienced
	tramadol tab 50 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol/acetaminophen tab 37.5-325 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	tramadol ER cap	1 cap/day
	tramadol ER tab ER	1 tab/day
	TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	12 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	VICODIN HP (hydrocodone/acetaminophen) tab 10-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	hydrocodone cap ER	2 caps/day
	hydrocodone cap ER 50 mg	4 caps/day
Anticonvulsants	BANZEL (rufinamide)	None
	clobazam	None
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	SYMPAZAN (clobazam)	None
Antipsychotics	ADASUVE (loxapine)	None

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Therapeutic use	Medication name	Quantity limit
Antitussives (PA age <18)	CAPCOF (phenylephrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CHERATUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODAR AR (chlorpheniramine/ codeine)	240 mL/fill, 2 fills/60 days
	CODAR D (pseudoephedrine/ codeine)	240 mL/fill, 2 fills/60 days
	CODAR GF (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/ codeine)	240 mL/fill, 2 fills/60 days
	FLOWTUSS (hydrocodone/ guaifenesin)	240 mL/fill, 2 fills/60 days
	guaifenesin/codeine	240 mL/fill, 2 fills/60 days
	HISTEX-AC (phenylephrine/ triprolidine/codeine)	240 mL/fill, 2 fills/60 days
	hydrocodone/chlorpheniramine	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/ homatropine)	240 mL/fill, 2 fills/60 days
	LEXUSS 210 (chlorpheniramine/ codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF BP (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END MAX D (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END WC (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	OBREDON (hydrocodone/ guaifenesin)	240 mL/fill, 2 fills/60 days
	PHENHIST DH (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-CLEAR AC (codeine/pyrilamine)	240 mL/fill, 2 fills/60 days
	promethazine/phenylephrine/codeine	240 mL/fill, 2 fills/60 days
	promethazine/codeine	240 mL/fill, 2 fills/60 days
	pseudoephedrine/chlorpheniramine/ hydrocodone	240 mL/fill, 2 fills/60 days
	PRO-RED AC (phenylephrine/ dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RELCOF C (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days

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Therapeutic use	Medication name	Quantity limit
	REZIRA (pseudoephedrine/hydrocodone)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRICODE AR (pseudoephedrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRYMINE CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	TUSNEL C (pseudoephedrine w/cod-gg)	240 mL/fill, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 10-8 mg	2 caps/day, 7 day supply, 2 fills/60 days
	TUSSICAPS (hydrocodone/chlorpheniramine) 5-4 mg	4 caps/day, 7 day supply, 2 fills/60 days
	TUSSIGON (hydrocodone/homatropine)	6 tabs/day, 7 day supply, 2 fills/60 days
	TUSSIONEX (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	TUXARIN ER (codeine/chlorpheniramine)	2 tabs/day, 7 day supply, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VIRTUSSIN (pseudoephedrine w/cod-gg)	240 mL/fill, 2 fills/60 days
	VITUZ (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	ZUTRIPRO (pseudoephedrine/chlorpheniramine/hydrocodone)	240 mL/fill, 2 fills/60 days
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
	VYLEESI (bremelanotide)	6 injections/30 days
Migraine	AIMOVIG (erenumab)	2 syringes/30 days
	AIMOVIG (erenumab) 140 mg/mL	1 syringe/30 days
	D.H.E. 45(dihydroergotamine)	24 ampules/28 days
	EMGALITY (galcanezumab-gnlm)	1 syringe/auto-injector/30 days
	EMGALITY (galcanezumab-gnlm) 100 mg	3 syringes/auto-injectors/30 days
	MIGRANAL (dihydroergotamine)	8 vials/30 days
	NURTEC (rimegepant)	8 tabs/30 days
	REYVOW (lasmitidan)	4 tabs/30 days
	UBRELVY (ubrogepant)	10 tabs/30 days
	VYEPTI (eptinezumab-jjmr)	3 ml per 90 days
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
	TIGLUTIK (riluzole)	20 mL/day

