

## Your Pharmacy Benefits



## 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.<sup>1</sup> 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.<sup>2</sup>

#### 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.<sup>3</sup>

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.

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

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## 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 [optumrx.com](http://optumrx.com) or call the number on your health plan or prescription ID card. Pharmacists administer the vaccines at these locations.

- **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**
- **The Kroger Co.** (Dillons, King Soopers, Fry's, Fred Meyer, Ralphs, QFC, Harris Teeter Roundy's, Pick N' Save, Copps Food Center, Metro Market, Baker's Pharmacy, City Market, Mariano's, Pay Less, Owens, Jay C Food Stores, Gerbes Pharmacy)
- **K-VA-T Food Stores, Inc.** (Food City)
- **Marsh Drugs LLC**
- **Meijer Pharmacies**
- **Publix**
- **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, Rite Aid, featuring a Walgreens pharmacy)
- **Walmart Pharmacy**
- **Wegmans**

1 Sources: <http://www.cdc.gov/flu/>

2 [www.cdc.gov/flu/protect/keyfacts.htm#flu-vaccination](http://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.

## Routine vaccines<sup>4</sup>

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
<b>Flu (Influenza)*</b> Afluria, Afluria Quad, Fluad, Fluarix Quad, Flublok, Flublok Quad, Flucelvax Quad, Flulaval Quad, FluMist Quad, Fluvirin, Fluzone HD, Fluzone ID Quad, Fluzone Quad, Fluzone Quad (pediatric dose)
Routine Adult Vaccines
<b>Hepatitis A* (Adult and Pediatric)</b> Havrix, Vaqta
<b>Hepatitis B* (Adult and Pediatric)</b> Engerix-B, Heplisav-B (adult only), Recombivax-HB
<b>Human Papilloma Virus (HPV)*</b> — Vaccine prevents HPV related cancers Gardasil, Gardasil 9
<b>Measles, Mumps, Rubella*</b> MMR-II
<b>Meningococcal*</b> — Vaccine prevents meningitis Groups A, C, Y and W-135 Menactra, Menveo
<b>Meningococcal*</b> — Vaccine prevents meningitis Group B Bexsero, Trumenba
<b>Pneumococcal*</b> — Vaccine prevents pneumonia Pnevnar13, Pneumovax 23
<b>Tdap*</b> — Vaccine prevents tetanus, diphtheria, pertussis Adacel, Boostrix
<b>Tetanus Diphtheria*</b> — TD Tenivac
<b>Varicella*</b> — Vaccine prevents chicken pox Varivax
<b>Zoster*</b> — Vaccine prevents shingles Shingrix, Zostavax

\*Vaccine type

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.

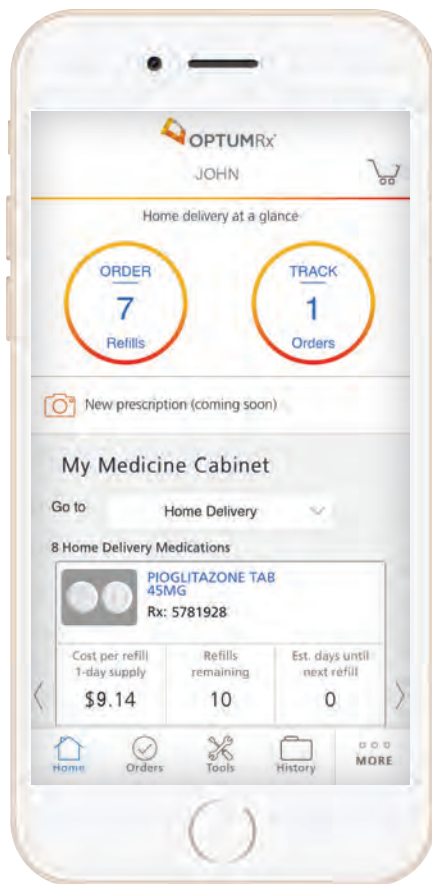


OptumRx is a pharmacy care services company helping clients and more than 65 million members achieve better health outcomes and lower overall costs through innovative prescription drug benefit services. Learn more at [optum.com/optumrx](http://optum.com/optumrx).

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# The OptumRx app



**The OptumRx<sup>®</sup> App makes the online pharmacy experience as simple as possible. You can easily:**

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order



**Download the OptumRx App now**  
from the Apple<sup>®</sup> App Store or Google Play<sup>™</sup>.



## The OptumRx App: the most convenient way to manage your prescriptions.

### Simple

You can easily refill a medication or transfer a retail prescription to home delivery.

### Current

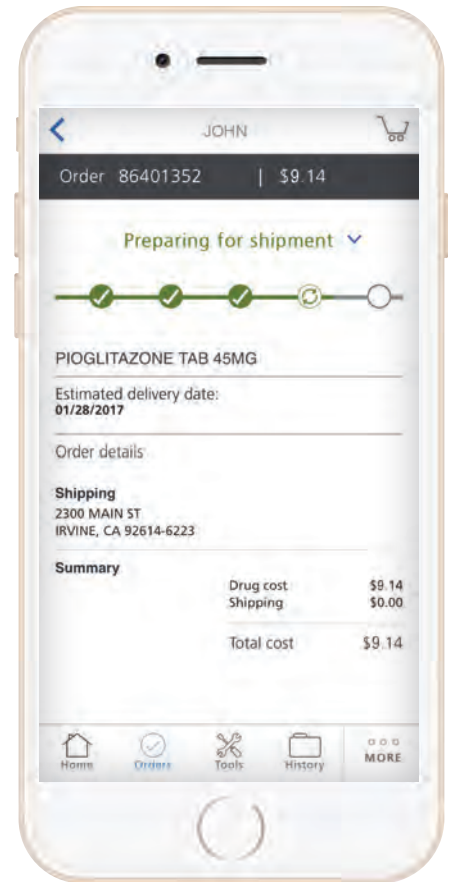
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

### Personalized

Access a complete profile of your prescriptions when you view your online Medicine Cabinet. You can see all your recent and past prescriptions.

### Save time and money

Compare prescription drug options as well as identify potential cost savings.



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

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

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

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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](https://www.optum.com).

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# Your Generics Program

A *generic equivalent* is a generic version of a brand name medication. Generic equivalents have the same active ingredients, safety, quality and strength as their brand name counterparts, and they are proven to act the same way in the body. Generics also cost significantly less than brand name medications.

If you use a branded medication instead of its generic equivalent, you pay your plan's applicable brand copayment plus a penalty. This penalty is the difference in cost between the brand and generic medications. Your out-of-pocket cost for the brand may be up to the entire cost of the medication. However, you will not be charged a penalty if your doctor tells the pharmacy to give you the brand instead of the generic.

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

## About Generics

Generics are U.S. Food and Drug Administration (FDA) approved to be just as safe and effective as their brand name counterparts.

### Generics are safe . . .

- Meet the same quality standards as brand name medications
- Tested for purity before reaching pharmacy shelves

### . . . and effective

- Strength, active ingredients and quality are equal to brand name medications
- Proven to act the same way as brand name medications

### . . . and usually cost less

- You save money because your benefit plan's generic copay is typically your lowest out-of-pocket cost
- Along with your own out-of-pocket savings, you take an active role in lowering your benefit plan's cost for providing your coverage when you use generic

## Retail pharmacies and Retail 90 Rx



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

### **Using your ID card**

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

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

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

## Retail 90 Rx program

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

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

## Finding a network pharmacy

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

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

### A

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

### B

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

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

### C

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

### D

- 90 Dallas Metrocare Services
- 90 Denver Health

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

### E

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

### F

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

### G

- 90 GeriMed LTC
- 90 Giant Eagle
- Global Pharmacy



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## H

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- 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

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## I

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

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## J

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- 90 JPS Health Network

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## K

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

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## L

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

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## M

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- 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

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## N

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- 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

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## O

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

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## P

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

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

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## Q

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

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## R

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

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## S

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- 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

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**T**

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- 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

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**U**

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

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**V**

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

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**W**

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

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**Y**

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- 90 Yakima Valley Farm Workers Clinic

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**Z**

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- 90 Zallie - Shoprite Supermarkets

90 All Pharmacy locations may not dispense 90 day supplies.

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



2300 Main Street, Irvine, CA 92614

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

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# Your 2020 Formulary

Effective January 1, 2020



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



Call the number on your member ID card.



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

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

### **What is a formulary?**

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

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

### **How do I use my formulary?**

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. 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 number on your member ID card.

### **What are tiers?**

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. 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 equal 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 a coverage request by calling the number on your member ID card.

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### **About this formulary**

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

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### **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 or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

### **What if I am taking a specialty medication?**

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

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### **Over-the-counter medications**

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

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## Reading your formulary

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

### Tier information

Using lower tier or preferred medications can help you 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 meet your deductible.

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

### Drug list information

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

<b>M</b>	Authorized generic or cobranded product
<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to give OptumRx more information to determine coverage.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>ST</b>	<b>Step Therapy</b> – Must try lower-cost medication(s) before a higher-cost medication can be covered.
<b>3P</b>	Tier 3 preferred
<b>++</b>	<b>Benefit Design Options</b> – Coverage is determined by your prescription medication benefit plan.

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
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
apap-caff-dihydrocodeine	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
morphine sulfate er oral tablet extended release	1	PA; QL
NUCYNTA	3	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen	1	QL
OXYCONTIN	2	PA; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	3	QL
tramadol hcl ir	1	QL
trezix	1	QL

Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain and Inflammation</b>		
celecoxib oral	1	QL
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
etodolac oral tablet	1	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
<b>Anesthetics</b>		
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine-prilocaine external cream	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	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
CHANTIX CONTINUING MONTH PAK	3	++; QL
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	3	ST; QL
ZUBSOLV	2	QL
<b>Antibacterials</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID	3	

Drug Name	Drug Tier	Notes
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	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	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
sulfamethoxazole-trimethoprim oral tablet	1	
XEPI	3	
XIMINO	3	
<b>Anticoagulants</b>		
BEVYXXA	3	QL
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium	1	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium 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
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine oral tablet	1	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA; SP
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
SYMPAZAN	3	PA
topiramate oral tablet	1	
VIMPAT ORAL	3	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC	2	QL
<b>Antidepressants</b>		
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

Drug Name	Drug Tier	Notes
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet 10 mg	1	

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

Drug Name	Drug Tier	Notes
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
TRANSDERM-SCOP (1.5 MG)	3	
VARUBI	3	QL
<b>Antifungals</b>		
CRESEMBA ORAL	3	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
ULORIC	3	ST
<b>Antimigraine Agents</b>		
AIMOVIG	2	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL

Drug Name	Drug Tier	Notes
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
IDHIFA	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
YONSA	3	PA; SP
<b>Antiparasitics</b>		
ARAKODA	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
SOLOSEC	3	
<b>Antiparkinson Agents</b>		
carbidopa-levodopa oral tablet	1	
INBRIJA	3	PA; SP
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
<b>Antiplatelets</b>		
BRILINTA	2	
clopidogrel bisulfate oral	1	
ZONTIVITY	3	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
acyclovir oral tablet	1	
ATRIPLA	3	ST
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	
DOVATO	2	
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	
HARVONI ORAL TABLET 90-400 MG	2	PA; SP; QL
ISENTRESS ORAL TABLET	2	
JULUCA	2	
MAVYRET	2	PA; SP; QL
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	
PREZISTA ORAL TABLET	2	
ritonavir	1	
STRIBILD	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU ORAL CAPSULE 75 MG	3	QL

Drug Name	Drug Tier	Notes
tenofovir disoproxil fumarate	1	
TIVICAY	2	
TRIUMEQ	2	
TRUVADA	2	
valacyclovir hcl oral	1	QL
VEMLIDY	3	SP
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	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	1	QL
triazolam	1	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
ADYNOVATE	3	SP
AFSTYLA	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
ELOCTATE	3	SP
JIVI	3	SP
KOGENATE FS	3	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
KOVALTRY	3	SP
MULPLETA	2	PA; SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NIVESTYM	2	PA; SP
NOVOEIGHT	3	SP
NUWIQ	3	SP
RETACRIT	2	PA; SP
UDENYCA	3	PA; SP
ULTOMIRIS	3	PA; SP
ZARXIO	2	PA; SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	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	
cartia xt	1	
carvedilol	1	

Drug Name	Drug Tier	Notes
chlorthalidone	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR ORAL TABLET	3	PA; QL
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
dilt-xr	1	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	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
isosorbide mononitrate er	1	
labetalol hcl oral	1	
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	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	PA
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	2	PA; QL
pravastatin sodium	1	
prazosin hcl oral capsule 1 mg, 5 mg	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA; QL

Drug Name	Drug Tier	Notes
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral	1	
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	
TEKTURNA HCT	2	ST
telmisartan	1	
telmisartan-hctz	1	
toremide	1	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR	3	PA; ST; QL
ADZENYS ER	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
dexmethylphenidate hcl	1	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
dexmethylphenidate hcl er	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	3	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	2	PA; SP; QL
GILENYA	3	PA; 3P; SP; QL
REBIF	3	PA; SP; QL
REBIF REBIDOSE	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	3	PA; SP; QL
REBIF TITRATION PACK	3	PA; SP; QL
TECFIDERA	2	PA; SP; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	3	++; QL
AUSTEDO	3	PA; SP; QL
CONTRACE	2	++
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
HORIZANT	3	PA; QL
LYRICA ORAL CAPSULE	3	ST; QL

Drug Name	Drug Tier	Notes
phentermine hcl oral capsule 30 mg	1	++
phentermine hcl oral tablet	1	++
SAXENDA	3	++
TIGLUTIK	3	PA; SP; QL
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	3	PA
ACZONE EXTERNAL GEL 7.5 %	2	
betamethasone dipropionate external cream	1	
BRYHALI	3	
claravis	1	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE EXTERNAL SWAB	3	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	ST; M

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



Drug Name	Drug Tier	Notes
clindamycin phosphate gel 1 % external	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DUPIXENT	2	PA; SP; QL
ENSTILAR	3	QL
EPIDUO FORTE	3	
EUCRISA	2	ST
fluocinonide external cream	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
metronidazole external cream	1	
metronidazole external gel	1	
MIRVASO	2	
mometasone furoate external cream	1	
myorisan	1	PA
ONEXTON	3	
QBREXZA	3	QL

Drug Name	Drug Tier	Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	++
SERNIVO	3	
SOOLANTRA	2	
TACLONEX	3	QL
TOLAK	3	
tretinoin external cream	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
<b>Diabetes - Antidiabetic Agents</b>		
BYDUREON	2	ST; QL
BYDUREON BCISE AUTOINJECTOR	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	
glyburide oral	1	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl er (mod)	1	PA

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

Drug Name	Drug Tier	Notes
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
OZEMPIC	2	ST; QL
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
<b>Diabetes - Glucose Monitoring</b>		
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	++
ACCU-CHEK GUIDE	2	++
ACCU-CHEK GUIDE TEST STRIPS	2	++; QL
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	++
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	++

Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW TEST STRIPS	2	++; QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CONTOUR NEXT MONITOR	3	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	2	++
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	2	++
FREESTYLE LIBRE 14 DAY READER	2	++
FREESTYLE LIBRE 14 DAY SENSOR	2	++
FREESTYLE LIBRE READER	2	++
FREESTYLE LIBRE SENSOR SYSTEM	2	++
LANCETS	2	++
ONETOUCH ULTRA 2	2	++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL
ONETOUCH ULTRA MINI	2	++
ONE TOUCH VERIO KIT W/DEVICE	2	++
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++

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

Drug Name	Drug Tier	Notes
ONETOUGH VERIO TEST STRIPS	2	++; QL
ONETOUGH VERIO IQ SYSTEM	2	++
ONETOUGH VERIO SYNC SYSTEM KIT W/DEVICE	2	++
V-GO 20	2	++
V-GO 30	2	++
V-GO 40	2	++
<b>Diabetes - Glycemic Agents</b>		
GLUCAGON EMERGENCY	2	
<b>Diabetes - Insulins</b>		
BD AUTOSHIELD DUO PEN NEEDLES	2	++
BD ULTRA-FINE INSULIN SYRINGES	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
HUMALOG KWIKPEN	2	++
HUMALOG MIX 50/50 KWIKPEN	2	++
HUMALOG MIX 50/50 VIAL	2	++
HUMALOG MIX 75/25 KWIKPEN	2	++
HUMALOG MIX 75/25 VIAL	2	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++
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	++

