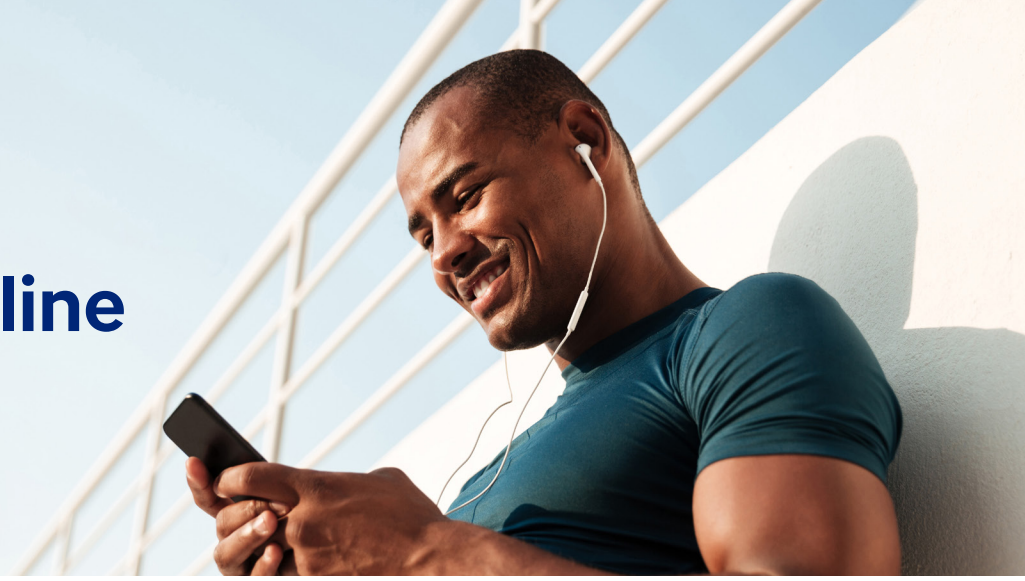
Optum Rx®

Your pharmacy benefits

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

Optum

Manage your medication online and save time



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

Set up an online account to:

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

Register now

To set up your online account:

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

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

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

Skip the pharmacy line

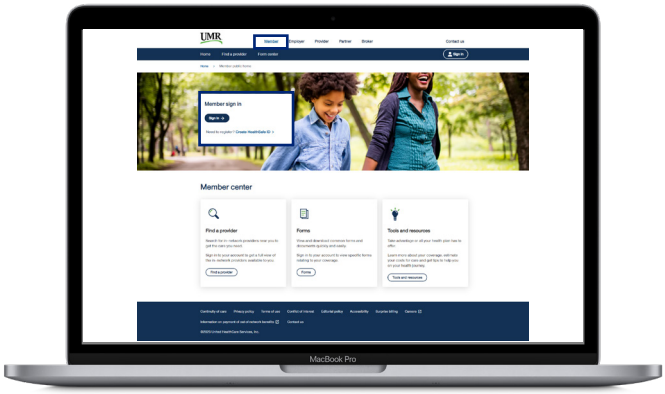
Transfer eligible maintenance medications to Optum® Home Delivery and get a three-month supply delivered right to your door.

Optum Rx®

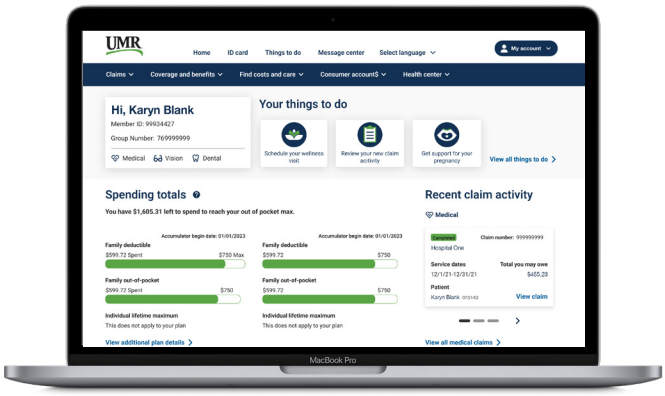
UMR members can access their prescription information from the UMR website

Follow these steps to register:

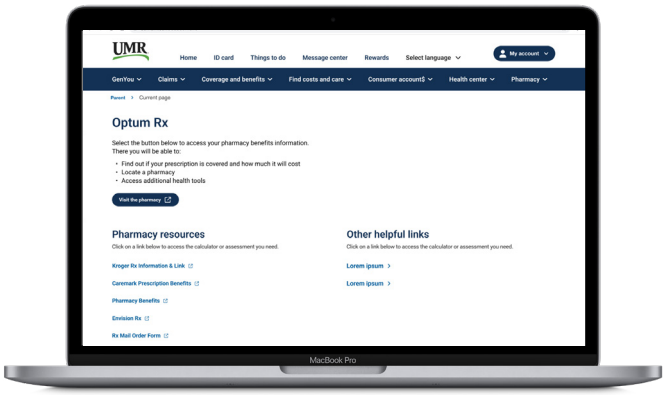
1. Visit **umr.com.**
2. At the top of the home page, select Member.
3. On the next page, select Member sign in and then sign in using your username and password. If you're new to the site, select Create Healthsafe ID to set up your account and sign in.



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



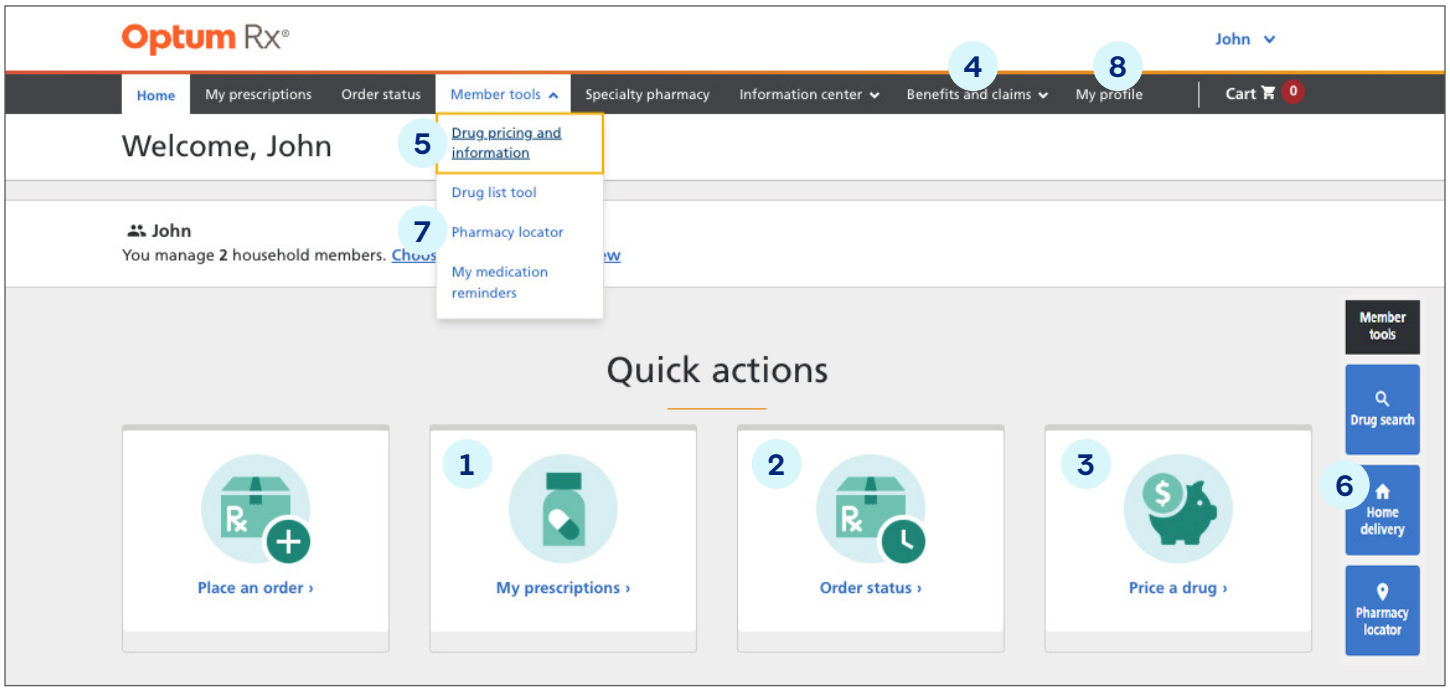
5. On the pharmacy home page, select the Visit the pharmacy button to go to **optumrx.com** and take advantage of the tools and features that will help you manage your pharmacy benefits.



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

Digital tools quick-start guide

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



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

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

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

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

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

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

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

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

Submit and track a prior authorization request

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

There are three ways to request a prior authorization:

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

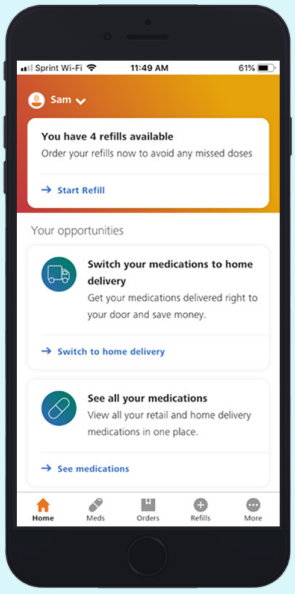
Once submitted, you can track requests on the mobile app or website.

Download the Optum Rx app

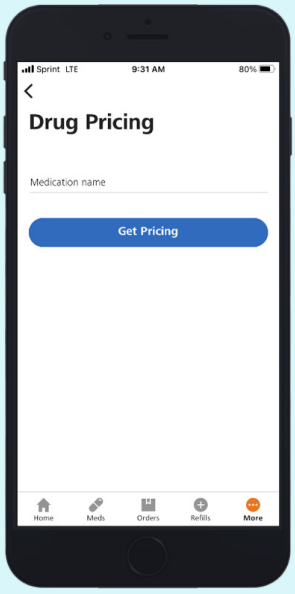
Take the same online tools with you on the go to manage your medication any time, anywhere.

To access your account using your mobile device:

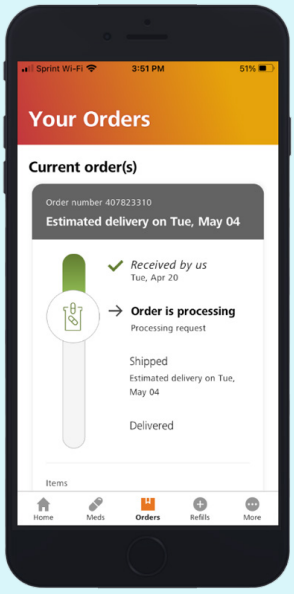
1. Go to the Apple® App Store® or Google Play™ to download the Optum Rx app.
2. Open the app and sign in using the same username and password you use on **OptumRx.com**.



View notifications, alerts and savings opportunities



Check medication pricing



Track order status

Use this checklist

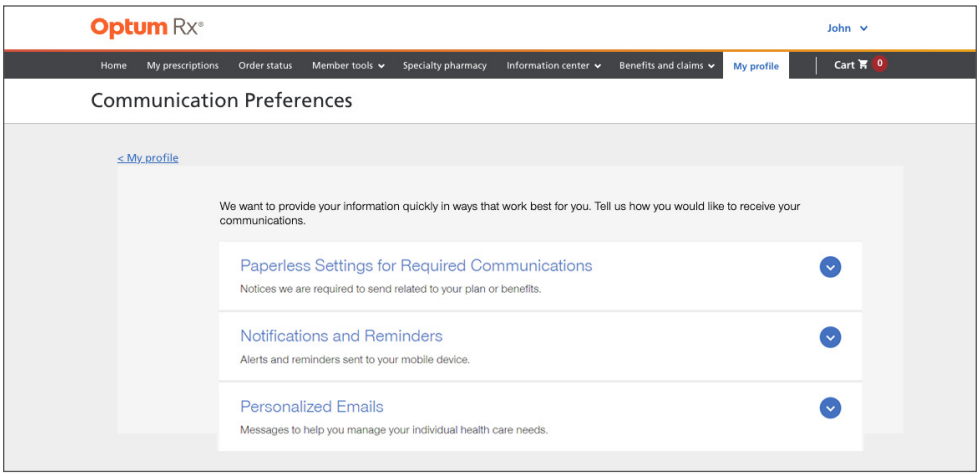
Get ready to manage your pharmacy benefits and costs. Take these easy steps:

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

Go paperless – it's convenient and secure

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

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



Optum

Optum Rx®

Broad Network

Chains and PSAOs[1]

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

A

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

B

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

C

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

D

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

E

- E MedRx Solutions

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

F

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

G

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

H

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

I

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

J

Jordan Drug
JPS Health System Outpatient Pharmacy

K

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

L

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

M

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

N

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

O

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

Orlando Health
Osborn Drugs
Owens Pharmacy

P

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

Q

Quality Food Centers

R

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

S

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

T

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

U

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

V

VCU Health System
Village Supermarkets
Virginia Mason Medical Center
Vons Companies

W

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

Y

Yakima Valley Farm Workers Clinic
Yokes Foods

Z

Zallie Supermarkets

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

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

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

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

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

Optum

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

Let us bring your medications to you

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

Want more reasons?

Skip the trips

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

Save money

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

Stay on track

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

Easy Payment

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

We're here when you need us

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

Ready for home delivery?

Here are the ways to sign up.

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

Scan code. Log in. Sign up.

Optum

Frequently Asked Questions

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

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

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

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

Do I need to set up a home delivery account?

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

What is a long-term medication?

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

Can I use home delivery for any medication?

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

Can I set up medication reminders?

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

How does the automatic refill program work?

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

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

Sign up for home delivery today

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

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New home delivery prescription order form

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

Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

2. Health history

Medication allergies:	☐ Aspirin	☐ Erythromycin	☐ Quinolones	☐ Others:_____
☐ None known	☐ Cephalosporins	☐ NSAIDs	☐ Sulfa	_____
☐ Amoxil/Ampicillin	☐ Codeine	☐ Penicillin	☐ Tetracyclines	_____
Health conditions:	☐ Asthma	☐ Glaucoma	☐ High cholesterol	☐ Others:_____
☐ None known	☐ Cancer	☐ Heart condition	☐ Osteoporosis	_____
☐ Arthritis	☐ Diabetes	☐ High blood pressure	☐ Thyroid disease	_____

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

3. Payment and shipping information – do not send cash

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

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

- ☐ **Expedite shipping.** Add $20.00 to order amount (subject to change).
- ☐ **Check enclosed.** All checks must be signed and made payable to: Optum Rx.
- ☐ **Charge to my credit card on file**.
- ☐ **Charge to my new credit card**.

New credit card number

Expiration Date (Month/Year)

Visa, MasterCard, AMEX and Discover are accepted.

Signature: _____ Date: _____

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

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

Optum Rx®

Your generics program: how these medications benefit you

What are generic medications?

Generic medications are approved by the U.S. Food and Drug Administration to be just as safe and effective as their brand-name counterparts.

A generic equivalent is a generic version of a brand-name medication. It has the same active ingredients, safety, quality and strength as its brand-name counterpart. These medications are also proven to act the same way in the body.

How generics work within your plan

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

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

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

Why choose generics?

Safety. Generics meet the same quality standards as brand-name medications. They are also tested for purity before being available at pharmacies.

Effectiveness. Generic drug strength, active ingredients and quality are equal to brand-name medications. They are also proven to act the same way as brand-name medications.

Cost savings. You save money because your benefit plan's generic copay is typically your lowest out-of-pocket cost. You also take an active role in lowering your benefit plan's cost for providing your coverage when you choose generic medication.

Optum

Welcome to your specialty pharmacy

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

What is a specialty medication?

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

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

What services does the specialty pharmacy provide?

You'll get access to these helpful resources.

Easy prescriptions

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

Expert guidance

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

We're here for you 24/7

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

Sign in or register today

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

Guiding your health journey

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

Getting started

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

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

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

Personalized support

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

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

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

Working with your pharmacist or nurse

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

Staying on track

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

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

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PRESCRIPTION REIMBURSEMENT REQUEST FORM

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

1 Member Information

RxGroup *(see ID card)* | Member ID *(see ID card)*

Last Name | First Name | MI

Mailing Street Address | Apt. #

City | State | ZIP

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

2 Custodial parent information

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

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

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

Legal custodian's name | Legal custodian's contact phone

Custodian requesting reimbursement name | Custodian requesting reimbursement contact phone

Address payment is to be mailed to

3 Physician and Pharmacy Information

Prescribing physician name | Dispensing pharmacy name

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

4 Reason For Request

Select appropriate options for your request:

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

5 Acknowledgement

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

X _____ _____

Signature **Date**

Instructions for Submitting Form

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

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

Section A – Pharmacy Receipts for Reimbursement

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

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

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

(Pharmacist must complete and sign)

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

* Individual quantities must equal the total quantity.

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

X _____

Signature of Pharmacist

Rx#		**Date Filled**		**Days Supply**	

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

Section C – Coordination of Benefits

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

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

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

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

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

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

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

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

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

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

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

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

Optum Rx®

Premium PDL Free Meter Program

How to order your free CONTOUR® brand meter

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

Take advantage of this great offer

Your plan offers a Free Meter Program. With this program, you can get a blood glucose meter at no charge. For information on the free meter, visit **contournext.com/redeemmeter.** Ascenscia Diabetes Care is the maker of the **CONTOUR** brand.

Order a **CONTOUR** branded meter at **contournext.com/redeemmeter. Insurance code is CTR-OPX.**

How to get your free meter

1. Discuss with your doctor and select the meter that is best for you.
2. Once you decide, follow the instructions on your next steps. You can get your free meter at a retail pharmacy. For CONTOUR®NEXT or CONTOUR®PLUS BLUE products, you can also order from the manufacturer directly.

CONTOUR

CONTOUR®NEXT or CONTOUR® PLUS BLUE
Purchase online or at a retail pharmacy

Blood glucose monitors		Test strips
	CONTOUR®NEXT EZ Meter	CONTOUR®NEXT Test Strips
	CONTOUR®NEXT GEN Meter	CONTOUR®NEXT Test Strips
	CONTOUR® PLUS BLUE METER	CONTOUR® PLUS TEST STRIPS

Available at a retail pharmacy only

Blood glucose monitors		Test strips
	CONTOUR®NEXT ONE Meter	CONTOUR®NEXT Test Strips

Order CONTOUR®NEXT or CONTOUR® PLUS BLUE meter

Online	Visit **contournext.com/redeemmeter. Insurance code: CTR-OPX**
Retail pharmacy: Present meter voucher information	
BIN	18844
RxPCN	3F
GroupID	MGDCARE
ID#	CNMC7246982
Pharmacist:	Requires a valid Prescriber ID#, Patient's name and DOB for claim adjudication.
	Limit 1 meter per patient, per 12 month period for purchase of product indicated.

* Compatible devices can be found at **compatibility.contourone.com**

Preventive care medications

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

Effective January 1, 2027

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

These products include:

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

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

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

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

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

Optum Rx®

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

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

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

Tobacco Cessation Medications[4]

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

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

OTC Medications
Nicotine replacement gum
Nicotine replacement lozenge
Nicotine replacement patch
Prescriptions
Bupropion sustained-release tablet
Varenicline tablet
These prescription medications are covered after members have tried: 1) One OTC nicotine product or generic varenicline tablet and 2) bupropion sustained-release tablet separately.
Nicotrol nasal spray

Human Immunodeficiency Virus Preventive Medications[4]

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at $0 cost share. To qualify, a member must be at increased risk for first-time infection with HIV and the medication must be utilized for HIV pre-exposure prophylaxis (PrEP).

HIV PrEP medications currently available at $0

Drug name
Emtricitabine-tenofovir disoproxil fumarate 200- 300mg tablet (generic Truvada) - Truvada available if unable to take generic
Apretude ER 600mg-3ml injection
Descovy 200-25mg tablet

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

Breast Cancer Preventive Medications[4]

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

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

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

Breast Cancer Medications (prescription)
Anastrozole tablet
Exemestane tablet
Raloxifene tablet
Tamoxifen tablet

Statin Preventive Medications[4]

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

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

Statin Medications (prescription)	
Lovastatin (generic Mevacor) - All strengths	
Atorvastatin* (generic Lipitor) 10 & 20 mg	(Copay waiver review required to confirm risk of CVD)
Pravastatin* (generic Pravachol) - All strengths	(Copay waiver review required to confirm risk of CVD)
Rosuvastatin* (generic Crestor) 5 & 10mg	(Copay waiver review required to confirm risk of CVD)
Simvastatin* (generic Zocor) 5, 10, 20 & 40 mg	(Copay waiver review required to confirm risk of CVD)
*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request $0 cost share for primary prevention, if you meet the above coverage criteria.	

