OPTUMRx™

Your Pharmacy Benefits

OPTUMRx®

Retail pharmacies and Retail 90 Rx

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

Using your ID card

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

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

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

Retail 90 Rx program

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

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

Finding a network pharmacy

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

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

A

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

B

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

C

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

D

- 90 Dallas Metrocare Services
- 90 Denver Health
- 90 Dillon - Kroger
- 90 Discount Drug Mart
- DMVA Pharmacies

E

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

F

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

G

- 90 GeriMed LTC
- 90 Giant Eagle
- Global Pharmacy

H

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

I

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

J

90 JPS Health Network

K

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

L

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

M

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

N

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

O

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

P

Pacific Medical Clinics
90 Patient First
90 Pharmacy Providers Of Oklahoma
Pharmerica
90 Phoenix Area IHS
90 Physicians' Pharmaceutical
90 Planned Parenthood
90 POC Network Technologies
Portland Area IHS
Presbyterian Medical Services
90 Price Chopper House
Procare – CVS Pharmacy
90 Progressive – Sav-Mor
Provider Services of America
90 Publix Super Markets

Q

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

R

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

S

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

T

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

U

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

V

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

W

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

Y

- 90 Yakima Valley Farm Workers Clinic

Z

- 90 Zallie - Shoprite Supermarkets

90 All Pharmacy locations may not dispense 90 day supplies.

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

optumrx.com

2300 Main Street, Irvine, CA 92614

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

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OPTUMRx®

ACT NOW to get all the benefits of medication home delivery.

OptumRx home delivery is safe and reliable.

Cost savings
You may pay less for your medication with a three-month supply through OptumRx.

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

24/7 access and reminders
Speak to a pharmacist who can answer your questions any time, any day.

Whether you have a new prescription or need to transfer an existing one, it's easy to get started with OptumRx.

Here's how:

ePrescribe
Ask your doctor to send an electronic prescription to OptumRx.

Online
Visit **optumrx.com** and select **Get Started** or use the OptumRx app. From there, you can fill new prescriptions, transfer others to home delivery and more.

Phone
Call the toll-free number on your member ID card to speak to a customer service advocate.

Once OptumRx receives your complete order for a new prescription, your medication should arrive within 10 business days. Completed refill orders should arrive in about seven business days.

We look forward to serving you.

Need your medication right away?

Ask your doctor for a one-month supply that can be immediately filled at a participating retail pharmacy.

optumrx.com

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OPTUMRx®

Hassle-Free Fill Program

Simplify your life with automatic refills from OptumRx.

It's important to take your maintenance medication (medication you take regularly) as your doctor prescribed, but refills and pharmacy trips can be a hassle. Simplify prescriptions by enrolling in the Hassle-Free Fill℠ Program, an OptumRx® home delivery program that automatically refills and delivers three-month supplies of your medication.

When it's time to refill your prescription, OptumRx will:

- Contact you to let you know that your medication will ship soon (unless you cancel it within three business days of the refill notice)
- Deliver your medication to the address you provided, with no shipping charge for standard delivery
- Bill your credit card for any copay, coinsurance or amount due

With Hassle-Free Fill, we take care of everything — so you don't have to worry about refills.

Take advantage of home delivery.

The Hassle-Free Fill Program is a great reason to use home delivery through OptumRx. Not only is home delivery safe and reliable, it also offers these advantages:

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

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

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

Our website makes it easy.

At **optumrx.com**, select which medications you want in the Hassle-Free Fill Program — or remove them — with a simple click. You can even update or change your next delivery date before your order is processed.

Please note, you must have a credit card on file, set up for automatic payment in order to enroll online.

Enrolling is also hassle free.

Online:
Visit **optumrx.com,** register and follow the step-by-step instructions. You can manage your medication online, including filling new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your ID card and medication bottles on hand.

Phone:
Just call the member phone number on your ID card to talk with a customer service representative right now. It's helpful to have your ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.

Mail:
Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to **optumrx.com** and download the new prescription order form. Mail it to the address provided on the bottom of the form.

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

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

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OPTUMRx®

NEW PRESCRIPTION MAIL-IN 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	
Phone Number with Area Code			
Date of Birth (mm/dd/yyyy)	Gender ○ M ○ F	Email	
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/herbal medications taken regularly:

3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to **optumrx.com** to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

○ **Ship overnight.** Add $12.50 to order amount (subject to change).

○ **Check enclosed.** All checks must be signed and made payable to: OptumRx.

○ **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 OptumRx 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 OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

OPTUMRx®

Welcome to your specialty pharmacy

Specialty medications can be important to maintaining or improving your health — and your quality of life. BriovaRx®, the OptumRx® specialty pharmacy, provides the resources and personalized, condition-specific support you need to help you better manage your condition.

What is a specialty medication?

We define an injectable, oral or inhaled medication as a specialty medication if it:

- May require ongoing clinical oversight and additional education for best management
- Has unique storage or shipping requirements
- May not be available at retail pharmacies

BriovaRx: A specialty pharmacy to meet your needs

BriovaRx offers support to help you manage your condition. Take advantage of personalized patient support from knowledgeable pharmacists and nurses who specialize in your condition at no additional cost to you. In addition, you'll receive:

- Access to your medications at the lowest cost
- 24/7 access to pharmacists
- Support through clinical and adherence programs
- Any medication-related supplies at no additional cost
- Proactive refill reminders
- Timely delivery and shipping in confidential packaging

Specialty medication resources

Customer service
Call **1-855-4BRIOVA (1-855-427-4682)**

Online at optumrx.com
Price your medication and find additional resources including information specific to your condition.

Guiding your health journey under your pharmacy benefit

We understand the challenge of living with and managing a complex health condition. That's where BriovaRx comes in, to assist you every step of the way.

Getting started: Transfer your prescriptions

Enroll in the specialty pharmacy program with BriovaRx.

If you haven't done so yet, call BriovaRx at **1-855-4BRIOVA (1-855-427-4682)** to get started.

Access to a pharmacist 24/7.

Our specialty pharmacists and patient care coordinators are available 24/7 and will take care of everything for you, including:

- Transferring your prescription to BriovaRx
- Helping you find affordable access to your medication and manage any side effects
- Explaining how the specialty pharmacy works

Personalized support.

Once you start getting your specialty medications through BriovaRx, you'll also experience personalized, one-on-one support from pharmacists and nurses. They're there for you any time you have questions about your medication, side effects and more.

Working with your pharmacist or nurse

Continued conversations.

Tell your pharmacist or nurse about any changes or complications in your therapy, such as:

- Any side effects
- Trouble remembering to take your medication

Monitor your health.

If you need help with anything else from weight loss to back pain and even smoking cessation, your specialty pharmacist or nurse can help you locate wellness coaching and disease management programs to help you stay on track with your health.

Follow your care plan.

If you're part of a clinical management program, be sure to follow your care plan and tell your pharmacist or nurse about any new medications you're taking.

Staying on track with your treatment

Quick and easy refills.

We make it easy for you to remember to take your medication with a reminder phone call a few days prior to the time when you need to refill your prescription. You can even sign up for text message reminders online or by phone.

Overnight delivery.

With your specialty pharmacy, shipping your medication is quick, easy and safe. Refrigerated medications will be delivered overnight directly to your home or office, in a temperature-controlled package. Others will be shipped within one to three days. Supplies will also be provided at no extra cost.

Save more time and money.

If you're looking to save money on your medications, finding lower-cost alternatives and transferring your non-specialty prescriptions through the mail can help.

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OPTUMRx®

Specialty pharmacy drug list

January 1, 2018

BriovaRx®, the OptumRx® specialty pharmacy, provides comprehensive support services, including access to pharmacists around the clock, for high-cost oral and injectable medications used to treat rare and complex conditions. In addition, your medications will be shipped to you at no extra cost.

Characteristics of specialty medications

"Specialty" medications are defined as high-cost oral or injectable medications used to treat rare and complex conditions. These are highly complex medications, typically biology-based, that structurally mimic compounds found within the body. Medications must have at least one of the following characteristics in order to be classified as a specialty medication by BriovaRx:

High cost

- Typically priced at more than $1,000 per 30-day supply.

High complexity

- Biotechnology products[†]
- Medications that treat ultra rare conditions
- Medications that are included in a specialty therapeutic drug class strategy

High-touch medications that require:

- Temperature control or other special handling and shipping requirements (e.g., refrigerated or frozen shipping)
- Ongoing management by a pharmacist and/or physician specializing in treating the condition
- Focused, in-depth education including how to administer injections, adhere to the treatment protocol, and manage side effects

[†] Protein or protein-based molecular entities

Specialty pharmacy drug list

Adult incontinence

Solesta

Ammonia detoxicants

Ravicti PA

Anemia

Aranesp PA
Epogen PA, ST
Mircera PA
Procrit PA

Anticoagulation

Arixtra
Enoxaparin
Fondaparinux
Fragmin
Lovenox

Anti-Gout agent

Krystexxa PA

Antihyperlipidemic

Juxtapid PA
Kynamro PA
Praluent PA, ST
Repatha PA, ST

Anti-infective

Daraprim PA

Asthma

Cinqair PA
Fasenra PA
Nucala PA
Xolair PA

Birth control

Nexplanon

Cardiovascular

Northera PA

Central nervous system agents

Austedo PA
Brineura PA
Hetlioz PA
Radicava PA
Sabril PA
Tetrabenazin PA
Vigabatrin PA
Xenazine PA

Cystic fibrosis

Bethkis
Cayston PA
Kalydeco PA
Kitabis Pak ST
Orkambi PA
Pulmozyme PA
Tobi ST
Tobramycin ST

Diagnostic

Acthrel

Duchenne muscular dystrophy

Emflaza PA

Endocrine

Cuprimine PA
Egrifta PA
Firmagon PA
Hydroxy Capr PA
Korlym PA
Kuvan PA
Lupaneta PA
Makena PA
Myalept PA
Natpara PA
Nityr
Octreotide PA
Parsabiv
Procysbi PA
Samsca
Sandostatin PA
Signifor PA
Somatuline PA
Somavert PA
Supprelin LA PA
Syprine PA
Thiola
Thyrogen PA
Triptodur PA
Vantas PA, ST
Xuriden PA

Enzyme therapy

Adagen
Aldurazyme PA
Aralast NP PA
Buphenyl
Carbaglu
Cerdelga PA
Cerezyme PA
Cholbam PA
Cystagon
Elaprase PA
Elelyso PA
Fabrazyme PA
Glassia PA
Kanuma PA
Lumizyme PA
Naglazyme PA
Orfadin
Phenylbutyra
Prolastin-C PA
Sodium Pheny
Strensiq PA
Sucraid
Vimizim PA
Vpriv PA
Zavesca PA
Zemaira PA

Gastrointestinal agents

Gattex PA
Ocaliva PA
Xermelo PA

GROWTH HORMONE DEFICIENCY

Genotropin PA, ST
Humatrope PA, ST
Increlex PA, ST
Norditropin PA, ST
Nutropin AQ PA, ST
Omnitrope PA, ST

Specialty pharmacy drug list

Saizen PA, ST
Serostim PA, ST
Zomacton PA, ST
Zorbtive PA, ST

Hematological agents

Mozobil PA
Nplate PA
Panhematin
Promacta PA
Riastap
Soliris PA
Thrombat III

Hemophilia

Advate
Adynovate
Afstyla
Alphanate
Alphanine SD
Alprolix
Bebulin
Benefix
Ceprotin
Coagadex
Corifact
Eloctate
Feiba
Helixate FS
Hemlibra
Hemofil M
Humate-P
Idelvion
Ixinity
Koate
Koate-DVI
Kogenate FS
Kovaltry
Monoclate-P
Mononine
Novoeight
Novoseven RT
Nuwiq
Obizur
Profilnine
Rebinyn
Recombinate
Rixubis
Tretten
Vonvendi
Wilate
Xyntha

Hepatitis B

Adefov Dipiv
Baraclude
Entecavir
Epivir HBV
Hepsera
Lamivudine
Vemlidy

Hepatitis C

Copegus
Daklinza PA
Epclusa PA. ST
Harvoni PA
Mavyret PA
Moderiba
Olysio PA
Pegasys PA, ST
Pegintron PA, ST
Rebetol
Ribapak
Ribasphere
Ribavirin
Sovaldi PA
Technivie PA
Viekira PA
Vosevi PA, ST
Zepatier PA, ST

Hereditary angioedema

Berinert PA
Cinryze PA
Firazyr PA
Haegarda PA
Kalbitor PA
Ruconest PA

HIV

ABACAV/LAMIV
Abacavir
Aptivus
Atripla
Combivir
Complera
Crixivan
Descovy
Didanosine
Edurant
Emtriva
Epivir
Epzicom
Evotaz
Fosamprenavi
Fuzeon
Genvoya
Intelence
Invirase
Isentress
Kaletra
Lamivud/zido
Lamivudine
Lexiva
Lopin/riton
Nevirapine
Norvir
Odefsey
Prezcobix
Prezista
Rescriptor
Retrovir
Reyataz
Selzentry
Stavudine
Stribild
Sustiva
Tivicay
Triumeq
Trizivir
Truvada
Tybost
Videx
Viracept
Viramune
Viread
Zerit
Ziagen
Zidovudine

Immune globulin

Atgam
Bivigam PA
Carimune NF PA
Cuvitru PA
Cytogam PA
Flebogamma PA
Gamastan S/D PA
Gammagard PA
Gammaked PA
Gammaplex PA

Gamunex-C PA
Hizentra PA
Hyperrab S/D
Hyperrho S/D
Hyqvia PA
Imogam Rabie
Micrhogam
Octagam PA
Privigen PA

Immunological agents

Actimmune
Arcalyst PA
Benlysta PA
Ilaris PA
Lemtrada PA

Infertility

Bravelle PA, ST
Cetrotide PA
Chor Gonadot PA
Follistim AQ PA
Ganirelix AC PA
Gonal-F PA
Menopur PA
Novarel PA
Ovidrel
Pregnyl PA

Inflammatory conditions

Actemra PA, ST
Cimzia PA, ST
Cosentyx PA
Dupixent PA
Enbrel PA
Entyvio PA
Humira PA
Inflectra PA
Kevzara PA
Kineret PA, ST
Orencia PA, ST
Otezla PA
Remicade PA
Renflexis PA
Siliq PA, ST
Simponi PA, ST
Stelara PA, ST
Taltz PA
Tremfya PA, ST
Xeljanz PA, ST

Metabolic bone disease

Reclast
Zoledronic
Zometa

Multiple sclerosis

Ampyra PA
Aubagio PA
Avonex PA
Betaseron PA
Copaxone PA
Extavia PA
Gilenya PA, ST
Glatiramer PA
Glatopa PA
Ocrevus PA
Plegridy PA
Rebif PA, ST
Tecfidera PA
Tysabri PA
Zinbryta PA

Musculoskeletal agents

Exondys 51 PA, ST
Spinraza PA
Xiaflex PA

Narcolepsy

Xyrem PA

Neurological agents

Botox PA
Dysport PA
Myobloc PA
Xeomin PA

Neutropenia

Granix PA
H.P. Acthar PA
Leukine PA
Neulasta PA
Neupogen PA
Zarxio PA

Oncology - injectable

Abraxane
Adcetris PA
Adriamycin
Adrucil
Alferon N
Alimta
Aliqopa PA
Alkeran
Arranon
Arzerra PA
Avastin
Azacitidine
Bavencio PA
Beleodaq PA
Bendeka
Besponsa PA
Bicnu
Bleo 15k
Bleomycin
Blincyto PA
Bortezomib PA
Busulfan
Busulfex
Campath
Camptosar
Carboplatin
Cisplatin
Cladribine
Clofarabine
Clolar
Cosmegen
Cyclophosph
Cyramza PA
Cytarabine
Dacarbazine
Dacogen PA
Darzalex PA
Daunorubicin
Decitabine PA
Dexrazoxane
Docetaxel
Doxil
Doxorubicin
Eligard PA
Ellence
Empliciti PA
Epirubicin
Erbitux PA
Erwinaze
Etopophos
Etoposide
Evomela
Faslodex
FE Pyrophosp
Floxuridine
Fludarabine
Fluorouracil Injectable
Folotyn PA
Fusilev

