2026

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs or "Drug List"

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

76

Formulary 26800

This formulary was updated on 09/29/2025. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card, or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.

Humana®

Welcome to The Humana Medicare Employer Plan!

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this Drug List (Formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan", it means the Humana Medicare Employer Plan. This document includes a Drug List (formulary) for our plan which is current as of January 1, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the Humana Medicare Employer formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is the entire list of covered drugs or medicines selected by the Humana Medicare Employer Plan. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. The Humana Medicare Employer Plan worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. The Humana Medicare Employer Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana Medicare Employer Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

If you are thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. If you are a current member, call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card Monday through Friday from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **Humana.com/medicaredruglist**.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products**. We may immediately remove a drug on our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you

the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Humana Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market**. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and a notice of the change.

We will notify members who are affected by the following changes to the formulary:
- When a drug is removed from the formulary.
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive.
- When a drug is moved to a higher cost sharing tier.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Humana Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

What if you are affected by a Drug List change?

We will notify you by mail at least 30 days before one of these changes happen or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of January 1, 2026. To get updated information about the drugs covered by Humana please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug in the formulary:

Medical condition

The formulary starts on page 11. We have put the drugs into groups depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 6 for more information on Utilization Management Requirements).

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 186. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

What are generic drugs?

Humana covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered” if you have a Medicare Advantage plan. If you have a Prescription Drug Plan (PDP), please see the Evidence of Coverage, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered". The type of plan can be found at the top of your Evidence of Coverage.

Prescription drugs are grouped into one of four tiers.
The Humana Medicare Employer Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

- **Tier 1 - Generic or Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Preferred Brand:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Generic or Preferred Generic, and at a lower cost to you than Tier 3 Non-Preferred Drug
- **Tier 3 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 2 Preferred Brand drug
- **Tier 4 - Specialty Tier:** Some injectables and other high-cost drugs

How much will I pay for covered drugs?

The Humana Medicare Employer Plan pays part of the costs for your covered drugs and you pay part of the costs, too.

The amount of money you pay depends on:

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call Group Medicare Customer Care to find out what your costs are.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** The Humana Medicare Employer Plan requires you to get prior authorization for certain drugs. This means that you will need to get approval from the Humana Medicare Employer Plan before you fill your prescriptions. If you do not get approval, the Humana Medicare Employer Plan may not cover the drug.

- **Quantity Limits (QL):** For certain drugs, the Humana Medicare Employer Plan limits the amount of the drug that is covered. The Humana Medicare Employer Plan might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.

- **Step Therapy (ST):** In some cases, the Humana Medicare Employer Plan requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Humana Medicare Employer Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Medicare Employer Plan will then cover Drug B.

- **Part B versus Part D (BvsD):** Some drugs may be covered under Medicare Part B or Part D, depending upon the circumstances. Information may need to be submitted to the Humana Medicare Employer Plan that describes the use and the place where you receive and take the drug so a determination can be made.

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to the Humana Medicare Employer Plan at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 8 p.m. (EST).

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11.

You can also get more information about the restrictions applied to specific covered drugs by visiting **Humana.com/medicaredruglist**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask the Humana Medicare Employer Plan to make an exception to these restrictions, limits or for a list of other, similar drugs that may treat your health condition. See the section "**How do I request an exception to the Humana Formulary?**" on page 7 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Humana Medicare Employer Plan Customer Care and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Humana Medicare Employer Plan does not cover your drug, you have two options:

- You can ask Group Medicare Customer Care for a list of similar drugs that are covered by Humana Medicare Employer Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the Humana Medicare Employer Plan.
- You can ask the Humana Medicare Employer Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Humana Formulary?

You can ask the Humana Medicare Employer Plan to make an exception to the coverage rules. There are several types of exceptions that you can ask us to make.

- **Formulary exception:** You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- **Utilization restriction exception:** You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Humana Group Medicare Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- **Tier exception:** You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, the Humana Medicare Employer Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception**. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug unless you have a prescription written for fewer days. (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) while you pursue a formulary exception.

Throughout the plan year, your treatment setting (the place where you receive and take your medicine) may change. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, the Humana Medicare Employer Plan will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. The Humana Medicare Employer Plan will review requests for continuation of therapy on a case-by-case basis understanding when you are on a stabilized drug regimen that, if changed, is known to have risks.

Transition extension

The Humana Medicare Employer Plan will consider on a case-by-case basis an extension of the transition period if your exception request or appeal has not been processed by the end of your initial transition period. We will continue to provide necessary drugs to you if your transition period is extended.

A Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

CenterWell Pharmacy™

You may fill your medicines at any network pharmacy. CenterWell Pharmacy – Humana's mail-delivery pharmacy is one option. To get started or learn more, visit **CenterWellPharmacy.com**. You can also call CenterWell Pharmacy at **1-844-222-2151** (**TTY: 711**) Monday – Friday, 8 a.m. to 11 p.m. (EST), and Saturday, 8 a.m. to 6:30 p.m. (EST).

Other pharmacies are available in our network.

For More Information

For more detailed information about your Humana Medicare Employer Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Humana Group Medicare Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE** (**1-800-633-4227**) 24 hours a day, seven days a week. **TTY** users should call **1-877-486-2048**. You can also visit **www.medicare.gov**.

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 186.

Your plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 182.

How to read your formulary

The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower-case italics. Next to the drug name or Utilization Management column, you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:

DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.
MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.
LA - Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.
CI – Covered insulin products; Part D insulin products covered by your plan. For more information on cost sharing for your covered insulin products, please refer to your Evidence of Coverage.
AV – Advisory Committee on Immunization Practices (ACIP) Covered Part D vaccines; Part D vaccines recommended by ACIP for adults that may be available at no cost to you; additional restrictions may apply. For more information, please refer to your Evidence of Coverage.
PDS – Preferred Diabetic Supplies; BD and HTL-Droplet are the preferred diabetic syringe and pen needle brands for the plan.

The second column lists the tier of the drug. See page 5 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. The Humana Medicare Employer Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 6 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-caff-dihydrocod 320.5-30-16 mg CAPSULE **DL**	1	QL(300 per 30 days)
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION **DL**	1	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET **DL**	1	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET **DL**	1	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET **DL**	1	QL(180 per 30 days)
APADAZ 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET **DL**	3	
ARTHROTEC 50 50-200 MG-MCG TABLET, IR, DR, BIPHASIC **MO**	3	PA
ARTHROTEC 75 75-200 MG-MCG TABLET, IR, DR, BIPHASIC **MO**	3	PA
ascomp with codeine 30-50-325-40 mg CAPSULE **DL**	1	QL(360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM **DL**	3	ST,QL(60 per 30 days)
benzhydrocodone-acetaminophen 4.08-325 mg, 6.12-325 mg, 8.16-325 mg TABLET **DL**	3	
BUPRENEX 0.3 MG/ML SOLUTION **DL**	3	QL(240 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY **DL**	1	PA,QL(4 per 28 days)
buprenorphine hcl 0.3 mg/ml SYRINGE **DL**	1	QL(240 per 30 days)
butorphanol 1 mg/ml SOLUTION **DL**	1	QL(960 per 30 days)
butorphanol 10 mg/ml SPRAY, NON-AEROSOL **DL**	1	QL(5 per 28 days)
butorphanol 2 mg/ml SOLUTION **DL**	1	QL(480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR PATCH, WEEKLY **DL**	3	PA,QL(4 per 28 days)
CALDOLOR 800 MG/200 ML (4 MG/ML) PIGGYBACK **MO**	3	
CALDOLOR 800 MG/8 ML (100 MG/ML) RECON SOLUTION **MO**	3	
CAMBIA 50 MG POWDER IN PACKET **DL**	4	ST,QL(9 per 30 days)
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE **MO**	3	PA
celecoxib 100 mg, 200 mg CAPSULE **MO**	1	
celecoxib 400 mg, 50 mg CAPSULE **MO**	1	
codeine sulfate 15 mg, 30 mg TABLET **DL**	1	QL(360 per 30 days)
codeine sulfate 60 mg TABLET **DL**	1	QL(180 per 30 days)
codeine-butalbital-asa-caff 30-50-325-40 mg CAPSULE **DL**	1	QL(360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, ER, BIPHASIC **DL**	3	ST,QL(30 per 30 days)
DAYPRO 600 MG TABLET **MO**	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMEROL 50 MG/ML SOLUTION DL	3	QL(720 per 30 days)
DEMEROL (PF) 100 MG/ML SYRINGE DL	3	QL(360 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE DL	3	QL(1440 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE DL	3	QL(720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE DL	3	QL(480 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. MO	1	PA,QL(60 per 30 days)
diclofenac potassium 25 mg CAPSULE MO	3	ST,QL(120 per 30 days)
diclofenac potassium 25 mg TABLET DL	4	
diclofenac potassium 50 mg POWDER IN PACKET MO	3	ST,QL(9 per 30 days)
diclofenac potassium 50 mg TABLET MO	1	
diclofenac sodium 1.5 % DROPS MO	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. MO	1	
diclofenac sodium 20 mg/gram /actuation(2 %) SOLUTION IN METERED DOSE PUMP DL	4	PA,QL(224 per 28 days)
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC MO	1	
diclofenac sodium 75 mg TABLET, DR/EC MO	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC MO	1	
diflunisal 500 mg TABLET MO	1	
DILAUDID 1 MG/ML LIQUID DL	3	PA,QL(2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET DL	3	PA,QL(360 per 30 days)
DILAUDID 8 MG TABLET DL	3	PA,QL(240 per 30 days)
dolobid 250 mg TABLET DL	4	ST
DOLOBID 375 MG TABLET DL	4	ST
DUEXIS 800-26.6 MG TABLET DL	4	PA,QL(90 per 30 days)
DURAMORPH (PF) 0.5 MG/ML SOLUTION DL	3	BvsD,QL(7200 per 30 days)
DURAMORPH (PF) 1 MG/ML SOLUTION DL	3	BvsD,QL(3600 per 30 days)
ec-naproxen 500 mg TABLET, DR/EC MO	3	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	1	
etodolac 400 mg, 500 mg TABLET MO	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	1	
FELDENE 10 MG, 20 MG CAPSULE MO	3	
fenoprofen 400 mg CAPSULE MO	1	ST
fenoprofen 600 mg TABLET MO	1	ST

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenopron 300 mg CAPSULE **DL**	4	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. **DL**	1	QL(20 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. **MO**	3	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET **MO**	1	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. **DL**	1	ST,QL(90 per 30 days)
hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR. **DL**	1	ST,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. **DL**	1	ST,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	1	QL(390 per 30 days)
hydrocodone-acetaminophen 10-300 mg/15 ml SOLUTION **DL**	4	QL(6000 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION **DL**	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION **DL**	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET **DL**	1	QL(150 per 30 days)
HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE **DL**	1	BvsD
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE **DL**	1	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID **DL**	1	QL(2400 per 30 days)
hydromorphone 1 mg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. **DL**	1	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. **DL**	1	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET **DL**	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION **DL**	1	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE **DL**	1	BvsD,QL(360 per 30 days)
hydromorphone 32 mg TABLET, ER 24 HR. **DL**	1	ST,QL(60 per 30 days)
hydromorphone 4 mg/ml SYRINGE **DL**	1	BvsD,QL(180 per 30 days)
hydromorphone 8 mg TABLET **DL**	1	QL(240 per 30 days)
hydromorphone 8 mg TABLET, ER 24 HR. **DL**	1	ST,QL(240 per 30 days)
hydromorphone (pf) 0.2 mg/ml, 1 mg/ml, 2 mg/ml SYRINGE **DL**	1	BvsD
hydromorphone (pf) 1 mg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)
hydromorphone (pf) 10 mg/ml SOLUTION **DL**	1	BvsD,QL(144 per 30 days)
hydromorphone (pf) 4 mg/ml SOLUTION **DL**	1	BvsD,QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. DL	3	ST,QL(30 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET MO	1	
ibuprofen 100 mg/5 ml SUSPENSION MO	1	
ibuprofen 300 mg TABLET DL	4	ST
ibuprofen 400 mg TABLET MO	1	
ibuprofen 600 mg, 800 mg TABLET MO	1	
ibuprofen-famotidine 800-26.6 mg TABLET MO	1	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION DL	4	
INDOCIN 50 MG SUPPOSITORY	4	
indomethacin 25 mg, 50 mg CAPSULE MO	1	
indomethacin 25 mg/5 ml SUSPENSION DL	4	
indomethacin 50 mg SUPPOSITORY	4	
indomethacin 75 mg CAPSULE, ER MO	1	
indomethacin sodium 1 mg RECON SOLUTION MO	1	
INFUMORPH P/F 10 MG/ML SOLUTION DL	3	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION DL	3	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. MO	1	
ketoprofen 25 mg CAPSULE	4	
ketoprofen 50 mg, 75 mg CAPSULE MO	1	ST
ketorolac 10 mg TABLET MO	1	QL(20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION MO	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE MO	1	
ketorolac 15.75 mg/spray SPRAY, NON-AEROSOL DL	4	PA,QL(5 per 30 days)
kiprofen 25 mg CAPSULE MO	1	ST
levorphanol tartrate 2 mg TABLET DL	4	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg TABLET DL	4	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)
LODINE 400 MG TABLET MO	3	PA
lofena 25 mg TABLET DL	4	
lurbipr 100 mg TABLET MO	1	
lurbiro 100 mg TABLET DL	4	
meclofenamate 100 mg, 50 mg CAPSULE MO	1	
mefenamic acid 250 mg CAPSULE MO	1	
meloxicam 15 mg TABLET MO	1	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meloxicam 7.5 mg TABLET **MO**	1	QL(60 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE **MO**	3	QL(30 per 30 days)
meperidine 50 mg TABLET **DL**	4	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION **DL**	1	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION **DL**	1	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION **DL**	1	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION **DL**	1	QL(720 per 30 days)
methadone 10 mg TABLET **DL**	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION **DL**	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE **DL**	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION **DL**	1	QL(360 per 30 days)
methadone 5 mg TABLET **DL**	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION **DL**	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE **DL**	1	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE **DL**	3	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION **DL**	3	BvsD,QL(360 per 30 days)
mitigo (pf) 25 mg/ml SOLUTION **DL**	3	BvsD,QL(150 per 30 days)
morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS **DL**	1	ST,QL(60 per 30 days)
morphine 10 mg/5 ml SOLUTION **DL**	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION **DL**	1	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE **DL**	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER **DL**	1	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. **DL**	1	ST,QL(60 per 30 days)
morphine 15 mg, 30 mg TABLET **DL**	1	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER **DL**	1	QL(120 per 30 days)
morphine 2 mg/ml SOLUTION **DL**	1	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml SYRINGE **DL**	1	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml, 4 mg/ml, 5 mg/ml SYRINGE **DL**	1	BvsD
morphine 20 mg/5 ml (4 mg/ml) SOLUTION **DL**	1	QL(1350 per 30 days)
morphine 200 mg TABLET ER **DL**	1	QL(90 per 30 days)
morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR. **DL**	1	ST,QL(30 per 30 days)
morphine 4 mg/ml SOLUTION **DL**	1	BvsD,QL(900 per 30 days)
morphine 4 mg/ml SYRINGE **DL**	1	BvsD,QL(900 per 30 days)
morphine 5 mg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 8 mg/ml SOLUTION **DL**	1	BvsD,QL(450 per 30 days)
morphine 8 mg/ml SYRINGE **DL**	1	BvsD,QL(450 per 30 days)
morphine (pf) 0.5 mg/ml SOLUTION **DL**	1	BvsD,QL(7200 per 30 days)
morphine (pf) 1 mg/ml SOLUTION **DL**	1	BvsD,QL(3600 per 30 days)
morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN **DL**	1	BvsD,QL(3600 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION **DL**	1	QL(540 per 30 days)
MS CONTIN 100 MG TABLET ER **DL**	3	PA,QL(180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER **DL**	3	PA,QL(120 per 30 days)
MS CONTIN 200 MG TABLET ER **DL**	3	PA,QL(90 per 30 days)
nabumetone 500 mg, 750 mg TABLET **MO**	1	
nalbuphine 10 mg/ml SOLUTION **DL**	1	QL(240 per 30 days)
nalbuphine 20 mg/ml SOLUTION **DL**	1	QL(120 per 30 days)
NALFON 600 MG TABLET **MO**	1	ST
nalocet 2.5-300 mg TABLET **DL**	4	PA,QL(360 per 30 days)
NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE **MO**	2	ST,QL(120 per 30 days)
NAPRELAN CR 500 MG TABLET, ER 24 HR., MULTIPHASE **MO**	2	ST,QL(90 per 30 days)
NAPRELAN CR 750 MG TABLET, ER 24 HR., MULTIPHASE **MO**	2	ST,QL(60 per 30 days)
NAPROSYN 125 MG/5 ML SUSPENSION **DL**	4	PA
naproxen 125 mg/5 ml SUSPENSION **MO**	1	
naproxen 250 mg, 375 mg TABLET **MO**	1	
naproxen 375 mg, 500 mg TABLET, DR/EC **MO**	1	
naproxen 500 mg TABLET **MO**	1	
naproxen sodium 275 mg, 550 mg TABLET **MO**	1	
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	ST,QL(120 per 30 days)
naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	ST,QL(90 per 30 days)
naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	ST,QL(60 per 30 days)
naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC **DL**	4	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET **DL**	4	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. **DL**	4	ST,QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, ER 12 HR. **DL**	3	ST,QL(60 per 30 days)
oxaprozin 600 mg TABLET **MO**	1	
OXAYDO 5 MG, 7.5 MG TABLET, ORAL ONLY **DL**	4	PA,QL(360 per 30 days)
oxycodone 10 mg, 20 mg, 40 mg TABLET, ER 12 HR. **DL**	3	ST,QL(90 per 30 days)
oxycodone 10 mg, 5 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone 10 mg, 5 mg TABLET, ORAL ONLY **DL**	4	PA,QL(360 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone 15 mg, 20 mg, 30 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone 15 mg, 30 mg TABLET, ORAL ONLY **DL**	4	PA,QL(180 per 30 days)
oxycodone 20 mg/ml CONCENTRATE **DL**	1	QL(270 per 30 days)
oxycodone 5 mg CAPSULE **DL**	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION **DL**	1	QL(5400 per 30 days)
oxycodone 80 mg TABLET, ER 12 HR. **DL**	3	ST,QL(120 per 30 days)
oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	4	PA,QL(390 per 30 days)
oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION **DL**	4	PA,QL(900 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-300 mg TABLET **DL**	4	PA,QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION **DL**	1	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. **DL**	3	ST,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. **DL**	3	ST,QL(120 per 30 days)
oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR. **DL**	1	ST,QL(60 per 30 days)
oxymorphone 10 mg, 5 mg TABLET **DL**	1	QL(360 per 30 days)
oxymorphone 40 mg TABLET, ER 12 HR. **DL**	4	ST,QL(60 per 30 days)
PENNSAID 2 % SOLUTION IN PACKET **DL**	4	PA
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP **DL**	4	PA,QL(224 per 28 days)
pentazocine-naloxone 50-0.5 mg TABLET **DL**	1	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET **DL**	4	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET **DL**	1	PA,QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE **MO**	1	
primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	4	PA,QL(390 per 30 days)
prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	4	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION **DL**	4	PA,QL(900 per 30 days)
QDOLO 5 MG/ML SOLUTION **DL**	4	QL(2400 per 30 days)
RELAFEN DS 1,000 MG TABLET **DL**	4	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET **DL**	3	PA,QL(360 per 30 days)
ROXICODONE 30 MG TABLET **DL**	4	PA,QL(360 per 30 days)
ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY **DL**	4	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY **DL**	4	PA,QL(180 per 30 days)
SEGLENTIS 44-56 MG TABLET **DL**	3	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL DL	4	PA,QL(5 per 30 days)
sulindac 150 mg, 200 mg TABLET MO	1	
tolectin 600 600 mg TABLET	4	
tolmetin 400 mg CAPSULE	4	
tolmetin 600 mg TABLET MO	1	
tramadol 100 mg TABLET DL	1	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC DL	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	1	ST,QL(30 per 30 days)
tramadol 25 mg TABLET DL	1	QL(180 per 30 days)
tramadol 5 mg/ml SOLUTION DL	3	QL(2400 per 30 days)
tramadol 50 mg TABLET DL	1	QL(240 per 30 days)
tramadol 75 mg TABLET DL	1	QL(150 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET DL	1	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE DL	1	QL(300 per 30 days)
VIMOVO 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC DL	4	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	QL(30 per 30 days)
XIFYRM 30 MG/ML SOLUTION MO	3	
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	3	ST,QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE DL	4	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE MO	3	ST,QL(90 per 30 days)
ANESTHETICS		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION MO	1	
bupivacaine liposome (pf) 1.3 % (13.3 mg/ml) SUSPENSION MO	1	
bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION MO	1	
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
CARBOCAINE WITH NEO-COBEFRIN 2 % -1:20,000 CARTRIDGE MO	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION MO	1	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION MO	3	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED MO	1	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glydo 2 % JELLY IN APPLICATOR **MO**	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
lidocaine 5 % OINTMENT **MO**	1	PA
lidocaine (pf) 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %) SOLUTION **MO**	1	
lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION **MO**	1	
lidocaine hcl 2 % JELLY **MO**	1	
lidocaine hcl 2 % JELLY IN APPLICATOR **MO**	1	
lidocaine viscous 2 % SOLUTION **MO**	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION **MO**	1	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE **MO**	1	
lidocaine-prilocaine 2.5-2.5 % CREAM **MO**	1	
lidocan iii 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
lidocan iv 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
lidocan v 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
LIDODERM 5 % ADHESIVE PATCH, MEDICATED **MO**	3	PA,QL(90 per 30 days)
lignospan standard 2 %-1:100,000 CARTRIDGE **MO**	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO**	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO**	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION **MO**	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	3	
marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE **MO**	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	3	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION **MO**	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION **MO**	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION **MO**	3	
PLIAGLIS 7-7 % CREAM **MO**	3	
polocaine 1 % (10 mg/ml), 2 % SOLUTION **MO**	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION **MO**	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO**	1	
sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO**	1	
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION **MO**	1	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION **MO**	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION **MO**	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION **MO**	1	
vivacaine 0.5 %-1:200,000 CARTRIDGE **MO**	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED **MO**	3	PA,QL(90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC **MO**	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET **MO**	1	QL(120 per 30 days)
buprenorphine-naloxone 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg FILM **MO**	1	
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET **MO**	1	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. **MO**	1	QL(90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET **MO**	3	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET **MO**	3	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK **MO**	3	PA,QL(53 per 28 days)
disulfiram 250 mg, 500 mg TABLET **MO**	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
lofexidine 0.18 mg TABLET **DL**	4	PA,QL(224 per 365 days)
LUCEMYRA 0.18 MG TABLET **DL**	4	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION **MO**	1	
naloxone 0.4 mg/ml SOLUTION **MO**	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE **MO**	1	
naltrexone 50 mg TABLET **MO**	1	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	PA
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL **MO**	3	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
SUBOXONE 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG FILM **MO**	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK **MO**	1	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET **MO**	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON **DL**	4	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE **MO**	3	PA
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET **MO**	1	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR **MO**	2	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION **MO**	1	
ACTICLATE 150 MG TABLET **DL**	4	ST,QL(30 per 30 days)
ACTICLATE 75 MG TABLET **DL**	4	ST,QL(60 per 30 days)
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION **MO**	1	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET **MO**	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
amoxicillin 250 mg CAPSULE **MO**	1	
amoxicillin 500 mg CAPSULE **MO**	1	
amoxicillin 500 mg TABLET **MO**	1	
amoxicillin 875 mg TABLET **MO**	1	
amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR. **MO**	1	
amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET **MO**	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET **MO**	1	
amoxicillin-pot clavulanate 875-125 mg TABLET **MO**	1	
ampicillin 500 mg CAPSULE **MO**	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION **MO**	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION **DL**	4	PA,QL(235.2 per 28 days)
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL**	4	
AUGMENTIN 500-125 MG TABLET **MO**	3	PA
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
AUGMENTIN XR 1,000-62.5 MG TABLET, ER 12 HR. **MO**	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK **MO**	3	PA
avidoxy 100 mg TABLET **MO**	1	ST
AVYCAZ 2.5 GRAM RECON SOLUTION **DL**	4	
AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION **MO**	3	PA
azithromycin 1 gram PACKET **MO**	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
azithromycin 250 mg TABLET **MO**	1	
azithromycin 500 mg RECON SOLUTION **MO**	1	
azithromycin 500 mg, 600 mg TABLET **MO**	1	
aztreonam 1 gram, 2 gram RECON SOLUTION **MO**	1	
bacitracin 50,000 unit RECON SOLUTION **MO**	1	
BACTRIM 400-80 MG TABLET **MO**	3	
BACTRIM DS 800-160 MG TABLET **MO**	3	
BAXDELA 300 MG RECON SOLUTION **DL**	4	QL(28 per 14 days)
BAXDELA 450 MG TABLET **DL**	4	QL(28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE **MO**	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE **MO**	3	
BLUJEPA 750 MG TABLET **DL**	4	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefaclor 250 mg, 500 mg CAPSULE **MO**	1	
cefaclor 500 mg TABLET, ER 12 HR. **MO**	1	
cefadroxil 1 gram TABLET **MO**	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefadroxil 500 mg CAPSULE **MO**	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION **MO**	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION **MO**	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK **MO**	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK **MO**	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefdinir 300 mg CAPSULE **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefepime 1 gram, 2 gram RECON SOLUTION **MO**	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK **MO**	3	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefixime 400 mg CAPSULE **MO**	1	
cefotetan 1 gram, 2 gram RECON SOLUTION **MO**	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefpodoxime 100 mg, 200 mg TABLET **MO**	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefprozil 250 mg, 500 mg TABLET **MO**	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION **MO**	1	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	1	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefuroxime axetil 250 mg, 500 mg TABLET **MO**	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION **MO**	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cephalexin 250 mg, 500 mg TABLET **MO**	1	
cephalexin 250 mg, 750 mg CAPSULE **MO**	1	
cephalexin 500 mg CAPSULE **MO**	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION **MO**	1	
CIPRO 250 MG, 500 MG TABLET **MO**	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON **MO**	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON **MO**	1	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET **MO**	1	
ciprofloxacin hcl 500 mg TABLET **MO**	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **MO**	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION **MO**	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
clarithromycin 250 mg, 500 mg TABLET **MO**	1	
clarithromycin 500 mg TABLET, ER 24 HR. **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEOCIN 100 MG SUPPOSITORY MO	3	
CLEOCIN 150 MG/ML SOLUTION MO	1	
CLEOCIN 2 % CREAM MO	3	PA
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE MO	3	
CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION MO	1	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE MO	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	1	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	1	
clindamycin phosphate 150 mg/ml SOLUTION MO	1	
clindamycin phosphate 2 % CREAM MO	1	
CLINDESSE 2 % CREAM, ER MO	3	
colistin (colistimethate na) 150 mg RECON SOLUTION MO	1	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION DL	4	
CUBICIN RF 500 MG RECON SOLUTION DL	4	
DALVANCE 500 MG SOLUTION DL	4	QL(4 per 28 days)
daptomycin 350 mg RECON SOLUTION MO	1	
daptomycin 500 mg RECON SOLUTION DL	4	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK MO	3	
demeclocycline 150 mg TABLET MO	1	QL(240 per 30 days)
demeclocycline 300 mg TABLET MO	1	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE MO	1	
DIFICID 200 MG TABLET DL	4	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	
DORYX 200 MG TABLET, DR/EC MO	3	ST,QL(30 per 30 days)
DORYX 50 MG TABLET, DR/EC MO	3	ST,QL(60 per 30 days)
DORYX 80 MG TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DR/EC MO	3	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
doxy-100 100 mg RECON SOLUTION MO	1	
doxycycline hyclate 100 mg CAPSULE MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 100 mg RECON SOLUTION **MO**	1	
doxycycline hyclate 100 mg TABLET **MO**	1	
doxycycline hyclate 100 mg TABLET, DR/EC **MO**	1	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET **MO**	1	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC **MO**	1	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET **MO**	1	
doxycycline hyclate 200 mg TABLET, DR/EC **MO**	1	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE **MO**	1	
doxycycline hyclate 50 mg TABLET **MO**	1	ST,QL(180 per 30 days)
doxycycline hyclate 75 mg TABLET **MO**	1	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg TABLET, DR/EC **MO**	3	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET **MO**	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE **MO**	1	
doxycycline monohydrate 150 mg CAPSULE **MO**	1	QL(30 per 30 days)
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC **MO**	1	ST,QL(30 per 30 days)
doxycycline monohydrate 75 mg CAPSULE **MO**	1	QL(60 per 30 days)
E.E.S. 400 400 MG TABLET **MO**	1	
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
EMBLAVEO 2 GRAM RECON SOLUTION **DL**	4	
EMROSI 40 MG CAPSULE, IR/ER, BIPHASIC **DL**	4	PA,QL(30 per 30 days)
ertapenem 1 gram RECON SOLUTION **MO**	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC **MO**	1	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL**	4	
ERYTHROCIN 500 MG RECON SOLUTION **MO**	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET **MO**	1	
erythromycin 250 mg CAPSULE, DR/EC **MO**	1	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC **MO**	1	
erythromycin 250 mg, 500 mg TABLET **MO**	1	
erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
erythromycin ethylsuccinate 400 mg TABLET **MO**	1	
erythromycin lactobionate 500 mg RECON SOLUTION **DL**	4	
FETROJA 1 GRAM RECON SOLUTION **DL**	4	QL(84 per 14 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fidaxomicin 200 mg TABLET DL	4	
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION MO	3	
FLAGYL 375 MG CAPSULE MO	3	QL(320 per 30 days)
fosfomycin tromethamine 3 gram PACKET MO	1	
FURADANTIN 25 MG/5 ML SUSPENSION MO	3	
gentamicin 0.1 % CREAM MO	1	
gentamicin 0.1 % OINTMENT MO	1	
gentamicin 40 mg/ml SOLUTION MO	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK MO	1	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION MO	1	
HIPREX 1 GRAM TABLET MO	3	PA
HUMATIN 250 MG CAPSULE DL	4	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION MO	1	
KIMYRSA 1,200 MG RECON SOLUTION DL	4	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
KLARON 10 % SUSPENSION MO	3	QL(118 per 30 days)
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION MO	1	
levofloxacin 250 mg, 750 mg TABLET MO	1	
levofloxacin 500 mg TABLET MO	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	1	
LINCOCIN 300 MG/ML SOLUTION MO	3	
lincomycin 300 mg/ml SOLUTION MO	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	4	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	1	
MACROBID 100 MG CAPSULE MO	3	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	3	
meropenem 1 gram, 500 mg RECON SOLUTION MO	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	1	
methenamine hippurate 1 gram TABLET MO	1	
METRO I.V. 500 MG/100 ML PIGGYBACK MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
METROCREAM 0.75 % CREAM **MO**	3	PA
METROGEL 1 % GEL **MO**	3	ST
METROLOTION 0.75 % LOTION **MO**	3	PA
metronidazole 0.75 % CREAM **MO**	1	
metronidazole 0.75 % LOTION **MO**	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL **MO**	1	
metronidazole 1 % GEL WITH PUMP **MO**	1	
metronidazole 125 mg, 250 mg, 500 mg TABLET **MO**	1	
metronidazole 375 mg CAPSULE **MO**	1	QL(320 per 30 days)
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK **MO**	1	
MINOCIN 100 MG RECON SOLUTION **DL**	4	PA
minocycline 100 mg, 50 mg, 75 mg CAPSULE **MO**	1	
minocycline 100 mg, 50 mg, 75 mg TABLET **MO**	1	
minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
mondoxyne nl 100 mg CAPSULE **MO**	1	
mondoxyne nl 75 mg CAPSULE **MO**	1	ST,QL(60 per 30 days)
morgidox 50 mg CAPSULE **MO**	1	ST
moxifloxacin 400 mg TABLET **MO**	1	
moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK **MO**	1	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK **MO**	1	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK **DL**	4	
neomycin 500 mg TABLET **MO**	1	
nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION **DL**	4	
nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE **MO**	1	
NORITATE 1 % CREAM **DL**	4	ST,QL(60 per 30 days)
NUZYRA 100 MG RECON SOLUTION **DL**	4	
NUZYRA 150 MG TABLET **DL**	4	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET **MO**	1	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC **MO**	3	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION **DL**	4	QL(3 per 28 days)
ORLYNVAH 500-500 MG TABLET **DL**	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	3	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK **MO**	3	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION **MO**	1	
penicillin g sodium 5 million unit RECON SOLUTION **MO**	1	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION **MO**	1	
penicillin v potassium 250 mg, 500 mg TABLET **MO**	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION **MO**	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION **MO**	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION **MO**	1	
PRIMAXIN IV 500 MG RECON SOLUTION **MO**	3	
PRIMSOL 50 MG/5 ML SOLUTION **MO**	3	
RECARBRIO 1.25 GRAM RECON SOLUTION **DL**	4	
rosadan 0.75 % CREAM **MO**	1	ST
rosadan 0.75 % GEL **MO**	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET **DL**	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION **DL**	4	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET **DL**	4	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET **MO**	3	PA
streptomycin 1 gram RECON SOLUTION **DL**	4	
sulfacetamide sodium 10 % OINTMENT **MO**	1	
sulfacetamide sodium (acne) 10 % SUSPENSION **MO**	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET **MO**	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION **MO**	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET **MO**	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION **MO**	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET **MO**	1	
TARGADOX 50 MG TABLET **MO**	1	ST,QL(180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION **MO**	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION **DL**	4	
tetracycline 250 mg, 500 mg CAPSULE **MO**	1	
tetracycline 250 mg, 500 mg TABLET **DL**	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tigecycline 50 mg RECON SOLUTION **MO**	1	
tinidazole 250 mg, 500 mg TABLET **MO**	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION **DL**	4	PA
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION **DL**	4	BvsD
tobramycin sulfate 1.2 gram RECON SOLUTION **DL**	4	
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION **MO**	1	
trimethoprim 100 mg TABLET **MO**	1	
TYGACIL 50 MG RECON SOLUTION **DL**	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION **MO**	3	
VABOMERE 2 GRAM RECON SOLUTION **DL**	4	QL(84 per 14 days)
VANCOCIN 125 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
VANCOCIN 250 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION **MO**	1	
vancomycin 1.75 gram, 2 gram RECON SOLUTION **MO**	3	
vancomycin 125 mg CAPSULE **MO**	1	QL(120 per 30 days)
vancomycin 250 mg CAPSULE **MO**	1	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK **MO**	3	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL **MO**	3	
VIBATIV 750 MG RECON SOLUTION **DL**	4	
VIBRAMYCIN 100 MG CAPSULE **MO**	3	
XACDURO 1 GRAM-1 GRAM (0.5 GRAM X 2) RECON SOLUTION	4	
XACIATO 2 % GEL **MO**	3	
XERAVA 100 MG, 50 MG RECON SOLUTION **MO**	3	
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
ZEMDRI 50 MG/ML SOLUTION **DL**	4	
ZERBAXA 1.5 GRAM RECON SOLUTION **DL**	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEVTERA 667 MG RECON SOLUTION DL	4	
ZITHROMAX 1 GRAM PACKET MO	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
ZITHROMAX 250 MG, 500 MG TABLET MO	3	
ZITHROMAX 500 MG RECON SOLUTION MO	3	
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK MO	3	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK MO	3	
ZYVOX 600 MG TABLET DL	4	PA,QL(60 per 30 days)
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET DL	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	4	PA,QL(60 per 30 days)
BANZEL 200 MG TABLET DL	4	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION DL	4	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET DL	4	PA,QL(240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	4	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	4	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET MO	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. MO	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	1	
carbamazepine 200 mg TABLET MO	1	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	3	
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION MO	3	
clobazam 10 mg, 20 mg TABLET DL	1	PA
clobazam 2.5 mg/ml SUSPENSION DL	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE MO	3	
DIACOMIT 250 MG, 500 MG CAPSULE DL	4	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
DIASTAT 2.5 MG KIT DL	3	PA
DIASTAT ACUDIAL 12.5-15-17.5-20 MG, 5-7.5-10 MG KIT DL	3	PA
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	1	
DILANTIN 30 MG CAPSULE MO	1	
DILANTIN EXTENDED 100 MG CAPSULE MO	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	1	
DILANTIN-125 125 MG/5 ML SUSPENSION MO	3	
divalproex 125 mg CAPSULE, DR SPRINKLE MO	1	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	1	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. MO	1	
ELEPSIA XR 1,000 MG, 1,500 MG TABLET, ER 24 HR. DL	4	QL(60 per 30 days)
EPIDIOLEX 100 MG/ML SOLUTION DL	4	PA
epitol 200 mg TABLET MO	1	
EPRONTIA 25 MG/ML SOLUTION MO	3	PA,QL(480 per 30 days)
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	3	PA
eslicarbazepine 200 mg, 400 mg TABLET DL	4	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET DL	4	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE MO	1	
ethosuximide 250 mg/5 ml SOLUTION MO	1	
felbamate 400 mg, 600 mg TABLET MO	1	PA
felbamate 600 mg/5 ml SUSPENSION MO	1	PA
FELBATOL 400 MG, 600 MG TABLET DL	4	PA
FELBATOL 600 MG/5 ML SUSPENSION DL	4	PA
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	4	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION MO	1	
FYCOMPA 0.5 MG/ML SUSPENSION DL	4	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	3	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE MO	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION MO	1	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET MO	1	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GABARONE 100 MG, 400 MG TABLET **DL**	4	QL(270 per 30 days)
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET **DL**	4	PA
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION **DL**	4	PA
KEPPRA 250 MG TABLET **MO**	3	PA
KEPPRA XR 500 MG TABLET, ER 24 HR. **DL**	4	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR. **DL**	4	PA,QL(120 per 30 days)
lacosamide 10 mg/ml SOLUTION **MO**	1	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET **MO**	1	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION **DL**	4	
LAMICTAL 100 MG TABLET **DL**	4	
LAMICTAL 150 MG, 200 MG, 25 MG TABLET **MO**	3	
LAMICTAL 25 MG TABLET, CHEWABLE DISPERSIBLE **DL**	4	
LAMICTAL 5 MG TABLET, CHEWABLE DISPERSIBLE **MO**	3	
LAMICTAL ODT 100 MG, 200 MG, 50 MG TABLET, DISINTEGRATING **DL**	4	
LAMICTAL ODT 25 MG TABLET, DISINTEGRATING **MO**	3	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK **DL**	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK **DL**	4	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK **DL**	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK **MO**	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK **MO**	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK **MO**	3	
LAMICTAL XR 100 MG, 200 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. **DL**	4	
LAMICTAL XR 25 MG TABLET, ER 24 HR. **MO**	3	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK **MO**	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK **MO**	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK **MO**	3	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. **MO**	1	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING **MO**	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK **MO**	1	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK **MO**	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE **MO**	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET **MO**	1	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION **MO**	1	
levetiracetam 250 mg TABLET FOR SUSPENSION **MO**	3	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET **MO**	1	
levetiracetam 500 mg TABLET, ER 24 HR. **MO**	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION **MO**	1	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK **MO**	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM **DL**	4	QL(10 per 30 days)
methsuximide 300 mg CAPSULE **MO**	1	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET **DL**	4	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	3	QL(10 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE **MO**	3	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION **MO**	3	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET **DL**	4	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET **DL**	4	PA
ONFI 2.5 MG/ML SUSPENSION **DL**	4	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET **MO**	1	
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. **MO**	1	ST
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION **MO**	1	
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. **MO**	3	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR. **DL**	4	ST
pentobarbital sodium 50 mg/ml SOLUTION **MO**	1	
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET **DL**	4	PA,QL(30 per 30 days)
perampanel 2 mg TABLET **MO**	1	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET **MO**	1	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 15 mg, 60 mg TABLET **MO**	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR **MO**	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET **MO**	1	QL(300 per 30 days)
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION **DL**	4	
PHENYTEK 200 MG, 300 MG CAPSULE **MO**	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION **MO**	1	
phenytoin 50 mg CHEWABLE TABLET **MO**	1	
phenytoin sodium 50 mg/ml SOLUTION **MO**	1	
phenytoin sodium 50 mg/ml SYRINGE **MO**	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE **MO**	1	
primidone 125 mg, 250 mg, 50 mg TABLET **MO**	1	
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. **DL**	4	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(90 per 30 days)
roweepra 500 mg TABLET **MO**	1	
roweepra xr 500 mg TABLET, ER 24 HR. **MO**	1	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
rufinamide 200 mg TABLET **MO**	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	4	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET **MO**	1	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET **DL**	4	PA,QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION **DL**	4	
SPRITAM 1,000 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK **MO**	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK **MO**	1	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK **MO**	1	
SYMPAZAN 10 MG, 20 MG FILM **DL**	4	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM **DL**	3	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION **MO**	3	
TEGRETOL 200 MG TABLET **MO**	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. **MO**	3	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET **MO**	1	
TOPAMAX 100 MG, 200 MG TABLET **DL**	4	
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE **DL**	4	
TOPAMAX 25 MG, 50 MG TABLET **MO**	3	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET **MO**	1	
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE **MO**	1	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(90 per 30 days)
topiramate 25 mg/ml SOLUTION **MO**	1	PA,QL(480 per 30 days)
TRILEPTAL 150 MG TABLET **MO**	3	PA
TRILEPTAL 300 MG, 600 MG TABLET **DL**	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION **DL**	4	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION **MO**	1	
valproic acid 250 mg CAPSULE **MO**	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION **MO**	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	4	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET **DL**	4	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET **DL**	4	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION **DL**	4	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION **DL**	4	PA,QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET **DL**	4	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIMPAT 200 MG/20 ML SOLUTION **DL**	4	PA
VIMPAT 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET **DL**	4	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET **DL**	4	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK **MO**	3	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK **DL**	4	PA,QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE **MO**	3	
ZARONTIN 250 MG/5 ML SOLUTION **MO**	1	
ZONEGRAN 100 MG, 25 MG CAPSULE **DL**	4	PA
ZONISADE 100 MG/5 ML SUSPENSION **MO**	3	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
ZTALMY 50 MG/ML SUSPENSION **DL**	4	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY **MO**	3	ST,QL(4 per 28 days)
ARICEPT 10 MG, 5 MG TABLET **MO**	3	PA
ARICEPT 23 MG TABLET **MO**	3	PA,QL(30 per 30 days)
donepezil 10 mg, 5 mg TABLET **MO**	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	
donepezil 23 mg TABLET **MO**	1	QL(30 per 30 days)
ergoloid 1 mg TABLET **MO**	1	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. **MO**	3	PA,QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET **MO**	1	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. **MO**	1	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION **MO**	1	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET **MO**	1	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. **MO**	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION **MO**	1	PA
memantine 5-10 mg TABLET, DOSE PACK **MO**	1	PA,QL(98 per 30 days)
memantine-donepezil 14-10 mg, 21-10 mg, 28-10 mg CAPSULE ER SPRINKLE 24 HR. **MO**	1	PA,QL(30 per 30 days)
NAMENDA 10 MG TABLET **MO**	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMENDA TITRATION PAK 5-10 MG TABLET, DOSE PACK **MO**	3	PA,QL(98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
NAMENDA XR 7-14-21-28 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(28 per 28 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(28 per 28 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. **MO**	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE **MO**	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE **MO**	1	QL(60 per 30 days)
ZUNVEYL 10 MG, 15 MG, 5 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET **MO**	1	
amitriptyline 25 mg TABLET **MO**	1	
amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET **DL**	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET **MO**	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE **DL**	4	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC **MO**	3	ST,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. **MO**	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET **MO**	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. **MO**	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. **MO**	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
bupropion hcl 450 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
CELEXA 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA
citalopram 10 mg, 20 mg, 40 mg TABLET **MO**	1	
citalopram 10 mg/5 ml SOLUTION **MO**	1	
CITALOPRAM 30 MG CAPSULE **MO**	3	QL(30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET **MO**	1	
desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. **DL**	4	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET **MO**	1	
escitalopram oxalate 5 mg/5 ml SOLUTION **MO**	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. **MO**	3	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE **MO**	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET **MO**	1	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE **MO**	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET **MO**	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION **MO**	1	
fluoxetine 40 mg CAPSULE **MO**	1	QL(60 per 30 days)
fluoxetine 60 mg TABLET **MO**	1	QL(30 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC **MO**	1	QL(4 per 28 days)
fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET **MO**	1	QL(90 per 30 days)
FORFIVO XL 450 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET **MO**	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE **MO**	1	
LEXAPRO 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA
MARPLAN 10 MG TABLET **MO**	3	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING **MO**	1	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET **MO**	1	
mirtazapine 45 mg TABLET **MO**	1	
NARDIL 15 MG TABLET **MO**	3	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET **MO**	1	
NORPRAMIN 10 MG, 25 MG TABLET **MO**	3	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
nortriptyline 10 mg/5 ml SOLUTION **MO**	1	
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE **MO**	1	QL(30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE **DL**	4	
PARNATE 10 MG TABLET **DL**	4	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET **MO**	1	
paroxetine hcl 10 mg/5 ml SUSPENSION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
paroxetine mesylate(menop.sym) 7.5 mg CAPSULE **MO**	1	QL(30 per 30 days)
PAXIL 10 MG, 20 MG, 30 MG, 40 MG TABLET **MO**	3	
PAXIL 10 MG/5 ML SUSPENSION **MO**	3	PA
PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
PAXIL CR 25 MG TABLET, ER 24 HR. **MO**	3	QL(90 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET **MO**	1	
phenelzine 15 mg TABLET **MO**	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
protriptyline 10 mg, 5 mg TABLET **MO**	1	
PROZAC 10 MG, 40 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
PROZAC 20 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
RALDESY 10 MG/ML SOLUTION **DL**	4	
REMERON 15 MG, 30 MG TABLET **MO**	3	
REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING **MO**	3	QL(30 per 30 days)
sertraline 100 mg TABLET **MO**	1	QL(60 per 30 days)
SERTRALINE 150 MG, 200 MG CAPSULE **MO**	3	QL(30 per 30 days)
sertraline 150 mg, 200 mg CAPSULE **MO**	3	QL(30 per 30 days)
sertraline 20 mg/ml CONCENTRATE **MO**	1	
sertraline 25 mg, 50 mg TABLET **MO**	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET **MO**	1	
trazodone 100 mg, 150 mg, 50 mg TABLET **MO**	1	
trazodone 300 mg TABLET **MO**	1	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET **MO**	3	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET **MO**	1	
venlafaxine 150 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. **MO**	1	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. **MO**	1	QL(90 per 30 days)
venlafaxine 75 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
VIIBRYD 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vilazodone 10 mg, 20 mg, 40 mg TABLET **MO**	1	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. **MO**	3	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. **MO**	3	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. **MO**	3	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR. **DL**	4	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE **MO**	3	PA
ZOLOFT 25 MG, 50 MG TABLET **MO**	3	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION **DL**	4	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE **DL**	4	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE **DL**	4	PA,QL(14 per 365 days)
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION **DL**	4	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION **DL**	4	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE **MO**	3	PA
ANTIVERT 25 MG CHEWABLE TABLET **MO**	3	
ANTIVERT 50 MG TABLET **MO**	3	
ANZEMET 50 MG TABLET **MO**	3	BvsD,QL(4 per 28 days)
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION **MO**	3	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK **MO**	1	BvsD
aprepitant 125 mg CAPSULE	4	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE **MO**	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE **MO**	1	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC **MO**	3	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION **MO**	3	PA,QL(36 per 28 days)
COMPAZINE 10 MG, 5 MG TABLET **MO**	3	BvsD
COMPAZINE 25 MG SUPPOSITORY **MO**	1	
compro 25 mg SUPPOSITORY **MO**	1	
DICLEGIS 10-10 MG TABLET, DR/EC **MO**	3	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION **MO**	1	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC **MO**	1	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE **MO**	1	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK **MO**	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION **MO**	3	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE **MO**	3	BvsD,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION **MO**	3	PA
FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION **MO**	3	PA
fosaprepitant 150 mg RECON SOLUTION **MO**	1	PA
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP **DL**	4	PA,QL(9.8 per 28 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION **MO**	1	
granisetron hcl 1 mg TABLET **MO**	1	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION **MO**	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	BvsD,QL(120 per 30 days)
meclizine 12.5 mg TABLET **MO**	1	
meclizine 25 mg TABLET **MO**	1	
meclizine 50 mg TABLET **MO**	3	
metoclopramide hcl 10 mg, 5 mg TABLET **MO**	1	
metoclopramide hcl 5 mg/5 ml, 5 mg/ml SOLUTION **MO**	1	
metoclopramide hcl 5 mg/ml SYRINGE **MO**	1	
ondansetron 16 mg TABLET, DISINTEGRATING **DL**	4	BvsD
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING **MO**	1	BvsD
ondansetron hcl 2 mg/ml SOLUTION **MO**	1	
ondansetron hcl 4 mg TABLET **MO**	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION **MO**	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET **MO**	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION **MO**	1	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE **MO**	1	
PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION **MO**	1	
prochlorperazine 25 mg SUPPOSITORY **MO**	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION **MO**	1	
prochlorperazine maleate 10 mg, 5 mg TABLET **MO**	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg SUPPOSITORY **MO**	1	
promethazine 12.5 mg, 25 mg, 50 mg TABLET **MO**	1	
promethazine 25 mg/ml, 50 mg/ml SOLUTION **MO**	1	
promethazine 6.25 mg/5 ml SYRUP **MO**	1	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY **MO**	1	
REGLAN 10 MG, 5 MG TABLET **MO**	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	4	PA,QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	1	QL(10 per 30 days)
TIGAN 100 MG/ML SOLUTION MO	3	
TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY MO	3	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE MO	1	BvsD
VARUBI 90 MG TABLET MO	3	PA
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	3	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION DL	4	BvsD
amphotericin b 50 mg RECON SOLUTION MO	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	4	BvsD
ANCOBON 250 MG, 500 MG CAPSULE MO	3	
CANCIDAS 50 MG, 70 MG RECON SOLUTION DL	4	PA
caspofungin 50 mg, 70 mg RECON SOLUTION MO	1	
ciclodan 8 % SOLUTION MO	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM MO	1	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	1	QL(60 per 30 days)
ciclopirox 1 % SHAMPOO MO	1	QL(120 per 30 days)
ciclopirox 8 % SOLUTION MO	1	QL(13.2 per 30 days)
clotrimazole 1 % CREAM MO	1	
clotrimazole 1 % SOLUTION MO	1	
clotrimazole 10 mg TROCHE MO	1	
clotrimazole-betamethasone 1-0.05 % CREAM MO	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	1	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE DL	4	PA
CRESEMBA 372 MG RECON SOLUTION DL	4	PA
DIFLUCAN 100 MG TABLET MO	3	PA
DIFLUCAN 200 MG TABLET	4	PA
DIFLUCAN 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA
econazole nitrate 1 % CREAM MO	1	PA,QL(85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG RECON SOLUTION MO	3	
ERAXIS(WATER DILUENT) 50 MG RECON SOLUTION DL	4	
ERTACZO 2 % CREAM DL	4	QL(60 per 30 days)
EXELDERM 1 % CREAM	4	ST

