



Premium Managed Formulary

2022

Premium Managed Formulary 5-Tier

The formulary is designed to provide value. Only specific drugs in each therapeutic class are covered. The formulary design provides adequate options in each therapeutic category and includes most generics and selected brands. Medications not listed on our formulary may not be covered under the plan. Medications not covered on our formulary must meet criteria through an exception process in order to be considered for coverage under plan benefits. If a non-formulary medication is approved, it will be covered at the Non-Preferred benefit. Certain medications may be covered under medical, require prior authorization, have step therapy, and/or may have plan limitations. Prior authorization may limit the number of days supply for certain medications. Medications listed under the Vigilant Drug Program are not covered under the plan. These are medications that offer little to no added clinical value over existing, less expensive alternatives that are covered under the formulary. Tier exceptions are not applicable. For example, a higher tier (Non-Preferred) medication may not be requested at a lower tier (Preferred) copay. Please refer to the Pharmacy Summary of Benefits to review copays/coinsurance.

This formulary may not be a complete list of medications that are covered by your plan. If your medication is not listed on the formulary or if you have questions:

- Visit the AultCare website and log on to the OptumRx link to search the drug list tool located under member tools. This will let you search your medication on your formulary.
- You may also contact Customer Service for assistance.

AultCare Customer Service: 330-363-6360 or 1-800-344-8858 (TTY: 711) | www.aultcare.com

Aultra Customer Service: 330-363-2050 or 1-855-270-8497 (TTY: 711) | www.aultragroup.com

Premium Managed Formulary (5-Tier Plans)

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- E = Excluded drugs



Therapeutical Category Listing

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADDERALL	E	
ADDERALL XR	PA; QL	1
ADHANSIA XR CAP	E	
ADIPEX-P	E	
amphetamine/dextroamphetamine	PA; QL	1
amphetamine/dextroamphetamine er	E	
armodafinil	PA; QL	1
atomoxetine	QL	1
clonidine hcl		1
CONCERTA	E	
CONTRAVE	E	
dexmethylphenidate hcl er	PA; QL	1
dexmethylphenidate hcl	PA; QL	1
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er		1
JORNAY PM ER	ST; QL	3
LUNESTA	E	
methylphenidate	PA; QL	1
methylphenidate cap er	PA; QL	1
methylphenidate tab er	PA; QL	1
modafinil	PA; QL	1
NUVIGIL	E	
phentermine	PA	1
PROVIGIL	E	
QSYMIA	PA	3
RITALIN	E	
RITALIN LA	E	
SAXENDA INJ	PA	3
STRATTERA	E	
SUNOSI	PA; QL	2
VYVANSE	PA; QL	2
WAKIX	PA; QL	5
AMEBICIDES		
SOLOSEC GRA		3
AMINOGLYCOSIDES		
KITABIS PAK NEB	E	
TOBI NEBULIZER	E	
TOBI PODHALR	QL	5
tobramycin nebulizer soln		4
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA INJ	PA	5
ARTHROTEC	E	
CELEBREX	E	
celecoxib	QL	1
diclofenac cap	E	
diclofenac sodium		1
DUEXIS	E	
ENBREL	PA	5
etodolac		1
HUMIRA	PA	5
ibuprofen		1
INDOMETHACIN 20MG CAP	ST	3

indomethacin		1
INFLECTRA	PA	5
KETOR TROMET SPRAY		E
ketorolac	QL	1
leflunomide		1
LICART		E
meloxicam		1
methotrexate		1
MOBIC		E
nabumetone		1
NALFON		E
NAPRELAN CR 375MG, 500MG		3
NAPRELAN CR 750MG	PA	3
naproxen		1
naproxen sodium		1
OLUMIANT		E
ORENCIA	PA	5
ORLADEYO	PA; QL	5
OTEZLA	PA	5
OTREXUP INJ		E
PANZYGA		E
QMIIZ ODT		E
RASUVO INJ	PA; QL	2
REDITREX		E
RELAFEN		E
RELAFEN DS		E
REMICADE		E
RENFLEXIS		5
RINVOQ ER	PA	5
RUCONEST	PA; QL	5
SIMPONI	PA	5
SIMPONI ARIA	PA	5
SPRIX SPRAY		E
VIMOVO		E
XELJANZ	PA	5
XELJANZ XR	PA	5
ZIPSOR		E
ZORVOLEX		E
ANALGESICS - NONNARCOTIC		
butalbital/acetaminophen/caffeine		1
ANALGESICS - OPIOID		
acetaminophen/caffeine/dihydrocodeine	QL	1
acetaminophen/codeine	QL	1
APADAZ		E
BELBUCA MIS	PA; QL	2
BENZHYDROCODONE/ACETAMINOPHEN		E
buprenorphine/naloxone	QL	1
buprenorphine sub	QL	1
BUTRANS TRANSDERMAL PATCH		E
codeine w/ acetaminophen	QL	1
CONZIP		E
DILAUDID		E
DURAGESIC TRANSDERMAL PATCH		E
fentanyl patch	PA; QL	1
FENTANYL CIT TAB		E
fentanyl lozenge	PA; QL	1

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Therapeutical Category Listing

FENTORA	E
FIORICET	E
FIORICET/CODEINE	E
hydrocodone/acetaminophen	QL 1
hydromorphone	QL 1
HYSINGLA ER	PA; QL 2
LAZANDA SPR	E
MORPHIN SULF SOL	3
morphine sulfate	QL 1
morphine sulfate er	PA; QL 1
morphine sulfate soln	QL 1
morphine sulfate cr	PA; QL 1
morphine sulfate er	PA; QL 1
MS CONTIN	E
NUCYNTA	E
NUCYNTA ER	E
oxycodone/apap 10-325mg, 2.5-325mg, 5-325mg, 7.5-325mg	QL 1
OXYCODONE/APAP 10-300MG, 2.5-300MG, 5-300MG	QL 3
oxycodone	QL 1
OXYCONTIN CR	PA; QL 2
PERCOCET	E
QDOLO	E
ROXICODONE	E
SUBSYS SPR	E
tramadol cap er	E
tramadol	QL 1
TREZIX	QL 3
ULTRACET	E
ULTRAM	E
XTAMPZA ER	PA; QL 2
ZUBSOLV	QL 2
ANDROGENS-ANABOLIC	
ANDRODERM DIS PATCH	PA 2
ANDROGEL	E
AVEED INJ	E
DEPO-TESTOSTERONE	E
FORTESTA	E
JATENZO	E
NATESTO GEL	E
TESTIM	E
TESTOPEL MIS PELLETS	E
testosterone cypionate inj	PA 1
TESTOSTERONE GEL	PA 1
VOGELXO GEL	E
VOGELXO PUMP	E
XYOSTED INJ	PA 3
ANORECTAL AND RELATED PRODUCTS	
apriso	1
ASACOL HD	E
CANASA	E
CORTIFOAM AER	3
hc pramoxine cre	1
lialda	1
PROCTOFOAM AER HC	2
UCERIS AER FOAM	3