Specialty pharmacy drug list

Gazyva PA
Gemcitabine
Gemzar
Halaven PA
Herceptin PA
Hycamtin
Idarubicin
Ifex
Ifosfamide
Imfinzi PA
Imlygic
Intron A PA
Irinotecan
Istodax OVR PA
Ixempra kit
Jevtana PA
Kadcyla PA
Kepivance
Keytruda PA
Kymriah PA
Kyprolis PA
Lartruvo PA
L-Asparagine
Leuprolide PA
Levoleucovor
Lipodox 50
Lupron Depot PA
Marqibo
Melphalan
Mesna
Mesnex
Mitomycin
Mitoxantron PA
Mustargen
Mylotarg PA
Navelbine
Nipent
Oncaspar
Onivyde
Opdivo PA
Oxaliplatin
Paclitaxel
Pamidronate
Perjeta PA
Photofrin
Portrazza PA
Proleukin
Rituxan PA
Sod Pyrophos
Sylatron PA
Sylvant PA
Synribo PA
Taxotere
Tecentriq PA
Temodar PA
Teniposide
Tepadina
Theracys
Thiotepa
Tice BCG
Toposar
Topotecan
Torisel
Totect
Treanda
Trelstar mix
Trisenox
Unituxin PA
Valstar
Vectibix
Velcade PA
Vidaza
Vinblastine
Vincasar PFS
Vincristine
Vinorelbine
Vyxeos PA
Xgeva PA
Yervoy PA
Yescarta PA
Yondelis
Zaltrap PA
Zanosar
Zevalin
Zinecard
Zoladex

Oncology - oral

Afinitor PA
Alecensa PA
Alunbrig PA
Bexarotene PA
Bosulif PA, ST
Cabometyx PA
Calquence PA
Capecitabine PA
Caprelsa PA
Cometriq PA
Cotellic PA
Erivedge PA
Etoposide
Farydak PA
Gilotrif PA
Gleevec PA
Gleostine
Hycamtin
Ibrance PA
Iclusig PA
Idhifa PA
Imatinib Mes PA
Imbruvica PA
Inlyta PA
Iressa PA, ST
Jakafi PA
Kisqali PA
Lenvima PA
Lonsurf PA
Lynparza PA
Matulane
Mekinist PA
Mercaptopurine
Mesnex
Nerlynx PA
Nexavar PA
Nilandron
Nilutamide
Ninlaro PA
Odomzo PA
Pomalyst PA
Purixan
Revlimid PA
Rubraca PA
Rydapt PA
Sprycel PA, ST
Stivarga PA
Sutent PA
Tafinlar PA
Tagrisso PA
Tarceva PA
Targretin PA
Tasigna PA
Temodar PA
Temozolomide PA
Thalomid PA
Tretinoin
Tykerb PA
Venclexta PA
Verzenio PA
Votrient PA
Xalkori PA
Xeloda PA
Xtandi PA
Zejula PA
Zelboraf PA
Zolinza PA
Zydelig PA
Zykadia PA
Zytiga PA

Oncology - topical

Valchlor PA

Ophthalmic agents

Cystaran PA
Eylea
Iluvien
Jetrea
Keveyis PA
Lucentis
Macugen
Visudyne

Osteoarthritis

Durolane PA
Euflexxa PA, ST
Gel-one PA, ST
Gelsyn-3 PA
Genvisc 850 PA, ST
Hyalgan PA, ST
Hymovis PA
Monovisc PA
Orthovisc PA
Supartz PA, ST
Synvisc PA
Visco-3 PA, ST

Osteoporosis

Forteo PA
Prolia PA
Tymlos PA

Pain management

Prialt

Parkinson's disease

Apokyn PA

Pulmonary fibrosis

Esbriet PA
Ofev PA

Pulmonary hypertension

Adcirca PA
Adempas PA
Epoprostenol PA
Flolan PA
Letairis PA
Opsumit PA
Orenitram PA
Remodulin PA
Revatio PA
Sildenafil PA
Tracleer PA
Tyvaso PA
Uptravi PA
Veletri PA
Ventavis PA

RSV

Ribavirin inhal
Synagis PA
Virazole

Substance abuse treatment

Vivitrol PA

Transplant

Astagraf XL
Cellcept
Cellcept IV
Cyclosporine
Envarsus XR
Gengraf
Mycophenolat
Mycophenolic
Myfortic
Neoral
Nulojix PA
Prograf
Rapamune
Sandimmune
Sirolimus
Tacrolimus
Zortress PA

About OptumRx

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. BriovaRx is our specialty pharmacy. Our high-quality, integrated services deliver optimal member outcomes, superior savings and outstanding customer service. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com**.

To fill a prescription for a specialty medication on this list, please call **1-855-4BRIOVA (855-427-4682)** or visit **optumrx.com**.

This specialty pharmacy drug list may not be a complete representation of all available specialty medications; this list is subject to change at any time without prior notice.

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

2300 Main Street, Irvine, CA 92614

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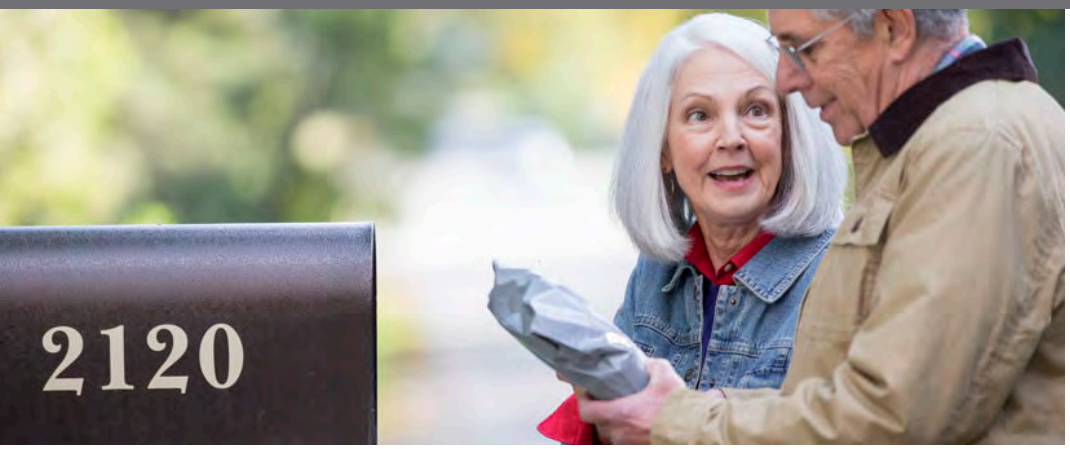
OPTUMRx®

Smart Fill program



Specialty medications are an important component to managing complex diseases and conditions, and sometimes it takes time for members to find the right dose and comfort level before they're able to follow their regimen.

The Smart Fill program from BriovaRx®, the OptumRx® specialty pharmacy, offers two strategies for dispensing specialty medications so that members get the medications they need, adhere to their therapy, and reduce waste due to intolerance. Our split fill strategy enables twice-monthly prescription refills, while the 90-day fill program provides refills every three months.

Smart fill has two program strategies

	Split fill	90-day fill
Eligible classes	Oral oncology	HIV, MS, RA, Transplant
Member stability	Unstable on medication	Stable on medication
Clinical benefits	Adjust to medication	Adherence
Program outcome	Avoid waste	Member convenience
# Fills/duration	6 fills over first 3 months	4 fills over 12 months
Copays	1/2 copay	3x copay

Split fill program strategy

Some specialty drugs can cause side effects that lead members to stop taking and discard their medications. A recent OptumRx analysis found that almost half of patients on select oral oncology drugs discontinued their therapy within 90 days — an expensive loss for them and their plan sponsor alike.

Our split fill program helps avoid costs associated with early-discontinuation waste by filling half the prescription twice a month, rather than a full prescription once a month when a member starts a new regimen of oral oncology drugs. Members who tolerate the new drug for three months will be returned to standard days supply for duration of therapy. By increasing the frequency, this enables:

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

Reduce costs
By being more proactive, split fill may save you up to 50 percent in costs associated with drug waste. Shorter fills also means smaller, prorated copays for members. Split fill is available to clients who use BriovaRx as their exclusive specialty pharmacy.

90-day fill program strategy

Our 90-day program is a convenient option for members taking medications for HIV, rheumatoid arthritis, multiple sclerosis, and transplant. If members demonstrate regimen stability and adherence, they have the option of receiving three month's worth of medication per refill.

Instead of 12 refills and 12 copays per year, members who take advantage of the 90-day fill program get four refills, with three copays per refill. The program is voluntary and enables:

- Enhanced member convenience
- Adherence monitoring
- Improved member satisfaction

Manage drug waste, adherence and costs

To see how BriovaRx can help you better serve members with specialty conditions, email us at optumrxsales@optum.com or visit us at **optum.com/optumrx.**

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

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OPTUMRx®

For members

Preventive Care Medications

$0 Cost-Share Medications & Products[1,2,3]

Under the health reform law (Affordable Care Act), pharmacy benefit plans must cover certain Preventive Care Medications at 100% - without charging a co-pay, co-insurance 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) for women

To comply with this law, OptumRx is offering this updated list of no-cost Preventive Care Medications.

You can use your OptumRx 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

These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans. To find a network pharmacy, login to OptumRx.com, choose "Locate a Pharmacy" and enter your zip code - or call the number on your OptumRx member ID card. If you get these drugs or products from an out-of-network pharmacy, you will have to pay the full cost for them. Male forms of birth control are not currently considered Preventive Care Medications under the Affordable Care Act.

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).

OTC	Medication/Supplement	Population	Reason
	Aspirin - 81 mg	Women who are at risk for preeclampsia during pregnancy	Prevent preeclampsia during pregnancy
	Aspirin - 81 & 325 mg	Age 50 - 59	Prevent cardiovascular disease and colon cancer
	Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg folic acid	Women who are or may become pregnant	Prevent birth defects
	Vitamin D	Age 65 and over	Fall risk prevention

Continued

OTC	Medication/Supplement	Population	Reason
	Bisacodyl EC Tab	Recommended age 50 - 75	Bowel preparation for colonoscopy needed for preventive colon cancer screening
	Magnesium Citrate Sol		
	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 co-insurance depending on your plan.*		
Rx	**Medication/Supplement**	**Population**	**Reason**
	Generic Colyte 240/22.74 g sold as: PEG-3350/electrolytes Gavilyte-C	Recommended age 50 - 75	Bowel preparation for colonoscopy needed for preventive colon cancer screening
	Generic Golytely 236/22.7 g sold as: PEG-3350/electrolytes Gavilyte-G		
	Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl Gavilyte-N Trilyte		
	Fluoride chew tablets, drop (not toothpaste, rinses)	Children age 0-5 years	Prevent dental cavities if water source is deficient in fluoride

Birth Control Products

Birth Control Caps & Diaphragms (cervical)

Caya
Femcap
Omniflex
Wide Seal

Birth Control Pills

Four Phase Birth Control Pills:
Natazia

Generic Alesse & Levlite sold as:
Aubra
Aviane
Delyla
Falmina
Larissia
Lessina-28
Levonor/Ethi 0.1-0.02
Lutera
Orsythia
Sronyx
Vienva

Generic Beyaz sold as:
Drospire/Eth Estr/Lev
Rajani

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:
Caziant Pak
Cesia Pak
Velivet Pak

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

Generic Demulen 1/50 sold as:
Ethynodiol 1-50
Zovia 1/50E

Generic Desogen-28 & Ortho-Cept sold as:
Apri
Cyred
Deso/ethinyl estradiol
Emoquette
Enskyce
Juleber
Reclipsen
Solia

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

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

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

Generic Loestrin 24 FE sold as:
Blisovi 24
Gildess 24 FE
Junel 24 FE
Larin 24 FE
Lomedia 24 FE
Microgestin 24 FE

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

Generic Loestrin 1.5/30 sold as:
Gildess 1.5/30
Junel 1.5/30
Larin 1.5/30
Microgestin 1.5/30

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

You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your OptumRx ID card, and ask for home delivery.

Continued

Generic Loestrin FE 1.5/30 sold as:
Blisovi FE 1.5/30
Gildess 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-28
Elinest
Low-Ogestrel

Generic Loseasonique sold as:
Amethia Lo
Camrese Lo
Levonorgestrel and Ethinyl Estradiol

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

Generic Minastrin 24 CHW FE sold as:
Mibelas 24 CHW FE
Noreth/Ethin CHW FE 1/20

Generic Mircette 28 Day sold as:
Azurette
Bekyree
Deso/Ethinyl estradiol
Kariva
Kimidess
Pimtrea
Viorele

Generic Nordette-28 sold as:
Altavera
Chateal
Kurvelo
Levonor/ethinyl estradiol
Levora-28
Marlissa
Portia-28

Generic Norinyl 1+50-28 sold as:
Necon 1/50-28

Generic Ortho-Cyclen 0.25/35 sold as:
Estarylla
Femynor
Mono-Linyah
Mononessa
Norgestimate & Ethinyl Estradiol 0.25mg-35mcg
Previfem
Sprintec 28

Generic Ortho Micronor & Nor-QD sold as:
Camila 0.35mg
Deblitane
Errin 0.35mg
Heather 0.35mg
Jencycla 0.35mg
Jolivette 0.35mg
Lyza 0.35mg
Nora-Be 0.35mg
Norethindron 0.35mg
Norlyroc
Sharobel

Generic Ortho-Novum 1/35-28 & Norinyl 1/35 sold as:
Alyacen 1/35
Cyclafem 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Pirmella 1/35

Generic Ortho-Novum 10/11 sold as:
Necon 10/11-28

Generic Ortho-Novum 7/7/7-28 sold as:
Alyacen 7/7/7
Cyclafem 7/7/7
Dasetta 7/7/7
Necon 7/7/7
Nortrel 7/7/7
Pirmella 7/7/7

Generic Ortho Tri-Cyclen sold as:
Norgestimate/Ethinyl Estradiol
Tri-Estaryll
Tri-Linyah
Tri-Previfem
Tri-Sprintec
Trinessa

Generic for Ortho Tri-Cyclen Lo sold as:
Norgest/Ethi Estradio
Tri-Lo-Estaryll
Tri-Lo-Marzia
Tri-Lo-Sprintec
Trinessa Lo

Generic Ovcon-35 sold as:
Balziva
Briellyn
Gildagia
Philith
Vyfemla
Zenchent

Generic Ovral sold as:
Ogestrel

Generic Quartette sold as:
Fayosim
Rivelsa

Generic Seasonale sold as:
Introvale
Jolessa
Levonor/ethinyl estradiol
Quasense
Setlakin

Generic Seasonique sold as:
Amethia
Ashlyna
Camrese
Daysee
Levonor/ethi estradio

Generic Tri-Norinyl 28 sold as:
Aranelle
Leena

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

Generic Yasmin 28 3-0.03mg sold as:
Drospir/Ethi 3-0.03mg
Ocella 3-0.03mg
Syeda 3-0.03mg
Zarah

Generic Yaz 3-0.02mg sold as:
Drospirenone/ethy est
Gianvi
Loryna
Nikki
Vestura

Birth Control Rings (vaginal)

Nuva-Ring

Birth Control Patches (transdermal)

Generic Ortho Evra sold as:
Xulane

Birth Control Shots (injection)

Depo-SQ Provera 104

medroxyprogesterone 150mg IM (generic Depo-Provera contraceptive)

Emergency Birth Control

ella

Levonorgestrel 1.5mg, (generic Plan B One-Step)

You can get a 3-month supply of your medication mailed to you with no cost for standard shipping. Just call the phone number on your OptumRx ID card, and ask for home delivery.

Continued

Birth Control Products continued…

Over-The-Counter (OTC) Birth Control (must have a prescription and get them from a network pharmacy for OptumRx to cover the costs)
Contraceptive films (e.g. VCF Vaginal)
Contraceptive foams (e.g. VCF Vaginal Aer)
Contraceptive gels (e.g. Gynol II, Shur-Seal, VCF Vaginal)
FC Female (female condom)
Generic emergency birth control (e.g. Aftera, EContra EZ, Opcicon, Fallback, Levonorgestr tab 1.5 mg, My Way, Next Choice, Option 2, React, Take Action)
Today sponge

Birth Control IUD's and Implants.

Kyleena	Liletta	Mirena
Nexplanon	Paragard	Skyla

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

Tobacco Cessation Medications[4]

If you need help to quit smoking or using tobacco products, these preventive medications are available at $0 cost-share.

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

Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply.