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXELDERM 1 % SOLUTION	4	ST,QL(60 per 30 days)
EXTINA 2 % FOAM MO	3	QL(100 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET MO	1	
fluconazole 150 mg TABLET MO	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	1	
flucytosine 250 mg, 500 mg CAPSULE DL	4	
FULVICIN P/G 165 MG TABLET DL	4	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	1	
griseofulvin microsize 500 mg TABLET MO	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	1	
griseofulvin ultramicrosize 165 mg TABLET DL	4	
gynazole-1 2 % CREAM MO	1	
itraconazole 10 mg/ml SOLUTION MO	1	
itraconazole 100 mg CAPSULE MO	1	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR DL	4	PA,QL(4 per 28 days)
ketoconazole 2 % CREAM MO	1	QL(60 per 30 days)
ketoconazole 2 % FOAM MO	1	QL(100 per 30 days)
ketoconazole 2 % SHAMPOO MO	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	1	PA
ketodan 2 % FOAM MO	1	QL(100 per 30 days)
klayesta 100,000 unit/gram POWDER MO	1	PA
LOPROX (AS OLAMINE) 0.77 % CREAM MO	3	PA,QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION MO	3	PA,QL(60 per 30 days)
luliconazole 1 % CREAM MO	1	ST,QL(60 per 28 days)
LUZU 1 % CREAM MO	3	ST,QL(60 per 28 days)
micafungin 100 mg, 50 mg RECON SOLUTION MO	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK DL	4	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK DL	4	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT MO	1	
miconazole-3 200 mg SUPPOSITORY MO	1	
MYCAMINE 100 MG, 50 MG RECON SOLUTION DL	4	
naftifine 1 % CREAM MO	1	ST,QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naftifine 2 % CREAM MO	1	ST,QL(120 per 30 days)
naftifine 2 % GEL MO	1	ST,QL(120 per 30 days)
NAFTIN 1 % GEL MO	3	ST,QL(90 per 30 days)
NAFTIN 2 % GEL MO	3	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC DL	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION DL	4	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	4	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION DL	4	PA
nyamyc 100,000 unit/gram POWDER MO	1	
nystatin 100,000 unit/gram CREAM MO	1	
nystatin 100,000 unit/gram OINTMENT MO	1	
nystatin 100,000 unit/gram POWDER MO	1	
nystatin 100,000 unit/ml SUSPENSION MO	1	
nystatin 500,000 unit TABLET MO	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	1	
nystop 100,000 unit/gram POWDER MO	1	
oxiconazole 1 % CREAM MO	1	PA,QL(60 per 30 days)
OXISTAT 1 % LOTION MO	3	PA
posaconazole 100 mg TABLET, DR/EC DL	4	PA
posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION DL	4	PA,QL(840 per 28 days)
posaconazole 300 mg/16.7 ml SOLUTION DL	4	PA
REZZAYO 200 MG RECON SOLUTION DL	4	PA
SPORANOX 10 MG/ML SOLUTION DL	4	
SPORANOX 100 MG CAPSULE MO	3	PA,QL(120 per 30 days)
tavaborole 5 % SOLUTION W/APPLICATOR MO	1	PA,QL(10 per 30 days)
terbinafine hcl 250 mg TABLET MO	1	
terconazole 0.4 %, 0.8 % CREAM MO	1	
terconazole 80 mg SUPPOSITORY MO	1	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION DL	4	PA,QL(120 per 30 days)
VFEND 200 MG, 50 MG TABLET MO	3	PA,QL(120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(400 per 30 days)
VFEND IV 200 MG RECON SOLUTION MO	3	PA
VIVJOA 150 MG CAPSULE MO	3	
voriconazole 200 mg RECON SOLUTION MO	1	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
voriconazole 200 mg, 50 mg TABLET **MO**	1	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION **DL**	4	PA,QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION **MO**	1	PA
VUSION 0.25-15-81.35 % OINTMENT **MO**	3	
XOLEGEL 2 % GEL **MO**	3	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET **MO**	1	
allopurinol 200 mg TABLET **MO**	3	
allopurinol sodium 500 mg RECON SOLUTION **MO**	1	
ALOPRIM 500 MG RECON SOLUTION **MO**	3	
colchicine 0.6 mg CAPSULE **MO**	1	PA
colchicine 0.6 mg TABLET **MO**	1	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET **MO**	3	PA,QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET **MO**	1	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION **MO**	3	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE **MO**	3	PA
probenecid 500 mg TABLET **MO**	1	
probenecid-colchicine 500-0.5 mg TABLET **MO**	1	
ULORIC 40 MG, 80 MG TABLET **MO**	3	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET **MO**	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR **MO**	3	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR **MO**	3	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR **MO**	3	PA,QL(1.5 per 28 days)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE **MO**	3	PA,QL(1.5 per 28 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET **MO**	1	ST,QL(9 per 30 days)
BREKIYA 1 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(24 per 28 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL **DL**	4	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION **DL**	4	PA
eletriptan 20 mg, 40 mg TABLET **MO**	1	ST,QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR **MO**	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE **MO**	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE **MO**	3	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET **DL**	4	QL(20 per 28 days)
ergotamine-caffeine 1-100 mg TABLET **MO**	1	QL(40 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FROVA 2.5 MG TABLET DL	4	ST,QL(12 per 30 days)
frovatriptan 2.5 mg TABLET MO	1	ST,QL(12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(12 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE DL	4	PA,QL(6 per 30 days)
MAXALT 10 MG TABLET MO	3	PA,QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING MO	3	PA,QL(12 per 30 days)
migergot 2-100 mg SUPPOSITORY DL	4	QL(20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	4	QL(8 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET MO	1	QL(9 per 30 days)
NURTEC ODT 75 MG TABLET, DISINTEGRATING DL	4	PA,QL(18 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(16 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	3	PA,QL(30 per 30 days)
RELPAX 40 MG TABLET DL	4	ST,QL(9 per 30 days)
REYVOW 100 MG TABLET MO	3	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET MO	3	PA,QL(4 per 30 days)
rizatriptan 10 mg, 5 mg TABLET MO	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL MO	1	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET MO	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE MO	3	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR MO	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION MO	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE MO	1	QL(6 per 30 days)
sumatriptan-naproxen 85-500 mg TABLET MO	1	ST,QL(18 per 30 days)
SYMBRAVO 10-20 MG TABLET DL	4	ST,QL(9 per 30 days)
TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	ST,QL(12 per 30 days)
TREXIMET 85-500 MG TABLET DL	4	ST,QL(18 per 30 days)
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	4	PA,QL(8 per 30 days)
UBRELVY 100 MG, 50 MG TABLET MO	2	PA,QL(16 per 30 days)
VYEPTI 100 MG/ML SOLUTION	4	PA,QL(3 per 90 days)
ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL DL	4	PA,QL(8 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR DL	4	ST,QL(6 per 30 days)
zolmitriptan 2.5 mg TABLET MO	1	ST,QL(9 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zolmitriptan 2.5 mg TABLET, DISINTEGRATING MO	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL MO	1	ST,QL(12 per 30 days)
zolmitriptan 5 mg TABLET MO	1	ST,QL(6 per 30 days)
zolmitriptan 5 mg TABLET, DISINTEGRATING MO	1	ST,QL(6 per 30 days)
zomig 2.5 mg TABLET MO	3	ST,QL(9 per 30 days)
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL MO	3	ST,QL(12 per 30 days)
zomig 5 mg TABLET MO	3	ST,QL(6 per 30 days)
ANTIMYASTHENIC AGENTS		
MESTINON 60 MG TABLET DL	4	PA
MESTINON 60 MG/5 ML SYRUP DL	4	
MESTINON TIMESPAN 180 MG TABLET ER DL	4	PA
pyridostigmine bromide 180 mg TABLET ER MO	1	
pyridostigmine bromide 30 mg, 60 mg TABLET MO	1	
pyridostigmine bromide 60 mg/5 ml SYRUP MO	1	
REGONOL 5 MG/ML SOLUTION MO	3	
VYVGART 20 MG/ML SOLUTION DL	4	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE DL	4	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION DL	4	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE DL	4	
dapsone 100 mg, 25 mg TABLET MO	1	
ethambutol 100 mg, 400 mg TABLET MO	1	
isoniazid 100 mg, 300 mg TABLET MO	1	
isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION MO	1	
MYAMBUTOL 400 MG TABLET MO	3	
MYCOBUTIN 150 MG CAPSULE MO	3	
PRETOMANID 200 MG TABLET MO	3	QL(30 per 30 days)
PRIFTIN 150 MG TABLET MO	3	
pyrazinamide 500 mg TABLET MO	1	
rifabutin 150 mg CAPSULE MO	1	
RIFADIN 600 MG RECON SOLUTION MO	3	
rifampin 150 mg, 300 mg CAPSULE MO	1	
rifampin 600 mg RECON SOLUTION MO	1	
SIRTURO 100 MG, 20 MG TABLET DL	4	PA
TRECATOR 250 MG TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTINEOPLASTICS		
abiraterone 250 mg TABLET **DL**	4	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET **DL**	4	PA,QL(60 per 30 days)
abirtega 250 mg TABLET **MO**	1	PA,QL(120 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION **DL**	4	PA
ADCETRIS 50 MG RECON SOLUTION **DL**	4	PA
ADRIAMYCIN 50 MG RECON SOLUTION **MO**	1	BvsD
adrucil 2.5 gram/50 ml SOLUTION **MO**	1	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET **DL**	4	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION **DL**	4	PA
AKEEGA 100-500 MG, 50-500 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION **DL**	4	PA
ALIQOPA 60 MG RECON SOLUTION **DL**	4	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET **DL**	4	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL**	4	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION **DL**	4	PA
anastrozole 1 mg TABLET **MO**	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION **DL**	4	PA
ARIMIDEX 1 MG TABLET **DL**	4	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ARRANON 250 MG/50 ML SOLUTION **DL**	4	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION **DL**	4	PA
ASPARLAS 750 UNIT/ML SOLUTION **DL**	4	PA
AUGTYRO 160 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION **DL**	4	PA
AVGEMSI 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML) SOLUTION **DL**	4	
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK **DL**	4	PA,QL(66 per 28 days)
AXTLE 100 MG, 500 MG RECON SOLUTION **DL**	4	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION **DL**	4	PA
BALVERSA 3 MG TABLET **DL**	4	PA,QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BALVERSA 4 MG TABLET DL	4	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	4	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	4	PA
BELEODAQ 500 MG RECON SOLUTION DL	4	PA
bendamustine 100 mg, 25 mg RECON SOLUTION DL	4	PA
bendamustine 25 mg/ml SOLUTION DL	4	PA
BENDEKA 25 MG/ML SOLUTION DL	4	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	4	PA
bexarotene 1 % GEL DL	4	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE DL	4	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET MO	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	3	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION DL	4	PA,QL(75 per 28 days)
bleomycin 15 unit, 30 unit RECON SOLUTION MO	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION MO	3	PA
bortezomib 3.5 mg RECON SOLUTION DL	4	PA
bortezomib 3.5 mg RECON SOLUTION MO	1	PA
BORUZU 2.5 MG/ML SOLUTION DL	4	PA
BOSULIF 100 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	4	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	4	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	4	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET DL	4	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
busulfan 60 mg/10 ml SOLUTION MO	1	
BUSULFEX 60 MG/10 ML SOLUTION MO	3	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	4	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION DL	4	
CAPRELSA 100 MG TABLET DL,LA	4	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION MO	1	
carmustine 100 mg RECON SOLUTION MO	1	
CASODEX 50 MG TABLET DL	4	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cisplatin 1 mg/ml SOLUTION **MO**	1	
cladribine 10 mg/10 ml SOLUTION **DL**	4	BvsD
clofarabine 1 mg/ml SOLUTION **DL**	4	
CLOLAR 1 MG/ML SOLUTION **DL**	4	
COLUMVI 1 MG/ML SOLUTION **DL**	4	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE **DL**	4	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE **DL**	4	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE **DL**	4	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE **DL**	4	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION **DL**	4	
COTELLIC 20 MG TABLET **DL**	4	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION **MO**	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION **MO**	1	BvsD
cyclophosphamide 200 mg/ml SOLUTION **MO**	1	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE **MO**	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET **MO**	1	BvsD
cyclophosphamide 500 mg/ml SOLUTION **DL**	4	BvsD
CYRAMZA 10 MG/ML SOLUTION **DL**	4	PA
cytarabine 20 mg/ml SOLUTION **MO**	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION **MO**	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION **MO**	1	
dactinomycin 0.5 mg RECON SOLUTION **DL**	4	
DANYELZA 4 MG/ML SOLUTION **DL**	4	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET **DL**	4	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION **DL**	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION **DL**	4	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET **DL**	4	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET **DL**	4	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET **DL**	4	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION **DL**	4	PA
daunorubicin 5 mg/ml SOLUTION **MO**	1	
DAURISMO 100 MG TABLET **DL**	4	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET **DL**	4	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION **DL**	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION **MO**	1	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION **MO**	1	
DOXIL 2 MG/ML SUSPENSION **DL**	4	PA
doxorubicin 10 mg, 50 mg RECON SOLUTION **MO**	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION **MO**	1	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION **DL**	4	PA
ELAHERE 5 MG/ML SOLUTION **DL**	4	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION **DL**	4	PA
ELLENCE 200 MG/100 ML, 50 MG/25 ML SOLUTION **DL**	4	
ELREXFIO 40 MG/ML SOLUTION **DL**	4	PA
ELZONRIS 1,000 MCG/ML SOLUTION **DL**	4	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE **DL**	4	
EMPLICITI 300 MG, 400 MG RECON SOLUTION **DL**	4	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION **DL**	4	PA
ENHERTU 100 MG RECON SOLUTION **DL**	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION **MO**	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION **DL**	4	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION **DL**	4	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION **DL**	4	
ERIVEDGE 150 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET **DL**	4	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET **DL**	4	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET **DL**	4	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION **MO**	3	
etoposide 20 mg/ml SOLUTION **MO**	1	
EULEXIN 125 MG CAPSULE **DL**	4	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET **DL**	4	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION **DL**	4	PA
EVOMELA 50 MG RECON SOLUTION **DL**	4	
exemestane 25 mg TABLET **MO**	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
FARESTON 60 MG TABLET **DL**	4	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FASLODEX 250 MG/5 ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
floxuridine 0.5 gram RECON SOLUTION **MO**	1	BvsD
fludarabine 50 mg RECON SOLUTION **MO**	1	
fludarabine 50 mg/2 ml SOLUTION **DL**	4	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION **MO**	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION **DL**	4	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
FRINDOVYX 500 MG/ML SOLUTION **DL**	4	BvsD
FRUZAQLA 1 MG CAPSULE **DL**	4	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
fulvestrant 250 mg/5 ml SYRINGE **MO**	1	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION **DL**	4	PA
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION **DL**	4	PA
GAVRETO 100 MG CAPSULE **DL,LA**	4	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION **DL**	4	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET **DL**	4	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION **MO**	1	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION **MO**	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET **DL,LA**	4	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET **DL**	4	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET **DL**	4	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE **MO**	3	PA
GLEOSTINE 100 MG CAPSULE **DL**	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION **DL**	4	PA
GOMEKLI 1 MG, 2 MG CAPSULE **DL**	4	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION **DL**	4	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION **DL**	4	
HERCEPTIN 150 MG RECON SOLUTION **DL**	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION **DL**	4	PA,QL(5 per 21 days)
HERNEXEOS 60 MG TABLET **DL**	4	PA,QL(180 per 30 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION **DL**	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYCAMTIN 4 MG RECON SOLUTION **DL**	4	
HYDREA 500 MG CAPSULE **MO**	3	
hydroxyurea 500 mg CAPSULE **MO**	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET **DL**	4	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET **DL**	4	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION **DL**	4	
idarubicin 1 mg/ml SOLUTION **DL**	4	
IDHIFA 100 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION **MO**	3	
ifosfamide 1 gram, 3 gram RECON SOLUTION **MO**	1	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION **MO**	1	
imatinib 100 mg TABLET **MO**	1	PA,QL(90 per 30 days)
imatinib 400 mg TABLET **DL**	4	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
IMBRUVICA 140 MG, 280 MG TABLET **DL**	4	PA
IMBRUVICA 420 MG TABLET **DL**	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION **DL**	4	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION **DL**	4	PA
IMFINZI 50 MG/ML SOLUTION **DL**	4	PA
IMJUDO 20 MG/ML SOLUTION **DL**	4	PA
IMKELDI 80 MG/ML SOLUTION **DL**	4	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION **DL**	4	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION **DL**	4	PA,QL(8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK **DL**	4	
INLEXZO 225 MG IMPLANT **DL**	4	PA
INLYTA 1 MG TABLET **DL**	4	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET **DL**	4	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET **DL**	4	PA,QL(5 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INREBIC 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	4	PA
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION MO	1	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	4	PA
ITOVEBI 3 MG TABLET DL	4	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	4	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION DL	4	
IWILFIN 192 MG TABLET DL	4	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	4	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	4	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	4	PA
JOBEVNE 25 MG/ML SOLUTION DL	4	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	4	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	4	PA
KEYTRUDA 25 MG/ML SOLUTION DL	4	PA
KHAPZORY 175 MG RECON SOLUTION DL	4	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	4	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	4	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	4	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	4	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	4	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	4	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	4	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET DL	4	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION DL	4	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	4	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	4	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET DL	4	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	4	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	4	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE **DL**	4	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE **DL**	4	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE **DL**	4	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET **MO**	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET **MO**	1	
leucovorin calcium 10 mg/ml SOLUTION **MO**	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION **MO**	1	
LEUKERAN 2 MG TABLET **DL**	4	
levoleucovorin calcium 10 mg/ml SOLUTION **MO**	1	PA
levoleucovorin calcium 50 mg RECON SOLUTION **MO**	1	PA
LEVULAN 20 % SOLUTION **MO**	3	
LIBTAYO 50 MG/ML SOLUTION **DL**	4	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET **DL**	4	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET **DL**	4	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION **DL**	4	PA
LORBRENA 100 MG TABLET **DL**	4	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET **DL**	4	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET **DL**	4	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET **DL**	4	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET **DL**	4	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION **DL**	4	PA
LYNOZYFIC 2 MG/ML, 20 MG/ML SOLUTION **DL**	4	PA
LYNPARZA 100 MG, 150 MG TABLET **DL**	4	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET **DL**	4	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET **DL**	4	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION **DL**	4	PA
MATULANE 50 MG CAPSULE **DL**	4	
MEKINIST 0.05 MG/ML RECON SOLUTION **DL**	4	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET **DL**	4	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET **DL**	4	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET **DL**	4	PA,QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
melphalan 2 mg TABLET **MO**	1	BvsD
melphalan hcl 50 mg RECON SOLUTION **MO**	1	
mercaptopurine 20 mg/ml SUSPENSION **DL**	4	
mercaptopurine 50 mg TABLET **MO**	1	
mesna 100 mg/ml SOLUTION **MO**	1	
mesna 400 mg TABLET **DL**	4	
MESNEX 100 MG/ML SOLUTION **DL**	4	
MESNEX 400 MG TABLET **DL**	4	
mitomycin 20 mg, 5 mg RECON SOLUTION **MO**	1	
mitomycin 40 mg RECON SOLUTION **DL**	4	
mitoxantrone 2 mg/ml CONCENTRATE **MO**	1	
MODEYSO 125 MG CAPSULE **DL**	4	PA,QL(20 per 28 days)
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION **DL**	4	
MVASI 25 MG/ML SOLUTION **DL**	4	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION **DL**	4	PA
nelarabine 250 mg/50 ml SOLUTION **DL**	4	
NERLYNX 40 MG TABLET **DL**	4	PA,QL(180 per 30 days)
NEXAVAR 200 MG TABLET **DL**	4	PA,QL(120 per 30 days)
NILANDRON 150 MG TABLET **DL**	4	PA,QL(60 per 30 days)
nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE **DL**	4	PA,QL(120 per 30 days)
nilotinib tartrate 150 mg, 200 mg, 50 mg CAPSULE **DL**	4	PA,QL(120 per 30 days)
nilutamide 150 mg TABLET **DL**	4	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE **DL**	4	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION **DL**	4	
NUBEQA 300 MG TABLET **DL**	4	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
OGIVRI 150 MG, 420 MG RECON SOLUTION **DL**	4	PA
OGSIVEO 100 MG, 150 MG TABLET **DL**	4	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET **DL**	4	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	4	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET **DL**	4	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET **DL**	4	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET **DL**	4	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION **DL**	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ONIVYDE 4.3 MG/ML DISPERSION DL	4	PA
ONTRUZANT 150 MG, 420 MG RECON SOLUTION DL	4	PA
ONUREG 200 MG, 300 MG TABLET DL	4	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	4	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	4	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	4	PA,QL(16 per 28 days)
OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML SOLUTION DL	4	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	4	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET DL	4	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	4	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	4	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION MO	1	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
paclitaxel 6 mg/ml CONCENTRATE MO	1	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	4	PA
PADCEV 20 MG RECON SOLUTION DL	4	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	4	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	4	PA
paraplatin 10 mg/ml SOLUTION MO	1	
pazopanib 200 mg TABLET DL	4	PA,QL(120 per 30 days)
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION DL	4	PA
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	4	PA,QL(28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION DL	4	PA
pemetrexed 25 mg/ml SOLUTION DL	4	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 750 mg RECON SOLUTION DL	4	PA
pemetrexed disodium 100 mg, 500 mg RECON SOLUTION MO	1	PA
pemetrexed disodium 25 mg/ml SOLUTION DL	4	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	4	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	4	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION DL	4	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION DL	4	PA,QL(10 per 21 days)
PHYRAGO 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
PHYRAGO 140 MG TABLET DL	4	PA,QL(30 per 30 days)
PHYRAGO 20 MG TABLET DL	4	PA,QL(90 per 30 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL(28 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	4	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	4	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	4	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	4	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	4	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL	4	PA
PURIXAN 20 MG/ML SUSPENSION DL	4	
QINLOCK 50 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	4	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	4	PA,QL(28 per 28 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL	4	PA
REZLIDHIA 150 MG CAPSULE DL	4	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	4	PA
RITUXAN 10 MG/ML CONCENTRATE DL	4	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION DL	4	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION DL	4	PA,QL(13.4 per 28 days)
romidepsin 10 mg/2 ml RECON SOLUTION DL	4	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	4	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL	4	PA
ROZLYTREK 100 MG CAPSULE DL	4	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	4	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	4	PA
RYBREVANT 50 MG/ML SOLUTION DL	4	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	4	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	4	PA
RYTELO 188 MG, 47 MG RECON SOLUTION DL	4	PA
SARCLISA 20 MG/ML SOLUTION DL	4	PA
SCEMBLIX 100 MG TABLET DL	4	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SCEMBLIX 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET **DL**	4	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION **DL**	4	
sorafenib 200 mg TABLET **DL**	4	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET **DL**	4	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET **DL**	4	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET **DL**	4	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE **DL**	4	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION **DL**	4	PA
TABLOID 40 MG TABLET **MO**	3	
TABRECTA 150 MG, 200 MG TABLET **DL**	4	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION **DL**	4	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION **DL**	4	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET **MO**	1	
TARCEVA 100 MG, 150 MG TABLET **DL**	4	PA,QL(30 per 30 days)
TARCEVA 25 MG TABLET **DL**	4	PA,QL(90 per 30 days)
TARGRETIN 1 % GEL **DL**	4	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE **DL**	4	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET **DL**	4	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION **DL**	4	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION **DL**	4	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION **DL**	4	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION **DL**	4	PA
TEMODAR 100 MG RECON SOLUTION **DL**	4	PA,QL(27 per 30 days)
temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION **DL**	4	PA,QL(8 per 28 days)
TEPADINA 100 MG, 15 MG RECON SOLUTION **DL**	4	
TEPADINA 200 MG SOLUTION **DL**	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEPMETKO 225 MG TABLET DL	4	PA,QL(60 per 30 days)
TEPYLUTE 10 MG/ML SOLUTION DL	4	
TEVIMBRA 10 MG/ML SOLUTION DL	4	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
THALOMID 150 MG CAPSULE DL	4	PA,QL(60 per 30 days)
THALOMID 200 MG CAPSULE DL	4	PA,QL(30 per 30 days)
THALOMID 50 MG CAPSULE DL	4	PA,QL(240 per 30 days)
thiotepa 100 mg RECON SOLUTION DL	4	
thiotepa 15 mg RECON SOLUTION MO	1	
TIBSOVO 250 MG TABLET DL	4	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION DL	4	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION	4	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION MO	1	
toremifene 60 mg TABLET DL	4	QL(30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST) RECON SOLUTION DL	4	PA,QL(8 per 28 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	4	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION DL	4	PA
TREANDA 100 MG, 25 MG RECON SOLUTION DL	4	PA
tretinoin (antineoplastic) 10 mg CAPSULE DL	4	
TRISENOX 2 MG/ML SOLUTION DL	4	PA
TRODELVY 180 MG RECON SOLUTION DL	4	PA
TRUQAP 160 MG, 200 MG TABLET DL	4	PA,QL(64 per 28 days)
TRUXIMA 10 MG/ML SOLUTION DL	4	PA
TUKYSA 150 MG TABLET DL	4	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	4	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE DL,LA	4	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET DL	4	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	4	PA
VALCHLOR 0.016 % GEL DL	4	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION DL	4	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	4	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	4	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	4	PA
VEGZELMA 25 MG/ML SOLUTION DL	4	PA
VELCADE 3.5 MG RECON SOLUTION DL	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENCLEXTA 10 MG TABLET **MO**	2	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET **DL**	4	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET	4	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK **DL**	4	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET **DL**	4	PA,QL(60 per 30 days)
VIDAZA 100 MG RECON SOLUTION **DL**	4	PA
vinblastine 1 mg/ml SOLUTION **MO**	1	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION **MO**	1	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION **MO**	1	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION **MO**	1	
VITRAKVI 100 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION **DL**	4	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET **DL**	4	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET **DL**	4	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET **DL**	4	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET **DL**	4	PA,QL(120 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION **DL**	4	PA
VYXEOS 44-100 MG RECON SOLUTION **DL**	4	PA
XALKORI 150 MG PELLET **DL**	4	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET **DL**	4	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET **DL**	4	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET **DL**	4	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET **DL**	4	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET **DL**	4	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET **DL**	4	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET **DL**	4	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET **DL**	4	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET **DL**	4	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION **DL**	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YONDELIS 1 MG RECON SOLUTION DL	4	PA
YONSA 125 MG TABLET DL	4	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	4	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	3	
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	4	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	4	PA
ZIIHERA 300 MG RECON SOLUTION DL	4	PA
ZIRABEV 25 MG/ML SOLUTION DL	4	PA
ZOLINZA 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	4	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	4	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION DL	4	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	4	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET DL	4	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET DL	4	PA,QL(60 per 30 days)
ANTIPARASITICS		
albendazole 200 mg TABLET MO	1	
atovaquone 750 mg/5 ml SUSPENSION MO	1	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO	1	
BILTRICIDE 600 MG TABLET DL	4	PA
chloroquine phosphate 250 mg, 500 mg TABLET MO	1	
COARTEM 20-120 MG TABLET MO	3	QL(24 per 30 days)
DARAPRIM 25 MG TABLET DL	4	PA,QL(90 per 30 days)
EGATEN 250 MG TABLET MO	3	
emverm 100 mg CHEWABLE TABLET DL	4	
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO	1	
hydroxychloroquine 200 mg TABLET MO	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL(84 per 28 days)
ivermectin 3 mg, 6 mg TABLET MO	1	
KRINTAFEL 150 MG TABLET MO	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	3	
MALARONE 250-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET MO	3	PA
mefloquine 250 mg TABLET MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MEPRON 750 MG/5 ML SUSPENSION **DL**	4	
NEBUPENT 300 MG RECON SOLUTION **MO**	3	BvsD
nitazoxanide 500 mg TABLET **DL**	4	
PENTAM 300 MG RECON SOLUTION **MO**	3	
pentamidine 300 mg RECON SOLUTION **MO**	1	
pentamidine 300 mg RECON SOLUTION **MO**	1	BvsD
PLAQUENIL 200 MG TABLET **MO**	3	PA
praziquantel 600 mg TABLET **MO**	1	
primaquine 26.3 mg (15 mg base) TABLET **MO**	1	
pyrimethamine 25 mg TABLET **DL**	4	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE **MO**	1	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET **MO**	3	
STROMECTOL 3 MG TABLET **MO**	3	PA
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE **MO**	1	
amantadine hcl 100 mg TABLET **MO**	1	
amantadine hcl 50 mg/5 ml SOLUTION **MO**	1	
APOKYN 10 MG/ML CARTRIDGE **DL**	4	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE **DL**	4	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET **DL**	4	PA,QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	
benztropine 1 mg/ml SOLUTION **MO**	1	
bromocriptine 2.5 mg TABLET **MO**	1	
bromocriptine 5 mg CAPSULE **MO**	1	QL(600 per 30 days)
carbidopa 25 mg TABLET **MO**	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING **MO**	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET **MO**	1	
carbidopa-levodopa 25-100 mg TABLET **MO**	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER **MO**	1	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET **MO**	1	
COMTAN 200 MG TABLET **MO**	3	PA,QL(300 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC MO	3	ST,QL(180 per 30 days)
DHIVY 25-100 MG TABLET MO	3	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION DL	4	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET MO	1	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. DL	4	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE DL	4	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(300 per 30 days)
LODOSYN 25 MG TABLET DL	4	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. MO	3	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET DL	4	PA,QL(30 per 30 days)
ONAPGO 4.9 MG/ ML CARTRIDGE DL	4	PA,QL(600 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE MO	3	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC MO	3	PA,QL(60 per 30 days)
PARLODEL 2.5 MG TABLET MO	3	PA
PARLODEL 5 MG CAPSULE MO	3	PA,QL(600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET MO	1	
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET MO	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	1	
ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. MO	1	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER MO	3	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	3	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	3	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE MO	1	
selegiline hcl 5 mg TABLET MO	1	
SINEMET 10-100 MG, 25-100 MG TABLET MO	3	PA
STALEVO 100 25-100-200 MG TABLET DL	4	PA
STALEVO 125 31.25-125-200 MG TABLET DL	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STALEVO 150 37.5-150-200 MG TABLET DL	4	PA
STALEVO 200 50-200-200 MG TABLET DL	4	PA
STALEVO 50 12.5-50-200 MG TABLET DL	4	PA
STALEVO 75 18.75-75-200 MG TABLET DL	4	PA
TASMAR 100 MG TABLET DL	4	PA
tolcapone 100 mg TABLET DL	4	PA
trihexyphenidyl 0.4 mg/ml ELIXIR MO	1	
trihexyphenidyl 2 mg, 5 mg TABLET MO	1	
VYALEV 12-240 MG/ML SOLUTION DL	4	PA
XADAGO 100 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING DL	4	
ANTIPSYCHOTICS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET MO	3	PA
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP DL	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD DL	4	PA,QL(30 per 30 days)
aripiprazole 1 mg/ml SOLUTION MO	1	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING MO	1	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET MO	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET MO	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	3	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET MO	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	1	
chlorpromazine 25 mg/ml SOLUTION MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 100 mg TABLET **MO**	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING **MO**	1	PA
clozapine 150 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET **MO**	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET **MO**	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET **MO**	1	
CLOZARIL 100 MG TABLET **DL**	4	QL(270 per 30 days)
CLOZARIL 200 MG TABLET **DL**	4	QL(135 per 30 days)
CLOZARIL 25 MG TABLET **MO**	3	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET **DL**	4	
droperidol 2.5 mg/ml SOLUTION **MO**	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	3	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION **MO**	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
fluphenazine hcl 2.5 mg/5 ml ELIXIR **MO**	1	
fluphenazine hcl 2.5 mg/ml SOLUTION **MO**	1	
fluphenazine hcl 5 mg/ml CONCENTRATE **MO**	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE **DL**	4	PA
GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION **MO**	3	PA
HALDOL DECANOATE 100 MG/ML, 50 MG/ML SOLUTION **MO**	3	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET **MO**	1	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION **MO**	1	
haloperidol lactate 2 mg/ml CONCENTRATE **MO**	1	
haloperidol lactate 5 mg/ml SOLUTION **MO**	1	
haloperidol lactate 5 mg/ml SYRINGE **MO**	1	
INVEGA 1.5 MG TABLET, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
INVEGA 3 MG, 9 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA 6 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	4	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	4	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE **DL**	4	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE **DL**	4	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE **MO**	3	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	4	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	4	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	4	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	4	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET **DL**	4	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE **MO**	1	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET **MO**	1	QL(30 per 30 days)
lurasidone 80 mg TABLET **MO**	1	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET **DL**	4	PA,QL(30 per 30 days)
molindone 10 mg TABLET **MO**	1	QL(240 per 30 days)
molindone 25 mg TABLET **MO**	1	QL(270 per 30 days)
molindone 5 mg TABLET **MO**	1	QL(360 per 30 days)
NUPLAZID 10 MG TABLET **DL**	4	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION **MO**	1	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET **MO**	1	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING **MO**	1	QL(60 per 30 days)
OPIPZA 10 MG FILM **DL**	4	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM **DL**	4	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM **DL**	4	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET **MO**	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET **MO**	1	
quetiapine 100 mg TABLET **MO**	1	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine 150 mg TABLET **MO**	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
quetiapine 200 mg TABLET **MO**	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET **MO**	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET **MO**	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **DL**	4	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET **MO**	3	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG, 3 MG, 4 MG TABLET **MO**	3	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION **MO**	3	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON **MO**	3	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON **DL**	4	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET **MO**	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET **MO**	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION **MO**	1	
risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON **MO**	1	QL(2 per 28 days)
risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON **DL**	4	QL(2 per 28 days)
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET **DL**	4	PA,QL(60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. **DL**	4	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET **MO**	3	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET **MO**	3	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET **MO**	3	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. **MO**	3	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK **MO**	3	PA,QL(15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET **MO**	1	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.28 per 28 days)
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	4	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	4	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	4	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION **DL**	4	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE **DL**	3	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE **MO**	1	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION **MO**	1	
ZYPREXA 2.5 MG, 5 MG TABLET **MO**	3	
ZYPREXA 20 MG TABLET **DL**	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION **MO**	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION **DL**	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION **DL**	4	QL(1 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET **MO**	1	
baclofen 10 mg/5 ml (2 mg/ml) SOLUTION **DL**	4	
baclofen 15 mg, 20 mg TABLET **MO**	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION **MO**	1	QL(480 per 30 days)
baclofen 5 mg TABLET **MO**	1	QL(90 per 30 days)
baclofen 5 mg/5 ml SOLUTION **MO**	1	
DANTRIUM 20 MG RECON SOLUTION **MO**	3	
DANTRIUM 25 MG CAPSULE **MO**	3	
dantrolene 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
dantrolene 20 mg RECON SOLUTION **MO**	1	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION **DL**	4	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET **MO**	3	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET **MO**	3	ST,QL(270 per 30 days)
OZOBAX 5 MG/5 ML SOLUTION **DL**	4	
OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION **DL**	4	
revonto 20 mg RECON SOLUTION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tizanidine 2 mg TABLET **MO**	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE **MO**	1	ST
tizanidine 4 mg TABLET **MO**	1	
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE **MO**	3	ST
ZANAFLEX 4 MG TABLET **MO**	3	ST
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION **MO**	1	QL(960 per 30 days)
abacavir 300 mg TABLET **MO**	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET **MO**	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE **MO**	1	
acyclovir 200 mg/5 ml (5 ml) SUSPENSION **DL**	4	
acyclovir 200 mg/5 ml SUSPENSION **MO**	1	
acyclovir 400 mg, 800 mg TABLET **MO**	1	
acyclovir 5 % CREAM **MO**	3	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT **MO**	1	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION **MO**	1	BvsD
adefovir 10 mg TABLET **MO**	1	
APTIVUS 250 MG CAPSULE **DL**	4	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE **MO**	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE **MO**	1	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET **DL**	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION **DL**	4	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET **DL**	4	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET **DL**	4	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER **DL**	4	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION **DL**	4	
CIMDUO 300-300 MG TABLET **DL**	4	QL(30 per 30 days)
COMBIVIR 150-300 MG TABLET **DL**	4	QL(60 per 30 days)
COMPLERA 200-25-300 MG TABLET **DL**	4	QL(30 per 30 days)
darunavir 600 mg TABLET **MO**	1	QL(60 per 30 days)
darunavir 800 mg TABLET **DL**	4	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
DENAVIR 1 % CREAM **MO**	3	PA
DESCOVY 120-15 MG, 200-25 MG TABLET **DL**	4	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
didanosine 250 mg, 400 mg CAPSULE, DR/EC **MO**	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET **DL**	4	QL(30 per 30 days)
EDURANT 25 MG TABLET **DL**	4	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION **DL**	4	QL(180 per 30 days)
efavirenz 200 mg CAPSULE **MO**	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE **MO**	1	QL(480 per 30 days)
efavirenz 600 mg TABLET **MO**	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET **MO**	1	QL(30 per 30 days)
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET **DL**	4	QL(30 per 30 days)
emtricita-rilpivirine-tenof df 200-25-300 mg TABLET **DL**	4	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE **MO**	1	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET **MO**	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION **MO**	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE **MO**	3	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET **MO**	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET **DL**	4	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET **DL**	4	PA,QL(28 per 28 days)
EPIVIR 10 MG/ML SOLUTION **MO**	3	QL(900 per 30 days)
EPIVIR 150 MG TABLET **MO**	3	QL(60 per 30 days)
EPIVIR 300 MG TABLET **MO**	3	QL(30 per 30 days)
EPZICOM 600-300 MG TABLET **DL**	4	QL(30 per 30 days)
etravirine 100 mg TABLET **DL**	4	QL(120 per 30 days)
etravirine 200 mg TABLET **DL**	4	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET **DL**	4	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET **MO**	1	QL(90 per 30 days)
FLUMADINE 100 MG TABLET **MO**	3	
fosamprenavir 700 mg TABLET **DL**	4	QL(120 per 30 days)
foscarnet 24 mg/ml SOLUTION **MO**	1	BvsD
FUZEON 90 MG RECON SOLUTION **DL**	4	QL(60 per 30 days)
ganciclovir sodium 50 mg/ml SOLUTION **MO**	1	BvsD
ganciclovir sodium 500 mg RECON SOLUTION **MO**	1	BvsD
GENVOYA 150-150-200-10 MG TABLET **DL**	4	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HARVONI 45-200 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET DL	4	PA,QL(28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
INTELENCE 100 MG TABLET DL	4	QL(120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	3	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	2	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	4	QL(30 per 30 days)
KALETRA 100-25 MG TABLET MO	3	QL(300 per 30 days)
KALETRA 200-50 MG TABLET MO	3	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	4	
lamivudine 10 mg/ml SOLUTION MO	1	QL(900 per 30 days)
lamivudine 100 mg TABLET MO	1	QL(90 per 30 days)
lamivudine 150 mg TABLET MO	1	QL(60 per 30 days)
lamivudine 300 mg TABLET MO	1	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	1	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET DL	4	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION MO	3	QL(1575 per 28 days)
LEXIVA 700 MG TABLET DL	4	QL(120 per 30 days)
LIVTENCITY 200 MG TABLET DL	4	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET MO	1	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	1	
maraviroc 150 mg TABLET DL	4	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	4	QL(120 per 30 days)
MAVYRET 100-40 MG TABLET DL	4	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET DL	4	PA,QL(150 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	1	QL(1200 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORVIR 100 MG CAPSULE **MO**	3	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET **MO**	3	QL(360 per 30 days)
NORVIR 100 MG TABLET **MO**	3	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET **DL**	4	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE **MO**	1	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE **MO**	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	QL(1440 per 365 days)
oseltamivir 75 mg CAPSULE **MO**	1	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK **MO**	2	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK **MO**	2	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK **MO**	2	QL(60 per 10 days)
penciclovir 1 % CREAM **MO**	1	PA
PIFELTRO 100 MG TABLET **DL**	4	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET **DL**	4	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET **DL**	4	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION **DL**	4	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET **DL**	4	PA
PREVYMIS 480 MG/24 ML SOLUTION **DL**	4	PA,QL(672 per 28 days)
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET **DL**	4	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION **DL**	4	QL(360 per 30 days)
PREZISTA 150 MG TABLET **DL**	4	QL(240 per 30 days)
PREZISTA 600 MG TABLET **DL**	4	QL(60 per 30 days)
PREZISTA 75 MG TABLET **MO**	3	QL(480 per 30 days)
PREZISTA 800 MG TABLET **DL**	4	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE **MO**	3	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION **MO**	3	
RETROVIR 10 MG/ML SYRUP **MO**	3	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE **MO**	3	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE **DL**	4	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE **DL**	4	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET **MO**	3	
ribavirin 200 mg CAPSULE **MO**	1	
ribavirin 200 mg TABLET **MO**	1	
rimantadine 100 mg TABLET **MO**	1	
ritonavir 100 mg TABLET **MO**	1	QL(360 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUKOBIA 600 MG TABLET, ER 12 HR. **DL**	4	QL(60 per 30 days)
SELZENTRY 150 MG TABLET **DL**	4	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION **DL**	4	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET **MO**	3	QL(240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET **DL**	4	QL(120 per 30 days)
SOVALDI 150 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET **DL**	4	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET **DL**	4	PA,QL(28 per 28 days)
stavudine 15 mg, 20 mg CAPSULE **MO**	1	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE **MO**	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET **DL**	4	QL(30 per 30 days)
SUNLENCA 300 MG TABLET **DL**	4	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	4	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET **DL**	4	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE **MO**	3	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE **MO**	3	PA,QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(1440 per 365 days)
tenofovir disoproxil fumarate 300 mg TABLET **MO**	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET **MO**	3	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET **DL**	4	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION **DL**	4	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET **DL**	4	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION **MO**	3	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET **DL**	4	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION **DL**	4	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET **DL**	4	QL(30 per 30 days)
TYBOST 150 MG TABLET **MO**	2	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET **MO**	1	
VALCYTE 450 MG TABLET **DL**	4	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION **DL**	4	PA,QL(1056 per 30 days)
valganciclovir 450 mg TABLET **MO**	1	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION **DL**	4	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET **MO**	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VEMLIDY 25 MG TABLET DL	4	QL(30 per 30 days)
VIRACEPT 250 MG TABLET DL	4	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	4	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	4	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	4	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	4	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	4	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM DL	4	QL(5 per 30 days)
XOFLUZA 20 MG, 40 MG, 80 MG TABLET MO	3	
ZEPATIER 50-100 MG TABLET DL	4	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION MO	3	QL(960 per 30 days)
ZIAGEN 300 MG TABLET MO	3	QL(60 per 30 days)
zidovudine 10 mg/ml SYRUP MO	1	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	1	QL(180 per 30 days)
zidovudine 300 mg TABLET MO	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	3	QL(5 per 30 days)
ZOVIRAX 200 MG/5 ML SUSPENSION MO	3	PA
ZOVIRAX 5 % CREAM MO	3	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT MO	3	PA,QL(30 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	1	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. DL	1	QL(60 per 30 days)
alprazolam 2 mg TABLET DL	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	1	
ATIVAN 0.5 MG, 1 MG TABLET DL	4	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET DL	4	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION DL	3	PA
BUCAPSOL 10 MG, 15 MG, 7.5 MG CAPSULE DL	4	
buspirone 10 mg, 5 mg TABLET MO	1	
buspirone 15 mg, 30 mg, 7.5 mg TABLET MO	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE DL	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
clonazepam 0.5 mg, 1 mg TABLET DL	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonazepam 2 mg TABLET **DL**	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET **DL**	1	
diazepam 10 mg TABLET **DL**	1	QL(120 per 30 days)
diazepam 2 mg TABLET **DL**	1	QL(90 per 30 days)
diazepam 5 mg TABLET **DL**	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION **DL**	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE **DL**	1	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION **DL**	1	
diazepam 5 mg/ml SYRINGE **DL**	1	
diazepam intensol 5 mg/ml CONCENTRATE **DL**	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
doxepin 10 mg/ml CONCENTRATE **MO**	1	
hydroxyzine hcl 10 mg, 50 mg TABLET **MO**	1	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION **MO**	1	
hydroxyzine hcl 25 mg TABLET **MO**	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET **DL**	3	PA
lorazepam 0.5 mg, 1 mg TABLET **DL**	1	QL(90 per 30 days)
lorazepam 2 mg TABLET **DL**	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE **DL**	1	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION **DL**	1	
lorazepam intensol 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. **DL**	3	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. **DL**	3	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. **DL**	3	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET **MO**	1	
oxazepam 10 mg, 15 mg, 30 mg CAPSULE **DL**	1	
VALIUM 10 MG TABLET **DL**	3	PA,QL(120 per 30 days)
VALIUM 2 MG, 5 MG TABLET **DL**	3	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET **DL**	3	PA,QL(120 per 30 days)
XANAX 2 MG TABLET **DL**	3	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. **DL**	3	PA,QL(60 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE **MO**	1	
lithium carbonate 300 mg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lithium carbonate 300 mg, 450 mg TABLET ER **MO**	1	
lithium citrate 8 meq/5 ml SOLUTION **MO**	1	
LITHOBID 300 MG TABLET ER **MO**	3	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET **MO**	1	
ACTOPLUS MET 15-850 MG TABLET **MO**	3	PA,QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO**	3	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER **CI,DL**	4	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER **CI,DL**	4	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER **CI,MO**	3	PA,QL(90 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	3	ST
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR **CI,MO**	3	PA
BRYNOVIN 25 MG/ML SOLUTION **MO**	3	PA,QL(120 per 30 days)
CYCLOSET 0.8 MG TABLET **MO**	3	ST,QL(180 per 30 days)
dapagliflozin propanediol 10 mg, 5 mg TABLET **MO**	2	QL(30 per 30 days)
diazoxide 50 mg/ml SUSPENSION **DL**	4	
DUETACT 30-2 MG, 30-4 MG TABLET **MO**	3	QL(30 per 30 days)
exenatide 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml PEN INJECTOR **MO**	1	PA,QL(2.4 per 30 days)
FARXIGA 10 MG, 5 MG TABLET **MO**	2	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE **CI,MO**	2	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	2	
glimepiride 1 mg, 3 mg TABLET **MO**	1	
glimepiride 2 mg, 4 mg TABLET **MO**	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. **MO**	1	
glipizide 10 mg, 5 mg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide 2.5 mg TABLET **MO**	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION **MO**	3	ST
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION **MO**	3	ST
glucagon emergency kit (human) 1 mg RECON SOLUTION **MO**	3	ST
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION **MO**	3	ST
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET, ER 24 HR. **MO**	3	
GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. **DL**	4	ST,QL(60 per 30 days)
GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. **DL**	4	ST,QL(120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET **MO**	1	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET **MO**	1	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	1	
GLYNASE 1.5 MG, 6 MG TABLET **MO**	3	
GLYXAMBI 10-5 MG, 25-5 MG TABLET **MO**	2	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION **MO**	3	ST
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO**	3	ST
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO**	3	ST
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE **MO**	3	ST
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE **MO**	3	ST
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT **CI,MO**	3	ST
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	ST
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION **CI,MO**	3	ST
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN **CI,MO**	3	ST
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN **CI,MO**	3	ST
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION **CI,MO**	3	ST
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR **CI,MO**	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO**	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,MO**	3	ST
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	3	ST
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	ST