ANTHELMINTICS	
EMVERM CHW	2
ANTIANGINAL AGENTS	
isosorbide mononitrate er	1
NITROSTAT	E
ranolazine er	1
ANTIANSXIETY AGENTS	
alprazolam	QL 1
ATIVAN	E
buspirone	1
diazepam	1
hydroxyzine	1
hydroxyzine pamoate	1
KLONOPIN	E
lorazepam	QL 1
VALIUM	E
XANAX	E
XANAX XR	E
ANTIARRHYTHMICS	
amiodarone	1
flecainide	1
MULTAQ	3
TIKOSYN	E
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ADVAIR DISKUS	QL 1
ADVAIR HFA AER	QL 2
AIRDUO DGHRLR INH	E
AIRDUO RESPICLICK	E
albuterol hfa inh	QL 1
albuterol neb soln	QL 1
ALVESCO AER	E
ANORO ELLIPT AER	QL 2
ARMONAIR DIG AER	E
ARNUITY ELPT INH	QL 2
ASMANEX AER	E
ASMANEX HFA AER	E
ATROVENT HFA AER	QL 3
BEVESPI AER	E
BREO ELLIPTA INH	QL 2
BREZTRI AERO AER SPHERE	QL 2
BUDES/FORMOT AER	E
budesonide inh susp	QL 1
COMBIVENT AER INH	QL 2
DUAKLIR AER	E
DULERA AER	E
FASENRA INJ	PA 5
FASENRA PEN INJ	PA 5
FLOVENT DISK AER	QL 2
FLOVENT HFA AE	QL 2
fluticasone/salmeterol aerosol	E
fluticasone/salmeterol inh	E
INCRUSE ELPT INH	E
ipratropium/albuterol soln inh	QL 1
LEVALBUTEROL AER	E

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LONHALA MAGN SOL INH	QL	3
montelukast		1
NUCALA INJ	PA; QL	5
PERFORMIST NEB	QL	3
PROAIR DIGIH AER		E
PROAIR HFA AER		E
PROAIR RESPICLICK		E
PROVENTIL HFA		E
PULMICORT INH	QL	2
PULMICORT SUSPENSION		E
QVAR REDIHA AER		E
SEREVENT DIS AER	QL	2
SINGULAIR		E
SPIRIVA	QL	2
STIOLTO AER	QL	2
STRIVERDI AER	QL	2
SYMBICORT AER	QL	2
TRELEGY AER ELLIPTA	QL	2
TUDORZA PRES AER		E
VENTOLIN HFA AER		E
wixela inhub aer		E
XOLAIR SOL	PA	5
XOPENEX HFA AER		E
YUPELRI SOL	QL	3
ANTICOAGULANTS		
ELIQUIS	QL	2
enoxaparin inj	QL	4
PRADAXA	QL	2
warfarin		1
XARELTO	QL	2
ANTICONVULSANTS		
APTIOM		3
BRIVIACT INJ		3
BRIVIACT	ST	3
carbamazepine		1
CARBATROL		E
clonazepam	QL	1
DEPAKOTE		E
DEPAKOTE ER		E
DEPAKOTE SPRINKLES		E
DILANTIN		E
divalproex		1
divalproex dr		1
divalproex er		1
EPIDIOLEX	PA	5
FYCOMPA		3
gabapentin		1
KEPPRA		E
KEPPRA XR		E
LAMICTAL		E
LAMICTAL ODT KIT		E
LAMICTAL XR KIT		E
lamotrigine		1
lamotrigine er		1
levetiracetam		1
LYRICA		E

LYRICA CR		E
NAYZILAM	QL	3
NEURONTIN		E
ONFI		E
oxcarbazepine		1
OXTELLAR XR		E
pregabalin	QL	1
QUDEXY XR		E
SABRIL		E
SYMPAZAN	PA	3
TEGRETOL		E
TEGRETOL XR		E
TOPAMAX		E
TOPAMAX SPRINKLE		E
topiramate		1
topiramate er		1
TRILEPTAL		E
TROKENDI XR	ST	3
VALTOCO	QL	3
VIMPAT		3
XCOPRI	ST	3
ZONEGRAN		E
zonisamide		1
ANTIDEPRESSANTS		
amitriptyline		1
BRISDELLE		E
bupropion		1
bupropion SR	QL	1
bupropion XL	QL	1
CELEXA		E
citalopram		1
CYMBALTA		E
desvenlafaxine er	QL	1
doxepin		1
duloxetine	QL	1
EFFEXOR XR		E
escitalopram		1
fluoxetine		1
fluvoxamine er		1
fluvoxamine		1
FORFIVO XL		E
LEXAPRO		E
mirtazapine		1
nortriptyline		1
paroxetine		1
PAXIL CR		E
PAXIL		E
PRISTIQ		E
PROZAC		E
sertraline		1
trazodone		1
TRINTELLIX	ST; QL	3
venlafaxine er		1
venlafaxine		1
VIIIBRYD	QL	3
WELLBUTRIN SR		E
WELLBUTRIN XL		E