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Therapeutic use	Medication name	Quantity limit
Parkinson's	DUOPA (carbidopa-levodopa) Susp	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	FLURAZEPAM (flurazepam)	1 cap/day
Stimulants	armodafinil	1 tab/day
	armodafinil 50 mg	2 tabs/day
	modafinil	1 tab/day
	SUNOSI (solriamfetol)	1 tab/day
Weight Loss	BONTRIL (phendimetrazine)	None
	DIDREX (benzphetamine)	None
	LOMAIRA (phentermine)	None
	phentermine	None
	QSYMIA (phentermine/topiramate)	None
	SAXENDA (liraglutide)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
XENICAL (orlistat)	None	
Dermatology		
Acne (Oral)	ABSORICA (isotretinoin)	None
	ABSORICA LD (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (Topical)	adapalene	None
	ALTRENO (tretinoin)	None
	ATRALIN (tretinoin)	None
	PLIXDA (adapalene)	None
	tazarotene	None
	tretinoin cream	None
	tretinoin microsphere gel	None
	TRETIN-X (tretinoin)	None
WINLEVI (clascoterone)	None	
Endocrinology & Metabolism		
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	METHITEST (methyltestosterone)	None
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
Androgens, Testosterone (Injectable)	TESTOPEL (testosterone pellet)	None
	testosterone cypionate	None
	testosterone enanthate	None
	XYOSTED (testosterone enanthate)	None

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Therapeutic use	Medication name	Quantity limit
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	STRIANT (testosterone)	None
	testosterone gel 1.62%	None
Antidiabetic Agents	AFREZZA (insulin regular)	None
	SYMLINPEN (pramlintide)	None
Gonadotropins	ORIAHNN (elagolix-estradiol-noreth)	2 tabs/day
	ORLISSA (elagolix) 150mg	1 tab/day
	ORLISSA (elagolix) 200mg	2 tabs/day
Gastroenterology		
Antiemetics	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 caps/fill or 3 max days supply
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	120 mL/30 days
Constipation	ZELNORM (tegaserod)	2 tabs/day
Irritable Bowel Syndrome	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
Immunology		
Allergen Extracts	GRASTEK (timothy grass pollen)	1 tab/day
	ODACTRA (house dust mite)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Starter Pack	2 packs/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Sample Kit	2 kits/year;
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Immunizations	VARIZIG (varicella-zoster immune globulin)	None
Miscellaneous		
Amino Acid	ENDARI (glutamine)	None
Antimetabolites	SIKLOS (hydroxyurea) 100 mg	None
Calcium Modifier	cinacalcet	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
	REDITREX (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	NOURIANZ (istradefylline)	None
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None

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Therapeutic use	Medication name	Quantity limit
Wound Care	REGANEX (becaplermin)	None
Ophthalmology		
Anti-inflammatory	EYSUVIS (loteprednol)	None
Miscellaneous	RESTASIS (cyclosporine)	None
	XIIDRA (lifitegrast)	None
Vasoconstrictor	UPNEEQ (oxymetazoline)	None
Respiratory		
Asthma/COPD	DALIRESP (roflumilast)	None

Premium specialty prior authorization list

Therapeutic use	Medication name	Quantity limit
Anti-infectives		
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Respiratory	ARIKAYCE (amikacin)	None
Antithrombotic Agents		
von Willebrand Factor-Directed Antibody	CABLIVI (caplacizumab-yhdp)	1 kit per day
Cardiology		
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
Pulmonary Arterial Hypertension	ADEMPAS (riociguat)	3 tabs/day
	ALYQ (tadalafil)	2 tabs/day
	ambrisentan	1 tab/day
	bosentan tab	2 tabs/day
	FLOLAN (epoprostenol)	None
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REVATIO (sildenafil) Soln	None
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	tadalafil	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	treprostinil	None
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
VELETRI (epoprostenol)	None	
VENTAVIS (iloprost)	9 ampules/day	