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,MO**	3	ST
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION **CI,MO**	3	ST
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN **CI,DL**	4	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	2	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) SOLUTION **CI,MO**	2	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	2	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE **CI,MO**	2	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION **CI,MO**	2	
INSULIN DEGLUDEC 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION **CI,MO**	3	PA
INSULIN GLARGINE 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
INSULIN GLARGINE 100 UNIT/ML SOLUTION **CI,MO**	3	PA
INSULIN GLARGINE U-300 CONC 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION **CI,MO**	3	PA
INSULIN LISPRO 100 UNIT/ML INSULIN PEN **CI,MO**	2	
INSULIN LISPRO 100 UNIT/ML INSULIN PEN, HALF-UNIT **CI,MO**	2	
INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO**	2	
INSULIN LISPRO PROTAMIN-LISPRO 100 UNIT/ML (75-25) INSULIN PEN **CI,MO**	2	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET **MO**	3	PA,QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	PA,QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET **MO**	3	PA,QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET **MO**	2	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE **MO**	2	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE **MO**	2	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET **MO**	2	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET **MO**	2	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET **MO**	2	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET **MO**	2	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	2	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	2	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KAZANO 12.5-1,000 MG, 12.5-500 MG TABLET **MO**	3	PA,QL(60 per 30 days)
KIRSTY 100 UNIT/ML SOLUTION **CI,MO**	3	ST
KIRSTY PEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	ST
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	2	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	2	
liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR **MO**	3	PA,QL(9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	ST
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	ST
LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR **CI,MO**	3	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	3	ST
MERILOG 100 UNIT/ML SOLUTION **CI,MO**	3	ST
MERILOG SOLOSTAR 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	ST
metformin 1,000 mg TABLET, ER 24 HR. **MO**	1	ST,QL(60 per 30 days)
metformin 1,000 mg TABLET, GAST. RETENTION 24 HR. **MO**	1	ST,QL(60 per 30 days)
metformin 1,000 mg, 500 mg TABLET **MO**	1	
metformin 500 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
metformin 500 mg TABLET, ER 24 HR. **MO**	1	ST,QL(150 per 30 days)
metformin 500 mg TABLET, GAST. RETENTION 24 HR. **MO**	1	ST,QL(120 per 30 days)
metformin 500 mg/5 ml SOLUTION **MO**	1	QL(750 per 30 days)
metformin 625 mg TABLET **DL**	4	ST,QL(120 per 30 days)
metformin 750 mg TABLET **DL**	4	ST
metformin 750 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
metformin 850 mg TABLET **MO**	1	
miglitol 100 mg, 25 mg, 50 mg TABLET **MO**	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR **MO**	2	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET **MO**	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,MO**	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	2	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,MO**	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	2	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	2	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION **CI,MO**	2	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	2	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO**	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION **CI,MO**	2	
OSENI 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG TABLET **MO**	3	PA,QL(30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR **MO**	2	PA,QL(3 per 28 days)
pioglitazone 15 mg, 45 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET **MO**	1	QL(90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
PROGLYCEM 50 MG/ML SUSPENSION **DL**	4	PA
QTERN 10-5 MG, 5-5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
RIOMET 500 MG/5 ML SOLUTION **MO**	3	QL(750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET **MO**	2	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET **MO**	1	PA,QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(30 per 30 days)
SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET **MO**	3	PA,QL(60 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION **CI,MO**	3	PA
sitagliptin 100 mg, 25 mg, 50 mg TABLET **MO**	3	PA,QL(30 per 30 days)
sitagliptin-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	PA,QL(30 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET **MO**	3	PA,QL(60 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	PA,QL(60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN **CI,MO**	2	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STEGLUJAN 15-100 MG, 5-100 MG TABLET MO	3	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR DL	4	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR DL	4	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET MO	2	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	2	
TRADJENTA 5 MG TABLET MO	2	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	2	PA,QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN CI,MO	3	PA,QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	2	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	2	
ZITUVIMET 50-1,000 MG, 50-500 MG TABLET MO	3	PA,QL(60 per 30 days)
ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(30 per 30 days)
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(60 per 30 days)
ZITUVIO 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT DL	4	PA
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION **MO**	3	
AGRYLIN 0.5 MG CAPSULE **MO**	3	PA
ALVAIZ 18 MG, 9 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ALVAIZ 36 MG, 54 MG TABLET **DL**	4	PA,QL(60 per 30 days)
aminocaproic acid 1,000 mg TABLET **DL**	4	
aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION **MO**	1	
aminocaproic acid 500 mg TABLET **MO**	1	
anagrelide 0.5 mg, 1 mg CAPSULE **MO**	1	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE **MO**	3	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION **DL**	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE **DL**	4	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE **DL**	4	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE **MO**	3	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION **MO**	3	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE **DL**	4	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE **DL**	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE **MO**	3	PA,QL(1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE **DL**	4	PA,QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE **DL**	4	PA,QL(15 per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE **DL**	4	PA,QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE **DL**	4	PA,QL(18 per 30 days)
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. **MO**	1	QL(60 per 30 days)
bivalirudin 250 mg/50 ml (5 mg/ml) SOLUTION **MO**	3	
BRILINTA 60 MG, 90 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CABLIVI 11 MG KIT **DL**	4	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET **MO**	1	
clopidogrel 300 mg TABLET **MO**	1	
clopidogrel 75 mg TABLET **MO**	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION **DL**	4	PA
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE **MO**	1	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET **MO**	1	
DOPTELET (10 TAB PACK) 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOPTELET (15 TAB PACK) 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ELIQUIS 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) TABLET FOR SUSPENSION **MO**	2	ST,QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET **MO**	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET **MO**	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK **MO**	2	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE **MO**	2	ST,QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE **MO**	1	
enoxaparin 300 mg/3 ml SOLUTION **MO**	1	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION **MO**	3	PA,QL(28 per 30 days)
eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION **MO**	1	
fondaparinux 10 mg/0.8 ml SYRINGE **DL**	4	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml SYRINGE **MO**	3	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml SYRINGE **DL**	4	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml SYRINGE **DL**	4	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE **DL**	4	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE **DL**	4	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE **DL**	4	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE **DL**	4	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE **DL**	4	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION **DL**	4	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION **DL**	4	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE **DL**	4	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
GRANIX 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	4	PA
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION **MO**	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin (porcine) 5,000 unit/ml SYRINGE **MO**	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION **MO**	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE **MO**	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET **MO**	1	
KENGREAL 50 MG RECON SOLUTION **DL**	4	
LEUKINE 250 MCG RECON SOLUTION **DL**	4	PA
LOVENOX 100 MG/ML, 120 MG/0.8 ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML SYRINGE **MO**	3	PA
LOVENOX 150 MG/ML SYRINGE **DL**	4	PA
LOVENOX 300 MG/3 ML SOLUTION **DL**	4	PA
MIRCERA 100 MCG/0.3 ML SYRINGE	4	PA,QL(1.2 per 28 days)
MIRCERA 120 MCG/0.3 ML SYRINGE **DL**	4	PA,QL(0.9 per 28 days)
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML SYRINGE	4	PA,QL(0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML SYRINGE	4	PA,QL(0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION **DL**	4	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET **DL**	4	PA
NEULASTA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
NEUPOGEN 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	4	PA
NIVESTYM 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	4	PA
NYVEPRIA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
PLAVIX 75 MG TABLET **MO**	3	PA,QL(30 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION **DL**	4	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE **MO**	3	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET **DL**	4	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET **DL**	4	PA,QL(60 per 30 days)
prasugrel hcl 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION **MO**	3	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION **DL**	4	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET **DL**	4	PA,QL(360 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROMACTA 12.5 MG, 25 MG TABLET **DL**	4	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET **DL**	4	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET **DL**	4	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION **DL**	4	PA
RELEUKO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
RELEUKO 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	4	PA
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION **DL**	4	PA,QL(14 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION **MO**	3	
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	ST,QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET **MO**	1	QL(60 per 30 days)
ROLVEDON 13.2 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
RYZNEUTA 20 MG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET **MO**	3	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET **MO**	1	QL(60 per 30 days)
tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION **MO**	1	
tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION **MO**	1	PA
tranexamic acid 650 mg TABLET **MO**	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET **MO**	1	
warfarin 5 mg TABLET **MO**	1	
WAYRILZ 400 MG TABLET **DL**	4	PA,QL(60 per 30 days)
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	2	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET **MO**	2	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET **MO**	2	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK **MO**	2	QL(51 per 30 days)
XOLREMDI 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZARXIO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
CARDIOVASCULAR AGENTS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	
ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
acebutolol 200 mg, 400 mg CAPSULE **MO**	1	
acetazolamide 125 mg, 250 mg TABLET **MO**	1	
acetazolamide 500 mg CAPSULE, ER **MO**	1	
acetazolamide sodium 500 mg RECON SOLUTION **MO**	1	
adenosine 3 mg/ml SOLUTION **MO**	1	
adenosine 3 mg/ml SYRINGE **MO**	1	
ADRENALIN IN 0.9 % SOD CHLOR 10 MG/250 ML (40 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 5 MG/250 ML (20 MCG/ML), 8 MG/250 ML (32 MCG/ML) SOLUTION **MO**	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
aliskiren 150 mg, 300 mg TABLET **MO**	1	QL(30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **MO**	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
amiloride 5 mg TABLET **MO**	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET **MO**	1	
amiodarone 100 mg, 400 mg TABLET **MO**	1	
amiodarone 150 mg/3 ml SYRINGE **MO**	1	
amiodarone 200 mg TABLET **MO**	1	
amiodarone 50 mg/ml SOLUTION **MO**	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE **MO**	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE **MO**	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET **MO**	1	QL(30 per 30 days)
ARBLI 10 MG/ML SUSPENSION **DL**	4	ST,QL(300 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET **MO**	3	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATACAND 16 MG, 4 MG, 8 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ATACAND 32 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
atenolol 100 mg TABLET **MO**	1	
atenolol 25 mg, 50 mg TABLET **MO**	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET **MO**	1	
ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION **MO**	3	ST,QL(600 per 30 days)
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET **MO**	1	
AVALIDE 150-12.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
AVALIDE 300-12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET **MO**	3	PA,QL(30 per 30 days)
AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET **MO**	1	
BENICAR 20 MG, 40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET **DL**	4	PA
BETAPACE AF 120 MG, 160 MG TABLET **DL**	4	PA
BETAPACE AF 80 MG TABLET **MO**	3	PA
betaxolol 10 mg, 20 mg TABLET **MO**	1	
BIDIL 20-37.5 MG TABLET **MO**	3	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION **MO**	3	
bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET **MO**	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION **MO**	3	
BREVIBLOC IN NACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION **MO**	3	
bumetanide 0.25 mg/ml SOLUTION **MO**	1	
bumetanide 0.5 mg, 2 mg TABLET **MO**	1	
bumetanide 1 mg TABLET **MO**	1	
BYSTOLIC 10 MG TABLET **MO**	3	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET **MO**	3	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET **MO**	3	PA,QL(30 per 30 days)
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET **MO**	1	QL(60 per 30 days)
candesartan 32 mg TABLET **MO**	1	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET **MO**	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET **MO**	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET **MO**	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET **MO**	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG, 300 MG CAPSULE, ER 24 HR. **DL**	4	PA
CARDIZEM CD 360 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET **MO**	3	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION **MO**	3	QL(450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR. **MO**	1	
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET **MO**	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. **MO**	1	QL(30 per 30 days)
chlorothiazide sodium 500 mg RECON SOLUTION **MO**	1	
chlorthalidone 25 mg TABLET **MO**	1	
chlorthalidone 50 mg TABLET **MO**	1	
cholestyramine (with sugar) 4 gram POWDER **MO**	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET **MO**	1	
cholestyramine light 4 gram POWDER **MO**	1	
cholestyramine light 4 gram POWDER IN PACKET **MO**	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION **MO**	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY **MO**	1	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET **MO**	1	
clonidine hcl 0.17 mg TABLET, ER 24 HR. **DL**	4	PA,QL(90 per 30 days)
clonidine hcl 0.2 mg, 0.3 mg TABLET **MO**	1	
colesevelam 3.75 gram POWDER IN PACKET **MO**	1	QL(30 per 30 days)
colesevelam 625 mg TABLET **MO**	1	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLESTID 1 GRAM TABLET **MO**	3	
COLESTID 5 GRAM GRANULES **MO**	3	QL(1000 per 30 days)
COLESTID 5 GRAM PACKET **MO**	3	
colestipol 1 gram TABLET **MO**	1	
colestipol 5 gram GRANULES **MO**	1	QL(1000 per 30 days)
colestipol 5 gram PACKET **MO**	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET **MO**	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE ER MULTIPHASE 24 HR. **MO**	3	PA,QL(30 per 30 days)
CORLANOR 5 MG, 7.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION **MO**	3	PA,QL(560 per 28 days)
CORLOPAM 10 MG/ML SOLUTION **MO**	3	
CORVERT 0.1 MG/ML SOLUTION **MO**	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	PA
DEMSER 250 MG CAPSULE **DL**	4	
DIBENZYLINE 10 MG CAPSULE **DL**	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET **MO**	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET **MO**	1	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION **MO**	1	
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	
diltiazem hcl 100 mg RECON SOLUTION **MO**	1	
diltiazem hcl 120 mg CAPSULE, ER 24 HR. **MO**	1	
diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	1	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. **MO**	1	
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
diltiazem hcl 360 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION **MO**	1	
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET **MO**	3	PA,QL(60 per 30 days)
DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIURIL 250 MG/5 ML SUSPENSION **MO**	3	
dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION **MO**	1	BvsD
dobutamine in d5w 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml) PARENTERAL SOLUTION **MO**	1	BvsD
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE **MO**	1	
dopamine 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml) SOLUTION **MO**	1	BvsD
dopamine in 5 % dextrose 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml) SOLUTION **MO**	1	BvsD
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET **MO**	1	
droxidopa 100 mg, 200 mg CAPSULE **MO**	1	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE **MO**	1	PA,QL(180 per 30 days)
DYRENIUM 100 MG, 50 MG CAPSULE **MO**	3	
EDARBI 40 MG, 80 MG TABLET **MO**	3	ST,QL(30 per 30 days)
EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET **MO**	3	ST,QL(30 per 30 days)
EDECRIN 25 MG TABLET **DL**	4	QL(480 per 30 days)
enalapril maleate 1 mg/ml SOLUTION **MO**	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET **MO**	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET **MO**	1	
enalaprilat 1.25 mg/ml SOLUTION **MO**	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET **MO**	2	QL(240 per 30 days)
EPANED 1 MG/ML SOLUTION **DL**	4	
epineph bitart in 0.9% sod chl 16 mg/250 ml (64 mcg/ml) SOLUTION **MO**	3	
eplerenone 25 mg, 50 mg TABLET **MO**	1	
eprosartan 600 mg TABLET **MO**	1	QL(60 per 30 days)
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION **MO**	1	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION **MO**	1	
ethacrynate sodium 50 mg RECON SOLUTION **MO**	1	
ethacrynic acid 25 mg TABLET **MO**	1	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION **DL**	4	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET **MO**	3	PA,QL(30 per 30 days)
EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE MO	3	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET MO	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	1	
fenofibrate 120 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE MO	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate 40 mg, 54 mg TABLET MO	1	QL(60 per 30 days)
fenofibrate 50 mg CAPSULE MO	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE MO	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE MO	1	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	1	QL(60 per 30 days)
fenofibrate micronized 90 mg CAPSULE MO	3	QL(30 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET MO	2	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC MO	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET MO	3	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET MO	3	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET MO	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET MO	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION MO	3	ST,QL(150 per 30 days)
fluvastatin 20 mg, 40 mg CAPSULE MO	1	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET MO	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET MO	1	
FUROSCIX 80 MG/10 ML KIT	4	PA
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	1	
furosemide 20 mg, 40 mg TABLET MO	1	
furosemide 80 mg TABLET MO	1	
gemfibrozil 600 mg TABLET MO	1	QL(60 per 30 days)
GONITRO 400 MCG POWDER IN PACKET MO	3	
guanfacine 1 mg, 2 mg TABLET MO	1	
HEMANGEOL 4.28 MG/ML SOLUTION MO	3	
HEMICLOR 12.5 MG TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydralazine 10 mg, 100 mg TABLET **MO**	1	
hydralazine 20 mg/ml SOLUTION **MO**	1	
hydralazine 25 mg, 50 mg TABLET **MO**	1	
hydrochlorothiazide 12.5 mg CAPSULE **MO**	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET **MO**	1	
hydrochlorothiazide 50 mg TABLET **MO**	1	
HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ibutilide fumarate 0.1 mg/ml SOLUTION **MO**	1	
IMMPHENTIV 0.1 MG/ML SOLUTION **MO**	3	
indapamide 1.25 mg, 2.5 mg TABLET **MO**	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. **DL**	4	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR. **DL**	4	
INPEFA 200 MG, 400 MG TABLET **MO**	3	PA,QL(30 per 30 days)
INSPRA 25 MG, 50 MG TABLET **MO**	3	
INZIRQO 10 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	
irbesartan 150 mg, 300 mg, 75 mg TABLET **MO**	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET **MO**	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET **MO**	1	QL(30 per 30 days)
ISORDIL 40 MG TABLET **DL**	4	
ISORDIL TITRADOSE 5 MG TABLET **DL**	4	PA
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET **MO**	1	
isosorbide mononitrate 10 mg, 20 mg TABLET **MO**	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. **MO**	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. **MO**	1	
isosorbide-hydralazine 20-37.5 mg TABLET **MO**	1	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE **MO**	1	
ISUPREL 0.2 MG/ML SOLUTION **MO**	3	
ivabradine 5 mg, 7.5 mg TABLET **MO**	1	PA,QL(60 per 30 days)
JUXTAPID 10 MG, 30 MG, 5 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE **DL**	4	PA,QL(84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION **MO**	3	ST,QL(300 per 30 days)
KERENDIA 10 MG, 20 MG TABLET **MO**	2	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KERENDIA 40 MG TABLET **MO**	2	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET **MO**	1	
labetalol 5 mg/ml SOLUTION **MO**	1	
LABETALOL IN DEXTROSE,ISO-OSM 1 MG/ML SOLUTION **MO**	1	
LABETALOL IN NACL (ISO-OSMOT) 1 MG/ ML SOLUTION **MO**	1	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET **MO**	3	QL(30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION **MO**	3	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION **MO**	3	
LASIX 20 MG, 40 MG, 80 MG TABLET **MO**	3	
LEQVIO 284 MG/1.5 ML SYRINGE	4	PA,QL(4.5 per 365 days)
LESCOL XL 80 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION **MO**	3	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION **MO**	1	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION **MO**	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET **MO**	3	PA
LIPOFEN 150 MG CAPSULE **MO**	3	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE **MO**	3	QL(60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
lisinopril 30 mg TABLET **MO**	1	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET **MO**	1	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET **MO**	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET **MO**	3	ST,QL(30 per 30 days)
LODOCO 0.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
LOPID 600 MG TABLET **MO**	3	PA,QL(60 per 30 days)
LOPRESSOR 10 MG/ML SOLUTION **MO**	3	
LOPRESSOR 100 MG, 50 MG TABLET **MO**	3	
losartan 100 mg, 25 mg, 50 mg TABLET **MO**	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET **MO**	1	QL(60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET **MO**	3	
LOTENSIN HCT 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
LOTREL 10-20 MG, 5-10 MG, 5-20 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
LOTREL 10-40 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lovastatin 10 mg, 20 mg, 40 mg TABLET **MO**	1	
lovaza 1 gram CAPSULE **MO**	3	PA,QL(120 per 30 days)
LOVAZA 1 GRAM CAPSULE **MO**	3	PA,QL(120 per 30 days)
mannitol 20 % 20 % PARENTERAL SOLUTION **MO**	1	
mannitol 25 % 25 % SOLUTION **MO**	1	
matzim la 180 mg, 240 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
MAXZIDE 75-50 MG TABLET **MO**	3	PA
MAXZIDE-25MG 37.5-25 MG TABLET **MO**	3	PA
methyldopa 250 mg, 500 mg TABLET **MO**	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET **MO**	1	
methyldopate 250 mg/5 ml SOLUTION **MO**	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. **MO**	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET **MO**	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET **MO**	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET **MO**	1	
metoprolol tartrate 5 mg/5 ml SOLUTION **MO**	1	
metyrosine 250 mg CAPSULE **DL**	4	
mexiletine 150 mg, 200 mg, 250 mg CAPSULE **MO**	1	
MICARDIS 20 MG, 40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
MICARDIS 80 MG TABLET **MO**	3	PA,QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
MICARDIS HCT 80-12.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
midodrine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
milrinone 1 mg/ml SOLUTION **MO**	1	BvsD
milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK **MO**	1	BvsD
minoxidil 10 mg, 2.5 mg TABLET **MO**	1	
moexipril 15 mg, 7.5 mg TABLET **MO**	1	
MULTAQ 400 MG TABLET **MO**	2	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET **MO**	1	
nebivolol 10 mg TABLET **MO**	1	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nebivolol 20 mg TABLET MO	1	QL(60 per 30 days)
NEXICLON XR 0.17 MG TABLET, ER 24 HR. DL	4	PA,QL(90 per 30 days)
NEXLETOL 180 MG TABLET MO	2	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	2	PA,QL(30 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION MO	3	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	1	
niacin 500 mg TABLET MO	1	
niacor 500 mg TABLET MO	1	
nicardipine 20 mg, 30 mg CAPSULE MO	1	
nicardipine 25 mg/10 ml SOLUTION MO	1	
nifedipine 10 mg, 20 mg CAPSULE MO	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	1	
nimodipine 30 mg CAPSULE MO	1	
nimodipine 60 mg/20 ml SOLUTION DL	4	QL(2838 per 28 days)
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
NITRO-BID 2 % OINTMENT MO	1	
NITRO-DUR 0.1 MG/HR, 0.4 MG/HR, 0.6 MG/HR PATCH, 24 HR. MO	3	
NITRO-DUR 0.2 MG/HR, 0.3 MG/HR, 0.8 MG/HR PATCH, 24 HR. DL	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO	1	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	1	
nitroglycerin 0.4 mg SUBLINGUAL TABLET MO	1	
nitroglycerin 2 % OINTMENT MO	1	
nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL MO	1	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION MO	1	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	2	
norepinephrine bitartrate 1 mg/ml SOLUTION MO	1	
NORLIQVA 1 MG/ML SOLUTION MO	3	ST,QL(300 per 30 days)
NORPACE 100 MG, 150 MG CAPSULE MO	3	
NORPACE CR 100 MG, 150 MG CAPSULE, ER MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORTHERA 100 MG, 200 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA
NYMALIZE 30 MG/5 ML SYRINGE **DL**	4	QL(630 per 28 days)
NYMALIZE 60 MG/10 ML SOLUTION **DL**	4	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML SYRINGE **DL**	4	QL(1260 per 28 days)
olmesartan 20 mg, 40 mg TABLET **MO**	1	QL(30 per 30 days)
olmesartan 5 mg TABLET **MO**	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET **MO**	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET **MO**	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE **MO**	1	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION **MO**	3	
OSMITROL 15 % 15 % PARENTERAL SOLUTION **MO**	3	
OSMITROL 20 % 20 % PARENTERAL SOLUTION **MO**	3	
OSMITROL 5 % 5 % PARENTERAL SOLUTION **MO**	3	
PACERONE 100 MG, 400 MG TABLET **MO**	1	
pacerone 200 mg TABLET **MO**	1	
pentoxifylline 400 mg TABLET ER **MO**	1	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET **MO**	1	
phenoxybenzamine 10 mg CAPSULE **DL**	4	
phenylephrine hcl 10 mg/ml SOLUTION **MO**	1	
pindolol 10 mg, 5 mg TABLET **MO**	1	
pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET **MO**	1	ST,QL(30 per 30 days)
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR **MO**	3	PA,QL(2 per 28 days)
pravastatin 10 mg, 80 mg TABLET **MO**	1	
pravastatin 20 mg, 40 mg TABLET **MO**	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE **MO**	1	
prevalite 4 gram POWDER **MO**	1	
prevalite 4 gram POWDER IN PACKET **MO**	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION **MO**	1	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. **MO**	3	PA
propafenone 150 mg, 225 mg, 300 mg TABLET **MO**	1	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION **MO**	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET **MO**	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. **MO**	1	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET **MO**	1	
QBRELIS 1 MG/ML SOLUTION **DL**	4	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER **MO**	1	
QUESTRAN 4 GRAM POWDER IN PACKET **MO**	1	
QUESTRAN LIGHT 4 GRAM POWDER **MO**	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET **MO**	1	
quinidine gluconate 324 mg TABLET ER **MO**	1	
quinidine sulfate 200 mg, 300 mg TABLET **MO**	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE **MO**	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. **MO**	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR **MO**	2	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR **MO**	2	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE **MO**	2	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
RYTHMOL SR 225 MG, 325 MG, 425 MG CAPSULE, ER 12 HR. **MO**	3	PA
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET **MO**	1	QL(60 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET **MO**	1	
simvastatin 5 mg, 80 mg TABLET **MO**	1	
SOAANZ 20 MG, 40 MG, 60 MG TABLET **MO**	3	ST
SODIUM EDECRIN 50 MG RECON SOLUTION **MO**	3	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET **MO**	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET **MO**	1	
SOTYLIZE 5 MG/ML SOLUTION **MO**	3	
spironolacton-hydrochlorothiaz 25-25 mg TABLET **MO**	1	
spironolactone 100 mg TABLET **MO**	1	
spironolactone 25 mg, 50 mg TABLET **MO**	1	
spironolactone 25 mg/5 ml SUSPENSION **MO**	3	QL(450 per 30 days)
SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
taztia xt 120 mg, 180 mg, 240 mg, 300 mg, 360 mg CAPSULE, ER 24 HR. **MO**	1	
TEKTURNA 150 MG, 300 MG TABLET **MO**	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEKTURNA HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG TABLET **MO**	3	ST,QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan 80 mg TABLET **MO**	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET **MO**	1	QL(60 per 30 days)
TENORETIC 100 100-25 MG TABLET **MO**	3	
TENORETIC 50 50-25 MG TABLET **MO**	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	1	
TEZRULY 1 MG/ML SOLUTION **DL**	4	PA,QL(600 per 30 days)
THALITONE 15 MG TABLET **MO**	3	
tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	
TIAZAC 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. **MO**	3	
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE **MO**	3	PA
timolol maleate 10 mg, 20 mg, 5 mg TABLET **MO**	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. **MO**	3	
torsemide 10 mg, 100 mg, 5 mg TABLET **MO**	1	
torsemide 20 mg TABLET **MO**	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET **MO**	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	
triamterene 100 mg, 50 mg CAPSULE **MO**	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE **MO**	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET **MO**	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET **MO**	1	
TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
TRICOR 145 MG TABLET **MO**	3	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET **MO**	3	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC **MO**	3	PA,QL(30 per 30 days)
TRYNGOLZA 80 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(0.8 per 28 days)
TRYVIO 12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valsartan 160 mg, 320 mg TABLET **MO**	1	QL(60 per 30 days)
VALSARTAN 4 MG/ML SOLUTION **DL**	4	ST,QL(2400 per 30 days)
valsartan 4 mg/ml SOLUTION **DL**	4	ST,QL(2400 per 30 days)
valsartan 40 mg, 80 mg TABLET **MO**	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET **MO**	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE **MO**	2	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE **MO**	2	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET **MO**	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET **DL**	4	PA
vecamyl 2.5 mg TABLET **DL**	4	QL(300 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. **MO**	1	
verapamil 120 mg, 180 mg, 240 mg TABLET ER **MO**	1	
verapamil 120 mg, 40 mg, 80 mg TABLET **MO**	1	
verapamil 2.5 mg/ml SOLUTION **MO**	1	
verapamil 2.5 mg/ml SYRINGE **MO**	1	
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. **MO**	3	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET **MO**	2	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET **MO**	3	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET **MO**	3	QL(30 per 30 days)
WELCHOL 625 MG TABLET **MO**	3	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET **MO**	3	PA
ZETIA 10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ZOCOR 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA
ZYPITAMAG 2 MG, 4 MG TABLET **MO**	2	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET **MO**	1	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET **MO**	1	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(30 per 30 days)
amphetamine sulfate 10 mg, 5 mg TABLET **MO**	1	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. **DL**	4	PA,QL(60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC **MO**	3	QL(30 per 30 days)
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE **MO**	1	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE **MO**	1	QL(30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET **DL**	4	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET **DL**	4	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET **DL**	4	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. **DL**	4	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK **DL**	4	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK **DL**	4	PA,QL(42 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT **DL**	4	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT **DL**	4	PA,QL(1 per 28 days)
AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE **MO**	3	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC **DL**	4	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT **DL**	4	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	4	PA
clonidine hcl 0.1 mg TABLET, ER 12 HR. **MO**	1	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE **DL**	4	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC **MO**	3	PA,QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC **MO**	3	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
dalfampridine 10 mg TABLET, ER 12 HR. **MO**	1	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. MO	3	QL(30 per 30 days)
DESOXYN 5 MG TABLET DL	4	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER DL	4	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER DL	4	PA,QL(120 per 30 days)
dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC MO	1	QL(30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg CAPSULE, ER MO	1	QL(180 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg CAPSULE, ER MO	1	QL(120 per 30 days)
dextroamphetamine sulfate 15 mg TABLET MO	1	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET MO	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET MO	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg CAPSULE, ER MO	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	1	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION MO	1	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. MO	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC MO	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC MO	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	3	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC MO	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC MO	1	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC MO	3	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION **DL**	4	PA
EVEKEO 10 MG, 5 MG TABLET **MO**	1	QL(90 per 30 days)
EVEKEO ODT 10 MG, 5 MG TABLET, DISINTEGRATING **MO**	3	QL(90 per 30 days)
EVEKEO ODT 15 MG, 20 MG TABLET, DISINTEGRATING **MO**	3	QL(60 per 30 days)
EXSERVAN 50 MG FILM **DL**	4	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG KIT **DL**	4	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG RECON SOLUTION **DL**	4	PA,QL(15 per 30 days)
fingolimod 0.5 mg CAPSULE **MO**	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET **DL**	4	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(30 per 30 days)
gabapentin 300 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
gabapentin 600 mg TABLET, ER 24 HR. **MO**	1	ST,QL(90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE **DL**	4	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE **DL**	4	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE **DL**	4	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE **DL**	4	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. **MO**	3	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. **MO**	3	ST,QL(60 per 30 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER **MO**	3	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK **DL**	4	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE **DL**	4	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE **MO**	3	QL(30 per 30 days)
KAPVAY 0.1 MG TABLET, ER 12 HR. **MO**	3	QL(120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML SOLUTION **DL**	4	PA,QL(6 per 365 days)
lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET **MO**	1	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE **MO**	1	PA,QL(30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE **MO**	3	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION **MO**	3	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAYZENT 0.25 MG TABLET **DL**	4	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET **DL**	4	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK **DL**	4	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK **DL**	4	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(60 per 30 days)
metadate er 20 mg TABLET ER **MO**	1	QL(90 per 30 days)
methamphetamine 5 mg TABLET **DL**	4	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION **MO**	3	PA,QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION **MO**	3	PA,QL(1800 per 30 days)
methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR. **MO**	1	QL(30 per 30 days)
methylphenidate hcl 10 mg CHEWABLE TABLET **MO**	1	QL(180 per 30 days)
methylphenidate hcl 10 mg TABLET ER **MO**	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC **MO**	3	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC **MO**	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET **MO**	1	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION **MO**	1	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET **MO**	1	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER **MO**	1	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC **MO**	1	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION **MO**	1	QL(1800 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. **MO**	3	QL(30 per 30 days)
NUEDEXTA 20-10 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	4	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	4	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. **DL**	4	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET **DL**	4	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK **DL**	4	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE **MO**	1	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. **MO**	1	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION **MO**	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE **MO**	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE **MO**	1	QL(60 per 30 days)
pregabalin 330 mg TABLET, ER 24 HR. **MO**	1	PA,QL(60 per 30 days)
procentra 5 mg/5 ml SOLUTION **DL**	4	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION **DL**	4	PA
QELBREE 100 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
QELBREE 150 MG, 200 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE **MO**	3	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE **MO**	3	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON **MO**	3	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION **DL**	4	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION **DL**	4	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION **DL**	4	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR **DL**	4	PA,QL(4.2 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE **DL**	4	PA,QL(4.2 per 28 days)
RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
RILUTEK 50 MG TABLET **DL**	4	
riluzole 50 mg TABLET **MO**	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC **MO**	3	PA,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC **MO**	3	PA,QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK **MO**	3	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING **DL**	4	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC **DL**	4	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC **DL**	4	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION **DL**	4	PA,QL(600 per 30 days)
teriflunomide 14 mg, 7 mg TABLET **MO**	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET **MO**	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET **MO**	1	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION **DL**	4	PA,QL(600 per 30 days)
TYSABRI 300 MG/15 ML SOLUTION **DL**	4	PA,QL(15 per 28 days)
VEOZAH 45 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC **DL**	4	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET **MO**	3	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. **MO**	3	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET **DL**	4	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET **DL**	4	PA,QL(120 per 30 days)
zenzedi 10 mg TABLET **MO**	1	QL(180 per 30 days)
ZENZEDI 15 MG TABLET **MO**	1	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET **MO**	1	QL(90 per 30 days)
ZENZEDI 30 MG TABLET **MO**	1	QL(60 per 30 days)
zenzedi 5 mg TABLET **MO**	1	QL(150 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEPOSIA 0.92 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK **DL**	4	PA,QL(28 per 28 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK **DL**	4	PA,QL(7 per 7 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE **MO**	1	
chlorhexidine gluconate 0.12 % MOUTHWASH **MO**	1	
EVOXAC 30 MG CAPSULE **MO**	3	PA
KEPIVANCE 5.16 MG, 6.25 MG RECON SOLUTION **DL**	4	
kourzeq 0.1 % PASTE **MO**	1	
oralone 0.1 % PASTE **MO**	1	
periogard 0.12 % MOUTHWASH **MO**	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET **MO**	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET **MO**	3	
triamcinolone acetonide 0.1 % PASTE **MO**	1	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE **DL**	4	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE **DL**	4	ST
ACANYA 1.2-2.5 % GEL WITH PUMP **MO**	3	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE **MO**	1	PA
ACZONE 5 % GEL **MO**	3	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP **MO**	3	QL(90 per 30 days)
adapalene 0.1 % CREAM **MO**	1	QL(45 per 30 days)
adapalene 0.1 % SOLUTION **DL**	4	QL(60 per 30 days)
adapalene 0.1 % SWAB	4	QL(30 per 30 days)
adapalene 0.3 % GEL **MO**	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP **MO**	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP **MO**	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP **MO**	1	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR **DL**	4	PA,QL(6 per 28 days)
AKLIEF 0.005 % CREAM **MO**	3	QL(90 per 30 days)
ALA-CORT 1 % CREAM **MO**	1	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALA-SCALP 2 % LOTION MO	1	QL(236.8 per 30 days)
alclometasone 0.05 % CREAM MO	1	QL(240 per 30 days)
alclometasone 0.05 % OINTMENT MO	1	QL(240 per 30 days)
ALTABAX 1 % OINTMENT MO	3	
ALTRENO 0.05 % LOTION MO	3	PA,QL(90 per 30 days)
amcinonide 0.1 % CREAM	4	QL(120 per 30 days)
amcinonide 0.1 % OINTMENT DL	4	ST,QL(120 per 30 days)
ammonium lactate 12 % CREAM MO	1	
ammonium lactate 12 % LOTION MO	1	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
AMZEEQ 4 % FOAM MO	3	PA,QL(30 per 30 days)
anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
ANZUPGO 2 % CREAM DL	4	PA,QL(60 per 28 days)
apexicon e 0.05 % CREAM MO	1	QL(60 per 30 days)
ARAZLO 0.045 % LOTION MO	3	PA
ATRALIN 0.05 % GEL MO	3	PA,QL(45 per 30 days)
AVITA 0.025 % CREAM MO	3	PA,QL(45 per 30 days)
AVITA 0.025 % GEL MO	3	PA,QL(45 per 30 days)
azelaic acid 15 % GEL MO	1	ST,QL(50 per 30 days)
AZELEX 20 % CREAM MO	3	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL MO	3	QL(46.6 per 30 days)
beser 0.05 % LOTION MO	1	QL(240 per 30 days)
betamethasone dipropionate 0.05 % CREAM MO	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM MO	1	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION MO	1	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT MO	1	QL(180 per 30 days)
betamethasone valerate 0.12 % FOAM MO	1	QL(200 per 30 days)
betamethasone, augmented 0.05 % CREAM MO	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	1	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP MO	1	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION MO	3	ST,QL(200 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CABTREO 0.15-3.1-1.2 % GEL MO	3	QL(50 per 30 days)
calcipotriene 0.005 % CREAM MO	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % FOAM MO	1	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT MO	1	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION MO	1	QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % OINTMENT MO	1	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION MO	1	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT MO	1	ST,QL(800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	3	QL(840 per 30 days)
CARAC 0.5 % CREAM DL	4	PA,QL(60 per 30 days)
CENTANY 2 % OINTMENT MO	3	
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
CLEOCIN T 1 % LOTION MO	3	QL(60 per 30 days)
clindacin 1 % FOAM MO	1	QL(100 per 30 days)
clindacin etz 1 % SWAB MO	1	
clindacin p 1 % SWAB MO	1	
CLINDAGEL 1 % GEL, ONCE DAILY DL	4	PA,QL(75 per 30 days)
clindamycin phosphate 1 % FOAM MO	1	QL(100 per 30 days)
clindamycin phosphate 1 % GEL MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % GEL, ONCE DAILY MO	1	PA,QL(75 per 30 days)
clindamycin phosphate 1 % LOTION MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB MO	1	
clindamycin-benzoyl peroxide 1-5 % GEL MO	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP MO	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL MO	1	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL MO	1	QL(60 per 30 days)
clobetasol 0.05 % CREAM MO	1	QL(120 per 30 days)
clobetasol 0.05 % FOAM MO	1	QL(100 per 28 days)
clobetasol 0.05 % GEL MO	1	QL(120 per 28 days)
clobetasol 0.05 % LOTION MO	1	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT MO	1	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO MO	1	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION MO	1	QL(100 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clobetasol 0.05 % SPRAY, NON-AEROSOL **MO**	1	QL(240 per 30 days)
clobetasol-emollient 0.05 % CREAM **MO**	1	QL(120 per 30 days)
clobetasol-emollient 0.05 % FOAM **MO**	1	QL(100 per 30 days)
CLOBEX 0.05 % LOTION **MO**	3	ST,QL(240 per 28 days)
CLOBEX 0.05 % SHAMPOO **MO**	3	ST,QL(240 per 30 days)
CLOBEX 0.05 % SPRAY, NON-AEROSOL **MO**	3	ST,QL(240 per 30 days)
clocortolone pivalate 0.1 % CREAM **MO**	1	QL(180 per 30 days)
clodan 0.05 % SHAMPOO **MO**	1	QL(240 per 30 days)
CONDYLOX 0.5 % GEL **MO**	3	
CORDRAN 0.025 % CREAM **MO**	3	ST,QL(240 per 30 days)
CORDRAN 0.05 % CREAM **DL**	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % LOTION **DL**	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % OINTMENT **MO**	3	ST,QL(240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE **MO**	3	QL(2 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET **MO**	3	
crotan 10 % LOTION **DL**	4	PA,QL(454 per 30 days)
dapsone 5 %, 7.5 % GEL **MO**	1	QL(90 per 30 days)
dapsone 7.5 % GEL WITH PUMP **MO**	1	QL(90 per 30 days)
DERMA-SMOOTHE/FS BODY OIL 0.01 % OIL **MO**	3	QL(118.28 per 30 days)
DERMA-SMOOTHE/FS SCALP OIL 0.01 % OIL **MO**	3	QL(118.28 per 30 days)
desonide 0.05 % CREAM **MO**	1	QL(240 per 30 days)
desonide 0.05 % GEL **MO**	1	QL(240 per 30 days)
desonide 0.05 % LOTION **MO**	1	QL(240 per 30 days)
desonide 0.05 % OINTMENT **MO**	1	QL(240 per 30 days)
desoximetasone 0.05 % CREAM **MO**	1	QL(240 per 30 days)
desoximetasone 0.05 % GEL **MO**	1	QL(240 per 30 days)
desoximetasone 0.05 % OINTMENT **MO**	1	QL(240 per 30 days)
desoximetasone 0.25 % CREAM **MO**	1	QL(120 per 30 days)
desoximetasone 0.25 % OINTMENT **MO**	1	QL(120 per 30 days)
desoximetasone 0.25 % SPRAY, NON-AEROSOL **MO**	1	QL(100 per 30 days)
diclofenac sodium 3 % GEL **MO**	1	PA
DIFFERIN 0.1 % CREAM **MO**	3	PA,QL(45 per 30 days)
DIFFERIN 0.1 % LOTION **MO**	3	QL(59 per 30 days)
DIFFERIN 0.3 % GEL WITH PUMP **MO**	3	QL(45 per 30 days)
diflorasone 0.05 % CREAM **DL**	4	QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diflorasone 0.05 % OINTMENT **MO**	3	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT **MO**	3	QL(100 per 30 days)
doxepin 5 % CREAM **DL**	4	PA,QL(45 per 30 days)
DUOBRII 0.01-0.045 % LOTION **MO**	3	PA,QL(200 per 28 days)
EBGLYSS PEN 250 MG/2 ML PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)
EBGLYSS SYRINGE 250 MG/2 ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
EFUDEX 5 % CREAM **MO**	3	PA
ELIDEL 1 % CREAM **MO**	3	PA,QL(100 per 30 days)
ELIMITE 5 % CREAM **MO**	3	
ENSTILAR 0.005-0.064 % FOAM **MO**	3	QL(120 per 30 days)
EPIDUO 0.1-2.5 % GEL WITH PUMP **MO**	3	QL(45 per 30 days)
EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP **MO**	3	QL(60 per 30 days)
EPIFOAM 1-1 % FOAM **MO**	1	
EPSOLAY 5 % CREAM **MO**	3	ST,QL(30 per 30 days)
ery pads 2 % SWAB **MO**	1	QL(60 per 30 days)
ERYGEL 2 % GEL **MO**	1	QL(60 per 30 days)
erythromycin with ethanol 2 % GEL **MO**	1	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION **MO**	1	QL(120 per 30 days)
erythromycin-benzoyl peroxide 3-5 % GEL **MO**	1	QL(46.6 per 30 days)
EUCRISA 2 % OINTMENT **MO**	3	PA,QL(100 per 30 days)
EURAX 10 % CREAM **MO**	3	PA
EURAX 10 % LOTION **MO**	3	PA,QL(454 per 30 days)
EVOCLIN 1 % FOAM **MO**	3	PA,QL(100 per 30 days)
FABIOR 0.1 % FOAM **MO**	3	PA,QL(100 per 30 days)
FINACEA 15 % FOAM **MO**	3	ST,QL(50 per 30 days)
FINACEA 15 % GEL **MO**	3	ST,QL(50 per 30 days)
fluocinolone 0.01 % OIL **MO**	1	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION **MO**	1	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM **MO**	1	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT **MO**	1	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL **MO**	1	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM **MO**	1	QL(120 per 30 days)
fluocinonide 0.05 % GEL **MO**	1	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT **MO**	1	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION **MO**	1	QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinonide 0.1 % CREAM MO	1	QL(120 per 28 days)
fluocinonide-e 0.05 % CREAM MO	1	QL(120 per 30 days)
fluocinonide-emollient 0.05 % CREAM MO	1	QL(120 per 30 days)
FLUOROPLEX 1 % CREAM DL	4	
fluorouracil 0.5 % CREAM DL	4	QL(60 per 30 days)
fluorouracil 2 % SOLUTION MO	1	QL(30 per 30 days)
fluorouracil 5 % CREAM MO	1	
fluorouracil 5 % SOLUTION MO	1	QL(60 per 30 days)
flurandrenolide 0.05 % CREAM MO	1	QL(240 per 30 days)
flurandrenolide 0.05 % LOTION MO	3	QL(240 per 30 days)
flurandrenolide 0.05 % OINTMENT MO	1	QL(240 per 30 days)
fluticasone propionate 0.005 % OINTMENT MO	1	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM MO	1	QL(240 per 30 days)
fluticasone propionate 0.05 % LOTION MO	1	QL(240 per 30 days)
halcinonide 0.1 % CREAM MO	1	QL(120 per 30 days)
halcinonide 0.1 % SOLUTION MO	1	QL(120 per 30 days)
halobetasol propionate 0.05 % CREAM MO	1	QL(100 per 30 days)
halobetasol propionate 0.05 % FOAM MO	3	QL(100 per 30 days)
halobetasol propionate 0.05 % OINTMENT MO	1	QL(100 per 30 days)
HALOG 0.1 % CREAM DL	4	QL(120 per 30 days)
HALOG 0.1 % OINTMENT MO	3	QL(120 per 30 days)
HALOG 0.1 % SOLUTION MO	3	QL(120 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR MO	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT MO	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET MO	1	
hydrocortisone 2 % LOTION DL	4	QL(236.8 per 30 days)
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	1	QL(236 per 30 days)
hydrocortisone 2.5 % SOLUTION DL	4	QL(240 per 30 days)
hydrocortisone butyr-emollient 0.1 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % LOTION MO	1	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT MO	1	QL(180 per 30 days)
hydrocortisone butyrate 0.1 % SOLUTION MO	1	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone valerate 0.2 % CREAM **MO**	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % OINTMENT **MO**	1	QL(240 per 30 days)
HYFTOR 0.2 % GEL **DL**	4	PA
imiquimod 3.75 % CREAM IN PACKET **MO**	3	ST,QL(28 per 28 days)
imiquimod 3.75 % CREAM, METERED DOSE PUMP **DL**	4	ST,QL(15 per 30 days)
imiquimod 5 % CREAM IN PACKET **MO**	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
isotretinoin 25 mg, 35 mg CAPSULE **DL**	4	
ivermectin 1 % CREAM **MO**	1	ST,QL(45 per 30 days)
KLISYRI (250 MG) 1 % OINTMENT IN PACKET **DL**	4	PA,QL(5 per 30 days)
KLISYRI (350 MG) 1 % OINTMENT IN PACKET **DL**	4	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM **MO**	3	QL(100 per 30 days)
lexette 0.05 % FOAM **MO**	3	QL(100 per 30 days)
lindane 1 % SHAMPOO **MO**	1	QL(60 per 30 days)
LOCOID 0.1 % LOTION **MO**	3	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM **MO**	3	QL(240 per 30 days)
LUXIQ 0.12 % FOAM **MO**	3	ST,QL(200 per 30 days)
mafenide acetate 50 gram PACKET **MO**	1	
malathion 0.5 % LOTION **MO**	1	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL	4	
MIRVASO 0.33 % GEL WITH PUMP **MO**	3	ST,QL(30 per 30 days)
mometasone 0.1 % CREAM **MO**	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT **MO**	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION **MO**	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT **MO**	1	
mupirocin calcium 2 % CREAM **MO**	1	ST
NATROBA 0.9 % SUSPENSION **MO**	3	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM **MO**	3	
neuac 1.2 %(1 % base) -5 % GEL **MO**	1	QL(45 per 30 days)
OLUX 0.05 % FOAM **MO**	3	PA,QL(100 per 28 days)
OLUX-E 0.05 % FOAM **MO**	3	PA,QL(100 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL **MO**	3	
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP **MO**	3	QL(50 per 30 days)
OPZELURA 1.5 % CREAM **DL**	4	PA,QL(240 per 28 days)
OTEZLA 20 MG, 30 MG TABLET **DL**	4	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	4	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	4	PA,QL(27 per 30 days)
OVIDE 0.5 % LOTION MO	3	PA
PANDEL 0.1 % CREAM DL	4	QL(160 per 30 days)
permethrin 5 % CREAM MO	1	
pimecrolimus 1 % CREAM MO	1	PA,QL(100 per 30 days)
podofilox 0.5 % GEL MO	1	
podofilox 0.5 % SOLUTION MO	1	QL(7 per 30 days)
prednicarbate 0.1 % CREAM MO	1	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT MO	1	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
PRUDOXIN 5 % CREAM DL	4	PA,QL(45 per 30 days)
pruradik 10 % LOTION DL	4	PA,QL(454 per 30 days)
QBREXZA 2.4 % TOWELETTE MO	3	PA,QL(30 per 30 days)
REGRANEX 0.01 % GEL DL	4	PA
RETIN-A 0.01 %, 0.025 % GEL MO	3	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM MO	3	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL DL	4	PA,QL(45 per 30 days)
RETIN-A MICRO 0.1 % GEL MO	3	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP DL	4	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP MO	3	PA,QL(50 per 30 days)
RHOFADE 1 % CREAM MO	3	ST,QL(30 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	3	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	1	QL(120 per 30 days)
SILVADENE 1 % CREAM MO	2	
silver sulfadiazine 1 % CREAM MO	1	
SOOLANTRA 1 % CREAM MO	3	ST,QL(45 per 30 days)
SORILUX 0.005 % FOAM DL	4	ST,QL(120 per 28 days)
spinosad 0.9 % SUSPENSION MO	3	QL(240 per 30 days)
SSD 1 % CREAM MO	1	
SULFAMYLON 50 GRAM PACKET MO	3	
SULFAMYLON 85 MG/G CREAM MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNALAR 0.01 % SOLUTION **MO**	3	QL(180 per 30 days)
TACLONEX 0.005-0.064 % OINTMENT **DL**	4	PA,QL(60 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION **DL**	4	PA,QL(420 per 30 days)
tacrolimus 0.03 %, 0.1 % OINTMENT **MO**	1	QL(200 per 30 days)
tazarotene 0.05 % CREAM **MO**	1	PA,QL(120 per 30 days)
tazarotene 0.05 %, 0.1 % GEL **MO**	1	PA,QL(200 per 30 days)
tazarotene 0.1 % CREAM **MO**	1	QL(120 per 30 days)
tazarotene 0.1 % FOAM **DL**	4	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM **MO**	3	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL **MO**	3	PA,QL(200 per 30 days)
TEMOVATE 0.05 % OINTMENT **MO**	3	PA,QL(120 per 28 days)
TEXACORT 2.5 % SOLUTION **MO**	1	QL(240 per 30 days)
TOPICORT 0.05 % CREAM **MO**	1	QL(240 per 30 days)
TOPICORT 0.05 % GEL **MO**	1	QL(240 per 30 days)
TOPICORT 0.05 % OINTMENT **MO**	3	QL(240 per 30 days)
TOPICORT 0.25 % CREAM **MO**	1	QL(120 per 30 days)
TOPICORT 0.25 % OINTMENT **MO**	1	QL(120 per 30 days)
TOPICORT 0.25 % SPRAY, NON-AEROSOL **MO**	3	QL(100 per 30 days)
tovet emollient 0.05 % FOAM **MO**	1	QL(100 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL **MO**	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM **MO**	1	PA,QL(45 per 30 days)
tretinoin microspheres 0.04 %, 0.08 %, 0.1 % GEL WITH PUMP **MO**	1	PA,QL(50 per 30 days)
tretinoin microspheres 0.04 %, 0.1 % GEL **MO**	1	PA,QL(45 per 30 days)
TWYNEO 0.1-3 % CREAM **MO**	3	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION **MO**	3	QL(120 per 30 days)
VANOS 0.1 % CREAM **MO**	3	QL(120 per 28 days)
VECTICAL 3 MCG/GRAM OINTMENT **DL**	4	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL **MO**	3	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM **DL**	4	QL(200 per 30 days)
VEREGEN 15 % OINTMENT **DL**	4	QL(30 per 30 days)
VTAMA 1 % CREAM **DL**	4	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM **MO**	3	PA
ZELSUVMI 10.3 % GEL **DL**	4	PA
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
ZIANA 1.2-0.025 % GEL **MO**	3	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZILXI 1.5 % FOAM MO	3	PA,QL(30 per 30 days)
ZONALON 5 % CREAM MO	3	PA,QL(45 per 30 days)
ZORYVE 0.15 %, 0.3 % CREAM MO	3	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM MO	3	PA,QL(120 per 30 days)
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP DL	4	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET MO	3	ST,QL(28 per 28 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
calcium chloride 100 mg/ml (10 %) SOLUTION MO	1	
calcium chloride 100 mg/ml (10 %) SYRINGE MO	1	
calcium gluconate 100 mg/ml (10%) SOLUTION MO	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE DL	4	PA
carglumic acid 200 mg TABLET, DISPERSIBLE DL	4	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	3	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINOLIPID 20 % EMULSION **MO**	3	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	1	
CUPRIMINE 250 MG CAPSULE **DL**	4	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET **DL**	4	PA,QL(300 per 30 days)
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
deferasirox 125 mg, 250 mg TABLET, DISPERSIBLE **MO**	1	PA
deferasirox 180 mg, 360 mg GRANULES IN PACKET **DL**	4	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET **MO**	1	PA
deferasirox 500 mg TABLET, DISPERSIBLE **DL**	4	PA
deferasirox 90 mg GRANULES IN PACKET **MO**	1	PA
deferiprone 1,000 mg TABLET **DL**	4	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET **DL**	4	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION **MO**	1	BvsD
DEPEN TITRATABS 250 MG TABLET **DL**	4	PA
DESFERAL 500 MG RECON SOLUTION **MO**	3	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION **MO**	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION **MO**	1	
dextrose 25 % in water (d25w) SYRINGE **MO**	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION **MO**	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK **MO**	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION **MO**	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION **MO**	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION **MO**	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION **MO**	1	
dextrose 50 % in water (d50w) SYRINGE **MO**	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION **MO**	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG -400 MG COMBO PACK **MO**	3	
electrolyte-148 PARENTERAL SOLUTION **MO**	1	
electrolyte-48 in d5w PARENTERAL SOLUTION **MO**	1	
electrolyte-a PARENTERAL SOLUTION **MO**	1	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE **DL**	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FERRIPROX 1,000 MG TABLET DL	4	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML SOLUTION DL	4	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET DL	4	PA,QL(720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE DL	4	PA,QL(300 per 30 days)
GLYCOPHOS 1 MMOL/ML SOLUTION MO	1	
INTRALIPID 20 %, 30 % EMULSION MO	3	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	3	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	3	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	3	
ISOLYTE-S PARENTERAL SOLUTION MO	3	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET DL	4	PA
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	4	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION MO	3	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION MO	1	
klor-con 20 meq PACKET MO	1	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER MO	1	
klor-con 10 10 meq TABLET ER MO	1	
KLOR-CON 8 8 MEQ TABLET ER MO	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	1	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET MO	3	
lactated ringers PARENTERAL SOLUTION MO	1	
levocarnitine 100 mg/ml, 200 mg/ml SOLUTION MO	1	
levocarnitine 330 mg TABLET MO	1	
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	2	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET MO	1	
magnesium sulfate 500 mg/ml (50 %) SOLUTION MO	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE MO	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK **MO**	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION **MO**	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON -1 MG CHEWABLE TABLET **MO**	3	
neo-vital rx 27 mg iron- 1 mg TABLET **MO**	1	
NEONATAL COMPLETE 29-1 MG TABLET **MO**	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET **MO**	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK **MO**	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION **MO**	3	
NUTRILIPID 20 % EMULSION **MO**	3	BvsD
OB COMPLETE ONE 40-10-1-300 MG CAPSULE **MO**	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE **MO**	3	
OB COMPLETE PREMIER 30-20-1 MG TABLET **MO**	3	
OMEGAVEN 10 % EMULSION **DL**	4	BvsD
penicillamine 250 mg CAPSULE **DL**	4	PA,QL(600 per 30 days)
penicillamine 250 mg TABLET **DL**	4	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION **MO**	3	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION **MO**	3	
PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTION **MO**	3	
PLASMA-LYTE A PARENTERAL SOLUTION **MO**	3	
PLENAMINE 15 % PARENTERAL SOLUTION **MO**	1	BvsD
pnv-dha 27 mg iron-1 mg -300 mg CAPSULE **MO**	1	
pnv-omega 28-1-300 mg CAPSULE **MO**	1	
POKONZA 10 MEQ PACKET **DL**	4	
potassium acetate 2 meq/ml SOLUTION **MO**	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION **MO**	1	
potassium chloride 10 meq CAPSULE, ER **MO**	1	
potassium chloride 10 meq, 20 meq TABLET ER **MO**	1	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS **MO**	1	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS **MO**	1	
potassium chloride 15 meq, 8 meq TABLET ER **MO**	1	
potassium chloride 2 meq/ml SOLUTION **MO**	1	
potassium chloride 20 meq PACKET **MO**	1	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID **MO**	1	
potassium chloride 8 meq CAPSULE, ER **MO**	1	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION **MO**	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION **MO**	1	
potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION **MO**	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK **MO**	1	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION **MO**	1	
potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION **MO**	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION **MO**	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER **MO**	1	
pr natal 400 29-1-400 mg COMBO PACK **MO**	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP **MO**	1	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK **MO**	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP **MO**	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION **MO**	1	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	1	
PRENATABS FA 29-1 MG TABLET **MO**	1	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET **MO**	1	
prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK **MO**	3	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET **MO**	1	
prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET **MO**	1	
prenatal-u 106.5-1 mg CAPSULE **MO**	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET **MO**	1	
PROSOL 20 % PARENTERAL SOLUTION **MO**	3	BvsD
ringer's PARENTERAL SOLUTION **MO**	1	
SAMSCA 15 MG, 30 MG TABLET **DL**	4	PA,QL(60 per 30 days)
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET **MO**	1	
SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK **MO**	3	
SMOFLIPID 20 % EMULSION **MO**	3	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE **MO**	1	
sodium chloride 2.5 meq/ml SOLUTION **MO**	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium chloride 0.9 % PARENTERAL SOLUTION MO	1	
sodium chloride 0.9 % PIGGYBACK MO	1	
sodium chloride 0.9 % SOLUTION MO	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION MO	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION MO	1	
sodium phosphate 3 mmol/ml SOLUTION MO	1	
sodium polystyrene sulfonate 15 gram POWDER MO	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	1	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA MO	1	
SYPRINE 250 MG CAPSULE DL	4	PA,QL(240 per 30 days)
THAM 36 MG/ML (0.3 M) SOLUTION MO	3	
tolvaptan 15 mg, 30 mg TABLET DL	4	PA,QL(60 per 30 days)
tolvaptan (polycys kidney dis) 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm) TABLET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET DL	4	PA,QL(120 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
TRICARE 27 MG IRON- 1 MG TABLET MO	1	
trientine 250 mg CAPSULE DL	4	QL(240 per 30 days)
trientine 500 mg CAPSULE DL	4	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE MO	3	
tromethamine 36 mg/ml (0.3 m) SOLUTION MO	1	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER MO	3	
UROCIT-K 15 15 MEQ TABLET ER MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET ER MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION MO	3	
VELTASSA 1 GRAM POWDER IN PACKET MO	3	PA,QL(240 per 30 days)
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	PA,QL(30 per 30 days)
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET MO	3	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65-1 MG TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK **MO**	3	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE **MO**	3	
VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE **MO**	3	
wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE **MO**	1	
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	1	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE **MO**	1	
westab plus 27 mg iron- 1 mg TABLET **MO**	1	
westgel dha 31 mg iron- 1 mg-200 mg CAPSULE **MO**	1	
zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE **MO**	1	
zatean-pn plus 28-1-300 mg CAPSULE **MO**	1	
GASTROINTESTINAL AGENTS		
ACIPHEX 20 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)
AEMCOLO 194 MG TABLET, DR/EC **MO**	3	PA,QL(12 per 30 days)
alosetron 0.5 mg, 1 mg TABLET **MO**	1	PA,QL(60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE **MO**	3	PA,QL(60 per 30 days)
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK **MO**	1	ST
atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE **MO**	1	
BENTYL 10 MG/ML SOLUTION **MO**	3	
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE **MO**	1	ST,QL(120 per 30 days)
CARAFATE 1 GRAM TABLET **MO**	3	
CARAFATE 100 MG/ML SUSPENSION **MO**	3	
chenodal 250 mg TABLET **DL**	4	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET **MO**	1	
cimetidine hcl 300 mg/5 ml SOLUTION **MO**	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION **MO**	3	ST
constulose 10 gram/15 ml SOLUTION **MO**	1	
CTEXLI 250 MG TABLET **DL**	4	PA
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION **MO**	3	
CYTOTEC 100 MCG, 200 MCG TABLET **DL**	4	
DARTISLA 1.7 MG TABLET, DISINTEGRATING **MO**	3	ST,QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC **MO**	3	PA,QL(30 per 30 days)
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC **MO**	3	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE **MO**	1	
dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicyclomine 20 mg TABLET **MO**	1	
dicyclomine 40 mg TABLET **DL**	4	
diphenoxylate-atropine 2.5-0.025 mg TABLET **MO**	1	
diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID **MO**	1	
ENDARI 5 GRAM POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
enulose 10 gram/15 ml SOLUTION **MO**	1	
esomeprazole magnesium 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg DR GRANULES IN PACKET **MO**	1	QL(30 per 30 days)
esomeprazole magnesium 20 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
esomeprazole sodium 20 mg, 40 mg RECON SOLUTION **MO**	1	
famotidine 10 mg/ml SOLUTION **MO**	1	
famotidine 20 mg, 40 mg TABLET **MO**	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION **MO**	1	
famotidine (pf) 20 mg/2 ml SOLUTION **MO**	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK **MO**	1	
GATTEX 30-VIAL 5 MG KIT **DL**	4	PA
GATTEX ONE-VIAL 5 MG KIT **DL**	4	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION **MO**	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	1	
gavilyte-n 420 gram RECON SOLUTION **MO**	1	
generlac 10 gram/15 ml SOLUTION **MO**	1	
glutamine (sickle cell) 5 gram POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
GLYCATE 1.5 MG TABLET **MO**	1	
glycopyrrolate 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION **MO**	1	
glycopyrrolate 1 mg, 2 mg TABLET **MO**	1	
glycopyrrolate 1.5 mg TABLET	4	
glycopyrrolate (pf) 0.4 mg/2 ml (0.2 mg/ml) SYRINGE **MO**	1	
glycopyrrolate (pf) 0.6 mg/3 ml (0.2 mg/ml) SYRINGE **MO**	3	
glycopyrrolate (pf) in water 0.2 mg/ml SYRINGE **MO**	1	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION **MO**	3	ST
IBSRELA 50 MG TABLET **DL**	4	PA,QL(60 per 30 days)
IQIRVO 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
KONVOMEP 2-84 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	ST,QL(600 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM PACKET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lactulose 10 gram, 20 gram PACKET **DL**	4	
lactulose 10 gram/15 ml SOLUTION **MO**	1	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
lansoprazole 15 mg, 30 mg TABLET, DISINTEGRATING DR **MO**	1	QL(30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO**	2	QL(30 per 30 days)
LIVDELZI 10 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
LIVMARLI 10 MG, 15 MG, 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
LIVMARLI 19 MG/ML SOLUTION **DL**	4	PA,QL(60 per 30 days)
LIVMARLI 30 MG TABLET **DL**	4	PA,QL(30 per 30 days)
LIVMARLI 9.5 MG/ML SOLUTION **DL**	4	PA,QL(90 per 30 days)
LOMOTIL 2.5-0.025 MG TABLET **MO**	3	
loperamide 2 mg CAPSULE **MO**	1	
LOTRONEX 0.5 MG, 1 MG TABLET **DL**	4	PA,QL(60 per 30 days)
lubiprostone 24 mcg, 8 mcg CAPSULE **MO**	1	QL(60 per 30 days)
methscopolamine 2.5 mg, 5 mg TABLET **MO**	1	
misoprostol 100 mcg, 200 mcg TABLET **MO**	1	
MOTEGRITY 1 MG, 2 MG TABLET **MO**	3	PA,QL(30 per 30 days)
MOTOFEN 1-0.025 MG TABLET **MO**	3	
MOVANTIK 12.5 MG, 25 MG TABLET **MO**	2	QL(30 per 30 days)
MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET **MO**	3	ST
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION **DL**	4	PA,QL(30 per 30 days)
MYTESI 125 MG TABLET, DR/EC **DL**	4	PA,QL(60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
NEXIUM IV 40 MG RECON SOLUTION **MO**	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET **MO**	3	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE **MO**	1	
OCALIVA 10 MG, 5 MG TABLET **DL**	4	PA,QL(30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK **MO**	3	ST
omeprazole 10 mg CAPSULE, DR/EC **MO**	1	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC **MO**	1	
omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET **DL**	4	ST,QL(30 per 30 days)
omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE **MO**	1	QL(30 per 30 days)
opium tincture 10 mg/ml (morphine) TINCTURE **MO**	3	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pantoprazole 20 mg, 40 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
pantoprazole 40 mg DR GRANULES IN PACKET **MO**	1	QL(30 per 30 days)
pantoprazole 40 mg RECON SOLUTION **MO**	1	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK **MO**	3	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK **MO**	3	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	1	
peg-electrolyte soln 420 gram RECON SOLUTION **MO**	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET **MO**	1	ST
pepcid 20 mg, 40 mg TABLET **MO**	3	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL **MO**	3	ST
PREVACID 30 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR **MO**	3	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON **MO**	3	
PROTONIX 20 MG, 40 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET **MO**	3	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION **MO**	3	PA
prucalopride 1 mg, 2 mg TABLET **MO**	1	PA,QL(30 per 30 days)
PYLERA 140-125-125 MG CAPSULE **MO**	3	ST,QL(120 per 30 days)
rabeprazole 20 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
REBYOTA 150 ML ENEMA **DL**	4	PA
RELISTOR 12 MG/0.6 ML SOLUTION **DL**	4	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE **DL**	4	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET **DL**	4	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE **DL**	4	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE **DL**	4	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET **MO**	3	PA
ROBINUL FORTE 2 MG TABLET **MO**	3	PA
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION **MO**	1	
sucralfate 1 gram TABLET **MO**	1	
sucralfate 100 mg/ml SUSPENSION **MO**	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION **MO**	3	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION **MO**	3	ST