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ZOLOFT	E
ANTIDIABETICS	
ADLYXIN INJ	E
ADMELOG	E
ADMELOG SOLO INJ	E
alogliptin/pioglitazone	E
alogliptin	E
alogliptin/metformin	E
APIDRA	E
BAQSIMI ONE POW	2
BAQSIMI TWO POW	2
BASAGLAR	E
BD AUTOSHIELD DUO PEN NEEDLES	2
BD ULTRA-FINE INSULIN SYRINGES	2
BD ULTRA-FINE PEN NEEDLES	2
BYDUREON	ST; QL 2
BYETTA	ST; QL 2
FARXIGA	ST 2
FIASP	E
glimepiride	1
glipizide	1
glipizide er	1
GLUCAGON	2
GLUMETZA	E
glyburide	1
GLYXAMBI	ST 2
GVOKE HYPO INJ	2
GVOKE INJ	2
HUMALOG	2
HUMULIN	2
INSULIN ASPART	E
INSULIN LISPRO	E
INVOKAMET	E
INVOKAMET XR	E
INVOKANA	E
JANUMET	ST 2
JANUMET XR	ST 2
JANUVIA	ST 2
JARDIANCE	ST 2
JENTADUETO	ST 2
JENTADUETO XR	ST 2
KAZANO	E
KOMBIGLYZE XR	E
LANTUS	2
LEVEMIR	E
LYUMJEV	2
metformin	1
metformin er	1
metformin er (mod)	E
metformin er (osm)	E
NESINA	E
NOVOFINE PEN NEEDLE	2
NOVOLIN	E
NOVOLOG	E
NOVOTWIST PEN NEEDLE	2
ONGLYZA	E
OSENI	E

OZEMPIC	ST; QL	2
pioglitazone		1
QTERN		E
RYBELSUS	ST; QL	2
SEGLUROMET		E
SEMGLEE		E
SOLIQUA	ST; QL	2
STEGLATRO		E
STEGLUJAN		E
SYMLINPEN	PA	3
SYNJARDY	ST	2
SYNJARDY XR	ST	2
TOUJEO MAX		2
TOUJEO SOLO		2
TRADJENTA	ST	2
TRADJENTA XR	ST	2
TRESIBA		E
TRESIBA FLEX		E
TRIJARDY XR	ST	2
TRULICITY	ST; QL	2
VICTOZA	ST; QL	2
XIGDUO XR	ST	2
ANTIDIABETICS - GLUCOSE MONITORING		
ACCU-CHECK FASTCLIX LANCET KIT		2
ACCU-CHECK GUIDE TEST STRIPS		E
ACCU-CHECK GUIDE KIT WITH DEVICE		E
ACCU-CHEK SOFCLIX LANCET DEVICE KIT		2
CONTOUR MONITOR KIT WITH DEVICE		2
CONTOUR NEXT EZ KIT WITH DEVICE		2
CONTOUR NEXT LINK KIT WITH DEVICE		2
CONTOUR NEXT MONITOR KIT WITH DEVICE		2
CONTOUR NEXT ONE KIT		2
CONTOUR NEXT TEST STRIPS	QL	2
CONTOUR TEST STRIPS	QL	2
DEXCOM G4/G5/G6 RECEIVER, TRANSMITTER, SENSOR DEVICE	PA	2
FREESTYLE LIBRE 14 DAY READER		E
FREESTYLE LIBRE 14 DAY SENSOR		E
FREESTYLE LIBRE 2 READER		E
FREESTYLE LIBRE 2 SENSOR		E
GHT BLOOD GLUCOSE MONITOR		E
GUARDIAN CONNECT TRANSMITTER	PA	3
GUARDIAN LINK 3 TRANSMITTER	PA	3
GUARDIAN SENSOR	PA	3
ONETOUCH ULTRA TEST STRIPS		E
ONETOUCH ULTRA 2 KIT WITH DEVICE		E
ONETOUCH ULTRA MINI KIT WITH DEVICE		E
ONETOUCH VERIO KIT WITH DEVICE		E
ONETOUCH VERIO FLEX SYSTEM		E
ONETOUCH VERIO TEST STRIPS		E
ONETOUCH VERIO IQ SYSTEM		E
ONETOUCH VERIO REFLECT		E
ONETOUCH VERIO SYNC SYSTEM		E
V-GO 20		2
V-GO 30		2
V-GO 40		2

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Therapeutic Category Listing

ANTIARRHEAL/PROBIOTIC AGENTS			
diphenoxylate-atropine			1
MOTOFEN			E
ANTIDOTES AND SPECIFIC ANTAGONISTS			
LIFEMS NALOXONE			E
naloxone oral			1
NARCAN SPR			2
SUBOXONE			E
ANTIEMETICS			
meclizine			1
ondansetron			1
ondansetron odt			1
prochlorperazine maleate			1
SANCUSO DIS			E
scopolamine patch			1
VARUBI		QL	3
ANTIFUNGALS			
CRESEMBA		PA	3
fluconazole			1
ketoconazole			1
terbinafine		QL	1
TOLSURA			E
ANTIHISTAMINES			
allergy relief oral tablet 5mg			1
cetirizine			1
cyproheptadine			1
levocetirizine			1
promethazine			1
ANTIHYPERTENSIVES			
ANTARA		PA	3
atrovastatin			1
COLESTID			E
CRESTOR			E
ezetimibe/simvastatin			1
ezetimibe			1
fenofibrate oral tablet			1
fenofibrate micronized oral capsule 134mg, 200mg, 67mg			1
fenofibric			1
gemfibrozil			1
LESCOL XL			E
LIPITOR			E
LIVALO			E
lovastatin			1
LOVAZA			E
NEXLETOL		PA; QL	2
NEXLIZET		PA; QL	2
NIASPAN			E
omega-3 cap 1gm		PA	1
PRALUENT INJ			E
pravastatin			1
QUESTRAN			E
QUESTRAN LITE			E
REPATHA INJ		PA; QL	2

rosuvastatin			1
simvastatin			1
TRICOR			E
VASCEPA		PA	2
VYTORIN			E
WELCHOL			E
ZETIA			E
ZOCOR			E
ZYPITAMAG			E
ANTIHYPERTENSIVES			
ALTACE			E
amlodipine/benazepril			1
amlodipine/olmesartan			1
amlodipine/valsartan/hctz			1
ATACAND			E
atenolol/chlorthalidone			1
AVAPRO			E
AZOR			E
benazepril			1
BENICAR			E
BENICAR HCT			E
bisoprolol/hctz			1
candesartan			1
CATAPRES-TTS			E
clonidine patch			1
clonidine			1
COZAAR			E
DIOVAN			E
DIOVAN HCT			E
doxazosin			1
EDARBI		ST	3
EDARBYCLOR		ST	3
enalapril			1
EXFORGE			E
EXFORGE HCT			E
guanfacine			1
hydralazine			1
HYZAAR			E
irbesartan/hctz			1
irbesartan			1
lisinopril/hctz			1
lisinopril			1
losartan			1
losartan/hctz			1
LOTREL			E
MICARDIS			E
MICARDIS HCT			E
olmesartan/amlodipine/hctz			1
olmesartan/hctz			1
olmesartan			1
prazosin			1
PRINIVIL			E
ramipril			1
TEKTRUNA			2
TEKTRUNA HCT		ST	2
telmisartan/hctz			1
telmisartan			1