Women's Health: Birth Control Products

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

Birth Control Caps & Diaphragms (Cervical)

Caya
Femcap
Omniflex
Wide-Seal

Combination Birth Control Pills

Nextstellis

Four Phase Birth Control Pills:
Natazia

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

Generic Balcoltra sold as:
Joyeaux
Levonor/Ethi
Minzoya

Generic Beyaz sold as:
Drospire/Eth Estr/Lev

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

Generic Cyclessa Pak sold as:
Velivet Pak

Generic Demulen 1/35 sold as:
Kelnor 1/35
Valtya 1/35
Zovia 1/35

Generic Demulen 1/50 sold as:
Valtya 1/50

Generic Desogen-28 & Ortho-Cept sold as:
Apri
Cyred Eq
Enskyce
Isibloom
Juleber
Kalliga
Reclipsen
Solia

Generic Estrostep FE sold as:
Tilia FE
Tri-Legest FE
Xarah FE

Generic Femcon FE chewable sold as:
Wymzya FE CHW
Xelria FE CHW

Generic Generess FE chewable sold as:
Galbriela CHW
Kaitlib FE CHW

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

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

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

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

Generic Loestrin FE 1.5/30 sold as:
Aurovela FE 1.5/30
Blisovi FE 1.5/30
Feirza 1.5/30
Hailey FE 1.5/30
Junel FE 1.5/30
Larin FE 1.5/30
Microgestin FE 1.5/30

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

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

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

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

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

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

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

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

Women's Health: Birth Control Products continued

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

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

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

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

Generic Ovcon-35 sold as:
Balziva
Briellyn
Philith
Vyfemla

Generic Quartette sold as:
Rivelsa
Rosyrah

Generic Safyral sold as:
Dros/Eth Est Levomefo
Tydemy

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

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

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

Generic Tri-Norinyl sold as:
Aranelle

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

Generic Yasmin 28 sold as:
Drospir/Ethi
Syeda
Zumandimine

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

Progestin Only Birth Control Pills

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

Birth Control Rings (Vaginal)

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

Birth Control Patches (Transdermal)

Generic Ortho Evra sold as:
Norelge/Ethi Estradiol
Xulane
Zafemy

Birth Control Shots (Injection)

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

Emergency Birth Control

Ella

Over-The-Counter (OTC) Birth Control
(must have a prescription and get them from a network pharmacy for Optum Rx to cover the costs)

Contraceptive films
(e.g. VCF Vaginal)

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

Contraceptive pills
Opill

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

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

Today Sponge

Encare Suppository

Birth Control IUDs and Implants

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

Software Application for Contraception

Natural Cycles Birth Control Application (may be available through your medical benefit and not your pharmacy benefit.)

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

Immunizations[6]

Plans must provide coverage without cost sharing for immunizations that are included on the Centers for Disease Control and Prevention immunization schedule. Immunizations may be covered by your medical benefit and not your pharmacy benefit.

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

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

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

Vaccines and other immunizing agents
COVID-19 Comirnaty, mNEXSPIKE, Nuvaxovid, Spikevax
Dengue Dengvaxia
Haemophilus influenzae type B (HiB) PedvaxHIB, ActHIB, Hiberix
Hepatitis A Havrix, Vaqta
Hepatitis B Engerix-B, Heplisav-B, Recombivax-HB
Hepatitis A/Hepatitis B Twinrix
Human Papilloma Virus (HPV) – Vaccine prevents HPV related cancers Gardasil 9
Measles, Mumps, Rubella M-M-R II, Priorix
Meningococcal – Vaccine prevents meningitis Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy, Trumenba
Pneumococcal – Vaccine prevents pneumonia Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance
Poliovirus Ipol
Respiratory Syncytial Virus (RSV) Abrysvo, Arexvy, Beyfortus, Enflonsia, mRESVIA
Smallpox/Mpox Jynneos
Tdap – Vaccine prevents tetanus, diptheria, pertussis Adacel, Boostrix
Td – Vaccine prevents tetanus and diptheria Tenivac
Varicella – Vaccine prevents chicken pox Varivax
Zoster – Vaccine prevents shingles Shingrix

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

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

Frequently asked questions

Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

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

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

What happens if a generic medication becomes available?

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

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

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

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

Is my plan required to cover contraceptives?

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

What if I paid for a contraceptive that may be covered at no cost?

If you purchased a contraceptive, such as the Natural Cycles birth control software application (available by prescription) or an OTC contraceptive product, you can submit a claim by following the instructions on the Claim Reimbursement Form site: dmr.optumrx.com. You will need a prescription from your doctor saying that you are using this for birth control.

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

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

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

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

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

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

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

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

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

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

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

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

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications. When used for HIV PrEP, these medications are available at $0 cost-share.

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

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

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

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

Will this drug list change?

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

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

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

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

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

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

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

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

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:**711**

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: **711**

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة .اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ
និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d’assistance linguistique et des communications dans d’autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：**日本語 (Japanese)** を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł łahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchíníígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные
крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

Optum Rx®

Optum Rx®

2027 Premium Standard Formulary

For the most current list of covered medications or if you have questions:

Call the number on your member ID card.

Visit your plan's website on your member ID card or log on to the Optum Rx app to:

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

Effective January 1, 2027

Understanding your formulary

What is a formulary?

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

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if my doctor wants me to keep taking my excluded medication?

You, your authorized representative, or your doctor can start a request for coverage by calling the number on your member ID card. Your doctor will need to submit information for the review. If approved, you may keep filling your prescription for the excluded medication, but you may pay a higher cost. If not approved, you may pay the full cost of the prescription.

About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Call the number on the back of your member ID card to learn more about where you can fill your specialty prescriptions.

Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes		Helpful tips
Tier 1	$	**Lower-cost** generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$	**Mid-range cost** preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	$$$	**Higher-cost** brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗	**Excluded**	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

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

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

Premium Standard Formulary

Table of Contents

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet	1	
BUTRANS	E	
CONZIP	E	
DILAUDID ORAL	E	
endocet	1	QL
FIORICET	E	
hydrocodone-acetaminophen	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	E	
JOURNAVX	3	QL
morphine sulfate er	1	PA; QL
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	E	M
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	
PERCOCET	E	
ROXICODONE	E	
ROXYBOND	E	
TAPENTADOL HCL ER	E	M
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
TRAMADOL HCL ORAL SOLUTION	E	M
tramadol hcl oral tablet	1	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	QL
COMBOGESIC ORAL	E	
COXANTO	E	
DICLOFENAC PATCH 1.3%	E	M
diclofenac potassium oral tablet	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
ELYXYB	E	
FENOPRON	E	
FLECTOR	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
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	E	
naproxen oral tablet	1	
ORUDIS	E	
RELAFEN DS	E	
SPRIX	E	
TOLECTIN 600	E	
VYSCOXA	E	
ZIPSOR	E	
ZYBIC	E	
Anesthetics		
EXPAREL	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
TRIDACAINE III	E	
ZTLIDO	E	

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
CHANTIX	E	
CHANTIX CONTINUING MONTH PAK	E	
CHANTIX STARTING MONTH PAK	E	
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
OPVEE	2	
REXTOVY	2	
REZENOPY	E	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate	1	++; QL
ZUBSOLV	2	
ZURNAI	E	
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	

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

Drug Name	Drug Tier	Notes
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral	1	
BLUJEPA	3	ST; QL
cefadroxil oral capsule	1	
cefdinir	1	
cefpodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	E	
DORYX MPC	E	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	E	
metronidazole oral tablet	1	
metronidazole vaginal	1	

Drug Name	Drug Tier	Notes
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin ointment	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA ORAL	3	QL
ORLYNVAH	E	
penicillin v potassium oral tablet	1	
PIVYA	3	ST; QL
SEYSARA	3	ST
SILVADENE	E	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	E	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

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

Drug Name	Drug Tier	Notes
enoxaparin sodium injection solution prefilled syringe	1	
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	E	
BRIVIACT	E	
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN-125	E	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide intravenous	1	

Drug Name	Drug Tier	Notes
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam er	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	E	Made by Prasco.; M
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	E	Made by Prasco; M
MOTPOLY XR	3	ST
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine	1	
OXTELLAR XR	E	
roweepra	1	
SABRIL	E	SP
SPRITAM	E	
SUBVENITE ORAL SUSPENSION	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
subvenite oral tablet	1	
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
VIGADRONE	E	SP
VIMPAT	E	
XCOPRI	3	ST
ZONEGRAN	E	
ZONISADE	E	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
KISUNLA	E	SP
LEQEMBI	E	SP
LEQEMBI IQLIK	E	SP
memantine hcl oral tablet	1	
NAMZARIC	E	
ZUNVEYL	E	

Drug Name	Drug Tier	Notes
Antidepressants		
amitriptyline hcl oral	1	
APLENZIN	E	
AUVELITY	3	ST; QL
AUVELITY TITRATION PACK	3	ST; QL
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	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	QL
EFFEXOR XR	E	
ESCITALOPRAM OXALATE ORAL CAPSULE	E	
escitalopram oxalate oral tablet	1	
EXXUA	E	
EXXUA TITRATION PACK	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
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	
PRISTIQ	E	
sertraline hcl oral	1	
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE ER	E	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour	1	
VIIBRYD	E	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	3	PA; QL

Drug Name	Drug Tier	Notes
Antiemetics - Drugs for Nausea and Vomiting		
GIMOTI	E	
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral	1	
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	1	++
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
ECONAZOLE NITRATE EXTERNAL FOAM	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
fluconazole oral	1	
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nystatin external	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
VIVJOA	E	
Antigout Agents		
allopurinol oral	1	
colchicine oral	1	
GLOPERBA	E	
MITIGARE	E	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	E	
BREKIYA	E	
CAMBIA	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	QL
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
QULIPTA	2	PA; QL
RELPAX	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
SYMBRAVO	E	
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
Antimyasthenic Agents		
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	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
abirtega	1	PA; SP
AFINITOR	E	SP
AFINITOR DISPERZ	E	SP
AKEEGA	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	SP
anastrozole oral	1	
ANKTIVA	3	PA; SP
ARIMIDEX	E	
AUGTYRO	3	PA; SP
AVGEMSI	E	SP
BEIZRAY	E	SP
BELRAPZO	E	SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Apotex; SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Baxter; SP
BESREMI	3	PA; SP
BLENREP	E	SP
CABOMETYX ORAL TABLET 20 MG	2	PA; SP; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	SP
COSELA	E	SP
COTELLIC	3	PA; SP
DANZITEN	3	PA; SP
DARZALEX FASPRO	E	SP
ENSACOVE	2	PA; SP

Drug Name	Drug Tier	Notes
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
FOTIVDA	E	SP
GAVRETO	3	PA; SP
GLEEVEC	E	SP
HERCESSI	E	SP
HERZUMA	E	SP
HYRNUO	3	PA; SP
IBTROZI	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMKELDI	3	PA; SP
INLEXZO	E	SP
INQOVI	E	SP
IVRA	E	SP
JOBEVNE	E	SP
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP
KISQALI (400 MG DOSE)	3	PA; SP
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO	3	PA; SP
KYXATA	E	SP
lenalidomide	1	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP

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

Drug Name	Drug Tier	Notes
LUNSUMIO VELO	E	SP
LYMPHIR	E	SP
LYNPARZA	2	PA; SP
MEKINIST	3	PA; SP
MVASI	2	PA; SP
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	E	SP
NILOTINIB D-TARTRATE	E	SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
OGIVRI	E	SP
OJJAARA	E	SP
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PEMAZYRE	E	SP
PHESGO	2	PA; SP
PHYRAGO	E	SP
PIQRAY	3	PA; SP; QL
POMALYST	E	SP
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; SP
RETEVMO ORAL TABLET 40 MG, 80 MG	3	PA; SP; QL
REVLIMID	E	SP
REZLIDHIA	E	SP
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	2	PA; SP

Drug Name	Drug Tier	Notes
RYBREVANT FASPRO	E	SP
RYDAPT	3	PA; SP
RYLAZE	E	SP
SCEMBLIX ORAL TABLET 100 MG	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; QL
SIKLOS	3	PA
SPRYCEL	E	SP
STIVARGA	2	PA; SP
SUTENT	E	SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
TASIGNA	E	SP
TEPADINA INJECTION	E	SP
TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG/200ML	E	SP
TEPMETKO	3	PA; SP
TEPYLUTE	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUQAP	3	PA; SP
TRUXIMA	E	SP
UNLOXCYT	E	SP
VEGZELMA	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
VERZENIO	3	PA; SP
VITRAKVI	3	PA; SP
VIVIMUSTA	E	SP
VYKOURA	E	
XALKORI	E	SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	QL
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
PRURADIK	E	
SOVUNA	E	
Antiparkinson Agents		
CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	E	M
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
GOCOVRI	E	
INBRIJA	3	PA; SP
NEUPRO	3	

Drug Name	Drug Tier	Notes
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	E	
Antiplatelets		
BRILINTA	E	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
CAPLYTA	3	ST; QL
ERZOFRI	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	E	
lurasidone hcl	1	QL
LYBALVI	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	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
risperidone oral tablet	1	QL
RYKINDO	3	++
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY	3	++
VRAYLAR	3	QL
ZYPREXA	E	
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral tablet	1	
APRETUDE	2	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	2	QL
CIMDUO	2	
DELSTRIGO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA
DOVATO	2	
EDURANT	E	
emtricitabine-tenofovir df	1	
EPCLUSA	E	SP
HARVONI	E	SP
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL

Drug Name	Drug Tier	Notes
oseltamivir phosphate oral	1	QL
PAPZIMEOS	E	SP
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	2	
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SOVALDI	E	SP
SYMTUZA	3	
TAMIFLU	E	
TRIUMEQ	2	
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	E	
VOCABRIA	E	
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
YEZTUGO	E	
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
diazepam oral tablet	1	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
LOREEV XR	E	
triazolam	1	QL
VALIUM	E	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALHEMO	3	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
BENEFIX	2	SP
DOPTELET	3	PA; SP
DOPTELET SPRINKLE	3	PA; SP; QL
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
EPOGEN	E	SP

Drug Name	Drug Tier	Notes
ESPEROCT	3	SP
FABHALTA	3	PA; SP; QL
FULPHILA	E	SP
FYLNETRA	E	SP
GRANIX	E	SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOVALTRY	2	SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYPOZI	E	SP
NYVEPRIA	E	SP
PIASKY	E	SP
PROCRIT	2	PA; SP
PROMACTA	E	SP
REBINYN	3	SP
RECOMBINATE	2	SP
RELEUKO	E	SP
RETACRIT	2	PA; SP
ROLVEDON	E	SP
RYZNEUTA	E	SP
SEVENFACT	E	SP
SOLIRIS	E	SP
STIMUFEND	E	SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP

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

Drug Name	Drug Tier	Notes
UDENYCA ONBODY	3	PA; SP
ULTOMIRIS	3	PA; SP
VAFSEO	E	
VOYDEYA	3	PA; SP; QL
WAYRILZ	E	SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	E	SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ARBLI	3	PA
ATACAND	E	
atenolol oral	1	
ATORVALIQ	E	
atorvastatin calcium oral	1	
ATTRUBY	E	SP
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	

Drug Name	Drug Tier	Notes
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
CAMZYOS	3	PA; SP; QL
CARDAMYST	E	
CARDIZEM LA	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	
colestipol hcl oral tablet	1	
CONJUPRI	E	
COREG	E	
COREG CR	E	
CORLANOR	E	
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	E	
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	

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

Drug Name	Drug Tier	Notes
ENBUMYST	E	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ENTRESTO ORAL TABLET	E	
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe oral	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	E	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	PA
HEMICLOR	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	PA
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
INPEFA	E	
INZIRQO	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
JAVADIN	E	

Drug Name	Drug Tier	Notes
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LASIX ONYU	E	
LEQVIO	E	
LESCOL XL	E	
LEVAMLODIPINE MALEATE	E	M
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
LODOCO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL ORAL CAPSULE 10-40 MG, 5-10 MG	E	
lovastatin oral	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
MICARDIS HCT	E	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	
MYQORZO	3	PA; SP; QL
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	

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

Drug Name	Drug Tier	Notes
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
ranolazine er	1	
REDEMPLO	E	SP
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	QL
SDAMLO	E	
simvastatin oral	1	
SOAANZ	E	
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
TENORMIN	E	

Drug Name	Drug Tier	Notes
THALITONE	E	
TIKOSYN	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA; SP; QL
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYNDAMAX	3	PA; SP; QL
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	
ADZENYS XR-ODT	E	
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL

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

Drug Name	Drug Tier	Notes
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl oral capsule	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er	1	
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
DYANAVEL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl oral	1	QL
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RELEXXII	3	ST; QL
RITALIN	E	
RITALIN LA	E	
XELSTRYM	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	SP
AUBAGIO	E	SP
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	E	SP
dimethyl fumarate oral	1	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	E	SP
KESIMPTA	2	PA; SP; QL
MAVENCLAD	E	SP
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	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
PONVORY	E	SP
PONVORY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TASCENSO ODT	E	SP
TECFIDERA	E	SP
TYRUKO	3	PA; SP; QL
TYSABRI	3	PA; SP; QL
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		
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
CONTRAVE	E	
DAYBUE	E	SP
DAYBUE STIX	E	SP
GRALISE	3	ST; QL
HORIZANT	E	
INGREZZA	3	PA; SP; QL
LYRICA	E	
LYRICA CR	E	
phentermine hcl oral	1	++
pregabalin oral capsule	1	QL

Drug Name	Drug Tier	Notes
QSYMIA	2	PA; ++
RADICAVA ORS	3	PA; SP
RADICAVA ORS STARTER KIT	3	PA; SP
SAVELLA	E	
SAVELLA TITRATION PACK	E	
TEGLUTIK	2	ST; QL
TONMYA	E	
VYLEESI	3	PA; ++; QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	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
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
accutane	1	
ACZONE	E	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ALA SCALP	E	
ala-cort	1	
amnesteem	1	
AMZEEQ	3	
ANZUPGO	3	PA; QL
ARAZLO	E	
azelaic acid external	1	
BENZAMYCIN	E	
betamethasone dipropionate external	1	
CABTREO	E	
CALCIPOTRIENE EXTERNAL FOAM	E	M
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	E	

Drug Name	Drug Tier	Notes
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	M
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
CORDRAN	E	
desonide external cream	1	
desonide external ointment	1	
diclofenac sodium external gel 3 %	1	QL
DIFFERIN EXTERNAL GEL 0.3 %	E	
doxycycline	E	
DUOBRII	E	
DUPIXENT	2	PA; SP; QL
EBGLYSS	2	PA; SP; QL
EMROSI	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
ENSTILAR	3	QL
EPIDUO FORTE	3	
EPSOLAY	E	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	
finasteride oral tablet 1 mg	1	
fluocinonide external cream	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
HALOG EXTERNAL CREAM	E	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	E	M
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION	E	M
HYFTOR	E	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST

Drug Name	Drug Tier	Notes
IMPOYZ	E	
isotretinoin oral	1	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
LEQSELVI	3	PA; SP; QL
LEXETTE	E	
LITFULO	3	PA; SP; QL
metronidazole external cream	1	
metronidazole external gel	1	
MICORT HC EXTERNAL CREAM 2.5 %	E	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	2	PA; SP; QL
NORITATE	E	
ONEXTON	1	
OPZELURA	2	ST; QL
ORACEA	E	
PROPECIA	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO PUMP	3	PA; ++
RHOFADE	E	
SANTYL	3	QL
SOFDRA	3	QL
SOOLANTRA	3	
SORILUX	E	
TACLONEX	E	
tacrolimus external	1	QL
TAZAROTENE EXTERNAL FOAM	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
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
triderm	1	
TWYNEO	E	
ULTRAVATE	E	
VECTICAL	E	
VTAMA	2	ST
VYJUVEK	3	PA; SP; QL
WINLEVI	E	
WYNZORA	3	QL
YCANTH	3	PA
ZELSUVMI	3	PA
zenatane	1	
ZEVASKYN BATCH UP TO 12 SHEETS	E	SP
ZIANA	E	
ZILXI	3	ST
ZORYVE	2	ST
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	