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUTAB 1.479-0.188- 0.225 GRAM TABLET **MO**	2	
SYMPROIC 0.2 MG TABLET **MO**	3	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC **MO**	3	
TRULANCE 3 MG TABLET **MO**	3	PA,QL(30 per 30 days)
URSO 250 250 MG TABLET **MO**	3	PA
URSO FORTE 500 MG TABLET **MO**	3	PA
ursodiol 200 mg CAPSULE **DL**	4	PA,QL(150 per 30 days)
ursodiol 250 mg, 500 mg TABLET **MO**	1	
ursodiol 300 mg CAPSULE **MO**	1	
ursodiol 400 mg CAPSULE **DL**	4	PA,QL(60 per 30 days)
VIBERZI 100 MG, 75 MG TABLET **DL**	4	PA,QL(60 per 30 days)
VOQUEZNA 10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VOQUEZNA 20 MG TABLET **MO**	3	PA,QL(60 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK **MO**	3	ST,QL(112 per 30 days)
VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK **MO**	3	ST,QL(112 per 30 days)
VOWST CAPSULE **DL**	4	PA
XERMELO 250 MG TABLET **DL**	4	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET **MO**	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET **DL**	4	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET **DL**	4	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE **DL**	4	PA,QL(30 per 30 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5 ML SOLUTION **DL**	4	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 90 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION **DL**	4	PA
ATTRUBY 356 MG TABLET **DL**	4	PA,QL(120 per 30 days)
betaine 1 gram/scoop POWDER **DL**	4	
BUPHENYL 0.94 GRAM/GRAM POWDER **DL**	4	PA
BUPHENYL 500 MG TABLET **DL**	4	PA
CERDELGA 84 MG CAPSULE **DL**	4	PA
CEREZYME 400 UNIT RECON SOLUTION **DL**	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE **DL**	4	QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC **MO**	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION DL	4	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION DL	4	PA,QL(6 per 28 days)
CYSTADANE 1 GRAM/SCOOP POWDER DL	4	PA
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
DAYBUE 200 MG/ML SOLUTION DL	4	PA,QL(3600 per 30 days)
dichlorphenamide 50 mg TABLET DL	4	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID DL	4	PA
DUVYZAT 8.86 MG/ML SUSPENSION DL	4	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION DL	4	PA
ELELYSO 200 UNIT RECON SOLUTION DL	4	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION DL	4	PA
ELFABRIO 2 MG/ML SOLUTION DL	4	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION DL	4	PA,QL(240 per 30 days)
EVRYSDI 5 MG TABLET DL	4	PA,QL(30 per 30 days)
FABRAZYME 35 MG, 5 MG RECON SOLUTION DL	4	PA
GALAFOLD 123 MG CAPSULE DL	4	PA,QL(14 per 28 days)
GLASSIA 20 MG/ML (2 %) SOLUTION DL	4	PA
HARLIKU 2 MG TABLET DL	4	PA
javygtor 100 mg TABLET, SOLUBLE DL	4	PA
javygtor 100 mg, 500 mg POWDER IN PACKET DL	4	PA
JOENJA 70 MG TABLET DL	4	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION DL	4	PA
KEVEYIS 50 MG TABLET DL	4	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE DL	4	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET DL	4	PA
LAMZEDE 10 MG RECON SOLUTION DL	4	PA
LUMIZYME 50 MG RECON SOLUTION DL	4	PA
MEPSEVII 2 MG/ML SOLUTION DL	4	PA
miglustat 100 mg CAPSULE DL	4	PA,QL(90 per 30 days)
MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE DL	4	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION DL	4	PA
NEXVIAZYME 100 MG RECON SOLUTION DL	4	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE DL	4	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	4	
NULIBRY 9.5 MG RECON SOLUTION DL	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET DL	4	PA
ONPATTRO 2 MG/ML SOLUTION DL	4	PA
OPFOLDA 65 MG CAPSULE MO	3	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	4	
ORFADIN 4 MG/ML SUSPENSION DL	4	
ormalvi 50 mg TABLET DL	4	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE DL	4	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE DL	4	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE DL	4	PA,QL(90 per 30 days)
PANCREAZE 10,500-35,500- 61,500 UNIT, 2,600-8,800- 15,200 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC MO	3	ST
PANCREAZE 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC DL	4	ST
PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC DL	4	ST
PHEBURANE 483 MG/GRAM GRANULES DL	4	PA
POMBILITI 105 MG RECON SOLUTION DL	4	PA
PROCYSBI 25 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(120 per 30 days)
PROCYSBI 300 MG DR GRANULES IN PACKET DL	4	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(780 per 30 days)
PROCYSBI 75 MG DR GRANULES IN PACKET DL	4	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	4	PA
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	4	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	4	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID DL	4	PA,QL(525 per 30 days)
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	4	PA
sapropterin 100 mg TABLET, SOLUBLE DL	4	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	4	PA
SEPHIENCE 1,000 MG, 250 MG POWDER IN PACKET DL	4	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	4	
sodium phenylbutyrate 500 mg TABLET DL	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIJOICE 125 MG, 50 MG TABLET DL	4	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET DL	4	PA,QL(56 per 28 days)
VIJOICE 50 MG GRANULES IN PACKET DL	4	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET DL	4	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
VPRIV 400 UNIT RECON SOLUTION DL	4	PA
VYNDAMAX 61 MG CAPSULE DL	4	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	4	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	4	PA
yargesa 100 mg CAPSULE DL	4	PA,QL(90 per 30 days)
ZAVESCA 100 MG CAPSULE DL	4	PA,QL(90 per 30 days)
zelvysia 100 mg, 500 mg POWDER IN PACKET DL	4	PA
ZEMAIRA 1,000 MG RECON SOLUTION DL	4	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	4	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC MO	3	
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. MO	1	
AVODART 0.5 MG CAPSULE MO	3	PA,QL(30 per 30 days)
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	1	
CIALIS 2.5 MG, 5 MG TABLET MO	3	PA
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	3	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
dutasteride 0.5 mg CAPSULE MO	1	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	3	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
finasteride 5 mg TABLET MO	1	QL(30 per 30 days)
flavoxate 100 mg TABLET MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLOMAX 0.4 MG CAPSULE MO	3	
GELNIQUE 10 % (100 MG/GRAM) GEL IN PACKET MO	3	ST,QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	3	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. MO	3	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	2	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET MO	1	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET MO	1	
oxybutynin chloride 5 mg/5 ml SYRUP MO	1	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY MO	3	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET MO	3	PA,QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MO	3	PA,QL(30 per 30 days)
silodosin 4 mg, 8 mg CAPSULE MO	1	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
tadalafil 2.5 mg, 5 mg TABLET MO	1	PA
tamsulosin 0.4 mg CAPSULE MO	1	
THIOLA 100 MG TABLET DL	4	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC DL	4	
tiopronin 100 mg TABLET DL	4	
tiopronin 100 mg, 300 mg TABLET, DR/EC DL	4	
tolterodine 1 mg, 2 mg TABLET MO	1	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
trospium 20 mg TABLET MO	1	
trospium 60 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. MO	3	
venxxiva 100 mg, 300 mg TABLET, DR/EC DL	4	
VESICARE 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION MO	3	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL DL	4	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR DL	4	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION DL	4	PA,QL(225 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE **DL**	4	PA
betamethasone acet,sod phos 6 mg/ml SUSPENSION **MO**	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION **MO**	3	
CORTROPHIN GEL 40 UNIT/0.5 ML SYRINGE **DL**	4	PA,QL(45 per 30 days)
CORTROPHIN GEL 80 UNIT/ML GEL **DL**	4	PA,QL(30 per 30 days)
CORTROPHIN GEL 80 UNIT/ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET **DL**	4	PA
deflazacort 22.75 mg/ml SUSPENSION **DL**	4	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION **MO**	3	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK **MO**	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET **MO**	1	
dexamethasone 0.5 mg/5 ml ELIXIR **MO**	1	
dexamethasone 0.5 mg/5 ml SOLUTION **MO**	1	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK **MO**	1	
dexamethasone intensol 1 mg/ml DROPS **MO**	1	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION **MO**	1	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE **MO**	1	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION **MO**	1	
dexamethasone sodium phosphate 4 mg/ml SYRINGE **MO**	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET **DL**	4	PA
EMFLAZA 22.75 MG/ML SUSPENSION **DL**	4	PA
fludrocortisone 0.1 mg TABLET **MO**	1	
HEMADY 20 MG TABLET **MO**	3	PA,QL(24 per 28 days)
hydrocortisone acetate 2.5 % CREAM W/PERINEAL APPLICATOR **DL**	4	
hydrocortisone sod succinate 100 mg RECON SOLUTION **MO**	1	
jaythari 18 mg, 30 mg, 36 mg, 6 mg TABLET **DL**	4	PA
KENALOG 0.147 MG/GRAM AEROSOL **MO**	3	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION **MO**	3	
KENALOG-80 80 MG/ML SUSPENSION **MO**	3	
KHINDIVI 1 MG/ML SOLUTION **DL**	4	PA
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET **MO**	3	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK **MO**	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET **MO**	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION **MO**	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION **MO**	1	
micort-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	
millipred 5 mg TABLET **MO**	1	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK **MO**	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING **MO**	3	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION **MO**	3	
prednisolone 15 mg/5 ml SOLUTION **MO**	1	
prednisolone 5 mg TABLET **MO**	1	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING **MO**	1	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION **MO**	1	
prednisone 1 mg, 2.5 mg, 50 mg TABLET **MO**	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET **MO**	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK **MO**	1	
prednisone 5 mg/5 ml SOLUTION **MO**	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE **MO**	1	BvsD
pyquvi 22.75 mg/ml SUSPENSION **DL**	4	PA
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC **DL**	4	PA
SOLU-CORTEF 100 MG RECON SOLUTION **MO**	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION **MO**	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION **MO**	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION **MO**	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK **MO**	1	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT **MO**	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION **MO**	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM **MO**	1	
triamcinolone acetonide 0.1 % CREAM **MO**	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL **MO**	1	QL(200 per 30 days)
triamcinolone acetonide 10 mg/ml, 40 mg/ml SUSPENSION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trianex 0.05 % OINTMENT MO	1	
triderm 0.1 %, 0.5 % CREAM MO	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	1	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK MO	1	
ZILRETTA 32 MG SUSPENSION, ER, RECON MO	3	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	3	PA
DDAVP 0.1 MG TABLET MO	3	PA
DDAVP 0.2 MG TABLET DL	4	PA
DDAVP 4 MCG/ML SOLUTION MO	3	PA
desmopressin 0.1 mg, 0.2 mg TABLET MO	1	
desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP MO	1	PA,QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL MO	1	PA,QL(25 per 30 days)
desmopressin 4 mcg/ml SOLUTION DL	4	
EGRIFTA SV 2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
EGRIFTA WR 11.6 MG KIT DL	4	PA,QL(1 per 28 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE DL	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SYRINGE DL	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE DL	4	PA
HUMATROPE 5 (15 UNIT) MG RECON SOLUTION DL	4	PA
INCRELEX 10 MG/ML SOLUTION DL	4	PA
ISTURISA 1 MG TABLET DL	4	PA,QL(240 per 30 days)
ISTURISA 5 MG TABLET DL	4	PA,QL(360 per 30 days)
NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR DL	4	PA
NOCDURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	4	PA
NOVAREL 5,000 UNIT RECON SOLUTION MO	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR DL	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	4	PA
PREGNYL 10,000 UNIT RECON SOLUTION MO	3	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) CARTRIDGE DL	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE DL	4	PA,QL(8 per 28 days)
SKYTROFA 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE DL	4	PA,QL(4 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	4	PA,QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION DL	4	PA
ZOMACTON 5 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
carboprost tromethamine 250 mcg/ml SOLUTION MO	1	
carboprost tromethamine 250 mcg/ml SYRINGE MO	1	
HEMABATE 250 MCG/ML SOLUTION MO	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET MO	1	
abigale lo 0.5-0.1 mg TABLET MO	1	
ACTIVELLA 1-0.5 MG TABLET MO	3	
afirmelle 0.1-20 mg-mcg TABLET MO	1	
altavera (28) 0.15-0.03 mg TABLET MO	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET MO	1	
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP DL	4	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET MO	3	
ANNOVERA 0.15-0.013 MG/24 HOUR RING MO	3	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET MO	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET MO	1	
aubra eq 0.1-20 mg-mcg TABLET MO	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aurovela 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION **DL**	4	PA
AVERI 0.15 MG-0.03 MG (21)/36.5 MG(7) TABLET **MO**	1	
aviane 0.1-20 mg-mcg TABLET **MO**	1	
ayuna 0.15-0.03 mg TABLET **MO**	1	
AZMIRO 200 MG/ML SYRINGE **MO**	3	PA
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET **MO**	3	
balziva (28) 0.4-35 mg-mcg TABLET **MO**	1	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET **MO**	3	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE **MO**	3	QL(30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
briellyn 0.4-35 mg-mcg TABLET **MO**	1	
camila 0.35 mg TABLET **MO**	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
chateal eq (28) 0.15-0.03 mg TABLET **MO**	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, WEEKLY **MO**	3	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY **MO**	3	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
CRENESSITY 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
CRENESSITY 25 MG, 50 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
CRENESSITY 50 MG/ML SOLUTION **DL**	4	PA,QL(240 per 30 days)
CRINONE 4 %, 8 % GEL **MO**	3	
cryselle (28) 0.3-30 mg-mcg TABLET **MO**	1	
cyred 0.15-0.03 mg TABLET **MO**	1	
cyred eq 0.15-0.03 mg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL MO	3	
DEPO-ESTRADIOL 5 MG/ML OIL MO	1	
DEPO-PROVERA 150 MG/ML SUSPENSION MO	3	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE MO	3	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	2	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL MO	1	PA
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET MO	3	
dolishale 90-20 mcg (28) TABLET MO	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET MO	1	
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	1	
DUAVEE 0.45-20 MG TABLET MO	3	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP MO	3	QL(52 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	1	
eluryng 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
emzahh 0.35 mg TABLET MO	1	
ENDOMETRIN 100 MG INSERT MO	3	
enilloring 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
enskyce 0.15-0.03 mg TABLET MO	1	
errin 0.35 mg TABLET MO	1	
estarylla 0.25-0.035 mg TABLET MO	1	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM MO	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY **MO**	1	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
estradiol 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET **MO**	1	
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET **MO**	1	
estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP **MO**	1	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL **MO**	1	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET **MO**	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING **MO**	3	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET **MO**	1	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING **MO**	1	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL **MO**	3	
EVISTA 60 MG TABLET **MO**	3	PA,QL(30 per 30 days)
falmina (28) 0.1-20 mg-mcg TABLET **MO**	1	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING **MO**	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING **MO**	3	QL(1 per 90 days)
finzala 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
FORTESTA 10 MG/0.5 GRAM /ACTUATION GEL IN METERED DOSE PUMP **MO**	3	PA,QL(120 per 30 days)
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET **MO**	1	
galbriela 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET **MO**	1	
gallifrey 5 mg TABLET **MO**	1	
gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
hailey 1.5-30 mg-mcg TABLET **MO**	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
haloette 0.12-0.015 mg/24 hr RING **MO**	1	QL(1 per 28 days)
heather 0.35 mg TABLET **MO**	1	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT **MO**	3	PA,QL(8 per 28 days)
IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK **MO**	3	PA,QL(18 per 28 days)
incassia 0.35 mg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INTRAROSA 6.5 MG INSERT MO	3	PA
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET MO	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	1	
JATENZO 158 MG, 198 MG CAPSULE MO	3	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE MO	3	PA,QL(60 per 30 days)
jencycla 0.35 mg TABLET MO	1	
jinteli 1-5 mg-mcg TABLET MO	1	
jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	1	
juleber 0.15-0.03 mg TABLET MO	1	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	1	
kalliga 0.15-0.03 mg TABLET MO	1	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	1	
kelnor 1/50 (28) 1-50 mg-mcg TABLET MO	1	
kurvelo (28) 0.15-0.03 mg TABLET MO	1	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
LAYOLIS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET MO	3	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	1	
lessina 0.1-20 mg-mcg TABLET MO	1	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	1	
levonorgest-eth.estradiol-iron 0.1 mg-0.02 mg (21)/iron (7) TABLET **MO**	3	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET **MO**	1	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET **MO**	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET **MO**	3	
lo-zumandimine (28) 3-0.02 mg TABLET **MO**	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET **MO**	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET **MO**	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO**	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO**	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET **MO**	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET **MO**	1	
luizza 1-20 mg-mcg, 1.5-30 mg-mcg TABLET **MO**	1	
lutera (28) 0.1-20 mg-mcg TABLET **MO**	1	
lyleq 0.35 mg TABLET **MO**	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
lyza 0.35 mg TABLET **MO**	1	
marlissa (28) 0.15-0.03 mg TABLET **MO**	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
medroxyprogesterone 150 mg/ml SUSPENSION **MO**	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE **MO**	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET **MO**	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION **MO**	1	
meleya 0.35 mg TABLET **MO**	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO**	1	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY **MO**	3	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
METHITEST 10 MG TABLET **DL**	4	
methyltestosterone 10 mg CAPSULE **DL**	4	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
mili 0.25-0.035 mg TABLET **MO**	1	
mimvey 1-0.5 mg TABLET **MO**	1	
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET **MO**	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
minzoya 0.1 mg-0.02 mg (21)/iron (7) TABLET **MO**	1	
mono-linyah 0.25-0.035 mg TABLET **MO**	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET **MO**	3	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	1	
NEXPLANON 68 MG IMPLANT **MO**	2	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET **MO**	3	
nikki (28) 3-0.02 mg TABLET **MO**	1	
NORA-BE 0.35 MG TABLET **MO**	1	
nora-be 0.35 mg TABLET **MO**	1	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET **MO**	1	
norethindrone (contraceptive) 0.35 mg TABLET **MO**	1	
norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET **MO**	1	
norethindrone acetate 5 mg TABLET **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET **MO**	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET **MO**	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUVARING 0.12-0.015 MG/24 HR RING **MO**	3	QL(1 per 28 days)
nylia 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
nymyo 0.25-35 mg-mcg TABLET **MO**	1	
ocella 3-0.03 mg TABLET **MO**	1	
orquidea 0.35 mg TABLET **MO**	1	
OSPHENA 60 MG TABLET **MO**	2	PA
philith 0.4-35 mg-mcg TABLET **MO**	1	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
portia 28 0.15-0.03 mg TABLET **MO**	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET **MO**	3	
PREMARIN 0.625 MG/GRAM CREAM **MO**	2	
PREMARIN 25 MG RECON SOLUTION **MO**	3	
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET **MO**	3	
PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET **MO**	3	
progesterone 50 mg/ml OIL **MO**	1	
progesterone micronized 100 mg, 200 mg CAPSULE **MO**	1	
PROMETRIUM 100 MG, 200 MG CAPSULE **MO**	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	
raloxifene 60 mg TABLET **MO**	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET **MO**	1	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
rosyrah 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET **MO**	3	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET **MO**	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET **MO**	1	
sronyx 0.1-20 mg-mcg TABLET **MO**	1	
syeda 3-0.03 mg TABLET **MO**	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE **MO**	3	
TESTIM 50 MG/5 GRAM (1 %) GEL **MO**	3	PA,QL(300 per 30 days)
testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET **MO**	1	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET **MO**	1	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET **MO**	1	PA,QL(150 per 30 days)
testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP **MO**	1	PA,QL(120 per 30 days)
testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP **MO**	1	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP **MO**	1	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP **MO**	3	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) GEL **MO**	3	PA,QL(300 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL **MO**	1	PA
testosterone enanthate 200 mg/ml OIL **MO**	1	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	
TLANDO 112.5 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	1	
tulana 0.35 mg TABLET **MO**	1	
turqoz (28) 0.3-30 mg-mcg TABLET **MO**	1	
tydemy 3-0.03-0.451 mg (21) (7) TABLET **MO**	1	
UNDECATREX 200 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
VAGIFEM 10 MCG TABLET **MO**	3	PA
valtya 1-50 mg-mcg TABLET **MO**	1	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET **MO**	1	
vestura (28) 3-0.02 mg TABLET **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vienva 0.1-20 mg-mcg TABLET **MO**	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET **MO**	3	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP **MO**	3	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL **MO**	3	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
vyfemla (28) 0.4-35 mg-mcg TABLET **MO**	1	
vylibra 0.25-0.035 mg TABLET **MO**	1	
wera (28) 0.5-35 mg-mcg TABLET **MO**	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	1	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR **MO**	3	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET **MO**	3	
YAZ (28) 3-0.02 MG TABLET **MO**	3	
yuvafem 10 mcg TABLET **MO**	1	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET **MO**	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET **MO**	1	
zumandimine (28) 3-0.03 mg TABLET **MO**	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET **MO**	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET **MO**	3	
ERMEZA 30 MCG/ML SOLUTION **MO**	3	PA
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
levothyroxine 100 mcg RECON SOLUTION **MO**	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE **MO**	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET **MO**	1	
levothyroxine 100 mcg/ml SOLUTION	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET **MO**	1	
levothyroxine 20 mcg/ml, 40 mcg/ml SOLUTION **MO**	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION **DL**	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	1	
liomny 25 mcg, 5 mcg, 50 mcg TABLET **MO**	1	
liothyronine 10 mcg/ml SOLUTION **MO**	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET **MO**	1	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	2	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
THYQUIDITY 20 MCG/ML SOLUTION **MO**	3	PA
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE **MO**	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION **MO**	3	PA
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET **MO**	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE **MO**	3	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE **MO**	3	PA
ELIGARD (4 MONTH) 30 MG SYRINGE **MO**	3	PA
ELIGARD (6 MONTH) 45 MG SYRINGE **MO**	3	PA
FENSOLVI 45 MG SYRINGE	4	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION **DL**	4	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION **DL**	4	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION **MO**	3	PA
lanreotide 120 mg/0.5 ml SYRINGE **DL**	4	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE **DL**	4	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE **DL**	4	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT **MO**	1	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(1 per 90 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT 3.75 MG SYRINGE KIT	4	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT **DL**	4	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT	4	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT	4	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT **DL**	4	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	4	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC **DL**	4	PA,QL(112 per 28 days)
MYFEMBREE 40-1-0.5 MG TABLET **DL**	4	PA,QL(28 per 28 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION **MO**	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE **MO**	1	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON **DL**	4	PA
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
ORILISSA 150 MG TABLET **DL**	4	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET **DL**	4	PA,QL(56 per 28 days)
RECORLEV 150 MG TABLET **DL**	4	PA,QL(240 per 30 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION **DL**	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON **DL**	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION **DL**	4	PA,QL(60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION **DL**	4	PA,QL(1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE **DL**	4	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE **DL**	4	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION **DL**	4	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION **DL**	4	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL **DL**	4	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION **MO**	3	PA
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	4	PA,QL(1 per 168 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOLADEX 10.8 MG IMPLANT **MO**	3	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT **MO**	3	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET **MO**	1	
propylthiouracil 50 mg TABLET **MO**	1	
IMMUNOLOGICAL AGENTS		
ABRILADA(CF) 20 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(2 per 28 days)
ABRILADA(CF) 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ABRILADA(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION **AV,DL**	1	
ACTEMRA 162 MG/0.9 ML SYRINGE **DL**	4	PA,QL(3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML PEN INJECTOR **DL**	4	PA,QL(3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION **DL**	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION **DL**	4	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION **AV,DL**	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE **AV,DL**	1	
ADALIMUMAB-AACF 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE **DL**	4	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR **DL**	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR **DL**	4	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 20 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(2 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL**	4	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION **DL**	4	PA
AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE **DL**	4	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR **DL**	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(4.8 per 28 days)
ANDEMBRY AUTOINJECTOR 200 MG/1.2 ML AUTO-INJECTOR **DL**	4	PA
ARAVA 10 MG, 20 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION **DL**	4	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
ASCENIV 10 % SOLUTION **DL**	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. **MO**	3	BvsD
ATGAM 50 MG/ML SOLUTION **DL**	4	PA
auranofin 3 mg CAPSULE **DL**	4	PA
AVSOLA 100 MG RECON SOLUTION **DL**	4	PA
AZASAN 100 MG, 75 MG TABLET **MO**	1	BvsD
azathioprine 100 mg, 50 mg, 75 mg TABLET **MO**	1	BvsD
azathioprine sodium 100 mg RECON SOLUTION **MO**	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
BENLYSTA 120 MG RECON SOLUTION **DL**	4	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION **DL**	4	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT **DL**	4	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION **DL**	4	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE **AV,DL**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIMZELX 160 MG/ML, 320 MG/2 ML SYRINGE DL	4	PA,QL(4 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML, 320 MG/2 ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
BIVIGAM 10 % SOLUTION DL	4	PA
BKEMV 300 MG/30 ML SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	BvsD
CELLCEPT 250 MG CAPSULE DL	4	BvsD
CELLCEPT 500 MG TABLET DL	4	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	3	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT DL	4	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT DL	4	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION DL	4	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION DL	4	PA
COSENTYX 75 MG/0.5 ML SYRINGE DL	4	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION DL	4	PA
cyclosporine 100 mg, 25 mg CAPSULE MO	1	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO	1	BvsD
cyclosporine modified 100 mg/ml SOLUTION MO	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION DL	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DAWNZERA 80 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	4	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	4	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	4	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	4	PA,QL(8 per 28 days)
EKTERLY 300 MG TABLET DL	4	PA,QL(12 per 30 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	4	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	4	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	4	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION AV,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
ENJAYMO 50 MG/ML SOLUTION DL	4	PA
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR DL	4	PA,QL(1.36 per 28 days)
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. MO	3	PA
EPYSQLI 300 MG/30 ML SOLUTION DL	4	PA
everolimus (immunosuppressive) 0.25 mg TABLET MO	1	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET DL	4	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET DL	4	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE DL	4	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE DL	4	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION DL	4	PA
GAMASTAN 15-18 % RANGE SOLUTION MO	3	PA
GAMIFANT 5 MG/ML SOLUTION DL	4	PA
GAMMAGARD LIQUID 10 % SOLUTION DL	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION DL	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GAMMAPLEX 10 % SOLUTION DL	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION DL	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
gengraf 100 mg, 25 mg CAPSULE MO	1	BvsD
gengraf 100 mg/ml SOLUTION MO	1	BvsD
HADLIMA 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR DL	4	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	4	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE AV,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE DL	4	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYPERRAB (PF) 300 UNIT/ML SOLUTION DL	4	BvsD
HYPERTET (PF) 250 UNIT/ML SYRINGE DL	3	BvsD
HYRIMOZ 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	4	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML- 40 MG/0.4 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
icatibant 30 mg/3 ml SYRINGE DL	4	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	4	PA,QL(6 per 365 days)
IMAAVY 185 MG/ML SOLUTION DL	4	PA
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION DL	3	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION AV,DL	1	BvsD
IMURAN 50 MG TABLET MO	3	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	1	
INFLECTRA 100 MG RECON SOLUTION DL	4	PA
INFLIXIMAB 100 MG RECON SOLUTION DL	4	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION AV,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE AV,DL	1	
JYLAMVO 2 MG/ML SOLUTION MO	3	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION AV,DL	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION DL	4	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR DL	4	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE DL	4	PA,QL(2.28 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KINERET 100 MG/0.67 ML SYRINGE DL	4	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	1	
leflunomide 10 mg, 20 mg TABLET MO	1	QL(30 per 30 days)
LEQSELVI 8 MG TABLET DL	4	PA,QL(60 per 30 days)
LITFULO 50 MG CAPSULE DL	4	PA,QL(28 per 28 days)
LUPKYNIS 7.9 MG CAPSULE DL	4	PA,QL(180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION AV,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION AV,DL	1	
methotrexate sodium 2.5 mg TABLET MO	1	BvsD
methotrexate sodium 25 mg/ml SOLUTION MO	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION MO	1	
methotrexate sodium (pf) 25 mg/ml SOLUTION MO	1	
MONJUVI 200 MG RECON SOLUTION DL	4	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	BvsD
mycophenolate mofetil 250 mg CAPSULE MO	1	BvsD
mycophenolate mofetil 500 mg TABLET MO	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	1	BvsD
MYFORTIC 180 MG, 360 MG TABLET, DR/EC MO	3	BvsD
MYHIBBIN 200 MG/ML SUSPENSION DL	4	BvsD
NEMLUVIO 30 MG PEN INJECTOR DL	4	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE MO	3	BvsD
NEORAL 100 MG/ML SOLUTION MO	3	BvsD
NIKTIMVO 50 MG/ML SOLUTION DL	4	PA
OCTAGAM 10 %, 5 % SOLUTION DL	4	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET DL	4	PA,QL(30 per 30 days)
OMVOH 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) SYRINGE DL	4	PA,QL(3 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION DL	4	PA
OMVOH PEN 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) PEN INJECTOR DL	4	PA,QL(3 per 28 days)
ORENCIA 125 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORENCIA 50 MG/0.4 ML SYRINGE DL	4	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE DL	4	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)
OTULFI 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
OTULFI 45 MG/0.5 ML SYRINGE MO	2	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
PANZYGA 10 % SOLUTION DL	4	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	4	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	4	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT AV,DL	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT DL	1	
PIASKY 340 MG/2 ML SOLUTION DL	4	PA
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
PRIVIGEN 10 % SOLUTION DL	4	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	3	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	3	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
PYZCHIVA 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
PYZCHIVA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
PYZCHIVA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
PYZCHIVA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
PYZCHIVA AUTOINJECTOR 45 MG/0.5 ML AUTO-INJECTOR DL	4	PA,QL(1.5 per 84 days)
PYZCHIVA AUTOINJECTOR 90 MG/ML AUTO-INJECTOR DL	4	PA,QL(3 per 84 days)
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION AV,DL	1	BvsD
RAPAMUNE 0.5 MG TABLET MO	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAMUNE 1 MG, 2 MG TABLET DL	4	BvsD
RAPAMUNE 1 MG/ML SOLUTION DL	4	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR MO	3	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR MO	3	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR MO	3	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR MO	3	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR MO	3	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR MO	3	PA,QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE MO	3	PA,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SYRINGE MO	3	PA,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SYRINGE MO	3	PA,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SYRINGE MO	3	PA,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SYRINGE MO	3	PA,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SYRINGE MO	3	PA,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SYRINGE MO	3	PA,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SYRINGE MO	3	PA,QL(1.2 per 28 days)
REMICADE 100 MG RECON SOLUTION DL	4	PA
RENFLEXIS 100 MG RECON SOLUTION DL	4	PA
REZUROCK 200 MG TABLET DL	4	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	3	
RIDAURA 3 MG CAPSULE DL	4	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	4	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	4	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
RUCONEST 2,100 UNIT RECON SOLUTION DL	4	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION DL	4	PA
sajazir 30 mg/3 ml SYRINGE DL	4	PA,QL(18 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANDIMMUNE 100 MG, 25 MG CAPSULE **MO**	3	BvsD
SANDIMMUNE 100 MG/ML SOLUTION **MO**	3	BvsD
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION **DL**	4	PA,QL(2 per 28 days)
SELARSDI 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
SELARSDI 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
SELARSDI 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
SILIQ 210 MG/1.5 ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