Over-the-Counter Medications	• Nicotine Replacement Gum
	• Nicotine Replacement Lozenge
	• Nicotine Replacement Patch
Prescriptions	• Bupropion sustained-release (generic Zyban) Tablet
	• Chantix Tablet • Nicotrol Inhaler • Nicotrol Nasal Spray

These three prescription medications are covered **after members have tried**:

1) One over-the-counter nicotine product ***and***
2) Bupropion sustained-release (generic Zyban) separately

Breast Cancer Preventive Medications[4]

For members who are at increased 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 risk for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain Prior Authorization

Most plans cover these medications at normal cost-share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. They are available at $0 cost-share to prevent the first occurrence of breast cancer if a Prior Authorization is obtained. If you qualify, you can receive these drugs at $0 cost-share for up to five years, minus any time they have been taking them for prevention.

raloxifene
tamoxifen

Statin Preventive Medications[4]

Note: Becomes effective on, or after, Dec. 1, 2017 for most plans.

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 low-to-moderate-dose 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
- A calculated 10-year risk of a cardiovascular event of 10% or greater.

Statins available at $0 cost-share (effective 12/1/17 or later, depending on specific plan benefits)	
lovastatin (generic Mevacor) – All strengths	
*atorvastatin (generic Lipitor) 10 & 20 mg	*Prior Authorization required to confirm risk of CVD*
*simvastatin (generic Zocor) 5, 10, 20 & 40 mg	*Prior Authorization required to confirm risk of CVD*

*These medications are typically covered at the customary cost-share amount for your plan. However, they will be available at $0 cost-share for the primary prevention of CVD if a prior authorization is obtained. If you qualify based on criteria above, you can receive these drugs at $0 cost-share.

Continued ➡

Pharmacy Benefit Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

A list of Preventive Care Medications can be found on pages 1-4 of this document so you can discuss them with your doctor. You can also login to **OptumRx.com** or call the number on your OptumRx ID card to confirm the most current list of Preventive Care Medications for your plan.

Please note, in order to obtain coverage at no cost for Preventive Care Medications and products (including over-the-counter) you will need a prescription from your doctor.

Are all birth control products available at no cost to me?

No, only the products on the list applicable to your plan will be no cost under the pharmacy benefit.[5] The health reform law allows plans to use reasonable medical management to decide which birth control products will be provided at no cost.

If you choose a product from this list, your cost at the pharmacy will be $0. If you choose a covered birth control product that is not on the list, a co-pay or co-insurance may be required. And this cost will apply to your deductible if you have one.

What if my doctor says I need birth control that is not on this Preventive Care Medication List?

Our Preventive Care Medications List includes at least one form of birth control from FDA-approved methods typically available through your **pharmacy benefit**. If your doctor recommends pharmacy-dispensed birth control not on our list for medical reasons, OptumRx will cover that recommended drug or product at no cost to you through our exceptions process. Just call the number on your OptumRx ID card, and ask how to obtain coverage. Medical reasons may include side effects, whether the birth control is permanent or can be reversed, and whether you can use the product as required.

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 qualifies for a religious exemption. Also, some organizations (Eligible Organizations) can choose not to cover contraceptives for religious reasons; OptumRx may provide or arrange for contraceptive coverage for members of Eligible Organizations as required by the health reform law. In either event, you will still have coverage without cost-share of the U.S. Preventive Services Task Force A & B Recommendation medications listed on the Preventive Care Medications list (such as aspirin and Vitamin D).

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.

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 health plan ID card, and asking how to obtain coverage at no cost. Medical reasons may include side effects, and whether you can use the product as required.

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

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 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.[6]

You doctor can submit a Prior Authorization request to get these approved for you at $0 cost-share if you meet 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 individuals who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a prior authorization request to get medications approved for you at $0 cost-share if you meet coverage criteria. For members who don't meet this $0 cost-share criteria or don't request prior authorization, statins will continue to be covered at the customary cost-share amount for your plan. *Note: $0 cost-share statin coverage becomes effective Dec. 1, 2017 or later for most plans. Please call the number on your ID card to verify your benefit.*

How many Preventive Care Medications can I get?

Some products have quantity limits based on FDA approved dosing or product packaging. Coverage is limited to up to a 30 day supply at retail pharmacies or up to a 90 day supply from home delivery.

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 the back of your OptumRx ID card.

Continued ➡

What if I have a high-deductible or consumer-driven health (CDH) plan?

The same no cost options on the list applicable to your plan will be available to you. If you fill a prescription for covered birth control products that are not on your plan's no cost drug list, you will need to pay the full cost, until your deductible is reached.

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 OptumRx® Home Delivery Pharmacy for plans with a home delivery benefit.

The OptumRx 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 four times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your OptumRx 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 be impacted will be available to you by:

- Logging in to **OptumRx.com**, or
- Calling the number on your OptumRx 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. When informed, an issuer must accommodate any member when one of the zero cost contraceptives may be medically inappropriate as determined by the member's health care provider and waive the otherwise applicable cost-sharing for a contraceptive not currently covered at zero cost.
6. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost-share.

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OPTUMRx®

Make your health a priority

Get your flu shot and other routine vaccines

Flu shots

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

Routine vaccines

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

Easy access to flu shots and other vaccines

OptumRx contracts with a variety of national pharmacy chains to provide members with easy access to flu shots and other routine vaccines. Plus, members get the highest level of benefit coverage (100% for many plans) for vaccines obtained from contracted pharmacies that participate in the Vaccine Immunization/Injection Network administered by OptumRx.[3]

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

Many vaccines can be obtained on a walk in basis. Show your OptumRx ID card before getting your flu shot or vaccine. Most OptumRx plans cover routine vaccines at 100% when you use network pharmacies.

See the pharmacy list on page 2.

Retail Pharmacies

This list represents the larger retail chain pharmacies in our network, but is not the full list. For a more complete list, you can log in to www.optumrx.com or call the number on your health plan or prescription ID card. Pharmacists administer the vaccines at these locations.

- The Great Atlantic & Pacific Tea Company (A&P, FoodBasics, The Food Emporium, Pathmark, Superfresh, Waldbaums)
- Ahold USA (Giant Food Stores, Giant of Maryland, Stop and Shop Supermarkets, Ukrop's Super Markets)
- Albertsons
- CVS Pharmacy
- Four B Corporation (Hen House, Price Chopper)
- H-E-B Pharmacy
- Hy-Vee Pharmacy
- Kmart Pharmacy
- K-VA-T Food Stores, Inc. (Food City)
- Marsh Drugs LLC
- Meijer Pharmacies
- Publix
- Roundy's (Pick'n Save, Copps, Rainbow, Metro Market, Mariano's)
- Safeway Affiliated Pharmacies (Carrs, Pavilion's, Randalls, Safeway, Tom Thumb, Vons)
- Shopko Stores
- SUPERVALU Affiliated Pharmacies (BIGGS, Osco, Sav-On, Shaw's Supermarket)
- Thrifty White Pharmacy
- Tops Markets
- Walgreens Pharmacy (Duane Reade)
- Wegmans

Routine vaccines[4]

Most of the following routine vaccines are available at pharmacies that participate in the Vaccine Immunization/Injection Network administered by OptumRx.

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

Flu Shots & Nasal Mists		
Flu (Influenza)		
Afluria	Fluzone HD	Fluarix Quad
Fluarix	Fluzone ID	Flulaval Quad
Flulaval	Fluzone PED	Fluzone Quad
Fluvirin	Flucelvax	Flublok
Fluzone	Flumist Quad	
Routine Adult Vaccines		
Hepatitis A (Adult and Pediatric)		
Havrix	Vaqta	
Hepatitis B (Adult and Pediatric)		
Engerix-B	Recombivax-HB	
Human Papilloma Virus (HPV) – Vaccine prevents cervical cancer		
Cervarix	Gardasil	Gardasil 9
Measles, Mumps, Rubella - MMR-II		
Meningococcal - Vaccine prevents meningitis Groups A, C, Y and W-135		
Menactra	Menomune	Menveo
Meningococcal - Vaccine prevents meningitis Group B		
Bexsero	Trumenba	
Pneumococcal – Vaccine prevents pneumonia		
Prevnar13		
Pneumovax 23		
Tdap – Vaccine prevents tetanus, diptheria, pertussis		
Adacel	Boostrix	
Tetanus Diptheria - TD		
Tenivac		
Tetanus toxoid		
Varicella – Vaccine prevents chicken pox		
Varivax		
Zoster – Vaccine prevents shingles		
Zostavax		

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

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

OPTUM™

1 Sources: http://www.cdc.gov/flu/
2 www.cdc.gov/flu/protect/keyfacts.htm#flu-vaccination
3 There may be some instances where a particular location for one of the vaccine providers is not participating in the national OptumRx Vaccine Immunization/Injection Network.
4 Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.

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For more information log in to optumrx.com or call the number on your OptumRx ID card.

OPTUMRx®

Free Meter Program

Diabetes can harm your eyes, kidneys, nerves, heart and blood vessels. The impact can be long-term. Regular blood sugar testing can help you manage your diabetes and may lead to better glucose control.

Take advantage of this great offer

To help you monitor blood sugar levels, your pharmacy benefit plan offers a Free Meter Program. With this program, you may be able to get a blood sugar meter at no charge to you. You and your doctor can choose from various meters. For more details, call OptumRx customer service at the phone number on your ID card. Or contact the meter manufacturer Service Center.

How to get your free meter

The first step in every diabetes care plan is talking with your health care team. If you would like a new blood sugar meter, tell your doctor or diabetes educator. They will help you select the no-charge meter that's right for you. Once you decide, it's easy to place your order. Just call the manufacturer's Service Center any time.

Your free meter choices are inside

Select PDL Free Meter Program

Choose from these brand-name meters

To obtain one of these ACCU-CHEK® meters call their Service Center at 1-877-411-9833
http://meters.accu-chek.com

Monitor		Test Strips
	ACCU-CHEK Guide	ACCU-CHEK Guide Test Strips
	ACCU-CHEK Aviva Plus	ACCU-CHEK Aviva Plus Test Strips
	ACCU-CHEK Nano SmartView	ACCU-CHEK SmartView Test Strips
	ACCU-CHEK Aviva Expert	ACCU-CHEK Aviva Plus Test Strips • **The ACCU-CHEK Aviva Expert meter is designed for carbohydrate counting insulin users and may be available through your healthcare professional.** To learn more, visit **accu-chek.com/expert**, and talk to your doctor to see if Expert is right for you.

To order one of these OneTouch® meters call their Service Center at 1-866-355-9962
Order Code: 594PRX100

Monitor		Test Strips
	OneTouch Verio® Meter	OneTouch Verio® Test Strips
	OneTouch Verio Flex® Meter	OneTouch Verio® Test Strips
	OneTouch Verio IQ® Meter	OneTouch Verio® Test Strips

Don't delay. Talk with your doctor about choosing the best brand-name meter for you. Then order your meter by calling the manufacturer's Service Center.

optumrx.com

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

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OPTUMRx®

Your 2018 Formulary

Effective July 1, 2018

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

Call the toll-free member phone number on your ID card.

Visit your plan's member website listed on your ID card to:

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

Innoviant Select

Understanding your formulary

What is a formulary?
A formulary is a list of prescribed medications selected by your plan 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 approved by the U.S. Food and Drug Administration (FDA).

How do I use my formulary?
You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your ID card.

About this formulary
Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

What are tiers?
Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

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 equivalent becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When 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 similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?
You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling the toll-free member phone number on your ID card.

What is the difference between brand-name and generic medications?
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?
If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications
An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?
Specialty medications treat rare or complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the formulary. BriovaRx®, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx and have your prescriptions delivered right to your home or doctor's office.

Reading your formulary

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

Tier information

Using lower tier or preferred medications can help you pay your lowest 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 hit 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	$$ **Mid-range cost** preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	$$$ **Highest-cost** non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier i-G	**Generic** specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier i-P	**Preferred** specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier i-NP	**Non-preferred** specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.

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 determines how these medications may be covered for you.

M	Authorized generic or co-branded product
PA	**Prior Authorization** – Your doctor is required to provide additional 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** – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.
3P	Tier 3 preferred
++	**Benefit Design Options** – Coverage is determined by consumer's prescription medication benefit plan.

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	QL
HYSINGLA ER	2	PA; QL
methadone hcl oral tablet	1	PA
morphine sulfate er oral tablet extended release	1	PA; QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL

Drug Name	Drug Tier	Notes
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	PA; QL
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
sulindac oral	1	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	3	QL

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

Drug Name	Drug Tier	Notes
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	1	QL
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BETHKIS	2	SP

Drug Name	Drug Tier	Notes
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDESSE	3	
DORYX MPC	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	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
penicillin v potassium oral tablet	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
Anticoagulants		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL
enoxaparin sodium	i-G	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	

Drug Name	Drug Tier	Notes
phenytoin sodium extended	1	
topiramate oral tablet	1	
VIMPAT ORAL	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	3	QL
escitalopram oxalate 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
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
FORFIVO XL	2	QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
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	QL
prochlorperazine maleate oral	1	
VARUBI ORAL	3	QL
Antifungals		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	

Drug Name	Drug Tier	Notes
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	
COLCRYS	2	
ULORIC	2	ST
ZURAMPIC	3	ST
Antimigraine Agents		
MIGRANAL	3	QL
ONZETRA XSAIL	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	3	QL
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP; QL
capecitabine	1	PA; SP
IBRANCE	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP; QL
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA ORAL TABLET 250 MG	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
ZYTIGA ORAL TABLET 500 MG	2	PA; SP
Antiparasitics		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOOLANTRA	2	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral tablet	1	QL
haloperidol oral	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL

Drug Name	Drug Tier	Notes
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate-lamivudine	1	SP
acyclovir oral capsule	1	
acyclovir oral tablet	1	
ATRIPLA	2	SP
COMPLERA	2	SP
DESCOVY	2	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	2	SP
HARVONI	2	PA; SP; QL
INTELENCE	2	SP
ISENTRESS ORAL TABLET	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	2	SP
ODEFSEY	2	SP
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	2	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral tablet 1 gm, 500 mg	1	QL

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

Drug Name	Drug Tier	Notes
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	3	SP
VOSEVI	2	PA; SP; QL
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	3	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
AFSTYLA	i-P	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	i-P	PA; SP; QL

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL
GRANIX	i-P	PA; SP; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	i-P	PA; SP; QL
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL
NUWIQ	i-P	SP
PROCRIT	i-P	PA; SP; QL
ZARXIO	i-P	PA; SP; QL
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	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	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
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CRESTOR	3	
digox	1	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
doxazosin mesylate	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ezetimibe	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	

Drug Name	Drug Tier	Notes
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	i-P	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	

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

Drug Name	Drug Tier	Notes
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	ST
REPATHA	i-P	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	i-P	PA; SP; QL
REPATHA SURECLICK	i-P	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
torsemide oral	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
WELCHOL	2	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	3	ST; QL
amphetamine-dextroamphetamine er	1	QL

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL
atomoxetine hcl	1	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL
guanfacine hcl er	1	
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl oral tablet	1	QL
VYVANSE	2	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	2	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	i-P	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	i-P	PA; SP; QL
AVONEX VIAL INTRAMUSCULAR KIT	i-P	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	i-P	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
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	i-P	PA; SP; QL
GILENYA	3	PA; 3P; SP; QL
TECFIDERA ORAL	2	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
CONTRAVE	2	++
GRALISE ORAL TABLET 300 MG, 600 MG	3	ST; QL
GRALISE STARTER	3	ST; QL
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	QL
phentermine hcl oral tablet	1	++
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ACZONE	3	
adapalene external gel 0.3 %	1	++
ATRALIN	3	++
claravis	1	PA

Drug Name	Drug Tier	Notes
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clotrimazole-betamethasone external cream	1	
COSENTYX 150 MG/ML	i-P	PA; 3P; SP
COSENTYX 300 DOSE	i-P	PA; 3P; SP
COSENTYX SENSOREADY 300 DOSE	i-P	PA; 3P; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	i-P	PA; 3P; SP
DIFFERIN EXTERNAL GEL 0.3 %	3	++
DIFFERIN EXTERNAL LOTION	3	++
DUPIXENT	i-P	PA; SP; QL
ELIDEL	2	ST
ENSTILAR	3	PA; QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
RETIN-A MICRO GEL 0.04 %, 0.1 %	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
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3	++
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	++
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP
TACLONEX EXTERNAL OINTMENT	3	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
TAZORAC	3	
tretinoin external cream	1	++
VECTICAL	3	
ZYCLARA	3	
ZYCLARA PUMP	3	
Diabetes - Antidiabetic Agents		
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYDUREON VIAL	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	3	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST