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Therapeutic use	Medication name	Quantity limit
Tranthyretin Stabilizers	VYNDAMAX (tafamidis)	1 cap/day
	VYNDAQEL (tafamidis meglumine)	4 caps/day
Vasopressors	NORTHERA (droxidopa)	None
Central Nervous System		
Anticonvulsants	DIACOMIT (stiripentol)	None
	EPIDIOLEX (cannabidiol) soln	None
	FINTEPLA (fenfluramine)	None
	vigabatrin tabs	None
Antidepressants	SPRAVATO (esketamine)	None
	ZULRESSO (brexanolone)	None
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
	XYWAV (calcium, magnesium, potassium, sodium oxybates)	18 mL/day
Miscellaneous	RADICAVA (edaravone) Soln	None
Muscular Dystrophy	EMFLAZA (deflazacort)	None
Musculoskeletal Agents	FIRDAPSE (amifampridine phosphate)	None
	RUZURGI (amifanpridine)	None
Neurological Agents	ONPATTRO (patisiran sodium)	None
	TEGSEDI (inotersen)	None
Neurotoxins	BOTOX (onabotulinumtoxinA)	None
	BOTOX COSMETIC (onabotulinumtoxinA)	None
	DYSPORE (abobotulinumtoxinA)	None
	MYOBLOC (rimabotulinumtoxinB)	None
	XEOMIN (incobotulinumtoxinA)	None
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
	INBRIJA (levodopa)	None
	KYNMOBI (apomorphine)	5 films/day
	KYNMOBI (apomorphine) titration kit	20 films/365 days
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
	WAKIX (pitolisant)	2 tabs/day
Weight Loss	IMCIVREE (setmelanotide)	9 vials/30 days
Dermatology		
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE (afamelanotide acetate implant)	None
Electrolyte & Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & Metabolism		
Cortisol Synthesis Inhibitor	ISTURISA (osilodrostat phosphate)	None
Gonadotropins	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days

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Therapeutic use	Medication name	Quantity limit
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FENSOLVI (leuprolide)	1 injection/168 days
	FIRMAGON (degarelix) 120 mg	2 vials/year
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/28 days
	LUPRON (leuprolide) 1 mg/0.2 mL	None
	LUPRON DEPOT (leuprolide) 3.75 mg & 7.5 mg (1-month)	None
	LUPRON DEPOT-PED (leuprolide)	None
	ORGOVYX (relugolix)	None
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR DEPOT (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR LA (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
	VANTAS (histrelin)	1 implant/year
Growth Hormones and Related Therapy	EGRIFTA (tesamorelin)	2 vials (1 mg each)/day
	EGRIFTA SV (tesamorelin)	1 vial (2 mg each)/day
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	SEROSTIM (somatropin)	None
	ZORBTIVE (somatropin)	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX (mecasermin)	None
	SOMAVERT (pegvisomant)	None
Hormone Modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
Miscellaneous	ACTHAR (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day
Monoclonal Antibody	TEPEZZA (teprotumumab-trbw)	None
Osteoporosis	EVENITY (romosozumab-aqqg)	2 syringes (2.34 mL) per 28 days
	PROLIA (denosumab)	2 syringes/year
	TERIPARATIDE	None
	TYMLOS (abaloparatide) Sopn	None
Somatostatins	BYNFEZIA (octreotide)	None
	octreotide inj	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None

Therapeutic use	Medication name	Quantity limit
Enzyme-Related		
Alpha-1 proteinase inhibitor	ARALAST (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None
	PROLASTIN-C (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
Cystine-depleting Agents	CYSTADROPS (cysteamine)	4 bottles/28 days
	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase) Soln	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	KANUMA (sebelipase alfa)	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	RAVICTI (glycerol phenylbutyrate)	None
	REVCOVI (elapegademase-lvr)	None
	STRENSIQ (asfotase alfa)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
	Enzyme, Gout	KRYSTEXXA (pegloticase)
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
Phenylketonuria Treatment Agents	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day
	sapropterin	None
Gastroenterology		
Gallstone Solubilizing Agents	CHENODAL (chenodiol)	None
Bile Acid Agents	CHOLBAM (cholic acid)	None
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
	GIVLAARI (givosiran)	None
Short Bowel Syndrome	GATTEX (teduglutide)	None
Sickle Cell Disease	ADAKVEO (crizanlizumab)	None