SIMLANDI(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL**	4	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR **DL**	4	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE **DL**	4	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION **DL**	4	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION **DL**	4	BvsD
sirolimus 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	BvsD
sirolimus 1 mg/ml SOLUTION **MO**	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	4	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	4	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR **DL**	4	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR **DL**	4	PA,QL(16.8 per 365 days)
SKYRIZI 60 MG/ML SOLUTION **DL**	4	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION **DL**	4	PA
SOTYKTU 6 MG TABLET **DL**	4	PA,QL(30 per 30 days)
SPEVIGO 150 MG/ML, 300 MG/2 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
SPEVIGO 60 MG/ML SOLUTION **DL**	4	PA,QL(30 per 84 days)
STELARA 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION **DL**	4	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
STEQEYMA 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
STEQEYMA 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
STEQEYMA I.V. 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYLVANT 100 MG, 400 MG RECON SOLUTION **DL**	4	PA
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE **MO**	1	BvsD
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR. **MO**	1	BvsD
TAKHZYRO 150 MG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SOLUTION **DL**	4	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE **DL**	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE **DL**	4	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION **AV,DL**	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION **AV,DL**	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE **AV,DL**	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR **DL**	4	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE **DL**	4	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION **MO**	3	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE **AV,DL**	1	
TREMFYA 100 MG/ML SYRINGE	4	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION **DL**	4	PA,QL(120 per 365 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	4	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR **DL**	4	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN 200 MG/2 ML PEN INJECTOR **DL**	4	PA,QL(4 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET **MO**	1	BvsD
TRUMENBA 120 MCG/0.5 ML SYRINGE **AV,DL**	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE **AV,DL**	1	
TYENNE 162 MG/0.9 ML SYRINGE **DL**	4	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR **DL**	4	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION **AV,DL**	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE **AV,DL**	1	
ULTOMIRIS 100 MG/ML SOLUTION	4	PA
UPLIZNA 10 MG/ML SOLUTION **DL**	4	PA,QL(120 per 365 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
USTEKINUMAB 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
USTEKINUMAB 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
USTEKINUMAB-AEKN 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB-AEKN 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
USTEKINUMAB-TTWE 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB-TTWE 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	4	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION AV,MO	1	
VELSIPITY 2 MG TABLET DL	4	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION DL	4	PA
VIMKUNYA 40 MCG/0.8 ML SYRINGE AV,DL	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC AV,MO	1	
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	4	PA,QL(180 per 30 days)
WEZLANA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
WEZLANA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
WEZLANA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
WEZLANA I.V. 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
XATMEP 2.5 MG/ML SOLUTION MO	3	PA
XELJANZ 1 MG/ML SOLUTION DL	4	PA,QL(300 per 30 days)
XELJANZ 10 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
XOLAIR 150 MG RECON SOLUTION DL	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	4	PA,QL(8 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	4	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	4	PA,QL(4 per 28 days)
YESINTEK 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
YESINTEK 45 MG/0.5 ML SOLUTION MO	2	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE MO	2	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
YUFLYMA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
ZILBRYSQ 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML SYRINGE DL	4	PA
ZORTRESS 0.25 MG TABLET MO	3	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	4	BvsD,QL(120 per 30 days)
ZORTRESS 0.75 MG, 1 MG TABLET DL	4	BvsD,QL(60 per 30 days)
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT DL	4	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. MO	3	ST,QL(120 per 30 days)
AZULFIDINE 500 MG TABLET MO	3	
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC MO	3	
balsalazide 750 mg CAPSULE MO	1	
budesonide 2 mg/actuation FOAM MO	1	PA
budesonide 3 mg CAPSULE, DR/EC MO	1	
budesonide 9 mg TABLET, DR/ER DL	4	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY DL	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE DL	4	PA
CORTENEMA 100 MG/60 ML ENEMA MO	3	
CORTIFOAM 10 % (80 MG) FOAM MO	3	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) MO	3	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE DL	4	ST,QL(120 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA MO	1	
LIALDA 1.2 GRAM TABLET, DR/EC MO	3	ST,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mesalamine 0.375 gram CAPSULE, ER 24 HR. **MO**	1	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY **MO**	1	QL(30 per 30 days)
mesalamine 1.2 gram TABLET, DR/EC **MO**	1	ST,QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA **MO**	1	QL(1800 per 30 days)
mesalamine 400 mg CAPSULE (WITH DR TABLETS) **MO**	1	ST,QL(180 per 30 days)
mesalamine 500 mg CAPSULE, ER **MO**	1	ST,QL(300 per 30 days)
mesalamine 800 mg TABLET, DR/EC **MO**	1	ST,QL(180 per 30 days)
ORTIKOS 6 MG, 9 MG CAPSULE, ER **DL**	4	PA,QL(30 per 30 days)
PENTASA 250 MG CAPSULE, ER **MO**	3	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER **DL**	4	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM **MO**	1	
ROWASA 4 GRAM/60 ML ENEMA **MO**	3	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA **MO**	3	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET **MO**	1	
sulfasalazine 500 mg TABLET, DR/EC **MO**	1	
TARPEYO 4 MG CAPSULE, DR/EC **DL**	4	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM **MO**	3	PA
UCERIS 9 MG TABLET, DR/ER	4	PA,QL(30 per 30 days)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET **MO**	3	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET **MO**	3	PA,QL(4 per 28 days)
alendronate 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
alendronate 35 mg TABLET **MO**	1	QL(4 per 28 days)
alendronate 70 mg TABLET **MO**	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION **MO**	1	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC **MO**	3	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT **MO**	3	ST,QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL **MO**	1	QL(3.7 per 28 days)
calcitonin (salmon) 200 unit/ml SOLUTION **DL**	4	
calcitriol 0.25 mcg, 0.5 mcg CAPSULE **MO**	1	
calcitriol 1 mcg/ml SOLUTION **MO**	1	
cinacalcet 30 mg, 60 mg TABLET **MO**	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET **MO**	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE **MO**	1	
doxercalciferol 4 mcg/2 ml SOLUTION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE **DL**	4	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR **DL**	4	PA,QL(2.24 per 28 days)
FOSAMAX 70 MG TABLET **MO**	3	PA,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET **MO**	3	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION **MO**	3	
ibandronate 150 mg TABLET **MO**	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION **MO**	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE **MO**	1	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION **DL**	4	
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION **MO**	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION **MO**	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE **MO**	1	
paricalcitol 2 mcg/ml SOLUTION **MO**	1	QL(24 per 30 days)
paricalcitol 5 mcg/ml SOLUTION **MO**	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE **MO**	3	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. **DL**	4	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK **MO**	3	PA,QL(100 per 365 days)
risedronate 150 mg TABLET **MO**	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
risedronate 35 mg TABLET **MO**	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC **MO**	1	QL(4 per 28 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE **MO**	3	
ROCALTROL 1 MCG/ML SOLUTION **MO**	3	
SENSIPAR 30 MG TABLET **MO**	3	QL(60 per 30 days)
SENSIPAR 60 MG TABLET **DL**	4	QL(60 per 30 days)
SENSIPAR 90 MG TABLET **DL**	4	QL(120 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR **DL**	4	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION **DL**	4	PA,QL(1.7 per 28 days)
YORVIPATH 168 MCG/0.56 ML PEN INJECTOR **DL**	4	PA,QL(1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN INJECTOR **DL**	4	PA,QL(1.96 per 28 days)
YORVIPATH 420 MCG/1.4 ML PEN INJECTOR **DL**	4	PA,QL(2.8 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE **MO**	3	
ZEMPLAR 2 MCG/ML SOLUTION **DL**	4	QL(24 per 30 days)
ZEMPLAR 5 MCG/ML SOLUTION **DL**	4	QL(48 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK **MO**	1	QL(300 per 21 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zoledronic acid 4 mg RECON SOLUTION **MO**	1	
zoledronic acid 4 mg/5 ml SOLUTION **MO**	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK **MO**	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK **MO**	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) SOLUTION **MO**	3	
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION **MO**	1	
acetic acid 0.25 % SOLUTION **MO**	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION **MO**	1	
ADAKVEO 10 MG/ML SOLUTION **DL**	4	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	4	PA
ALCOHOL PADS PADS, MEDICATED **MO**	1	
ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
ALCOHOL SWABS PADS, MEDICATED **MO**	1	
ALCOHOL WIPES PADS, MEDICATED **MO**	1	
AMMONUL 10-10 % SOLUTION **DL**	4	
AQNEURSA 1 GRAM GRANULES IN PACKET **DL**	4	PA,QL(112 per 28 days)
AUTOJECT 2 INJECTION DEVICE INSULIN PEN **MO**	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN **MO**	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN **MO**	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **PDS,MO**	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE **MO**	1	
BD ALCOHOL SWABS PADS, MEDICATED **MO**	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **PDS,MO**	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE **PDS,MO**	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE **PDS,MO**	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE **PDS,MO**	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE **DL**	4	
BORDERED GAUZE 2 X 2 " BANDAGE **MO**	1	
BRINSUPRI 10 MG, 25 MG TABLET **DL**	4	PA,QL(30 per 30 days)
bupap 50-300 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE **DL**	1	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE **DL**	1	QL(360 per 30 days)
butalbital-acetaminophen 50-300 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg/15 ml SOLUTION **DL**	4	QL(450 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg TABLET **MO**	1	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE **DL**	4	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLET **DL**	4	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE **DL**	4	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLET **DL**	4	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION **MO**	3	
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION **MO**	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **MO**	1	
CEQUR SIMPLICITY 2 UNIT DEVICE **MO**	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEQUR SIMPLICITY INSERTER MISCELLANEOUS MO	2	
CERVIDIL 10 MG INSERT, ER MO	3	
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE MO	3	QL(60 per 30 days)
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE DL	3	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK DL	3	PA,QL(56 per 28 days)
COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION MO	3	
CURITY ALCOHOL SWABS PADS, MEDICATED MO	1	
CURITY GAUZE 2 X 2 " BANDAGE MO	1	
DEFITELIO 80 MG/ML SOLUTION DL	4	PA
DERMACEA 2 X 2 " BANDAGE MO	1	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE PDS,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
dyclopro 0.5 % SOLUTION MO	1	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED MO	1	
edetate calcium disodium 200 mg/ml SOLUTION DL	4	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION DL	4	ST,QL(43.2 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMPAVELI 1,080 MG/20 ML SOLUTION **DL**	4	PA,QL(160 per 28 days)
ENFLONSIA 105 MG/0.7 ML SYRINGE **MO**	3	
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET **DL**	4	PA
ESGIC 50-325-40 MG CAPSULE **MO**	1	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET **MO**	1	QL(180 per 30 days)
FILSPARI 200 MG, 400 MG TABLET **DL**	4	PA,QL(30 per 30 days)
FILSUVEZ 10 % GEL **DL**	4	PA
fioricet 50-300-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE **DL**	3	QL(180 per 30 days)
flumazenil 0.1 mg/ml SOLUTION **MO**	1	
fomepizole 1 gram/ml SOLUTION **MO**	1	
GAUZE BANDAGE 2 X 2 " BANDAGE **MO**	1	
GAUZE PAD 2 X 2 " BANDAGE **MO**	1	
GIVLAARI 189 MG/ML SOLUTION **DL**	4	PA
IGALMI 120 MCG, 180 MCG FILM **MO**	3	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED **MO**	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
IV PREP WIPES PADS, MEDICATED **MO**	1	
JOURNAVX 50 MG TABLET **MO**	3	PA,QL(30 per 180 days)
KORLYM 300 MG TABLET **DL**	4	PA,QL(120 per 30 days)
lactated ringers SOLUTION **MO**	1	
LITHOSTAT 250 MG TABLET **MO**	3	
methylergonovine 0.2 mg TABLET **DL**	4	
methylergonovine 0.2 mg/ml (1 ml) SOLUTION **MO**	1	
mifepristone 300 mg TABLET **DL**	4	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD **MO**	2	
MODD1 PATIENT WELCOME KIT KIT **MO**	3	PA
MODD1 SUPPLY KIT COMBO PACK **MO**	3	PA
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION MO	1	
nitroglycerin 0.4 % (w/w) OINTMENT MO	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE MO	2	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	2	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	2	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	2	
OMNIPOD GO PODS CARTRIDGE MO	2	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE MO	2	
OXLUMO 94.5 MG/0.5 ML SOLUTION	4	PA
oxytocin 10 unit/ml SOLUTION MO	1	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET MO	3	PA
PALFORZIA INITIAL (4-17 YRS) 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE MO	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET **MO**	3	PA
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
phenazopyridine 100 mg, 200 mg TABLET **MO**	1	
PHEXXI 1.8-1-0.4 % GEL **MO**	3	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION **MO**	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION **MO**	1	
PITOCIN 10 UNIT/ML SOLUTION **MO**	3	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE **MO**	3	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION **DL**	4	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
promethazine vc 6.25-5 mg/5 ml SYRUP **MO**	1	
promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP **MO**	1	
protamine 10 mg/ml SOLUTION **MO**	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
PYRIDIUM 100 MG, 200 MG TABLET **MO**	3	
QUTENZA 8 % KIT **DL**	4	PA
RECTIV 0.4 % (W/W) OINTMENT **MO**	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION **MO**	3	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION **DL**	4	BvsD
RIMSO-50 50 % SOLUTION **DL**	4	
ringer's SOLUTION **MO**	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE **DL**	4	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION **DL**	4	PA
SIKLOS 1,000 MG, 100 MG TABLET **MO**	3	PA
sodium benzoate-sod phenylacet 10-10 % SOLUTION **DL**	4	
sodium chloride 0.9 % SOLUTION **MO**	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	PA
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION **DL**	4	PA
tencon 50-325 mg TABLET **MO**	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION **DL**	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED **MO**	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED **MO**	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO**	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE **PDS,MO**	1	
V-GO 20 DEVICE **MO**	3	PA
V-GO 30 DEVICE **MO**	3	PA
V-GO 40 DEVICE **MO**	3	PA
VANRAFIA 0.75 MG TABLET **DL**	4	PA,QL(30 per 30 days)
VIRAZOLE 6 GRAM RECON SOLUTION **DL**	4	BvsD
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL **DL**	4	PA,QL(10 per 28 days)
VYKAT XR 150 MG, 25 MG, 75 MG TABLET, ER 24 HR. **DL**	4	PA
water for irrigation, sterile SOLUTION **MO**	1	
WEBCOL PADS, MEDICATED **MO**	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR **DL**	4	PA
XDEMVY 0.25 % DROPS **MO**	3	PA,QL(10 per 42 days)
XROMI 100 MG/ML SOLUTION **DL**	4	PA
YCANTH 0.7 % SOLUTION W/APPLICATOR **DL**	4	PA
ZEBUTAL 50-325-40 MG CAPSULE **MO**	1	QL(180 per 30 days)
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR **DL**	4	PA
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML SOLUTION **DL**	4	PA
ZEVALIN (Y-90) 3.2 MG/2 ML KIT **DL**	4	PA
zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET **MO**	1	
ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION **MO**	3	
OPHTHALMIC AGENTS		
ACULAR 0.5 % DROPS **MO**	3	ST,QL(10 per 30 days)
ACULAR LS 0.4 % DROPS **MO**	3	ST,QL(10 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACUVAIL (PF) 0.45 % DROPPERETTE MO	3	ST
ALCAINE 0.5 % DROPS MO	1	
ALOMIDE 0.1 % DROPS MO	3	
ALPHAGAN P 0.1 %, 0.15 % DROPS MO	3	ST
ALREX 0.2 % DROPS, SUSPENSION MO	3	ST
apraclonidine 0.5 % DROPS MO	1	
atropine 1 % DROPS MO	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	1	
AZASITE 1 % DROPS MO	3	ST,QL(2.5 per 25 days)
azelastine 0.05 % DROPS MO	1	
AZOPT 1 % DROPS, SUSPENSION MO	3	ST,QL(10 per 28 days)
bacitracin 500 unit/gram OINTMENT MO	1	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT MO	1	
balanced salt SOLUTION MO	1	
bepotastine besilate 1.5 % DROPS MO	1	ST,QL(5 per 25 days)
BEPREVE 1.5 % DROPS MO	3	ST,QL(5 per 25 days)
BESIVANCE 0.6 % DROPS, SUSPENSION MO	3	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
betaxolol 0.5 % DROPS MO	1	
BETIMOL 0.25 %, 0.5 % DROPS MO	3	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION MO	3	ST
bimatoprost 0.03 % DROPS MO	1	QL(2.5 per 25 days)
brimonidine 0.1 %, 0.15 % DROPS MO	1	ST
brimonidine 0.2 % DROPS MO	1	
brinzolamide 1 % DROPS, SUSPENSION MO	1	ST,QL(10 per 28 days)
bromfenac 0.07 % DROPS MO	1	ST,QL(3 per 30 days)
bromfenac 0.075 % DROPS MO	1	ST,QL(5 per 30 days)
bromfenac 0.09 % DROPS MO	1	QL(1.7 per 30 days)
BROMSITE 0.075 % DROPS MO	3	ST,QL(5 per 30 days)
BSS SOLUTION MO	3	
BSS PLUS SOLUTION MO	3	
carteolol 1 % DROPS MO	1	
CEQUA 0.09 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
CILOXAN 0.3 % OINTMENT MO	3	
ciprofloxacin hcl 0.3 % DROPS MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMBIGAN 0.2-0.5 % DROPS MO	2	
COSOPT 22.3-6.8 MG/ML DROPS MO	3	ST
COSOPT (PF) 2-0.5 % DROPPERETTE MO	3	ST,QL(60 per 30 days)
cromolyn 4 % DROPS MO	1	
cyclosporine 0.05 % DROPPERETTE MO	1	QL(60 per 30 days)
CYSTADROPS 0.37 % DROPS DL	4	PA,QL(20 per 28 days)
CYSTARAN 0.44 % DROPS DL	4	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS MO	1	
DEXTENZA 0.4 MG INSERT MO	3	QL(1 per 30 days)
diclofenac sodium 0.1 % DROPS MO	1	
difluprednate 0.05 % DROPS MO	1	ST
dorzolamide 2 % DROPS MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO	1	
dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE MO	1	QL(60 per 30 days)
DUREZOL 0.05 % DROPS MO	3	ST
DURYSTA 10 MCG IMPLANT DL	4	PA
ENSPRYNG 120 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
epinastine 0.05 % DROPS MO	1	QL(5 per 25 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT MO	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	2	QL(16.6 per 30 days)
FLAREX 0.1 % DROPS, SUSPENSION MO	3	ST
fluorometholone 0.1 % DROPS, SUSPENSION MO	1	
flurbiprofen sodium 0.03 % DROPS MO	1	
FML FORTE 0.25 % DROPS, SUSPENSION MO	3	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION MO	3	ST
gatifloxacin 0.5 % DROPS MO	1	QL(2.5 per 25 days)
gentamicin 0.3 % DROPS MO	1	
ILEVRO 0.3 % DROPS, SUSPENSION MO	2	QL(3 per 30 days)
INVELTYS 1 % DROPS, SUSPENSION MO	3	ST
IOPIDINE 1 % DROPPERETTE MO	3	
ISTALOL 0.5 % DROPS, ONCE DAILY MO	3	
IYUZEH (PF) 0.005 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS MO	1	QL(10 per 30 days)
LACRISERT 5 MG INSERT MO	3	
latanoprost 0.005 % DROPS MO	1	QL(5 per 25 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levobunolol 0.5 % DROPS MO	1	
levofloxacin 0.5 %, 1.5 % DROPS MO	1	
LOTEMAX 0.5 % DROPS, GEL MO	3	ST
LOTEMAX 0.5 % DROPS, SUSPENSION MO	3	ST
LOTEMAX 0.5 % OINTMENT MO	3	ST
LOTEMAX SM 0.38 % DROPS, GEL MO	3	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION MO	1	ST
loteprednol etabonate 0.5 % DROPS, GEL MO	1	ST
LUMIGAN 0.01 % DROPS MO	2	QL(2.5 per 25 days)
MAXIDEX 0.1 % DROPS, SUSPENSION MO	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % OINTMENT MO	3	
MAXITROL 3.5MG/ML-10,000 UNIT/ML-0.1 % DROPS, SUSPENSION MO	1	
methazolamide 25 mg, 50 mg TABLET MO	1	
MIEBO (PF) 100 % DROPS MO	3	PA,QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION MO	3	
moxifloxacin 0.5 % DROPS MO	1	
moxifloxacin 0.5 % DROPS, VISCOUS MO	1	ST
NATACYN 5 % DROPS, SUSPENSION MO	3	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	1	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	1	
NEVANAC 0.1 % DROPS, SUSPENSION MO	3	ST
OCUFLOX 0.3 % DROPS MO	3	
ofloxacin 0.3 % DROPS MO	1	
OXERVATE 0.002 % DROPS DL	4	PA,QL(56 per 365 days)
PHOSPHOLINE IODIDE 0.125 % DROPS MO	3	
pilocarpine hcl 1 %, 1.25 %, 2 %, 4 % DROPS MO	1	
polycin 500-10,000 unit/gram OINTMENT MO	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRED FORTE 1 % DROPS, SUSPENSION MO	3	ST
PRED MILD 0.12 % DROPS, SUSPENSION MO	3	ST
prednisolone acetate 1 % DROPS, SUSPENSION MO	1	
prednisolone sodium phosphate 1 % DROPS MO	1	
PROLENSA 0.07 % DROPS MO	3	ST,QL(3 per 30 days)
proparacaine 0.5 % DROPS MO	1	
RESTASIS 0.05 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	3	PA,QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	2	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	2	ST
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	3	
sulfacetamide sodium 10 % DROPS MO	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS MO	1	
tafluprost (pf) 0.0015 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
timolol 0.5 % DROPS MO	1	ST
timolol maleate 0.25 % DROPS MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	1	
timolol maleate 0.5 % DROPS MO	1	
timolol maleate 0.5 % DROPS, ONCE DAILY MO	1	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE MO	1	
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE MO	3	ST
TOBRADEX 0.3-0.1 % OINTMENT MO	3	
TOBRADEX ST 0.3-0.05 % DROPS, SUSPENSION MO	3	
tobramycin 0.3 % DROPS MO	1	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	1	
TOBREX 0.3 % OINTMENT MO	3	
TRAVATAN Z 0.004 % DROPS MO	3	ST,QL(2.5 per 25 days)
travoprost 0.004 % DROPS MO	1	QL(2.5 per 25 days)
trifluridine 1 % DROPS MO	1	
TRYPTYR 0.003 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL MO	3	PA,QL(8.4 per 30 days)
VERKAZIA 0.1 % DROPPERETTE DL	4	PA,QL(120 per 30 days)
VEVYE 0.1 % DROPS MO	3	PA,QL(2 per 30 days)
VIGAMOX 0.5 % DROPS MO	3	PA
VUITY 1.25 % DROPS MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYZULTA 0.024 % DROPS MO	3	QL(2.5 per 25 days)
XALATAN 0.005 % DROPS MO	3	PA,QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION MO	3	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
ZERVIATE 0.24 % DROPPERETTE MO	3	ST,QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION MO	3	
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION MO	3	
ciprofloxacin hcl 0.2 % DROPPERETTE MO	1	
ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	3	QL(7.5 per 30 days)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION MO	3	
DERMOTIC OIL 0.01 % DROPS MO	3	
flac otic oil 0.01 % DROPS MO	1	
fluocinolone acetonide oil 0.01 % DROPS MO	1	
hydrocortisone-acetic acid 1-2 % DROPS MO	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO	1	
ofloxacin 0.3 % DROPS MO	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL(60 per 30 days)
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	1	BvsD
ADCIRCA 20 MG TABLET DL	4	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	4	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION MO	3	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(12 per 30 days)
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(32.1 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET **MO**	1	
albuterol sulfate 2 mg/5 ml SYRUP **MO**	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION **MO**	1	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. **MO**	1	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER **MO**	1	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(18.3 per 28 days)
ALYFTREK 10-50-125 MG TABLET **DL**	4	PA,QL(56 per 28 days)
ALYFTREK 4-20-50 MG TABLET **DL**	4	PA,QL(84 per 28 days)
alyq 20 mg TABLET **MO**	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET **DL**	4	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION **MO**	1	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE **MO**	3	PA,QL(60 per 30 days)
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE **MO**	2	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR **MO**	2	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL **MO**	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL **MO**	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL **MO**	1	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL **MO**	3	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER **MO**	3	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET **DL**	4	PA,QL(60 per 30 days)
bosentan 32 mg TABLET FOR SUSPENSION **DL**	4	PA,QL(120 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE **MO**	2	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION DL	4	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION MO	1	BvsD
carbinoxamine maleate 4 mg TABLET MO	1	
carbinoxamine maleate 4 mg/5 ml LIQUID MO	1	
carbinoxamine maleate 6 mg TABLET DL	4	QL(120 per 30 days)
carbzah 4 mg/5 ml LIQUID DL	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION DL	4	PA
CLARINEX 5 MG TABLET MO	3	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP DL	4	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET MO	1	
clemasz 2.68 mg TABLET MO	1	
clemsza 2.68 mg TABLET DL	4	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	3	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
cyproheptadine 2 mg/5 ml SYRUP MO	1	
cyproheptadine 4 mg TABLET MO	1	
DALIRESP 250 MCG TABLET MO	3	PA,QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	3	PA,QL(30 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING MO	1	QL(30 per 30 days)
desloratadine 5 mg TABLET MO	1	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION MO	1	
diphen 12.5 mg/5 ml ELIXIR MO	1	
DIPHEN 12.5 MG/5 ML ELIXIR MO	1	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR MO	1	
diphenhydramine hcl 50 mg/ml SOLUTION MO	1	
diphenhydramine hcl 50 mg/ml SYRINGE MO	1	
DOPRAM 20 MG/ML SOLUTION MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	PA,QL(1 per 30 days)
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR MO	1	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR MO	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION DL	4	PA
ESBRIET 267 MG CAPSULE DL	4	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL(90 per 30 days)
FASENRA 10 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE DL	4	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	4	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	1	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE MO	3	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER MO	3	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER MO	3	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION MO	1	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
GASTROCROM 100 MG/5 ML CONCENTRATE MO	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE MO	3	PA,QL(30 per 30 days)
ipratropium bromide 0.02 % SOLUTION MO	1	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL **MO**	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL **MO**	1	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET **DL**	4	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET **DL**	4	PA,QL(60 per 30 days)
LETAIRIS 10 MG, 5 MG TABLET **DL**	4	PA,QL(30 per 30 days)
levalbuterol hcl 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER **MO**	1	ST,QL(30 per 30 days)
levocetirizine 2.5 mg/5 ml SOLUTION **MO**	1	QL(300 per 30 days)
levocetirizine 5 mg TABLET **MO**	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION **DL**	4	PA,QL(180 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL **MO**	1	QL(34 per 30 days)
montelukast 10 mg TABLET **MO**	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET **MO**	1	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET **MO**	1	QL(30 per 30 days)
NEFFY 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	4	PA,QL(4 per 30 days)
NUCALA 100 MG RECON SOLUTION **DL**	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE **DL**	4	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET **MO**	3	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE **DL,LA**	4	PA,QL(60 per 30 days)
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION **DL**	4	PA,QL(150 per 30 days)
olopatadine 0.6 % SPRAY, NON-AEROSOL **MO**	1	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL **MO**	3	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET **DL**	4	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER **DL**	4	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER **DL**	4	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER **DL**	4	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER **DL**	4	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER **DL**	4	PA,QL(150 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK **DL**	4	PA,QL(168 per 28 days)
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK **DL**	4	PA,QL(336 per 28 days)
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK **DL**	4	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET **DL**	4	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET **DL**	4	PA,QL(112 per 28 days)
PATANASE 0.6 % SPRAY, NON-AEROSOL **MO**	3	ST,QL(30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION **DL**	4	BvsD,QL(120 per 30 days)
pirfenidone 267 mg CAPSULE **DL**	4	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET **DL**	4	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET **DL**	4	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(2 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION **MO**	3	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION **DL**	4	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(10.6 per 30 days)
QUZYTTIR 10 MG/ML SOLUTION **MO**	3	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED **MO**	3	ST,QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED **MO**	3	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET **MO**	3	PA,QL(30 per 30 days)
REMODULIN 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION **DL**	4	PA
REVATIO 10 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	4	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET **DL**	4	PA,QL(90 per 30 days)
roflumilast 250 mcg TABLET **MO**	1	QL(28 per 365 days)
roflumilast 500 mcg TABLET **MO**	1	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL **MO**	3	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYVENT 6 MG TABLET **MO**	1	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE **MO**	3	PA,QL(60 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET **MO**	1	PA,QL(90 per 30 days)
SINGULAIR 10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET **MO**	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET **MO**	3	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST **MO**	2	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE **MO**	2	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST **MO**	2	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST **MO**	2	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER **MO**	2	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
tadalafil (pulm. hypertension) 20 mg TABLET **MO**	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION **DL**	4	PA,QL(300 per 30 days)
terbutaline 1 mg/ml SOLUTION **MO**	1	
terbutaline 2.5 mg, 5 mg TABLET **MO**	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. **MO**	1	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. **MO**	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. **MO**	1	
theophylline 80 mg/15 ml ELIXIR **MO**	1	
theophylline 80 mg/15 ml SOLUTION **MO**	1	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE **DL**	4	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET **DL**	4	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION **DL**	4	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE **MO**	2	QL(60 per 30 days)
treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION **DL**	4	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL **DL**	4	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	PA,QL(1 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO DPI 16 MCG (112)- 32 MCG (84) CARTRIDGE WITH INHALER DL	4	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER DL	4	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER DL	4	PA,QL(252 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION DL	4	PA
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	4	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	3	
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	4	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED MO	3	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
YUTREPIA 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG CAPSULE, W/INHALATION DEVICE DL	4	PA
zafirlukast 10 mg, 20 mg TABLET MO	1	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.1 per 28 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE DL	4	QL(120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. DL	4	ST,QL(21 per 30 days)
carisoprodol 250 mg TABLET MO	1	ST,QL(120 per 30 days)
carisoprodol 350 mg TABLET MO	1	QL(120 per 30 days)
chlorzoxazone 250 mg TABLET DL	4	ST,QL(360 per 30 days)
chlorzoxazone 375 mg, 750 mg TABLET MO	1	ST,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorzoxazone 500 mg TABLET **MO**	1	ST
cyclobenzaprine 10 mg, 5 mg TABLET **MO**	1	
cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR. **MO**	1	ST,QL(21 per 30 days)
cyclobenzaprine 7.5 mg TABLET **MO**	1	QL(90 per 30 days)
FEXMID 7.5 MG TABLET **MO**	1	ST,QL(90 per 30 days)
LORZONE 375 MG TABLET **MO**	1	ST,QL(120 per 30 days)
LORZONE 750 MG TABLET **DL**	4	ST,QL(120 per 30 days)
metaxalone 400 mg, 800 mg TABLET **MO**	1	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET **DL**	4	PA
methocarbamol 100 mg/ml SOLUTION **MO**	1	
methocarbamol 500 mg, 750 mg TABLET **MO**	1	
norgesic 25-385-30 mg TABLET **DL**	4	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET **DL**	4	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER **MO**	1	
orphenadrine citrate 30 mg/ml SOLUTION **MO**	1	ST
orphenadrine-asa-caffeine 25-385-30 mg TABLET **DL**	4	PA,QL(240 per 30 days)
orphenadrine-asa-caffeine 50-770-60 mg TABLET **DL**	4	PA,QL(120 per 30 days)
orphengesic forte 50-770-60 mg TABLET **DL**	4	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION **DL**	4	
SOMA 250 MG, 350 MG TABLET **DL**	4	ST,QL(120 per 30 days)
tanlor 1,000 mg TABLET **DL**	4	PA
SLEEP DISORDER AGENTS		
AMBIEN 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE **MO**	3	PA,QL(30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg TABLET **MO**	1	PA,QL(30 per 30 days)
armodafinil 50 mg TABLET **MO**	1	PA,QL(60 per 30 days)
BELSOMRA 10 MG TABLET **MO**	2	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET **MO**	2	QL(30 per 30 days)
BELSOMRA 5 MG TABLET **MO**	2	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
doxepin 3 mg, 6 mg TABLET **MO**	1	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET **MO**	3	
EDLUAR 5 MG SUBLINGUAL TABLET **MO**	3	QL(30 per 30 days)
estazolam 1 mg, 2 mg TABLET **DL**	1	QL(30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET **MO**	1	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flurazepam 15 mg CAPSULE **DL**	1	QL(60 per 30 days)
flurazepam 30 mg CAPSULE **DL**	1	QL(30 per 30 days)
HALCION 0.25 MG TABLET **DL**	3	PA,QL(30 per 30 days)
HETLIOZ 20 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION **DL**	4	PA,QL(158 per 30 days)
LUMRYZ 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM ER GRANULES, PACKET **DL**	4	PA,QL(30 per 30 days)
LUMRYZ STARTER PACK 4.5-6-7.5 GRAM GRANULES ER PACKET, DOSE PACK **DL**	4	PA,QL(28 per 28 days)
LUNESTA 1 MG, 2 MG, 3 MG TABLET **MO**	3	PA,QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET **MO**	1	PA,QL(60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET **DL**	4	PA,QL(30 per 30 days)
NUVIGIL 50 MG TABLET **DL**	4	PA,QL(60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET **DL**	4	PA,QL(60 per 30 days)
QUVIVIQ 25 MG, 50 MG TABLET **MO**	3	ST,QL(30 per 30 days)
ramelteon 8 mg TABLET **MO**	1	ST,QL(30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
ROZEREM 8 MG TABLET **MO**	3	ST,QL(30 per 30 days)
SILENOR 3 MG, 6 MG TABLET **MO**	3	QL(30 per 30 days)
sodium oxybate 500 mg/ml SOLUTION **DL**	4	PA,QL(540 per 30 days)
SUNOSI 150 MG, 75 MG TABLET **MO**	3	PA,QL(30 per 30 days)
tasimelteon 20 mg CAPSULE **DL**	4	PA,QL(30 per 30 days)
temazepam 15 mg, 22.5 mg, 7.5 mg CAPSULE **DL**	1	QL(30 per 30 days)
temazepam 30 mg CAPSULE **DL**	1	QL(30 per 30 days)
triazolam 0.125 mg, 0.25 mg TABLET **DL**	1	QL(30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET **DL**	4	PA,QL(60 per 30 days)
XYREM 500 MG/ML SOLUTION **DL**	4	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML SOLUTION **DL**	4	PA,QL(540 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE **MO**	1	QL(30 per 30 days)
zolpidem 1.75 mg, 3.5 mg SUBLINGUAL TABLET **MO**	1	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE **MO**	1	QL(30 per 30 days)
ZOLPIDEM 7.5 MG CAPSULE **MO**	3	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cosmetics - Mail Order Available		
bimatoprost 0.03 % DROPS WITH APPLICATOR	1	
blanche 4 % CREAM	1	
finasteride 1 mg TABLET	1	
hydrocortisone-pramoxine 2.5-1 %, 2.5-1 % (4g) CREAM	1	
hydroquinone 4 % CREAM	1	
LATISSE 0.03 % DROPS WITH APPLICATOR	3	
obagi elastiderm 4 % CREAM	1	
obagi nu-derm blender 4 % CREAM	1	
obagi nu-derm clear 4 % CREAM	1	
PROPECIA 1 MG TABLET	3	
refissa 0.05 % CREAM	1	
RENOVA 0.02 % CREAM	3	
sulfacetamide sodium 10 % CLEANSER	1	
sulfacetamide sodium-sulfur 10-5 % (w/w) CREAM	1	
tretinoin (emollient) 0.05 % CREAM	1	
TRI-LUMA 0.01-4-0.05 % CREAM	3	
Cough/Cold - Mail Order Available		
benzonatate 100 mg, 150 mg, 200 mg CAPSULE	1	
bromfed dm 2-30-10 mg/5 ml SYRUP	1	
brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP	1	
HYCODAN 5-1.5 MG/5 ML (5 ML) SOLUTION	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SOLUTION	1	