Drug Name	Drug Tier	Notes
HUMULIN R U-500 KWIKPEN	2	++
HUMULIN R U-500 VIAL (CONCENTRATED)	2	++
HUMULIN R VIAL	2	++
LANTUS SOLOSTAR	2	++
LANTUS U-100 VIAL	2	++
LEVEMIR U-100 FLEXTOUCH	2	++
LEVEMIR U-100 VIAL	2	++
NOVOFINE AUTOCOVER PEN NEEDLE	2	++
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
NOVOLIN 70/30 FLEXPEN	2	++
NOVOLIN 70/30 VIAL	2	++
NOVOLIN N VIAL	2	++
NOVOLIN R VIAL	2	++
NOVOLOG FLEXPEN	2	++
NOVOLOG MIX 70/30 FLEXPEN	2	++
NOVOLOG MIX 70/30 VIAL	2	++
NOVOLOG PENFILL	2	++
NOVOLOG U-100 VIAL	2	++
NOVOTWIST PEN NEEDLE	2	++
TOUJEO MAX SOLOSTAR	2	++
TOUJEO SOLOSTAR	2	++
TRESIBA	2	++
TRESIBA FLEXTOUCH	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
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
klor-con m20	1	
LOKELMA	3	
potassium chloride cryster	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral	1	QL
ranitidine hcl oral syrup	1	++
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	

Drug Name	Drug Tier	Notes
LINZESS	2	ST; QL
MOTEGRITY	3	ST; QL
MOVANTIK	2	ST; QL
OMECLAMOX-PAK	2	
PLENVU	3	
PREPOPIK	3	
PYLERA	2	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
STRENSIQ	3	PA; SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
CIALIS	3	ST; ++; QL
DEPEN TITRATABS	2	SP
INTRAROSA	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

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

Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
STENDRA	3	++; QL
tadalafil oral	1	++; QL
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	3	ST
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
terazosin hcl oral capsule 1 mg, 10 mg, 5 mg	1	
<b>Hormonal Agents - Adrenal</b>		
dexamethasone oral tablet	1	
hydrocortisone oral	1	
methylprednisolone oral tablet therapy pack	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
TESTOSTERONE CYPIONATE INJECTION	3	PA
testosterone cypionate intramuscular	1	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
XYOSTED	3	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	2	PA; SP
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate subcutaneous solution 250 mcg/0.5ml	1	PA; Made by Organon/Merck; ++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP

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
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NOCDURNA	3	
NORDITROPIN FLEXPRO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	2	PA; ++; SP
NUTROPIN AQ NUSPIN 20	2	PA; ++; SP
NUTROPIN AQ NUSPIN 5	2	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
apri	1	++
aviane	1	++
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
CLIMARA PRO	2	
cryselle-28	1	++
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce	1	++
estarylla	1	++
estradiol oral	1	

Drug Name	Drug Tier	Notes
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	++
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
isibloom	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kariva	1	++
larissia	1	++
lessina	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	2	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
MINIVELLE	3	
mono-linyah	1	++
NATAZIA	2	++
nikki	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	++
norethindrone 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
norgestimate-ethinyl estradiol triphasic	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
NUVARING	2	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	++
syeda	1	++
TAYTULLA	3	++
tri femynor	1	++
tri-linyah	1	++
tri-lo-marzia	1	++
tri-lo-sprintec	1	++
tri-sprintec	1	++
vienva	1	++
xulane	1	++
yuvaferm	1	
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	ST
levothyroxine sodium oral	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	ST
SYNTHROID	3	ST
TIROSINT	3	
TIROSINT-SOL	3	

Drug Name	Drug Tier	Notes
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP
azathioprine oral	1	
CIMZIA	2	PA; SP
CIMZIA PREFILLED KIT	2	PA; SP
CIMZIA STARTER KIT	2	PA; SP
COSENTYX SENSOREADY (300 MG)	3	PA; SP
COSENTYX SENSOREADY PEN	3	PA; SP
cyclosporine modified oral capsule	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK	3	PA; SP
FIRAZYR	3	PA; SP
HAEGARDA	3	PA; SP
HUMIRA	2	PA; SP
HUMIRA PEDIATRIC CROHNS START	2	PA; SP
HUMIRA PEN	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA; SP
INFLECTRA	2	PA; SP
leflunomide oral	1	
methotrexate 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
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
ORENCIA	3	PA; 3P; SP
ORENCIA CLICKJECT	3	PA; 3P; SP
OTEZLA	2	PA; SP
RASUVO	2	PA; QL
RENFLEXIS	2	PA; SP
RUCONEST	3	PA; SP
SIMPONI	2	PA; SP
SKYRIZI (150 MG DOSE)	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
tacrolimus oral	1	SP
TALTZ	3	PA; 3P; SP
TREMFYA	2	PA; SP
XELJANZ	2	PA; SP
XELJANZ XR	2	PA; SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	2	
DIPENTUM	3	
LIALDA	3	ST
mesalamine oral tablet delayed release	1	
PENTASA	3	
PROCTOFOAM HC	2	
UCERIS RECTAL	3	

Drug Name	Drug Tier	Notes
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
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	2	PA; SP
ibandronate sodium oral	1	QL
RAYALDEE	3	
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
DUROLANE	2	PA; SP
EUFLEXXA	2	PA; SP
GELSYN-3	2	PA; SP
TAKHZYRO	3	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine 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
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX SM	3	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	2	
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	2	QL
ZIOPTAN	3	QL

Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACAFT	3	ST
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA
tobramycin-dexamethasone	1	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
OTOVEL	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO	3	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
benzonatate	1	
DYMISTA	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
hydrocodone polst-cpm polst er	1	PA; QL
ipratropium bromide nasal	1	
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Par; M; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Prasco; M; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; Made by Teva; M; QL
albuterol sulfate inhalation	1	QL
ANORO ELLIPTA	2	QL

Drug Name	Drug Tier	Notes
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	1	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK	3	ST
EPIPEN JR 2-PAK	3	ST
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	1	QL
LONHALA MAGNAIR REFILL KIT	3	QL
LONHALA MAGNAIR STARTER KIT	3	QL
montelukast sodium 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
montelukast sodium oral tablet chewable	1	
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	3	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	2	SP
TOBI PODHALER	3	SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	3	PA; SP; QL
TRACLEER 32 MG	2	PA; SP; QL

Drug Name	Drug Tier	Notes
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
tizanidine hcl oral	1	
<b>Sleep Disorder Agents</b>		
eszopiclone	1	QL
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
XYREM	3	PA; SP; QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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HUMIRA PEN.....	21	JENTADUETO XR.....	15	LOTEMAX.....	23
HUMIRA PEN-CD/UC/HS		JIVI.....	11	LOTEMAX SM.....	23
STARTER.....	21	JULUCA.....	11	lovastatin.....	13
HUMIRA PEN-PS/UV/ADOL		junel 1/20.....	20	low-ogestrel.....	20
HS START.....	21	junel fe 1.5/30.....	20	LUMIGAN.....	23
HUMULIN 70/30 KWIKPEN.....	17	junel fe 1/20.....	20	LUPRON DEPOT (1-MONTH)..	19
HUMULIN 70/30 VIAL.....	17	junel fe 24.....	20	LUPRON DEPOT (3-MONTH)..	19
HUMULIN N KWIKPEN.....	17	kariva.....	20	LUPRON DEPOT (4-MONTH)	
HUMULIN N VIAL.....	17	ketoconazole.....	10	INTRAMUSCULAR KIT 30MG..	20
HUMULIN R U-500 KWIKPEN..	17	ketorolac tromethamine.....	7, 22	LUPRON DEPOT (6-MONTH)	
HUMULIN R U-500 VIAL		klor-con m20.....	18	INTRAMUSCULAR KIT 45MG..	20
(CONCENTRATED).....	17	KOGENATE FS.....	11	LYRICA.....	14
HUMULIN R VIAL.....	17	KOVALTRY.....	12	MAKENA.....	20
hydralazine hcl.....	12	labetalol hcl.....	13	MAVYRET.....	11
hydrochlorothiazide.....	12	lamotrigine.....	9	meclizine hcl.....	9
hydrocodone polst-cpm polst		LANCETS.....	16	medroxyprogesterone acetate..	20
er.....	24	LANTUS SOLOSTAR.....	17	meloxicam.....	7
hydrocodone-acetaminophen.....	7	LANTUS U-100 VIAL.....	17	memantine hcl.....	9
hydrocortisone.....	15, 19	larissia.....	20	mercaptopurine.....	10
hydromorphone hcl.....	7	LASTACFT.....	23	mesalamine.....	22
hydroxychloroquine sulfate.....	10	latanoprost.....	23	metaxalone.....	25
hydroxyzine hcl.....	11	LATUDA.....	11	metformin hcl er.....	15
hydroxyzine pamoate.....	11	leflunomide.....	21	metformin hcl er (mod).....	15
HYSINGLA ER.....	7	lessina.....	20	metformin hcl er (osm).....	16
ibandronate sodium.....	22	letrozole.....	10	metformin hcl ir.....	16
IBRANCE.....	10	LEVEMIR U-100 FLEXTOUCH..	17	methimazole.....	21
ibu.....	7	LEVEMIR U-100 VIAL.....	17	methocarbamol.....	25
ibuprofen.....	7	levetiracetam.....	9	methotrexate.....	21
IDHIFA.....	10	levofloxacin.....	8	methotrexate sodium.....	22
IMVEXXY MAINTENANCE		levonorgestrel-ethinyl estrad.....	20	methylphenidate hcl.....	14
PACK.....	20	levothyroxine sodium.....	21	methylphenidate hcl er.....	14
IMVEXXY STARTER PACK.....	20	LIALDA.....	22	methylprednisolone.....	19
INBRIJA.....	10	lidocaine.....	7	metoclopramide hcl.....	9

metoprolol succinate er.....	13	nortrel 1/35 (21).....	21	OPSUMIT.....	25
metoprolol tartrate.....	13	nortrel 1/35 (28).....	21	ORENCIA.....	22
metronidazole.....	8, 15	nortriptyline hcl.....	9	ORENCIA CLICKJECT.....	22
MINIVELLE.....	20	NOVOEIGHT.....	12	ORENITRAM.....	25
minocycline hcl.....	8	NOVOFINE AUTOCOVER		ORLISSA.....	20
mirtazapine.....	9	PEN NEEDLE.....	17	oseltamivir phosphate.....	11
MIRVASO.....	15	NOVOFINE PEN NEEDLE.....	17	OSPHENA.....	19
modafinil.....	25	NOVOFINE PLUS PEN		OTEZLA.....	22
mometasone furoate.....	15	NEEDLE.....	17	OTOVEL.....	23
mono-linyah.....	20	NOVOLIN 70/30 FLEXPEN.....	17	oxcarbazepine.....	9
montelukast sodium.....	24, 25	NOVOLIN 70/30 VIAL.....	17	oxybutynin chloride.....	18
morphine sulfate er.....	7	NOVOLIN N VIAL.....	17	oxybutynin chloride er.....	18
MOTEGRITY.....	18	NOVOLIN R VIAL.....	17	oxycodone hcl.....	7
MOVANTIK.....	18	NOVOLOG FLEXPEN.....	17	oxycodone-acetaminophen.....	7
MOXEZA.....	23	NOVOLOG MIX 70/30		OXYCONTIN.....	7
moxifloxacin hcl.....	23	FLEXPEN.....	17	OZEMPIC.....	16
MULPLETA.....	12	NOVOLOG MIX 70/30 VIAL.....	17	pantoprazole sodium.....	18
MULTAQ.....	13	NOVOLOG PENFILL.....	17	paroxetine hcl.....	9
mupirocin.....	8	NOVOLOG U-100 VIAL.....	17	PAZEO.....	23
mycophenolate mofetil.....	22	NOVOTWIST PEN NEEDLE....	17	penicillin v potassium.....	8
mycophenolate sodium.....	22	NUCYNTA.....	7	PENTASA.....	22
myorisan.....	15	NUTROPIN AQ NUSPIN 10.....	20	phenazopyridine hcl.....	18
MYRBETRIQ.....	18	NUTROPIN AQ NUSPIN 20.....	20	phentermine hcl.....	14
nabumetone.....	7	NUTROPIN AQ NUSPIN 5.....	20	pioglitazone hcl.....	16
nadolol.....	13	NUVARING.....	21	PLENVU.....	18
naltrexone hcl.....	8	NUWIQ.....	12	polymyxin b-trimethoprim.....	23
NAMZARIC.....	9	NUZYRA.....	8	potassium chloride crys er.....	18
NAPRELAN.....	7	nystatin.....	10	potassium chloride er.....	18
naproxen.....	7	ODEFSEY.....	11	potassium citrate er.....	18
naproxen sodium.....	7	ofloxacin.....	23	PRADAXA.....	8
NARCAN.....	8	olanzapine.....	11	PRALUENT.....	13
NATAZIA.....	20	olmesartan medoxomil.....	13	pramipexole dihydrochloride....	10
NATURE-THROID.....	21	olmesartan medoxomil-hctz.....	13	pravastatin sodium.....	13
neomycin-polymyxin-dexameth	23	olopatadine hcl.....	23	prazosin hcl.....	13
neomycin-polymyxin-hc.....	23	OMECLAMOX-PAK.....	18	prednisolone.....	19
NEULASTA.....	12	omega-3-acid ethyl esters.....	13	prednisolone acetate.....	23
NEULASTA ONPRO.....	12	omeprazole.....	18	prednisolone sodium	
nifedipine er.....	13	OMNITROPE.....	20	phosphate.....	19
nifedipine er osmotic release....	13	ondansetron hcl.....	10	prednisone.....	19
nikki.....	20	ondansetron odt.....	10	PREMARIN.....	21
nitrofurantoin macrocrystal.....	8	ONE TOUCH VERIO KIT		PREMPHASE.....	21
nitrofurantoin monohydrate		W/DEVICE.....	16, 17	PREMPRO.....	21
macrocrystals.....	8	ONETOUCH ULTRA 2.....	16	PREPOPIK.....	18
nitroglycerin.....	13	ONETOUCH ULTRA BLUE		PREZCOBIX.....	11
NITYR.....	18	TEST STRIPS.....	16	PREZISTA.....	11
NIVESTYM.....	12	ONETOUCH ULTRA MINI.....	16	PROAIR HFA.....	25
NOCDURNA.....	20	ONETOUCH VERIO FLEX		PROAIR RESPICLICK.....	25
NORDITROPIN FLEXPRO.....	20	SYSTEM KIT W/DEVICE.....	16	prochlorperazine maleate.....	10
norethindrone.....	20	ONETOUCH VERIO IQ		PROCTOFOAM HC.....	22
norethindrone acetate.....	20	SYSTEM.....	17	progesterone micronized.....	21
norethindrone acet-ethinyl est...20		ONETOUCH VERIO SYNC		PROLENSA.....	23
norgestimate-ethinyl estradiol		SYSTEM KIT W/DEVICE.....	17	promethazine hcl.....	24
triphasic.....	21	ONEXTON.....	15	promethazine-codeine.....	24



promethazine-dm.....	24	simvastatin.....	13	testosterone.....	19
propranolol hcl.....	13	SKYRIZI (150 MG DOSE).....	22	TESTOSTERONE	
propranolol hcl er.....	13	SOLIQUA.....	16	CYPIONATE.....	19
PROVENTIL HFA.....	25	SOLOSEC.....	10	testosterone cypionate.....	19
pseudoephedrine-bromphen- dm.....	24	SOOLANTRA.....	15	TIGLUTIK.....	14
PULMICORT FLEXHALER.....	25	sotalol hcl.....	13	timolol maleate.....	23
PYLERA.....	18	SPIRIVA HANDIHALER.....	25	TIROSINT.....	21
QBREXZA.....	15	SPIRIVA RESPIMAT.....	25	TIROSINT-SOL.....	21
quetiapine fumarate.....	11	spironolactone.....	13	TIVICAY.....	11
QVAR REDIHALER.....	25	sprintec 28.....	21	tizanidine hcl.....	25
raloxifene hcl.....	19	SPRYCEL.....	10	TOBI PODHALER.....	25
ramipril.....	13	STELARA.....	22	tobramycin.....	23
ranitidine hcl.....	18	STENDRA.....	19	tobramycin-dexamethasone.....	23
RASUVO.....	22	STIOLTO RESPIMAT.....	25	TOLAK.....	15
RAYALDEE.....	22	STRENSIQ.....	18	tolterodine tartrate er.....	19
REBIF.....	14	STRIBILD.....	11	topiramate.....	9
REBIF REBIDOSE.....	14	SUBOXONE.....	8	torse mide.....	13
REBIF REBIDOSE		sucralfate.....	18	TOUJEO MAX SOLOSTAR.....	17
TITRATION PACK.....	14	sulfamethoxazole-trimethoprim... 8		TOUJEO SOLOSTAR.....	17
REBIF TITRATION PACK.....	14	sumatriptan succinate.....	10	TOVIAZ.....	19
RENFLEXIS.....	22	SUPREP BOWEL PREP KIT....	18	TRACLEER.....	25
REPATHA.....	13	syeda.....	21	TRADJENTA.....	16
REPATHA PUSHTRONEX		SYMBICORT.....	25	tramadol hcl ir.....	7
SYSTEM.....	13	SYMFI.....	11	TRANSDERM-SCOP (1.5 MG).10	
REPATHA SURECLICK.....	13	SYMFI LO.....	11	TRAVATAN Z.....	23
RESTASIS.....	23	SYMJEPI.....	25	trazodone hcl.....	9
RESTASIS MULTIDOSE.....	23	SYMPAZAN.....	9	TRELEGY ELLIPTA.....	25
RETACRIT.....	12	SYMPROIC.....	18	TREMFYA.....	22
RETIN-A MICRO PUMP.....	15	SYNJARDY.....	16	TRESIBA.....	17
REVLIMID.....	10	SYNJARDY XR.....	16	TRESIBA FLEXTOUCH.....	17
REXULTI.....	11	SYNTHROID.....	21	tretinoin.....	15
RHOPRESSA.....	23	TACLONEX.....	15	trezix.....	7
risperidone.....	11	tacrolimus.....	22	tri femynor.....	21
ritonavir.....	11	tadalafil.....	19	triamcinolone acetonide.....	15
rizatriptan benzoate.....	10	TAKHZYRO.....	22	triamterene-hctz.....	13
ROCKLATAN.....	23	TALTZ.....	22	triazolam.....	11
ropinirole hcl.....	10	TAMIFLU.....	11	tri-lylah.....	21
rosuvastatin calcium.....	13	tamoxifen citrate.....	10	tri-lo-marzia.....	21
ROXYBOND.....	7	tamsulosin hcl.....	19	tri-lo-sprintec.....	21
RUCONEST.....	22	TAPERDEX 12-DAY.....	19	TRINTELLIX.....	9
RYTARY.....	10	TAPERDEX 6-DAY.....	19	tri-sprintec.....	21
SAPHRIS.....	11	TAPERDEX 7-DAY.....	19	TRIUMEQ.....	11
SAVAYSA.....	8	TAYTULLA.....	21	TRULICITY.....	16
SAXENDA.....	14	TECFIDERA.....	14	TRUVADA.....	11
SEREVENT DISKUS.....	25	TEKTURNA.....	13	TYMLOS.....	22
SERNIVO.....	15	TEKTURNA HCT.....	13	UCERIS.....	22
sertraline hcl.....	9	telmisartan.....	13	UDENYCA.....	12
SEYSARA.....	8	telmisartan-hctz.....	13	ULORIC.....	10
sildenafil citrate.....	19, 25	temazepam.....	25	ULTOMIRIS.....	12
SILENOR.....	25	tenofovir disoproxil fumarate....	11	valacyclovir hcl.....	11
SIMBRINZA.....	23	terazosin hcl.....	19	valsartan.....	13
SIMPONI.....	22	terbinafine hcl.....	10	valsartan-hydrochlorothiazide... 13	
		terconazole.....	10	VARUBI.....	10