Drug Name	Drug Tier	Notes
BEXAGLIFLOZIN	E	M
BRENZAVVY	E	
BRYNOVIN	E	
dapagliflozin	1	
FARXIGA	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	E	
JANUMET XR	E	
JANUVIA	E	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
liraglutide	1	PA; QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA; QL
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SEGLUROMET	E	
SITAGLIPT BASE-METFORM HCL ER	E	
SITAGLIPTIN	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
SITAGLIPTIN BASE-METFORMIN HCL	E	
SOLIQUA	2	
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
TZIELD	E	
VICTOZA	E	
XIGDUO XR	E	
ZITUVIMET	E	
ZITUVIMET XR	E	
ZITUVIO	E	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT W/DEVICE	2	++
CONTOUR NEXT GEN TEST STRIPS	2	++; QL
CONTOUR PLUS BLUE KIT W/DEVICE	2	++
CONTOUR PLUS TEST STRIP	2	++; QL

Drug Name	Drug Tier	Notes
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
DEXCOM G7 15 DAY SENSOR	2	PA; ++
DEXCOM G7 RECEIVER	2	PA; ++
DEXCOM G7 SENSOR	2	PA; ++
ENLITE GLUCOSE SENSOR	3	PA; ++
EVERSENSE 365 SENSOR/HOLDER	E	
EVERSENSE 365 SMART TRANSMIT	E	
EVERSENSE SENSOR/HOLDER	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 PLUS SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 PLUS SENSOR	E	
FREESTYLE LIBRE 3 READER	E	
FREESTYLE LIBRE 3 SENSOR	E	
FREESTYLE PRECISION NEO SYSTEM	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
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN REAL-TIME CHARGER	3	++
GUARDIAN REAL-TIME TEST PLUG	3	++
GUARDIAN SENSOR 3	3	PA; ++
ILET CONTACT DETACH 23" 6MM	3	++
ILET INFUSION-INSET 23" 6MM	3	++
ILET INFUSION-INSET 32" 6MM	3	++
ILET INSULIN PUMP	3	++
ILET STARTER - CONTACT DETACH	3	++
ILET STARTER KIT - INSET 23"	3	++
ILET STARTER KIT - INSET 32"	3	++
LANCETS	2	++
MINIMED 780G INSULIN PUMP	3	++
MINIMED INSTINCT GLUC SENSOR	3	PA; ++
MINIMED PUMP RESERVOIR 3ML	3	++
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
PRECISION XTRA BLOOD GLUCOSE STRIPS	E	
SIMPLERA SENSOR	3	PA; ++
SIMPLERA SYNC SENSOR	3	PA; ++
SIMPLERA SYSTEM	3	PA; ++
TANDEM MOBI AUTOSOFT30 14PK23"	3	++
TANDEM MOBI AUTOSOFTXC 14PK23"	3	++
TANDEM MOBI AUTOSOFTXC 14PK5"	3	++
TANDEM T:SLIM ASFT 30 PK10 23"	3	++
TANDEM T:SLIM ASFT 30 PK14 23"	3	++
TANDEM T:SLIM ASFT XC PK10 23"	3	++
TANDEM T:SLIM ASFT XC PK14 23"	3	++
TANDEM T:SLIM TRUSTL PK10 23"	3	++
TEMPO SMART BUTTON	E	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	++
BAQSIMI TWO PACK	2	++

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

Drug Name	Drug Tier	Notes
GLUCAGON EMERGENCY KIT	2	Made by Fresenius Kabi; ++
GVOKE HYPOPEN 1-PACK	2	++
GVOKE HYPOPEN 2-PACK	2	++
GVOKE KIT	2	++
GVOKE PFS	2	++
Diabetes - Insulins		
ADMELOG	1	++
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BD PEN NEEDLE MICRO ULTRAFINE	2	++
BD PEN NEEDLE MINI ULTRAFINE	2	++
BD PEN NEEDLE NANO ULTRAFINE	2	++
BD PEN NEEDLE ORIG ULTRAFINE	2	++
BD PEN NEEDLE SHORT ULTRAFINE	2	++
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	2	++

Drug Name	Drug Tier	Notes
CEQUR SIMPLICITY 2U 10PK	2	++
FIASP	1	++
FIASP FLEXTOUCH	1	++
FIASP PENFILL	1	++
FIASP PUMPCART	1	++
HUMALOG	1	++
HUMALOG KWIKPEN	1	++
HUMALOG MIX 50/50 KWIKPEN	1	++
HUMALOG MIX 75/25 KWIKPEN	1	++
HUMALOG MIX 75/25 VIAL	1	++
HUMALOG U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N KWIKPEN	1	++
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R VIAL	1	++
INPEN 100-BLUE-LILLY-HUMALOG	3	++
INPEN 100-BLUE-NOVOLOG-FIASP	3	++
INPEN 100-GREY-LILLY-HUMALOG	3	++
INPEN 100-GREY-NOVOLOG-FIASP	3	++
INPEN 100-PINK-LILLY-HUMALOG	3	++
INPEN 100-PINK-NOVOLOG-FIASP	3	++
INSULIN GLARGINE MAX SOLOSTAR	E	

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

Drug Name	Drug Tier	Notes
INSULIN GLARGINE SOLOSTAR	E	
INSULIN GLARGINE-YFGN	E	
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	1	++
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LYUMJEV KWIKPEN	1	++
LYUMJEV VIAL	1	++
MERILOG	1	++
MERILOG SOLOSTAR	1	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	

Drug Name	Drug Tier	Notes
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	++
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	++
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	1	++
TOUJEO SOLOSTAR	1	++
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
CUVRIOR	E	SP

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	++
cyanocobalamin nasal	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
JYNARQUE	E	SP
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
LOKELMA	3	
NASCOBAL	3	++
POKONZA	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
SYPRINE	E	SP
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE	E	
DEXILANT	E	
esomeprazole magnesium	1	++; QL
famotidine oral suspension reconstituted	1	++
famotidine oral tablet 20 mg, 40 mg	1	++
KONVOMEP	E	
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
sucralfate oral	1	
VOQUEZNA	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
constulose	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 capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GOLYTELY	E	
IBSRELA	E	
IQIRVO	3	PA; SP; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	3	PA; SP; QL
loperamide hcl oral capsule	1	
lubiprostone	1	QL
MOTEGRITY	E	
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
peg-3350/electrolytes	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	E	
PYLERA	2	
REBYOTA	3	PA; SP
RELISTOR	E	
RELTONE	E	
REZDIFFRA	3	PA; QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
TRULANCE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	M
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
VOWST	E	SP
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
AMONDYS 45	E	SP
BUPHENYL	E	SP
CERDELGA	3	PA; SP
CREON	2	
DUVYZAT	E	SP
ELEVIDYS	E	SP
ELFABRIO	E	SP
EXONDYS 51	E	SP
FABRAZYME	2	PA; SP
HARLIKU	E	SP
IMCIVREE	E	SP
ITVISMA	3	PA; SP
JAVYGTOR	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
KUVAN	E	SP
OLPRUVA (2 GM DOSE)	E	SP
OLPRUVA (3 GM DOSE)	E	SP
OLPRUVA (4 GM DOSE)	E	SP
OLPRUVA (5 GM DOSE)	E	SP
OLPRUVA (6 GM DOSE)	E	SP
OLPRUVA (6.67 GM DOSE)	E	SP
ORFADIN	3	PA; SP
PALYNZIQ	E	SP
PANCREAZE	E	
PERTZYE	E	
PHEBURANE	3	PA; SP
RAVICTI	E	SP
SEPHIENCE	E	SP
STRENSIQ	2	PA; SP
VILTEPSO	E	SP
VIOKACE	E	
VYONDYS 53	E	SP
YUVIWEL	3	PA; SP; QL
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	E	
CIALIS	E	
CUPRIMINE	E	SP
ELMIRON	E	
FERRIC CITRATE	E	M

Drug Name	Drug Tier	Notes
FILSPARI	3	PA; SP; QL
GEMTESA	E	
mirabegron er oral tablet extended release 24 hour	1	
MYRBETRIQ	E	
OXLUMO	3	PA; SP
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP
PYRIDIUM	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	E	
tadalafil oral	1	++; QL
THIOLA	3	SP
THIOLA EC	3	SP
TOVIAZ	E	
VANRAFIA	3	PA; SP; QL
VELPHORO	E	
VENXXIVA	E	SP
VESICARE	E	
VIAGRA	E	
VOYXACT	3	PA; SP; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 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
JALYN	E	
tamsulosin hcl	1	
TEZRULY	E	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
dexamethasone oral elixir	1	
dexamethasone oral tablet	1	
EMFLAZA	E	SP
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG-10	E	
KENALOG-40	E	
KHINDIVI	E	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
PREDNISONE ORAL TABLET DELAYED RELEASE 1 MG, 2 MG	E	M
prednisone oral tablet therapy pack	1	
ZILRETTA	3	
Hormonal Agents - Men's Health		
ANDRELA	E	
ANDRENYX	E	
ANDROGEL PUMP	E	
AVEED	E	
AZMIRO	E	
DEPO-TESTOSTERONE	E	
JATENZO	E	
KYZATREX	3	PA; QL
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA; QL
testosterone transdermal gel	1	PA; QL
TLANDO	E	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
ACTHAR GEL	2	PA; SP
BYNFEZIA PEN	E	SP
cabergoline	1	
CETROTIDE	E	SP
CORTROPHIN	2	PA; SP
CORTROPHIN GEL	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon; ++; SP
GENOTROPIN	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
GENOTROPIN MINIQUICK	E	SP
GONAL-F	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
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
LUPRON DEPOT-PED (1-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (6-MONTH)	2	PA; SP; QL
LUTRATE DEPOT	E	SP
MYCAPSSA	E	SP
NGENLA	3	PA; ++; SP
NORDITROPIN FLEXPRO	2	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
PALSONIFY	E	SP
RECORLEV	E	SP

Drug Name	Drug Tier	Notes
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SKYTROFA	3	PA; ++; SP
SOGROYA	3	PA; ++; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP
TRIPTODUR	2	PA; SP; QL
VABRINTY	E	SP
ZOMACTON	E	SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	++
altavera	1	++
ANNOVERA	3	++; QL
apri	1	++
aubra eq	1	++
aurovela 1.5/30	1	++
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
AVERI ORAL TABLET 0.15-0.03 MG	3	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
BEYAZ	E	
BIJUVA	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
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
camila	1	++
chateal eq	1	++
CLIMARA PRO	2	
COMBIPATCH	3	
cyred eq	1	++
deblitane	1	++
DELESTROGEN	E	
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
eluryng	1	++
emzahh	1	++
ENDOMETRIN	2	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
ESTROGEL	E	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
feirza 1.5/30	1	++
feirza 1/20	1	++

Drug Name	Drug Tier	Notes
gallifrey	1	
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
heather	1	++
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
isibloom	1	++
jasmiel	1	++
jencycla	1	++
juleber	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kalliga	1	++
kurvelo	1	++
KYLEENA	3	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	++
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	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
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	++
lo-zumandimine	1	++
luizza 1.5/30	1	++
luizza 1/20	1	++
lutera	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
meleya	1	++
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
MIRENA (52 MG)	3	++
mono-linyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
NEXTSTELLIS	3	++
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
norlyroc	1	++
NUVARING	E	
ORIAHNN	2	PA; QL
orquidea	1	++
portia-28	1	++
PREMARIN ORAL	E	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
reclipsen	1	++
SAFYRAL	E	
sharobel	1	++
SKYLA	3	++
SLYND	E	
sprintec 28	1	++
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	1	++
tri-estarylla	1	++
tri-linyah	1	++
tri-lo-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++
tri-mili	1	++
tri-sprintec	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
tri-vylibra	1	++
tri-vylibra lo	1	++
TWIRLA	E	
VAGIFEM	E	
vestura	1	++
vienva	1	++
VIVELLE-DOT	E	
vylibra	1	++
xulane	1	++
YASMIN 28	E	
YAZ	E	
yuvafem	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
EVEXITHROID	E	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
RENTHYROID	E	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	SP
ABRILADA (2 PEN)	E	SP
ABRILADA (2 SYRINGE)	E	SP
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA INTRAVENOUS	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
ADALIMUMAB-AACF (2 PEN)	E	SP
ADALIMUMAB-AACF (2 SYRINGE)	E	SP
ADALIMUMAB-AACF (CD/UC/HS STRT)	E	SP
ADALIMUMAB-AACF (PS/UV STARTER)	E	SP
ADALIMUMAB-AATY (1 PEN)	E	SP
ADALIMUMAB-AATY (2 PEN)	E	SP
ADALIMUMAB-AATY (2 SYRINGE)	E	SP
ADALIMUMAB-AATY CD/UC/HS START	E	SP
ADALIMUMAB-ADAZ	E	SP
ADALIMUMAB-ADBM (2 PEN)	E	SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	SP
ADALIMUMAB-BWWD	E	SP
ADALIMUMAB-FKJP (2 PEN)	E	SP

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

Drug Name	Drug Tier	Notes
ADALIMUMAB-FKJP (2 SYRINGE)	E	SP
ADALIMUMAB-RYVK (1 PEN)	E	SP
ADALIMUMAB-RYVK (2 PEN)	E	SP
ADALIMUMAB-RYVK (2 SYRINGE)	E	SP
ALYGLO	E	SP
AMJEVITA	2	PA; SP; QL
ANDEMBRY	3	PA; SP; QL
ASCENIV	E	SP
AVSOLA	2	PA; SP
AVTOZMA INTRAVENOUS	3	PA; 3P; SP
AVTOZMA SUBCUTANEOUS	3	PA; 3P; SP; QL
azathioprine oral	1	
BENLYSTA	3	PA; SP
BIMZELX	2	PA; SP; QL
BIVIGAM	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA (1 SYRINGE)	2	PA; SP; QL
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA-STARTER	2	PA; SP; QL
CINRYZE	E	SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
CUTAQUIG	3	PA; SP
CYLTEZO (2 PEN)	E	SP
CYLTEZO (2 SYRINGE)	E	SP
DAWNZERA	3	PA; SP; QL
EKTERLY	E	SP
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
ENTYVIO PEN	3	PA; SP; QL
FIRAZYR	E	SP
HADLIMA	E	SP
HADLIMA PUSHTOUCH	E	SP
HAEGARDA	3	PA; SP; QL
HIZENTRA	3	PA; SP
HULIO (2 PEN)	E	SP
HULIO (2 SYRINGE)	E	SP
HUMIRA (1 PEN)	E	SP
HUMIRA (2 PEN)	E	SP
HUMIRA (2 SYRINGE)	E	SP
HUMIRA-CD/UC/HS STARTER	E	SP
HUMIRA-PSORIASIS/UVEIT STARTER	E	SP
HYRIMOZ	E	SP
HYRIMOZ-CROHNS/UC STARTER	E	SP
HYRIMOZ-PED<40KG CROHN STARTER	E	SP
HYRIMOZ-PED>/=40KG CROHN START	E	SP
HYRIMOZ-PLAQ PSOR/UVEIT START	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
HYRIMOZ-PLAQUE PSORIASIS START	E	SP
ICOTYDE	2	PA; SP; QL
IMAAVY	E	SP
IMULDOSA	E	SP
INFLECTRA	2	PA; SP
INFLIXIMAB	E	SP
JOENJA	E	SP
JYLAMVO	3	PA
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	3	
OLUMIANT	3	PA; SP; QL
OMVOH	2	PA; SP; QL
OMVOH (300 MG DOSE)	2	PA; SP; QL
ORENCIA CLICKJECT	3	PA; 3P; SP; QL
ORENCIA INTRAVENOUS	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
OTEZLA XR	2	PA; SP; QL

Drug Name	Drug Tier	Notes
OTEZLA/OTEZLA XR INITIATION PK	2	PA; SP; QL
OTULFI	E	SP
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
PYZCHIVA	E	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	E	SP
REZUROCK	E	SP
RHAPSIDO	2	PA; SP; QL
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SAJAZIR	E	SP
SELARSDI	E	SP
SIMLANDI (1 PEN)	E	SP
SIMLANDI (2 PEN)	E	SP
SIMLANDI (2 SYRINGE)	E	SP
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
SOTYKTU	E	SP
STELARA	E	SP
STEQEYMA	E	SP
tacrolimus oral	1	
TAKHZYRO	3	PA; SP; QL
TALTZ	2	PA; SP; QL
TOFIDENCE	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
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA SUBCUTANEOUS	2	PA; SP; QL
TREXALL	3	
TYENNE	E	SP
USTEKINUMAB	E	SP
USTEKINUMAB-AAUZ	E	SP
USTEKINUMAB-AEKN	E	SP
USTEKINUMAB-TTWE	E	SP
VELSIPITY	2	PA; SP; QL
WEZLANA INTRAVENOUS	2	PA; SP
WEZLANA SUBCUTANEOUS	2	PA; SP; QL
XELJANZ	E	SP
XELJANZ XR	E	SP
XEMBIFY	3	PA; SP
YESINTEK INTRAVENOUS	2	PA; SP
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
YIMMUGO	E	SP
YUFLYMA (1 PEN)	E	SP
YUFLYMA (2 PEN)	E	SP
YUFLYMA (2 SYRINGE)	E	SP
YUFLYMA-CD/UC/HS STARTER	E	SP
YUSIMRY	E	SP
ZYMFENTRA (1 PEN)	E	SP
ZYMFENTRA (2 PEN)	E	SP
ZYMFENTRA (2 SYRINGE)	E	SP
Inflammatory Bowel Disease Agents		
APRISO	2	

Drug Name	Drug Tier	Notes
budesonide oral	1	
CANASA	E	
CORTIFOAM	3	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PENTASA	E	
PROCTOFOAM HC	2	
procto-med hc	1	
TARPEYO	E	SP
UCERIS ORAL	E	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents		
AUKELSO	E	SP
BILPREVDA	2	PA; SP
BOMYNTRA	E	SP
OSENVELT	2	PA; SP
WYOST	E	SP
XGEVA	E	SP
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BILDYOS	2	PA; SP; QL
BONSITY	2	PA; SP
BOSAYA	E	SP
CONEXXENCE	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
FORTEO	E	SP
JUBBONTI	E	SP
OSPOMYV	E	SP
PROLIA	E	SP
STOBOCLO	2	PA; SP; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	PA; SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	2	PA; Made by Alvogen; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
DOJOLVI	E	
DUROLANE	2	PA; ++; QL
DYSPORT	2	PA
ENDARI	E	
EUFLEXXA	2	PA; ++; QL
FIRDAPSE	E	SP
FOUNDAYO	2	PA; ++; QL
GEL-ONE	E	
GELSYN-3	2	PA; ++; QL
GENVISC 850	E	
GIVLAARI	3	PA; SP
HYALGAN	E	

Drug Name	Drug Tier	Notes
HYMOVIS	E	
HYMOVIS ONE	E	
KERENDIA	3	PA; QL
LIVMARLI	E	SP
LYNKUET	3	PA; QL
MONOVISC	E	
MYOBLOC	2	PA
OMNIPOD 5 DEXCOM INTRO KIT	2	++
OMNIPOD 5 DEXCOM PODS	2	++; QL
OMNIPOD 5 LIBRE INTRO KIT	2	++
OMNIPOD 5 LIBRE PODS	2	++; QL
OMNIPOD DASH INTRO KIT	2	++
OMNIPOD DASH PODS	2	++; QL
ORTHOVISC	E	
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	E	
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	E	
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	E	
PALFORZIA ORAL 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	E	

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

Drug Name	Drug Tier	Notes
PALFORZIA ORAL PACKET 300 MG	E	
PHEXX	E	
SAXENDA	E	
SPINRAZA	3	PA; SP
SUPARTZ FX	E	
SYNOJOYNT	E	
SYNVISC	E	
SYNVISC ONE	E	
TAVNEOS	E	SP
TRILURON	E	
TRIVISC	E	
TWIIST REFILL KIT	2	++; QL
TWIIST REFILL KIT/INFUSION SET	2	++; QL
TWIIST STARTER KIT	2	++
VEOZAH	3	PA; QL
VISCO-3	E	
WEGOVY	2	PA; ++; QL
WEGOVY HD	2	PA; ++; QL
XEOMIN	2	PA
XPHOZAH	E	
YORVIPATH	3	PA; SP; QL
ZEPBOUND KWIKPEN	E	
ZEPBOUND SUBCUTANEOUS SOLUTION	E	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; ++; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	

Drug Name	Drug Tier	Notes
azelastine hcl ophthalmic	1	
BEPREVE	E	
BESIFLOXACIN HCL	E	M
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	E	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVY	E	
ZERVIATE	E	