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Therapeutic use	Medication name	Quantity limit
Immunology		
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None
	DOPTELET (avatrombopag)	None
	ENSPRYNG (satralizumab)	None
	LEUKINE (sargramostim)	None
	MIRCERA (methoxy polyethylene glycol-epoetin)	None
	MOZOBIL (plerixafor)	8 vials (9.6 mL) per transplant
	MULPLETA (lusutrombopag)	None
	NEULASTA (pegfilgrastim)	None
	NIVESTYM (filgrastim-aafi)	None
	NPLATE (romiplostim)	None
	NYVEPRIA (pegfilgrastim)	None
	PROMACTA (eltrombopag)	None
	REBLOZYL (luspatercept)	None
	RETACRIT (epoetin alfa-epbx)	None
	SOLIRIS (eculizumab)	None
	TAVALISSE (fostamatinib)	None
	ULTOMIRIS (ravulizumab-cwvz)	None
	UPLIZNA (inebilizumab-cdon)	None
	ZARXIO (filgrastim)	None
Hemostatic Agent	BERINERT (c1 esterase)	10 vials/30 days
	CINRYZE (c1 esterase)	None
	FIRAZYR (icatibant) Soln	6 syringes/30 days
	HAEGARDA (c1 esterase)	None
	KALBITOR (ecallantide) Soln	6 vials/30 days
	ORLADEYO (berotralstat)	1 tab/day
	RUCONEST (c1 esterase) Solr	8 vials/30 days
	TAKHZYRO (lanadelumab-flyo)	None
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day
	EPCLUSA (sofosbuvir-velpatasvir)	1 tab/day
	HARVONI (ledipasvir-sofosbuvir) tab and pellet pack 90-400 mg, 33.75-150mg	1 tab/day
	HARVONI (ledipasvir-sofosbuvir) tab and pellet pack 45-200 mg	2 tabs/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day
	PEGASYS (peginterferon alfa-2a)	None
	PEG-INTRON (peginterferon alfa-2b)	None
	SOVALDI (sofosbuvir) 400 mg	1 tab/day
	SOVALDI (sofosbuvir) tab and pellet pack 200 mg	2 tabs/day
	SOVALDI (sofosbuvir) pellet pack 150mg	1 tab/day
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VOSEVI (sofosbuvir-velpatasvir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day

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

Therapeutic use	Medication name	Quantity limit
Immune Globulins	BIVIGAM (immune globulin)	None
	CARIMUNE (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus immune globulin)	None
	FLEBOGAMMA (immune globulin)	None
	FLEBOGAMMA DIF (immune globulin)	None
	GAMASTAN (immune globulin)	None
	GAMMAGARD (immune globulin)	None
	GAMMAKED (immune globulin)	None
	GAMMAPLEX (immune globulin)	None
	GAMUNEX (immune globulin)	None
	GAMUNEX-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PRIVIGEN (immune globulin)	None
	Immunomodulators	ACTEMRA (tocilizumab) Sosy
AVSOLA (infliximab-axxq)		None
CIMZIA (certolizumab)		None
ENBREL (etanercept)		None
ENTYVIO (vedolizumab)		None
HUMIRA (adalimumab)		None
ILUMYA (tildrakizumab-asmn)		None
INFLECTRA (infliximab)		None
KEVZARA (sarilumab)		None
KINERET (anakinra)		None
ORENCIA (abatacept)		None
OTEZLA (apremilast)		None
RINVOQ (upadacitinib)		None
SILIQ (brodalumab) Sosy		None
SIMPONI (golimumab)		None
SIMPONI ARIA (golimumab)		None
SKYRIZI (risankizumab-rzaa)		None
STELARA (ustekinumab)		1 unit/56 days
STELARA (ustekinumab) IV		None
TALTZ (ixekizumab)		None
TREMFYA (guselkumab)		None
XELJANZ (tofacitinib)		None
XELJANZ XR (tofacitinib)		None
Interleukins	ARCALYST (riloncept)	None
	ILARIS (canakinumab)	2 vials/4 weeks