VASCEPA.....	13
VELPHORO.....	19
VELTASSA.....	18
VEMLIDY.....	11
venlafaxine hcl.....	9
venlafaxine hcl er.....	9
VENTOLIN HFA.....	25
verapamil hcl er.....	13
VESICARE.....	19
V-GO 20.....	17
V-GO 30.....	17
V-GO 40.....	17
VIBERZI.....	18
VICTOZA.....	16
vienva.....	21
VIIIBRYD.....	9
VIIIBRYD STARTER PACK.....	9
VIMPAT.....	9
vitamin d (ergocalciferol).....	18
VOSEVI.....	11
VRAYLAR.....	11
VYVANSE.....	14
warfarin sodium.....	8
XARELTO.....	9
XARELTO STARTER PACK.....	9
XELJANZ.....	22
XELJANZ XR.....	22
XEPI.....	8
XIIDRA.....	23
XIMINO.....	8
XOFLUZA.....	11
XOLAIR.....	24
XTANDI.....	10
xulane.....	21
XYOSTED.....	19
XYREM.....	25
YONSA.....	10
yuvafem.....	21
ZARXIO.....	12
ZENPEP.....	18
ZIOPTAN.....	23
ziprasidone hcl.....	11
zolpidem tartrate.....	25
zolpidem tartrate er.....	25
zonisamide.....	9
ZONTIVITY.....	10
ZUBSOLV.....	8



## 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 معزف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyè 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)**, udostępniłmy 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 हैं, आपको भाषा सहायता सेवाएं, नःशुल्क 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: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាបំណុលរបស់អ្នក។

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 yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsos nit'i'izí bee nééhozinígíí bine'déę 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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# Prior authorization — Select

There are some medications that have to be authorized by a doctor before you can get them, because the medications are approved or effective only for some conditions.

## Reviewing medications

A group of doctors and pharmacists meets often to review medications 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 5 days or less. Keep in mind, you will be responsible for the full cost at that time. If the prior authorization request is approved, then your pharmacist can fill the rest of your prescription.

## 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).**

## Select non-specialty prior authorization list

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

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
<b>Anti-infectives</b>		
Antibiotics	AEMCOLO (rifamycin)	None
	XIFAXAN (rifaximin)	None
Antifungals	CICLODAN KIT (ciclopirox)	None
	CICLOPIROX KIT (ciclopirox)	None
	CNL8 NAIL KIT (ciclopirox)	None
	JUBLIA (efinaconazole)	None
	KERYDIN (tavaborole)	None
	ONMEL (itraconazole)	None
	PEDIPROX-4 (ciclopirox) nail kit	None
	SPORANOX (itraconazole) Soln	None
	SPORANOX (itraconazole)	None
	TOLSURA (itraconazole)	None
Anthelmintics	ALBENZA (albendazole)	None
Antimalarial	QUALAQUIN (quinine)	None
<b>Cardiology</b>		
Antilipemic	FLOLIPID 20 mg/5mL (simvastatin)	10 mL/day
	FLOLIPID 40 mg/5mL (simvastatin)	5 mL/day
	VYTORIN 10-80 MG (simvastatin/ezetimibe)	None
	ZOCOR 80 mg (simvastatin)	None
	Heart Failure	CORLANOR (ivabradine)
<b>Central Nervous System</b>		
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

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	CONCERTA (methylphenidate)	1 tab/day
	COTEMPLA XR-ODT (methylphenidate) 8.6 mg	6 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day
	COTEMPLA XR-ODT (methylphenidate) 25.9 mg	2 tabs/day
	DAYTRANA (methylphenidate transdermal)	1 patch/day
	DESOXYN (methamphetamine)	5 tabs/day
	DEXEDRINE (dextroamphetamine) 5 mg	3 caps/day
	DEXEDRINE (dextroamphetamine) 15 mg	4 caps/day
	DEXEDRINE (dextroamphetamine) 10 mg	6 caps/day
	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 (methylphenidate) 10 mg/5 mL	30 mL/day
	METHYLIN (methylphenidate) 5 mg/5 mL	60 mL/day
	METHYLIN CHEW TAB (methylphenidate)	3 tabs/day
	METHYLIN CHEW TAB (methylphenidate) 10 mg	6 tabs/day
	METHYLIN ER (methylphenidate) 20 mg	3 tabs/day



THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	METHYLPHENIDATE ER (methylphenidate) 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
	RELEXXII (methylphenidate) 72 mg	1 tab/day
	RITALIN (methylphenidate)	3 tabs/day
	RITALIN LA (methylphenidate)	1 cap/day
	RITALIN SR (methylphenidate) 20 mg	3 tabs/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
Analgesics (Gastroprotective Agents)	DUEXIS (famotidine/ibuprofen)	3 tabs/day
	VIMOVO (naproxen/esomeprazole)	2 tabs/day
Analgesics (non-opioid)	PENNSAID (diclofenac)	None
	QUTENZA (capsaicin)	4 patches/3 months
	SPRIX (ketorolac)	5 bottles or 5 days supply/30 days
	ZTLIDO (lidocaine)	None
Analgesics (opioid)	ABSTRAL (fentanyl citrate)	4 tabs/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	acetaminophen/codeine soln 120-12 mg/5 mL	136 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 166.5 mL/day, 2 fills/60 days for treatment experienced
	acetaminophen/codeine tab 300-15	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	12 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	ACTIQ (fentanyl citrate)	4 lozenges/day
	APADAZ (benzhydrocodone/acetaminophen) 4.08-325 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days
	APADAZ (benzhydrocodone/acetaminophen) 6.12-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days
	APADAZ (benzhydrocodone/acetaminophen) 8.16-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days
	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
	BUTRANS (buprenorphine)	4 patches/28 days

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	codeine tab 15 mg	21 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 40 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 30 mg	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 20 tabs/day, 2 fills/60 days for treatment experienced
	codeine tab 60 mg	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	CONZIP (tramadol SR)	1 cap/day
	DEMEROL (meperidine) tab 100 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	DEMEROL (meperidine) tab 50 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) liq 1 mg/mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 2 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	DILAUDID (hydromorphone) tab 4 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 5 tabs/day, 2 fills/60 days for treatment experienced
	DILAUDID (hydromorphone) tab 8 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	DOLOPHINE (methadone)	None
	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
	HYCET (hydrocodone/acetaminophen) sol 7.5-325 mg/15 mL	98 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 180 mL/day, 2 fills/60 days for treatment experienced
	hydromorphone supp 3 mg	4 supps/day, 7 day supply, (age 20 and older), 3 day supply (age less than 20) 2 fills/60 days for treatment naïve; 7 supps/day, 2 fills/60 days for treatment experienced
	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 (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	LORTAB (hydrocodone/acetaminophen) elx 10-300 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	meperidine/promethazine cap 50-25 mg	9 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 caps/day, 2 fills/60 days for treatment experienced
	mepridine sol 50 mg/5 mL	49 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 90 mL/day, 2 fills/60 days for treatment experienced
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	morphine sol 10 mg/5 mL	24.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 45 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/5 mL	12.25 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 22.5 mL/day, 2 fills/60 days for treatment experienced
	morphine sol 20 mg/mL	2.4 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4.5 mL/day, 2 fills/60 days for treatment experienced
	morphine supp 10 mg	4 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 supps/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	morphine supp 20 mg	2 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 30 mg	1 supp/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 supps/day, 2 fills/60 days for treatment experienced
	morphine supp 5 mg	9 supps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 18 supps/day, 2 fills/60 days for treatment experienced
	morphine tab 15 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	morphine tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	MS CONTIN (morphine ext-release)	3 tabs/day
	NALOCET (oxycodone/acetaminophen)	13 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	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

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	NORCO (hydrocodone/acetaminophen) tab 5-325 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	NORCO (hydrocodone/acetaminophen) tab 7.5-325 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 100 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 50 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA (tapentadol) tab 75 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	NUCYNTA ER (tapentadol)	2 tabs/day
	OPANA (oxymorphone) tab 10 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 tabs/day, 2 fills/60 days for treatment experienced
	OPANA (oxymorphone) tab 5 mg	3 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 6 tabs/day, 2 fills/60 days for treatment experienced
	OPANA ER (oxymorphone ext-release)	4 tabs/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	OXAYDO (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	OXAYDO (oxycodone) tab 7.5 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/aspirin tab	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone/ibuprofen tab 5-400 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	oxycodone cap 5 mg	6 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced
	oxycodone conc 20 mg/mL	1.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 3 mL/day, 2 fills/60 days for treatment experienced
	oxycodone sol 5 mg/5 mL	32.6 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 60 mL/day, 2 fills/60 days for treatment experienced



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

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	PERCOCET (oxycodone/acetaminophen) tab 7.5-325 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	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
	PRIMLEV (oxycodone/acetaminophen) tab 5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	PRIMLEV (oxycodone/acetaminophen) tab 7.5-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 10-200 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	REPREXAIN (hydrocodone/ibuprofen) tab 5-200 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 16 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 15 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	ROXICODONE (oxycodone) tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	ROXICODONE (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 5 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 15 mg	2 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 4 tabs/day, 2 fills/60 days for treatment experienced
	ROXYBOND (oxycodone) tab 30 mg	1 tab/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 2 tabs/day, 2 fills/60 days for treatment experienced
	SUBSYS (fentanyl)	16 sprays/day
	SYNALGOS-DC (aspirin/caffeine/dihydrocodeine) cap	11 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 11 caps/day, 2 fills/60 days for treatment experienced
	TREZIX (acetaminophen/caffeine/dihydrocodeine) cap	12 caps/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 caps/day, 2 fills/60 days for treatment experienced

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	TYLENOL (acetaminophen)/codeine #3	10 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	TYLENOL (acetaminophen)/codeine #4	5 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 10 tabs/day, 2 fills/60 days for treatment experienced
	ULTRACET (tramadol/acetaminophen) tab 37.5-325 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM (tramadol) tab 50 mg	8 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 8 tabs/day, 2 fills/60 days for treatment experienced
	ULTRAM ER (tramadol ext-release)	1 tab/day
	VERDROCET (hydrocodone/acetaminophen) tab 2.5-325 mg	12 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN (hydrocodone/acetaminophen) tab 5-300 mg	9 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 13 tabs/day, 2 fills/60 days for treatment experienced
	VICODIN ES (hydrocodone/acetaminophen) tab 7.5-300 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	VICODIN HP (hydrocodone/acetaminophen) tab 10-300 mg	4 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 9 tabs/day, 2 fills/60 days for treatment experienced
	VICOPROFEN (hydrocodone/ibuprofen) tab 7.5-200 mg	6 tabs/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 12 tabs/day, 2 fills/60 days for treatment experienced
	XTAMPZA ER (oxycodone)	4 caps/day
	ZAMICET (hydrocodone/acetaminophen) sol 10-325 mg/15 mL	73.5 mL/day, 7 day supply (age 20 and older), 3 day supply (age less than 20), 2 fills/60 days for treatment naïve; 135 mL/day, 2 fills/60 days for treatment experienced
	ZOHYDRO ER (hydrocodone)	2 caps/day
	ZOHYDRO ER (hydrocodone) 50 mg	4 caps/day
Anticonvulsants	HORIZANT (gabapentin enacarbil)	2 tabs/day
	ONFI (clobazam)	None
	SYMPAZAN (clobazam)	None
Antipsychotics	ADASUVE (loxapine)	None
Antitussives (PA age <18)	CAPCOF (phenylephrine/chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CHERATUSSIN (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODAR AR (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR D (pseudoephedrine/codeine)	240 mL/fill, 2 fills/60 days
	CODAR GF (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	CODITUSSIN	240 mL/fill, 2 fills/60 days
	CODITUSSIN AC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	FLOWTUSS (hydrocodone/guaifenesin)	240 mL/fill, 2 fills/60 days
	guaifenesin/codeine	240 mL/fill, 2 fills/60 days
	HISTEX-AC (phenylephrine/triprolidine/codeine)	240 mL/fill, 2 fills/60 days
	hydrocodone/chlorpheniramine	240 mL/fill, 2 fills/60 days
	HYDROMET (hydrocodone/homatropine)	240 mL/fill, 2 fills/60 days
	LEXUSS 210 (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF BP (pseudoephedrine/brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	MAR-COF CG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	M-CLEAR WC (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	M-END MAX D (pseudoephedrine/ chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END PE (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	M-END WC (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	NINJACOF-XG (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	OBREDON (hydrocodone/guaifenesin)	240 mL/fill, 2 fills/60 days
	PHENHIST DH (pseudoephedrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	POLY-TUSSIN (phenylephrine/ brompheniramine/codeine)	240 mL/fill, 2 fills/60 days
	PRO-CLEAR AC (codeine/pyrilamine)	240 mL/fill, 2 fills/60 days
	promethazine/phenylephrine/codeine	240 mL/fill, 2 fills/60 days
	promethazine/codeine	240 mL/fill, 2 fills/60 days
	pseudoephedrine/chlorpheniramine/ hydrocodone	240 mL/fill, 2 fills/60 days
	PRO-RED AC( phenylephrine/ dexchlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	RELCOF C (guaifenesin/codeine)	240 mL/fill, 2 fills/60 days
	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
	TUXARIN ER (codeine/chlorpheniramine)	2 tabs/day, 7 day supply, 2 fills/60 days
	TUZISTRA XR (codeine/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	VIRTUSSIN (pseudoephedrine w/ cod-gg)	240 mL/fill, 2 fills/60 days
	VITUZ (hydrocodone/chlorpheniramine)	240 mL/fill, 2 fills/60 days
	Z-TUSS AC (chlorpheniramine/codeine)	240 mL/fill, 2 fills/60 days
	ZUTRIPRO (pseudoephedrine/ chlorpheniramine/hydrocodone)	240 mL/fill, 2 fills/60 days