Drug Name	Drug Tier	Notes
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KOMBIGLYZE XR	3	ST
metformin hcl er	1	
metformin hcl er (mod)	1	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	
metformin hcl ir	1	
ONGLYZA	3	ST
pioglitazone hcl	1	
SOLIQUA	2	ST; QL
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2	++
ACCU-CHEK AVIVA PLUS	2	++
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	++; QL
ACCU-CHEK COMPACT PLUS CARE KIT	2	++
ACCU-CHEK COMPACT PLUS TEST STRIPS	2	++; QL
ACCU-CHEK FASTCLIX LANCET KIT	2	++

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

Drug Name	Drug Tier	Notes
ACCU-CHEK FASTCLIX LANCETS	2	++
ACCU-CHEK GUIDE	2	++
ACCU-CHEK GUIDE TEST STRIPS	3	ST; ++; QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	++
ACCU-CHEK MULTICLIX LANCETS	2	++
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	++
ACCU-CHEK SMARTVIEW TEST STRIPS	2	++; QL
ACCU-CHEK SOFT TOUCH LANCETS	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT	2	++
ACCU-CHEK SOFTCLIX LANCETS	2	++
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL
ONETOUCH ULTRA MINI KIT W/DEVICE	2	++
ONETOUCH VERIO	2	++
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++
ONETOUCH VERIO TEST STRIPS	2	++; QL
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	++
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	++
Diabetes - Insulins		
HUMALOG U-100 AND U-200 KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++
HUMALOG U-100 VIAL AND CARTRIDGE	2	++
HUMULIN 70/30 KWIKPEN	2	++
HUMULIN 70/30 VIAL	2	++
HUMULIN N KWIKPEN	2	++
HUMULIN N VIAL	2	++
HUMULIN R U-500 KWIKPEN	2	++
HUMULIN R U-500 VIAL (CONCENTRATED)	2	++
HUMULIN R VIAL	2	++
LANTUS U-100 SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTOUCH	2	++
LEVEMIR U-100 VIAL	2	++
NOVOFINE AUTOCOVER PEN NEEDLE	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
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
NOVOLIN 70/30 VIAL	2	++
NOVOLIN N VIAL	2	++
NOVOLIN R VIAL	2	++
NOVOLOG U-100 FLEXPEN	2	++
NOVOLOG MIX 70/30 FLEXPEN	2	++
NOVOLOG MIX 70/30 VIAL	2	++
NOVOLOG U-100 PENFILL	2	++
NOVOLOG U-100 VIAL	2	++
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA FLEXTOUCH	3	++
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection	1	++
folic acid oral tablet 1 mg	1	++
klor-con m20	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
DEXILANT	2	++; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	++; QL

Drug Name	Drug Tier	Notes
famotidine oral tablet 40 mg	1	++
lansoprazole oral capsule delayed release 30 mg	1	++; QL
omeprazole oral capsule delayed release	1	++; QL
pantoprazole sodium oral	1	++; QL
rabeprazole sodium	1	++; QL
ranitidine hcl oral capsule	1	++
ranitidine hcl oral syrup	1	++
ranitidine hcl oral tablet 300 mg	1	++
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	2	ST; QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	QL
LINZESS	2	ST; QL
MOVIPREP	3	
OMECLAMOX-PAK	2	
PREPOPIK	3	
PYLERA	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	3	PA; QL
SUPREP BOWEL PREP KIT	3	
VIBERZI	3	PA; QL

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

Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	3	PA; SP
CREON	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	++; QL
DEPEN TITRATABS	2	SP
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA ORAL TABLET	2	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	
VIAGRA	3	++; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	

Drug Name	Drug Tier	Notes
terazosin hcl oral	1	
Hormonal Agents - Adrenal		
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX SPRAY	3	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	1	
prednisolone oral syrup 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
triamcinolone acetonide external cream	1	

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

Drug Name	Drug Tier	Notes
triamcinolone acetonide external ointment	1	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	i-P	PA; ++; SP
GONAL-F	i-P	PA; ++; SP
GONAL-F RFF	i-P	PA; ++; SP
GONAL-F RFF REDIJECT	i-P	PA; ++; SP
HP ACTHAR	i-P	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	i-P	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	i-P	PA; SP; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	i-P	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	i-P	PA; SP
NORDITROPIN FLEXPRO	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 10	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 20	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 5	i-P	PA; ++; SP
OMNITROPE	i-P	PA; ++; SP
OVIDREL	i-P	++; SP
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	++
aviane	1	++
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
CLIMARA PRO	2	
cryselle-28	1	++
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce	1	++
ESTRACE VAGINAL	3	
estradiol oral	1	
estradiol transdermal	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
jolivette	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	3	++
loryna	1	++
low-ogestrel	1	++
MAKENA INTRAMUSCULAR	i-P	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
MINIVELLE	3	
mono-linyah	1	++
mononessa	1	++
NATAZIA	2	++
nikki	1	++
norethindrone acet-ethinyl est oral tablet	1	++
norethindrone oral	1	++
norgestimate-ethinyl estradiol triphasic	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
NUVARING	2	++
ocella	1	++
portia-28	1	++

Drug Name	Drug Tier	Notes
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
SAFYRAL	3	++
sprintec 28	1	++
tri-estarylla	1	++
tri-linyah	1	++
tri-lo-marzia	1	++
tri-lo-sprintec	1	++
trinessa (28)	1	++
trinessa lo	1	++
tri-sprintec	1	++
vienva	1	++
viorele	1	++
xulane	1	++
yuvafem	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
SYNTHROID	3	
TIROSINT	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
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
azathioprine oral	1	
CIMZIA PREFILLED KIT	i-P	PA; SP
CIMZIA STARTER KIT	i-P	PA; SP
CIMZIA VIAL KIT	i-P	PA; SP
cyclosporine modified oral capsule	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP
HAEGARDA	i-P	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	i-P	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	i-P	PA; SP
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	i-P	PA; SP
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	i-P	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	i-P	PA; SP
methotrexate oral	1	
methotrexate sodium oral	1	

Drug Name	Drug Tier	Notes
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP
OTEZLA ORAL TABLET	2	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
PROGRAF ORAL	3	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL
REMICADE	i-P	PA; SP
SIMPONI ARIA	i-P	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-P	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP
STELARA INTRAVENOUS	i-P	PA; SP
tacrolimus oral	1	SP
TREMFYA	i-P	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
XELJANZ XR	3	PA; SP
Inflammatory Bowel Disease Agents		
APRISO	2	
CANASA	2	
DELZICOL	3	ST
DIPENTUM	3	
mesalamine oral tablet delayed release 1.2 gm	1	
MESALAMINE ORAL TABLET DELAYED RELEASE 800 MG	3	ST; M
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	i-P	PA; SP
ibandronate sodium oral	1	QL
TYMLOS	i-P	PA; SP
Miscellaneous Therapeutic Agents		
BOTOX	i-NP	PA; Non-Cosmetic; SP
CETYLEV	3	

Drug Name	Drug Tier	Notes
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	3	QL
tobramycin ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	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
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	2	QL
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAFT	3	ST
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL

Drug Name	Drug Tier	Notes
azelastine hcl nasal	1	QL
benzonatate	1	
DYMISTA	2	QL
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	PA; QL
ipratropium bromide nasal	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL
XOLAIR	i-NP	PA; SP
ZETONNA	3	QL
ZUTRIPRO	3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
AEROSPAN	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
ANORO ELLIPTA	2	QL

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

Drug Name	Drug Tier	Notes
ARNUITY ELLIPTA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	3	ST; QL
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	3	ST; Made by Impax; M
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	2	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	3	ST; Made by Impax; M
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	

Drug Name	Drug Tier	Notes
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
VENTOLIN HFA	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER ORAL TABLET	2	PA; SP; QL
TRACLEER ORAL TABLET SOLUBLE	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Tension and Spasm		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	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
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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ZUBSOLV.....7
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OPTUMRx®

Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue,
SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском** (**Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية** (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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をご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee néehozinígíí bine'dę́ę́› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com/optumrx**.

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Innoviant Select

OPTUMRx®

Quantity limits — Core and Select

Your pharmacy benefit plan's quantity limits program protects you and can help you get the best results from your medication therapy. Along with safe and appropriate doses, quantity limits can also keep prescription drug costs lower for you and your benefit plan sponsor.

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

Establishing guidelines for use

Our review committee of doctors and pharmacists meets often to review medications and consider coverage under pharmacy benefit plans. They also recommend quantity limit guidelines.

In this drug list, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Core and Select non-specialty quantity limit

THERAPY CLASS	MEDICATION NAME	LIMIT
Anti-infectives		
Antibiotics	SIVEXTRO (tedizolid) Soln	6 vials/30 days
	SIVEXTRO (tedizolid) Tabs	6 tabs/30 days
	ZYVOX (linezolid)	28 tabs/30 days
	ZYVOX (linezolid) Suspension	6 bottles (900 mL)/28 days
Antifungals	LAMISIL (terbinafine) 250 mg	84 days supply/180 days
Antivirals, Herpetic	SITAVIG (acyclovir) 50 mg	2 tabs/30 days
	VALTREX (valacyclovir)	4 tabs/day
Antivirals, Influenza	RELENZA (zanamivir)	40 inh/365 days
	TAMIFLU (oseltamivir) 30 mg	40 caps/365 days
	TAMIFLU (oseltamivir) 45 mg, 75 mg	20 caps/365 days
	TAMIFLU (oseltamivir) Suspension	360 mL/365 days
Cardiology		
Anticoagulants	BEVYXXA (betrixaban)	43 tabs/180 days
	ELIQUIS (apixiban)	2 tabs/day
	ELIQUIS (apixiban) 5 mg	3 tabs/day
	PRADAXA (dabigatran)	2 caps/day
	SAVAYSA (edoxaban)	1 tab/day
	XARELTO (rivaroxaban)	1 tab/day
	XARELTO (rivaroxaban) 15 mg	2 tabs/day
	XARELTO (rivaroxaban) Starter Pack	1 pack/30 days
Antilipemic	FLOLIPID (simvastatin) 20 mg/5 mL Susp	10 mL/day
	FLOLIPID (simvastatin) 40 mg/5 mL Susp	5 mL/day
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	ENTRESTO (sacubitril/valsartan)	2 tabs/day
Platelet Inhibitors	YOSPRALA (aspirin-omeprazole)	1 tab/day
Central Nervous System		
ADHD Agents (PA age 19+ only)	ADDERALL (amphetamine/ dextroamphetamine) 30 mg	2 tabs/day
	ADDERALL (amphetamine/ dextroamphetamine)	3 tabs/day
	ADDERALL XR (amphetamine/ dextroamphetamine mixed salts)	1 cap/day
	ADZENYS ER (amphetamine)	15 mL/day
	ADZENYS XR-ODT (amphetamine)	1 tab/day
	APTENSIO XR (methylphenidate)	1 cap/day
	CONCERTA (methylphenidate) 36 mg	2 tabs/day
	CONCERTA (methylphenidate)	1 tab/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day

THERAPY CLASS	MEDICATION NAME	LIMIT
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	DYANAVEL XR (amphetamine)	8 mL/day
	EVEKEO (amphetamine)	6 tabs/day
	FOCALIN (dexmethylphenidate)	2 tabs/day
	FOCALIN XR (dexmethylphenidate) 20 mg	2 caps/day
	FOCALIN XR (dexmethylphenidate)	1 cap/day
	METADATE CD (methylphenidate)	1 cap/day
	METADATE ER (methylphenidate) 20 mg	3 tabs/day
	METHYLIN (methylphenidate)	3 tabs/day
	METHYLIN 10 mg/5 mL (methylphenidate) Soln	30 mL/day
	METHYLIN 5 mg/5 mL (methylphenidate) Soln	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day
	METHYLPHENIDATE ER 10 mg	2 tabs/day
	MYDAYIS (amphetamine/ dextroamphetamine)	1 cap/day
	PROCENTRA (dextroamphetamine) Sol	60 mL/day
	QUILLICHEW ER (methylphenidate) 30 mg	2 tabs/day
	QUILLICHEW ER (methylphenidate)	1 tab/day
	QUILLIVANT XR (methylphenidate)	12 mL/day
	RITALIN (methylphenidate)	3 tabs/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/day
	STRATTERA (atomoxetine)	1 cap/day
	STRATTERA (atomoxetine) 10 mg, 40 mg	2 caps/day
	VYVANSE (lisdexamfetamine)	1 cap/day
	VYVANSE CHEW TAB (lisdexamfetamine)	1 tab/day
	ZENZEDI (dextroamphetamine) 10 mg	6 tabs/day
	ZENZEDI (dextroamphetamine)	3 tabs/day
	ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day

THERAPY CLASS	MEDICATION NAME	LIMIT
Alzheimer's Agents	NAMENDA XR (memantine hcl) caps	1 cap/day
	NAMENDA XR TITRATION PACK (memantine hcl) caps	1 cap/day
	NAMZARIC (memantine hcl) caps	1 cap/ day
	NAMZARIC TITRATION PACK(memantine hcl)	2 packs/365 days
Analgesics (non-opioid)	CELEBREX (celecoxib)	2 caps/day
	DUEXIS (naproxen/esomeprazole)	3 tabs/day
	FLECTOR (diclofenac epolamine)	2 patches/day up to 15 days
	Ketorolac (ketorolac)	20 tabs or 5 days supply/30 days
	QUTENZA (capsaicin)	4 patches/3 months
	SPRIX (ketorolac)	5 bottles or 5 days supply/30 days
	VIMOVO (naproxen/esomeprazole)	2 tabs/day
	VOLTAREN (diclofenac) Gel	10 tubes/month
Analgesics (opioid)	ABSTRAL (fentanyl citrate)	4 tabs/day
	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-15	13 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day
	ARYMO ER (morphine sulfate)	3 tabs/day
	AVINZA (morphine ext-release)	1 cap/day
	AVINZA (morphine ext-release) 120 mg	2 caps/day
	BELBUCA (buprenorphine) film	2 films/day
	butorphanol nasal spray 10 mg/mL	1 bottle/fill, 2 fills/60 days
	BUNAVAIL (buprenorphrine/naloxone) 2.1-0.3 mg	6 films/day
	BUNAVAIL (buprenorphrine/naloxone) 6.3-1 mg	2 films/day
	BUNAVAIL (buprenorphrine/naloxone) 4.2-0.7 mg	3 films/day
	BUTRANS (buprenorphine)	4 patches/28 days
	CAPITAL/codeine susp 120-12mg /5 mL	136 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	LIMIT
	codeine tab 15 mg	21 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 40 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 30 mg	10 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 20 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 60 mg	5 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	CONZIP (tramadol SR)	1 cap/day
	DEMEROL (meperidine) tab 100 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 50 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) liq 1 mg/mL	12.25 mL/day, 7 day supply, 2 fills/60 days for treatment naive; 22.5 mL/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 2 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 11 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 4 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 5 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 8 mg	1 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	DURAGESIC (fentanyl transdermal)	15 patches/30 days
	DURAGESIC (fentanyl transdermal) 75 mcg/hr, 100 mcg/hr	30 patches/30 days
	EMBEDA (morphine/naltrexone)	2 caps/day
	EXALGO (hydromorphone)	2 tabs/day
	FENTORA (fentanyl citrate)	4 tabs/day