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terazosin	1
TRIBENZOR	E
valsartan/hctz	1
valsartan	1
ZESTRIL	E
ANTI-INFECTIVE AGENTS - MISC.	
BETHKIS	E
BRONCHITOL	E
CAYSTON INH	E
clindamycin	1
metronidazole	1
nitrofurantoin macro	1
nitrofurantoin	1
smz/trimethoprim ds	1
XENLETA	3
ANTIMALARIALS	
ARAKODA	3
hydroxychloroquine	1
PLAQUENIL	E
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
FIRDAPSE	E
ANTINEOPLASTIC - IMMUNOMODULATORS	
AFINITOR	E
AFINITOR DIS	E
ALECENSA	PA
ALUNBRIG	PA; QL
anastrozole	1
ARIMIDEX	E
BELRAPZO	E
CABOMETYX	PA
CALQUENCE	PA
capecitabine	PA
DARZALEX FASPRO	E
ERIVEDGE	PA
ERLEADA	E
GAVRETO	E
GLEEVEC	E
HERZUMA	E
IBRANCE	PA
IDHIFA	PA; QL
INQOVI	E
KANJINTI	PA
KEYTRUDA	PA
KISQALI	PA
letrozole	1
LUPRON DEPOT	PA
LYNPARZA	PA
methotrexate	1
MVASI	PA
NUBEQA	PA
ODOMZO	PA
OGIVRI	E
ONTRUZANT	E
ORGOVYX	PA

PHESGO	PA	5
RETEVMO	PA	5
REVLIMID	PA	5
RIABNI		E
ROZLYTREK	PA	5
RUBRACA	PA	5
RUXIENCE	PA	5
SPRYCEL	PA	5
TABRECTA	PA	5
TAGRISSEO	PA; QL	5
tamoxifen		1
TARGRETIN EXTERNAL	PA	5
TARGRETIN ORAL		E
TAZVERIK		E
TEPMETKO		E
TRAZIMERA	PA	5
TREANDA		E
TREXALL		3
TRUXIMA INJ		E
UKONIQ	PA	5
VELCADE	PA	5
VITRAKVI	PA	5
XTANDI	PA	5
YONSA	PA	E
ZEJULA	PA	5
ZIRABEV	PA	5
ZYTIGA		E
ANTIPARKINSON AND RELATED THERAPY AGENTS		
benztropine		1
carbidopa/levodopa		1
GOCOVRI		E
INBRIJA	PA	5
KYNMOBI	PA; QL	5
NEUPRO	ST	3
NOURIANZ	PA	3
ONGENTYS	ST	3
OSMOLEX ER		E
pramipexole		1
pramipexole er		1
ropinirole		1
ropinirole er		1
RYTARY	ST	3
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY		E
ABILIFY MAINTENA		3
aripiprazole	QL	1
aripiprazole odt	QL	1
ARISTADA INJ		3
INVEGA SUST INJ		3
INVEGA TRINZ INJ		3
LATUDA	QL	3
lithium		1
lithium er		1
olanzapine inj		1
olanzapine	QL	1
olanzapine odt	QL	1

Premium Managed Formulary (5 Tier Plans)

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Therapeutical Category Listing

PERSERIS INJ		3
prochlorperazine		1
quetiapine		1
quetiapine er		1
REXULTI	QL	3
RISPERDAL		E
risperidone	QL	1
risperidone odt	QL	1
SAPHRIS		E
SECUADO		E
SEROQUEL		E
SEROQUEL XR		E
VRAYLAR	ST; QL	3
ziprasidone	QL	1
ZYPREXA		E
ANTIVIRALS		
abacavir/lamivudine		1
abacavir/lamivudine/zidovudine		1
abacavir		1
acyclovir		1
ATRIPLA		E
BARACLUDE		
BIKTARVY		3
CABENUVA		E
CIMDUO		2
DESCOVY		E
DOVATO		2
entecavir	QL	4
EPCLUSA	PA; QL	5
GENVOYA		3
HARVONI	PA; QL	5
JULUCA		2
LEDIP-SOFOSB		
MAVYRET	PA; QL	5
ODEFSEY		3
PREZCOBIX		2
RUKOBIA		2
SOFOS/VELPAT		
SYMFI		2
SYMFI LO		2
TAMIFLU		E
TEMIXYS		E
TIVICAY		2
TRIUMEQ		2
TRUVADA		E
valacyclovir	QL	1
VALTREX		E
VEMLIDY		
VOCABRIA		E
VOSEVI	PA; QL	5
XOFLUZA	QL	3
ZOVIRAX		E
BETA BLOCKERS		
atenolol		1
bisoprolol fumarate		1
BYSTOLIC		E

carvedilol		1
COREG		E
COREG CR		E
HEMANGEOL SOLN		3
INDERAL LA		E
INDERAL XL		E
INNOPRAN XL		E
KAPSPARGO		E
labetalol		1
metoprolol suc er		1
metoprolol tartrate		1
nadolol		1
propranolol er		1
propranolol		1
sotalol		1
TENORMIN		E
TOPROL XL		E
VERQUVO	PA; QL	3
CALCIUM CHANNEL BLOCKERS		
amlodipine		1
CARDIZEM LA		E
cartia xt		1
CONJUPRI		E
CONSENSI		E
diltiazem er		1
KATERZIA		E
nifedipine er osmotic release		1
nifedipine er		1
NORVASC		E
RANEXA		E
verapamil er		1
CARDIOTONICS		
digoxin		1
CARDIOVASCULAR AGENTS - MISC.		
ADCIRCA		E
ADEMPAS	PA; QL	5
BIDIL		3
CORLANOR	PA; QL	3
ENTRESTO	QL	2
LETAIRIS		E
OPSUMIT	PA; QL	5
ORENITRAM	PA	5
REMODULIN		
sildenafil tab		1
sildenafil 20mg	PA; QL	4
STENDRA		E
tadalafil	PA	1
TRACLEER		
VIAGRA		E
CEPHALOSPORINS		
cefdirinir		1
cefuroxime		1
cephalexin		1

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Therapeutical Category Listing