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Hypoactive Sexual Desire Disorder	ADDYI (flibanserin)	1 tab/day
Migraine	AIMOVIG (erenumab)	2 syringes/30 days
	AJOVY (fremanezumab-vfrm)	3 syringes/90 days
	EMGALITY (galcanezumab-gnlm)	1 syringe/auto-injector/30 days
Miscellaneous	NUDEXTA (dextromethorphan/quinidine)	None
	RILUTEK (riluzole)	2 tabs/day
	TIGLUTIK (riluzole susp)	20 mL/day
Parkinson's	DUOPA (carbidopa-levodopa) Susp	None
	NUPLAZID (pimavanserin)	None
Sedative Hypnotics	flurazepam	1 cap/day
Stimulants	NUVIGIL (armodafinil)	1 tab/day
	NUVIGIL (armodafinil) 50 mg	2 tabs/day
	PROVIGIL (modafinil)	1 tab/day
Weight Loss	ADIPEX-P (phentermine)	None
	BELVIQ (lorcaserin)	None
	BELVIQ XR (lorcaserin)	None
	BONTRIL (phendimetrazine)	None
	CONTRAVE (naltrexone-bupropion)	None
	DIDREX (benzphetamine)	None
	LOMAIRA (phentermine)	None
	QSYMIA (phentermine/topiramate)	None
	REGIMEX (benzphetamine)	None
	SAXENDA (liraglutide)	None
	SUPRENZA (phentermine)	None
	TENUATE (diethylpropion)	None
	XENICAL (orlistat)	None
<b>Dermatology</b>		
Acne (Oral)	ABSORICA (isotretinoin)	None
	AMNESTEEM (isotretinoin)	None
	CLARAVIS (isotretinoin)	None
	MYORISAN (isotretinoin)	None
	ZENATANE (isotretinoin)	None
Acne (PA age >25 only)	ALTRENO (tretinoin)	None
	ATRALIN (tretinoin)	None
	AVITA (tretinoin)	None
	DIFFERIN (adapalene)	None
	PLIXDA (adapalene)	None
	RETIN-A (tretinoin)	None
	RETIN-A MICRO (tretinoin)	None
TRETIN-X (tretinoin)	None	

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Skin Cancer	TARGRETIN GEL (bexarotene)	None
<b>Endocrinology &amp; Metabolism</b>		
Androgens, Testosterone (Oral)	ANADROL-50 (oxymetholone)	None
	ANDROID (methyltestosterone)	None
	ANDROXY (fluoxymesterone)	None
	METHITEST (methyltestosterone)	None
	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
	OXANDRIN (oxandrolone) 2.5 mg	8 tabs/day
	TESTRED (methyltestosterone)	None
Androgens, Testosterone (Topical)	ANDRODERM (testosterone)	None
	ANDROGEL (testosterone)	None
	AXIRON (testosterone)	None
	FORTESTA (testosterone)	None
	NATESTO (testosterone nasal)	None
	STRIANT (testosterone)	None
	TESTIM (testosterone)	None
	VOGELXO (testosterone)	None
Androgens, Testosterone (Injectable)	AVEED (testosterone undecanoate)	None
	DELATESTRYL (testosterone enanthate)	None
	DEPO-TESTOSTERONE (testosterone cypionate)	None
	TESTOPEL (testosterone pellet)	None
	XYOSTED (testosterone enanthate)	None
Antidiabetic Agents	AFREZZA (insulin regular)	None



Therapy Class	Medication Name	Quantity Limit
	GLUMETZA (metformin)	None
	SYMLINPEN (pramlintide)	None
<b>Gastroenterology</b>		
Antiemetics	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 caps/fill or 3 max days supply
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	MARINOL (dronabinol)	2 caps/day
	SYNDROS (dronabinol)	120 mL/30 days
Irritable Bowel Syndrome	LOTRONEX (alosetron)	None
	VIBERZI (eluxadoline)	2 tabs/day
Opioid-induced Constipation	RELISTOR (methylnaltrexone) Tabs	3 tabs/day
	RELISTOR (methylnaltrexone)	1 syringe/day
	RELISTOR (methylnaltrexone) Kit	1 vial/day
<b>Immunology</b>		
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
	Immunizations	VARIZIG (varicella-zoster immune globulin)
<b>Miscellaneous</b>		
Antimetabolites	SIKLOS (hydroxyurea)	None
Calcium Modifier	SENSIPAR (cinacalcet)	None
Methotrexate Auto-Injectors	OTREXUP (methotrexate)	4 auto-injectors/28 days
	RASUVO (methotrexate)	4 auto-injectors/28 days
Movement Disorder Agents	GOCOVRI (amantadine)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	INGREZZA (valbenazine tosylate)	2 caps/day
	INGREZZA (valbenazine tosylate) 80 mg	1 cap/day
	OSMOLEX ER (amantadine)	None
Toxicology	EXJADE (deferasirox)	None
	FERRIPROX (deferiprone)	None
	JADENU (deferasirox)	None
	JADENU SPRINKLE (deferasirox)	None
Wound Care	REGRANEX (becaplermin)	None
<b>Oncology</b>		
Miscellaneous	PROVENGE (sipuleucel-T)	None
<b>Ophthalmology</b>		
Miscellaneous	CEQUA (cyclosporine)	None
	RESTASIS (cyclosporine)	None
	XIIDRA (lifitegrast)	None
<b>Respiratory</b>		
Asthma/COPD	DALIRESP (roflumilast)	None

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

### 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	QUANTITY LIMIT
<b>Anti-infectives</b>		
Antiprotozoals	DARAPRIM (pyrimethamine)	None
Antiretrovirals, HIV	SELZENTRY (maraviroc)	None
	TROGARZO (ibalizumab-uiyk)	None
<b>Cardiology</b>		
Antilipemic	JUXTAPID (lomitapide)	1 tab/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
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day
	ADEMPAS (riociguat)	3 tabs/day

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	FLOLAN (epoprostenol)	None
	LETAIRIS (ambrisentan)	1 tab/day
	OPSUMIT (macitentan)	1 tab/day
	ORENITRAM (treprostinil diolamine)	None
	REMODULIN (treprostinil)	None
	REVATIO (sildenafil) Soln	None
	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
	VELETRI (epoprostenol)	None
	VENTAVIS (iloprost)	9 ampules/day
Vasopressors	NORTHERA (droxidopa)	None
<b>Central Nervous System</b>		
Anticonvulsants	EPIDIOLEX (cannabidiol) soln	None
	SABRIL (vigabatrin) pack	None
	SABRIL (vigabatrin) Tabs	None
Depressant	XYREM (sodium oxybate)	3 bottles (540 mL)/30 days
Miscellaneous	RADICAVA (edaravone) Soln	None
Muscular Dystrophy	EMFLAZA (deflazacort)	None
	EXONDYS 51 (eteplirsen)	None
Musculoskeletal Agents	FIRDAPSE (amifampridine phosphate)	None
Neurological Agents	ONPATTRO (patisiran sodium)	None
	TEGSEDI (inotersen)	None
Neurotoxins	BOTOX (onabotulinumtoxinA)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT	
	DYSPOORT (abobotulinumtoxinA)	None	
	MYOBLOC (rimabotulinumtoxinB)	None	
	XEOMIN (incobotulinumtoxinA)	None	
Parkinson's	APOKYN (apomorphine)	30 cartridges/30 days	
Sleep Disorder	HETLIOZ (tasimelteon)	1 cap/day	
<b>Dermatology</b>			
Alkylating Agents	VALCHLOR (mechlorethamine) Gel	None	
Atopic Dermatitis	DUPIXENT (dupilumab) Sosy	4 syringes/28 days	
<b>Electrolyte &amp; Renal Agents</b>			
Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day	
<b>Endocrinology &amp; Metabolism</b>			
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	
	LUPRON (leuprolide) 1 mg/0.2 mL	None	
	LUPRON DEPOT (leuprolide) 3.75 mg & 7.5 mg (1-month)	None	
	LUPRON DEPOT-PED (leuprolide)	None	
	ORLISSA (elagolix) 150 mg	1 tab/day	
	ORLISSA (elagolix) 200 mg	2 tabs/day	
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days	
	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days	
	TRELSTAR DEPOT (triptorelin) 3.75 mg (1-month)	1 injection/28 days	
	TRELSTAR LA (triptorelin) 11.25 mg (3-month)	1 injection/84 days	
	TRIPTODUR (triptorelin)	1 injection/84 days	
	VANTAS (histrelin)	1 implant/year	
	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	QUANTITY LIMIT
	GENOTROPIN (somatropin)	None
	HUMATROPE (somatropin)	None
	NORDITROPIN (somatropin)	None
	NUTROPIN (somatropin)	None
	NUTROPIN AQ (somatropin)	None
	OMNITROPE (somatropin)	None
	SAIZEN (somatropin)	None
	SEROSTIM (somatropin)	None
	ZOMACTON (somatropin)	None
	ZORBTIVE (somatropin)	None
Growth Hormones and Related Therapy (Acromegaly)	INCRELEX (mecasermin)	None
	SOMAVERT (pegvisomant)	None
Hormone Modifiers	MYALEPT (metreleptin)	None
	NATPARA (parathyroid hormone)	2 cartridges/28 days
	H.P. ACTHAR (corticotropin)	None
	KORLYM (mifepristone)	4 tabs/day
Osteoporosis	FORTEO (teriparatide)	None
	PROLIA (denosumab)	2 syringes/year
	TYMLOS (abaloparatide) Sopl	None
Somatostatins	SANDOSTATIN (octreotide)	None
	SANDOSTATIN LAR (octreotide)	None
	SIGNIFOR (pasireotide)	2 ampules/day
	SIGNIFOR LAR (pasireotide)	1 vial/28 days
	SOMATULINE DEPOT (lanreotide)	None
<b>Enzyme-Related</b>		
Alpha-1 proteinase inhibitor	ARALAST (alpha-1 proteinase inhibitor)	None
	GLASSIA (alpha-1 proteinase inhibitor)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	PROLASTIN-C (alpha-1 proteinase inhibitor)	None
	ZEMAIRA (alpha-1 proteinase inhibitor)	None
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
	PROCYSBI (cysteamine bitartrate)	None
Enzyme Replacement	ALDURAZYME (laronidase)	None
	BRINEURA (cerliponase) Soln	None
	CERDELGA (eliglustat)	None
	CEREZYME (imiglucerase)	None
	ELAPRASE (idursulfase)	None
	ELELYSO (taliglucerase)	None
	FABRAZYME (agalsidase beta)	None
	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	KANUMA (sebelipase alfa) Soln	None
	LUMIZYME (alglucosidase alfa)	None
	MEPSEVII (vestronidase alfa)	None
	NAGLAZYME (galsulfase)	None
	RAVICTI (glycerol phenylbutyrate)	None
	REVCIVI (elapegademase-lvlr)	None
	STRENSIQ (asfotase alfa)	None
	VIMIZIM (elosulfase)	None
	VPRIV (velaglucerase)	None
	XURIDEN (uridine triacetate)	4 packets/day
	ZAVESCA (miglustat)	None
Enzyme, Gout	KRYSTEXXA (pegloticase)	None
Metabolic Agents	NITYR (nitisinone)	None
	ORFADIN (nitisinone)	None
Phenylketonuria Treatment Agents	KUVAN (sapropterin)	None
	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day

### Gastroenterology

Bile Acid Agents	CHOLBAM (cholic acid)	None
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
Short Bowel Syndrome	GATTEX (teduglutide)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT	
<b>Immunology</b>			
Hematopoietic Agents	ARANESP (darbepoetin alfa)	None	
	DOPTELET (avatrombopag)	None	
	EPOGEN (epoetin alfa)	None	
	FULPHILA (pegfilgrastim-jmdb)	None	
	GRANIX (tbo-filgrastim)	None	
	LEUKINE (sargramostim)	None	
	MIRCERA (methoxy polyethylene glycol-epoetin)	None	
	MOZOBIL (plerixafor)	7 vials/transplant	
	MULPLETA (lusutrombopag)	None	
	NEULASTA (pegfilgrastim)	None	
	NEUPOGEN (filgrastim)	None	
	NIVESTYM (filgrastim-aafi)	None	
	NPLATE (romiplostim)	None	
	PROCRIT (epoetin alfa)	None	
	PROMACTA (eltrombopag)	None	
	RETACRIT (epoetin alfa-epbx)	None	
	SOLIRIS (eculizumab)	None	
	TAVALISSE (fostamatinib)	None	
	UDENYCA (pegfilgrastim-cbqv)	None	
	ULTOMIRIS (ravulizumab-cwvz)	None	
	ZARXIO (filgrastim)	None	
	Hemostatic Agent	BERINERT (c1 esterase)	None
		CINRYZE (c1 esterase)	None
FIRAZYR (icatibant) Soln		None	
HAEGARDA (c1 esterase)		None	
KALBITOR (ecallantide) Soln		None	
RUCONEST (c1 esterase) Solr		None	
TAKHZYRO (lanadelumab-flyo)		None	
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	
	PEGASYS (peginterferon alfa-2a)	None	
	PEG-INTRON (peginterferon alfa-2b)	None	
	SOVALDI (sofosbuvir)	1 tab/day	
	TECHNIVIE (ombitasvir-paritaprevir-ritonavir)	2 tabs/day	

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	VIEKIRA PAK (dasabuvir-ombitasvir-paritaprevir-ritonavir)	4 tabs/day
	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir)	3 tabs/day
	VOSEVI (sofosbuvir-velpatasivir)	1 tab/day
	ZEPATIER (elbasvir-grazoprevir)	1 tab/day
Immune Globulins	BIVIGAM (immune globulin)	None
	CARIMUNE (immune globulin)	None
	CUVITRU (immune globulin)	None
	CYTOGAM (cytomegalovirus immune globulin)	None
	FLEBOGAMMA (immune globulin)	None
	FLEBOGAMMA DIF (immune globulin)	None
	GAMASTAN (immune globulin)	None
	GAMMAGARD (immune globulin)	None
	GAMMAKED (immune globulin)	None
	GAMMAPLEX (immune globulin)	None
	GAMUNEX (immune globulin)	None
	GAMUNEX-C (immune globulin)	None
	HIZENTRA (immune globulin)	None
	HYQVIA (hyaluron immune globulin)	None
	OCTAGAM (immune globulin)	None
	PANZYGA (immune globulin [human]-ifas)	None
	PRIVIGEN (immune globulin)	None
Immunomodulators	ACTEMRA (tocilizumab) Sosy	None
	CIMZIA (certolizumab)	None
	COSENTYX (secukinumab)	None
	ENBREL (etanercept)	None
	ENTYVIO (vedolizumab)	None
	HUMIRA (adalimumab)	None
	ILUMYA (tildrakizumab-asmn)	None
	INFLECTRA (infliximab)	None
	KINERET (anakinra)	None
	OLUMIANT (baricitinib)	None
	ORENCIA (abatacept)	None
	OTEZLA (apremilast)	None
	REMICADE (infliximab)	None
	RENFLEXIS (infliximab)	None
	SILIQ (brodalumab) Sosy	None



OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	SIMPONI (golimumab)	None
	SIMPONI ARIA (golimumab)	None
	STELARA (ustekinumab)	None
	TALTZ (ixekizumab)	None
	TREMFYA (guselkumab)	None
	XELJANZ (tofacitinib)	None
	XELJANZ XR (tofacitinib)	None
Interleukins	ARCALYST (rilonacept)	None
	ILARIS (canakinumab)	2 vials/4 weeks
Miscellaneous	ACTIMMUNE (interferon gamma-1b)	None
	BENLYSTA (belimumab)	None
	CRYSVITA (burosumab-twza)	None
Monoclonal Antibody	GAMIFANT (emapalumab-lzsg)	None
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	30 syringes/30 days
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	EXTAVIA (interferon beta-1b)	1 package/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/30 days
	LEMTRADA (alemtuzumab)	None
	NOVANTRONE (mitoxantrone)	None
	OCREVUS (ocrelizumab) Soln	40 mL (4 vials)/365 days
	PLEGRIDY (peginterferon beta)	2 pens or syringes/28 days
	PLEGRIDY (peginterferon beta) Starter Pack	1 starter pack/30 days
	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
Transplant	NULOJIX (belatacept)	None
	ZORTRESS (everolimus)	None
<b>Miscellaneous</b>		
Amino Acid	ENDARI (glutamine)	None
Collagenase	XIAFLEX (collagenase clostridium histolyticum)	None

Therapy Class	Medication Name	Quantity Limit
Diagnostic	THYROGEN (thyrotropin alfa)	None
Movement Disorder Agents	AUSTEDO (deutetrabenazine)	4 tabs/day
	XENAZINE (tetrabenazine)	None
Musculoskeletal Agents	SPINRAZA (nusinersen) Soln	None
Toxicology	CUPRIMINE (penicillamine)	None
	SYPRINE (trientine)	None
Viscosupplements	DUROLANE (sodium hyaluronate)	None
	EUFLEXXA (sodium hyaluronate)	None
	GEL-ONE (sodium hyaluronate)	None
	GELSYN-3 (sodium hyaluronate)	None
	GENVISC 850 (sodium hyaluronate)	None
	HYALGAN (sodium hyaluronate)	None
	HYMOVIS (sodium hyaluronate)	None
	MONOVISC (hyaluronan)	None
	ORTHOVISC (sodium hyaluronate)	None
	SUPARTZ (sodium hyaluronate)	None
	SUPARTZ FX (sodium hyaluronate)	None
	SYNVISC (sodium hyaluronate)	None
	SYNVISC-ONE (sodium hyaluronate)	None
	TRIVISC (sodium hyaluronate)	None
VISCO-3 (sodium hyaluronate)	None	
<b>Obstetrics &amp; Gynecology</b>		
Fertility Agents	BRAVELLE (urofollitropin)	None
	CETROTIDE (cetorelix)	None
	chorionic gonadotropin	None
	FOLLISTIM AQ (follitropin beta)	None
	ganirelix acetate	None
	GONAL-F (follitropin alfa) 450 IU	None
	GONAL-F RFF (follitropin alfa) Pens 300 IU	None
	GONAL-F RFF REDIIINJECT (follitropin alfa) Soln 900 IU	None
	MENOPUR (menotropins)	None
	NOVAREL (chorionic gonadotropin)	None
	PREGNYL (chorionic gonadotropin)	None
	REPRONEX (menotropins)	None
	Hormone Replacement	hydroxyprogesterone caproate
MAKENA (hydroxyprogesterone caproate)		None
<b>Oncology (Injectable)</b>		