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Therapeutic use	Medication name	Quantity limit
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
Monoclonal Antibody	CINQAIR (reslizumab)	None
	DUPIXENT (duilumab)	4 syringes/28 days
	FASENRA (benralizumab)	None
	NUCALA (mepolizumab)	3 vials/28 days
	XOLAIR (omalizumab)	None
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BAFIERTAM (monomethyl fumarate)	4 caps/day
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	dimethyl fumarate	2 caps/day
	dimethyl fumarate Starter Pack	2 starter packs/365 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	KESIMPTA (ofatumumab)	1 syringe/30 days
	LEMTRADA (alemtuzumab)	None
	MAVENCLAD (cladribine)	None
	MAYZENT (siponimod fumarate) 0.25 mg	4 tabs/day
	MAYZENT (siponimod fumarate) 2 mg	1 tab/day
	MAYZENT (siponimod fumarate) starter pack	2 starter packs (24 tabs)/365 days
	NOVANTRONE (mitoxantrone)	None
	OCREVUS (ocrelizumab) Soln	40 mL/365 days
	TYSABRI (natalizumab)	1 injection /28 days
	VUMERITY (diroximel)	4 caps/day
	VUMERITY (diroximel)	212 caps/365 days
	ZEPOSIA (ozanimod)	1 cap/day
	ZEPOSIA 7DAY CAP STR PACK (ozanimod cap pack)	14 caps/365 days
	ZEPOSIA STARTER KIT (ozanimod cap pack)	74 caps/365 days
	Immunosuppressive Agents	
Monoclonal Antibody	GAMIFANT (emapalumab-lzsg)	None
Miscellaneous		
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None
Diagnostic	THYROGEN (thyrotropin alfa)	None
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	INGREZZA (valbenazine tosylate)	1 cap/day
	INGREZZA (valbenazine tosylate) pack	56 caps (2 packs) per 365 days

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Therapeutic use	Medication name	Quantity limit
	XENAZINE (tetrabenazine)	None
Musculoskeletal Agents	EVRYSDI (risdiplam)	8 mL/day
	SPINRAZA (nusinersen) Soln	None
	ZOLGENSMA (onasemnogene)	None
Toxicology	CUPRIMINE (penicillamine)	None
	SYPRINE (trientine)	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
Obstetrics & Gynecology		
Fertility Agents	chorionic gonadotropin	None
	FOLLISTIM AQ (follitropin beta)	None
	ganirelix acetate	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	OVIDREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
Hormone Replacement	hydroxyprogesterone caproate	None
	MAKENA (hydroxyprogesterone caproate)	None
Oncology (Injectable)		
Alkylating Agents	BENDEKA (bendamustine)	None
	ZEPZELCA (lurbinectedin)	None
Antifolate	FOLOTYN (pralatrexate) Soln	None
	TECENTRIQ (atezolizumab) Soln	None
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
CAR-T Therapy	KYMRIAH (tisagenlecleucel)	None
	TECARTUS (brexucabtagene autoleucel)	None
	YESCARTA (axicabtagene ciloleucel)	None
Interferons	INTRON A (interferon alfa-2b)	None
	SYLATRON (peginterferon alfa-2b)	None
Interleukins	ELZONRIS (tagraxofusp-erzs)	None
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)	None
	BESPONSA (inotuzumab)	None
	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab) Soln	None
	VELCADE (bortezomib)	None
	VYXEOS (daunorubicin-cytarabine)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	AVASTIN (bevacizumab)	None
	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None