CONTRACEPTIVES		
ANNOVERA	QL	E
apri		1
aurovela fe		1
aviane		1
BEYAZ		E
BIJUVA		3
blisovi 24 fe		1
blisovi fe		1
cryselle		1
deso/ethinyl estradiol		1
eluryng		1
enskyce		1
estarylla		1
etonogestrel mis ethy est		1
GENERESS FE		E
isibloom		1
junel		1
junel fe		1
junel fe 24		1
kurvelo		1
larin fe		1
larissia		1
lessina		1
levonor/ethi estradiol	QL	1
LO LOESTRIN		E
loryna		1
medroxyprogesterone ac inj	QL	1
MINASTRIN 24 FE		E
MIRENA		3
mono-linyah		1
NATAZIA		2
nikki		1
noreth/ethin fe		1
noreth/ethin		1
norethindrone		1
norgest/ethin		1
norgest/ethin estradiol		1
nortrel		1
SAFYRAL		E
SEASONIQUE		E
SLYND		E
sprintec		1
syeda		1
tri femynor		1
tri-estaryll		1
tri-lo marzia		1
tri-lo-mili		1
tri-lo-sprintec		1
tri-sprintec		1
TWIRLA		E
vienva		1
xulane		1
YASMIN		E
YAZ		E
CORTICOSTEROIDS		
ALKINDI SPRINKLE		E

CORTEF		E
dexamethasone		1
HEMADY		E
hydrocortisone		1
KENALOG INJ		E
methylprednisolone		1
ORTIKOS		E
prednisolone sod phosph soln		1
prednisone		1
RAYOS		E
TAPERDEX PAK	PA	3
COUGH/COLD/ALLERGY		
benzonatate		1
CLARINEX		E
CLARINEX-D		E
promethazine soln dm		1
pseudoephedrine-bromphen-dm		1
DERMATOLOGICALS		
ABSORICA		E
ABSORICA LD	PA	3
ACANYA		E
acyclovir		1
ACZONE 7.5%		2
ACZONE 5%		E
adapalene cream/gel/soln	PA	1
AKLIEF		E
ALA SCALP		E
AMZEEQ FOAM		3
APEXICON E CREAM		E
ARAZLO LOTION		E
aug betamethasone		1
AVITA		E
BENZACLIN		E
BENZACLIN WITH PUM		E
BENZAMYCIN		E
betamethasone dipropionate		1
BOTOX COSMET INJ	PA	5
BRYHALI LOT	PA	3
CALCIPOTRIEN AER		E
calcitriol		1
CAPEX SHAMPOO		E
ciclopirox		1
claravis	PA	1
CLINDAGEL		E
clindamycin/benzoyl peroxide		1
clindamycin		1
clobetasol		1
clobetasol e		1
CLOBEX		E
CLOBEX SPRAY		E
CLODERM		E
clotrimazole/betamethasone diprop		1
clotrimazole		1
CORDRAN TAPE		E
COSENTYX		E
DAPSONE GEL 7.5%		E

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Therapeutical Category Listing

DESONATE	E
DICLOFENAC PATCH	E
diclofenac	QL 1
DIFFERIN	E
doxycycline cap 40mg	1
DUOBRII	E
DUPIXENT	PA; QL 5
ELIDEL	E
ENSTILAR AER	PA; QL 3
EPIDUO	E
EPIDUO FORTE GEL	3
EUCRISA	ST 2
FABIOR AER	E
FINACEA AER	3
FINACEA GEL	ST 3
FLECTOR	E
fluocinonide	1
FLUOROPLEX	3
FLUOROURACIL 0.5%	2
fluorouracil	1
HALOBETASOL AER	E
HALOG	E
hydrocortisone	1
IMIQUIMOD CREAM 3.75% PUMP	E
imiquimod 3.75%	ST 1
imiquimod 5%	1
IMPEKLO	E
IMPOYZ	E
JUBLIA	E
KENALOG	E
KERYDIN	PA 3
ketoconazole	1
KLISYRI	ST 3
LEXETTE AER	E
lidocaine/prilocaine	1
lidocaine	1
LIDODERM	E
METROGEL	E
metronidazole	1
MIRVASO	3
mometasone	1
mupirocin	1
NATROBA	E
NORITATE	E
nystatin	1
ONEXTON	3
ORACEA	E
PANDEL	E
PENNSAID	E
pimecrolimus	ST 1
PROPECIA	E
PSORCON	E
QBREXZA	QL 3
RETIN-A	E
RETIN-A MICRO GEL PUMP 0.06%, 0.08%	PA 2
RETIN-A GEL 0.04%, 0.1%	E
RHOFADE	3
SERNIVO	3

SILENOR	QL 3
SILVADENE	E
SKYRIZI	PA 5
SOOLANTRA	3
SORILUX	E
STELARA	PA 5
TACLONEX EXTERNAL OINTMENT	E
TACLONEX EXTERNAL SUSPENSION	QL 3
tacrolimus	1
TALTZ	PA 5
TAZAROTENE EXTERNAL FOAM	E
TAZORAC	E
TOPICORT SPRAY	E
TREMFYA	PA 5
tretinoin	PA 1
triamcinolone external cream	1
triamcinolone external ointment 0.025%, 0.1%, 0.5%	1
triamcinolone external ointment 0.05%	PA 1
TRIANEX	E
ULTRAVATE	E
VECTICAL	E
VELTIN	E
VERDESO	E
WINLEVI	E
WYNZORA	E
XEPI	3
ZIANA	E
ZILXI	ST 3
ZTLIDO	E
ZYCLARA	E

DIGESTIVE AIDS

CREON	2
PANCREAZE	E
PERTZYE	E
VIOKACE	E
ZENPEP	2

DIURETICS

bumetanide	1
chlorthalidone	1
hydrochlorothiazide	1
LASIX	E
spironolactone	1
torseamide	1
triamterene/hctz	1

ENDOCRINE AND METABOLIC AGENTS - MISC.