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
Antifolate	FOLOTYN (pralatrexate) Soln	None
	TECENTRIQ (atezolizumab) Soln	None
Antimicrotubular	HALAVEN (eribulin)	None
	JEVTANA (cabazitaxel)	None
CAR-T Therapy	KYMRIAH (tisagenlecleucel)	None
	YESCARTA (axicabtagene ciloleucel)	None
Interferons	INTRON A (interferon alfa-2b)	None
	SYLATRON (peginterferon alfa-2b)	None
Kinase and Molecular Target Inhibitors	ALIQOPA (copanlisib)	None
	KYPROLIS (carfilzomib)	None
	PORTRAZZA (necitumumab) Soln	None
	VELCADE (bortezomib)	None
	ZALTRAP (ziv-aflibercept)	None
Miscellaneous	BELEODAQ (belinostat)	None
	DACOGEN (decitabine)	None
	ISTODAX (romidepsin)	None
	SYNRIBO (omacetaxine)	None
	VYXEOS (daunorubicin-cytarabine)	None
Monoclonal Antibody	ADCETRIS (brentuximab)	None
	ARZERRA (ofatumumab)	None
	BAVENCIO (avelumab) Soln	None
	BESPONSA (inotuzumab)	None
	BLINCYTO (blinatumomab)	None
	CYRAMZA (ramucirumab)	None
	DARZALEX (daratumumab) Soln	None
	EMPLICITI (elotuzumab) Solr	None
	ERBITUX (cetuximab) Soln	None
	GAZYVA (obinutuzumab)	None
	HERCEPTIN (trastuzumab)	None
	IMFINZI (durvalumab) Soln	None
	KADCYLA (ado-trastuzumab emtansine)	None
	KEVZARA (sarilumab)	None
	KEYTRUDA (pembrolizumab)	None
	LARTRUVO (olaratumab)	None
LIBTAYO (cemiplimab-rwlc)	None	
LUMOXITI (moxetumomab pasudotox-tdfk)	None	

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	MYLOTARG (gemtuzumab)	None
	OPDIVO (nivolumab)	None
	PERJETA (pertuzumab)	None
	POTELIGEO (mogamulizumab-kpkc)	None
	RITUXAN (rituximab)	None
	RITUXAN HYCELA (rituximab-hyaluronidase)	None
	SYLVANT (siltuximab)	None
	UNITUXIN (dinutuximab)	None
	XGEVA (denosumab)	None
	YERVOY (ipilimumab)	None
<b>Oncology (Oral)</b>		
Alkylating Agents	TEMODAR (temozolomide)	None
Antiandrogen	ERLEADA (apalutamide)	None
	XTANDI (enzalutamide )	None
	YONSA (abiraterone)	None
	ZYTIGA (abiraterone)	None
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	AFINITOR DISPERZ (everolimus)	None
	ALECENSA (alectinib)	None
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg, 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Pack	1 pack/year
	BOSULIF (bosutinib)	None
	BRAFTOVI (encorafenib)	None
	CABOMETYX (cabozantinib s-malate)	None
	CALQUENCE (acalabrutinib)	None
	CAPRELSA (vandetanib)	None
	CAPRELSA (vandetanib) 100 mg	2 tabs/day

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	COMETRIQ (carbozantinib)	None
	COPIKTRA (duvelisib)	None
	COTELLIC (cobimetnib)	None
	DAURISMO (glasdegib)	None
	ERIVEDGE (vismodegib)	None
	FARYDAK (panobinostat)	None
	GILOTRIF (afatinib)	1 tab/day
	GLEEVEC (imatinib)	None
	IBRANCE (palbociclib)	None
	ICLUSIG (ponatinib) 15 mg	2 tabs/day
	ICLUSIG (ponatinib) 45 mg	None
	IDHIFA (enasidenib)	1 tab/day
	IMBRUVICA (ibrutinib)	None
	INLYTA (axitinib)	None
	IRESSA (gefitinib)	None
	JAKAFI (ruxolitinib)	None
	JAKAFI (ruxolitinib) 10 mg	2 tabs/day
	LENVIMA (lenvatinib)	None
	LORBRENA (lorlatinib)	None
	LYNPARZA (olaparib)	None
	MEKINIST (trametinib)	None
	MEKTOVI (binimetinib)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	NERLYNX (neratinib)	6 tabs/day
	NEXAVAR (sorafenib)	None
	NINLARO (ixazomib)	None
	ODOMZO (sonidegib)	None
	RYDAPT (midostaurin)	Non
	SPRYCEL (dasatinib)	None
	STIVARGA (regorafenib)	None
	SUTENT (sunitinib)	None
	TAFINLAR (dabrafenib)	None
	TAGRISSO (osimertinib)	None
	TAGRISSO (osimertinib) 40 mg	1 tab/day
	TALZENNA (talazoparib tosylate)	None
	TARCEVA (erlotinib) 100 mg, 150 mg	None
	TARCEVA (erlotinib) 25 mg	3 tabs/day
	TASIGNA (nilotinib)	None
	TIBSOVO (ivosidenib)	None
	TYKERB (lapatinib)	None
	VENCLEXTA (venetoclax)	None
	VERZENIO (abemaciclib)	None
	VITRAKVI (larotrectinib)	None
	VIZIMPRO (dacomitinib)	None
	VOTRIENT (pazopanib)	None

OTHER THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	XALKORI (crizotinib)	None
	XOSPATA (gilteritinib)	None
	ZEJULA (niraparib tosylate)	None
	ZELBORAF (vemurafenib)	None
	ZYDELIG (idelalisib)	None
	ZYKADIA (ceritinib)	None
Miscellaneous	KISQALI (ribociclib) Tabs	None
	KISQALI FEMARA DOSE (ribociclib succinate-letrozole) Pack	None
	LONSURF (trifluridine-tipiracil) 15-6.14 MG	None
	LONSURF (trifluridine-tipiracil) 20-8.19 MG	None
	RUBRACA (rucaparib camsylate)	None
	TARGRETIN (bexarotene) caps	None
	XELODA (capecitabine)	None
	ZOLINZA (vorinostat)	None
Thalidomide-related Agents	POMALYST (pomalidomide)	None
	REVLIMID (lenalidomide)	None
	THALOMID (thalidomide)	None
<b>Ophthalmology</b>		
Miscellaneous	LUXTURNA (voretigene neparvovec-rzyl)	None
	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
<b>Respiratory</b>		
Asthma/COPD	CINQAIR (reslizumab) Soln	None
	DUPIXENT (dupilumab) Sosy	4 syringes/28 days
	FASENRA (benralizumab)	None
	NUCALA (mepolizumab)	3 vials/28 days
	XOLAIR (omalizumab)	None
Cystic fibrosis	CAYSTON (aztreonam)	None
	KALYDECO (ivacaftor)	None

THERAPY CLASS	MEDICATION NAME	QUANTITY LIMIT
	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	PULMOZYME (dornase alfa)	None
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
Pulmonary Fibrosis	ESBRIET (pirfenidone)	None
	OFEV (nintedanib)	None
Respiratory Syncytial Virus Agents	SYNAGIS (palivizumab)	None

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



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# Step therapy — Select

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

## Here's how it works:

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

We encourage you to talk about your treatment and medication options with your doctor. If you have questions about the Step Therapy program, call the phone number on your member ID card.

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

## Step therapy medications

If you have a prescription for any of the Step 2 medications below, you are required to first try a Step 1 medication(s) for benefit coverage.

Condition	Step 1	Step 2
<b>Anti-infectives</b>		
<b>HIV<sup>3</sup></b>	Any one of the following brands: JULUCA, SYMFI, SYMFI LO, TRIUMEQ OR CIMDUO AND Any one of the following preferred brands: ISENTRESS, TIVICAY	ATRIPLA
<b>Oral Brand Tetracyclines</b>	Any one of the following generics: doxycycline, minocycline	ACTICLATE, ADOXA, DORYX, DORYX MPC, MINOLIRA, MONODOX, SEYSARA, TARGADOX, VIBRAMYCIN
<b>Otic Agents</b>	ofloxacin	CETRAXAL, ciprofloxacin
<b>Cardiovascular</b>		
<b>Beta-Blockers</b>	Any two of the following generics: metoprolol tartrate, metoprolol succinate ER, bisoprolol, betaxolol, carvedilol IR or ER, labetalol, atenolol, acebutolol, propranolol IR or ER, pindolol, nadolol	KAPSPARGO
<b>Renin-Angiotensin System Agents</b>	Any one of the following generics: amlodipine-benazepril, amlodipine-olmesartan, benazepril, benazepril-HCTZ, candesartan, candesartan-HCTZ, captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, fosinopril, fosinopril-HCTZ, irbesartan, irbesartan-HCTZ, lisinopril, lisinopril-HCTZ, losartan, losartan-HCTZ, moexipril, moexipril-HCTZ, olmesartan, olmesartan-HCTZ, olmesartan-amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil	EDARBI, EDARBYCLOR, TEKTURN, TEKTURN HCT
<b>Statins</b>	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, FLOLIPID <sup>2</sup> , LIPITOR, LIVALO
	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin AND LIVALO <sup>1</sup>	ZYPITAMAG
<b>Fibric Acid Derivatives</b>	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN	FENOGLIDE, FIBRICOR, LOFIBRA, TRIGLIDE

Condition	Step 1	Step 2
<b>Antianginals</b>	<p>Any one of the following generics or preferred brands:</p> <p>acebutolol, amlodipine, amlodipine-benazepril, amlodipine-telmisartan, amlodipine-valsartan, atenolol, bextaxolol, bisoprolol, carvedilol, diltiazem, diltiazem ER, felodipine ER, isosorbide dinitrate ER, isosorbide mononitrate ER, isradipine, metoprolol, metoprolol ER, nadolol, nifedipine, nifedipine SR, nitroglycerin ER, pindolol, propranolol, propranolol SR, timolol, trandolapril-verapamil, verapamil, verapamil ER</p> <p>BYSTOLIC, DILATRATE SR, INDERAL XL, INNOPRAN XL</p>	RANEXA
<b>Central Nervous System</b>		
<b>ADHD Agents</b>	<p>Any two of the following generics or preferred brands:</p> <p>amphetamine-dextroamphetamine IR or ER, dexamethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER, VYVANSE</p>	<p>ADDERALL XR<sup>2</sup>, ADZENYS ER<sup>2</sup>, ADZENYS XR ODT<sup>2</sup>, APTENSIO XR<sup>2</sup>, CONCERTA<sup>2</sup>, COTEMPLA XR-ODT<sup>2</sup>, DAYTRANA<sup>2</sup>, DESOXYN<sup>2</sup>, DYANAVAL XR<sup>2</sup>, EVEKEO<sup>2</sup>, FOCALIN XR<sup>2</sup>, KAPVAY, METADATE CD<sup>2</sup>, METHYLIN<sup>2</sup> SOLUTION, METHYLIN CHEW<sup>2</sup>, MYDAYIS<sup>2</sup>, PROCENTRA<sup>2</sup>, QUILLICHEW ER<sup>2</sup>, QUILLIVANT<sup>2</sup>, RITALIN LA<sup>2</sup>, ZENZEDI<sup>2</sup></p>
<b>Anticonvulsants<sup>3</sup></b>	<p>Any one of the following generics</p> <p>lamotrigine IR, levetiracetam IR or ER, oxcarbazepine IR, topiramate IR</p>	BRIVIACT
	topiramate IR	QUDEXY XR, TROKENDI XR, topiramate ER
	oxcarbazepine IR	OXTELLAR XR
<b>Antidepressants<sup>3</sup></b>	bupropion ER	APLENZIN <sup>2</sup>
	<p>Any two of the following generics:</p> <p>desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER</p>	FETZIMA <sup>2</sup>
	<p>Any two of the following generics:</p> <p>bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER</p>	<p>DESVENLAFAXINE ER/KHEDEZLA<sup>2</sup>, PAXIL SUSPENSION, TRINTELLIX<sup>2</sup></p>

Condition	Step 1	Step 2
<b>Antipsychotics<sup>3</sup></b>	Any one of the following generics or preferred brands: aripiprazole, olanzapine, quetiapine IR or ER, risperidone, SAPHRIS	FANAPT <sup>2</sup> , VRAYLAR <sup>2</sup>
<b>Insomnia Agents</b>	Any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR	BELSOMRA <sup>2</sup>
	Any one of the following generics: zolpidem, zolpidem CR	EDLUAR <sup>2</sup> , ZOLPIMIST <sup>2</sup>
<b>Migraine Agents</b>	Any one of the following generics: naratriptan, rizatriptan, sumatriptan, zolmitriptan	TREXIMET <sup>2</sup> , ZOMIG NASAL <sup>2</sup>
	Any two of the following generics: naratriptan, rizatriptan, sumatriptan, zolmitriptan	ONZETRA XSAIL <sup>2</sup>
<b>Neurologic Agents</b>	gabapentin	GRALISE <sup>2</sup>
	Any one of the following generics or preferred brands: amitriptyline, cyclobenzaprine, duloxetine, gabapentin LYRICA	LYRICA CR <sup>2</sup> , SAVELLA <sup>2</sup>
<b>Non-Narcotic Analgesics</b>	Any two of the following generics: diclofenac, diclofenac CR, diflunisal, etodolac, fenopropfen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	CAMBIA, INDOCIN SUPPOSITORY, INDOCIN SUSPENSION, TIVORBEX, VIVLODEX, ZORVOLEX
<b>Opioid Antagonists</b>	NARCAN	EVZIO
<b>Opioid Withdrawal</b>	clonidine	LUCEMYRA <sup>2</sup>
<b>Parkinson's Disease</b>	Any one of the following generics: pramipexole IR or ER, ropinirole IR or ER	NEUPRO
	Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR	RYTARY
	Both of the following generics: rasagiline, selegiline	XADAGO <sup>2</sup>
<b>Dermatology</b>		
<b>Rosacea</b>	SOOLANTRA	FINACEA
	MIRVASO	RHOFADE

Condition	Step 1	Step 2
<b>Skin Cancer Agents</b>	Any one of the following generics: fluorouracil, imiquimod	diclofenac gel 3% <sup>2</sup> , PICATO, SOLARAZE <sup>2</sup>
<b>Topical Acne Treatments</b>	Any one of the following preferred brands: EPIDUO/EPIDUO FORTE, ONEXTON	ACANYA, AKTIPAK, BENZACLIN, BENZAMYCIN, clindamycin-benzoyl peroxide, DUAC, VELTIN, ZIANA
	Any two generic single-agent topical clindamycin products	CLINDAGEL
<b>Topical Psoriasis Agents</b>	calcipotriene	SORILUX
<b>Topical Immuno-modulators</b>	Any one of the following generics: alclometasone, amcinonide, betamethasone, calcipotriene- betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, pramoxine-HC, prednicarbate, triamcinolone	EUCRISA
<b>Endocrinology</b>		
<b>Basal Insulin</b>	Any two of the following preferred brands: LANTUS, LEVEMIR, TOUJEO, TRESIBA	BASAGLAR
<b>Diabetic Agents</b>	Any one of the following generics: metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	ACTOPLUS MET XR, AVANDIA, CYCLOSET, METFORMIN ORAL SOLUTION, RIOMET
<b>Blood Glucose Meters and Strips</b>	Both of the following preferred brands: ACCU-CHECK, ONETOUGH	ABBOTT <sup>2</sup> , ACON <sup>2</sup> , AT LAST <sup>2</sup> , BAYER <sup>2</sup> , EMBRACE <sup>2</sup> , EPS <sup>2</sup> , FORA CARE <sup>2</sup> , GLUCOCARD <sup>2</sup> , GMATE <sup>2</sup> , LIBERTY <sup>2</sup> , NEUTEK <sup>2</sup> , QUINTET <sup>2</sup> , RELION <sup>2</sup> , REVEAL <sup>2</sup> , SUPREME <sup>2</sup> , TRUE METRIX <sup>2</sup> , TRUETEST <sup>2</sup> , TRUETRACK <sup>2</sup> , ULTIMA <sup>2</sup> , UNISTRIP <sup>2</sup>
<b>DPP4 Inhibitors</b>	Any one of the following generics: metformin, metformin ER, glipizide- metformin, glyburide-metformin, pioglitazone-metformin	JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, TRADJENTA
	Any one of the following preferred brands: JANUMET <sup>1</sup> , JANUMET XR <sup>1</sup> , JANUVIA <sup>1</sup>  AND any one of the following preferred brands: JENTADUETO <sup>1</sup> , JENTADUETO XR <sup>1</sup> , TRADJENTA <sup>1</sup>	alogliptin, alogliptin-metformin, alogliptin-pioglitazone, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI