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Therapeutic use	Medication name	Quantity limit
	ISTODAX (romidepsin)	None
	ONUREG (azacitadine)	None
	PROVENGE (sipuleucel-T)	None
	ROMIDEPSIN	None
	SYNRIBO (omacetaxine)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab) Soln	None
	BLENREP (belantamab mafodotin)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DANYELZA (naxitamab)	None
	DARZALEX (daratumumab) Soln	None
	DARZALEX FASPRO(daratumumab-hyaluronidase-fihj) Soln	None
	EMPLICITI (elotuzumab) Solr	None
	ENHERTU (fam-trastuzumab deruxtecan)	None
	ERBITUX (cetuximab) Soln	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	HERCEPTIN HYLECTA (trastuzumab and hyaluronidase-oysk)	None
	IMFINZI (durvalumab) Soln	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KANJINTI (trastuzumab-anns)	None
	KEYTRUDA (pembrolizumab)	None
	LARTRUVO (olaratumab)	None
	LIBTAYO (cemiplimab-rwlc)	None
	LUMOXITI (moxetumomab pasudotox-tdfk)	None
	MONJUVI (tafasitamab)	None
	MVASI (bevacizumab-awwb)	None
	MYLOTARG (gemtuzumab)	None
	ONTRUZANT (trastuzumab-dttb)	None
	OPDIVO (nivolumab)	None
	PADCEV (enfortumab vedotin-ejfv)	None
	PERJETA (pertuzumab)	None
	PHESGO (pertuzumab-trastuz-hyaluron-zzxf)	None
	POLIVY (polatuzumab vedotin-piiq)	
	POTELIGEO (mogamulizumab-kpkc)	None
	RIABNI (rituxumab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	RUXIENCE (rituximab)	None
	SARCLISA (isatuximab-irfc)	None
	SYLVANT (siltuximab)	None

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Therapeutic use	Medication name	Quantity limit
	TRAZIMERA (trastuzumab-qyyp)	None
	TRODELVY (sacituzumab govitecan-hziy)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
	ZIRABEV (bevacizumab)	None
Oncology (Oral)		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	BRUKINSA (zanubrutinib)	None
	INREBIC (fedratinib)	None
	NUBEQA (darolutamide)	None
	ROZLYTREK (entrectinib)	None
	XTANDI (enzalutamide)	None
Kinase and Molecular Target Inhibitors	AFINITOR DISPERZ (everolimus)	None
	ALECENSA (alectinib)	None
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg, 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Pack	1 pack/year
	AYVAKIT (avapritinib)	1 tab/day
	BALVERSA (erdafitinib)	None
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	CAPRELSA (vandetanib)	None
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetnib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	everolimus	1 tab/day
	FARYDAK (panobinostat)	None
	GAVRETO (pralsetnib)	None
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	ICLUSIG (ponatinib) 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	IMBRUVICA (ibrutinib)	None
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None

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Therapeutic use	Medication name	Quantity limit
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	KOSELUGO (selumetinib)	None
	LENVIMA (lenvatinib)	None
	LORBRENA (lorlatinib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	PEMAZYRE (pemigatinib)	1 tab/day
	PIQRAY (alpelisib)	None
	QINLOCK (ripretinib)	None
	RETEVMO (selpercatinib)	None
	RYDAPT (midostaurin)	None
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TALZENNA (talazoparib tosylate)	None
	TARCEVA (erlotinib) 100 mg, 150 mg	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TUKYSA (tucatinib)	None
	TURALIO (pexidartinib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VOTRIENT (pazopanib)	None
	XALKORI (crizotinib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib tosylate)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None

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Therapeutic use	Medication name	Quantity limit
Miscellaneous	bexarotene caps	None
	INQOVI (decitabine/cedazuridine)	None
	KISQALI (ribociclib)	None
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	None
	LONSURF (trifluridine-tipiracil) 15-6.14 mg	None
	LONSURF (trifluridine-tipiracil) 20-8.19 mg	None
	RUBRACA (rucaparib camsylate)	None
	TIBSOVO (ivosidenib)	None
	XELODA (capecitabine)	None
	XPOVIO (selinexor)	None
	ZOLINZA (vorinostat)	None
Skin Cancer	TARGRETIN GEL (bexarotene)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
Ophthalmology		
Miscellaneous	LUXTURNA (voretigene neparovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
Vascular Endothelial Growth Factor (VEGF) Inhibitor	EYLEA (aflibercept)	None
	LUCENTIS (ranibizumab)	None
	MACUGEN (pegaptanib)	None
Respiratory		
Cystic fibrosis	KALYDECO (ivacaftor)	None
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor)	3 tabs/day
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	None

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



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Step therapy — Premium

Utilization management updates — July 1, 2021



Most medical conditions have many medication options. Although their clinical effectiveness may be the same, the costs can be very different. The Step Therapy program gives you the treatment you need, usually at a lower cost.