THERAPY CLASS	MEDICATION NAME	LIMIT
	HYCET (hydrocodone/acetaminophen) sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply, 2 fills/60 days for treatment naive; 180 mL/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	4 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 7 supps/day, 2 fills/60 days for treatment experienced
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	KADIAN (morphine ext-release)	2 caps/day
	LAZANDA (fentanyl citrate)	1 bottle/day
	levorphanol tab 2 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	LORTAB (hydrocodone/acetaminophen) elx 10-300 mg/15 mL	73.5 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	meperidine/promethazine cap 50-25 mg	9 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 18 caps/day, 2 fills/60 days for treatment experienced
	mepridine sol 50 mg/5 mL	49 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 4.5 mL/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	LIMIT
	morphine supp 10 mg	4 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 20 mg	2 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 30 mg	1 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 5 mg	9 supps/day, 7 day supply, 2 fills/60 days for treatment naïve; 18 supps/day, 2 fills/60 days for treatment experienced
	morphine tab 15 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	morphine tab 30 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	MS CONTIN (morphine ext-release)	3 tabs/day
	NORCO (hydrocodone/acetaminophen) tab 10-325 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	NORCO (hydrocodone/acetaminophen) tab 5-325 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	NORCO (hydrocodone/acetaminophen) tab 7.5-325 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 100 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	LIMIT
	NUCYNTA (tapentadol) tab 50 mg	2 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 75 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA ER (tapentadol)	2 tabs/day
	OPANA (oxymorphone) tab 10 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 5 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	OPANA ER (oxymorphone ext-release)	4 tabs/day
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/aspirin tab	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/ibuprofen tab 5-400 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone cap 5 mg	6 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 mL/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	LIMIT
	oxycodone sol 5 mg/5 mL	32.6 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	oxycodone tab 10 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone tab 20 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/acetaminophen sol 5-325 mg/5 mL	32.6 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ext-release	4 tabs/day
	pentazocine/naloxone tab 50-0.5 mg	5 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 10-325 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 2.5-325 mg	12 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 5-325 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PERCOCET (oxycodone/acetaminophen) tab 7.5-325 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 10-300 mg	3 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	LIMIT
	PRIMLEV (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 10-200 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 5-200 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 16 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 15 mg	2 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 30 mg	1 tab/day, 7 day supply, 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 5 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	SUBOXONE (buprenorphrine/naloxone) 8-2 mg	3 tabs or films/day
	SUBOXONE (buprenorphrine/naloxone) 12-3 mg	2 films/day
	SUBOXONE (buprenorphrine/naloxone) 4-1 mg	6 films/day
	SUBOXONE (buprenorphrine/naloxone) 2-0.5 mg	12 tabs or films/day
	SUBSYS (fentanyl)	16 sprays/day
	SUBUTEX (buprenorphrine) 8 mg	3 tabs/day
	SUBUTEX (buprenorphrine) 2 mg	12 tabs/day
	SYNALGOS-DC (aspirin/caffeine/ dihydrocodeine) cap	11 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 11 caps/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	LIMIT
	TREZIX (acetaminophen/caffeine/ dihydrocodeine) cap	12 caps/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	TYLENOL (acetaminophen)/codeine #3	10 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	TYLENOL (acetaminophen)/codeine #4	5 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ULTRACET (tramadol/acetaminophen) tab 37.5-325 mg	8 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM (tramadol) tab 50 mg	8 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM ER (tramadol ext-release)	1 tab/day
	VERDROCET (hydrocodone/ acetaminophen) tab 2.5-325 mg	12 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN (hydrocodone/acetaminophen) tab 5-300 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN ES (hydrocodone/ acetaminophen) tab 7.5-300 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN HP (hydrocodone/ acetaminophen) tab 10-300 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	VICOPROFEN (hydrocodone/ibuprofen) tab 7.5-200 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	LIMIT
	XODOL (hydrocodone/acetaminophen) 5-300 mg	9 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	XODOL (hydrocodone/acetaminophen) 7.5-300 mg	6 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	XODOL (hydrocodone/acetaminophen) 10-300 mg	4 tabs/day, 7 day supply, 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	XTAMPZA ER (oxycodone)	4 caps/day
	ZAMICET (hydrocodone/acetaminophen) sol 10-325 mg/15 mL	73.5 mL/day, 7 day supply, 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	ZOHYDRO ER (hydrocodone)	2 caps/day
	ZOHYDRO ER (hydrocodone) 50 mg	4 caps/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 0.7-0.18 MG	3 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 5.7-1.4 MG	3 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 8.6/2.1 MG	2 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 11.4/2.9 MG	1 tab/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 2.9/0.71 MG	6 tabs/day
	ZUBSOLV (buprenorphine/naloxone) SL Tab 1.4-0.36 MG	12 tabs/day
Anticonvulsants	DIASTAT GEL (diazepam)	2 boxes/fill
	GRALISE (gabapentin) 300 mg	6 tabs/day
	GRALISE (gabapentin) 600 mg	3 tabs/day
	GRALISE (gabapentin) Pack	1 pack/fill
	HORIZANT (gabapentin enacarbil)	2 tabs/day
	LYRICA (pregabalin) 300 mg	2 caps/day
	LYRICA (pregabalin) caps	3 caps/day
	LYRICA (pregabalin) Soln	900 mL/30 days
	LYRICA CR (pregabalin)	3 tabs/day
	LYRICA CR (pregabalin) 330mg	2 tabs/day
Antidepressants	APLENZIN (bupropion)	1 tab/day
	CYMBALTA (duloxetine)	2 caps/day

THERAPY CLASS	MEDICATION NAME	LIMIT
	CYMBALTA (duloxetine) 30 mg	3 caps/day
	desvenlafaxine fumarate	1 tab/day
	EMSAM (selegiline)	1 patch/day
	FETZIMA (levomilnacipran)	1 cap/day
	FETZIMA (levomilnacipran) Pack	1 pack (28 caps)/year
	FORFIVO XL (bupropion) 450 mg	1 tab/day
	IRENKA (duloxetine)	2 caps/day
	KHEDEZLA (desvenlafaxine ER)	1 tab/day
	KHEDEZLA (desvenlafaxine ER) 100 mg	4 tabs/day
	LUVOX CR (fluvoxamine)	2 caps/day
	PEXEVA (paroxetine)	1 tab/day
	PEXEVA (paroxetine) 30 mg	2 tabs/day
	PRISTIQ (desvenlafaxine)	1 tab/day
	PRISTIQ (desvenlafaxine) 100 mg	4 tabs/day
	PROZAC WEEKLY (fluoxetine)	4 caps/28 days
	TRINTELLIX (vortioxetine)	1 tab/day
	VIIBRYD (vilazodone)	1 tab/day
	VIIBRYD (vilazodone) Kit	1 kit (30 tabs)/ fill
	WELLBUTRIN SR (bupropion)	2 tabs/day
	WELLBUTRIN XL (bupropion)	1 tab/day
	WELLBUTRIN XL (bupropion) 150 mg	3 tabs/day
Antipsychotics	ABILIFY (aripiprazole) tabs	1 tab/day
	ABILIFY DISCMELT (aripiprazole)	2 tabs/day
	ABILIFY SOLN (aripiprazole) 1 mg/mL	25 mL/day
	CLOZARIL (clozapine) 100 mg	9 tabs/day
	CLOZARIL (clozapine) 200 mg	4 tabs/day
	CLOZARIL (clozapine) 25 mg	9 tabs/day
	CLOZARIL (clozapine) 50 mg	6 tabs/day
	FANAPT (iloperidone)	2 tabs/day
	FANAPT PAK (iloperidone)	1 pack/180 days
	FAZACLO (clozapine) 100 mg	9 tabs/day
	FAZACLO (clozapine) 12.5 mg	3 tabs/day
	FAZACLO (clozapine) 150 mg	6 tabs/day
	FAZACLO (clozapine) 200 mg	4 tabs/day
	FAZACLO (clozapine) 25 mg	9 tabs/day
	GEODON (ziprasidone)	2 caps/day
	INVEGA (paliperidone)	1 tab/day
	INVEGA (paliperidone) 6 mg	2 tabs/day
	LATUDA (lurasidone) 20 mg, 40 mg, 60mg, 120 mg	1 tab/day
	LATUDA (lurasidone) 80 mg	2 tabs/day
	REXULTI (brexpiprazole)	1 tab/day

THERAPY CLASS	MEDICATION NAME	LIMIT
	RISPERDAL (risperidone)	2 tabs/day
	RISPERDAL M (risperidone)	2 tabs/day
	RISPERDAL SOLN (risperidone)	8 mL/day
	SAPHRIS (asenapine)	2 tabs/day
	SEROQUEL (quetiapine) 300 mg, 400 mg	2 tabs/day
	SEROQUEL (quetiapine) 25 mg, 50 mg, 100 mg, 200 mg	3 tabs/day
	SEROQUEL XR (quetiapine)	2 tabs/day
	SEROQUEL XR (quetiapine) 200 mg	3 tabs/day
	SYMBYAX (olanzapine/fluoxetine)	1 cap/day
	SYMBYAX (olanzapine/fluoxetine) 3-25 mg	3 caps/day
	SYMBYAX (olanzapine/fluoxetine) 6-25 mg	3 caps/day
	VERSACLOZ (clozapine)	18 mL/day
	VRAYLAR (cariprazine)	1 cap/day
	VRAYLAR (cariprazine) pack	1 cap/day
	ZYPREXA (olanzapine)	1 tab/day
	ZYPREXA ZYDIS (olanzapine)	1 tab/day
Antitussives	CAPCOF (phenylephrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CHERATUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODAR AR (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR D (pseudoephedrine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR GF (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	GG/CODEINE (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	HISTEX-AC (phenylephrine/triprolidine/ codeine)	240 mL/fill, 2 fills/60 days
	HYD POL/CPM (hydrocodone/ chlorpheniramine)	240 mL/fill, 2 fills/60 days
	HYDRO/CHLOR (pseudoephedrine/ chlorpheniramine/hydrocodone)	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	IOPHEN C-NR (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	LEXUSS 210 (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF BP (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END MAX D (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days

THERAPY CLASS	MEDICATION NAME	LIMIT
	M-END PE (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END WC (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	PHENHIST DH (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-CLEAR AC (codeine/pyrilamine)	240 mL/fill, 2 fills/60 days
	PROMETH VC SYP CODEINE (promethazine/phenylephrine/codeine)	240 mL/fill, 2 fills/60 days
	PROMETH/COD (promethazine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-RED AC(phenylephrine/ dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RELCOF C (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	REZIRA (pseudoephedrine/hydrocodone)	240 mL/fill, 2 fills/60 days
	RYDEX (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRICODE AR (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	TRYMINE CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	TUSSICAPS (hydrocodone/ chlorpheniramine) 10-8 mg	2 caps/day, 7 day supply, 2 fills/60 days
	TUSSICAPS (hydrocodone/ chlorpheniramine) 5-4 mg	4 caps/day, 7 day supply, 2 fills/60 days
	TUSSIGON (hydrocodone/homatropine)	6 tabs/day, 7 day supply, 2 fills/60 days
	TUSSIONEX (hydrocodone/ chlorpheniramine)	240 mL/fill, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VIRTUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	VITUZ (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
Benzodiazepines	ALPRAZOLAM INTENSOL (alprazolam)	10 mL/day
	ALPRAZOLAM ODT (alprazolam)	4 tabs/day
	ALPRAZOLAM ODT (alprazolam) 2 mg	5 tabs/day
	ATIVAN (lorazepam)	3 tabs/day
	ATIVAN (lorazepam) 2 mg	5 tabs/day
	CHLORDIAZEP (chlordiazepoxide) 10 mg	30 caps/day
	CHLORDIAZEP (chlordiazepoxide) 25 mg	12 caps/day
	CHLORDIAZEP (chlordiazepoxide) 5 mg	4 caps/day
	CLONAZEP ODT (clonazepam)	3 tabs/day

THERAPY CLASS	MEDICATION NAME	LIMIT
	CLONAZEP ODT (clonazepam) 2 mg	10 tabs/day
	KLONOPIN (clonazepam)	3 tabs/day
	LORAZEPAM INTENSOL (lorazepam)	5 mL/day
	OXAZEPAM (oxazepam)	4 caps/day
	TRANXENE T (clorazepate) 15 mg	6 tabs/day
	TRANXENE T (clorazepate) 3.75 mg	24 tabs/day
	TRANXENE T (clorazepate) 7.5 mg	12 tabs/day
	XANAX (alprazolam)	4 tabs/day
	XANAX (alprazolam) 2 mg	5 tabs/day
	XANAX XR (alprazolam)	1 tab/day
	XANAX XR (alprazolam) 2 mg	5 tabs/day
	XANAX XR (alprazolam) 3 mg	3 tabs/day
Fibromyalgia	SAVELLA (milnacipran)	2 tabs/day
	SAVELLA (milnacipran) Pack	1 pack (55 tabs)/year
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
Migraine	ALSUMA (sumatriptan)	5 packages (10 syringes)/30 days
	AMERGE (naratriptan)	9 tabs/30 days
	AXERT (almotriptan)	12 tabs/30 days
	FROVA (frovatriptan)	12 tabs/30 days
	IMITREX (sumatriptan)	9 tabs/30 days
	IMITREX (sumatriptan) AUTO-INJECTOR 4 mg/0.5 mL & 6 mg/0.5 mL	5 kits (10 units)/30 days
	IMITREX (sumatriptan) CARTRIDGE 4 mg/0.5 mL & 6 mg/0.5 mL	5 kits (10 units)/30 days
	IMITREX (sumatriptan) Nasal	12 spray unit devices/30 days
	IMITREX (sumatriptan) SYRINGE 4 mg/0.5 mL & 6 mg/0.5 mL	5 kits (10 units)/30 days
	MAXALT (rizatriptan)	18 tabs/30 days
	MAXALT-MLT (rizatriptan)	18 tabs/30 days
	MIGRANAL (dihydroergotamine)	1 package (8 vials)/30 days
	ONZETRA XSAIL (sumatriptan)	1 kit (8 doses)/30 days
	RELPAX (eletriptan)	12 tabs/30 days
	SUMAVEL DOSEPRO (sumatriptan)	12 prefilled syringes/30 days
	TREXIMET (sumatriptan/naproxen)	9 tabs/30 days
	ZECUITY (sumatriptan)	4 systems (1 carton)/30 days
	ZEMBRACE SYMTOUCH (sumatriptan)	4 cartons (16 doses)/30 days
	ZOMIG (zolmitriptan)	12 tabs/30 days
	ZOMIG (zolmitriptan) Nasal	2 packages (12 spray units)/30 days
	ZOMIG ZMT (zolmitriptan)	9 tabs/30 days
	ZOMIG ZMT (zolmitriptan) 5 mg	12 tabs/30 days

THERAPY CLASS	MEDICATION NAME	LIMIT
Miscellaneous	RILUTEK (riluzole)	2 tabs/day
Parkinson's	XADAGO (safinamide)	1 tab/day
Sedative Hypnotics	AMBIEN (zolpidem)	1 tab/day
	AMBIEN CR (zolpidem)	1 tab/day
	BELSOMRA (suvorexant)	1 tab/day
	DORAL (quazepam)	1 tab/day
	EDLUAR (zolpidem)	1 tab/day
	ESTAZOLAM (estazolam)	1 tab/day
	flurazepam	1 cap/day
	HALCION (triazolam)	2 tabs/day
	INTERMEZZO (zolpidem)	1 tab/day
	LUNESTA (eszopiclone)	1 tab/day
	RESTORIL (temazepam)	1 cap/day
	ROZEREM (ramelteon)	1 tab/day
	SILENOR (doxepin)	1 tab/day
	SONATA (zaleplon) 10 mg	2 cap/day
	SONATA (zaleplon) 5 mg	1 cap/day
	ZOLPIMIST (zolpidem)	1 bottle (7.7 g)/30 days
Stimulants	NUVIGIL (armodafinil)	1 tab/day
	NUVIGIL (armodafinil) 50 mg	2 tabs/day
	PROVIGIL (modafinil)	1 tab/day
Dermatology		
Anti-Inflammatory	SOLARAZE (diclofenac) GEL	300 gm/30 days
Miscellaneous	ENSTILAR (calcipotriene/betamethasone dipropionate)	420 g/28 days
	TACLONEX (calcipotriene/betamethasone)	400 g/30 days
	TACLONEX SCALP (calcipotriene/ betamethasone)	120 g/30 days
Endocrinology & Metabolism		
Androgens, Anabolic	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
Steroids	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
Antidiabetic Agents	ADLYXIN (lixisenatide)	2 pens (6 mL)/28 days
	ADLYXIN (lixisenatide) Starter Pack	2 starter kits (12 mL)/365 days
	BYDUREON, BYDUREON BCISE (exenatide)	4 vials/pen-inj/28 days
	BYETTA (exenatide)	1 syringe/30 days
	OZEMPIC (semaglutide)	1 pen/28 days
	OZEMPIC (semaglutide) 1 mg	2 pens/28 days
	SOLIQUA (insulin glargine/lixisenatide)	6 pens (18 mL)/30 days
	TANZEUM (albiglutide)	4 pen-inj/28 days
	TRULICITY (dulaglutide)	4 pen-inj/28 days