Condition	Step 1	Step 2
<b>GLP-1 Agonists</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	BYDUREON <sup>2</sup> , BYUREON BCISE <sup>2</sup> , BYETTA <sup>2</sup> , OZEMPIC <sup>2</sup> , TRULICITY <sup>2</sup> , VICTOZA <sup>2</sup>
	Any one of the following preferred brands: BYDUREON <sup>1</sup> , BYDUREON BCISE <sup>1</sup> , BYETTA <sup>1</sup>  AND any one of the following preferred brands: OZEMPIC <sup>1</sup> , TRULICITY <sup>1</sup> , VICTOZA <sup>1</sup>	ADLYXIN <sup>2</sup> , TANZEUM <sup>2</sup>
<b>GLP-1 Agonist Combinations</b>	Any one of the following brands: ADLYXIN <sup>1</sup> , BYDUREON <sup>1</sup> , BYDUREON BCISE <sup>1</sup> , BYETTA <sup>1</sup> , OZEMPIC <sup>1</sup> , TANZEUM <sup>1</sup> , TRULICITY <sup>1</sup> , VICTOZA <sup>1</sup> , BASAGLAR <sup>1</sup> , LANTUS, LEVEMIR, TRESIBA, TOUJEO	SOLIQUA <sup>2</sup>
	Any one of the following preferred brands : BYDUREON <sup>1</sup> , BYDUREON BCISE <sup>1</sup> , BYETTA <sup>1</sup> , OZEMPIC <sup>1</sup> , TRULICITY <sup>1</sup> , VICTOZA <sup>1</sup> , LANTUS, LEVEMIR, TOUJEO, TRESIBA	XULTOPHY <sup>2</sup>
<b>SGLT2 Inhibitors</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	GLYXAMBI, INVOKAMET, INVOKAMET XR, INVOKANA, JARDIANCE, SYNJARDY, SYNJARDY XR
	Any one of the following preferred brands: INVOKANA <sup>1</sup> , INVOKAMET <sup>1</sup> , INVOKAMET XR <sup>1</sup>  AND any one of the following preferred brands: GLYXAMBI <sup>1</sup> , JARDIANCE <sup>1</sup> , SYNJARDY <sup>1</sup> , SYNJARDY XR <sup>1</sup>	FARXIGA, QTERN, SEGLUROMET, STEGLATRO, STEGLUJAN, XIGDUO XR
<b>Short-Acting Insulin</b>	Any one of the following preferred brands: HUMALOG, NOVOLOG	ADMELOG, APIDRA, FIASP
<b>Gastroenterology</b>		
<b>Constipation Agents</b>	Any one of the following generics: lactulose, polyethylene glycol  AND any one of the following preferred brands: LINZESS <sup>1</sup> , MOVANTIK <sup>1</sup> , SYMPROIC <sup>1</sup>	AMITIZA <sup>2</sup>
	Any one of the following generics: lactulose, polyethylene glycol	LINZESS <sup>2</sup> , MOVANTIK <sup>2</sup> , SYMPROIC <sup>2</sup>
	Any one of the following generics: lactulose, polyethylene glycol AND LINZESS <sup>1</sup>	MOTEGRITY <sup>2</sup> , TRULANCE <sup>2</sup>

Condition	Step 1	Step 2
<b>Irritable Bowel Syndrome</b>	Any one of the following generics: mesalamine DR OR any one of the following preferred brands: APRISO	ASACOL HD, DELZICOL, LIALDA
<b>Pancreatic Enzymes</b>	Both of the following preferred brands: CREON, ZENPEP	PANCREAZE, PERTZYE, VIOKACE
<b>Proton Pump Inhibitors</b>	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole DEXILANT	ACIPHEX <sup>2</sup> , ESOMEPRAZOLE STRONTIUM <sup>2</sup> , FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PREVACID <sup>2</sup> , PRILOSEC <sup>2</sup> , PROTONIX <sup>2</sup> , ZEGERID <sup>2</sup>
<b>Hormone Modifiers</b>		
<b>Antidiuretic Hormone</b>	NOCDURNA	NOCTIVA
<b>Thyroid Replacement<sup>3</sup></b>	levothyroxine	ARMOUR THYROID, NATURE-THYROID, SYNTHROID
<b>Miscellaneous</b>		
<b>Antigout Agents</b>	COLCRYS	MITIGARE, colchicine
	allopurinol	DUZALLO, ULORIC, ZURAMPIC
<b>Oncology</b>		
<b>Chemotherapy Rescue Agents</b>	levoleucovorin	KHAPZORY
<b>Ophthalmology</b>		
<b>Antiglaucoma Agents</b>	ALL of the following generics and preferred brands: LATANOPROST, LUMIGAN, TRAVATAN Z	VYZULTA <sup>2</sup> , XELPROS <sup>2</sup>
<b>Ophthalmic Antihistamines</b>	Any one of the following generics or preferred brands: azelastine, olopatadine, PATADAY	BEPREVE, LASTACAFT
<b>Ophthalmic Anti-inflammatory Agents</b>	Any one of the following generics: diclofenac soln, flurbiprofen soln, ketorolac soln AND PROLENSA	BROMSITE <sup>2</sup> , ILEVRO <sup>2</sup> , NEVANAC <sup>2</sup>
	Any one of the following generics: prednisolone acetate, prednisolone sodium phosphate, dexamethasone AND any one of the following preferred brands: FML FORTE, PRED MILD	INVELTYS
<b>Respiratory</b>		
<b>Cystic Fibrosis (Inhaled Tobramycin Agents)</b>	BETHKIS	KITABIS, TOBI, tobramycin nebulizer solution
<b>Epinephrine Auto Injectors</b>	Generic epinephrine	ADRENACLICK, AUVI-Q, EPIPEN, EPIPEN-JR

Condition	Step 1	Step 2
<b>Inhaled Corticosteroids</b>	Any two of the following preferred brands: ARNUITY ELLIPTA, FLOVENT, PULMICORT FLEXHALER, QVAR	ALVESCO <sup>2</sup> , ARMONAIR RESPICLICK <sup>2</sup> , ASMANEX <sup>2</sup>
<b>Leukotriene Modifiers</b>	Any one of the following generics: montelukast, zafirlukast	zileuton ER, ZYFLO, ZYFLO CR
<b>Long-Acting Bronchodilators</b>	Any two of the following preferred brands: ADVAIR, BREO ELLIPTA, SEREVENT, SYMBICORT	ARCAPTA <sup>2</sup> , STRIVERDI RESPIMAT <sup>2</sup>
	Both of the following preferred brands: INCRUSE ELLIPTA, SPIRIVA	SEEBRI NEOHALER <sup>2</sup> , TUDORZA PRESSAIR <sup>2</sup>
<b>Long-Acting Bronchodilator Combinations</b>	Any two of the following generics or preferred brands: fluticasone-salmeterol ADVAIR, BREO ELLIPTA, SYMBICORT	AIRDUO RESPICLICK <sup>2</sup> , DULERA <sup>2</sup>
	Both of the following preferred brands: ANORO ELLIPTA, STIOLTO RESPIMAT	BEVESPI AEROSPHERE <sup>2</sup> , UTIBRON NEOHALER <sup>2</sup>
<b>Short-Acting Beta Agonist Inhalers</b>	Any one of the following preferred brands: VENTOLIN HFA  AND any one of the following preferred brands: PROAIR HFA, PROAIR RESPICLICK	albuterol HFA <sup>2</sup> , levalbuterol HFA <sup>2</sup> , PROVENTIL HFA <sup>2</sup> , XOPENEX HFA <sup>2</sup>
<b>Urology</b>		
<b>BPH Agents</b>	Any two of the following generics or preferred brands: alfuzosin, doxazosin, tamsulosin, terazosin, RAPAFLO	CARDURA XL
<b>Overactive Bladder Agents</b>	Any one of the following generics: oxybutynin IR or ER, tolterodine IR, trospium IR	GELNIQUE, OXYTROL <sup>2</sup> , VESICARE

Step therapy requirements are effective as of July 1, 2019. The list of step therapy medications is subject to change without notice. Step therapy requirements may vary by benefit plan. Additional clinical programs for the medications above may affect your prescription drug coverage. These programs may include quantity limits and prior authorization.

<sup>1</sup> These agents are also subject to additional step requirements as indicated in table.

<sup>2</sup> Quantity limits may also apply. Please refer to the Select Quantity Limits document.

<sup>3</sup> Applies to new starts only



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# Quantity limits — Select

Your pharmacy benefit plan has a quantity limits program that can help you get the best results from your medication therapy. With safe doses, quantity limits can also keep prescription drug costs lower for you.

## Determining quantity limits

Quantity limits are meant to lower the risk of overuse. Quantity limit rules are based on:

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

## Establishing guidelines for use

A group of doctors and pharmacists meets often to review medications 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).

## Select non-specialty quantity limit

THERAPY CLASS	MEDICATION NAME	LIMIT
<b>Anti-infectives</b>		
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
	XOFLUZA (baloxavir marboxil)	4 tabs/365 days
<b>Cardiology</b>		
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) 2.5 mg, 15 mg	2 tabs/day
	XARELTO (rivaroxaban) Starter Pack	1 pack/30 days
Heart Failure	CORLANOR (ivabradine)	2 tabs/day
	ENTRESTO (sacubitril/valsartan)	2 tabs/day
Platelet Inhibitors	YOSPRALA (aspirin-omeprazole)	1 tab/day
<b>Central Nervous System</b>		
ADHD Agents	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
	COTEMPLA XR-ODT (methylphenidate) 17.3 mg	3 tabs/day

OTHER THERAPY CLASS	MEDICATION NAME	LIMIT
	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
	RELEXXII (methylphenidate) 72 mg	1 tab/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

OTHER THERAPY CLASS	MEDICATION NAME	LIMIT
Alzheimer's Agents	ZENZEDI (dextroamphetamine) 30 mg	2 tabs/day
	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
Analgesics (gastroprotective agents)	NAMZARIC TITRATION PACK(memantine hcl)	2 packs/365 days
	DUEXIS (naproxen/esomeprazole)	3 tabs/day
Analgesics (non-opioid)	VIMOVO (naproxen/esomeprazole)	2 tabs/day
	CELEBREX (celecoxib)	2 caps/day
	FLECTOR (diclofenac epolamine) ketorolac	2 patches/day up to 15 days 20 tabs or 5 days supply/30 days
	QUTENZA (capsaicin)	4 patches/3 months
	SPRIX (ketorolac)	5 bottles or 5 days supply/30 days
Analgesics (opioid)	VOLTAREN (diclofenac) Gel	10 tubes/month
	ABSTRAL (fentanyl citrate)	4 tabs/day
	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
	BUNAVAIL (buprenorphine/naloxone) 2.1-0.3 mg	6 films/day
	BUNAVAIL (buprenorphine/naloxone) 6.3-1 mg	2 films/day
	BUNAVAIL (buprenorphine/naloxone) 4.2-0.7 mg	3 films/day
	BUTRANS (buprenorphine)	4 patches/28 days
	CONZIP (tramadol SR)	1 cap/day
	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
	HYSINGLA ER (hydrocodone bitartrate)	1 tab/day
	KADIAN (morphine ext-release)	2 caps/day
	LAZANDA (fentanyl citrate)	1 bottle/day

THERAPY CLASS	MEDICATION NAME	LIMIT
	MORPHABOND ER (morphine ext-release)	2 tabs/day
	MS CONTIN (morphine ext-release)	3 tabs/day
	NUCYNTA ER (tapentadol)	2 tabs/day
	OPANA ER (oxymorphone ext-release)	4 tabs/day
	OXYCONTIN (oxycodone ext-release)	4 tabs/day
	oxymorphone ext-release	4 tabs/day
	SUBOXONE (buprenorphine/naloxone) 8-2 mg	3 tabs or films/day
	SUBOXONE (buprenorphine/naloxone) 12-3 mg	2 films/day
	SUBOXONE (buprenorphine/naloxone) 4-1 mg	6 films/day
	SUBOXONE (buprenorphine/naloxone) 2-0.5 mg	12 tabs or films/day
	SUBSYS (fentanyl)	16 sprays/day
	SUBUTEX (buprenorphine) 8 mg	3 tabs/day
	SUBUTEX (buprenorphine) 2 mg	12 tabs/day
	ULTRAM ER (tramadol ext-release)	1 tab/day
	XTAMPZA ER (oxycodone)	4 caps/day
	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

OTHER THERAPY CLASS	MEDICATION NAME	LIMIT
	LYRICA CR (pregabalin)	3 tabs/day
	LYRICA CR (pregabalin) 330mg	2 tabs/day
Antidepressants	APLENZIN (bupropion)	1 tab/day
	CYMBALTA (duloxetine)	2 caps/day
	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
	OLEPTRO (trazodone)	1 tab/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

THERAPY CLASS	MEDICATION NAME	LIMIT
	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
	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	2 packs/year
	ZYPREXA (olanzapine)	1 tab/day
	ZYPREXA ZYDIS (olanzapine)	1 tab/day
Benzodiazepines	alprazolam intensol	10 mL/day
	alprazolam ODT	4 tabs/day
	alprazolam ODT 2 mg	5 tabs/day
	ATIVAN (lorazepam)	3 tabs/day
	ATIVAN (lorazepam) 2 mg	5 tabs/day
	chlordiazepoxide 10 mg	30 caps/day
	chlordiazepoxide 25 mg	12 caps/day
	chlordiazepoxide 5 mg	4 caps/day
	clonazepam ODT	3 tabs/day
	clonazepam ODT 2 mg	10 tabs/day
	KLONOPIN (clonazepam)	3 tabs/day
	KLONOPIN (clonazepam) 2 mg	10 tabs/day
	lorazepam intensol	5 mL/day
	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

OTHER THERAPY CLASS	MEDICATION NAME	LIMIT	
	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	
	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) 2.5 mg	12 tabs/30 days	
	Parkinson's	XADAGO (safinamide)	1 tab/day
		Sedative Hypnotics	AMBIEN (zolpidem)
AMBIEN CR (zolpidem)			1 tab/day
BELSOMRA (suvorexant)			1 tab/day
DORAL (quazepam)			1 tab/day
EDLUAR (zolpidem)			1 tab/day
estazolam	1 tab/day		



Therapy Class	Medication Name	Limit
	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
Toxicology	LUCEMYRA (lofexidine)	16 tabs/day, 14 day supply
<b>Dermatology</b>		
Anticholinergic	QBREXZA (glycopyrronium tosylate)	1 cloth/day
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
<b>Endocrinology &amp; Metabolism</b>		
Androgens, Anabolic Steroids	OXANDRIN (oxandrolone) 10 mg	2 tabs/day
	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)	5 pens (15 mL)/25 days
	TANZEUM (albiglutide)	4 pen-inj/28 days
	TRULICITY (dulaglutide)	4 pen-inj/28 days
	VICTOZA (liraglutide)	3 pen-inj/30 days
	XULTOPHY (insulin degludec/liraglutide)	5 pens (15 mL)/30 days
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

OTHER THERAPY CLASS	MEDICATION NAME	LIMIT
	BINOSTO (alendronate)	4 tabs/28 days
	BONIVA (ibandronate)	1 tab/28 days
	BONIVA IV (ibandronate)	1 syringe/90 days
	FORTICAL (calcitonin)	1 bottle (3.7mL)/30 days
	FOSAMAX (alendronate) 35 mg & 70 mg	4 tabs/28 days
	FOSAMAX PLUS D (alendronate/ cholecalciferol)	4 tabs/28 days
	MIACALCIN (calcitonin)	1 bottle (3.7mL)/30 days
<b>Gastroenterology</b>		
Antiemetics	AKYNZEO (netupitant-palonosetron)	2 caps/30 days
	ANZEMET (dolasetron)	2 tabs/30 days
	BONJESTA (doxylamine-pyridoxine)	2 tabs/day
	CESAMET (nabilone)	20 caps/fill or 3 max days supply
	DICLEGIS (doxylamine-pyridoxine)	4 tabs/day
	EMEND (aprepitant) caps 125 mg	2 caps/30 days
	EMEND (aprepitant) 125 mg/80 mg	2 packs (6 caps)/30 days
	EMEND (aprepitant) 40 mg	1 cap/30 days
	EMEND (aprepitant) 80 mg	4 caps/30 days
	EMEND (aprepitant) Susp 125 mg	3 packets/30 days
	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
	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
Opioid-induced Constipation	MOVANTIK (naloxegol)	1 tab/day
	RELISTOR (methylnaltrexone)	1 syringe/day
	RELISTOR (methylnaltrexone) Kit	1 vial/day