This is a list of medications that have been added to the Step Therapy program.

Here's how it works:

With this program, you must try a step 1 medication first, before a step 2 medication may be covered. When you bring a prescription to your pharmacy, our system will check the medication for step therapy requirements. If your pharmacy claims show you have tried a step 1 medication in the recent past, the step 2 medication may be filled. If not, the pharmacist will contact your doctor to explain next steps.

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 Step Therapy program, call the phone number on your member ID card.

Step therapy medications

The following medications have been added to a step therapy program. This means you must try a lower-cost medication (step 1) before a higher-cost medication (step 2) is covered.

Therapeutic use	Step 1 medication	Step 2 medication
Anti-infectives		
Oral Brand Tetracyclines	Any one of the following generics: doxycycline, minocycline	ADOXA, MONODOX, VIBRAMYCIN
	Both of the following generics: doxycycline AND minocycline	SEYSARA
Otic Agents	ofloxacin	CETRAXAL, CIPROFLOXAXIN OTIC
Cardiovascular		
Renin-Angiotensin System Agents	Any one of the following generics: amlodipine-benazepril, amlodipine-olmesartan, benazepril, benazepril-HCTZ, candesartan, candesartan-HCTZ, captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, fosinopril, fosinopril-HCTZ, irbesartan, irbesartan-HCTZ, lisinopril, lisinopril-HCTZ, losartan, losartan-HCTZ, moexipril, moexipril-HCTZ, olmesartan, olmesartan-HCTZ, olmesartan-amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil	EDARBI, EDARBYCLOR, TEKTRUNA HCT
Statins	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, EZALLOR, FLOLIPID, SIMVASTATIN SUSP, LIVALO
Fibric Acid Derivatives	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN	FENOGLIDE, FIBRICOR, LOFIBRA, TRIGLIDE
Central Nervous System		
ADHD Agents	Any two of the following generics or preferred brands: amphetamine-dextroamphetamine IR or ER, dexamethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER VYVANSE	ADZENYS ER ² , ADZENYS XR ODT ² , APTENSIO XR ² , COTEMPLA XR-ODT ² , DAYTRANA ² , DESOXYN ² , DYANAVEL XR ² , JORNAY PM ² , KAPVAY, METADATE CD ² , METHYLIN ² solution, METHYLIN Chew ² , MYDAYIS ² , PROCENTRA ² , QUILLICHEW ER ² , QUILLIVANT ² , ZENZED ¹²
Anticonvulsants³	Any one of the following generics: lamotrigine IR, levetiracetam IR or ER, oxcarbazepine IR, topiramate IR	BRIVIACT, XCOPRI
	topiramate IR	TROKENDI XR
Antidepressants³	bupropion ER	APLENZIN ²
	Any two of the following generics: desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER	FETZIMA ²
	Any two of the following generics: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER	DESVENLAFAXINE ER/KHEDEZLA ² , PAXIL suspension, TRINTELLIX ²
	Any one of the following generics: duloxetine	DRIZALMA

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Therapeutic use	Step 1 medication	Step 2 medication
Antipsychotics³	Any two of the following generics: asenapine, aripiprazole, clozapine, olanzapine, paliperidone, quetiapine IR or ER, risperidone, ziprasidone	FANAPT ² , CAPLYTA ²
	Any one of the following generics: asenapine, aripiprazole, clozapine, olanzapine, paliperidone, quetiapine IR or ER, risperidone, ziprasidone	VRAYLAR ²
Insomnia Agents	Any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR	BELSOMRA ² , DAYVIGO ²
	Any one of the following generics: zolpidem, zolpidem CR	EDLUAR ² , ZOLPIMIST ²
Migraine Agents	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	ZOMIG NASAL ²
Neurologic Agents	gabapentin	GRALISE ²
	Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin, pregabalin	LYRICA CR ² , SAVELLA ²
Non-Narcotic Analgesics	Any two of the following generics: diclofenac, diclofenac CR, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	INDOCIN suppository, INDOCIN suspension, INDOMETHACIN capsules, TIVORBEX, VIVLODEX
Opioid Antagonists	NARCAN	EVZIO
Opioid Withdrawal	clonidine	LUCEMYRA ²
Parkinson's Disease	Any one of the following generics: pramipexole IR or ER, ropinirole IR or ER	NEUPRO
	Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR	RYTARY
	Both of the following generics: rasagiline, selegiline	XADAGO ²
	Any one of the following generics: entacapone	ONGENTYS
Dermatology		
Rosacea	Any one of the following generics or preferred brands: azelaic acid gel, FINACEA FOAM, SOOLANTRA	FINACEA GEL, ZILXI
Skin Cancer Agents	Any one of the following generics: fluorouracil, imiquimod	diclofenac gel 3% ² , PICATO
Topical Immuno-modulators	tacrolimus ointment	pimecrolimus, PROTOPIC ointment
	Any one of the following generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone	EUCRISA