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

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide oral	1	
ALPHAGAN P	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	E	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IYUZEH	E	
latanoprost ophthalmic	1	
LUMIGAN	E	
OMLONTI	E	
QLOSI	E	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	E	
TRAVATAN Z	E	
VUITY	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
BYOOVIZ	E	SP
CEQUA	3	PA; QL
cyclosporine (pf)	E	
ENCELTO	E	SP
LATISSE	E	
LUCENTIS	E	SP
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
TRYPTYR	2	PA; QL
TYRVAYA	3	PA; QL
VERKAZIA	E	
VEVYE	3	PA; QL
VIZZ	E	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL

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

Drug Name	Drug Tier	Notes
benzonatate	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DESLORATADINE ORAL SOLUTION	E	
DYMISTA	E	
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
RYALTRIS	E	
XHANCE	E	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ATROVENT HFA	E	
AUVI-Q	3	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	1	QL
breyna	E	
BREZTRI AEROSPHERE	2	QL
BRINSUPRI	E	SP
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN JR 2-PAK	E	
ESBRIET	E	SP
EXDENSUR	E	SP
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL

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

Drug Name	Drug Tier	Notes
FLUTICASONE FUROATE ELLIPTA	E	M
FLUTICASONE FUROATE-VILANTEROL	E	M
FLUTICASONE PROPIONATE DISKUS	E	M
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	E	M
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	E	M
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	M
INCRUSE ELLIPTA	E	
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
JASCAYD	E	SP
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NEFFY	3	
NUCALA	2	PA; SP; QL
OFEV	E	SP
OHTUVAYRE	E	
PERFOROMIST	3	QL
PROAIR RESPICLICK	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	E	
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UMECLIDINIUM-VILANTEROL	E	M
VENTOLIN HFA	E	
wixela inhub	1	ST; QL

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

Drug Name	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
XOPENEX HFA	E	
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	SP
CAYSTON	E	SP
KITABIS PAK (W/ NEBULIZER)	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	E	SP

Drug Name	Drug Tier	Notes
OPSYNVI	E	SP
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN	E	SP
REVATIO	E	SP
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TADLIQ	E	SP
TRACLEER	E	SP
treprostinil solution 100 mg/20ml injection	1	PA; SP
treprostinil solution 100 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 20 mg/20ml injection	1	PA; SP
treprostinil solution 20 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 200 mg/20ml injection	1	PA; SP
treprostinil solution 200 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 50 mg/20ml injection	1	PA; SP
treprostinil solution 50 mg/20ml injection	1	PA; Made by Sandoz; SP
TYVASO	3	PA; SP; QL
TYVASO DPI INSTITUTIONAL KIT	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL

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
TYVASO DPI TITRATION KIT	3	PA; SP; QL
TYVASO REFILL KIT	3	PA; SP; QL
TYVASO STARTER KIT	3	PA; SP; QL
YUTREPIA	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
FLEQSUVY	E	
methocarbamol oral	1	
NORGESIC	E	
NORGESIC FORTE	E	
ONTRALFY	E	
ORPHENGESIC FORTE	E	M
OZOBAX DS	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	QL
DAYVIGO	E	
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
HETLIOZ	E	SP
HETLIOZ LQ	E	SP
LUMRYZ	E	SP
LUMRYZ STARTER PACK	E	SP
LUNESTA	E	
modafinil oral	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
RESTORIL	E	
sodium oxybate	1	PA; Made by Hikma; SP; QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	E	SP
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	E	
zolpidem tartrate oral tablet	1	QL

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

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NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ملاحظة: إذا كنت تتحدث اللغة **العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدوّن على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

Hindi: यदि आप हिंदी **(Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे की बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, cov kev pab cuam lus pub dawb thiab kev sib txuas lus dawb hauv lwm hom ntawv, xws li luam ntawv loj, muaj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

PANANGIKASO: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: Se parla **italiano (Italian)** può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語（Japanese）を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[]にお電話ください。

알림사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahił hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní baąh t'áá jiik'eh bee hane'í námboo bee hodíilnih

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese),** quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

Optum Rx®

Premium

Prior Authorization *Premium Formulary*

Utilization Management
January 1, 2027

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.

Optum Rx®

Premium Non-Specialty Prior Authorization List

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole tab 200 mg	120 tablets per 180 days
Antibiotics	AEMCOLO TAB	None
	XIFAXAN TAB 550 MG	None
	ZINPLAVA IV SOLN	None
Antifungals	CICLOPIROX KIT	None
	CRESEMBA CAP	None
	NOXAFIL PACKET	None
	NOXAFIL SUSP	None
	NOXAFIL TAB	None
	SPORANOX	None
	tavaborole soln	None
	VFEND SUSP	None
	VFEND TAB	None
Antimalarial	QUALAQUIN CAP	None
Antiretrovirals, HIV	DESCOVY TAB 200-25 MG	None
	SELZENTRY	None
	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB 300 MG	2 packs per 365 days
	SUNLENCA TAB THERAPY PACK	2 packs per 365 days
Cardiology		
Antihypertensive Agents	TRYVIO TAB	1 tablet per day
Antilipemic	NEXLETOL TAB	1 tablet per day
	NEXLIZET TAB	1 tablet per day
	VASCEPA CAP	None
Heart Failure	VERQUVO TAB	1 tablet per day
Miscellaneous	DEMSER CAP 250 MG	16 capsules per day
	DIBENZYLINE CAP	None
Central Nervous System		
Analgesics (Cough Opioid)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days

Therapy class	Medication name	Quantity limit
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days
Analgesics (Non-Opioid)	diclofenac soln	None
	QUTENZA PATCH KIT	4 patches per 90 days
Analgesics (Opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 136 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 166.5 mL/day.
	acetaminophen/codeine tab 300-15 mg	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	buprenorphine patch	4 patches per 28 days
	butorphonal nasal spray 10 mg/mL	1 bottle per fill, 2 fills per 60 days
	codeine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 21 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 40 tabs/day.
	codeine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 20 tabs/day.
	codeine tab 60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	fentanyl patch	15 patches per 30 days

Therapy class	Medication name	Quantity limit
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day
	hydrocodone ER tab	1 tablet per day
	hydrocodone/acetaminophen soln 7.5-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 98 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 180 mL/day.
	hydrocodone/acetaminophen soln 10-300 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen soln 10-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen tab 7.5-300 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-300 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/ibuprofen tab 5-200 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 16 tabs/day.
	hydrocodone/ibuprofen tab 7.5-200 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/ibuprofen tab 10-200 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone ER tab	2 tablets per day
	hydromorphone liquid 1 mg/ml	If you are new to opioid treatment, your prescription will be limited to 10 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 mL/day.
	hydromorphone tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone tab 4 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	hydromorphone tab 8 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.

Therapy class	Medication name	Quantity limit
	hydromorphone supp 3 mg	If you are new to opioid treatment, your prescription will be limited to 3 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 supps/day.
	levorphanol tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	levorphanol tab 3 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	meperidine soln 50 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 49 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 90 mL/day.
	meperidine tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 tabs/day.
	methadone soln 5 mg/5 mL	None
	methadone soln 10 mg/5 mL	None
	methadone tab	None
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day
	morphine ER cap	2 capsules per day
	morphine ER tab	3 tablets per day
	morphine soln 10 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 24.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 45 mL/day.
	morphine soln 20 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 12.25 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 22.5 mL/day.

Therapy class	Medication name	Quantity limit
	morphine soln 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 2.4 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4.5 mL/day.
	morphine supp 5 mg	If you are new to opioid treatment, your prescription will be limited to 9 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 supps/day.
	morphine supp 10 mg	If you are new to opioid treatment, your prescription will be limited to 4 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 supps/day.
	morphine supp 20 mg	If you are new to opioid treatment, your prescription will be limited to 2 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 supps/day.
	morphine supp 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 supp/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 supps/day.
	morphine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	morphine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	NALOCET TAB 2.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	oxycodone cap 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 caps/day.

Therapy class	Medication name	Quantity limit
	oxycodone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone conc 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 1.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 mL/day.
	oxycodone soln 5 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxycodone tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	oxycodone tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	oxycodone tab 20 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	oxycodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	oxycodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	oxycodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxycodone/acetaminophen soln 5-325 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxymorphone ER tab	4 tablets per day
	oxymorphone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxymorphone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	pentazocine/naloxone tab 50-0.5 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	PROLATE SOLN 10-300 MG/5 ML	If you are new to opioid treatment, your prescription will be limited to 16.3 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 30 mL/day.
	PROLATE TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	PROLATE TAB 7.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PROLATE TAB 10-300 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	tramadol ER tab	1 tablet per day
	tramadol tab 25 mg	If you are new to opioid treatment, your prescription will be limited to 8 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 75 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	tramadol tab 100 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	tramadol/acetaminophen tab 37.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	TREZIX CAP 320.5-30-16 MG	If you are new to opioid treatment, your prescription will be limited to 10 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 caps/day.

Therapy class	Medication name	Quantity limit
	XODOL TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	XTAMPZA ER CAP	4 capsules per day
Analgesics Gastroprotective Agents	naproxen/esomeprazole tab	2 tablets per day
Anticonvulsants	BANZEL	None
	HORIZANT	2 tablets per day
Antipsychotics	ADASUVE INHALER 10 MG	None
	IGALMI FILM	None
Benzodiazepines	clobazam, SYMPAZAN	None
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	6 syringes per 30 days
Migraine	AIMOVIG INJ	2 syringes per 28 days
	AIMOVIG INJ 140 MG/ML	1 syringe per 28 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	EMGALITY INJ 100MG/ML	3 syringes per 28 days
	EMGALITY INJ 120 MG/ML	1 syringe per 28 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	8 vials per 30 days
	NURTEC ODT	16 tablets per 30 days
	QULIPTA TAB	1 tablet per day
	UBRELVY TAB	16 tablets per 30 days
	VYEPTI IV SOLN	3 vials per 84 days
	ZAVZPRET NASAL SPRAY 10 MG/ACT	6 devices per 30 days
Miscellaneous	NUEDEXTA CAP	None
	RILUTEK TAB (Brand only)	2 tablets per day
Neurotoxins	BOTOX COSMETIC INJ	None
	BOTOX INJ	None
	DAXXIFY INJ	None
	DYSPORT INJ	None
	MYOBLOC INJ	None
	XEOMIN INJ	None
Parkinson's Agents	DUOPA SUSP 4.63-20 MG/ML	None
	NUPLAZID CAP	None
	NUPLAZID TAB	None
Sedative Hypnotics	flurazepam cap	1 capsule per day
Stimulants	armodafinil tab	1 tablet per day
	armodafinil tab 50 mg	2 tablets per day
	modafinil tab	1 tablet per day

Therapy class	Medication name	Quantity limit
	SUNOSI TAB	1 tablet per day
Weight Loss	FOUNDAYO TAB	1 tablet per day
	liraglutide inj	5 syringes per 30 days
	LOMAIRA TAB 8 MG	None
	QSYMIA CAP	None
	WEGOVY HD INJ 7.2 MG/0.75 ML	4 syringes per 28 days
	WEGOVY INJ	4 syringes per 28 days
	WEGOVY TAB	1 tablet per day
	XENICAL CAP 120 MG	None
	ZEPBOUND	4 syringes per 28 days
Dermatology		
Acne (Oral)	ABSORICA LD CAP	None
Acne (Topical)	AKLIEF CREAM	None
	ALTRENO, ATRALIN, tretinoin	None
	tazarotene	None
Beta-Blocker	HEMANGEOL SOLN 4.28 MG/ML	None
Molluscum Contagiosum Agents	YCANTH SOLN 0.7%	None
	ZELSUVMI GEL 10.3%	None
Electrolyte & Renal Agents		
Vasopressin Analog	NOCDURNA SL TAB	None
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Androgens, Testosterone (Injectable)	TESTONE CIK KIT 200 MG/ML	4 kits per 28 days
	testosterone cypionate inj	1 vial (10mL) per 28 days
	TESTOSTERONE CYPIONATE INJ 200 MG/ML	4 vials (1mL/each) per 28 days
	testosterone enanthate inj 200 mg/mL	1 vial (5 mL) per 28 days
	testosterone pellets	None
Androgens, Testosterone (Oral)	KYZATREX CAP	4 capsules per day
	KYZATREX CAP 100 MG	7 capsules per day
	METHITEST TAB 10 MG	20 tablets per day
	methyltestosterone cap 10 mg	20 capsules per day
Androgens, Testosterone (Topical)	testosterone gel pump 1.62%	2 bottles (75 gm/each) per 30 days
	testosterone gel pump 10 mg/act	2 bottles (60 gm/each) per 30 days
	testosterone gel 1% (25 mg)	4 packets per day
	testosterone gel 1% (50 mg)	2 packets per day
	testosterone gel 1.62% (20.25 mg)	4 packets per day
	testosterone gel 1.62% (40.5 mg)	2 packets per day
	testosterone soln 30 mg/act	2 bottles (90 mL/each) per 30 days
	testosterone gel pump 1%	4 bottles (75 gm/each) per 30 days
Antidiabetic Agents	AFREZZA INHALATION POWDER	None
	SYMLINPEN INJ	None

Therapy class	Medication name	Quantity limit
Diabetic Supplies	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	None
	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	None
GLP-1 Agonists	BYDUREON BCISE	4 syringes per 28 days
	BYETTA INJ	1 syringe per 30 days
	liraglutide	3 syringes per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	OZEMPIC, RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 capsules per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Gastroenterology		
Antiemetics	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	MARINOL CAP	2 capsules per day
	SYNDROS SOLN	4 mL per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Hepatic Agents	REZDIFFRA TAB	1 tablet per day
Irritable Bowel Syndrome	LOTRONEX TAB	None
	VIBERZI TAB	2 tablets per day
Hematology		
Sickle Cell Disease	glutamine powder pack	None
	SIKLOS TAB	None
	XROMI SOLN	None
Immunology		
Allergen Extracts	GRASTEK SL TAB	1 tablet per day
	ODACTRA SL TAB 12 SQ-HDM	1 tablet per day
	ORALAIR SL TAB 100 IR	2 packs per 365 days
	ORALAIR SL TAB 300 IR	1 tablet per day
	RAGWITEK SL TAB	1 tablet per day
Immune Globulins	VARIZIG	None
Miscellaneous		
Anticholinergic	CUVPOSA SOLN 1 MG/5 ML	None
	GLYCATE TAB 1.5 MG	6 tablets per day
	GLYCOPYRROLATE INJ	None
	ROBINUL FORTE TAB 2 MG (Brand only)	4 tablets per day
	ROBINUL TAB 1 MG (Brand only)	4 tablets per day

Therapy class	Medication name	Quantity limit
Calcium Modifier	cinacalcet tab	None
Methotrexate Auto-Injectors	RASUVO INJ	4 syringes per 28 days
Movement Disorder Agents	NOURIANZ TAB	None
Toxicology	EXJADE, JADENU	None
	FERRIPROX SOLN 100 MG/ML	None
	FERRIPROX TAB	None
	PEDMARK INJ 12.5 GM	None
Viscosupplements	DUROLANE INJ 60 MG/3 ML	2 syringes per 180 days
	EUFLEXXA 20 mg/2 ml	6 syringes per 180 days
	GELSYN-3 INJ 16.8 MG/2 ML	6 syringes per 180 days
Wound Care	REGRANEX GEL	None
Non-Solid Oral Dosage Forms		
Analgesics (Non-Opioid)	meloxicam susp 7.5 mg/5 ml	None
Antidepressants	RALDESY SOLN 10 MG/ML	None
Antihypertensive Agents	ARBLI SUSP 10 MG/ML	None
	LOPRESSOR SOLN 10 MG/ML	None
	NORLIQVA SOLN 1 MG/ML (Brand only)	None
Oncology (Oral)	JYLAMVO SOLN 2 MG/ML	None
	XATMEP SOLN 2.5 MG/ML	None
Ophthalmology		
Dry Eye	CEQUA SOLN 0.09%	2 vials per day
	EYSUVIS SUSP 0.25%	1 bottle per 30 days
	MIEBO SOLN 1.3 GM/ML	3 mL per 30 day
	RESTASIS EMULSION 0.05%	2 vials per day or 1 bottle per 30 days
	TRYPTYR SOLN 0.003%	2 vials per day
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	VEVYE SOLN 0.1%	1 bottle per 30 days
	XIIDRA SOLN 5%	2 vials per day
Miscellaneous	XIPERE SUSP 40 MG/ML	None
Prostaglandins	IDOSE TR IMPLANT	None
Vasoconstrictor	UPNEEQ SOLN	None
Respiratory		
Asthma/COPD	DALIRESP TAB	None

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Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotics	ARIKAYCE SUSP 590 MG/8.4 ML	None
	REBYOTA SUSP	None
Antifungals	REZZAYO IV SOLN	None
Antiprotozoal	DARAPRIM TAB	None
Antivirals	LIVTENCITY TAB	None
Cardiology		
Antilipemic	EVKEEZA IV SOLN	None
	JUXTAPID CAP 2MG	112 capsules per 365 days
	JUXTAPID CAP 5 MG	56 capsules per 365 days
	JUXTAPID CAP 10 MG	56 capsules per 365 days
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
	TRYNGOLZA INJ	1 syringe per 28 days
Hereditary Angioedema Agents	ANDEMBRY INJ 200 MG/1.2 ML	1 syringe per 28 days
	BERINERT INJ	10 vials per 30 days
	DAWNZERA INJ 80 MG/0.8 ML	1 syringe per 28 days
	HAEGARDA INJ 2000 UNIT	24 vials per 28 days
	HAEGARDA INJ 3000 UNIT	16 vials per 28 days
	icatibant inj	6 syringes per 30 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	ORLADEYO PELLETS	1 packet per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO INJ	2 syringes/vials per 28 days
Pulmonary Arterial Hypertension	ADEMPAS TAB	3 tablets per day
	ambrisentan tab	1 tablet per day
	bosentan tab	2 tablets per day
	FLOLAN, VELETRI	None
	macitentan	1 tablet per day
	ORENITRAM TAB	None
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	treprostinil	None
	sildenafil iv sol	None
	sildenafil susp	2 bottles per 30 days
	sildenafil tab	3 tablets per day
	tadalafil tab	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-64 MCG	8 cartridges per day
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day

Therapy class	Medication name	Quantity limit
	UPTRAVI IV SOLN	None
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
	WINREVAIR INJ	1 kit per 21 days
	YUTREPIA CAP	5 capsules per day
	YUTREPIA CAP 106 MCG	8 capsules per day
	YUTREPIA CAP 79.5 MCG	10 capsules per day
Transthyretin Stabilizers	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day
Vasopressors	NORTHERA CAP	None
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Anticonvulsants	DIACOMIT	None
	EPIDIOLEX SOLN	None
	FINTEPLA SOLN	None
	vigabatrin, VIGAFYDE	None
	ZTALMY	None
Antidepressants	SPRAVATO NASAL SPRAY	None
	ZULRESSO IV SOLN	None
Antipruritic	KORSUVA INJ 50 MCG/ML	None
Depressant	sodium oxybate soln	18 mL per day
	XYWAV SOLN	18 mL per day
Gene Therapy	KEBILIDI	None
	LENMELDY	None
	SKYSONA	None
Miscellaneous	QALSODY SOLN	None
	RADICAVA	None
	RELYVRIO PAK 3-1 GM	2 packets per day
Muscular Dystrophy	AGAMREE	None
	deflazacort	None
Neurological Agents	AMVUTTRA INJ	1 syringe per 90 days
	ONPATTRO IV SOLN	None
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ	1 syringe per 28 days
Parkinson's Agents	APOKYN INJ	30 cartridges per 30 days
	INBRIJA CAP	None
	ONAPGO INJ 98 MG/20 ML	20 mL per day
	VYALEV INJ	None
Sleep Disorder	tasimelteon cap	1 capsule per day
	WAKIX TAB	2 tablets per day

Therapy class	Medication name	Quantity limit
Dermatology		
Alkylating Agents	VALCHLOR GEL	None
Alpha-Melanocyte Stimulating Hormone Analog	SCENESSE IMPLANT	None
Epidermolysis Bullosa Agent	VYJUVEK GEL	10 mL per 28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS, ORMALVI TAB	4 tablets per day
Endocrinology & Metabolism		
Antidiabetic Agents	LANTIDRA IV SUSP	None
Congenital Adrenal Hyperplasia Agent	CRENESSITY CAP	3 capsules per day
	CRENESSITY CAP 100 MG	4 capsules per day
	CRENESSITY SOLN 50 MG/ML	8 mL per day
Copper Replacement Agents	ZYCUBO INJ 2.9 MG	1 vial per day
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Cyclic Pyranopterin Monophosphate (cPMP) Substrate Replacement Therapy	NULIBRY IV SOLN	None
Endothelin Receptor Antagonist	VANRAFIA TAB	1 tablet per day
	VOYXACT INJ 400 MG/2 ML	1 syringe per 28 days
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD INJ 7.5 MG	1 injection per 28 days
	ELIGARD INJ 22.5 MG	1 injection per 84 days
	ELIGARD INJ 30 MG	1 injection per 112 days
	ELIGARD INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	leuprolide inj 1 mg/0.2 mL	None
	LEUPROLIDE INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT INJ	None
	LUPRON DEPOT-PED (3-MONTH)	1 syringe per 84 days
	LUPRON DEPOT-PED (6 MONTH) 45 MG INJ	1 syringe per 168 days
	LUPRON DEPOT-PED	1 syringe per 28 days
	ORGOVYX TAB	None
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
	TRIPTODUR INJ	1 injection per 168 days