ACTHAR INJ	PA 5
alendronate	QL 1
BINOSTO	QL 3
cabergoline	1
calcitriol	1
CARNITOR INJ	E
CETROTIDE	E
clomiphene	1
FENSOLVI INJ	PA; QL 5
FOLLISTIM AQ	PA 5

Premium Managed Formulary (5 Tier Plans)

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Therapeutical Category Listing

FORTEO	E
ganirelix ac inj	PA 4
GENOTROPIN INJ	E
GONAL-F	E
HUMATROPE	E
ibandronate	QL 1
ISTURISA	E
LUPRON DEPOT-PED	PA 5
MYCAPSSA	E
NITYR	PA 5
NOCDURNA SUB	3
NORDITROPIN INJ	PA 5
NUTROPIN AQ	PA 5
OMNITROPE INJ	E
ORFADIN	PA 5
ORILISSA	PA; QL 2
OSPHENA	3
PROLIA	PA; QL 5
RAYALDEE	3
SAIZEN INJ	E
SANDOSTATIN	E
SENSIPAR	E
SIGNIFOR	E
SOMATULINE	PA 5
STRENSIQ	PA 5
SUPPRELIN LA	PA; QL 5
TERIPARATIDE INJ	PA 5
TRIPTODUR	PA; QL 5
TYMLOS	PA 5
VELTASSA	3
XGEVA	PA 5
ZOMACTON	PA E
ESTROGENS	
CLIMARA	E
CLIMARA PRO	2
DELESTROGEN INJ	E
DIVIGEL	3
dotti	1
DUAVEE	2
ELESTRIN	3
ESTRACE	E
estradiol	1
ESTROGEL	3
EVAMIST	3
ORIAHNN	PA; QL 2
PREMARIN	2
PREMPHASE	2
PREMPRO	2
VIVELLE-DOT	E
FLUOROQUINOLONES	
ciprofloxacin	1
levofloxacin	1
GASTROINTESTINAL AGENTS - MISC.	
alose tron	PA 1
AMITIZA	E

AURYXIA	3
balsalazide	1
calcium acetate	1
CHENODAL	PA 5
CHOLBAM	PA 5
CIALIS	E
CIMZIA	PA 5
cromolyn	1
DELZICOL	E
DEXPANTHENOL INJ	3
DIPENTUM	E
ENTEREG	3
enulose	1
GATTEX	PA 5
generlac	1
GIMOTI	E
lactulose	1
lanthanum	1
LINZESS	ST; QL 2
lubiprostone	E
mesalamine er capsule 0.375gm	E
mesalamine dr 1.2gm	e
mesalamine dr 800mg	1
metoclopramide	1
metoclopramide odt	1
MOTEGRITY	ST; QL 3
MOVANTIK	QL E
OALIVA	PA; QL 5
PENTASA	3
PHOSLYRA	3
RELISTOR	E
RELTONE	E
sevelamer	1
SF ROWASA	2
SIMETHICONE	3
STELARA	PA 2
sulfasalazine	1
sulfasalazine dr	1
sulfazine	1
SYMPROIC	ST; QL 2
TRULANCE	QL E
UCERIS ORAL	E
ursodiol	1
VELPHORO	3
VIBERZI	PA; QL 3
XERMELO	QL 5
ZELNORM	PA; QL 3
Genetic or Enzyme Disorder - Misc	
EXONDYS 51	E
KUVAN	E
VYONDYS 53	E
GENITOURINARY AGENTS - MISCELLANEOUS	
acetic acid soln	1
alfuzosin er	1
AVODART	E
CARDURA XL	ST 3

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Therapeutical Category Listing

CUPRIMINE	E
CYTAGON	5
DEFLUX INJ	3
DEPEN TITRATABS	5
dutasteride/tamsulosin	1
dutasteride	1
ELMIRON	E
finasteride	1
FLOMAX	E
GEMTESA	E
k citrate soln	1
K-PHOS	3
LITHOSTAT	3
ORACIT SOLN	3
PENTOSAN	3
phenazo	1
phenazopyridine	1
POTASSIUM CITRATE GRANULES MONOHYDR	3
potassium citrate	1
potassium citrate er	1
PROCYSBI	PA 5
RENAGEL	E
RESECTISOL SOLN	3
RIMSO-50 SOLN	3
silodosin	1
sodium citrate soln	1
sodium chloride soln	1
sorbitol soln	1
tamsulosin	1
THIOLA	5
THIOLA EC	5
GOUT AGENTS	
allopurinol	1
COLCHICINE CAP	E
colchicine tab	1
COLCRYS	E
febuxostat	ST 1
GLOPERBA	E
MITIGARE	E
HEMATOLOGICAL AGENTS - MISC.	
ADVATE	5
ADYNOVATE	5
AFSTYLA	5
ARANESP	PA 5
aspirin/omeprazole	E
BRILINTA	2
clopidogrel	1
ELOCTATE INJ	5
EPOGEN	E
ESPERCOT INJ	E
FULPHILA	E
GRANIX	E
HAEGARDA	PA 5
JIVI	5
KOATE	5
NOVOEIGHT	5

NUVIQ	5
PLAVIX	E
prasugrel	1
RECOMBINATE	5
SEVENFACT	E
SOLIRIS	PA 5
TAKHZYRO	PA 5
ULTOMIRIS	PA 5
WILATE	5
XYNTHA	5
YOSPRALA	E
HEMATOPOIETIC AGENTS	
CERDELGA	PA 5
cyanocobalam inj	1
folic acid	1
MULPLETA	PA 5
NASCOBAL	3
NEULASTA	PA 5
NEUPOGEN	E
NIVESTYM	PA 5
NPLATE	PA 5
NYVEPRIA	E
OXBRYTA	E
PROCRIT	E
RETACRIT	PA 5
UDENYCA	E
ZARXIO	PA 5
ZIEXTENZO	PA 5
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
AMBIEN	E
AMBIEN CR	E
BELSOMRA	ST; QL 3
DAYVIGO	ST; QL 3
doxepin	QL 1
eszopiclone	QL 1
RESTORIL	E
temazepam	QL 1
triazolam	QL 1
zolpidem	QL 1
zolpidem er	QL 1
LAXATIVES	
CLENPIQ	3
GOLYTELY	E
lactulose	1
MOVIPREP	E
NULYTELY LEMON-LIME	E
OSMOPREP	E
peg 3350	1
PLENVU SOLN	E
SUPREP	3
SUTAB	3
MACROLIDES	
azithromycin	1
clarithromycin	1

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Therapeutical Category Listing