THERAPY CLASS	MEDICATION NAME	LIMIT
	VICTOZA (liraglutide)	3 pen-inj/ 30 days
	XULTOPHY (insulin degludec/liraglutide)	5 pens (15 mL)/30 days
Osteoporosis	ACTONEL (risedronate) tab 150 mg	1 tab/28 days
	ACTONEL (risedronate) tab 35 mg	4 tabs/28 days
	ATELVIA (risedronate)	4 tabs/28 days
	BINOSTO (alendronate)	4 tabs/28 days
	BONIVA (ibandronate)	1 tab/28 days
	BONIVA (ibandronate) inj	1 syringe/90 days
	FORTICAL (calcitonin)	1 bottle (3.7mL)/30 days
	FOSAMAX (alendronate) 35 mg & 70 mg	4 tabs/28 days
	FOSAMAX PLUS D (alendronate/ cholecalciferol)	4 tabs/28 days
	MIACALCIN (calcitonin)	1 bottle (3.7mL)/30 days
Gastroenterology		
Antiemetics	AKYNZEO (netupitant-palonosetron)	2 caps/30 days
	ANZEMET (dolasetron)	2 tabs/30 days
	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 tabs/fill or 3 max days
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	EMEND (aprepitant) caps 125 mg	2 caps/30 days
	EMEND (aprepitant) 125 mg/80 mg	2 packs (6 caps)/30 days
	EMEND (aprepitant) 40 mg	1 cap/30 days
	EMEND (aprepitant) 80 mg	4 caps/30 days
	EMEND (aprepitant) Susp 125 mg	3 packets/30 days
	GRANISOL (granisetron)	1 bottle (30 mL)/30 days
	KYTRIL (granisetron)	4 tabs/30 days
	MARINOL (dronabinol)	2 caps/day
	SANCUSO (granisetron)	2 patches/30 days
	SUSTOL (ganisetron)	3 syringes/30 days
	SYNDROS (dronabinol)	4 mL/day
	VARUBI (rolapitant)	4 tabs/30 days
	ZOFRAN (ondansetron)	120 mL/30 days
	ZOFRAN (ondansetron) 24 mg	2 tabs/30 days
	ZOFRAN ODT (ondansetron) 4 mg, 8 mg	15 tabs/30 days
	ZUPLENZ (ondansetron)	10 films/30 days
Constipation	AMITIZA (lubiprostone)	2 caps/day
	LINZESS (linaclotide)	1 cap/day
Diarrhea	FULYZAQ (crofelemer)	2 tabs/day
	MYTESI (crofelemer)	2 tabs/day
Irritable Bowel Syndrome	VIBERZI (eluxadoline)	2 tabs/day

THERAPY CLASS	MEDICATION NAME	LIMIT
Opioid-induced Constipation	MOVANTIK (naloxegol)	1 tab/day
	RELISTOR (methylnaltrexone)	1 syringe/day
	RELISTOR (methylnaltrexone) Kit	1 vial/day
	RELISTOR (methylnaltrexone) tab	3 tabs/day
	SYMPROIC (naldemedine)	1 tab/day
	TRULANCE (plecanatide)	1 tab/day
Proton Pump Inhibitors	ACIPHEX (rabeprazole)	1 tab/day
	ACIPHEX SPRINKLE (rabeprazole) SPR	1 cap/day
	DEXILANT (dexlansoprazole)	1 cap/day
	esomeprazole strontium	1 cap/day
	NEXIUM (esomeprazole) Caps	1 cap/day
	NEXIUM (esomeprazole) Packs	1 packet/day
	PREVACID (lansoprazole)	1 cap/day
	PREVACID (lansoprazole) Solutab	1 tab/day
	PRILOSEC (omeprazole)	1 cap/day
	PRILOSEC PACKETS (omeprazole)	2 packets/day
	PROTONIX (pantoprazole) packets	1 packet/day
	PROTONIX (pantoprazole) tab	1 tab/day
	ZEGERID (omeprazole) caps	2 caps/day
	ZEGERID (omeprazole) packets	2 packets/day
Immunology		
Allergen Extracts	GRASTEK (timothy grass pollen)	1 tab/day
	ODACTRA (house dust mite)	1 tab/day
	ORALAIR (mixed grass pollens allergen) 300 IR	1 tab/day
	ORALAIR ADULT SAMPLE KIT (mixed grass pollens allergen) Kit	1 kit/year
	ORALAIR ADULT STARTER PACK (mixed grass pollens allergen)	1 pack/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Starter Pack	2 packs/year
	ORALAIR CHILDREN/ADOLESCENTS (mixed grass pollens allergen) Sample Kit,	2 kits/year
	RAGWITEK (short ragweed pollen allergen)	1 tab/day
Miscellaneous		
Diabetic Supplies	Glucose Test Strips	300/30 days
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	INGREZZA (valbenazine tosylate)	2 caps/day

THERAPY CLASS	MEDICATION NAME	LIMIT
Smoking Cessation Products	CHANTIX (varenicline)	180 days supply/year
	COMMIT (nicotine lozenges)	180 days supply/year
	NICODERM (nicotine transdermal)	180 days supply/year
	NICORETTE (nicotine gum)	180 days supply/year
	NICOTROL Inhaler (nicotine)	180 days supply/year
	NICOTROL NS (nicotine)	180 days supply/year
	ZYBAN (bupropion)	180 days supply/year
Obstetrics & Gynecology		
Contraceptives	AMETHIA (levonorg-eth est)	1/91 days
	AMETHIA LO (levonorg-eth est)	1/91 days
	ASHLYNA (levonorg-eth est)	1/91 days
	CAMRESE (levonorg-eth est)	1/91 days
	CAMRESE LO (levonorg-eth est)	1/91 days
	DAYSEE (levonorg-eth est)	1/91 days
	DEPO/DEPO-SUBQ PROVERA (medroxyprogesterone)	1/90 days
	FAYOSIM (levonorg-eth est)	1/91 days
	INTROVALE (levonorg-eth est)	1/91 days
	JOLESSA (levonorg-eth est)	1/91 days
	LOSEASONIQUE (ethinyl estradiol/ levonorgestrel)	1/91 days
	QUARTETTE (levonorg-eth est)	1/91 days
	QUASENSE (levonorg-eth est)	1/91 days
	RIVELSA (levonorg-eth est)	1/91 days
	SEASONIQUE (ethinyl estradiol/ levonorgestrel)	1/91 days
	SETLAKIN (levonorg-eth est)	1/91 days
Hormone Replacement	CRINONE (progesterone)	15 applicators/30 days
	ESTRING (estradiol)	1 package/90 days
	FEMRING (estradiol acetate)	1 package/90 days
Miscellaneous	BRISDELLE (paroxetine)	1 cap/day
Ophthalmology		
Anti-inflammatory	BROMDAY (bromfenac)	4 bottles/year
	BROMSITE (bromfenac)	4 bottles/year
	ILEVRO (nepafenac) 0.3%	2 bottles/30 days
	LOTEMAX (loteprednol) gel, oint	4 bottles/year
	NEVANAC (nepafenac) 0.1%	2 bottles/30 days
	PROLENSA (bromfenac sodium)	4 bottles/year
Prostaglandins	LUMIGAN (bimatoprost)	1 bottle (2.5 mL)/25 days
	RESCULA (unoprostone)	1 bottle (5 mL)/25 days
	TRAVATAN (travoprost)	1 bottle (2.5 mL)/25 days
	TRAVATAN Z (travoprost)	1 bottle (2.5 mL)/25 days

THERAPY CLASS	MEDICATION NAME	LIMIT
	VYZULTA (latanoprostene)	1 bottle (5 mL)/25 days
	XALATAN (latanoprost)	1 bottle (2.5 mL)/25 days
	ZIOPTAN (tafluprost)	1 container/day
Respiratory		
Allergy (intranasal)	ASTEPRO (azelastine)	2 bottles (60 mL)/30 days
	BECONASE AQ (beclomethasone)	1 inhaler (25 g)/25 days
	DYMISTA (fluticasone/azelastine)	1 inhaler (23 g)/30 days
	FLUNISOLIDE (flunisolide)	1 bottle (25 mL)/30 days
	NASONEX (mometasone)	2 inhalers/30 days
	OMNARIS (ciclesonide)	1 inhaler (12.5 g)/30 days
	PATANASE (olopatadine)	1 bottle (30.5 g)/30 days
	QNASL (beclomethasone)	1 inhaler (8.7 g)/30 days
	QNASL CHILDRENS (beclomethasone)	1 inhaler (4.9 g)/30 days
	RHINOCORT AQUA (budesonide)	2 bottles/30 days
	VERAMYST (fluticasone furoate)	1 bottle (10 g)/30 days
	XHANCE (fluticasone propionate)	2 bottles (32 mL)/30 days
	ZETONNA (ciclesonide nasal)	1 inhaler (6.1 g)/30 days
Asthma/COPD (inhaled)	ADVAIR DISKUS (fluticasone/salmeterol)	1 diskus (60 doses)/30 days
	ADVAIR HFA (fluticasone/salmeterol)	1 inhaler/30 days
	AEROSPAN (flunisolide)	2 inhalers (8.9 g each)/30 days
	AIRDUO RESPICLICK (fluticasone/salmeterol)	1 inhaler/30 days
	ALVESCO (ciclesonide)	2 inhalers (6.1 g each)/30 days
	ANORO ELLIPTA (umeclidinium-vilanterol)	1 package (60 blisters)/30 days
	ARCAPTA (indacaterol)	4 caps/day
	ARMONAIR RESPICLICK (fluticacone)	1 inhaler/30 days
	ARNUITY ELLIPTA (fluticasone furoate)	1 inhaler/30 days
	ASMANEX HFA (mometasone)	1 inhaler/30 days
	ASMANEX TWISTHALER (mometasone)	1 inhaler/30 days
	ATROVENT HFA (ipratropium)	2 inhalers (12.9 g each)/30 days
	BREO ELLIPTA (fluticasone furoate-vilanterol)	1 package (60 blisters)/30 days
	BEVESPI AEROSPHERE (glycopyrrolate-formoterol)	1 inhaler/30 days
	COMBIVENT RESPIMAT (ipratropium/albuterol)	2 inhalers (4 g each)/30 days
	DULERA (mometasone/formoterol)	1 inhaler/30 days
	FLOVENT HFA (fluticasone) 110 mcg, 220 mcg	2 inhalers (12 g each)/30 days
	FLOVENT HFA (fluticasone) 44 mcg	2 inhalers/30 days
	FLOVENT DISKUS (fluticasone) 250 mcg	240 blisters/30 days

THERAPY CLASS	MEDICATION NAME	LIMIT
	FLOVENT DISKUS (fluticasone) 50 mcg, 100 mcg	60 blisters/30 days
	FORADIL (formoterol)	1 package (60 doses)/30 days
	INCRUSE ELLIPTA (umeclidnium)	1 inhaler/30 days
	LONHALA MAGNAIR (glycopyrrolate)	60 vials/30 days
	PROAIR HFA (albuterol)	2 inhalers/30 days
	PROAIR RESPICLICK (albuterol)	2 inhalers/30 days
	PROVENTIL HFA (albuterol)	2 inhalers/30 days
	PULMICORT FLEXHALER (budesonide)	2 packages/30 days
	QVAR (beclomethasone) 40 mcg	2 inhalers/30 days
	QVAR (beclomethasone) 80 mcg	3 inhalers/30 days
	QVAR REDIHALER (beclomethasone)	2 inhalers/30 days
	SEEBRI NEOHALER (glycopyrolate)	2 caps/day
	SEREVENT DISKUS (salmeterol) 50 mcg	1 package (60 doses)/30 days
	SPIRIVA HANDIHALER (tiotropium)	1 package (30 caps)/30 days
	SPIRIVA RESPIMAT (tiotropium)	1 inhaler/30 days
	STIOLTO RESPIMAT (tiotropium br-olodaterol)	1 inhaler/30 days
	STRIVERDI RESPIMAT (olodaterol)	1 inhaler/30 days
	SYMBICORT (budesonide/formoterol)	1 inhaler/30 days
	TRELEGY ELLIPTA (fluticasone/ umeclidinium)	60 blisters/30 days
	TUDORZA (aclidinium bromide)	1 pouch (60 doses)/30 days
	UTIBRON NEOHALER (indacaterol maleate-glycopyrrolate)	2 caps/day
	VENTOLIN HFA (albuterol)	2 inhalers/30 days
	XOPENEX HFA (levalbuterol)	2 inhalers (15 g)/30 days
Asthma/COPD (nebulized)	ACCUNEB (albuterol)	5 packages (125 vials or 375 mL)/30 days
	Albuterol (albuterol) 2.5 mg/3 mL (0.083%)	180 vials (540 mL)/30 days
	Albuterol (albuterol) 5 mg/mL (0.5%)	150 mL/30 days
	ATROVENT (ipratropium)	125 vials (312.5 mL)/30 days
	BROVANA (arformoterol)	60 vials (120 mL)/30 days
	DUONEB (ipratropium/albuterol)	180 vials (540 mL)/30 days
	PERFOROMIST (formoterol)	60 vials (120 mL)/30 days
	PROVENTIL (albuterol) 2.5 mg/3mL (0.083%)	180 vials (540 mL)/30 days
	PULMICORT RESPULES (budesonide)	2 packages (120 mL)/30 days
	XOPENEX (levalbuterol)	180 vials (540 mL)/30 days
	XOPENEX (levalbuterol) 1.25 mg/0.5 mL	90 vials (45 mL)/30 days

THERAPY CLASS	MEDICATION NAME	LIMIT
	XOPENEX (levalbuterol) 1.25 mg/3 mL	90 vials (270 mL)/30 days
Urology		
Erectile Dysfunction	CAVERJECT (alprostadil)	6 units/30 days
	CIALIS (tadalafil) 10 mg	6 tabs/30 days
	CIALIS (tadalafil) 2.5 mg	1 tab/day
	CIALIS (tadalafil) 20 mg	6 tabs/30 days
	CIALIS (tadalafil) 5 mg	1 tab/day
	EDEX (alprostadil)	6 units/30 days
	LEVITRA (vardenafil)	6 tabs/30 days
	MUSE (alprostadil)	6 units/30 days
	STAXYN (vardenafil)	6 tabs/30 days
	STENDRA (avanafil)	6 tabs/30 days
	VIAGRA (sildenafil)	6 tabs/30 days
Overactive Bladder Antispasmodics	OXYTROL (oxybutynin)	8 patches/28 days

Core and Select Specialty Quantity Limit

THERAPY CLASS	MEDICATION NAME	LIMIT
Anti-Infectives		
Antiretrovirals, Hepatitis B	BARACLUDE (entecavir)	1 tab/day
	BARACLUDE (entecavir) Soln	630 mL/30 days
Antiretrovirals, HIV	FUZEON (enfuvirtide)	60 vials or 1 kit/30 days
Cardiology		
Anticoagulants, LMWH	ARIXTRA (fondaparinux)	35 days supply/180 days
	FRAGMIN (dalteparin)	35 days supply/180 days
	LOVENOX (enoxaparin)	35 days supply/180 days
Antilipemic	JUXTAPID (lomitapide)	1 cap/day
	KYNAMRO (mipomersen)	4 syringes/28 days
	PRALUENT (alirocumab)	2 syringes/28 days
	REPATHA (evolocumab)	3 syringes/28 days
	REPATHA PUSH (evolocumab)	1 cartridge/28 days

THERAPY CLASS	MEDICATION NAME	LIMIT
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	3 tabs/day
	LETAIRIS (ambrisentan)	1 tab/day
	OPSUMIT (macitentan)	1 tab/day
	REVATIO (sildenafil) Susp	2 bottles/30 days
	REVATIO (sildenafil) Tabs	3 tabs/day
	TRACLEER (bosentan) Tabs	2 tabs/day
	TRACLEER (bosentan) Tabs for Susp	4 tabs/day
	TYVASO (treprostinil)	1 ampule/day
	UPTRAVI (selexipag)	2 tabs/day
	UPTRAVI (selexipag) Pack	2 packs/year
	VENTAVIS (iloprost)	9 ampules/day
Central Nervous System		
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day
Dermatology		
Atopic Dermatitis	DUPIXENT (dupilumab)	4 syringes (8mL)/28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
Endocrinology & Metabolism		
Gonadotropins	ELIGARD (leuprolide) 22.5 mg (3-month)	1 injection/84 days
	ELIGARD (leuprolide) 30 mg (4-month)	1 injection/112 days
	ELIGARD (leuprolide) 45 mg (6-month)	1 injection/168 days
	ELIGARD (leuprolide) 7.5 mg (1-month)	1 injection/28 days
	FIRMAGON (degarelix) 120 mg	2 vials/year
	FIRMAGON (degarelix) 80 mg	1 vial/28 days
	LUPANETA PACK (leuprolide) 11.25 mg (3 mon)	1 pack/84 days
	LUPANETA PACK (leuprolide) 3.75 mg (1 mon)	1 pack/28 days
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR DEPOT (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR LA (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 vial/168 days
	VANTAS (histrelin)	1 implant/year
	ZOLADEX (goserelin) 10.8 mg	1 injection/84 days
	ZOLADEX (goserelin) 3.6 mg	1 injection/28 days
Growth Hormones and Related Therapy	EGRIFTA (tesamorelin) 1 mg	2 vials (1 mg each)/day
	EGRIFTA (tesamorelin) 2 mg	1 vial (2 mg each)/day