Therapy class	Medication name	Quantity limit
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial per day
	EGRIFTA WR KIT 11.6 MG	1 kit per 28 days
	NORDITROPIN, NUTROPIN AQ, OMNITROPE	None
	NGENLA	None
	SEROSTIM INJ	None
	SKYTROFA INJ	None
	SOGROYA INJ	None
	ZORBTIVE INJ	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX	None
	SOMAVERT	None
Hormone Modifiers	MYALEPT INJ	None
Hyperammonemia Agents	CARBAGLU TAB 200 MG	None
Hypoparathyroidism Agent	YORVIPATH INJ	2 syringes per 28 days
Miscellaneous	ACTHAR, CORTROPHIN INJ GEL	None
	KORLYM TAB	4 tablets per day
Monoclonal Antibody	TEPEZZA IV SOLN	None
Osteoporosis	BILDYOS INJ 60 MG/ML	2 syringes per 365 days
	BONSITY, TERIPARATIDE	None
	ENOBY SOLN 60 MG/ML	2 syringes per 365 days
	EVENITY INJ	2 syringes per 28 days
	STOBOCLO INJ 60 MG/ML	2 syringes per 365 days
	TYMLOS INJ	None
Prader-Willi Syndrome Agent	VYKAT XR TAB 25 MG	4 tablets per day
	VYKAT XR TAB 75 MG	7 tablets per day
	VYKAT XR TAB 100 MG	3 tablets per day
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day
Somatostatins	octreotide inj	None
	SANDOSTATIN LAR INJ	None
	SIGNIFOR LAR INJ	1 vial per 28 days
	SOMATULINE INJ	None
Vasopressin Antagonist	tolvaptan tab	2 tablets per day
	tolvaptan therapy pack	2 tablets per day
	SAMSCA TAB	2 tablets per day
Enzyme-Related		
Alpha-1 Proteinase Inhibitor	ARALAST NP, PROLASTIN-C, ZEMAIRA INJ	None
	GLASSIA, PROLASTIN-C INJ	None
Cystine-Depleting Agents	PROCYSBI CAP	None
	PROCYSBI GRANULES PACKET	None

Therapy class	Medication name	Quantity limit
Enzyme Replacement	ADZYNMA KIT	None
	ALDURAZYME INJ	None
	AQNEURSA POWDER PACKET	4 packets per day
	BRINEURA KIT	None
	CERDELGA CAP	None
	CEREZYME INJ	None
	ELAPRASE	None
	ELELYSO INJ	None
	FABRAZYME IV SOLN	None
	GALAFOLD CAP	14 capsules per 28 days
	KANUMA IV SOLN	None
	LAMZEDE IV SOLN 10 MG	None
	LUMIZYME IV SOLN	None
	MEPSEVII IV SOLN	None
	MIPLYFFA CAP	3 capsules per day
	NAGLAZYME IV SOLN	None
	NEXVIAZYME IV SOLN 100 MG	None
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	PHEBURANE PELLETS	None
	POMBILITI	None
	REVCOVI INJ	None
	sodium phenylbutyrate powder 3 gm/ teaspoonful	None
	sodium phenylbutyrate tab 500 mg	None
	STRENSIQ INJ	None
	SUCRAID SOLN 8500 UNIT/ML	None
	VIMIZIM INJ	None
	VPRIV INJ	None
	XENPOZYME	None
	XURIDEN GRANULES PACKET	4 packets per day
	ZAVESCA CAP	None
Enzyme, Gout	KRYSTEXXA INJ	None
Metabolic Agents	nitisinone cap	None
	NITYR TAB	None
	ORFADIN SUSP	None
Phenylketonuria Treatment Agents	sapropterin powder packet	None
	sapropterin tab	None
Thymidine Kinase 2 Deficiency Agents	KYGEVVI POWDER PACK 2 GM/2 GM	None
Gastroenterology		
Acute Hepatic Porphyria Agents	GIVLAARI INJ	None
Bile Acid Agents	CHENODAL TAB	None
	CHOLBAM CAP	None
	CTEXLI TAB	None

Therapy class	Medication name	Quantity limit
Diarrhea	XERMELO	3 tablets per day
Hepatic Agents	IQIRVO TAB	1 tablet per day
	LIVDELZI CAP	1 capsule per day
	OCALIVA TAB	1 tablet per day
Ileal Bile Acid Transporter Inhibitor	BYLVAY	None
Short Bowel Syndrome	GATTEX KIT	None
Hematology		
Gene Therapy	OMISIRGE	None
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Hemophilia Agents	HEMGENIX	None
	QFITLIA	None
	ROCTAVIAN INJ	None
Sickle Cell Disease	ADAKVEO INJ	None
	CASGEVY	None
	LYFGENIA	None
	ZYNTEGLO INJ	None
Immunology		
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days
	DUPIXENT INJ	4 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
Bruton Tyrosine Kinase Inhibitor	RHAPSIDO TAB 25 MG	2 tablets per day
Complement Inhibitor	ENJAYMO IV SOLN	None
	VEOPOZ INJ 400 MG/2 ML	None
	ZILBRYSQ	None
Graft Versus Host Agents	RYONCIL	None
Hematopoietic Agents	ARANESP	None
	BKEMV INJ	None
	EMPAVELI INJ	None
	ENSPRYNG INJ	None
	EPYSQLI INJ	None
	FABHALTA CAP 200 MG	2 capsules per day
	LEUKINE	None
	MIRCERA INJ	None
	NEULASTA	None
	NIVESTYM	None
	PROCRIT INJ	None
	REBLOZYL INJ	None
	RETACRIT INJ	None
	SOLIRIS IV SOLN	None
	TAVALISSE TAB	None

Therapy class	Medication name	Quantity limit
	UDENYCA INJ	None
	ULTOMIRIS IV SOLN	None
	UPLIZNA IV SOLN	None
	VOYDEYA	6 tablets per day
	ZARXIO INJ	None
Hepatitis C Agents	MAVYRET	3 tablets per day
	MAVYRET PELLET PACK 50-20 MG	5 packs per day
	PEGASYS	None
	VOSEVI	1 tablet per day
	ZEPATIER	1 tablet per day
Immune Globulins	BIVIGAM, FLEBOGAMMA, GAMMAPLEX, OCTAGAM, PRIVIGEN INJ	None
	CUTAQUIG INJ	None
	CUVITRU, HIZENTRA INJ	None
	CYTOGAM	None
	GAMASTAN INJ	None
	GAMMAGARD SD INJ	None
	GAMMAGARD, GAMMAKED, GAMUNEX-C INJ	None
	HIZENTRA INJ	None
	HYQVIA	None
	PANZYGA INJ	None
	XEMBIFY INJ	None
Immunomodulators	ACTEMRA INJ	4 syringes per 28 days
	ACTEMRA IV SOLN	None
	AMJEVITA INJ 10 MG/0.2 ML	2 syringes per 28 days
	AMJEVITA INJ	4 syringes per 28 days
	AMJEVITA INJ 80 MG/0.8 ML	2 syringes per 28 days
	AVSOLA IV SOLN	None
	AVTOZMA INJ	4 syringes per 28 days
	AVTOZMA IV SOLN	None
	BIMZELX INJ	1 syringe per 28 days
	CIBINQO TAB	1 tablet per day
	CIMZIA KIT 200 MG	4 syringes per 28 days
	CIMZIA PREFL KIT 200 MG/ML	4 syringes per 28 days
	ENBREL INJ 25 MG/0.5 ML	8 vials/syringes per 28 days
	ENBREL INJ 50 MG/ML	4 syringes per 28 days
	ENBREL MINI INJ 50 MG/ML	4 cartridges per 28 days
	ENBREL SRCLK INJ 50 MG/ML	4 syringes per 28 days
	ENTYVIO INJ 108 MG/0.68 ML	2 syringes per 28 days
	ENTYVIO IV SOLN	None
	ICOTYDE TAB 200 MG	1 tablet per day
	ILUMYA INJ 100 MG/ML	1 syringe per 84 days
	INFLECTRA IV SOLN	None
	KEVZARA INJ	2 syringes per 28 days

Therapy class	Medication name	Quantity limit
	KINERET INJ	None
	LEQSELVI TAB 8 MG	2 tablets per day
	LITFULO CAP	1 capsule per day
	OLUMIANT TAB	1 tablet per day
	OMVOH INJ 100 MG/ML	2 syringes per 28 days
	OMVOH INJ 100/200 MG/ML	1 package per 28 days
	OMVOH INJ 200 MG/2 ML	1 syringe per 28 days
	OMVOH IV SOLN 300 MG/15 ML	45 mL per 365 days
	ORENCIA INJ	4 syringes per 28 days
	ORENCIA IV SOLN	None
	OTEZLA STARTER PACK	1 starter pack per 365 days
	OTEZLA TAB	2 tablets per day
	OTEZLA XR TAB 75 MG	1 tablet per day
	RINVOQ LQ SOLN 1 MG/ML	12 mL per day
	RINVOQ TAB	1 tablet per day
	RINVOQ TAB 45 MG	1 tablet per day, 84 tablets per 365 days
	SILIQ INJ 210 MG/1.5 ML	2 syringes per 28 days
	SIMPONI ARIA IV SOLN	None
	SIMPONI INJ	1 syringe per 28 days
	SKYRIZI INJ 55 MG/0.37 ML	1 syringe per 84 days
	SKYRIZI INJ 150 MG/ML	1 syringe per 84 days
	SKYRIZI PEN INJ 150 MG/ML	1 syringe per 84 days
	SKYRIZI INJ 180 MG/1.2 ML	1 syringe per 56 days
	SKYRIZI INJ 360 MG/2.4 ML	1 syringe per 56 days
	SKYRIZI IV SOLN	None
	STARJEMZA INJ 45 MG/0.5 ML	1 vial per 56 days
	STARJEMZA INJ 45 MG/0.5 ML	1 syringe per 56 days
	STARJEMZA INJ 90 MG/ML	1 syringe per 56 days
	STARJEMZA INJ 130 MG/26 ML	None
	TALTZ INJ	1 syringe per 28 days
	tofacitinib soln	10 mL per day
	tofacitinib tab	2 tablets per day
	tofacitinib xr tab	1 tablet per day
	TREMFYA INJ 100 MG/ML	1 syringe per 56 days
	TREMFYA INJ 200 MG/2 ML	1 syringe per 28 days
	TREMFYA IV SOLN 200 MG/20 ML	None
	VELSIPITY TAB	1 tablet per day
	WEZLANA INJ 45 MG/0.5 ML	1 syringe/vial per 56 days
	WEZLANA INJ 90 MG/ML	1 syringe per 56 days
	WEZLANA IV SOLN	None
	YESINTEK INJ	1 syringe per 56 days
	YESINTEK IV SOLN	None

Therapy class	Medication name	Quantity limit
Interleukins	ARCALYST	None
	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO INJ 300 MG/2 ML	1 syringe per 28 days
	SPEVIGO IV SOLN	30 mL per 84 days
Miscellaneous	ACTIMMUNE INJ	None
	BENLYSTA	None
	CRYSVITA INJ	None
	SAPHNELO INJ	4 syringes per 28 days
	SAPHNELO IV SOLN 300 MG/2 ML	None
Monoclonal Antibody	CINQAIR IV SOLN	None
	DUPIXENT INJ	4 syringes per 28 days
	FASENRA INJ 10 MG/0.5 ML	1 syringe per 56 days
	FASENRA INJ 30 MG/ML	1 syringe per 28 days
	FASENRA PEN INJ 30 MG/ML	1 syringe per 28 days
	GAMIFANT IV SOLN	None
	NUCALA	3 vials/syringes per 28 days
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR	None
	XOLAIR INJ 75 MG/0.5 ML	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days
Multiple Sclerosis	AVONEX INJ 30 MCG/0.5 ML	1 kit per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON INJ	1 package per 28 days
	BRIUMVI INJ 150 MG/6 ML	None
	cladribine	4 cycles per lifetime
	dalfampridine tab	2 tablets per day
	dimethyl fumarate cap	2 capsules per day
	dimethyl fumarate starter pack	2 starter packs per 365 days
	glatiramer inj 20 mg/ml	1 syringe per day
	glatiramer inj 40 mg/ml	12 syringes per 28 days
	fingolimod, GILENYA CAP 0.25 MG	1 capsule per day
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	LEMTRADA	3.6 mL per 365 days
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB	1 tablet per day
	mitoxantrone inj	None
	OCREVUS IV SOLN	None
	OCREVUS ZUNOVO INJ	1 syringe per 180 days
	teriflunomide tab	1 tablet per day
	TYRUKO INJ 300 MG/15 ML	1 vial per 28 days

Therapy class	Medication name	Quantity limit
	TYSABRI INJ 300 MG/15 ML	1 vial per 28 days
	VUMERITY CAP	4 capsules per day
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Neonatal Fc Receptor Antagonist	RYSTIGGO INJ 280 MG/3ML	6 vials per 28 days
	RYSTIGGO INJ	4 vials per 28 days
	VYVGART HYTRULO INJ	None
	VYVGART HYTRULO INJ 1000 MG/10000 UNIT/5 ML	4 syringes per 28 days
	VYVGART IV SOLN	None
Prurigo Nodularis Agent	NEMLUVIO INJ 30 MG	2 syringes per 28 days
Thrombopoietin Receptor Agonists	ALVAIZ	None
	DOPTELET SPRINKLE CAP 10 MG	2 capsules per day
	DOPTELET TAB	None
	MULPLETA TAB	None
	NPLATE	None
WHIM Syndrome	XOLREMDI CAP	4 capsules per day
Miscellaneous		
Barth Syndrome Agents	FORZINITY INJ 280 MG/3.5 ML	14 mL per 28 days
Blood Modifier	RYPLAZIM IV SOLN	None
Collagenase	XIAFLEX INJ	None
Diagnostic	THYROGEN INJ	None
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsule per day
	INGREZZA SPRINKLE CAP	1 capsule per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
	XENAZINE TAB	None
Musculoskeletal Agents	ITVISMA INJ	None
	SPINRAZA INJ	None
	ZOLGENSMA INJ	None
Toxicology	DEPEN TAB 250 MG	None
	SYPRINE CAP	None
Obstetrics & Gynecology		
Fertility Agents	cetrorelix inj	None
	CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL INJ	None
	FOLLISTIM AQ INJ	None
	FYREMADEL INJ	None
	MENOPUR INJ	None
	OVIDREL INJ 250 MCG/0.5 ML	None

Therapy class	Medication name	Quantity limit
Oncology (Injectable)		
Alkylating Agents	bendamustine iv soln	None
	BENDEKA	None
	ZEPZELCA IV SOLN	None
Antibiotics	ZUSDURI INJ 80 MG	None
Antifolate	FOLOTYN IV SOLN	None
	TECENTRIQ HYBREZA INJ 1875-30000 MG-UNIT/15ML	None
	TECENTRIQ IV SOLN	None
Antimicrotubular	HALAVEN IV SOLN	None
	JEVTANA IV SOLN	None
Bispecific Antibody	BIZENGRI	None
CAR-T Therapy	ABECMA IV SUSP	None
	AUCATZYL	None
	BREYANZI IV SUSP	None
	CARVYKTI IV SUSP	None
	KYMRIAH IV SUSP	None
	TECARTUS IV SUSP	None
	YESCARTA IV SUSP	None
Gene Therapy	ADSTILADRIN SUSP	None
	IMLYGIC	None
	TECELRA SUSP	None
Interferons	BESREMI INJ	None
Interleukins	ELZONRIS IV SOLN	None
Kinase and Molecular Target Inhibitors	ALIQOPA IV SOLN	None
	BESPONSA IV SOLN	None
	BORUZU, VELCADE	None
	FYARRO IV SUSP	None
	KYPROLIS IV SOLN	None
	PORTRAZZA IV SOLN	None
	VYXEOS	None
	ZALTRAP IV SOLN	None
Miscellaneous	BELEODAQ IV SOLN	None
	ISTODAX IV SOLN	None
	PROVENGE IV SUSP	None
Monoclonal Antibody	ADCETRIS IV SOLN	None
	ARZERRA IV SOLN	None
	BAVENCIO IV SOLN	None
	BILPREVDA INJ 120 MG/1.7 ML	None
	BLINCYTO IV SOLN	None
	COLUMVI IV SOLN	None
	CYRAMZA IV SOLN	None
	DANYELZA IV SOLN	None
	DARZALEX IV SOLN	None

Therapy class	Medication name	Quantity limit
	DATROWAY IV SOLN	None
	ELAHERE IV SOLN	None
	ELREXFIO INJ	None
	EMPLICITI IV SOLN	None
	EMRELIS INJ	None
	ENHERTU IV SOLN	None
	EPKINLY INJ	None
	ERBITUX IV SOLN	None
	GAZYVA IV SOLN	None
	HERCEPTIN HYLECTA INJ	None
	HERCEPTIN IV SOLN	None
	IMDELLTRA IV SOLN	None
	IMFINZI IV SOLN	None
	IMJUDO IV SOLN	None
	JEMPERLI IV SOLN	None
	KADCYLA IV SOLN	None
	KANJINTI IV SOLN	None
	KEYTRUDA IV SOLN	None
	LIBTAYO IV SOLN	None
	LOQTORZI IV SOLN	None
	LUNSUMIO IV	None
	LYNOZYFIC IV SOLN	None
	MARGENZA IV SOLN	None
	MONJUVI IV SOLN	None
	MYLOTARG IV SOLN	None
	OPDIVO IV SOLN	None
	OPDIVO QVANTIG INJ	None
	OPDUALAG IV SOLN 240-80 MG/20 ML	None
	OSENVELT INJ 120 MG/1.7 ML	None
	PADCEV IV SOLN	None
	PERJETA IV SOLN	None
	PHESGO INJ	None
	POLIVY IV SOLN	None
	POTELIGEO IV SOLN	None
	RITUXAN HYCELA INJ	None
	RITUXAN IV SOLN	None
	RUXIENCE IV SOLN	None
	RYBREVANT IV SOLN	None
	SARCLISA IV SOLN	None
	SYLVANT IV SOLN	None
	TALVEY INJ	None
	TECVAYLI INJ	None
	TEVIMBRA INJ	None
	TIVDAK IV SOLN	None

Therapy class	Medication name	Quantity limit
	TRAZIMERA IV SOLN	None
	TRODELVY IV SOLN	None
	UNITUXIN IV SOLN	None
	VYLOY INJ	None
	XTRENBO SOLN 120 MG/1.7 ML	None
	YERVOY IV SOLN	None
	ZIIHERA	None
	ZYNLONTA IV SOLN	None
	ZYNYZ IV SOLN	None
T-Cell Receptor	KIMMTRAK IV SOLN	None
Vascular Endothelial Growth Factor (VEGF) Inhibitor	AVASTIN IV SOLN	None
	MVASI IV SOLN	None
	ZIRABEV IV SOLN	None
Oncology (Oral)		
Alkylating Agents	temozolomide cap	None
Antiandrogen	abiraterone	None
	BRUKINSA	None
	ERLEADA CAP	None
	INREBIC TAB	None
	NUBEQA TAB	None
	ROZLYTREK	None
	XTANDI	None
Estrogen Receptor Antagonist	INLURIYO TAB 200 MG	None
Gamma Secretase Inhibitor	OGSIVEO TAB	None
Kinase and Molecular Target Inhibitors	ALECENSA CAP	None
	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30 MG	4 tablets per day
	AUGTYRO CAP	None
	AVMAPKI FAKZYNJA PAK	None
	AYVAKIT TAB	1 tablet per day
	BALVERSA TAB	None
	BOSULIF	None
	BRAFTOVI CAP	None
	CABOMETYX TAB	None
	CABOMETYX TAB 20 MG	1 tablet per day
	CALQUENCE	None
	CAPRELSA TAB	None
	CAPRELSA TAB 100 MG	2 tablets per day
	COMETRIQ KIT	None
	COPIKTRA CAP	2 capsules per day
	COTELLIC TAB	None
	DANZITEN TAB	None
	DAURISMO TAB	None