DIFICID		3
MIGRAINE PRODUCTS		
AIMOVIG INJ	PA; QL	2
AJOVY INJ		E
almotriptan	QL	1
CAMBIA		E
eletriptan	QL	1
EMGALITY	PA; QL	2
frovatriptan	QL	1
IMITREX		E
MAXALT		E
MAXALT-MLT		E
naratriptan	QL	1
NURTEC ODT	PA; QL	2
ONZETRA		E
RELPAX		E
REYVOW		E
rizatriptan	QL	1
rizatriptan odt	QL	1
sumatriptan	QL	1
TOSYMRA	QL	E
TREXIMET		E
UBRELVY	PA; QL	2
ZEMBRACE	QL	E
zolmitriptan	QL	1
zolmitriptan odt	QL	1
ZOMIG		E
MINERALS & ELECTROLYTES		
klor-con		1
K-TAB		E
potassium chloride er		1
potassium chloride		1
potasium chloride effer		1
sodium fluoride oral tablet chewable		1
MISCELLANEOUS THERAPEUTIC CLASSES		
ASCENIV		E
AVSOLA	PA	5
azathioprine		1
cyclosporine		4
DOJOLVI		E
ENDARI	PA	3
LOKELMA		3
mycophenolate		4
mycophenolic dr		4
penicillamine		E
PALFORZIA		E
tacrolimus		4
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate soln		1
lidocaine viscous soln		1
nystatin susp		1
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX		E

baclofen		1
carisoprodol		1
cyclobenzaprine		1
DUROLANE INJ	PA	5
EUFLEXA INJ	PA	5
GEL-ONE INJ		E
GELSYN-3 INJ	PA	5
GENVISC INJ		E
HYALGAN INJ		E
HYMOVIS INJ		E
LORZONE		3
metaxalone		1
methocarbamol		1
MONOVISC INJ		E
NORGESIC FORTE		E
ORPHENGESIC FORTE		E
ORTHOVISC INJ		E
OZOBAX SOLN		E
SKELAXIN		E
SOMA		E
SUPARTZ INJ		E
SYNVISC		E
SYNVISC ONE INJ		E
tizanidine		1
TRILURON INJ		E
TRIVISC INJ		E
VANADOM		E
VISCO-3 INJ		E
ZANAFLEX		E
NASAL AGENTS - SYSTEMIC AND TOPICAL		
azelastine/fluticasone nasal spray	QL	1
azelastine nasal spray	QL	1
AZENASE PAK		3
BACTROBAN OINT NASAL		3
BECONASE AQ	QL	3
DYMISTA	QL	2
epinephrine nasal soln		1
flunisolide nasal soln	QL	1
fluticasone nasal spray		1
ipratropium nasal spray		1
mometasone nasal spray	QL	1
NASONEX		E
olopatadine nasal spray	QL	1
OMNARIS NASAL SPRAY	QL	3
pseudoephedrine		1
QNASL AER	QL	3
TICALAST		3
TICANASE		3
TICASPRAY		3
XHANCE	QL	E
ZETONNA	QL	3
NEUROMUSCULAR AGENTS		
ANEKTINE INJ		3
BOTOX INJ	PA	5
DYSPORE	PA	5
EVRYSDI		E

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Therapeutical Category Listing

MYOBLOC INJ	PA	5
pancuronium inj		1
RADICAVA INJ	PA	5
riluzole	PA; QL	1
SPINRAZA	PA	5
SUCCINYL CHO INJ		3
TIGLUTIK	PA; QL	5
XEOMIN INJ	PA	5
ZOLGENSMA INJ	PA	5
OPHTHALMIC AGENTS		
ALPHAGAN P SOLN 0.1%		2
ALPHAGAN P SOLN 0.15%		E
AZASITE SOLN		3
AZOPT SUSP		E
BEOVU INJ		E
BEPREVE		E
BESIVANCE SUSP		3
BETIMOL SOLN		3
brimonidine soln		1
BROMSITE	ST; QL	E
CEQUA SOLN		E
ciprofloxacin soln		1
COMBIGAN SOLN		2
COSOPT		E
COSOPT PF		E
dorzol/timol soln		1
erythromycin oint		1
EYSUVIS	PA	3
FLAREX SUSP		3
ILEVRO		E
INVELTYS SUS		3
ketorolac soln		1
LASTACFT SOLN		E
latanoprost soln		1
LATISSE		E
LOTEMAX GEL	PA; QL	3
LOTEMAX OINT	PA; QL	3
LOTEMAX SUSP		E
LOTEMAX SM		3
LUMIGAN SOL	QL	2
MOXEZA SOL		2
MOXIFLOXACIN INJ		3
moxifloxacin soln		1
neo/poly/gram soln		1
NEVANAC		E
ofloxacin drop		1
olopatadine drop		1
polymyxin b/trimeth soln		1
PRED FORTE SUS		E
prednisolone susp		1
PROLENSA SOL	QL	2
RESTATIS	PA	2
RHOPRESSA SOL	QL	3
ROCKLATAN DRO	QL	3
SIMBRINZA SUS		2
timolol soln		1
TIMOPTIC OCU SOL		E

TIMOPTIC-XE SOL		E
tobra/dexameth susp		1
TOBRADEX ST		3
TOBRADEX OPHTHALMIC SUSP		E
TRAVATAN Z DRO		E
trimethoprim polymyxn soln		1
VIGAMOX		E
VYZULTA SOL		E
XALATAN		E
XIIDRA DRO	PA	2
ZERVIATE DRO	ST	E
ZIOPTAN		E
ZYLET		3
OTIC AGENTS		
ciprofloxacin/dexamethasone otic		1
CIPRODEX SUSP		E
neo/poly/hc otic		1
ofloxacin otic		1
OTOVEL DRO		3
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
CUTAQUIG SOL		E
FIRAZYR		E
GAMMAGARD	PA	5
LUPKYNIS		E
XEMBIFY INJ	PA	5
PENICILLINS		
amoxicillin		1
amoxicillin/k clavulante		1
penicillin		1
PROGESTINS		
MAKENA INJ	PA	5
medroxyprogesterone		1
norethindrone		1
PROMETRIUM		E
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ADDYI	PA; QL	3
AMPYRA	PA; QL	5
AUBAGIO	PA; QL	5
AUSTEDO	PA; QL	5
AVONEX	PA; QL	5
BAFIERTAM	PA; QL	5
BETASERON	PA; QL	5
bupropion sr	QL	1
CHANTIX	QL	3
COPAXONE	PA; QL	5
donepezil		1
EXTAVIA		E
fluoxetine		1
GILENYA	PA; QL	5
GRALISE	ST; QL	3
HORIZANT	PA; QL	3
IMCIVREE		E
INGREZZA	PA; QL	5

Premium Managed Formulary (5 Tier Plans)