THERAPY CLASS	MEDICATION NAME	LIMIT
Hormone Modifiers	NATPARA (parathyroid hormone)	2 cartridges/28 days
Miscellaneous	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	PROLIA (denosumab)	2 syringes/year
Somatostatins	SIGNIFOR (pasireotide)	2 ampules/day
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
Vasopressin Antagonist	SAMSCA (tolvaptan)	30 days supply/60 days
Enzyme-Related		
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
Enzyme Replacement	XURIDEN (uridine triacetate)	4 packets/day
Gastroenterology		
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
Immunology		
Hematopoietic Agents	MOZOBIL (plerixafor)	8 vials (9.6 mL)/transplant
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)	1 tab/day
	EPCLUSA (sofosbuvir-velpatasvir)	1 tab/day
	HARVONI (ledipasvir-sofosbuvir)	1 tab/day
	MAVYRET (glecaprevir-pibrentasvir)	3 tabs/day
	OLYSIO (simeprevir)	1 cap/day
	SOVALDI (sofosbuvir)	1 tab/day
	TECHNIVIE (ombitasvir-paritaprevir-ritonavir)	2 tabs/day
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)	3 tabs/day
	VOSEVI (sofosbuvir-velpatasvir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Interleukins	ILARIS (canakinumab)	2 vials/4 weeks
Multiple Sclerosis	AMPYRA (dalfampridine)	2 tabs/day
	AUBAGIO (teriflunomide)	1 tab/day
	AVONEX (interferon beta-1a)	1 kit (4 syringes)/28 days
	BETASERON (interferon beta-1b)	1 package/28 days
	COPAXONE (glatiramer) SOSY 20 mg/ml	1 kit/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	1 kit/28 days
	EXTAVIA (interferon beta-1b)	1 package/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	1 kit/30 days
	OCREVUS (ocrelizumab) Soln	40mL (4 vials)/365 days
	PLEGRIDY (peginterferon beta)	2 pens/syringes/28 days
	PLEGRIDY (peginterferon beta) Starter Pack	1 starter pack/30 days

THERAPY CLASS	MEDICATION NAME	LIMIT
	REBIF (interferon beta-1a)	12 syringes/28 days
	REBIF (interferon beta-1a) Starter Pack	1 starter pack/year
	TECFIDERA (dimethyl fumarate)	2 caps/day
	TECFIDERA (dimethyl fumarate) Starter Pack	1 starter pack/year
	TYSABRI (natalizumab)	1 injection/28 days
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
Oncology		
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	ALECENSA (alectinib)	8 caps/day
	ALUNBRIG (brigatinib) 30 mg	6 tabs/day
	ALUNBRIG (brigatinib) 90 mg	1 tab/day
	ALUNBRIG (brigatinib) 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Starter Pack	1 pack/year
	CALQUENCE (acalabrutinib)	2 caps/day
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	COTELLIC (cobimetnib)	63 tabs/28 days
	FARYDAK (panobinostat)	6 caps/ 21 days
	GILOTRIF (afatinib)	1 tab/day
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	IDHIFA (enasidenib)	1 tab/day
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	NERLYNX (neratinib)	6 tabs/day
	NINLARO (ixazomib)	3 caps/28 days
	PORTRAZZA (necitumumab) Soln	2 vials/21 days
	RYDAPT (midostaurin)	8 tabs/day
	TAGRISSO (osimertinib)	1 tab/day
	TARCEVA (erlotinib) 100 mg, 150 mg	1 tab/day
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	VERZENIO (abemaciclib)	2 tabs/day
	ZEJULA (niraparib tosylate) caps	3 caps/day
Miscellaneous	KISQALI (ribociclib) Tabs	63 tabs/28 days
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	91 tabs/28 days
	LONSURF (trifluridine-tipiracil) 15-6.14 MG	100 tabs/28 days
	LONSURF (trifluridine-tipiracil) 20-8.19 MG	80 tabs/28 days
	RUBRACA (rucaparib camsylate)	4 tabs/day
Respiratory		
Asthma/COPD	NUCALA (mepolizumab)	1 vial/28 days
Cystic Fibrosis	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TOBI PODHALER (tobramycin)	1 package (224 tabs)/56 days

Quantity Limits effective as of July 1, 2018.

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

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OPTUMRx®

Prior authorization — Core and Select

Some medications must be authorized for coverage because they're only approved or effective in treating specific conditions.

Reviewing medications

Our review committee of doctors and pharmacists meets often to review medications and coverage under pharmacy benefit plans. They also recommend prior authorization guidelines.

Safe and effective

When making recommendations, the review committee focuses on medication safety, effectiveness and cost, including:

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

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 five 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.

Requesting a prior authorization

You, your pharmacist or your doctor can start the prior authorization process by contacting us. We will work with your doctor to get the information needed for the review. Once we receive a finished prior authorization form from your doctor, we will conduct a review within a few days and send you and your doctor a letter regarding the decision.

In this drug list, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Core and Select non-specialty prior authorization list

These medications may require prior authorization as defined by your benefit plan. For more information, contact customer service at the member phone number on your ID card.

THERAPY CLASS	MEDICATION NAME
Anti-infectives	
Antibiotics	XIFAXAN (rifaximin)
Antifungals	CICLODAN SOLUTION KIT (ciclopirox)
	CICLOPIROX SOLUTION KIT (ciclopirox)
	CNL8 NAIL KIT (ciclopirox)
	JUBLIA (efinaconazole)
	KERYDIN (tavaborole)
	ONMEL (itraconazole)
	SPORANOX (itraconazole) Soln
	SPORANOX (itraconazole)
Antihelmintics	ALBENZA (albendazole)
Antimalarial	QUALAQUIN (quinine)
Cardiology	
Antilipemic	VYTORIN 10-80 MG (simvastatin/ezetimibe)
	ZOCOR 80 mg (simvastatin)
Heart Failure	CORLANOR (ivabradine)
Central Nervous System	
ADHD Agents (PA age 19+ only)	ADDERALL (amphetamine/dextroamphetamine)
	ADDERALL XR (amphetamine/dextroamphetamine mixed salts)
	ADZENYS ER (amphetamine)
	ADZENYS XR-ODT (amphetamine)
	APTENSIO XR (methylphenidate)
	CONCERTA (methylphenidate)
	COTEMPLA XR-ODT (methylphenidate)
	DAYTRANA (methylphenidate transdermal)
	DESOXYN (methamphetamine)
	DEXEDRINE (dextroamphetamine)
	DYANAVEL XR (amphetamine)
	EVEKEO (amphetamine)
	FOCALIN (dexmethylphenidate)
	FOCALIN XR (dexmethylphenidate)
	METADATE CD (methylphenidate)
	METADATE ER (methylphenidate)
	METHYLIN CHEW TAB
	METHYLIN ER (methylphenidate)
	METHYLPHENIDATE ER (methylphenidate)

THERAPY CLASS	MEDICATION NAME
	MYDAYIS (amphetamine/dextroamphetamine)
	PROCENTRA (dextroamphetamine)
	QUILLICHEW ER (methylphenidate)
	QUILLIVANT XR (methylphenidate)
	RITALIN (methylphenidate)
	RITALIN LA (methylphenidate)
	RITALIN SR (methylphenidate)
	VYVANSE (lisdexamfetamine)
	VYVANSE CHEW TAB (lisdexamfetamine)
	ZENZEDI (dextroamphetamine)
Analgesics (non-opioid)	DUEXIS (famotidine/ibuprofen)
	PENNSAID (diclofenac)
	QUTENZA (capsaicin)
	SPRIX (ketorolac)
	VIMOVO (naproxen/esomeprazole)
Analgesics (opioid)	ABSTRAL (fentanyl citrate)
	ACTIQ (fentanyl citrate)
	ARYMO ER (morphine sulfate)
	AVINZA (morphine ext-release)
	BELBUCA (buprenorphine) film
	BUTRANS (buprenorphine)
	CONZIP (tramadol SR)
	DOLOPHINE (methadone)
	DURAGESIC (fentanyl transdermal)
	EMBEDA (morphine/naltrexone)
	EXALGO (hydromorphone)
	FENTORA (fentanyl citrate)
	HYSINGLA ER (hydrocodone bitartrate)
	KADIAN (morphine ext-release)
	LAZANDA (fentanyl citrate)
	MORPHABOND ER (morphine ext-release)
	MS CONTIN (morphine ext-release)
	NUCYNTA ER (tapentadol)
	OPANA ER (oxymorphone ext-release)
	OXYCONTIN (oxycodone ext-release)
	SUBSYS (fentanyl)
	ULTRAM ER (tramadol ext-release)
	XTAMPZA ER (oxycodone)
	ZOHYDRO ER (hydrocodone)
Anticonvulsants	HORIZANT (gabapentin enacarbil)

THERAPY CLASS	MEDICATION NAME
	ONFI (clobazam)
Antipsychotics	ADASUVE (loxapine)
Antitussives (PA age <18)	CAPCOF (phenylephrine/chlorpheniramine/codeine)
	CHERATUSSIN (guaifenesin/codeine)
	CODAR AR (chlorpheniramine/codeine)
	CODAR D (pseudoephedrine/codeine)
	CODAR GF (guaifenesin/codeine)
	CODITUSSIN AC (guaifenesin/codeine)
	GG/CODEINE (guaifenesin/codeine)
	HISTEX-AC (phenylephrine/triprolidine/codeine)
	HYD POL/CPM (hydrocodone/chlorpheniramine)
	HYDRO/CHLOR (pseudoephedrine/chlorpheniramine/ hydrocodone)
	HYDROMET (hydrocodone/homatropine)
	LEXUSS 210 (chlorpheniramine/codeine)
	MAR-COF BP (pseudoephedrine/brompheniramine/ codeine)
	MAR-COF CG (guaifenesin/codeine)
	M-CLEAR WC (guaifenesin/codeine)
	M-END MAX D (pseudoephedrine/chlorpheniramine/ codeine)
	M-END PE (phenylephrine/brompheniramine/codeine)
	M-END WC (pseudoephedrine/brompheniramine/codeine)
	NINJACOF-XG (guaifenesin/codeine)
	PHENHIST DH (pseudoephedrine/brompheniramine/ codeine)
	POLY-TUSSIN (phenylephrine/brompheniramine/codeine)
	PRO-CLEAR AC (codeine/pyrilamine)
	PROMETH VC SYP CODEINE (promethazine/ phenylephrine/codeine)
	PROMETH/COD (promethazine/codeine)
	PRO-RED AC(phenylephrine/dexchlorpheniramine/ codeine)
	RELCOF C (guaifenesin/codeine)
	REZIRA (pseudoephedrine/hydrocodone)
	RYDEX (pseudoephedrine/brompheniramine/codeine)
	TRICODE AR (pseudoephedrine/chlorpheniramine/codeine)
	TRYMINE CG (guaifenesin/codeine)
	TUSSICAPS (hydrocodone/chlorpheniramine)
	TUSSIGON (hydrocodone/homatropine)

THERAPY CLASS	MEDICATION NAME
	TUSSIONEX (hydrocodone/chlorpheniramine)
	TUZISTRA XR (codeine/chlorpheniramine)
	VITUZ (hydrocodone/chlorpheniramine)
	Z-TUSS AC (chlorpheniramine/codeine)
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)
Miscellaneous	NUEDEXTA (dextromethorphan/quinidine)
	RILUTEK (riluzole)
Parkinson's	DUOPA (carbidopa-levodopa) Susp
	NUPLAZID (pimavanserin)
Sedative Hypnotics	FLURAZEPAM (flurazepam)
Stimulants	NUVIGIL (armodafinil)
	PROVIGIL (modafinil)
Weight Loss	ADIPEX-P (phentermine)
	BELVIQ (lorcaserin)
	BELVIQ XR (lorcaserin)
	BONTRIL (phendimetrazine)
	CONTRAVE (naltrexone-bupropion)
	DIDREX (benzphetamine)
	LOMAIRA (phentermine)
	QSYMIA (phentermine/topiramate)
	REGIMEX (benzphetamine)
	SAXENDA (liraglutide)
	SUPRENZA (phentermine)
	TENUATE (diethylpropion)
	XENICAL (orlistat)
Dermatology	
Acne (Oral)	ABSORICA (isotretinoin)
	AMNESTEEM (isotretinoin)
	CLARAVIS (isotretinoin)
	MYORISAN (isotretinoin)
	ZENATANE (isotretinoin)
Acne (PA age >25 only)	ATRALIN (tretinoin)
	AVITA (tretinoin)
	DIFFERIN (adapalene)
	RETIN-A (tretinoin)
	RETIN-A MICRO (tretinoin)
	TRETIN-X (tretinoin)
Skin Cancer	TARGRETIN GEL (bexarotene)
Endocrinology & Metabolism	

THERAPY CLASS	MEDICATION NAME
Androgens, Testosterone (Injectable)	AVEED (testosterone undecanoate)
	DELATESTRYL (testosterone enanthate)
	DEPO-TESTOSTERONE (testosterone cypionate)
	TESTOPEL (testosterone pellet)
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)
	ANDROID (methyltestosterone)
	ANDROXY (fluoxymesterone)
	METHITEST (methyltestosterone)
	OXANDRIN (oxandrolone)
	TESTRED (methyltestosterone)
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)
	ANDROGEL (testosterone)
	AXIRON (testosterone)
	FORTESTA (testosterone)
	NATESTO (testosterone nasal)
	STRIANT (testosterone)
	TESTIM (testosterone)
	VOGELXO (testosterone)
Antidiabetic Agents	AFREZZA (insulin regular)
	GLUMETZA (metformin)
	SYMLINPEN (pramlintide)
Antidiabetic Agents (PA age > 65 only)	CHLORPROPAMIDE (chlorpropamide)
Gastroenterology	
Antiemetics	CESAMET (nabilone)
	BONJESTA (doxylamine-pyridoxine)
	DICLEGIS (doxylamine-pyridoxine)
	MARINOL (dronabinol)
	SYNDROS (dronabinol)
Irritable Bowel Syndrome	LOTRONEX (alosetron)
	VIBERZI (eluxadoline)
Opioid-induced Constipation	RELISTOR (methylnaltrexone)
Immunology	
Allergen Extracts	GRASTEK (timothy grass pollen)
	ODACTRA (house dust mite)
	ORALAIR (mixed grass pollens allergen)
	RAGWITEK (short ragweed pollen allergen)
Immunizations	VARIZIG (varicella-zoster immune globulin)
Miscellaneous	

THERAPY CLASS	MEDICATION NAME
Calcium Modifier	SENSIPAR (cinacalcet)
Methotrexate Auto-Injectors	OTREXUP (methotrexate)
	RASUVO (methotrexate)
Movement Disorder Agents	GOCOVRI (amantadine)
	INGREZZA (valbenazine tosylate)
Toxicology	EXJADE (deferasirox)
	FERRIPROX (deferiprone)
	JADENU (deferasirox)
Wound Care	REGRANEX (becaplermin)
Oncology	
Miscellaneous	PROVENGE (sipuleucel-T)
Ophthalmology	
Miscellaneous	RESTASIS (cyclosporine)
	XIIDRA (lifitegrast)
Respiratory	
Asthma/COPD	DALIRESP (roflumilast)

PLEASE NOTE: This drug list is subject to regular updates and may not be all inclusive. Drugs affected include brand and generic and include all strengths 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.

Core and Select specialty prior authorization list

These medications may require prior authorization as defined by your benefit plan. For more information, contact customer service at the member phone number on your ID card.