Therapy class	Medication name	Quantity limit
	dasatinib	None
	ENSACOVE CAP	None
	ERIVEDGE CAP	None
	everolimus disperz tab for oral susp	None
	everolimus tab	1 tablet per day
	FRUZAQLA CAP	None
	GAVRETO CAP	None
	GILOTRIF TAB	1 tablet per day
	GOMEKLI	None
	HERNEXEOS TAB 60 MG	None
	HYRNUO TAB	None
	IBRANCE	None
	IBTROZI CAP	None
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	ICLUSIG TAB 30 MG	None
	ICLUSIG TAB 45 MG	None
	IDHIFA TAB	1 tablet per day
	imatinib, IMKELDI	None
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA SUSP 70 MG/ML	None
	IMBRUVICA TAB 420 MG, 560 MG	1 tablet per day
	INLYTA TAB	None
	IRESSA TAB	None
	ITOVEBI TAB 3 MG	2 tablets per day
	ITOVEBI TAB 9 MG	1 tablet per day
	JAKAFI TAB	None
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	JAYPIRCA TAB 100 MG	None
	KOSELUGO	None
	KRAZATI TAB	None
	LAZCLUZE TAB	None
	LAZCLUZE TAB 80 MG	2 tablets per day
	LENVIMA THERAPY PACK	None
	LORBRENA TAB	None
	LUMAKRAS TAB	None
	LYNPARZA TAB	None
	LYTGOBI THERAPY PACK	None
	MEKINIST	None
	MEKTOVI TAB	None
	NERLYNX TAB	6 tablets per day

Therapy class	Medication name	Quantity limit
	NEXAVAR	None
	nilotinib cap	None
	NINLARO CAP	None
	ODOMZO CAP	None
	pazopanib tab 400MG	None
	PIQRAY 200 MG THERAPY PACK	1 tablet per day
	PIQRAY THERAPY PACK	2 tablets per day
	QINLOCK TAB	None
	RETEVMO	None
	RETEVMO TAB 40 MG	3 tablets per day
	RETEVMO TAB 80 MG	2 tablets per day
	REVUFORJ TAB	None
	ROMVIMZA	None
	RYDAPT CAP	None
	SCEMBLIX TAB	None
	SCEMBLIX TAB 20 MG	2 tablets per day
	SCEMBLIX TAB 40 MG	8 tablets per day
	STIVARGA TAB 40 MG	None
	sunitinib	None
	TABRECTA TAB	None
	TAFINLAR	None
	TAGRISSO TAB	None
	TAGRISSO TAB 40 MG	1 tablet per day
	TARCEVA TAB	None
	TARCEVA TAB 25 MG	3 tablets per day
	TEPMETKO TAB	None
	TRUQAP PAK	None
	TRUQAP TAB	None
	TUKYSA TAB	None
	TURALIO CAP	None
	TYKERB	None
	VANFLYTA TAB	None
	VENCLEXTA	None
	VERZENIO TAB	None
	VIJOICE GRANULES 50 MG	1 packet per day
	VIJOICE PAK	1 tablet per day
	VIJOICE PAK 250 MG	2 tablets per day
	VITRAKVI	None
	VIZIMPRO TAB	None
	VIZIMPRO TAB 15 MG	1 tablet per day
	VONJO CAP 100 MG	None
	VORANIGO TAB	None
	VORANIGO TAB 10 MG	2 tablets per day
	VOTRIENT TAB 200 MG	None

Therapy class	Medication name	Quantity limit
	XOSPATA TAB	None
	ZEJULA	None
	ZEJULA TAB 100 MG	1 tablet per day
	ZELBORAF TAB	None
	ZYDELIG TAB	2 tablets per day
	ZYKADIA	None
Miscellaneous	bexarotene cap	None
	KISQALI FEMARA	None
	KISQALI PAK	None
	LONSURF TAB	None
	MODEYSO CAP 125 MG	None
	ONUREG TAB	None
	ORSERDU TAB	None
	TARGRETIN GEL	None
	TIBSOVO CAP	None
	WELIREG CAP	None
	XPOVIO PAK	None
	ZOLINZA CAP	None
Ornithine Decarboxylase Inhibitor	IWILFIN TAB	None
Thalidomide-Related Agents	lenalidomide cap	None
	pomalidomide cap	None
	pomalidomide cap 1 mg	1 capsule per day
	pomalidomide cap 2 mg	1 capsule per day
	THALOMID CAP	None
Ophthalmology		
Complement Inhibitor	IZERVAY SOLN 2 MG/0.1 ML	None
	SYFOVRE INJ 15 MG/0.1 ML	None
Miscellaneous	LUXTURNA SUSP	None
	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Vascular Endothelial Growth Factor (VEGF) Inhibitor	CIMERLI	None
	EYLEA, EYLEA HD	None
	PAVBLU	None
	SUSVIMO	None
	SUSVIMO IMPLANT	None
	VABYSMO INJ	None
Respiratory		
Cystic Fibrosis	ALYFTREK TAB 10-50-125 MG	2 tablets per day
	ALYFTREK TAB 4-20-50 MG	3 tablets per day
	KALYDECO PAK	2 packets per day
	KALYDECO TAB	None
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB 100-125 MG	4 tablets per day
	ORKAMBI TAB 200-125 MG	4 tablets per day

Therapy class	Medication name	Quantity limit
	PULMOZYME SOLN	None
	SYMDEKO TAB	2 tablets per day
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Pulmonary Fibrosis	pirfenidone cap 267 mg	9 capsules per day
	pirfenidone tab 267 mg	9 tablets per day
	pirfenidone tab 801 mg	3 tablets per day
	nintedanib cap	2 capsules per day
Urology		
Primary Hyperoxaluria Type 1	OXLUMO INJ	None
	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28 days

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

* Preferred NDCs

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

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

Optum Rx®

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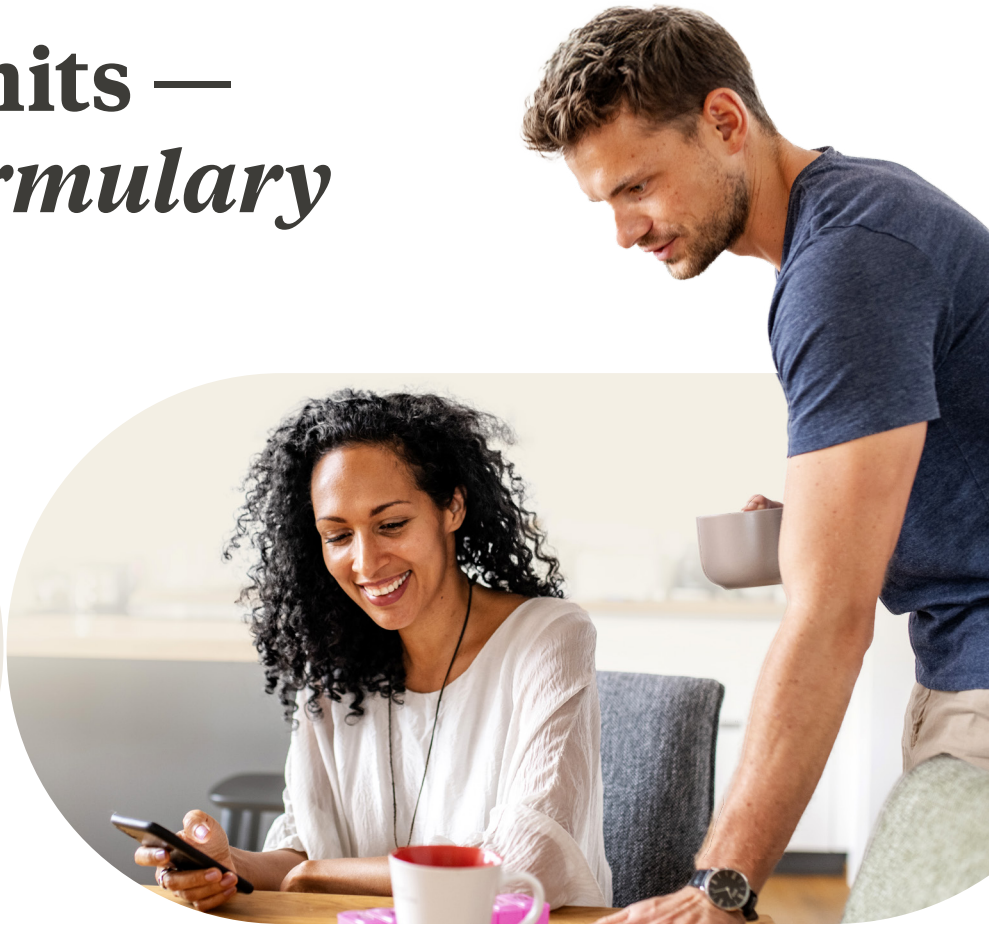
Quantity Limits — *Premium Formulary*



Utilization Management

January 1, 2027

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 limit to the amount of the drug(s) below that will be covered.

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

Premium Non-Specialty Quantity Limit

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole tab 200 mg	120 tablets per 180 days
	BILTRICIDE TAB 600 MG	105 tablets per 180 days
	EMVERM TAB 100 MG	6 tablets per 180 days
	ivermectin 6mg tab	9 tablets per 180 days
	STROMECTOL TAB 3 MG	18 tablets per 180 days
Antibiotics	NUZYRA TAB 150 MG	1 course per fill, 2 fills per 365 days
	SIVEXTRO IV SOLN	6 vials per 30 days
	SIVEXTRO TAB	6 tablets per 30 days
	ZYVOX SUSP 100 MG/5 ML	1800 mL per 28 days, 1 course per 90 days
	ZYVOX TAB 600 MG	56 tablets per 28 days, 1 course per 90 days
Antifungals	terbinafine tab 250 mg	84 days supply per 180 days
Antiretrovirals, Hepatitis B	BARACLUDE SOLN	630 mL per 30 days
	entecavir tab	1 tablet per day
Antiretrovirals, HIV	CABENUVA SUSP	1 kit per 28 days
	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB 300 MG	2 packs per 365 days
	SUNLENCA TAB THERAPY PACK	2 packs per 365 days
Antivirals	LAGEVRIO CAP 200 MG	1 course per fill, 2 fills per 365 days
	PAXLOVID TAB	1 course per fill, 2 fills per 365 days
	PEMGARDA IV SOLN 500 MG/4 ML	9 vials per 84 days
	VEKLURY IV SOLN 100 MG	1 course per fill, 2 fills per 365 days
Antivirals, Herpetic	acyclovir cream 5%	5 gm per 30 days
	acyclovir oint 5%	30 gm per 30 days
	DENAVIR CREAM 1%	5 gm per 30 days
	SITAVIG TAB 50 MG	2 tablets per 30 days
	valacyclovir tab	4 tablets per day
Antivirals, Influenza	oseltamivir cap	20 capsules per 365 days
	oseltamivir cap 30 mg	40 capsules per 365 days
	oseltamivir susp	360 mL per 365 days
	RELENZA DISKHALER 5 MG/ACT	40 inhalations per 365 days
	XOFLUZA TAB THERAPY PACK	4 tablets per 365 days
	XOFLUZA TAB THERAPY PACK (40 MG DOSE)	2 tablets per 365 days
	XOFLUZA TAB THERAPY PACK (80 MG DOSE)	2 tablets per 365 days
Cardiology		
Anticoagulants	ELIQUIS CAP 0.15 MG	2 capsules per day
	ELIQUIS ORAL SUSP TAB 0.5 MG	4 tablets per day
	ELIQUIS ORAL SUSP TAB 1.5 MG	12 tablets per day
	ELIQUIS ORAL SUSP TAB 2 MG	16 tablets per day
	ELIQUIS TAB	2 tablets per day
	ELIQUIS TAB STARTER PACK 5 MG	2 starter packs per 365 days
	PRADAXA CAP	2 capsules per day

Therapy class	Medication name	Quantity limit
	PRADAXA PELLET PACK	4 packets per day
	PRADAXA PELLET PACK 20 MG	2 packets per day
	PRADAXA PELLET PACK 150 MG	2 packets per day
	SAVAYSA TAB	1 tablet per day
	XARELTO STARTER THERAPY PACK 15 MG & 20 MG	2 starter packs per 365 days
	XARELTO SUSP 1 MG/ML	20 mL per day
	XARELTO TAB	1 tablet per day
	XARELTO TAB 2.5 MG	2 tablets per day
	XARELTO TAB 15 MG	2 tablets per day
Antihypertensive Agents	TRYVIO TAB	1 tablet per day
Antilipemic	REPATHA	3 syringes per 28 days
	REPATHA PUSH	1 cartridge per 28 days
Heart Failure	ivabradine tab	2 tablets per day
	ENTRESTO SPRINKLE CAP	8 capsules per day
	ENTRESTO TAB	2 tablets per day
	VERQUVO TAB	1 tablet per day
Miscellaneous	DEMSER CAP 250 MG	16 capsules per day
Central Nervous System		
ADHD Agents	amphetamine tab	6 tablets per day
	amphetamine/dextroamphetamine cap	1 capsule per day
	amphetamine/dextroamphetamine ER cap	2 capsules per day
	amphetamine/dextroamphetamine tab	3 tablets per day
	amphetamine/dextroamphetamine tab 30 mg	2 tablets per day
	APTENSIO XR, JORNAY PM, methylphenidate ER cap	1 capsule per day
	atomoxetine cap	1 capsule per day
	AZSTARYS CAP	1 capsule per day
	DESOXYN TAB 5 MG	5 tablets per day
	DEXEDRINE CAP 10 MG	6 capsules per day
	DEXEDRINE CAP 15 MG	4 capsules per day
	dexmethylphenidate ER cap	1 capsule per day
	dexmethylphenidate tab	2 tablets per day
	dextroamphetamine cap 5 mg	3 capsules per day
	dextroamphetamine tab	3 tablets per day
	dextroamphetamine tab 10 mg	6 tablets per day
	dextroamphetamine tab 30 mg	2 tablets per day
	lisdexamfetamine cap	1 capsule per day
	lisdexamfetamine chew tab	1 tablet per day
	METHYLIN SOLN 5 MG/5 ML	60 mL per day
	METHYLIN SOLN 10 MG/5 ML	30 mL per day
	methylphenidate chew tab	3 tablets per day
	methylphenidate chew tab 10 mg	6 tablets per day
	methylphenidate ER cap	1 capsule per day
	methylphenidate ER tab	1 tablet per day
	methylphenidate ER tab 10 mg	2 tablets per day

Therapy class	Medication name	Quantity limit
	methylphenidate ER tab 20 mg	3 tablets per day
	methylphenidate ER tab 36 mg	2 tablets per day
	methylphenidate patch	1 patch per day
	methylphenidate tab	3 tablets per day
	ONYDA XR SUSP 0.1 MG/ML	4 mL per day
	PROCENTRA SOLN 5 MG/5 ML	60 mL per day
	RELEXXII TAB 36 MG	2 tablets per day
	RELEXXII TAB	1 tablet per day
Alzheimer's Agents	memantine/donepezil cap	1 capsule per day
	NAMENDA XR CAP	1 capsule per day
Analgesics (Cough Opioid)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days
Analgesics (Non-Opioid)	celecoxib cap	2 capsules per day
	diclofenac patch	2 patches per day up to 15 days
	JOURNAVX TAB 50 MG	2 tablets per day, 30 tablets per 90 days
	ketorolac tab	20 tablets or 5 day supply per 30 days
	orphenadrine/aspirin/caffeine tab 25-385-30 mg	4 tablets per day
	orphenadrine ER tab	2 tablets per day
	QUTENZA PATCH KIT	4 patches per 90 days
	diclofenac gel 1%	10 tubes per 30 days
Analgesics (Opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 136 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 166.5 mL/day.
	acetaminophen/codeine tab 300-15 mg	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.

Therapy class	Medication name	Quantity limit
	acetaminophen/codeine tab 300-30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	butorphonal nasal spray 10 mg/mL	1 bottle per fill, 2 fills per 60 days
	buprenorphine patch	4 patches per 28 days
	codeine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 21 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 40 tabs/day.
	codeine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 20 tabs/day.
	codeine tab 60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	fentanyl patch	15 patches per 30 days
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	hydrocodone ER tab	1 tablet per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day
	hydrocodone ER tab	1 tablet per day
	hydrocodone/acetaminophen soln 10-300 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/acetaminophen soln 7.5-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 98 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 180 mL/day.
	hydrocodone/acetaminophen soln 10-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen tab 7.5-300 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-300 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/ibuprofen tab 5-200 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 16 tabs/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/ibuprofen tab 7.5-200 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/ibuprofen tab 10-200 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone ER tab	2 tablets per day
	hydromorphone liquid 1 mg/mL	If you are new to opioid treatment, your prescription will be limited to 10 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 mL/day.
	hydromorphone supp 3 mg	If you are new to opioid treatment, your prescription will be limited to 3 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 supps/day.
	hydromorphone tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone tab 4 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	hydromorphone tab 8 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	levorphanol tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	levorphanol tab 3 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.

Therapy class	Medication name	Quantity limit
	meperidine soln 50 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 49 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 90 mL/day.
	meperidine tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 tabs/day.
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day
	morphine ER cap	2 capsules per day
	morphine ER tab	3 tablets per day
	morphine soln 10 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 24.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 45 mL/day.
	morphine soln 20 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 12.25 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 22.5 mL/day.
	morphine soln 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 2.4 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4.5 mL/day.
	morphine supp 5 mg	If you are new to opioid treatment, your prescription will be limited to 9 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 supps/day.
	morphine supp 10 mg	If you are new to opioid treatment, your prescription will be limited to 4 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 supps/day.
	morphine supp 20 mg	If you are new to opioid treatment, your prescription will be limited to 2 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 supps/day.

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

Therapy class	Medication name	Quantity limit
	oxycodone tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	oxycodone tab 20 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	oxycodone tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	oxycodone/acetaminophen soln 5-325 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	oxycodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	OXYCONTIN ER TAB	4 tablets per day
	oxymorphone ER tab	4 tablets per day
	oxymorphone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.

Therapy class	Medication name	Quantity limit
	oxymorphone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	pentazocine/naloxone tab 50-0.5 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	PROLATE SOLN 10-300 MG/5 ML	If you are new to opioid treatment, your prescription will be limited to 16.3 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 30 mL/day.
	PROLATE TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PROLATE TAB 7.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PROLATE TAB 10-300 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	tramadol ER tab	1 tablet per day
	tramadol tab 25 mg	If you are new to opioid treatment, your prescription will be limited to 8 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 75 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.