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order Available		
hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.	1	
hydrocodone-homatropine 5-1.5 mg TABLET	1	
hydrocodone-homatropine 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml) SOLUTION	1	
hydromet 5-1.5 mg/5 ml SOLUTION	1	
promethazine vc-codeine 6.25-5-10 mg/5 ml SYRUP	1	
promethazine-codeine 6.25-10 mg/5 ml SYRUP	1	
promethazine-dm 6.25-15 mg/5 ml SYRUP	1	
RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.	3	
TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.	3	
TUZISTRA XR 14.7-2.8 MG/5 ML SUSPENSION, ER 12 HR.	3	
Erectile Dysfunction - Mail Order Available		
ADDYI 100 MG TABLET	3	
avanafil 100 mg, 200 mg, 50 mg TABLET	1	QL(6 per 30 days)
CIALIS 10 MG, 20 MG TABLET	3	QL(6 per 30 days)
sildenafil 100 mg, 25 mg, 50 mg TABLET	1	QL(6 per 30 days)
STENDRA 100 MG, 200 MG, 50 MG TABLET	3	QL(6 per 30 days)
tadalafil 10 mg, 20 mg TABLET	1	QL(6 per 30 days)
vardenafil 10 mg TABLET, DISINTEGRATING	1	QL(6 per 30 days)
vardenafil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET	1	QL(6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET	3	QL(6 per 30 days)
VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	3	
Fertility - Mail Order Available		
cetrorelix 0.25 mg KIT	1	
CETROTIDE 0.25 MG KIT	3	
clomid 50 mg TABLET	1	