THERAPY CLASS	MEDICATION NAME	LIMIT
	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
<b>Immunology</b>		
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
<b>Miscellaneous</b>		
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
	INGREZZA (valbenazine tosylate) 80 mg	1 cap/day
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
<b>Obstetrics &amp; Gynecology</b>		
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
	INTROVALE (levonorg-eth est)	1/91 days
	JOLESSA (levonorg-eth est)	1/91 days
	LOSEASONIQUE (ethinyl estradiol/levonorgestrel)	1/91 days
	QUARTETTE (levonorg-eth est)	1/91 days
	QUASENSE (levonorg-eth est)	1/91 days
	SEASONIQUE (ethinyl estradiol/levonorgestrel)	1/91 days
	SETLAKIN (levonorg-eth est)	1/91 days
	Hormone Replacement	CRINONE (progesterone)
ESTRING (estradiol)		1 package/90 days
FEMRING (estradiol acetate)		1 package/90 days
Miscellaneous	BRISDELLE (paroxetine)	1 cap/day
<b>Ophthalmology</b>		
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

THERAPY CLASS	MEDICATION NAME	LIMIT
	NEVANAC (nepafenac) 0.1%	2 bottles/30 days
	PROLENSA (bromfenac sodium)	4 bottles/year
Miscellaneous	OXERVATE (cenegermin-bkbj)	2 mL (2 vials)/day
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
	VYZULTA (latanoprostene)	1 bottle (5 mL)/25 days
	XALATAN (latanoprost)	1 bottle (2.5 mL)/25 days
	XELPROS (latanoprost)	1 bottle (2.5 mL)/25 days
	ZIOPTAN (tafluprost)	1 container/day
<b>Respiratory</b>		
Allergy (intranasal)	ASTELIN (azelastine)	2 bottles (60 mL)/30 days
	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	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/30 days
	QNASL CHILDRENS (beclomethasone)	1 inhaler/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)
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 (fluticasone)		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

OTHER THERAPY CLASS	MEDICATION NAME	LIMIT
	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 (fluticasone) 110 mcg, 220 mcg	2 inhalers (12 g each)/30 days
	FLOVENT (fluticasone) 44 mcg	2 inhalers/30 days
	FLOVENT DISKUS (fluticasone) 250 mcg	240 blisters/30 days
	FLOVENT DISKUS (fluticasone) 50 mcg, 100 mcg	60 blisters/30 days
	FORADIL (formoterol)	1 package (60 doses)/30 days
	INCRUSE ELLIPTA (umeclidinium)	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 REDHALER (beclomethasone)	2 inhalers/30 days
	SEEBRI NEOHALER (glycopyrrolate)	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 bromide)	1 inhaler/30 days
	STRIVERDI RESPIMAT (olodaterol)	1 inhaler/30 days
	SYMBICORT (budesonide/formoterol)	1 inhaler/30 days
	TRELEGY ELLIPTA (fluticasone/umeclidinium/vilanterol)	60 blisters/30 days
	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 2.5 mg/3 mL (0.083%)	180 vials (540 mL)/30 days
	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

THERAPY CLASS	MEDICATION NAME	LIMIT
	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%)	175 vials (525 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
	XOPENEX (levalbuterol) 1.25 mg/3 mL	90 vials (270 mL)/30 days
	YUPELRI (revefenacin)	3 mL (1 vial)/day
Epinephrine Auto-Injectors	AUVI-Q (epinephrine) 0.1 mg	2 auto-injectors/30 days

### Urology

Erectile Dysfunction	CAVERJECT (alprostadil)	6 units/30 days
	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

### Select Specialty Quantity Limit

THERAPY CLASS	MEDICATION NAME	LIMIT
<b>Anti-Infectives</b>		
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
<b>Cardiology</b>		
Anticoagulants, LMWH	ARIXTRA (fondaparinux)	35 days supply/180 days
	FRAGMIN (dalteparin)	35 days supply/180 days
	LOVENOX (enoxaparin)	35 days supply/180 days
Antilipemic	JUXTAPID (lomitapide)	1 tab/day
	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
Pulmonary Arterial Hypertension	ADCIRCA (tadalafil)	2 tabs/day

OTHER THERAPY CLASS	MEDICATION NAME	LIMIT
	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/28 days
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### Electrolyte & Renal Agents

Diuretics	KEVEYIS (dichlorphenamide)	4 tabs/day
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### 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
	ORLISSA (elagolix) 150 mg	1 tab/day
	ORLISSA (elagolix) 200 mg	2 tabs/day
	SUPPRELIN LA (histrelin acetate)	1 kit/365 days



Therapy Class	Medication Name	Limit
Gonadotropins	TRELSTAR (triptorelin) 22.5 mg (6-month)	1 injection/168 days
	TRELSTAR DEPOT (triptorelin) 3.75 mg (1-month)	1 injection/28 days
	TRELSTAR LA (triptorelin) 11.25 mg (3-month)	1 injection/84 days
	TRIPTODUR (triptorelin)	1 injection/168 days
	VANTAS (histrelin)	1 implant/year
	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
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	JYNARQUE (tolvaptan)	2 tabs/day
	SAMSCA (tolvaptan)	30 days supply/60 days
<b>Enzyme-Related</b>		
Cystine-depleting Agents	CYSTARAN (cysteamine)	4 bottles/28 days
Enzyme Replacement	GALAFOLD (migalastat hcl) cap	14 caps/28 days
	XURIDEN (uridine triacetate)	4 packets/day
Phenylketonuria Treatment Agents	PALYNZIQ (pegvaliase-pqpz) 10 mg/0.5 mL	1 syringe/day
	PALYNZIQ (pegvaliase-pqpz) 2.5 mg/0.5 mL	8 syringes/28 days
	PALYNZIQ (pegvaliase-pqpz) 20 mg/mL	2 syringes/day
<b>Gastroenterology</b>		
Diarrhea	XERMELO (telotristat ethyl)	3 tabs/day
Hepatic Agents	OCALIVA (obeticholic acid)	1 tab/day
<b>Immunology</b>		
Hematopoietic Agents	MOZOBIL (plerixafor)	8 vials (9.6 mL)/transplant
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	30 syringes/30 days

THERAPY CLASS	MEDICATION NAME	LIMIT
	COPAXONE (glatiramer) SOSY 40 mg/ml	12 syringes/28 days
	EXTAVIA (interferon beta-1b)	1 package/28 days
	GILENYA (fingolimod)	1 cap/day
	GLATOPA (glatiramer) SOSY 20 mg/ml	30 syringes/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
	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
<b>Oncology</b>		
Kinase and Molecular Target Inhibitors	AFINITOR (everolimus)	1 tab/day
	ALUNBRIG (brigatinib) 30 mg	4 tabs/day
	ALUNBRIG (brigatinib) 90 mg	1 tab/day
	ALUNBRIG (brigatinib) 180 mg	1 tab/day
	ALUNBRIG (brigatinib) Starter Pack	1 pack/year
	CAPRELSA (vandetanib) 100 mg	2 tabs/day
	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
	TAGRISSO (osimertinib) 40mg	1 tab/day
	TARCEVA (erlotinib) 25 mg	3 tabs/day

THERAPY CLASS	MEDICATION NAME	LIMIT
<b>Respiratory</b>		
Asthma/COPD	DUPIXENT (dupilumab)	4 syringes/28 days
	NUCALA (mepolizumab)	3 vials/28 days
Cystic Fibrosis	ORKAMBI (lumacaftor-ivacaftor)	4 tabs/day
	ORKAMBI (lumacaftor-ivacaftor) packets	2 packets/day
	SYMDEKO (tezacaftor-ivacaftor)	2 tabs/day
	TOBI PODHALER (tobramycin)	1 package (224 tabs)/56 days

Quantity Limits effective as of July 1, 2019.

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



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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:

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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 benefisyè 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)**, udostępniłmy 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 हैं, आपको भाषा सहायता सेवाएं, नःशुल्क 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: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាបំណុលរបស់អ្នក។

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 yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsos nit'i'izí bee nééhozinígíí bine'déę 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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Speak to a pharmacist who can answer your questions any time, any day. You can also sign up for text message reminders, letting you know when to take or refill your medications.

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** 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 seven business days. Completed refill orders should arrive in about four 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.



## Automatic refill program

Never worry about refills again.

The Hassle-Free Fill<sup>SM</sup> program is an easy way to get automatic refills for the medications you take regularly.

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

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

### Take advantage of automatic refills and home delivery.

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



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



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



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

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### Our website makes it easy.

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



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## It's easy to sign up for automatic refills.



### **Online:**

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



### **By phone:**

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

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

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



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

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## Welcome to your specialty pharmacy

Specialty medications can be important to maintaining or improving your health — and your quality of life. BriovaRx<sup>®</sup>, the OptumRx<sup>®</sup> 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](https://optumrx.com)

Price your medication and find additional resources including information specific to your condition.

## Rx guide for specialty medications

### Guiding your health journey under your pharmacy benefit

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



#### Getting started: Transfer your prescriptions

Enroll in the specialty pharmacy program with BrioRx.

If you haven't done so yet, call BrioRx 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 BrioRx
- 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 BrioRx, 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.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

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## 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 BrivoRx®, 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
<b>Eligible classes</b>	Oral oncology	HIV, MS, RA, Transplant
<b>Member stability</b>	Unstable on medication	Stable on medication
<b>Clinical benefits</b>	Adjust to medication	Adherence
<b>Program outcome</b>	Avoid waste	Member convenience
<b># Fills/duration</b>	6 fills over first 3 months	4 fills over 12 months
<b>Copays</b>	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

## 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](mailto:optumrxsales@optum.com) or visit us at [optum.com/optumrx](http://optum.com/optumrx).

---



### 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.



[optumrxsales@optum.com](mailto:optumrxsales@optum.com) | [optum.com/optumrx](http://optum.com/optumrx)

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](http://optum.com).

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## Specialty pharmacy drug list

January 1, 2019



BriovaRx<sup>®</sup>, the OptumRx<sup>®</sup> 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 used to give care for rare and complex conditions. They are often drugs you take by mouth or inject. For a medication to be filled through BrioVaRx, our specialty pharmacy, it must be at least one of the following:

### High-priced

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

### Complex

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

### High-touch

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



# Specialty pharmacy drug list

## Adult incontinence

Solesta

## Ammonia detoxicants

Ravicti <sup>PA</sup>

## Anemia

Aranesp <sup>PA</sup>

Epogen <sup>PA</sup>

Mircera <sup>PA</sup>

Procrit <sup>PA</sup>

## Anticoagulation

Arixtra

Enoxaparin

Fondaparinux

Fragmin

Lovenox

## Anti-Gout agent

Krystexxa <sup>PA</sup>

## Antihyperlipidemic

Juxtapid <sup>PA</sup>

Kynamro <sup>PA</sup>

Praluent <sup>PA</sup>

Repatha <sup>PA</sup>

## Anti-infective

Daraprim <sup>PA</sup>

Prevymis

## Asthma

Cinqair <sup>PA</sup>

Fasenra <sup>PA</sup>

Nucala <sup>PA</sup>

Xolair <sup>PA</sup>

## Cardiovascular

Northera <sup>PA</sup>

## Central nervous system agents

Austedo <sup>PA</sup>

Brineura <sup>PA</sup>

Hetlioz <sup>PA</sup>

Radicava <sup>PA</sup>

Sabril <sup>PA</sup>

Tetrabenazine <sup>PA</sup>

Vigabatrin <sup>PA</sup>

Vigadrone <sup>PA</sup>

Xenazine <sup>PA</sup>

## Cystic fibrosis

Bethkis

Cayston <sup>PA</sup>

Kalydeco <sup>PA</sup>

Kitabis Pak <sup>ST</sup>

Orkambi <sup>PA</sup>

Pulmozyme <sup>PA</sup>

Symdeko <sup>PA</sup>

Tobi

Tobramycin <sup>ST</sup>

## Diagnostic

Acthrel

## Duchenne muscular dystrophy

Emflaza <sup>PA</sup>

## Endocrine

Cuprimine <sup>PA</sup>

Egrifta <sup>PA</sup>

Firmagon <sup>PA</sup>

Hydroxy Capr <sup>PA</sup>

Korlym <sup>PA</sup>

Kuvan <sup>PA</sup>

Lupaneta <sup>PA</sup>

Makena <sup>PA</sup>

Myalept <sup>PA</sup>

Natpara <sup>PA</sup>

Nityr <sup>PA</sup>

Octreotide <sup>PA</sup>

Parsabiv

Procysbi <sup>PA</sup>

Samsca

Sandostatin <sup>PA</sup>

Signifor <sup>PA</sup>

Somatuline <sup>PA</sup>

Somavert <sup>PA</sup>

Supprelin LA <sup>PA</sup>

Syprine <sup>PA</sup>

Thiola

Thyrogen <sup>PA</sup>

Trientine <sup>PA</sup>

Triptodur <sup>PA</sup>

Xuriden <sup>PA</sup>

## Enzyme therapy

Adagen

Aldurazyme <sup>PA</sup>

Aralast NP <sup>PA</sup>

Buphenyl

Carbaglu

Cerdelga <sup>PA</sup>

Cerezyme <sup>PA</sup>

Cholbam <sup>PA</sup>

Cystagon

Elaprase <sup>PA</sup>

Elelyso <sup>PA</sup>

Fabrazyme <sup>PA</sup>

Galafold

Glassia <sup>PA</sup>

Kanuma <sup>PA</sup>

Lumizyme <sup>PA</sup>

Mepsevii <sup>PA</sup>

Miglustat <sup>PA</sup>

Naglazyme <sup>PA</sup>

Olumiant <sup>PA</sup>

Onpattro

Orfadin <sup>PA</sup>

Palynziq <sup>PA</sup>

Phenylbutyrate

Prolastin-C <sup>PA</sup>

Sodium Pheny

Strensiq <sup>PA</sup>

Sucraid

Vimizim <sup>PA</sup>

Vpriv <sup>PA</sup>

Zavesca <sup>PA</sup>

Zemaira <sup>PA</sup>

## Gastrointestinal agents

Gattex <sup>PA</sup>

Ocaliva <sup>PA</sup>

Xermelo <sup>PA</sup>

# Specialty pharmacy drug list

## GROWTH HORMONE DEFICIENCY

Genotropin <sup>PA</sup>  
 Humatrope <sup>PA</sup>  
 Increlex <sup>PA</sup>  
 Norditropin <sup>PA</sup>  
 Nutropin AQ <sup>PA</sup>  
 Omnitrope <sup>PA</sup>  
 Saizen <sup>PA</sup>  
 Serostim <sup>PA</sup>  
 Zomacton <sup>PA</sup>  
 Zorbtive <sup>PA</sup>

## Hematological agents

Doptelet  
 Fibryga  
 Mozobil <sup>PA</sup>  
 Mulpleta  
 Nplate <sup>PA</sup>  
 Panhematin  
 Promacta <sup>PA</sup>  
 Riastap  
 Soliris <sup>PA</sup>  
 Thrombat III

## Hemophilia

Advate  
 Adynovate  
 Afstyla  
 Alphanate  
 Alphanine SD  
 Alprolix  
 Bebulin  
 Benefix  
 Ceprotin  
 Coagadex  
 Corifact  
 Eloctate

Feiba  
 Helixate FS  
 Hemlibra  
 Hemofil M  
 Humate-P  
 Jivi  
 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

Daklinza <sup>PA</sup>  
 Epclusa <sup>PA</sup>  
 Harvoni <sup>PA</sup>  
 Mavyret <sup>PA</sup>  
 Moderiba  
 Pegasys <sup>PA</sup>  
 Pegintron <sup>PA</sup>  
 Rebetol  
 Ribapak  
 Ribasphere  
 Ribavirin  
 Sovaldi <sup>PA</sup>  
 Technivie <sup>PA</sup>  
 Viekira <sup>PA</sup>  
 Vosevi <sup>PA</sup>  
 Zepatier <sup>PA</sup>

## Hereditary angioedema

Berinert <sup>PA</sup>  
 Cinryze <sup>PA</sup>  
 Firazyr <sup>PA</sup>  
 Haegarda <sup>PA</sup>  
 Kalbitor <sup>PA</sup>  
 Ruconest <sup>PA</sup>  
 Takhzyro

## HIV

Abacav/Lamiv  
 Abacavir  
 Atazanavir  
 Aptivus  
 Atripla <sup>ST</sup>  
 Biktarvy  
 Cimduo  
 Combivir  
 Complera  
 Crixivan