THERAPY CLASS	MEDICATION NAME
Anti-infectives	
Antiprotozoals	DARAPRIM (pyrimethamine)
Antiretrovirals, HIV	SELZENTRY (maraviroc)
Cardiology	
Antilipemic	JUXTAPID (lomitapide)
	KYNAMRO (mipomersen)
	PRALUENT (alirocumab)
	REPATHA (evolocumab)
	REPATHA PUSH (evolocumab)
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)
	ADEMPAS (riociguat)
	FLOLAN (epoprostenol)
	LETAIRIS (ambrisentan)
	OPSUMIT (macitentan)
	ORENITRAM (treprostinil diolamine)
	REMODULIN (treprostinil)

THERAPY CLASS	MEDICATION NAME
	REVATIO (sildenafil)
	TRACLEER (bosentan)
	TYVASO (treprostinil)
	UPTRAVI (selexipag)
	VELETRI (epoprostenol)
	VENTAVIS (iloprost)
Vasopressors	NORTHERA (droxidopa)
Central Nervous System	
Anticonvulsants	SABRIL (vigabatrin)
Depressant	XYREM (sodium oxybate)
Miscellaneous	RADICAVA (edaravone) Soln
Muscular Dystrophy	EMFLAZA (deflazacort)
	EXONDYS 51 (eteplirsen)
Neurotoxins	BOTOX (onabotulinumtoxinA)
	DYSPORT (abobotulinumtoxinA)
	MYOBLOC (rimabotulinumtoxinB)
	XEOMIN (incobotulinumtoxinA)
Parkinson's	APOKYN (apomorphine)
Sleep Disorder	HETLIOZ (tasimelteon)
Dermatology	
Alkylating Agents	VALCHLOR (mechlorethamine) Gel
Atopic Dermatitis	DUPIXENT (dupilumab) Sosy
Electrolyte & Renal Agents	
Diuretics	KEVEYIS (dichlorphenamide)
Endocrinology & Metabolism	
Gonadotropins	ELIGARD (leuprolide)
	FIRMAGON (degarelix)
	LUPANETA PACK (leuprolide)
	LUPRON (leuprolide)
	LUPRON DEPOT (leuprolide)
	LUPRON DEPOT-PED (leuprolide)
	SUPPRELIN LA (histrelin acetate)
	TRELSTAR (triptorelin)
	TRELSTAR DEPOT (triptorelin)
	TRELSTAR LA (triptorelin)
	TRIPTODUR (triptorelin)
	VANTAS (histrelin)
Growth Hormones and Related Therapy	EGRIFTA (tesamorelin)
	GENOTROPIN (somatropin)
	HUMATROPE (somatropin)

THERAPY CLASS	MEDICATION NAME
	NORDITROPIN (somatropin)
	NUTROPIN (somatropin)
	NUTROPIN AQ (somatropin)
	OMNITROPE (somatropin)
	SAIZEN (somatropin)
	SEROSTIM (somatropin)
	ZOMACTON (somatropin)
	ZORBTIVE (somatropin)
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX (mecasermin)
	SOMAVERT (pegvisomant)
Hormone Modifiers	MYALEPT (metreleptin)
	NATPARA (parathyroid hormone)
	H.P. ACTHAR (corticotropin)
	KORLYM (mifepristone)
Osteoporosis	FORTEO (teriparatide)
	PROLIA (denosumab)
	TYMLOS (abaloparatide) Sopn
Somatostatins	SANDOSTATIN (octreotide)
	SANDOSTATIN LAR (octreotide)
	SIGNIFOR (pasireotide)
	SIGNIFOR LAR (pasireotide)
	SOMATULINE DEPOT (lanreotide)
Enzyme-Related	
Alpha-1 proteinase inhibitor	ARALAST (alpha-1 proteinase inhibitor)
	GLASSIA (alpha-1 proteinase inhibitor)
	PROLASTIN-C (alpha-1 proteinase inhibitor)
	ZEMAIRA (alpha-1 proteinase inhibitor)
Cystine-depleting Agents	CYSTARAN (cysteamine)
	PROCYSBI (cysteamine bitartrate)
Enzyme Replacement	ALDURAZYME (laronidase)
	BRINEURA (cerliponase) Soln
	CERDELGA (eliglustat)
	CEREZYME (imiglucerase)
	ELAPRASE (idursulfase)
	ELELYSO (taliglucerase)
	FABRAZYME (agalsidase beta)
	KANUMA (sebelipase alfa) Soln
	LUMIZYME (alglucosidase alfa)
	MEPSEVII (vestronidase alfa)
	NAGLAZYME (galsulfase)

THERAPY CLASS	MEDICATION NAME
	RAVICTI (glycerol phenylbutyrate)
	STRENSIQ (asfotase alfa)
	VIMIZIM (elosulfase)
	VPRIV (velaglucerase)
	XURIDEN (uridine triacetate)
	ZAVESCA (miglustat)
Enzyme, Gout	KRYSTEXXA (pegloticase)
Metabolic Agents	NITYR (nitisinone)
	ORFADIN (nitisinone)
Phenylketonuria Treatment Agents	KUVAN (sapropterin)
Gastroenterology	
Bile Acid Agents	CHOLBAM (cholic acid)
Diarrhea	XERMELO (telotristat ethyl)
Hepatic Agents	OCALIVA (obeticholic acid)
Short Bowel Syndrome	GATTEX (teduglutide)
Immunology	
Hematopoietic Agents	ARANESP (darbepoetin alfa)
	EPOGEN (epoetin alfa)
	GRANIX (tbo-filgrastim)
	LEUKINE (sargramostim)
	MIRCERA (methoxy polyethylene glycol-epoetin)
	MOZOBIL (plerixafor)
	NEULASTA (pegfilgrastim)
	NEUPOGEN (filgrastim)
	NPLATE (romiplostim)
	PROCRIT (epoetin alfa)
	PROMACTA (eltrombopag)
	SOLIRIS (eculizumab)
	ZARXIO (filgrastim)
Hemostatic Agent	BERINERT (c1 esterase)
	CINRYZE (c1 esterase)
	FIRAZYR (icatibant) Soln
	HAEGARDA (c1 esterase)
	KALBITOR (ecallantide) Soln
	RUCONEST (c1 esterase) Solr
Hepatitis C Agents	DAKLINZA (daclatasvir dihydrochloride)
	EPCLUSA (sofosbuvir-velpatasvir)
	HARVONI (ledipasvir-sofosbuvir)
	MAVYRET (glecaprevir-pibrentasvir)
	OLYSIO (simeprevir)

THERAPY CLASS	MEDICATION NAME
	PEGASYS (peginterferon alfa-2a)
	PEG-INTRON (peginterferon alfa-2b)
	SOVALDI (sofosbuvir)
	TECHNIVIE (ombitasvir-paritaprevir-ritonavir)
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)
	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)
	VOSEVI (sofosbuvir-velpatasivir)
	ZEPATIER (elbasvir-grazoprevir)
Immune Globulins	BIVIGAM (immune globulin)
	CARIMUNE (immune globulin)
	CUVITRU (immune globulin)
	CYTOGAM (cytomegalovirus immune globulin)
	FLEBOGAMMA (immune globulin)
	FLEBOGAMMA DIF (immune globulin)
	GAMASTAN (immune globulin)
	GAMMAGARD (immune globulin)
	GAMMAKED (immune globulin)
	GAMMAPLEX (immune globulin)
	GAMUNEX (immune globulin)
	GAMUNEX-C (immune globulin)
	HIZENTRA (immune globulin)
	HYQVIA (hyaluron immune globulin)
	OCTAGAM (immune globulin)
	PRIVIGEN (immune globulin)
Immunomodulators	ACTEMRA (tocilizumab) Sosy
	CIMZIA (certolizumab)
	COSENTYX (secukinumab)
	ENBREL (etanercept)
	ENTYVIO (vedolizumab)
	HUMIRA (adalimumab)
	ILUMYA (tildrakizumab)
	INFLECTRA (infliximab)
	KINERET (anakinra)
	ORENCIA (abatacept)
	OTEZLA (apremilast)
	REMICADE (infliximab)
	RENFLEXIS (infliximab)
	SILIQ (brodalumab) Sosy
	SIMPONI (golimumab)
	SIMPONI ARIA (golimumab)

THERAPY CLASS	MEDICATION NAME
	STELARA (ustekinumab)
	TALTZ (ixekizumab)
	TREMFYA (guselkumab)
	XELJANZ (tofacitinib)
	XELJANZ XR (tofacitinib)
Interleukins	ARCALYST (rilonacept)
	ILARIS (canakinumab)
Miscellaneous	BENLYSTA (belimumab)
Multiple Sclerosis	AMPYRA (dalfampridine)
	AUBAGIO (teriflunomide)
	AVONEX (interferon beta-1a)
	BETASERON (interferon beta-1b)
	COPAXONE (glatiramer)
	EXTAVIA (interferon beta-1b)
	GILENYA (fingolimod)
	GLATOPA (glatiramer)
	LEMTRADA (alemtuzumab)
	NOVANTRONE (mitoxantrone)
	OCREVUS (ocrelizumab) Soln
	PLEGRIDY (peginterferon beta)
	REBIF (interferon beta-1a)
	TECFIDERA (dimethyl fumarate)
	TYSABRI (natalizumab)
	ZINBRYTA (daclizumab)
Transplant	NULOJIX (belatacept)
	ZORTRESS (everolimus)
Miscellaneous	
Amino Acid	ENDARI (glutamine)
Collagenase	XIAFLEX (collagenase clostridium histolyticum)
Diagnostic	THYROGEN (thyrotropin alfa)
Movement Disorder Agents	AUSTEDO (deutetrabenazine)
	XENAZINE (tetrabenazine)
Musculoskeletal Agents	SPINRAZA (nusinersen) Soln
Toxicology	CUPRIMINE (penicillamine)
	SYPRINE (trientine)
Viscosupplements	DUROLANE (sodium hyaluronate)
	EUFLEXXA (sodium hyaluronate)
	GEL-ONE (sodium hyaluronate)
	GELSYN-3 (sodium hyaluronate)
	HYALGAN (sodium hyaluronate)

THERAPY CLASS	MEDICATION NAME
	HYMOVIS (sodium hyaluronate)
	MONOVISC (hyaluronan)
	ORTHOVISC (sodium hyaluronate)
	SUPARTZ (sodium hyaluronate)
	SYNVISC (sodium hyaluronate)
	SYNVISC-ONE (sodium hyaluronate)
	VISCO-3 (sodium hyaluronate)
Obstetrics & Gynecology	
Fertility Agents	BRAVELLE (urofollitropin)
	CETROTIDE (cetrorelix)
	Chorionic gonadotropin
	FOLLISTIM AQ (follitropin beta)
	Ganirelix acetate
	GONAL-F (follitropin alfa)
	GONAL-F RFF (follitropin alfa)
	MENOPUR (menotropins)
	NOVAREL (chorionic gonadotropin)
	PREGNYL (chorionic gonadotropin)
Hormone Replacement	Hydroxyprogesterone caproate
	MAKENA (hydroxyprogesterone caproate)
Oncology (Injectable)	
Antifolate	FOLOTYN (pralatrexate) Soln
	TECENTRIQ (atezolizumab) Soln
Antimicrotubular	HALAVEN (eribulin)
	JEVTANA (cabazitaxel)
CAR-T Therapy	KYMRIAH (tisagenlecleucel)
	YESCARTA (axicabtagene ciloleucel)
Interferons	INTRON A (interferon alfa-2b)
	SYLATRON (peginterferon alfa-2b)
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)
	KYPROLIS (carfilzomib)
	PORTRAZZA (necitumumab) Soln
	VELCADE (bortezomib)
	ZALTRAP (ziv-aflibercept)
Miscellaneous	BELEODAQ (belinostat)
	DACOGEN (decitabine)
	ISTODAX (romidepsin)
	SYNRIBO (omacetaxine)
	VYXEOS (daunorubicin-cytarabine)
Monoclonal Antibody	ADCETRIS (brentuximab)

THERAPY CLASS	MEDICATION NAME
	ARZERRA (ofatumumab)
	BAVENCIO (avelumab) Soln
	BESPONSA (inotuzumab)
	BLINCYTO (blinatumomab)
	CYRAMZA (ramucirumab)
	DARZALEX (daratumumab) Soln
	EMPLICITI (elotuzumab) Solr
	ERBITUX (cetuximab) Soln
	GAZYVA (obinutuzumab)
	HERCEPTIN (trastuzumab)
	IMFINZI (durvalumab) Soln
	KADCYLA (ado-trastuzumab emtansine)
	KEVZARA (sarilumab)
	KEYTRUDA (pembrolizumab)
	LARTRUVO (olaratumab)
	MYLOTARG (gemtuzumab)
	OPDIVO (nivolumab)
	PERJETA (pertuzumab)
	RITUXAN (rituximab)
	RITUXAN HYCELA (rituximab-hyaluronidase)
	SYLVANT (siltuximab)
	UNITUXIN (dinutuximab)
	XGEVA (denosumab)
	YERVOY (ipilimumab)
Oncology (Oral)	
Alkylating Agents	TEMODAR (temozolomide)
Antiandrogen	XTANDI (enzalutamide)
	ZYTIGA (abiraterone)
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)
	AFINITOR DISPERZ (everolimus)
	ALECENSA (alectinib)
	ALUNBRIG (brigatinib)
	BOSULIF (bosutinib)
	CABOMETYX (cabozantinib s-malate)
	CALQUENCE (acalabrutinib)
	CAPRELSA (vandetanib)
	COMETRIQ (carbozantinib)
	COTELLIC (cobimetnib)
	ERIVEDGE (vismodegib)

THERAPY CLASS	MEDICATION NAME
	FARYDAK (panobinostat)
	GILOTRIF (afatinib)
	GLEEVEC (imatinib)
	IBRANCE (palbociclib)
	ICLUSIG (ponatinib)
	IDHIFA (enasidenib)
	IMBRUVICA (ibrutinib)
	INLYTA (axitinib)
	IRESSA (gefitinib)
	JAKAFI (ruxolitinib)
	LENVIMA (lenvatinib)
	LYNPARZA (olaparib)
	MEKINIST (trametinib)
	NERLYNX (neratinib)
	NEXAVAR (sorafenib)
	NINLARO (ixazomib)
	ODOMZO (sonidegib)
	RYDAPT (midostaurin)
	SPRYCEL (dasatinib)
	STIVARGA (regorafenib)
	SUTENT (sunitinib)
	TAFINLAR (dabrafenib)
	TAGRISSO (osimertinib)
	TARCEVA (erlotinib)
	TASIGNA (nilotinib)
	TYKERB (lapatinib)
	VENCLEXTA (venetoclax)
	VERZENIO (abemaciclib)
	VOTRIENT (pazopanib)
	XALKORI (crizotinib)
	ZEJULA (niraparib tosylate)
	ZELBORAF (vemurafenib)
	ZYDELIG (idelalisib)
	ZYKADIA (ceritinib)
Miscellaneous	KISQALI (ribociclib) Tabs
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack
	LONSURF (trifluridine-tipiracil)
	RUBRACA (rucaparib camsylate)
	TARGRETIN (bexarotene) caps
	XELODA (capecitabine)

THERAPY CLASS	MEDICATION NAME
	ZOLINZA (vorinostat)
Thalidomide-related Agents	POMALYST (pomalidomide)
	REVLIMID (lenalidomide)
	THALOMID (thalidomide)
Ophthalmology	
Miscellaneous	LUXTURNA (voretigene neparvovec-rzyl)
Respiratory	
Asthma/COPD	CINQAIR (reslizumab) Soln
	FASENRA (benralizumab)
	NUCALA (mepolizumab)
	XOLAIR (omalizumab)
Cystic fibrosis	CAYSTON (aztreonam)
	KALYDECO (ivacaftor)
	ORKAMBI (lumacaftor-ivacaftor)
	SYMDEKO (tezacaftor-ivacaftor)
Pulmonary Fibrosis	ESBRIET (pirfenidone)
	OFEV (nintedanib)
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)

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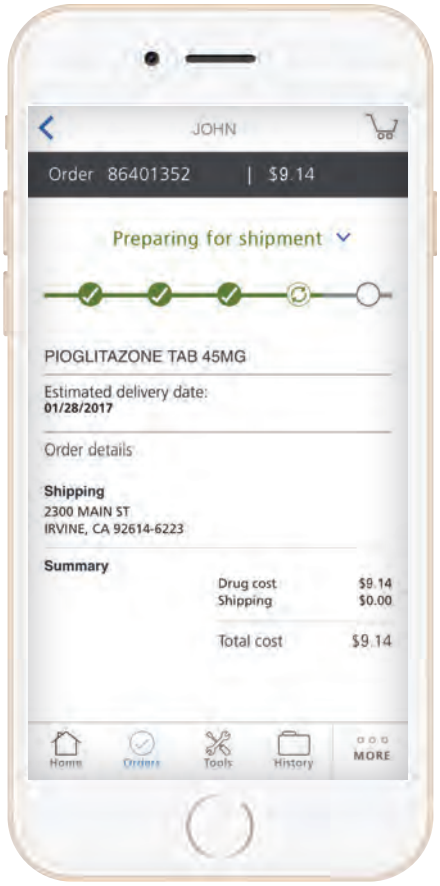

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