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Therapeutic use	Step 1 medication	Step 2 medication
Endocrinology		
Diabetic Agents	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	ACTOPLUS MET XR, AVANDIA, CYCLOSET, RIOMET, RIOMET ER
Glucagon	Any one of the following preferred brands: GLUCAGON, GVOKE, BAQSIMI	GLUCAGEN HYPOKIT
DPP4 Inhibitors	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, TRADJENTA
GLP-1 Agonists	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	BYDUREON ² , BYDUREON BCISE ² , BYETTA ² , OZEMPIC ² , RYBELSUS ² , TRULICITY ² , VICTOZA ²
	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	SOLIQUA ² , XULTOPHY ²
SGLT2 Inhibitors	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin OR any one of the following generics: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol IR, carvedilol ER, metoprolol succinate, spironolactone, eplerenone	FARXIGA
	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, TRIJARDY XR, XIGDUO XR
Gastroenterology		
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	LINZESS ² , SYMPROIC ²
	Any one of the following generics: lactulose, polyethylene glycol AND LINZESS ¹	MOTEGRITY ²
Proton Pump Inhibitors	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole DEXILANT	ACIPHEX SPRINKLE ² , ESOMEPRAZOLE STRONTIUM ² , FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILOSEC ² , PROTONIX PACKET ²
Hormone Modifiers		
Thyroid Replacement	levothyroxine	ARMOUR THYROID, NATURE-THROID
Miscellaneous		
	allopurinol	DUZALLO, ULORIC, ZURAMPIC
Obstetrics and Gynecology		
Hormone Replacement	estradiol patch	ALORA, MENOSTAR, MINIVELLE
	Any one of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM	FEMRING
	Any two of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM	INTRAROSA

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

Therapeutic use	Step 1 medication	Step 2 medication
Oncology		
Chemotherapy Rescue Agents	levoleucovorin	KHAPZORY
Ophthalmology		
Antiglaucoma Agents	All of the following generics and preferred brands: latanoprost, travoprost, LUMIGAN	XELPROS ²
Respiratory		
Epinephrine Auto Injectors	Generic epinephrine	EPIPEN
Leukotriene Modifiers	Any one of the following generics: montelukast, zafirlukast	zileuton ER, ZYFLO, ZYFLO CR
Long-Acting Bronchodilators	Any two of the following generics or preferred brands: fluticasone-salmeterol, ADVAIR, BREQ, ELLIPTA, SEREVENT, STRIVERDI RESPIMAT, SYMBICORT	ARCAPTA
Urology		
BPH Agents	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	CARDURA XL
Overactive Bladder Agents	Any one of the following generics: oxybutynin IR or ER, tolterodine IR or ER, trospium IR or ER	GELNIQUE, OXYTROL ²

Step therapy requirements are effective as of July 1, 2021. The list of step therapy medications is subject to change without notice. Step therapy requirements may vary by benefit plan. Additional clinical programs, including quantity limits and prior authorization, may exist for the above medications which may affect your prescription drug coverage.

¹ These agents are also subject to additional step requirements as indicated in table.

² Quantity limits may also apply. Please refer to the Premium Quantity Limits document.

³ Applies to new starts only



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