Delstrigo  
 Descovy  
 Didanosine  
 Edurant  
 Efavirenz  
 Emtriva  
 Epivir  
 Epzicom  
 Evotaz  
 Fosamprenavir  
 Fuzeon  
 Genvoya  
 Intelence  
 Invirase  
 Isentress  
 Kaletra  
 Juluca  
 Lamivud/Zido  
 Lamivudine  
 Lexiva  
 Lopin/Riton  
 Nevirapine  
 Norvir  
 Odefsey  
 Pifeltro  
 Prezcobix  
 Prezista  
 Rescriptor  
 Retrovir  
 Reyataz  
 Ritonavir  
 Selzentry  
 Stavudine  
 Stribild  
 Sustiva  
 Symfi  
 Symfi Lo



Symtuza  
Tenofovir  
Tivicay  
Triumeq  
Trizivir  
Trogarzo  
Truvada  
Tybost  
Videx  
Viracept  
Viramune  
Viread  
Zerit  
Ziagen  
Zidovudine

### Immune globulin

Atgam  
Bivigam <sup>PA</sup>  
Carimune NF <sup>PA</sup>  
Cuvitru <sup>PA</sup>  
Cytogam <sup>PA</sup>  
Flebogamma <sup>PA</sup>  
Gamastan S/D <sup>PA</sup>  
Gammagard <sup>PA</sup>  
Gammaked <sup>PA</sup>  
Gammaplex <sup>PA</sup>  
Gamunex-C <sup>PA</sup>  
Hizentra <sup>PA</sup>  
Hyperrho S/D  
Hyqvia <sup>PA</sup>  
Michrogam  
Octagam <sup>PA</sup>  
Privigen <sup>PA</sup>  
Winrho SDF

### Immunological agents

Actimmune <sup>PA</sup>  
Arcalyst <sup>PA</sup>  
Benlysta <sup>PA</sup>  
Ilaris <sup>PA</sup>  
Lemtrada <sup>PA</sup>

### Infertility

Bravelle <sup>PA</sup>  
Cetrotide <sup>PA</sup>  
Chor Gonadot <sup>PA</sup>  
Follistim AQ <sup>PA</sup>  
Ganirelix AC <sup>PA</sup>  
Gonal-F <sup>PA</sup>  
Menopur <sup>PA</sup>  
Novarel <sup>PA</sup>  
Ovidrel  
Pregnyl <sup>PA</sup>

### Inflammatory conditions

Actemra <sup>PA</sup>  
Cimzia <sup>PA</sup>  
Cosentyx <sup>PA</sup>  
Dupixent <sup>PA</sup>  
Enbrel <sup>PA</sup>  
Entyvio <sup>PA</sup>  
Humira <sup>PA</sup>  
Ilumya  
Inflixtra <sup>PA</sup>  
Kevzara <sup>PA</sup>  
Kineret <sup>PA</sup>  
Olumiant <sup>PA</sup>  
Orencia <sup>PA</sup>  
Otezla <sup>PA</sup>  
Remicade <sup>PA</sup>  
Renflexis <sup>PA</sup>  
Siliq <sup>PA</sup>  
Simponi <sup>PA</sup>  
Stelara <sup>PA</sup>

Taltz <sup>PA</sup>  
Tremfya <sup>PA</sup>  
Xeljanz <sup>PA</sup>

### Metabolic bone disease

Reclast  
Zoledronic  
Zometa

### Multiple sclerosis

Ampyra <sup>PA</sup>  
Aubagio <sup>PA</sup>  
Avonex <sup>PA</sup>  
Betaseron <sup>PA</sup>  
Copaxone <sup>PA</sup>  
Extavia <sup>PA</sup>  
Gilenya <sup>PA</sup>  
Glatiramer <sup>PA</sup>  
Glatopa <sup>PA</sup>  
Ocrevus <sup>PA</sup>  
Plegridy <sup>PA</sup>  
Rebif <sup>PA</sup>  
Tecfidera <sup>PA</sup>  
Tysabri <sup>PA</sup>  
Zinbryta <sup>PA</sup>

### Musculoskeletal agents

Exondys 51 <sup>PA</sup>  
Spinraza <sup>PA</sup>  
Xiaflex <sup>PA</sup>

### Narcolepsy

Xyrem <sup>PA</sup>

### Neurological agents

Botox <sup>PA</sup>  
Dysport <sup>PA</sup>  
Myobloc <sup>PA</sup>  
Xeomin <sup>PA</sup>

### Neutropenia

Fulphila  
Granix <sup>PA</sup>  
H.P. Acthar <sup>PA</sup>  
Leukine <sup>PA</sup>  
Neulasta <sup>PA</sup>  
Neupogen <sup>PA</sup>  
Nivestym  
Zarxio <sup>PA</sup>

### Oncology - injectable

Abraxane  
Adcetris <sup>PA</sup>  
Adriamycin  
Adrucil  
Alferon N  
Alimta  
Aliqopa <sup>PA</sup>  
Alkeran  
Arranon  
Arzerra <sup>PA</sup>  
Avastin  
Azacitidine  
Bavencio <sup>PA</sup>  
Beleodaq <sup>PA</sup>  
Bendeka  
Besponsa <sup>PA</sup>  
Bicnu  
Bleomycin  
Blinicyto <sup>PA</sup>  
Bortezomib <sup>PA</sup>  
Busulfan  
Busulfex  
Campath  
Campotosar  
Carboplatin  
Cisplatin Injectable  
Cladribine

# Specialty pharmacy drug list

Clofarabine  
 Clolar  
 Cosmegen  
 Cyclophosph  
 Cytamza <sup>PA</sup>  
 Cytarabine  
 Dacarbazine  
 Dacogen <sup>PA</sup>  
 Dactinomycin  
 Darzalex <sup>PA</sup>  
 Daunorubicin  
 Decitabine <sup>PA</sup>  
 Dexrazoxane  
 Docetaxel  
 Doxil  
 Doxorubicin  
 Eligard <sup>PA</sup>  
 Ellence  
 Empliciti <sup>PA</sup>  
 Epirubicin  
 Erbitux <sup>PA</sup>  
 Erwinaze  
 Etopophos  
 Etoposide Injectable  
 Evomela  
 Faslodex  
 Floxuridine Injectable  
 Fludarabine  
 Fluorouracil Injectable  
 Folutyn <sup>PA</sup>  
 Fusilev  
 Gazyva <sup>PA</sup>  
 Gemcitabine  
 Gemzar  
 Halaven <sup>PA</sup>  
 Herceptin <sup>PA</sup>  
 Hycamtin  
 Idamycin PFS  
 Idarubicin

Ifex  
 Ifosfamide  
 Imfinzi <sup>PA</sup>  
 Imlygic  
 Intron A <sup>PA</sup>  
 Irinotecan  
 Istodax OVR <sup>PA</sup>  
 Ixempra kit  
 Jevtana <sup>PA</sup>  
 Kadcyca <sup>PA</sup>  
 Kepivance  
 Keytruda <sup>PA</sup>  
 Kymriah <sup>PA</sup>  
 Kyprolis <sup>PA</sup>  
 Lartruvo <sup>PA</sup>  
 Leuprolide Injectable <sup>PA</sup>  
 Levoleucovor  
 Lipodox 50  
 Lupron Depot <sup>PA</sup>  
 Marqibo  
 Melphalan  
 Mesna  
 Mesnex  
 Mitomycin Injectable  
 Mitoxantron <sup>PA</sup>  
 Mustargen  
 Mutamycin  
 Mylotarg <sup>PA</sup>  
 Navelbine  
 Nipent  
 Oncaspar  
 Onivyde  
 Opdivo <sup>PA</sup>  
 Oxaliplatin  
 Paclitaxel  
 Pamidronate  
 Perjeta <sup>PA</sup>  
 Photofrin  
 Portrazza <sup>PA</sup>  
 Poteligeo

Proleukin  
 Rituxan <sup>PA</sup>  
 Romidepsin  
 Sylatron <sup>PA</sup>  
 Sylvant <sup>PA</sup>  
 Synribo <sup>PA</sup>  
 Taxotere  
 Tecentriq <sup>PA</sup>  
 Temodar <sup>PA</sup>  
 Teniposide  
 Tepadina  
 Theracys  
 Thiotepa  
 Tice BCG  
 Toposar  
 Topotecan  
 Torisel  
 Totect  
 Treanda  
 Trelstar mix <sup>PA</sup>  
 Trisenox  
 Unituxin <sup>PA</sup>  
 Valstar  
 Vectibix  
 Velcade <sup>PA</sup>  
 Vidaza  
 Vinblastine Injectable  
 Vincasar PFS  
 Vincristine  
 Vinorelbine  
 Vyxeos <sup>PA</sup>  
 Xgeva <sup>PA</sup>  
 Yervoy <sup>PA</sup>  
 Yescarta <sup>PA</sup>  
 Yondelis  
 Zaltrap <sup>PA</sup>  
 Zanosar  
 Zevalin  
 Zinecard  
 Zoladex

## Oncology - oral

Afinitor <sup>PA</sup>  
 Alecensa <sup>PA</sup>  
 Alunbrig <sup>PA</sup>  
 Bexarotene <sup>PA</sup>  
 Bosulif <sup>PA</sup>  
 Braftovi <sup>PA</sup>  
 Cabometyx <sup>PA</sup>  
 Calquence <sup>PA</sup>  
 Capecitabine <sup>PA</sup>  
 Caprelsa <sup>PA</sup>  
 Cometriq <sup>PA</sup>  
 Cotellic <sup>PA</sup>  
 Erivedge <sup>PA</sup>  
 Erleada <sup>PA</sup>  
 Etoposide Capsule  
 Farydak <sup>PA</sup>  
 Gilotrif <sup>PA</sup>  
 Gleevec <sup>PA</sup>  
 Gleostine  
 Hycamtin  
 Ibrance <sup>PA</sup>  
 Iclusig <sup>PA</sup>  
 Idhifa <sup>PA</sup>  
 Imatinib Mes <sup>PA</sup>  
 Imbruvica <sup>PA</sup>  
 Inlyta <sup>PA</sup>  
 Iressa <sup>PA</sup>  
 Jakafi <sup>PA</sup>  
 Kisqali <sup>PA</sup>  
 Lenvima <sup>PA</sup>  
 Lonsurf <sup>PA</sup>  
 Lynparza <sup>PA</sup>  
 Matulane  
 Mekinist <sup>PA</sup>  
 Mektovi <sup>PA</sup>  
 Mercaptopurine  
 Mesnex  
 Nerlynx <sup>PA</sup>

Nexavar <sup>PA</sup>  
Nilandron  
Nilutamide  
Ninlaro <sup>PA</sup>  
Odomzo <sup>PA</sup>  
Pomalyst <sup>PA</sup>  
Purixan  
Revlimid <sup>PA</sup>  
Rubraca <sup>PA</sup>  
Rydapt <sup>PA</sup>  
Sprycel <sup>PA</sup>  
Stivarga <sup>PA</sup>  
Sutent <sup>PA</sup>  
Tabloid  
Tafinlar <sup>PA</sup>  
Tagrisso <sup>PA</sup>  
Tarceva <sup>PA</sup>  
Targretin <sup>PA</sup>  
Tasigna <sup>PA</sup>  
Temodar <sup>PA</sup>  
Temozolomide <sup>PA</sup>  
Thalomid <sup>PA</sup>  
Tibsovo  
Tretinoin  
Tykerb <sup>PA</sup>  
Venclexta <sup>PA</sup>  
Verzenio <sup>PA</sup>  
Votrient <sup>PA</sup>  
Xalkori <sup>PA</sup>  
Xeloda <sup>PA</sup>  
Xtandi <sup>PA</sup>  
Yonsa <sup>PA</sup>  
Zejula <sup>PA</sup>  
Zelboraf <sup>PA</sup>  
Zolinza <sup>PA</sup>  
Zydelig <sup>PA</sup>  
Zykadia <sup>PA</sup>  
Zytiga <sup>PA</sup>

### **Oncology - topical**

Valchlor <sup>PA</sup>

### **Ophthalmic agents**

Bevacizumab  
Cystaran <sup>PA</sup>  
Eylea  
Iluvien  
Jetrea  
Kevevis <sup>PA</sup>  
Lucentis  
Luxtorna <sup>PA</sup>  
Macugen  
Ozurdex  
Retisert  
Visudyne

### **Opioid Antagonists**

Sublocade

### **Osteoarthritis**

Durolane <sup>PA</sup>  
Euflexxa <sup>PA</sup>  
Gel-one <sup>PA</sup>  
Gelsyn-3 <sup>PA</sup>  
Genvisc 850 <sup>PA</sup>  
Hyalgan <sup>PA</sup>  
Hymovis <sup>PA</sup>  
Monovisc <sup>PA</sup>  
Orthovisc <sup>PA</sup>  
Supartz <sup>PA</sup>  
Synvisc <sup>PA</sup>  
Visco-3 <sup>PA</sup>

### **Osteoporosis**

Forteo <sup>PA</sup>  
Prolia <sup>PA</sup>

Tymlos <sup>PA</sup>

### **Pain management**

Prialt

### **Parkinson's disease**

Apokyn <sup>PA</sup>

### **Pulmonary fibrosis**

Esbriet <sup>PA</sup>  
Ofev <sup>PA</sup>

### **Pulmonary hypertension**

Adcirca <sup>PA</sup>  
Adempas <sup>PA</sup>  
Epoprostenol <sup>PA</sup>  
Flolan <sup>PA</sup>  
Letairis <sup>PA</sup>  
Opsumit <sup>PA</sup>  
Orenitram <sup>PA</sup>  
Remodulin <sup>PA</sup>  
Revatio <sup>PA</sup>  
Sildenafil <sup>PA</sup>  
Tadalafil Tab  
Tracleer <sup>PA</sup>  
Tyvaso <sup>PA</sup>  
Uptravi <sup>PA</sup>  
Veletri <sup>PA</sup>  
Ventavis <sup>PA</sup>

### **RSV**

Synagis <sup>PA</sup>

### **Substance abuse treatment**

Sublocade <sup>PA</sup>  
Vivitrol

### **Transplant**

Astagraf XL  
Cellcept  
Cellcept IV  
Cyclosporine  
Envarsus XR  
Gengraf  
Mycophenolate  
Mycophenolic  
Myfortic  
Neoral  
Nulojix <sup>PA</sup>  
Prograf  
Rapamune  
Sandimmune  
Sirolimus Tab  
Tacrolimus  
Zortress <sup>PA</sup>

## 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](https://www.optum.com).

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

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

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



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](https://www.optum.com/optumrx).

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# Member Reimbursement Pharmacy Form

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

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

## Member/Subscriber Information (See your ID card.)

RxGrp

Member ID

Member Name (Last, First)

Street Address

City   State   ZIP

## Patient Information

Patient Name (Last, First)

Patient Date of Birth (Month/Day/Year)

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

## Pharmacy and Prescribing Physician Information

Name of Pharmacy

Street Address

City   State   ZIP

Telephone (Include Area Code)

**X**

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

Prescribing Physician Name and Phone Number

## Acknowledgement

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

**X**

Signature of Member/Subscriber

## Claim Receipts

(Please read Section A on back for details.)

Check the appropriate box if your receipts are for a:

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

## Coordination of Benefits

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

Yes  No

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

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

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

**Instructions** – Read carefully before completing this form.

1. Be sure your receipts are complete. In order for your request to be processed, all receipts must contain the information listed below. Your pharmacist can provide the necessary information if your claim is not itemized.
2. The member/subscriber should read the acknowledgment carefully, then sign and date this form.
3. **Return the completed form and receipt(s) to:** **OptumRx**  
**ATTN: Claims Department**  
**P.O. Box 29077**  
**Hot Springs, AR 71903**

**Section A – Claim Receipts**

**Receipts must contain the following information.**

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

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

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

RX#		Date Filled		Days Supply	
<b>VALID 11 digit NDC#</b>					<b>Quantity</b>
<b>Total Quantity</b>					
<b>Total Charge</b>					

**X** \_\_\_\_\_  
Signature of Pharmacist

**Section B – Coordination of Benefits**

- You must complete a separate claim form for each pharmacy used and for each patient.
- You must submit claims within one year of date of purchase or as required by your plan.

**When submitting an Explanation of Benefits (EOB) from another Health Plan or from Medicare:**

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

**When submitting a copay receipt:**

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

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

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

## 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 <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

### 2 Health history

<b>Medication Allergies:</b>	<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones	<input type="radio"/> Others: _____
	<input type="radio"/> None known	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	_____
	<input type="radio"/> Amoxicil/Ampicillin	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	_____
			<input type="radio"/> Sulfa	_____
			<input type="radio"/> Tetracyclines	_____
<b>Health Conditions:</b>	<input type="radio"/> Asthma	<input type="radio"/> Glaucoma	<input type="radio"/> High cholesterol	<input type="radio"/> Others: _____
	<input type="radio"/> None known	<input type="radio"/> Cancer	<input type="radio"/> Heart condition	_____
	<input type="radio"/> Arthritis	<input type="radio"/> Diabetes	<input type="radio"/> Osteoporosis	_____
		<input type="radio"/> High blood pressure	<input type="radio"/> 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](http://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

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Expiration Date (Month/Year)

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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.