Therapy class	Medication name	Quantity limit
	tramadol tab 100 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	tramadol/acetaminophen tab 37.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	TREZIX CAP 320.5-30-16 MG	If you are new to opioid treatment, your prescription will be limited to 10 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 caps/day.
	XODOL TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	XTAMPZA ER CAP	4 capsules per day
Analgesics Gastroprotective Agents	naproxen/esomeprazole tab	2 tablets per day
Anticonvulsants	DIASTAT RECTAL GEL	2 boxes per fill
	GRALISE TAB 300 MG	6 tablets per day
	GRALISE TAB 450 MG	3 tablets per day
	GRALISE TAB 600 MG	3 tablets per day
	GRALISE TAB 750 MG	2 tablets per day
	GRALISE TAB 900 MG	2 tablets per day
	GRALISE TAB PACK 300-600 MG	2 starter packs per 365 days
	HORIZANT	2 tablets per day
	pregabalin cap	3 capsules per day
	pregabalin cap 300 mg	2 capsules per day
	pregabalin ER tab	3 tablets per day
	pregabalin ER tab 330 mg	2 tablets per day
	pregabalin soln	900 mL per 30 days
	VALTOCO NASAL SPRAY	10 devices per 30 days
	VALTOCO NASAL SPRAY (15 MG DOSE)	20 devices per 30 days
	VALTOCO NASAL SPRAY (20 MG DOSE)	20 devices per 30 days
Antidepressants	APLENZIN TAB	1 tablet per day
	AUVELITY TAB 45-105 MG	2 tablets per day
	AUVELITY TAB TITRATION PACK 30-105 & 45-105 MG	2 starter packs per 365 days
	bupropion ER tab	1 tablet per day
	bupropion ER tab 150 mg	3 tablets per day

Therapy class	Medication name	Quantity limit
	bupropion SR tab	2 tablets per day
	desvenlafaxine	1 tablet per day
	DESVENLAFAXINE ER TAB	1 tablet per day
	DRIZALMA SPRINKLE CAP	2 capsules per day
	DRIZALMA SPRINKLE CAP 30 MG	3 capsules per day
	duloxetine cap	2 capsules per day
	duloxetine cap 30 mg	3 capsules per day
	duloxetine DR cap 80 mg	1 capsule per day
	duloxetine DR cap 90 mg	1 capsule per day
	duloxetine DR cap 120 mg	1 capsule per day
	EMSAM PATCH	1 patch per day
	FETZIMA CAP	1 capsule per day
	FETZIMA TITRATION PACK	2 starter packs per 365 days
	fluoxetine DR cap	4 capsules per 28 days
	fluvoxamine ER cap	2 capsules per day
	TRINTELLIX TAB	1 tablet per day
	venlafaxine ER 37.5 mg	1 capsule per day
	venlafaxine ER 75 mg	3 capsules per day
	venlafaxine ER 150 mg	2 capsules per day
	vilazodone	1 tablet per day
Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	1 tablet per day
	ABILIFY MYCITE STARTER KIT	2 starter packs per 365 days
	aripiprazole ODT	2 tablets per day
	aripiprazole soln 1 mg/mL	25 mL per day
	aripiprazole tab	1 tablet per day
	asenapine tab	2 tablets per day
	CAPLYTA TAB	1 tablet per day
	clozapine ODT 12.5 mg	3 tablets per day
	clozapine ODT 25 mg	9 tablets per day
	clozapine ODT 100 mg	9 tablets per day
	clozapine ODT 150 mg	6 tablets per day
	clozapine ODT 200 mg	4 tablets per day
	CLOZARIL TAB 25 MG	9 tablets per day
	CLOZARIL TAB 50 MG	6 tablets per day
	CLOZARIL TAB 100 MG	9 tablets per day
	CLOZARIL TAB 200 MG	4 tablets per day
	COBENFY CAP	2 capsules per day
	COBENFY STARTER PACK	2 starter packs per 365 days
	FANAPT TAB	2 tablets per day
	FANAPT TITRATION PACK	2 starter packs per 365 days
	GEODON CAP	2 capsules per day
	INVEGA TAB	1 tablet per day
	INVEGA TAB 6 MG	2 tablets per day
	lurasidone tab	1 tablet per day

Therapy class	Medication name	Quantity limit
	lurasidone tab 80 mg	2 tablets per day
	LYBALVI TAB	1 tablet per day
	olanzapine tab	1 tablet per day
	OPIPZA FILM	3 films per day
	OPIPZA FILM 2 MG	1 film per day
	quetiapine ER tab	2 tablets per day
	quetiapine tab	3 tablets per day
	quetiapine tab 300 mg	2 tablets per day
	quetiapine tab 400 mg	2 tablets per day
	REXULTI TAB	1 tablet per day
	risperidone ODT	2 tablets per day
	risperidone soln 1mg/mL	8 mL per day
	risperidone tab	2 tablets per day
	SYMBYAX CAP	1 capsule per day
	SYMBYAX CAP 3-25 MG	3 capsules per day
	SYMBYAX CAP 6-25 MG	3 capsules per day
	VERSACLOZ SUSP	18 mL per day
	VRAYLAR CAP	1 capsule per day
	ZYPREXA ZYDIS ODT	1 tablet per day
Benzodiazepines	alprazolam conc 1 mg/mL	10 mL per day
	alprazolam ER tab	1 tablet per day
	alprazolam ER tab 2 mg	5 tablets per day
	alprazolam ER tab 3mg	3 tablets per day
	alprazolam ODT	4 tablets per day
	alprazolam ODT 2 mg	5 tablets per day
	alprazolam tab	4 tablets per day
	alprazolam tab 2 mg	5 tablets per day
	chlordiazepoxide tab 5 mg	4 tablets per day
	chlordiazepoxide tab 10 mg	30 tablets per day
	chlordiazepoxide tab 25 mg	12 tablets per day
	clonazepam ODT	3 tablets per day
	clonazepam ODT 2 mg	10 tablets per day
	clonazepam tab	3 tablets per day
	clonazepam tab 2 mg	10 tablets per day
	clorazepate tab 3.75 mg	24 tablets per day
	clorazepate tab 7.5 mg	12 tablets per day
	clorazepate tab 15 mg	6 tablets per day
	lorazepam conc 2 mg/mL	5 mL per day
	lorazepam tab	3 tablets per day
	lorazepam tab 2 mg	5 tablets per day
	MIDAZOLAMINJ 10 MG/0.7 ML	1 syringe per fill
	NAYZILAM NASAL SPRAY	10 spray units per 30 day
	oxazepam cap	4 capsules per day
Fibromyalgia	milnacipran tab	2 tablets per day

Therapy class	Medication name	Quantity limit
	milnacipran titration pack	2 starter packs per 365 days
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	6 syringes per 30 days
Migraine	almotriptan tab	12 tablets per 30 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	eletriptan tab	12 tablets per 30 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	FROVA TAB	12 tablets per 30 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	8 vials per 30 days
	naratriptan tab	9 tablets per 30 days
	QULIPTA TAB	1 tablet per day
	rizatriptan ODT 10 mg	12 tablets per 30 days
	rizatriptan tab 5 mg	18 tablets per 30 days
	rizatriptan tab 10 mg	12 tablets per 30 days
	sumatriptan cartridge	10 units per 30 days
	sumatriptan inj	10 units per 30 days
	sumatriptan nasal spray	12 units per 30 days
	sumatriptan tab	9 tablets per 30 days
	sumatriptan/naproxen tab	9 tablets per 30 days
	ZOMIG NASAL SPRAY	12 units per 30 days
	zolmitriptan ODT	12 tablets per 30 days
	zolmitriptan tab	12 tablets per 30 days
Miscellaneous	TIGLUTIK, TEGLUTIK SUSP	20 mL per day
Parkinson's Agents	XADAGO TAB	1 tablet per day
Sedative Hypnotics	BELSOMRA TAB	1 tablet per day
	DORAL TAB	1 tablet per day
	EDLUAR SL TAB	1 tablet per day
	estazolam tab	1 tablet per day
	eszopiclone tab	1 tablet per day
	flurazepam cap	1 capsule per day
	HALCION TAB	2 tablets per day
	ROZEREM TAB	1 tablet per day
	SILENOR TAB	1 tablet per day
	temazepam cap	1 capsule per day
	zaleplon cap 5 mg	1 capsule per day
	zaleplon cap 10 mg	2 capsules per day
	zolpidem ER tab	1 tablet per day
	zolpidem tab	1 tablet per day
Stimulants	armodafinil tab	1 tablet per day
	armodafinil tab 50 mg	2 tablets per day
	modafinil tab	1 tablet per day
	SUNOSI TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
Toxicology	LUCEMYRA TAB	16 tablets per day, up to a 14 day supply
Weight Loss	FOUNDAYO TAB	1 tablet per day
	liraglutide inj	5 syringes per 30 days
	WEGOVY HD INJ 7.2 MG/0.75 ML	4 syringes per 28 days
	WEGOVY INJ	4 syringes per 28 days
	WEGOVY TAB	1 tablet per day
	ZEPBOUND	4 syringes per 28 days
Dermatology		
Anti-Inflammatory	diclofenac gel	300 gm per 30 days
Axillary Hyperhidrosis Agent	QBREXZA PAD	1 pad per day
	SOFDRA GEL 12.45%	1 bottle per 30 days
Miscellaneous	SANTYL OINT 250 UNIT/GM	90 gm per 30 days
Topical Immunomodulators	calcipotriene/betamethasone oint	400 gm per 30 days
	ENSTILAR FOAM 0.005-0.064%	420 gm per 28 days
	OPZELURA CREAM	1 tube per fill, 540 gm per 365 days
	pimecrolimus cream 1%	60 gm per 30 days
	TACLONEX SUSP	120 gm per 30 days
	tacrolimus oint	60 gm per 30 days
	WYNZORA CREAM 0.005-0.064%	420 gm per 28 days
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Androgens, Testosterone (Injectable)	testosterone cypionate inj	1 vial (10mL) per 28 days
	TESTONE CIK KIT 200 MG/ML	4 kits per 28 days
	testosterone cypionate inj	1 vial per 28 days
	TESTOSTERONE CYPIONATE INJ 200 MG/ML	4 vials per 28 days
	testosterone enanthate inj 200 mg/mL	1 vial per 28 days
Androgens, Testosterone (Oral)	KYZATREX CAP	4 capsules per day
	KYZATREX CAP 100 MG	7 capsules per day
	METHITEST TAB 10 MG	20 tablets per day
	methyltestosterone cap 10 mg	20 capsules per day
Androgens, Testosterone (Topical)	testosterone gel 1% (50 mg)	2 packets per day
	testosterone gel 1% (25 mg)	4 packets per day
	testosterone gel 1.62% (20.25 mg)	4 packets per day
	testosterone gel 1.62% (40.5 mg)	2 packets per day
	testosterone gel pump 1%	4 bottles per 30 days
	testosterone gel pump 1.62%	2 bottles (75 gm/each) per 30 days
	testosterone gel pump 10 mg/act	2 bottles (60 gm/each) per 30 days
	testosterone soln 30 mg/act	2 bottles per 30 days
	testosterone gel pump 1%	4 bottles (75 gm/each) per 30 days
Diabetic Supplies	glucose test strip	100 strips per 30 days
	MODD1 SUPPLY KIT, TWIIST REFILL KIT/INFUSION SET	1 kit per 30 days
	OMNIPOD PODS	10 pods per 30 days
	TWIIST REFILL KIT	1 kit per 30 days

Therapy class	Medication name	Quantity limit
	V-GO KIT	1 kit per 30 days
GLP-1 Agonists	BYDUREON BCISE	4 syringes per 28 days
	BYETTA INJ	1 syringe per 30 days
	liraglutide inj	3 syringes per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 capsules per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Osteoporosis	ACTONEL TAB 35 MG	4 tablets per 28 days
	ACTONEL TAB 150 MG	1 tablet per 28 days
	alendronate tab 35 mg	4 tablets per 28 days
	ATELVIA TAB 35 MG	4 tablets per 28 days
	BINOSTO TAB 70 MG	4 tablets per 28 days
	calcitonin nasal spray 200 units/act	1 bottle per 30 days
	FOSAMAX PLUS D TAB	4 tablets per 28 days
	FOSAMAX TAB 70 MG	4 tablets per 28 days
	ibandronate iv soln	1 syringe per 90 days
	ibandronate tab 150 mg	1 tablet per 28 days
Gastroenterology		
Antiemetics	AKYNZEO	2 capsules per month
	ANZEMET TAB	2 tablets per 30 days
	aprepitant cap 40 mg	1 capsule per 30 days
	aprepitant cap 125 mg	6 capsules per 30 days
	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	EMEND BIPACK 80 MG	2 packs per 30 days
	EMEND TRIPACK 80-125 MG	2 packs per 30 days
	granisetron tab 1 mg	4 tablets per 30 days
	MARINOL CAP	2 capsules per day
	ondansetron soln 4 mg/5 mL	240 mL per 30 days
	ondansetron tab 24 mg	2 tablets per 30 days
	SUSTOL INJ	2 syringes per 30 days
	SYNDROS SOLN	4 mL per day
	VARUBI THERAPY PACK	4 tablets per 28 days
Bowel Prep Agents	peg 3350-kcl-nacl-na sulfate-na ascorbate-c	2 kits per 365 days
Constipation	LINZESS CAP	1 capsule per day
	lubiprostone cap	2 capsules per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Diarrhea	MYTESI TAB	2 tablets per day
Hepatic Agents	REZDIFFRA TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
Irritable Bowel Syndrome	VIBERZI TAB	2 tablets per day
Opioid-Induced Constipation	SYMPROIC TAB	1 tablet per day
Proton Pump Inhibitors	dexlansoprazole cap	1 capsule per day
	esomeprazole cap	1 capsule per day
	esomeprazole tab	1 tablet per day
	lansoprazole cap	1 capsule per day
	lansoprazole ODT tab	1 tablet per day
	NEXIUM GRANULES PACKET	1 packet per day
	omeprazole cap	1 capsule per day
	pantoprazole tab	1 tablet per day
	PRILOSEC POWDER PACKET	2 packets per day
	PROTONIX GRANULES PACKET	1 packet per day
	rabeprazole tab	1 tablet per day
Miscellaneous		
Anticholinergic	GLYCATE TAB 1.5 MG	6 tablets per day
	glycopyrrolate tab	4 tablets per day
	ROBINUL FORTE TAB 2 MG	4 tablets per day
	ROBINUL TAB 1 MG	4 tablets per day
Methotrexate Auto-Injectors	RASUVO INJ	4 syringes per 28 days
Smoking Cessation Products	bupropion ER (smoking deterrent) tab 150 mg	180 days supply per 365 days
	NICORETTE	180 days supply per 365 days
	NICOTROL, NICODERM	180 days supply per 365 days
	varenicline	180 days supply per 365 days
Viscosupplements	DUROLANE INJ 60 MG/3 ML	2 syringes per 180 days
	EUFLEXXA inj 20 mg/2 ml	6 syringes per 180 days
	GELSYN-3 INJ 16.8 MG/2 ML	6 syringes per 180 days
Obstetrics & Gynecology		
Contraceptives	ANNOVERA RING	1 ring per 365 days
	DEPO/DEPO-SUBQ PROVERA	1 syringe per 90 days
	levonorgestrel/ethinyl estradiol	1 pack per 91 days
Ergot Alkaloids	METHERGINE TAB 0.2 MG	28 tablets per fill, 2 fills per 365 days
Hormone Replacement	CRINONE GEL	15 applicators per 30 days
	ESTRING RING 7.5 MCG/24 HRS	1 package per 90 days
	FEMRING RING	1 package per 90 days
Miscellaneous	paroxetine cap 7.5 mg	1 capsule per day
Ophthalmology		
Anti-Inflammatory	bromfenac soln	4 bottles per 365 days
	CLOBETASOL SUSP 0.05%	4 bottles per 365 days
	LOTEMAX GEL 0.5%	4 bottles per 365 days
	LOTEMAX OINT 0.5%	4 bottles per 365 days
Dry Eye	CEQUA SOLN 0.09%	2 vials per day
	EYSUVIS SUSP 0.25%	1 bottle per 30 days
	MIEBO SOLN 1.3 GM/ML	3 mL per 30 day
	RESTASIS EMULSION 0.05% (Brand only)	2 vials per day or 1 bottle per 30 days

Therapy class	Medication name	Quantity limit
	TRYPTYR SOLN 0.003%	2 vials per day
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	VEVYE SOLN 0.1%	1 bottle per 30 days
	XIIDRA SOLN 5%	2 vials per day
Prostaglandins	bimatoprost soln	1 bottle per 25 days
	RHOPRESSA SOLN 0.02%	1 bottle per 25 days
	ROCKLATAN SOLN	1 bottle per 25 days
	tafluprost soln	1 container per day
	travoprost soln	1 bottle per 25 days
	XELPROS EMULSION	1 bottle per 25 days
Respiratory		
Allergy (Intranasal)	azelastine nasal spray	2 bottles per 30 days
	budesonide nasal spray 32 mcg/act	2 bottles per 30 days
	FLONASE SENSIMIST NASAL SPRAY 27.5 MCG/SPRAY	1 bottle per 30 days
	flunisolide nasal spray	1 bottle per 30 days
	fluticasone/azelastine spray 137-50 mcg/act	1 bottle per 30 days
	mometasone nasal spray 50 mcg/act	2 inhalers per 30 days
	olopatadine nasal spray 0.6%	1 bottle per 30 days
	OMNARIS NASAL SPRAY 50 MCG/ACT	1 inhaler per 30 days
	QNASL CHILDRENS NASAL SPRAY 40 MCG/ACT	1 inhaler per 30 days
	QNASL NASAL SPRAY 80 MCG/ACT	1 inhaler per 30 days
	RYALTRIS NASAL SPRAY 665-25 MCG/ACT	1 bottle per 30 days
	ZETONNA NASAL SPRAY 37 MCG/ACT	1 inhaler per 30 days
Asthma/COPD (Inhaled)	ADVAIR HFA (Brand only)	1 inhaler per 30 days
	AIRSUPRA INHALER 90-80 MCG/ACT	3 inhalers per 30 days
	albuterol HFA 108 mcg/act	2 inhalers per 30 days
	ANORO ELLIPTA	1 package per 30 days
	ARNUITY ELLIPTA	1 inhaler per 30 days
	BREO ELLIPTA (Brand only)	1 package per 30 days
	BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT	1 inhaler per 30 days
	COMBIVENT RESPIMAT 20-100 MCG/ACT	2 inhalers per 30 days
	fluticasone/salmeterol inhaler	1 package per 30 days
	ipratropium hfa 17 mcg	2 inhalers per 30 days
	QVAR REDIHALER	2 inhalers per 30 days
	SEREVENT DISKUS	1 package per 30 days
	SPIRIVA RESPIMAT	1 inhaler per 30 days
	STIOLTO RESPIMAT 2.5-2.5 MCG/ACT	1 inhaler per 30 days
	STRIVERDI RESPIMAT	1 inhaler per 30 days
	SYMBICORT INHALER (Brand only)	1 inhaler per 30 days
	TRELEGY ELLIPTA	1 package per 30 days
Asthma/COPD (Nebulized)	albuterol soln	5 packages per 30 days
	albuterol soln 0.083%	180 vials per 30 days
	ALBUTEROL SOLN 0.5%	5 packages per 30 days
	arformoterol soln 15 mcg/2 mL	60 vials per 30 days

Therapy class	Medication name	Quantity limit
	budesonide susp	2 packages per 30 days
	ipratropium soln 0.02%	125 vials per 30 days
	ipratropium/albuterol soln 0.5-2.5 mg/3 mL	180 vials per 30 days
	levalbuterol soln	180 vials per 30 days
	levalbuterol soln 1.25 mg/0.5 mL	90 vials per 30 days
	levalbuterol soln 1.25 mg/3 mL	90 vials per 30 days
	PERFOROMIST SOLN 20 MCG/2 ML	60 vials per 30 days
	YUPELRI SOLN	1 vial per day
Respiratory Syncytial Virus Agents	ABRYSVO INJ 120 MCG/0.5 ML	1 dose per lifetime
	AREXVY INJ 120 MCG/0.5 ML	1 dose per lifetime
	BEYFORTUS INJ	1 dose per 365 days
	ENFLONSIA INJ 105 MG/ 0.7 ML	1 dose per 365 days
	MRESVIA INJ 50 MCG/0.5 ML	1 dose per lifetime
Urology		
BPH Agents	ENTADFI CAP	1 capsule per day
Erectile Dysfunction	CAVERJECT INJ	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	CAVERJECT, EDEX KIT	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	tadalafil tab 2.5 mg	1 tablet per day
	tadalafil tab 5mg	1 tablet per day
	tadalafil tab 10 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	tadalafil tab 20 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	vardenafil tab	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	MUSE PELLET	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	sildenafil tab	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.