- 1 = Preferred Generic Drugs (tier 1)
- 2 = Preferred Brand and Non-Preferred Generic Drugs (tier 2)
- 3 = Non-Preferred Brand and Non-Preferred Generic Drugs (tier 3)
- 4 = Specialty Generic drugs (tier 4)
- 5 = Specialty Brand drugs (tier 5)
- E = Excluded Drugs

PA = Prior Authorization

QL = Quantity Limits Per
Prescription Days Supply

ST = Step Therapy

Therapeutical Category Listing

KESIMPTA INJ	PA; QL	5
MAVENCLAD	PA	5
MAYZENT	PA; QL	5
memantine		1
NAMZARIC	QL	2
PLEGRIDY		E
REBIF		E
TECFIDERA		E
TEGSEDI	PA	5
VUMERITY	PA; QL	5
VYLEESI	PA; QL	3
XYREM	PA; QL	5
XYWAV	PA; QL	5
ZEPOSIA	PA; QL	5
RESPIRATORY AGENTS - MISC.		
ESBRIET	PA	5
OFEV	PA	5
PULMOZYME	PA	5
TRIKAFTA	PA; QL	5
TETRACYCLINES		
ACTICLATE		E
DORYX		E
doxycycline		1
doxycycline mono		1
doxycycline hyclate		1
doxycycline hyclate dr		1
doxycycline 80mg dr		E
minocycline		1
MINOLIRA		E
NUZYRA		3
SEYSARA	ST	3
SOLODYN		E
TARGADOX		E
XIMINO ER		3
THYROID AGENTS		
ARMOUR THYROID	ST	3
CYTOMEL		E
euthyrox		1
levothyroxine capsule		E
levothyroxine tablet		1
levoxyl		1
liothyronine		1
methimazole		1
np thyroid		1
SYNTHROID		E
THYQUIDITY		E
TIROSINT		E
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
CARAFATE		E
DEXILANT	QL	2
dicyclomine		1
esomeprazole	QL	1
famotidine		1
glycopyrrolate 1mg, 2mg		1

glycopyrrolate 1.5mg	PA	3
hyoscyamine		1
lansoprazole	QL	1
misoprostol		1
NEXIUM		E
OMECLAMOX MIS PAK		2
omeprazole/sodium bicarbonate		E
omeprazole	QL	1
pantoprazole	QL	1
PREVACID		E
PROTONIX		E
PYLERA		2
rabeprazole	QL	1
RABEPRAZOLE DR		E
sucralfate		1
TALICIA		3
ZEGERID		E
URINARY ANTISPASMODICS		
MYRBETRIQ		2
oxybutynin		1
oxybutynin er		1
solifenacin		1
tolterodine er		1
TOVIAZ		3
VESICARE		E
VAGINAL AND RELATED PRODUCTS		
CLEOCIN SUPP		E
CLINDESSE CRE		3
ENDOMETRIN SUPP		2
estradiol vag cream		1
estradiol		1
GYNAZOLE-1 CREAM		3
IMVEXXY SUPP		3
metronidazole vag gel		1
NUVESSA		E
PHEXXI		E
PREMARIN VAG CREAM		2
terconazole		1
VAGIFEM		E
VASOPRESSORS		
AUVI-Q		E
epinephrine inj		1
EPIPEN 2 PAK	ST	3
EPIPEN JR 2 PAK		E
SYMJEPI INJ		3
VITAMINS		
ergocalciferol		1
vitamin D 50000		1

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AultCare/Aultra General Tag Lines for the State of Ohio

English

If you, or someone you are helping, have questions about **AultCare/Aultra** you have the right to get help and information in your language at no cost. To speak with an interpreter, call **Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 711 Outside Stark County: 711**

Spanish

Español

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca **AultCare/Aultra** tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 711 Fuera del condado de Stark : 711**

Chinese

中文

如果您，或是您正在協助的對象，有關於 **AultCare/Aultra** 保險公司 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 本地：330.363.6360 斯塔克縣外：1.800.344.8858 TTY 線 本地：711 斯塔克縣外：711。

German

Deutsche

Falls Sie oder jemand, dem Sie helfen, Fragen zum **AultCare/Aultra** haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711** an.

Arabic

العربية

العربية، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب AultCare/Aultra إن كان لديك أو لدى شخص تساعد أسئلة بخصوص شركة التأمين خارج مقاطعة ستارك . 711 المحلي: 711 الخط TTY خارج مقاطعة ستارك : 330.363.6360 1.800.344.8858

Pennsylvania Dutch

Deutsch

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut **AultCare/Aultra** hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du **Local: 330.363.6360 Außerhalb von Stark County: 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711** uffrufe.

Russian

русский

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу **Страховая компания AultCare/Aultra**, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 711 Вне Старка County : 711.**

French

Français

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de **Compagnie d'Assurance AultCare/Aultra**, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, **Appelez Locale 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 711 En dehors du comté de Stark : 711.**

Vietnamese

Việt Nam

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về **Công ty Bảo hiểm AultCare/Aultra** quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 711 Bên ngoài của Stark County : 711.**

Cushite-Oromo

Isin yookan namni biraa isin deeggartan **AultCare/Aultra**, irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 711 Outside of Stark County: 711** tiin bilbilaa.

Korean

한국어

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 **AultCare/Aultra 보험 회사**에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 **지역 : 330.363.6360 스타크 카운티의 외부 : 1.800.344.8858 TTY 라인 지역 : 711 스타크 카운티의 외부 : 711**로 전화하십시오.

Italian

Italiano

Se tu o qualcuno che stai aiutando avete domande su **AultCare/Aultra**, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 711 Al di fuori di Stark County : 711.**

Japanese

日本語

ご本人様、またはお客様の身の回りの方でも **AultCare/Aultra** 保険会社についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、ローカル : 330.363.6360 スターク郡の外 : 1.800.344.8858 TTY ライン ローカル : 711 スターク郡の外 : 711 までお電話ください。

Dutch

Nederlands

Als u, of iemand die u helpt, vragen heeft over **AultCare/Aultra**, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 711 Buiten Stark County : 711.**

Ukrainian

український

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про **Страхова компанія AultCare/Aultra**, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 711 Поза Старка County : 711.**

Romanian

Română

Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind **Compania de Asigurari AultCare/Aultra**, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 711 In afara Stark Judet : 711.**

Non-Discrimination Notice:

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6th St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