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Fertility - Mail Order Available		
clomiphene citrate 50 mg TABLET	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	3	
fyremadel 250 mcg/0.5 ml SYRINGE	1	
ganirelix 250 mcg/0.5 ml SYRINGE	3	
GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION	3	
GONAL-F RFF 75 UNIT RECON SOLUTION	3	
GONAL-F RFF REDI-JECT 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML PEN INJECTOR	3	
MENOPUR 75 UNIT RECON SOLUTION	3	
OVIDREL 250 MCG/0.5 ML SYRINGE	3	
Vitamins/Minerals - Mail Order Available		
ascorbic acid (vitamin c) 500 mg/ml SOLUTION	1	
b complex 100 100-2-100-2-2 mg/ml SOLUTION	1	
b-complex injection 100-2-100-2-2 mg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	1	
dodex 1,000 mcg/ml SOLUTION	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE	3	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 mg TABLET	1	
folic acid 5 mg/ml SOLUTION	1	
hydroxocobalamin 1,000 mcg/ml SOLUTION	1	
INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	3	
MEPHYTON 5 MG TABLET	3	

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Vitamins/Minerals - Mail Order Available		
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	3	
phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE	1	
phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION	1	
phytonadione (vitamin k1) 5 mg TABLET	1	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION	1	
thiamine hcl (vitamin b1) 100 mg/ml SOLUTION	1	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	
vitamin k 1 mg/0.5 ml SOLUTION	1	
vitamin k1 10 mg/ml SOLUTION	1	
Weight Loss - Mail Order Available		
ADIPEX-P 37.5 MG TABLET	1	
benzphetamine 50 mg TABLET	1	
CONTRAVE 8-90 MG TABLET ER	3	QL(120 per 30 days)
diethylpropion 25 mg TABLET	1	
diethylpropion 75 mg TABLET ER	1	
lomaira 8 mg TABLET	1	
phendimetrazine tartrate 105 mg CAPSULE, ER	3	
phendimetrazine tartrate 35 mg TABLET	1	
phentermine 15 mg, 30 mg, 37.5 mg CAPSULE	1	
phentermine 37.5 mg, 8 mg TABLET	1	
phentermine-topiramate 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg CAPSULE ER MULTIPHASE 24 HR.	1	QL(30 per 30 days)
PLENITY 0.75 GRAM CAPSULE	3	
PLENITY (WELCOME KIT) 0.75 GRAM CAPSULE	3	
QSYMIA 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG CAPSULE ER MULTIPHASE 24 HR.	3	QL(30 per 30 days)

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

Index

A

abacavir-lamivudine... 70
abacavir... 70
ABELCET... 42
abigale lo... 134
abigale... 134
ABILIFY ASIMTUFII... 65
ABILIFY MAINTENA... 65
ABILIFY MYCITE MAINTENANCE KIT... 65
ABILIFY MYCITE STARTER KIT... 65
ABILIFY... 65
abiraterone... 48
abirtega... 48
ABRAXANE... 48
ABRILADA(CF) PEN... 146
ABRILADA(CF)... 146
ABRYSVO (PF)... 146
ABSORICA LD... 107
ABSORICA... 107
acamprosate... 20
ACANYA... 107
acarbose... 77
ACCOLATE... 172
ACCUPRIL... 87
ACCURETIC... 87
accutane... 107
acebutolol... 87
ACETADOTE... 161
acetaminophen-caff-dihydrocod... 11
acetaminophen-codeine... 11
acetaminophen... 161
acetazolamide sodium... 87
acetazolamide... 87
acetic acid... 21, 161
acetylcysteine... 161, 172
ACIPHEX... 122
acitretin... 107
ACTEMRA ACTPEN... 146
ACTEMRA... 146
ACTHAR SELFJECT... 130
ACTHAR... 130
ACTHIB (PF)... 146
ACTICLATE... 21
ACTIMMUNE... 146
ACTIVELLA... 134
ACTONEL... 159
ACTOPLUS MET... 77
ACTOS... 77
ACULAR LS... 167
ACULAR... 167
ACUVAIL (PF)... 168
acyclovir sodium... 70
acyclovir... 70
ACZONE... 107
ADACEL(TDAP ADOLESN/ADULT)(PF)... 146
ADAKVEO... 161
ADALIMUMAB-AACF(CF) PEN CROHNS... 146
ADALIMUMAB-AACF(CF) PEN PS-UV... 146
ADALIMUMAB-AACF... 146
ADALIMUMAB-AATY(CF) AI CROHNS... 146
ADALIMUMAB-AATY... 146
ADALIMUMAB-ADAZ... 146
ADALIMUMAB-ADBM(CF) PEN CROHNS... 146
ADALIMUMAB-ADBM(CF) PEN PS-UV... 147
ADALIMUMAB-ADBM... 146
ADALIMUMAB-FKJP... 147
ADALIMUMAB-RYVK... 147
adapalene-benzoyl peroxide... 107
adapalene... 107
ADBRY... 107
ADCETRIS... 48
ADCIRCA... 172
ADDERALL XR... 100
ADDERALL... 100
ADDYI... 183
adefovir... 70
ADEMPAS... 172
adenosine... 87
ADIPEX-P... 185
ADLARITY... 36
ADMELOG SOLOSTAR U-100 INSULIN... 77
ADMELOG U-100 INSULIN LISPRO... 77
ADRENALIN IN 0.9 % SOD CHLOR... 87
ADRENALIN... 172
ADRIAMYCIN... 48
adrucil... 48
ADSTILADRIN... 161
ADVAIR DISKUS... 172

ADVAIR HFA... 172
ADZENYS XR-ODT... 101
ADZYNMA... 82
AEMCOLO... 122
AFINITOR DISPERZ... 48
AFINITOR... 48
afirmelle... 134
AFREZZA... 77
AGAMREE... 130
AGGRASTAT CONCENTRATE... 82
AGGRASTAT IN SODIUM CHLORIDE... 83
AGRYLIN... 83
AIMOVIG AUTOINJECTOR... 45
AIRDUO DIGIHALER... 172
AIRDUO RESPICLICK... 172
AIRSUPRA... 172
AJOVY AUTOINJECTOR... 45
AJOVY SYRINGE... 45
AKEEGA... 48
AKLIEF... 107
AKYNZEO (FOSNETUPITANT)... 40
AKYNZEO (NETUPITANT)... 40
ALA-CORT... 107
ALA-SCALP... 108
albendazole... 62
albuterol sulfate... 173
ALCAINE... 168
alclometasone... 108
ALCOHOL PADS... 161
ALCOHOL PREP PADS... 161
ALCOHOL SWABS... 161
ALCOHOL WIPES... 161
ALDACTONE... 87
ALDURAZYME... 126
ALECENSA... 48
alendronate... 159
alfuzosin... 129
ALIMTA... 48
ALIQOPA... 48
aliskiren... 87
ALKINDI SPRINKLE... 131
allopurinol sodium... 45
allopurinol... 45
almotriptan malate... 45
ALOMIDE... 168
ALOPRIM... 45
alosetron... 122
ALPHAGAN P... 168
alprazolam intensol... 75
alprazolam... 75
ALREX... 168
ALTABAX... 108
ALTACE... 87
altavera (28)... 134
ALTOPREV... 87
ALTRENO... 108
ALUNBRIG... 48
ALVAIZ... 83
ALVESCO... 173
alyacen 1/35 (28)... 134
alyacen 7/7/7 (28)... 134
ALYFTREK... 173
ALYGLO... 147
ALYMSYS... 48
alyq... 173
amantadine hcl... 63
AMBIEN CR... 180
AMBIEN... 180
AMBISOME... 42
ambrisentan... 173
amcinonide... 108
amethia... 134
amethyst (28)... 134
amikacin... 21
amiloride-hydrochlorothiazide... 87
amiloride... 87
aminocaproic acid... 83
aminophylline... 173
AMINOSYN II 10 %... 116
amiodarone... 87
AMITIZA... 122
amitriptyline-chlordiazepoxide... 37
amitriptyline... 37
AMJEVITA(CF) AUTOINJECTOR... 147
AMJEVITA(CF)... 147
amlodipine-atorvastatin... 87
amlodipine-benazepril... 87
amlodipine-olmesartan... 87
amlodipine-valsartan-hcthiazid... 87
amlodipine-valsartan... 87
amlodipine... 87
ammonium lactate... 108
AMMONUL... 161
amnesteem... 108
amoxapine... 37
amoxicil-clarithromy-lansopraz... 122
amoxicillin-pot clavulanate... 21
amoxicillin... 21
amphetamine sulfate... 101
amphotericin b liposome... 42
amphotericin b... 42

ampicillin sodium... 21
ampicillin-sulbactam... 21
ampicillin... 21
AMPYRA... 101
AMRIX... 179
AMVUTTRA... 126
AMZEEQ... 108
ANAFRANIL... 37
anagrelide... 83
anastrozole... 48
ANCOBON... 42
ANDEMBRY AUTOINJECTOR... 147
ANDROGEL... 134
ANGELIQ... 134
ANKTIVA... 48
ANNOVERA... 134
ANORO ELLIPTA... 173
ANTIVERT... 40
anusol-hc... 108
ANZEMET... 40
ANZUPGO... 108
APADAZ... 11
apexicon e... 108
APIDRA SOLOSTAR U-100 INSULIN... 77
APIDRA U-100 INSULIN... 77
APLENZIN... 37
APOKYN... 63
apomorphine... 63
APONVIE... 40
apraclonidine... 168
aprepitant... 40
apri... 134
APRISO... 158
APTENSIO XR... 101
APTIOM... 30
APTIVUS... 70
AQNEURSA... 161
ARALAST NP... 126
aranelle (28)... 134
ARANESP (IN POLYSORBATE)... 83
ARAVA... 147
ARAZLO... 108
ARBLI... 87
ARCALYST... 147
AREXVY (PF)... 147
arformoterol... 173
ARICEPT... 36
ARIKAYCE... 21
ARIMIDEX... 48
aripiprazole... 65
ARISTADA INITIO... 65
ARISTADA... 65
ARIXTRA... 83
armodafinil... 180
ARMONAIR DIGIHALER... 173
ARMOUR THYROID... 143
ARNUITY ELLIPTA... 173
AROMASIN... 48
ARRANON... 48
arsenic trioxide... 48
ARTHROTEC 50... 11
ARTHROTEC 75... 11
ASCENIV... 147
ascomp with codeine... 11
ascorbic acid (vitamin c)... 184
asenapine maleate... 65
ashlyna... 134
ASMANEX HFA... 173
ASMANEX TWISTHALER... 173
ASPARLAS... 48
aspirin-dipyridamole... 83
ASPRUZYO SPRINKLE... 87
ASTAGRAF XL... 147
ATACAND HCT... 88
ATACAND... 88
atazanavir... 70
ATELVIA... 159
atenolol-chlorthalidone... 88
atenolol... 88
ATGAM... 147
ATIVAN... 75
atomoxetine... 101
ATORVALIQ... 88
atorvastatin... 88
atovaquone-proguanil... 62
atovaquone... 62
ATRALIN... 108
ATRIPLA... 70
ATROPINE SULFATE (PF)... 168
atropine... 122, 168
ATROVENT HFA... 173
ATTRUBY... 126
AUBAGIO... 101
aubra eq... 134
aubra... 134
AUGMENTIN ES-600... 21
AUGMENTIN XR... 21
AUGMENTIN... 21
AUGTYRO... 48
auranofin... 147
aurovela 1.5/30 (21)... 134
aurovela 1/20 (21)... 135

aurovela 24 fe... 135
aurovela fe 1-20 (28)... 135
aurovela fe 1.5/30 (28)... 135
AUSTEDO XR TITRATION KT(WK1-4)... 101
AUSTEDO XR... 101
AUSTEDO... 101
AUTOJECT 2 INJECTION DEVICE... 161
AUTOPEN 1 TO 21 UNITS... 161
AUTOPEN 2 TO 42 UNITS... 161
AUTOSHIELD DUO PEN NEEDLE... 161
AUVELITY... 37
AUVI-Q... 173
AVALIDE... 88
avanafil... 183
AVAPRO... 88
AVASTIN... 48
AVEED... 135
AVELOX IN NACL (ISO-OSMOTIC)... 22
AVERI... 135
AVGEMSI... 48
aviane... 135
avidoxy... 22
AVITA... 108
AVMAPKI-FAKZYNJA... 48
AVODART... 129
AVONEX... 101
AVSOLA... 147
AVYCAZ... 22
AXTLE... 48
ayuna... 135
AYVAKIT... 48
azacitidine... 48
AZACTAM... 22
AZASAN... 147
AZASITE... 168
azathioprine sodium... 147
azathioprine... 147
azelaic acid... 108
azelastine-fluticasone... 173
azelastine... 168, 173
AZELEX... 108
AZILECT... 63
azithromycin... 22
AZMIRO... 135
AZOPT... 168
AZOR... 88
AZSTARYS... 101
aztreonam... 22
AZULFIDINE EN-TABS... 158
AZULFIDINE... 158
azurette (28)... 135

B

b complex 100... 184
b-complex injection... 184
bacitracin-polymyxin b... 168
bacitracin... 22, 168
baclofen... 69
BACTRIM DS... 22
BACTRIM... 22
BAFIERTAM... 101
bal-care dha... 116
balanced salt... 168
BALCOLTRA... 135
balsalazide... 158
BALVERSA... 48, 49
balziva (28)... 135
BAND-AID GAUZE PADS... 161
BANZEL... 30
BAQSIMI... 77
BARACLUDE... 70
BASAGLAR KWIKPEN U-100 INSULIN... 77
BASAGLAR TEMPO PEN(U-100)INSLN... 77
BAVENCIO... 49
BAXDELA... 22
BCG VACCINE, LIVE (PF)... 147
BD ALCOHOL SWABS... 161
BD AUTOSHIELD DUO PEN NEEDLE... 161
BD ECLIPSE LUER-LOK... 161
BD INSULIN SYRINGE (HALF UNIT)... 161
BD INSULIN SYRINGE MICRO-FINE... 161
BD INSULIN SYRINGE U-500... 161
BD INSULIN SYRINGE ULTRA-FINE... 161
BD INSULIN SYRINGE... 161
BD LO-DOSE MICRO-FINE IV... 161
BD NANO 2ND GEN PEN NEEDLE... 162
BD SAFETYGLIDE INSULIN SYRINGE... 162
BD SAFETYGLIDE SYRINGE... 162
BD ULTRA-FINE MICRO PEN NEEDLE... 162
BD ULTRA-FINE MINI PEN NEEDLE... 162
BD ULTRA-FINE NANO PEN NEEDLE... 162

BD ULTRA-FINE ORIG PEN NEEDLE... 162
BD ULTRA-FINE SHORT PEN NEEDLE... 162
BD VEO INSULIN SYR (HALF UNIT)... 162
BD VEO INSULIN SYRINGE UF... 162
BECONASE AQ... 173
BELBUCA... 11
BELEODAQ... 49
BELSOMRA... 180
benazepril-hydrochlorothiazide... 88
benazepril... 88
bendamustine... 49
BENDEKA... 49
BENICAR HCT... 88
BENICAR... 88
BENLYSTA... 147
BENTYL... 122
BENZAMYCIN... 108
benzhydrocodone-acetaminophen... 11
benzonatate... 182
benzphetamine... 185
benztropine... 63
bepotastine besilate... 168
BEPREVE... 168
BERINERT... 147
beser... 108
BESIVANCE... 168
BESPONSA... 49
BESREMI... 147
BETADINE OPHTHALMIC PREP... 168
betaine... 126
betamethasone acet,sod phos... 131
betamethasone dipropionate... 108
betamethasone valerate... 108
betamethasone, augmented... 108
BETAPACE AF... 88
BETAPACE... 88
BETASERON... 101
betaxolol... 88, 168
bethanechol chloride... 129
BETHKIS... 22
BETIMOL... 168
BETOPTIC S... 168
BEVESPI AEROSPHERE... 173
bexarotene... 49
BEXSERO... 147
BEYAZ... 135
BEYFORTUS... 162
bicalutamide... 49
BICILLIN C-R... 22
BICILLIN L-A... 22
BICNU... 49
BIDIL... 88
BIJUVA... 135
BIKTARVY... 70
BILTRICIDE... 62
bimatoprost... 168, 182
BIMZELX AUTOINJECTOR... 148
BIMZELX... 148
BINOSTO... 159
BIORPHEN... 88
bismuth subcit k-metronidz-tcn... 122
bisoprolol fumarate... 88
bisoprolol-hydrochlorothiazide... 88
bivalirudin... 83
BIVIGAM... 148
BIZENGRI... 49
BKEMV... 148
blanche... 182
bleomycin... 49
blisovi 24 fe... 135
blisovi fe 1.5/30 (28)... 135
blisovi fe 1/20 (28)... 135
BLUJEPA... 22
BONJESTA... 40
BOOSTRIX TDAP... 148
BORDERED GAUZE... 162
BORTEZOMIB... 49
BORUZU... 49
bosentan... 173
BOSULIF... 49
BRAFTOVI... 49
BREKIYA... 45
BREO ELLIPTA... 173
BREVIBLOC IN NACL (ISO-OSM)... 88
BREVIBLOC... 88
BREZTRI AEROSPHERE... 174
briellyn... 135
BRILINTA... 83
brimonidine... 108, 168
BRINSUPRI... 162
brinzolamide... 168
BRIUMVI... 101
BRIVIACT... 30
bromfed dm... 182
bromfenac... 168
bromocriptine... 63
brompheniramine-pseudoeph-dm... 182

BROMSITE... 168
BRONCHITOL... 174
BROVANA... 174
BRUKINSA... 49
BRYHALI... 108
BRYNOVIN... 77
BSS PLUS... 168
BSS... 168
BUCAPSOL... 75
budesonide... 158, 174
bumetanide... 88
bupap... 162
BUPHENYL... 126
bupivacaine (pf)... 18
bupivacaine hcl... 18
bupivacaine liposome (pf)... 18
bupivacaine-dextrose-water(pf)... 18
bupivacaine-epinephrine (pf)... 18
bupivacaine-epinephrine... 18
BUPRENEX... 11
buprenorphine hcl... 11, 20
buprenorphine-naloxone... 20
buprenorphine... 11
bupropion hcl (smoking deter)... 20
bupropion hcl... 37
buspirone... 75
busulfan... 49
BUSULFEX... 49
butalbital-acetaminop-caf-cod... 162
butalbital-acetaminophen-caff... 162
butalbital-acetaminophen... 162
butalbital-aspirin-caffeine... 162
butorphanol... 11
BUTRANS... 11
BYLVAY... 162
BYSTOLIC... 88

C

c-nate dha... 116
CABENUVA... 70
cabergoline... 144
CABLIVI... 83
CABOMETYX... 49
CABTREO... 109
CADUET... 89
CAFCIT... 162
caffeine citrate... 162
calcipotriene-betamethasone... 109
calcipotriene... 109
calcitonin (salmon)... 159
calcitriol... 109, 159
calcium chloride... 116
calcium gluconate... 116
CALDOLOR... 11
CALQUENCE (ACALABRUTINIB MAL)... 49
CAMBIA... 11
camila... 135
CAMPTOSAR... 49
camrese lo... 135
camrese... 135
CAMZYOS... 89
CANASA... 158
CANCIDAS... 42
candesartan-hydrochlorothiazid... 89
candesartan... 89
CAPEX... 109
CAPLYTA... 65
CAPRELSA... 49
captopril-hydrochlorothiazide... 89
captopril... 89
CARAC... 109
CARAFATE... 122
CARBAGLU... 116
carbamazepine... 30
CARBATROL... 30
carbidopa-levodopa-entacapone... 63
carbidopa-levodopa... 63
carbidopa... 63
carbinoxamine maleate... 174
CARBOCAINE WITH NEO-COBEFRIN... 18
carboplatin... 49
carboprost tromethamine... 134
carbzah... 174
CARDIZEM CD... 89
CARDIZEM LA... 89
CARDIZEM... 89
CARDURA XL... 89
CARDURA... 89
CARETOUCH ALCOHOL PREP PAD... 162
carglumic acid... 116
carisoprodol... 179
carmustine... 49
CARNITOR (SUGAR-FREE)... 116
CARNITOR... 116
CAROSPIR... 89
carteolol... 168
cartia xt... 89
carvedilol phosphate... 89

carvedilol... 89
CASODEX... 49
caspofungin... 42
CAYSTON... 174
cefaclor... 22
cefadroxil... 22
cefazolin in dextrose (iso-os)... 22
cefazolin... 22
cefdinir... 22
cefepime in dextrose 5 %... 23
cefepime in dextrose,iso-osm... 23
cefepime... 23
cefixime... 23
cefotetan... 23
cefoxitin in dextrose, iso-osm... 23
cefoxitin... 23
cefpodoxime... 23
cefprozil... 23
ceftazidime... 23
ceftriaxone in dextrose,iso-os... 23
ceftriaxone... 23
cefuroxime axetil... 23
cefuroxime sodium... 23
CELEBREX... 11
celecoxib... 11
CELESTONE SOLUSPAN... 131
CELEXA... 37
CELLCEPT INTRAVENOUS... 148
CELLCEPT... 148
CELONTIN... 30
CENTANY... 109
cephalexin... 23
CEQUA... 168
CEQUR SIMPLICITY INSERTER... 163
CEQUR SIMPLICITY... 162
CERDELGA... 126
CEREBYX... 30
CEREZYME... 126
CERVIDIL... 163
cetirizine... 174
cetrorelix... 183
CETROTIDE... 183
cevimeline... 107
CHANTIX CONTINUING MONTH BOX... 20
CHANTIX STARTING MONTH BOX... 20
CHANTIX... 20
charlotte 24 fe... 135
chateal eq (28)... 135
CHEMET... 116
chenodal... 122
chloramphenicol sod succinate... 23
chlordiazepoxide hcl... 75
chlorhexidine gluconate... 107
chloroprocaine (pf)... 18
chloroquine phosphate... 62
chlorothiazide sodium... 89
chlorpromazine... 65
chlorthalidone... 89
chlorzoxazone... 179, 180
CHOLBAM... 126
cholestyramine (with sugar)... 89
cholestyramine light... 89
CHORIONIC GONADOTROPIN, HUMAN... 133
CIALIS... 129, 183
CIBINQO... 148
ciclodan... 42
ciclopirox... 42
cidofovir... 70
cilostazol... 83
CILOXAN... 168
CIMDUO... 70
cimetidine hcl... 122
cimetidine... 122
CIMZIA POWDER FOR RECONST... 148
CIMZIA STARTER KIT... 148
CIMZIA... 148
cinacalcet... 159
CINQAIR... 174
CINRYZE... 148
CINVANTI... 40
CIPRO HC... 172
CIPRO... 23
ciprofloxacin hcl... 23, 168, 172
ciprofloxacin in 5 % dextrose... 23
ciprofloxacin-dexamethasone... 172
ciprofloxacin... 23
cisplatin... 50
citalopram... 37
CITRANATAL B-CALM (FE GLUC)... 116
cladribine... 50
CLAFORAN... 23
claravis... 109
CLARINEX-D 12 HOUR... 163
CLARINEX... 174
clarithromycin... 23
clemastine... 174
clemasz... 174
clemsza... 174
CLENPIQ... 122

CLEOCIN HCL... 24
CLEOCIN PEDIATRIC... 24
CLEOCIN T... 109
CLEOCIN... 24
CLEVIPREX... 89
CLIMARA PRO... 135
CLIMARA... 135
clindacin etz... 109
clindacin p... 109
clindacin... 109
CLINDAGEL... 109
clindamycin hcl... 24
clindamycin in 0.9 % sod chlor... 24
clindamycin in 5 % dextrose... 24
clindamycin palmitate hcl... 24
clindamycin pediatric... 24
clindamycin phosphate... 24, 109
clindamycin-benzoyl peroxide... 109
clindamycin-tretinoin... 109
CLINDESSE... 24
CLINIMIX 4.25%/D10W SULF FREE... 116
CLINIMIX 4.25%/D5W SULFIT FREE... 116
CLINIMIX 5%-D20W(SULFITE-FREE)... 116
CLINIMIX 5%/D15W SULFITE FREE... 116
CLINIMIX 6%-D5W (SULFITE-FREE)... 116
CLINIMIX 8%-D10W(SULFITE-FREE)... 116
CLINIMIX 8%-D14W(SULFITE-FREE)... 116
CLINIMIX E 2.75%/D5W SULF FREE... 116
CLINIMIX E 4.25%/D10W SUL FREE... 116
CLINIMIX E 4.25%/D5W SULF FREE... 116
CLINIMIX E 5%/D15W SULFIT FREE... 116
CLINIMIX E 5%/D20W SULFIT FREE... 116
CLINIMIX E 8%-D10W SULFITEFREE... 116
CLINIMIX E 8%-D14W SULFITEFREE... 116
CLINISOL SF 15 %... 117
CLINOLIPID... 117
clobazam... 30
clobetasol-emollient... 110
clobetasol... 109, 110
CLOBEX... 110
clocortolone pivalate... 110
clodan... 110
clofarabine... 50
CLOLAR... 50
clomid... 183
clomiphene citrate... 184
clomipramine... 37
clonazepam... 75, 76
clonidine hcl... 89, 101
clonidine... 89
clopidogrel... 83
clorazepate dipotassium... 76
CLOROTEKAL (PF)... 18
clotrimazole-betamethasone... 42
clotrimazole... 42
clozapine... 66
CLOZARIL... 66
COARTEM... 62
COBENFY STARTER PACK... 163
COBENFY... 163
codeine sulfate... 11
codeine-butalbital-asa-caff... 11
COLAZAL... 158
colchicine... 45
COLCRYS... 45
colesevelam... 89
COLESTID... 90
colestipol... 90
colistin (colistimethate na)... 24
COLUMVI... 50
COLY-MYCIN M PARENTERAL... 24
COMBIGAN... 169
COMBIPATCH... 135
COMBIVENT RESPIMAT... 174
COMBIVIR... 70
COMBOGESIC IV... 163
COMETRIQ... 50
COMPAZINE... 40
COMPLERA... 70
complete natal dha... 117
compro... 40
COMTAN... 63
CONCERTA... 101
CONDYLOX... 110
constulose... 122
CONTRAVE... 185
CONZIP... 11
COPAXONE... 101
COPIKTRA... 50