Therapy class	Medication name	Quantity limit
	vardenafil ODT 10 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
Overactive Bladder Antispasmodics	OXYTROL PATCH 3.9 MG/24 HR	8 patches per 28 days

Premium Specialty Quantity Limit

Therapy class	Medication name	Quantity limit
Cardiology		
Antilipemic	JUXTAPID CAP 2 MG	112 capsules per 365 days
	JUXTAPID CAP 5 MG	56 capsules per 365 days
	JUXTAPID CAP 10MG	56 capsules per 365 days
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
	TRYNGOLZA INJ	1 syringe per 28 days
Hereditary Angioedema Agents	ANDEMBRY INJ 200 MG/1.2 ML	1 syringe per 28 days
	BERINERT INJ	10 vials per 30 days
	DAWNZERA INJ 80 MG/0.8 ML	1 syringe per 28 days
	HAEGARDA INJ 2000 UNIT	24 vials per 28 days
	HAEGARDA INJ 3000 UNIT	16 vials per 28 days
	icatibant inj	6 syringes per 30 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	ORLADEYO PELLETS	1 packet per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO INJ 150 MG/ML	2 syringes per 28 days
	TAKHZYRO INJ 300 MG/2 ML	2 syringes/vials per 28 days
Pulmonary Arterial Hypertension	ADEMPAS TAB	3 tablets per day
	ambrisentan tab	1 tablet per day
	bosentan tab	2 tablets per day
	OPSUMIT TAB	1 tablet per day
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	sildenafil susp	2 bottles per 30 days
	sildenafil tab	3 tablets per day
	tadalafil tab	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-64 MCG	8 cartridges per day
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
	WINREVAIR INJ	1 kit per 21 days
	YUTREPIA CAP	5 capsules per day
	YUTREPIA CAP 79.5 MCG	10 capsules per day
	YUTREPIA CAP 106 MCG	8 capsules per day
Transthyretin Stabilizers	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day

Therapy class	Medication name	Quantity limit
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Depressant	sodium oxybate	18 mL per day
	XYWAV SOLN	18 mL per day
Miscellaneous	RELYVRIO PAK 3-1 GM	2 packets per day
Neurological Agents	AMVUTTRA INJ	0.5 mL per 90 days
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ 45 MG/0.8 ML	1 syringe per 28 days
Parkinson's	APOKYN INJ	30 cartridges per 30 days
	ONAPGO INJ 98 MG/20 ML	20 mL per day
Sleep Disorder	tasimelteon cap	1 capsule per day
	WAKIX TAB	2 tablets per day
Dermatology		
Epidermolysis Bullosa Agent	VYJUVEK GEL	10 mL per 28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS, ORMALVI TAB	4 tablets per day
Endocrinology & Metabolism		
Congenital Adrenal Hyperplasia Agent	CRENESSITY CAP	3 capsules per day
	CRENESSITY CAP 100 MG	4 capsules per day
	CRENESSITY SOLN 50 MG/ML	8 mL per day
Copper Replacement Agents	ZYCUBO INJ 2.9 MG	1 vial per day
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Endothelin Receptor Antagonist	FILSPARI TAB 200 MG	1 tablet per day
	FILSPARI TAB 400 MG	2 tablets per day
	VANRAFIA TAB	1 tablet per day
	VOYXACT INJ 400 MG/2 ML	1 syringe per 28 days
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD INJ 7.5 MG	1 injection per 28 days
	ELIGARD INJ 22.5 MG	1 injection per 84 days
	ELIGARD INJ 30 MG	1 injection per 112 days
	ELIGARD INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	LEUPROLIDE INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT-PED INJ	1 syringe per 28 days
	LUPRON DEPOT-PED (3-MONTH) INJ	1 syringe per 84 days
	LUPRON DEPOT-PED (6 MONTH) INJ	1 syringe per 168 days
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days

Therapy class	Medication name	Quantity limit
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
	TRIPTODUR INJ	1 injection per 168 days
	ZOLADEX IMP 3.6 MG	1 injection per 28 days
	ZOLADEX IMP 10.8 MG	1 injection per 84 days
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial per day
	EGRIFTA WR KIT 11.6 MG	1 kit per 28 days
Hypoparathyroidism Agent	YORVIPATH INJ	2 syringes per 28 days
Miscellaneous	KORLYM TAB	4 tablets per day
Osteoporosis	BILDYOS INJ 60 MG/ML	2 syringes per 365 days
	ENOBY SOLN 60 MG/ML	2 syringes per 365 days
	EVENITY INJ	2 syringes per 28 days
	STOBOCLO INJ 60 MG/ML	2 syringes per 365 days
Prader-Willi Syndrome Agent	VYKAT XR TAB 25 MG	4 tablets per day
	VYKAT XR TAB 75 MG	7 tablets per day
	VYKAT XR TAB 100 MG	3 tablets per day
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day
Somatostatins	SIGNIFOR LAR INJ	1 vial per 28 days
Vasopressin Antagonist	SAMSCA TAB	2 tablets per day
	tolvaptan tab	2 tablets per day
	tolvaptan therapy pack	2 tablets per day
Enzyme-Related		
Cystine-Depleting Agents	CYSTADROPS SOLN 0.37%	4 bottles per 28 days
	CYSTARAN SOLN 0.44%	4 bottles per 28 days
Enzyme Replacement	AQNEURSA POWDER PACKET	4 packets per day
	GALAFOLD CAP	14 capsules per 28 days
	MIPLYFFA CAP	3 capsules per day
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	XURIDEN GRANULES PACKET	4 packets per day
Gastroenterology		
Diarrhea	XERMELO	3 tablets per day
Hepatic Agents	IQIRVO TAB	1 tablet per day
	LIVDELZI CAP	1 capsule per day
	OCALIVA TAB	1 tablet per day
Hematology		
Hemolytic Anemia	PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Immunology		
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days

Therapy class	Medication name	Quantity limit
	DUPIXENT INJ	4 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
Bruton Tyrosine Kinase Inhibitor	RHAPSIDO TAB 25 MG	2 tablets per day
Hematopoietic Agents	FABHALTA CAP 200 MG	2 capsules per day
	VOYDEYA	6 tablets per day
Interleukins	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO INJ 300 MG/2 ML	1 syringe per 28 days
	SPEVIGO IV SOLN	30 mL per 84 days
Miscellaneous	SAPHNELO INJ 120 MG/0.8 ML	4 syringes per 28 days
Monoclonal Antibody	DUPIXENT INJ	4 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
	FASENRA INJ 10 MG/0.5 ML	1 syringe per 56 days
	FASENRA INJ 30 MG/ML	1 syringe per 28 days
	FASENRA PEN INJ 30 MG/ML	1 syringe per 28 days
	NUCALA	3 vials/syringes per 28 days
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR INJ 75 MG/0.5 ML	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days
Multiple Sclerosis	AVONEX INJ 30 MCG/0.5 ML	1 kit (4 syringes) per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON	1 package per 28 days
	cladribine	4 cycles per lifetime
	dalfampridine tab	2 tablets per day
	dimethyl fumarate cap	2 capsules per day
	dimethyl fumarate starter pack	2 starter packs per 365 days
	fingolimod cap	1 capsule per day
	GILENYA 0.25 MG CAP	1 capsule per day
	glatiramer inj 20 mg/mL	1 syringe per day
	glatiramer inj 40 mg/mL	12 syringes per 28 days
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	LEMTRADA	3.6 mL per 365 days
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB 1 MG	1 tablet per day
	MAYZENT TAB 2 MG	1 tablet per day
	OCREVUS ZUNOVO INJ	1 syringe per 180 days
	teriflunomide tab	1 tablet per day
	TYRUKO INJ 300 MG/15 ML	1 vial per 28 days
	TYSABRI INJ 300 MG/15 ML	1 vial per 28 days
	VUMERITY CAP	4 capsules per day

Therapy class	Medication name	Quantity limit
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Neonatal Fc Receptor Antagonist	RYSTIGGO INJ	4 vials per 28 days
	RYSTIGGO INJ 280 MG/3ML	6 vials per 28 days
	VYVGART HYTRULO INJ 1000 MG/10000 UNIT/5 ML	4 syringes per 28 days
Prurigo Nodularis Agent	NEMLUVIO INJ 30 MG	2 syringes per 28 days
Thrombopoietin Receptor Agonists	DOPTELET SPRINKLE CAP 10 MG	2 capsules per day
WHIM Syndrome	XOLREMDI CAP	4 capsules per day
Miscellaneous		
Barth Syndrome Agents	FORZINITY INJ 280 MG/3.5 ML	14 mL per 28 days
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsule per day
	INGREZZA SPRINKLE CAP	1 capsule per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
Oncology (Oral)		
Kinase and Molecular Target Inhibitors	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30 MG	4 tablets per day
	AYVAKIT TAB	1 tablet per day
	CABOMETYX TAB 20 MG	1 tablet per day
	CAPRELSA TAB 100 MG	2 tablets per day
	COPIKTRA CAP	2 capsules per day
	everolimus tab	1 tablet per day
	GILOTRIF TAB	1 tablet per day
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	IDHIFA TAB	1 tablet per day
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA TAB 420 MG	1 tablet per day
	IMBRUVICA TAB 560 MG	1 tablet per day
	ITOVEBI TAB 3 MG	2 tablets per day
	ITOVEBI TAB 9 MG	1 tablet per day
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	LAZCLUZE TAB 80 MG	2 tablets per day
	NERLYNX TAB	6 tablets per day
	PIQRAY 200 MG THERAPY PACK	1 tablet per day
	PIQRAY THERAPY PACK	2 tablets per day

Therapy class	Medication name	Quantity limit
	RETEVMO TAB 40 MG	3 tablets per day
	RETEVMO TAB 80 MG	2 tablets per day
	SCEMBLIX TAB 20 MG	2 tablets per day
	SCEMBLIX TAB 40 MG	8 tablets per day
	TAGRISSO TAB 40 MG	1 tablet per day
	TARCEVA TAB 25 MG	3 tablets per day
	VIJOICE GRANULES 50 MG	1 packet per day
	VIJOICE PAK	1 tablet per day
	VIJOICE PAK 250 MG	2 tablets per day
	VIZIMPRO TAB 15 MG	1 tablet per day
	VORANIGO TAB 10 MG	2 tablets per day
	ZEJULA TAB 100 MG	1 tablet per day
	ZYDELIG TAB	2 tablets per day
Thalidomide-Related Agents	pomalidomide cap 1 mg	1 capsule per day
Ophthalmology		
Miscellaneous	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Respiratory		
Cystic Fibrosis	ALYFTREK TAB 4-20-50 MG	3 tablets per day
	ALYFTREK TAB 10-50-125 MG	2 tablets per day
	KALYDECO PAK	2 packets per day
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB 100-125 MG	4 tablets per day
	ORKAMBI TAB 200-125 MG	4 tablets per day
	SYMDEKO TAB	2 tablets per day
	TOBI PODHALER CAP	1 package per 56 days
	tobramycin soln	2 vials per day
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Pulmonary Fibrosis	nintedanib	2 capsules per day
	pirfenidone cap/tab 276 mg	9 capsules/tablets per day
	pirfenidone tab 801 mg	3 tablets per day
Urology		
Primary Hyperoxaluria Type 1	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28 days

*Quantity limit applies to both the brand and generic if applicable

Quantity limits effective as of January 1, 2027.

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.

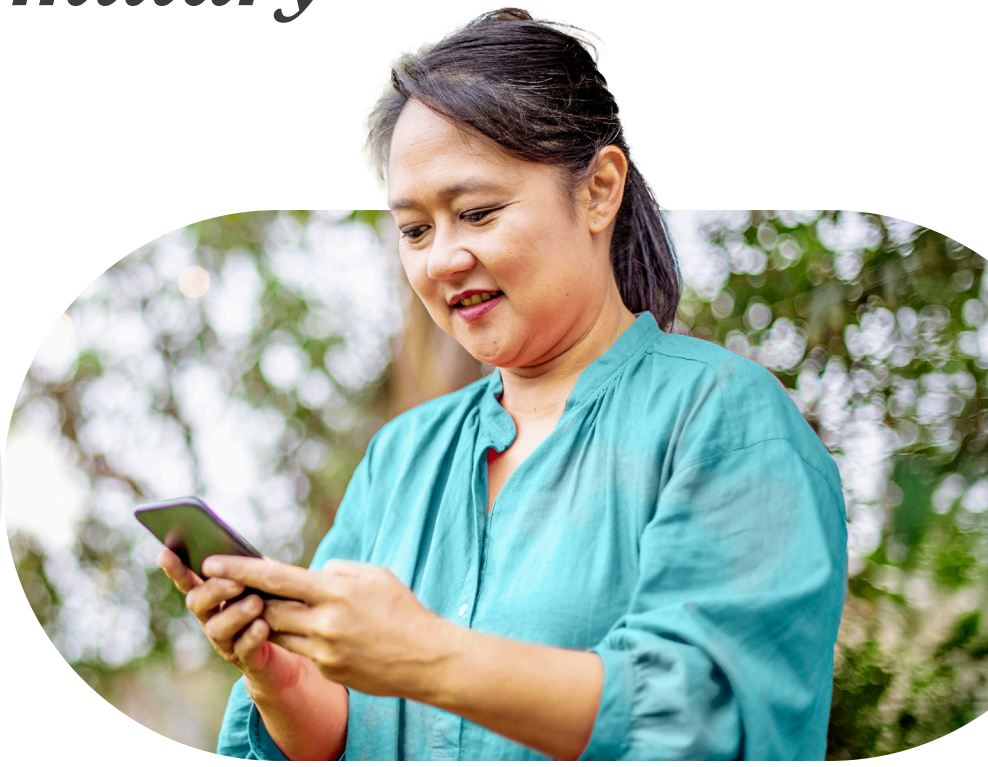
Optum Rx®

Optum Rx®

Step Therapy — *Premium Formulary*

Utilization Management

January 1, 2027



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 may 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 Optum Rx 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.

Condition	Step 1	Step 2
Anti-infectives		
Bacterial Vaginosis Agents	Any one of the following generics: clindamycin 2% vaginal cream, metronidazole 0.75% vaginal gel	**VANDAZOLE**
	Any one of the following generics: clindamycin 2% vaginal cream, metronidazole tablet, metronidazole 0.75% vaginal gel, tinidazole tablet	**SOLOSEC**
Oral Brand Tetracyclines	Any one of the following generics: doxycycline, minocycline	**AVIDOXY, MONDOXYNE NL**
	Both of the following generics: doxycycline, minocycline	**SEYSARA**
Otic Agents	Generic ofloxacin otic solution	**CETRAXAL**
Urinary Tract Infection Agents	Any one of the following oral medications: amox-clav, cefdinir, cefpodoxime, ciprofloxacin, fosfomycin, levofloxacin, nitrofurantoin, ofloxacin, pivmecillinam, sulfamethoxazole/trimethoprim	**BLUJEPA[2], PIVYA[2]**
Cardiology		
Antilipemic	Any one of the following generics: atorvastatin, fluvastatin IR/ER, lovastatin, pravastatin, rosuvastatin, simvastatin	**ALTOPREV, EZALLOR, FLOLIPID**
Fibric Acid Derivatives	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND **LIPOFEN** or generic fenofibrate cap	**FIBRICOR**
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, olmesartan, olmesartan-HCTZ, olmesartan-amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil	**EDARBYCLOR**
Central Nervous System		
ADHD Agents	Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine IR/SR, methylphenidate IR/ER, lisdexamfetamine	**APTENSIO XR[2], AZSTARYS[2], CONCERTA[2], DESOXYN[2], DEXEDRINE[2], JORNAY PM[2], METHYLIN[2], METHYLPHENIDATE ER[2], PROCENTRA[2], RELEXXII[2], VYVANSE[2]**
	Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER	**ONYDA XR[2]**
Amyotrophic Lateral Sclerosis (ALS) Agents	Generic riluzole tablets	**TIGLUTIK[2], TEGLUTIK[2]**
Anticonvulsants[3]	Any one of the following generics: brivaracetam, lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR	**XCOPRI**
	Generic lacosamide IR	**MOTPOLY XR**

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Plain type = Generic drug

Condition	Step 1	Step 2
	Generic oxcarbazepine IR	oxcarbazepine ER
	Any one of the following generics: topiramate IR, topiramate IR sprinkle	topiramate ER
Antidepressants[3]	Generic bupropion ER	**APLENZIN**[2]
	Any two of the following generics: desvenlafaxine ER, duloxetine, venlafaxine IR/ER	**FETZIMA**[2]
	Any two of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER	**AUVELITY**[2]**, DESVENLAFAXINE ER**[2]**, DRIZALMA**[2]**, PAXIL SUSPENSION, TRINTELLIX**[2]
Antipsychotics[3]	Any one of the following: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone, **REXULTI, VRAYLAR**	**CAPLYTA**[2]
	Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone	**COBENFY**[2]**, FANAPT**[2]**, LYBALVI**[2]**, OPIPZA**[2]
	Any one of the following: **INVEGA SUSTENNA, INVEGA TRINZA**	**INVEGA HAFYERA**
Insomnia Agents	Generic zolpidem IR/ER	**EDLUAR**[2]
Migraine Agents	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	sumatriptan/naproxen[2], **ZOMIG**[2]**, ZOLMITRIPTAN NASAL SPRAY**[2]
Neurologic Agents	Generic gabapentin IR	gabapentin (once-daily)[2], **GRALISE**[2]
	Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin IR, pregabalin	pregabalin ER[2]
Non-Narcotic Analgesics	Any two of the following generics: celecoxib, diclofenac potassium tab, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	diclofenac capsule, diclofenac powder, **INDOCIN SUPPOSITORY, INDOCIN SUSPENSION,** indomethacin suppository, indomethacin suspension, **LOFENA**
Parkinson's Disease	Generic carbidopa-levodopa IR/ER	**CREXONT**
	Generic entacapone	**ONGENTYS**
	Both of the following generics: rasagiline, selegiline	**XADAGO**[2]
Dermatology		
Rosacea Agents	Any one of the following: generic azelaic acid gel, **FINACEA FOAM, SOOLANTRA**	**FINACEA GEL, ZILXI**
Topical Immunomodulators	Generic tacrolimus ointment	pimecrolimus[2]
	Any one of the following topical generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus	**EUCRISA, OPZELURA**[2]**, ZORYVE CREAM 0.05%, ZORYVE CREAM 0.15%**

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Plain type = Generic drug

Condition	Step 1	Step 2
	One topical generic: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus, calcipotrine, calcitrol, tazarotene, clotrimazole, econazole, ketoconazole, luliconazole, miconazole, oxiconazole, sertaconazole, sulconazole, selenium sulfide	**ZORYVE FOAM 0.3%**
	Any one of the following topical generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus, calcipotrine, calcitrol, tazarotene	**VTAMA, ZORYVE CREAM 0.3%**
	Any three of the following: clocortolone 0.1% cream, fluocinolone acetonide 0.025% ointment, flurandrenolide 0.05% ointment, fluticasone propionate 0.05% cream, hydrocortisone valerate 0.2% ointment, mometasone furoate 0.1% cream/lotion/solution, triamcinolone 0.1% cream/ointment, triamcinolone 0.05% ointment, triamcinolone aerosol spray, calcipotriene-betamethasone suspension, **TACLONEX SUSPENSION, ENSTILAR FOAM**	**SERNIVO**
Topical Miscellaneous Agents	Both of the following generics: fluorouracil, imiquimod 5%	**KLISYRI**
	Generic imiquimod 5%	imiquimod cream 3.75%
Endocrinology		
Diabetic Agents	Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	**CYCLOSET, RIOMET**
Gastroenterology		
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	**LINZESS**[2]**,** prucalopride tab[2], **SYMPROIC**[2]
Proton Pump Inhibitors	Any two of the following generics: dexlansoprazole, esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole	**FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, LANSOPRAZOLE SUSPENSION, PRILOSEC PACKET**[2]**, PROTONIX PACKET**[2]
Miscellaneous		
Antigout Agents	Generic allopurinol	febuxostat, **ULORIC**
Iron Replacement	Any one of the following generics: ferrous fumarate, ferrous gluconate, ferrous sulfate	**FERAHEME,** ferumoxytol, **INJECTAFER, MONOFERRIC**
Phosphate Binders	Any two of the following generics: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl	**FOSRENOL**
Obstetrics and Gynecology		
Contraceptives	Any one of the following generics: norethindrone/ethinyl estradiol, norethindrone/ethinyl estradiol/fe	**FEMLYV**

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Condition	Step 1	Step 2
Hormone Replacement	Any one of the following: **IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM**	**FEMRING**[2]
	Any two of the following: **IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM**	**INTRAROSA**
	Generic estradiol patch	**MENOSTAR**
Ophthalmology		
Antiglaucoma Agents	All of the following generic ophthalmic solutions: latanoprost, travoprost, bimatoprost	**XELPROS**[2]
Ophthalmic Antihistamines	Both of the following generic ophthalmic solutions: azelastine, olopatadine	bepotastine
Ophthalmic Anti-inflammatory Agents	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac	bromfenac 0.07%[2], bromfenac 0.075%[2]
Respiratory		
Epinephrine Auto-Injectors	Generic epinephrine	**EPIPEN**
Long-Acting Bronchodilator Combinations	Any one of the following: **ADVAIR HFA, BREO ELLIPTA, SYMBICORT**	fluticasone/salmeterol diskus[2], wixela inhub[2]
Urology		
Benign prostatic hyperplasia (BPH) Agents	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	**CARDURA XL**
	Any one of the following generics: alfuzosin, doxazosin, tamsulosin, terazosin, silodosin AND any one of the following generics: finasteride, dutasteride, tadalafil 5 mg	**ENTADFI**[2]
Overactive Bladder Agents	Any two of the following generics: darifenacin ER, fesoterodine ER, mirabegron, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER	**GELNIQUE, OXYTROL**[2]
Generic First		
Generic First Program	Generic risperidone ER injection	**RISPERDAL CONSTA**

Step therapy requirements are effective as of Januay 1, 2027. 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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Plain type = Generic drug

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:**711**

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: **711**

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة .اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ
និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d’assistance linguistique et des communications dans d’autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：**日本語 (Japanese)** を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł ahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhółǫ́. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные
крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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