CORDRAN TAPE LARGE ROLL... 110
CORDRAN... 110
COREG CR... 90
COREG... 90
CORLANOR... 90
CORLOPAM... 90
CORTEF... 110
CORTENEMA... 158
CORTIFOAM... 158
CORTISPORIN-TC... 172
CORTROPHIN GEL... 131
CORVERT... 90
COSENTYX (2 SYRINGES)... 148
COSENTYX PEN (2 PENS)... 148
COSENTYX PEN... 148
COSENTYX UNOREADY PEN... 148
COSENTYX... 148
COSMEGEN... 50
COSOPT (PF)... 169
COSOPT... 169
COTELLIC... 50
COTEMPLA XR-ODT... 101
COZAAR... 90
CRENESSITY... 135
CREON... 126
CRESEMBA... 42
CRESTOR... 90
CREXONT... 64
CRINONE... 135
cromolyn... 169, 174
crotan... 110
cryselle (28)... 135
CRYSVITA... 127
CTEXLI... 122
CUBICIN RF... 24
CUPRIMINE... 117
CURITY ALCOHOL SWABS... 163
CURITY GAUZE... 163
CUTAQUIG... 148
CUVPOSA... 122
CUVRIOR... 117
cyanocobalamin (vitamin b-12)... 184
cyclobenzaprine... 180
cyclophosphamide... 50
cycloserine... 47
CYCLOSET... 77
cyclosporine modified... 148
cyclosporine... 148, 169
CYKLOKAPRON... 83
CYLTEZO(CF) PEN CROHN'S-UC-HS... 148
CYLTEZO(CF) PEN PSORIASIS-UV... 148
CYLTEZO(CF) PEN... 148
CYLTEZO(CF)... 148
CYMBALTA... 101
cyproheptadine... 174
CYRAMZA... 50
cyred eq... 135
cyred... 135
CYSTADANE... 127
CYSTADROPS... 169
CYSTAGON... 127
CYSTARAN... 169
cytarabine (pf)... 50
cytarabine... 50
CYTOGAM... 148
CYTOMEL... 143
CYTOTEC... 122

D

d10 %-0.45 % sodium chloride... 117
d2.5 %-0.45 % sodium chloride... 117
d5 % and 0.9 % sodium chloride... 117
d5 %-0.45 % sodium chloride... 117
dabigatran etexilate... 83
dacarbazine... 50
dactinomycin... 50
dalfampridine... 101
DALIRESP... 174
DALVANCE... 24
danazol... 136
DANTRIUM... 69
dantrolene... 69
DANYELZA... 50
DANZITEN... 50
dapagliflozin propanediol... 77
dapsone... 47, 110
DAPTACEL (DTAP PEDIATRIC) (PF)... 149
daptomycin in 0.9 % sod chlor... 24
daptomycin... 24
DARAPRIM... 62
darifenacin... 129
DARTISLA... 122
darunavir... 70
DARZALEX FASPRO... 50
DARZALEX... 50
dasatinib... 50
dasetta 1/35 (28)... 136
dasetta 7/7/7 (28)... 136
DATROWAY... 50

daunorubicin... 50
DAURISMO... 50
DAWNZERA... 149
DAYBUE... 127
DAYPRO... 11
daysee... 136
DAYTRANA... 102
DAYVIGO... 180
DDAVP... 133
deblitane... 136
decitabine... 50
deferasirox... 117
deferiprone... 117
deferoxamine... 117
DEFITELIO... 163
deflazacort... 131
DELESTROGEN... 136
DELSTRIGO... 70
DELZICOL... 158
demeclocycline... 24
DEMEROL (PF)... 12
DEMEROL... 12
DEMSER... 90
DENAVIR... 70
DENGVAXIA (PF)... 149
DEPAKOTE ER... 30
DEPAKOTE SPRINKLES... 31
DEPAKOTE... 30
DEPEN TITRATABS... 117
DEPO-ESTRADIOL... 136
DEPO-MEDROL... 131
DEPO-PROVERA... 136
DEPO-SUBQ PROVERA 104... 136
DEPO-TESTOSTERONE... 136
DERMA-SMOOTHE/FS BODY OIL... 110
DERMA-SMOOTHE/FS SCALP OIL... 110
DERMACEA... 163
dermacinrx lidocan... 18
DERMOTIC OIL... 172
DESCOVY... 70
DESFERAL... 117
desipramine... 37
desloratadine... 174
desmopressin... 133
desog-e.estradiol/e.estradiol... 136
desonide... 110
desoximetasone... 110
DESOXYN... 102
desvenlafaxine succinate... 37
desvenlafaxine... 37
DETROL LA... 129
DETROL... 129
dexabliss... 131
dexamethasone intensol... 131
dexamethasone sodium phos (pf)... 131
dexamethasone sodium phosphate... 131, 169
dexamethasone... 131
dexchlorpheniramine maleate... 174
DEXEDRINE SPANSULE... 102
DEXILANT... 122
dexlansoprazole... 122
dexmethylphenidate... 102
dexrazoxane hcl... 51
DEXTENZA... 169
dextroamphetamine sulfate... 102
dextroamphetamine-amphetamine... 102
dextrose 10 % and 0.2 % nacl... 117
dextrose 10 % in water (d10w)... 117
dextrose 25 % in water (d25w)... 117
dextrose 5 % in water (d5w)... 117
dextrose 5 %-lactated ringers... 117
dextrose 5%-0.2 % sod chloride... 117
dextrose 5%-0.3 % sod.chloride... 117
dextrose 50 % in water (d50w)... 117
dextrose 70 % in water (d70w)... 117
DHIVY... 64
DIACOMIT... 31
DIASTAT ACUDIAL... 31
DIASTAT... 31
diazepam intensol... 76
diazepam... 31, 76
diazoxide... 77
DIBENZYLINE... 90
dichlorphenamide... 127
DICLEGIS... 40
diclofenac epolamine... 12
diclofenac potassium... 12
diclofenac sodium... 12, 110, 169
diclofenac-misoprostol... 12
dicloxacillin... 24
dicyclomine... 122, 123
didanosine... 71

diethylpropion... 185
DIFFERIN... 110
DIFICID... 24
diflorasone... 110, 111
DIFLUCAN... 42
diflunisal... 12
difluprednate... 169
digitek... 90
digoxin... 90
dihydroergotamine... 45
DILANTIN EXTENDED... 31
DILANTIN INFATABS... 31
DILANTIN-125... 31
DILANTIN... 31
DILAUDID... 12
dilt-xr... 90
diltiazem hcl... 90
dimenhydrinate... 40
dimethyl fumarate... 102
DIOVAN HCT... 90
DIOVAN... 90
DIPENTUM... 158
diphen... 174
diphenhydramine hcl... 174
diphenoxylate-atropine... 123
DIPROLENE (AUGMENTED)... 111
dipyridamole... 83
disopyramide phosphate... 90
disulfiram... 20
DIURIL... 91
divalproex... 31
DIVIGEL... 136
dobutamine in d5w... 91
dobutamine... 91
docetaxel... 51
dodex... 184
dofetilide... 91
DOJOLVI... 127
dolishale... 136
dolobid... 12
donepezil... 36
dopamine in 5 % dextrose... 91
dopamine... 91
DOPRAM... 174
DOPTELET (10 TAB PACK)... 83
DOPTELET (15 TAB PACK)... 84
DOPTELET (30 TAB PACK)... 84
DORYX MPC... 24
DORYX... 24
dorzolamide-timolol (pf)... 169
dorzolamide-timolol... 169
dorzolamide... 169
dotti... 136
DOVATO... 71
doxazosin... 91
doxepin... 76, 111, 180
doxercalciferol... 159
DOXIL... 51
doxorubicin, peg-liposomal... 51
doxorubicin... 51
doxy-100... 24
doxycycline hyclate... 24, 25
doxycycline monohydrate... 25
doxylamine-pyridoxine (vit b6)... 40
DRISDOL... 184
DRIZALMA SPRINKLE... 102
dronabinol... 40
droperidol... 66
DROPLET INSULIN SYR(HALF UNIT)... 163
DROPLET INSULIN SYRINGE... 163
DROPLET MICRON PEN NEEDLE... 163
DROPLET PEN NEEDLE... 163
DROPSAFE ALCOHOL PREP PADS... 163
DROPSAFE PEN NEEDLE... 163
drospirenone-e.estradiol-lm.fa... 136
drospirenone-ethinyl estradiol... 136
DROXIA... 163
droxidopa... 91
DUAKLIR PRESSAIR... 175
DUAVEE... 136
DUET DHA WITH OMEGA-3... 117
DUETACT... 77
DUEXIS... 12
DULERA... 175
duloxetine... 102
DUOBRII... 111
DUOPA... 64
DUPIXENT PEN... 149
DUPIXENT SYRINGE... 149
DURAMORPH (PF)... 12
DUREZOL... 169
DURYSTA... 169
dutasteride-tamsulosin... 129
dutasteride... 129
DUVYZAT... 127
DYANAVEL XR... 102
dyclopro... 163
DYMISTA... 175
DYRENIUM... 91

E

E.E.S. 400... 25

E.E.S. GRANULES... 25
EASY COMFORT ALCOHOL PAD... 163
EASY TOUCH ALCOHOL PREP PADS... 163
EBGLYSS PEN... 111
EBGLYSS SYRINGE... 111
ec-naproxen... 12
econazole nitrate... 42
edaravone... 103
EDARBI... 91
EDARBYCLOR... 91
EDECRIN... 91
edetate calcium disodium... 163
EDLUAR... 180
EDURANT PED... 71
EDURANT... 71
efavirenz-emtricitabin-tenofov... 71
efavirenz-lamivu-tenofov disop... 71
efavirenz... 71
EFFEXOR XR... 37, 38
EFFIENT... 84
EFUDEX... 111
EGATEN... 62
EGRIFTA SV... 133
EGRIFTA WR... 133
EKTERLY... 149
ELAHERE... 51
ELAPRASE... 127
electrolyte-148... 117
electrolyte-48 in d5w... 117
electrolyte-a... 117
ELELYSO... 127
ELEPSIA XR... 31
ELESTRIN... 136
eletriptan... 45
ELEVIDYS... 127
ELFABRIO... 127
ELIDEL... 111
ELIGARD (3 MONTH)... 144
ELIGARD (4 MONTH)... 144
ELIGARD (6 MONTH)... 144
ELIGARD... 144
ELIMITE... 111
elinest... 136
ELIQUIS DVT-PE TREAT 30D START... 84
ELIQUIS SPRINKLE... 84
ELIQUIS... 84
ELITEK... 51
ELIXOPHYLLIN... 175
ELLENCE... 51
ELMIRON... 129
ELREXFIO... 51
eluryng... 136
ELYXYB... 163
ELZONRIS... 51
EMBLAVEO... 25
EMCYT... 51
EMEND (FOSAPREPITANT)... 41
EMEND... 40, 41
EMFLAZA... 131
EMGALITY PEN... 45
EMGALITY SYRINGE... 45
EMPAVELI... 164
EMPLICITI... 51
EMRELIS... 51
EMROSI... 25
EMSAM... 38
emtricita-rilpivirine-tenof df... 71
emtricitabine-tenofovir (tdf)... 71
emtricitabine... 71
EMTRIVA... 71
emverm... 62
emzahh... 136
enalapril maleate... 91
enalapril-hydrochlorothiazide... 91
enalaprilat... 91
ENBREL MINI... 149
ENBREL SURECLICK... 149
ENBREL... 149
ENDARI... 123
endocet... 12
ENDOMETRIN... 136
ENFLONSIA... 164
ENGERIX-B (PF)... 149
ENGERIX-B PEDIATRIC (PF)... 149
ENHERTU... 51
enilloring... 136
ENJAYMO... 149
enoxaparin... 84
enpresse... 136
enskyce... 136
ENSPRYNG... 169
ENSTILAR... 111
entacapone... 64
entecavir... 71
ENTRESTO SPRINKLE... 91
ENTRESTO... 91
ENTYVIO PEN... 149
ENTYVIO... 149
enulose... 123
ENVARSUS XR... 149
EOHILIA... 164

EPANED... 91
EPCLUSA... 71
EPIDIOLEX... 31
EPIDUO FORTE... 111
EPIDUO... 111
EPIFOAM... 111
epinastine... 169
epineph bitart in 0.9% sod chl... 91
epinephrine... 175
EPIPEN 2-PAK... 175
EPIPEN JR 2-PAK... 175
EPIPEN JR... 175
EPIPEN... 175
epirubicin... 51
epitol... 31
EPIVIR... 71
EPKINLY... 51
eplerenone... 91
EPOGEN... 84
epoprostenol... 175
EPRONTIA... 31
eprosartan... 91
EPSOLAY... 111
eptifibatide... 84
EPYSQLI... 149
EPZICOM... 71
EQUETRO... 31
ERAXIS(WATER DILUENT)... 42
ERBITUX... 51
ergocalciferol (vitamin d2)... 184
ergoloid... 36
ERGOMAR... 45
ergotamine-caffeine... 45
eribulin... 51
ERIVEDGE... 51
ERLEADA... 51
erlotinib... 51
ERMEZA... 143
errin... 136
ERTACZO... 42
ertapenem... 25
ery pads... 111
ERY-TAB... 25
ERYGEL... 111
ERYPED 200... 25
ERYPED 400... 25
ERYTHROCIN (AS STEARATE)... 25
ERYTHROCIN... 25
erythromycin ethylsuccinate... 25
erythromycin lactobionate... 25
erythromycin with ethanol... 111
erythromycin-benzoyl peroxide... 111
erythromycin... 25, 169
ESBRIET... 175
escitalopram oxalate... 38
ESGIC... 164
eslicarbazepine... 31
esmolol in nacl (iso-osm)... 91
esmolol... 91
esomeprazole magnesium... 123
esomeprazole sodium... 123
estarylla... 136
estazolam... 180
ESTRACE... 136
estradiol valerate... 137
estradiol-norethindrone acet... 137
estradiol... 136, 137
ESTRING... 137
eszopiclone... 180
ethacrynate sodium... 91
ethacrynic acid... 91
ethambutol... 47
ethosuximide... 31
ethynodiol diac-eth estradiol... 137
etodolac... 12
etonogestrel-ethinyl estradiol... 137
ETOPOPHOS... 51
etoposide... 51
etravirine... 71
EUCRISA... 111
EULEXIN... 51
EURAX... 111
EVAMIST... 137
EVEKEO ODT... 103
EVEKEO... 103
EVENITY... 160
everolimus (antineoplastic)... 51
everolimus (immunosuppressive)... 149
EVISTA... 137
EVKEEZA... 91
EVOCLIN... 111
EVOMELA... 51
EVOTAZ... 71
EVOXAC... 107
EVRYSDI... 127
EXELDERM... 42, 43
EXELON PATCH... 36
exemestane... 51
exenatide... 77
EXFORGE HCT... 91
EXFORGE... 91
EXJADE... 117
EXKIVITY... 51

EXPAREL (PF)... 18
EXSERVAN... 103
EXTAVIA... 103
EXTINA... 43
EYSUVIS... 169
EZALLOR SPRINKLE... 92
ezetimibe-simvastatin... 92
ezetimibe... 92

F

FABHALTA... 149
FABIOR... 111
FABRAZYME... 127
falmina (28)... 137
famciclovir... 71
famotidine (pf)-nacl (iso-os)... 123
famotidine (pf)... 123
famotidine... 123
FANAPT TITRATION PACK A... 66
FANAPT TITRATION PACK B... 66
FANAPT TITRATION PACK C... 66
FANAPT... 66
FARESTON... 51
FARXIGA... 77
FASENRA PEN... 175
FASENRA... 175
FASLODEX... 52
febuxostat... 45
feirza... 137
felbamate... 31
FELBATOL... 31
FELDENE... 12
felodipine... 92
FEMARA... 52
FEMLYV... 137
FEMRING... 137
fenofibrate micronized... 92
fenofibrate nanocrystallized... 92
fenofibrate... 92
fenofibric acid (choline)... 92
fenofibric acid... 92
FENOGLIDE... 92
fenoprofen... 12
fenopron... 13
FENSOLVI... 144
fentanyl... 13
FERRIPROX (2 TIMES A DAY)... 118
FERRIPROX... 118
fesoterodine... 129
FETROJA... 25
FETZIMA... 38
FEXMID... 180
FIASP FLEXTOUCH U-100 INSULIN... 77
FIASP PENFILL U-100 INSULIN... 77
FIASP U-100 INSULIN... 77
FIBRICOR... 92
fidaxomicin... 26
FILSPARI... 164
FILSUVEZ... 164
FINACEA... 111
finasteride... 129, 182
fingolimod... 103
FINTEPLA... 31
finzala... 137
FIORICET WITH CODEINE... 164
fioricet... 164
FIRAZYR... 149
FIRDAPSE... 103
FIRMAGON KIT W DILUENT SYRINGE... 144
FIRMAGON... 144
FIRVANQ... 26
flac otic oil... 172
FLAGYL... 26
FLAREX... 169
flavoxate... 129
FLEBOGAMMA DIF... 149
flecainide... 92
FLECTOR... 13
FLEQSUVY... 69
FLOLIPID... 92
FLOMAX... 130
floxuridine... 52
fluconazole in nacl (iso-osm)... 43
fluconazole... 43
flucytosine... 43
fludarabine... 52
fludrocortisone... 131
FLUMADINE... 71
flumazenil... 164
flunisolide... 175
fluocinolone acetonide oil... 172
fluocinolone and shower cap... 111
fluocinolone... 111
fluocinonide-e... 112
fluocinonide-emollient... 112
fluocinonide... 111, 112
fluorometholone... 169
FLUOROPLEX... 112
fluorouracil... 52, 112
fluoxetine... 38
fluphenazine decanoate... 66
fluphenazine hcl... 66
flurandrenolide... 112

flurazepam... 181
flurbiprofen sodium... 169
flurbiprofen... 13
fluticasone propion-salmeterol... 175
fluticasone propionate... 112, 175
fluvastatin... 92
fluvoxamine... 38
FML FORTE... 169
FML LIQUIFILM... 169
FOCALIN XR... 103
FOCALIN... 103
FOCINVEZ... 41
folic acid... 184
FOLLISTIM AQ... 184
FOLOTYN... 52
fomepizole... 164
fondaparinux... 84
FORFIVO XL... 38
formoterol fumarate... 175
FORTEO... 160
FORTESTA... 137
FOSAMAX PLUS D... 160
FOSAMAX... 160
fosamprenavir... 71
fosaprepitant... 41
foscarnet... 71
fosfomycin tromethamine... 26
fosinopril-hydrochlorothiazide... 92
fosinopril... 92
fosphenytoin... 31
FOTIVDA... 52
FRAGMIN... 84
FRINDOVYX... 52
FROVA... 46
frovatriptan... 46
FRUZAQLA... 52
FULPHILA... 84
fulvestrant... 52
FULVICIN P/G... 43
FURADANTIN... 26
FUROSCIX... 92
furosemide... 92
FUSILEV... 52
FUZEON... 71
FYARRO... 52
fyavolv... 137
FYCOMPA... 31
FYLNETRA... 84
fyremadel... 184

G

gabapentin... 31, 103
GABARONE... 32
GALAFOLD... 127
galantamine... 36
galbriela... 137
gallifrey... 137
GAMASTAN... 149
GAMIFANT... 149
GAMMAGARD LIQUID... 149
GAMMAGARD S-D (IGA < 1 MCG/ML)... 149
GAMMAKED... 149
GAMMAPLEX (WITH SORBITOL)... 150
GAMMAPLEX... 149
GAMUNEX-C... 150
ganciclovir sodium... 71
ganirelix... 184
GARDASIL 9 (PF)... 150
GASTROCROM... 175
gatifloxacin... 169
GATTEX 30-VIAL... 123
GATTEX ONE-VIAL... 123
GAUZE BANDAGE... 164
GAUZE PAD... 164
gavilyte-c... 123
gavilyte-g... 123
gavilyte-n... 123
GAVRETO... 52
GAZYVA... 52
gefitinib... 52
GELNIQUE... 130
gemcitabine... 52
gemfibrozil... 92
gemmily... 137
GEMTESA... 130
generlac... 123
gengraf... 150
GENOTROPIN MINIQUICK... 133
GENOTROPIN... 133
gentamicin in nacl (iso-osm)... 26
gentamicin sulfate (ped) (pf)... 26
gentamicin... 26, 169
GENVOYA... 71
GEODON... 66
GILENYA... 103
GILOTRIF... 52
GIMOTI... 41
GIVLAARI... 164
GLASSIA... 127
glatiramer... 103
glatopa... 103
GLEEVEC... 52

GLEOSTINE... 52
glimepiride... 77
glipizide-metformin... 78
glipizide... 77, 78
GLOPERBA... 45
GLUCAGEN HYPOKIT... 78
GLUCAGON (HCL) EMERGENCY KIT... 78
glucagon emergency kit (human)... 78
GLUCOTROL XL... 78
GLUMETZA... 78
glutamine (sickle cell)... 123
glyburide micronized... 78
glyburide-metformin... 78
glyburide... 78
GLYCATE... 123
GLYCOPHOS... 118
glycopyrrolate (pf) in water... 123
glycopyrrolate (pf)... 123
glycopyrrolate... 123
glydo... 19
GLYNASE... 78
GLYXAMBI... 78
GOCOVRI... 64
GOLYTELY... 123
GOMEKLI... 52
GONAL-F RFF REDI-JECT... 184
GONAL-F RFF... 184
GONAL-F... 184
GONITRO... 92
GRAFAPEX... 52
GRALISE... 103
granisetron (pf)... 41
granisetron hcl... 41
GRANIX... 84
GRASTEK... 175
griseofulvin microsize... 43
griseofulvin ultramicrosize... 43
guanfacine... 92, 103
GVOKE HYPOPEN 1-PACK... 78
GVOKE HYPOPEN 2-PACK... 78
GVOKE PFS 1-PACK SYRINGE... 78
GVOKE PFS 2-PACK SYRINGE... 78
GVOKE... 78
gynazole-1... 43

H

HADLIMA PUSHTOUCH... 150
HADLIMA(CF) PUSHTOUCH... 150
HADLIMA(CF)... 150
HADLIMA... 150
HAEGARDA... 150
hailey 24 fe... 137
hailey fe 1.5/30 (28)... 137
hailey fe 1/20 (28)... 137
hailey... 137
HALAVEN... 52
halcinonide... 112
HALCION... 181
HALDOL DECANOATE... 66
halobetasol propionate... 112
haloette... 137
HALOG... 112
haloperidol decanoate... 66
haloperidol lactate... 66
haloperidol... 66
HARLIKU... 127
HARVONI... 71, 72
HAVRIX (PF)... 150
heather... 137
HECTOROL... 160
HEMABATE... 134
HEMADY... 131
HEMANGEOL... 92
HEMICLOR... 92
heparin (porcine)... 84, 85
heparin, porcine (pf)... 85
HEPLISAV-B (PF)... 150
HEPSERA... 72
HERCEPTIN HYLECTA... 52
HERCEPTIN... 52
HERNEXEOS... 52
HERZUMA... 52
HETLIOZ LQ... 181
HETLIOZ... 181
HIBERIX (PF)... 150
HIPREX... 26
HIZENTRA... 150
HORIZANT... 103
HULIO(CF) PEN... 150
HULIO(CF)... 150
HUMALOG JUNIOR KWIKPEN U-100... 78
HUMALOG KWIKPEN INSULIN... 78
HUMALOG MIX 50-50 INSULN U-100... 78
HUMALOG MIX 50-50 KWIKPEN... 78
HUMALOG MIX 75-25 KWIKPEN... 78
HUMALOG MIX 75-25(U-100)INSULN... 78
HUMALOG TEMPO PEN(U-100)INSULN... 78
HUMALOG U-100 INSULIN... 78
HUMATIN... 26
HUMATROPE... 133

HUMIRA PEN... 150
HUMIRA(CF) PEDI CROHNS STARTER... 150
HUMIRA(CF) PEN CROHNS-UC-HS... 150
HUMIRA(CF) PEN PEDIATRIC UC... 150
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 150
HUMIRA(CF) PEN... 150
HUMIRA(CF)... 150
HUMIRA... 150
HUMULIN 70/30 U-100 INSULIN... 78
HUMULIN 70/30 U-100 KWIKPEN... 78
HUMULIN N NPH INSULIN KWIKPEN... 78
HUMULIN N NPH U-100 INSULIN... 79
HUMULIN R REGULAR U-100 INSULN... 79
HUMULIN R U-500 (CONC) KWIKPEN... 79
HYCAMTIN... 53
HYCODAN (WITH HOMATROPINE)... 182
HYCODAN... 182
hydralazine... 93
HYDREA... 53
hydrochlorothiazide... 93
hydrocodone bitartrate... 13
hydrocodone-acetaminophen... 13
hydrocodone-chlorpheniramine... 183
hydrocodone-homatropine... 183
hydrocodone-ibuprofen... 13
hydrocortisone acetate... 131
hydrocortisone butyr-emollient... 112
hydrocortisone butyrate... 112
hydrocortisone sod succinate... 131
hydrocortisone valerate... 113
hydrocortisone-acetic acid... 172
hydrocortisone-pramoxine... 182
hydrocortisone... 112, 158
hydromet... 183
hydromorphone (pf)... 13
HYDROMORPHONE... 13
hydroquinone... 182
hydroxocobalamin... 184
hydroxychloroquine... 62
hydroxyurea... 53
hydroxyzine hcl... 76
hydroxyzine pamoate... 175
HYFTOR... 113
HYPERRAB (PF)... 151
HYPERTET (PF)... 151
HYRIMOZ PEN CROHN'S-UC STARTER... 151
HYRIMOZ PEN PSORIASIS STARTER... 151
HYRIMOZ PEN... 151
HYRIMOZ(CF) PEDI CROHN STARTER... 151
HYRIMOZ(CF) PEN... 151
HYRIMOZ(CF)... 151
HYRIMOZ... 151
HYSINGLA ER... 14
HYZAAR... 93

I

ibandronate... 160
IBRANCE... 53
IBSRELA... 123
IBTROZI... 53
ibu... 14
ibuprofen-famotidine... 14
ibuprofen... 14
ibutilide fumarate... 93
icatibant... 151
iclevia... 137
ICLUSIG... 53
IDACIO(CF) PEN CROHN-UC STARTR... 151
IDACIO(CF) PEN PSORIASIS START... 151
IDACIO(CF) PEN... 151
IDACIO(CF)... 151
IDAMYCIN PFS... 53
idarubicin... 53
IDHIFA... 53
IFEX... 53
ifosfamide... 53
IGALMI... 164
ILEVRO... 169
ILUMYA... 151
IMAAVY... 151
imatinib... 53
IMBRUVICA... 53
IMDELLTRA... 53
IMFINZI... 53
imipenem-cilastatin... 26
imipramine hcl... 38
imipramine pamoate... 38
imiquimod... 113
IMITREX STATDOSE PEN... 46

IMITREX STATDOSE REFILL... 46
IMITREX... 46
IMJUDO... 53
IMKELDI... 53
IMLYGIC... 53
IMMPHENTIV... 93
IMOGAM RABIES-HT (PF)... 151
IMOVAX RABIES VACCINE (PF)... 151
IMPAVIDO... 62
IMURAN... 151
IMVEXXY MAINTENANCE PACK... 137
IMVEXXY STARTER PACK... 137
INBRIJA... 64
incassia... 137
INCONTROL ALCOHOL PADS... 164
INCRELEX... 133
INCRUSE ELLIPTA... 175
indapamide... 93
INDERAL LA... 93
INDOCIN... 14
indomethacin sodium... 14
indomethacin... 14
INFANRIX (DTAP) (PF)... 151
INFLECTRA... 151
INFLIXIMAB... 151
INFUGEM... 53
INFUMORPH P/F... 14
INFUVITE ADULT... 184
INFUVITE PEDIATRIC... 184
INGREZZA INITIATION PK(TARDIV)... 103
INGREZZA SPRINKLE... 103
INGREZZA... 103
INLEXZO... 53
INLYTA... 53
INNOPRAN XL... 93
INPEFA... 93
INQOVI... 53
INREBIC... 54
INSPRA... 93
INSULIN ASP PRT-INSULIN ASPART... 79
INSULIN ASPART U-100... 79
INSULIN DEGLUDEC... 79
INSULIN GLARGINE U-300 CONC... 79
INSULIN GLARGINE-YFGN... 79
INSULIN GLARGINE... 79
INSULIN LISPRO PROTAMIN-LISPRO... 79
INSULIN LISPRO... 79
INSULIN SYRINGE MICROFINE... 164
INSULIN SYRINGE-NEEDLE U-100... 164
INSULIN SYRINGE... 164
INSULIN U-500 SYRINGE-NEEDLE... 164
INTELENCE... 72
INTRALIPID... 118
INTRAROSA... 138
introvale... 138
INTUNIV ER... 103
INVEGA HAFYERA... 67
INVEGA SUSTENNA... 67
INVEGA TRINZA... 67
INVEGA... 66, 67
INVELTYS... 169
INVOKAMET XR... 79
INVOKAMET... 79
INVOKANA... 79
INZIRQO... 93
IONOSOL-MB IN D5W... 118
IOPIDINE... 169
IPOL... 151
ipratropium bromide... 175, 176
ipratropium-albuterol... 176
IQIRVO... 123
irbesartan-hydrochlorothiazide... 93
irbesartan... 93
IRESSA... 54
irinotecan... 54
ISENTRESS HD... 72
ISENTRESS... 72
isibloom... 138
ISOLYTE S PH 7.4... 118
ISOLYTE-P IN 5 % DEXTROSE... 118
ISOLYTE-S... 118
isoniazid... 47
ISORDIL TITRADOSE... 93
ISORDIL... 93
isosorbide dinitrate... 93
isosorbide mononitrate... 93
isosorbide-hydralazine... 93
isotretinoin... 113
isradipine... 93
ISTALOL... 169
ISTODAX... 54
ISTURISA... 133
ISUPREL... 93
ITOVEBI... 54
itraconazole... 43
IV PREP WIPES... 164
ivabradine... 93
ivermectin... 62, 113

IVRA... 54
IWILFIN... 54
IXEMPRA... 54
IXIARO (PF)... 151
IYUZEH (PF)... 169

J

JADENU SPRINKLE... 118
JADENU... 118
jaimiess... 138
JAKAFI... 54
JALYN... 130
jantoven... 85
JANUMET XR... 79
JANUMET... 79
JANUVIA... 79
JARDIANCE... 79
jasmiel (28)... 138
JATENZO... 138
javygtor... 127
JAYPIRCA... 54
jaythari... 131
JEMPERLI... 54
jencycla... 138
JENTADUETO XR... 79
JENTADUETO... 79
JEVTANA... 54
jinteli... 138
JOBEVNE... 54
JOENJA... 127
jolessa... 138
JORNAY PM... 103
JOURNAVX... 164
joyeaux... 138
JUBLIA... 43
juleber... 138
JULUCA... 72
junel 1.5/30 (21)... 138
junel 1/20 (21)... 138
junel fe 1.5/30 (28)... 138
junel fe 1/20 (28)... 138
junel fe 24... 138
JUXTAPID... 93
JYLAMVO... 151
JYNARQUE... 118
JYNNEOS (PF)... 151

K

KABIVEN... 118
KADCYLA... 54
kaitlib fe... 138
KALETRA... 72
kalliga... 138
KALYDECO... 176
KANJINTI... 54
KANUMA... 127
KAPSPARGO SPRINKLE... 93
KAPVAY... 103
kariva (28)... 138
KATERZIA... 93
KAZANO... 80
KEDRAB (PF)... 151
kelnor 1/35 (28)... 138
kelnor 1/50 (28)... 138
KENALOG-80... 131
KENALOG... 131
KENGREAL... 85
KEPIVANCE... 107
KEPPRA XR... 32
KEPPRA... 32
KERENDIA... 93, 94
KESIMPTA PEN... 103
ketoconazole... 43
ketodan... 43
ketoprofen... 14
ketorolac... 14, 169
KEVEYIS... 127
KEVZARA... 151
KEYTRUDA... 54
KHAPZORY... 54
KHINDIVI... 131
KIMMTRAK... 54
KIMYRSA... 26
KINERET... 152
KINRIX (PF)... 152
kionex (with sorbitol)... 118
kiprofen... 14
KIRSTY PEN... 80
KIRSTY... 80
KISQALI FEMARA CO-PACK... 54
KISQALI... 54
KITABIS PAK... 26
KLARON... 26
klayesta... 43
KLISYRI (250 MG)... 113
KLISYRI (350 MG)... 113
KLONOPIN... 76
KLOR-CON 10... 118
KLOR-CON 8... 118
klor-con m10... 118
KLOR-CON M15... 118
klor-con m20... 118
klor-con... 118
KLOXXADO... 20
KONVOMEP... 123
KORLYM... 164

KOSELUGO... 54
KOSHER PRENATAL PLUS IRON... 118
kourzeq... 107
KRAZATI... 54
KRINTAFEL... 62
KRISTALOSE... 123
kurvelo (28)... 138
KUVAN... 127
KYPROLIS... 54

L

l norgest/e.estradiol-e.estrad... 138
LABETALOL IN DEXTROSE,ISO-OSM... 94
LABETALOL IN NACL (ISO-OSMOT)... 94
labetalol... 94
lacosamide... 32
LACRISERT... 169
lactated ringers... 118, 164
lactulose... 124
LAMICTAL ODT STARTER (BLUE)... 32
LAMICTAL ODT STARTER (GREEN)... 32
LAMICTAL ODT STARTER (ORANGE)... 32
LAMICTAL ODT... 32
LAMICTAL STARTER (BLUE) KIT... 32
LAMICTAL STARTER (GREEN) KIT... 32
LAMICTAL STARTER (ORANGE) KIT... 32
LAMICTAL XR STARTER (BLUE)... 32
LAMICTAL XR STARTER (GREEN)... 32
LAMICTAL XR STARTER (ORANGE)... 32
LAMICTAL XR... 32
LAMICTAL... 32
lamivudine-zidovudine... 72
lamivudine... 72
lamotrigine... 32, 33
LAMPIT... 62
LAMZEDE... 127
LANOXIN PEDIATRIC... 94
LANOXIN... 94
lanreotide... 144
lansoprazole... 124
LANTUS SOLOSTAR U-100 INSULIN... 80
LANTUS U-100 INSULIN... 80
lapatinib... 54
larin 1.5/30 (21)... 138
larin 1/20 (21)... 138
larin 24 fe... 138
larin fe 1.5/30 (28)... 138
larin fe 1/20 (28)... 138
LASIX... 94
latanoprost... 169
LATISSE... 182
LATUDA... 67
LAYOLIS FE... 138
LAZCLUZE... 54
ledipasvir-sofosbuvir... 72
leena 28... 138
leflunomide... 152
LEMTRADA... 103
lenalidomide... 55
LENVIMA... 55
LEQSELVI... 152
LEQVIO... 94
LESCOL XL... 94
lessina... 138
LETAIRIS... 176
letrozole... 55
leucovorin calcium... 55
LEUKERAN... 55
LEUKINE... 85
leuprolide acetate (3 month)... 144
leuprolide... 144
levalbuterol hcl... 176
levalbuterol tartrate... 176
levetiracetam in nacl (iso-os)... 33
levetiracetam... 33
LEVO-T... 143
levobunolol... 170
levocarnitine (with sugar)... 118
levocarnitine... 118
levocetirizine... 176
levofloxacin in d5w... 26
levofloxacin... 26, 170
levoleucovorin calcium... 55
levonest (28)... 138
levonorg-eth estrad triphasic... 139
levonorgest-eth.estradiol-iron... 139
levonorgestrel-ethinyl estrad... 139
LEVOPHED (BITARTRATE)... 94
levora-28... 139
levorphanol tartrate... 14
levothyroxine... 143, 144
LEVOXYL... 144
LEVULAN... 55
LEXAPRO... 38
LEXETTE... 113
LEXIVA... 72
LIALDA... 158

LIBERVANT... 33
LIBTAYO... 55
LICART... 14
lidocaine (pf)... 19, 94
lidocaine hcl... 19
lidocaine in 5 % dextrose (pf)... 94
lidocaine viscous... 19
lidocaine-epinephrine bit... 19
lidocaine-epinephrine... 19
lidocaine-prilocaine... 19
lidocaine... 19
lidocan iii... 19
lidocan iv... 19
lidocan v... 19
LIDODERM... 19
lignospan standard... 19
LINCOCIN... 26
lincomycin... 26
lindane... 113
linezolid in dextrose 5%... 26
linezolid-0.9% sodium chloride... 26
linezolid... 26
LINZESS... 124
liomny... 144
liothyronine... 144
LIPITOR... 94
LIPOFEN... 94
LIQREV... 176
liraglutide... 80
lisdexamfetamine... 103, 104
lisinopril-hydrochlorothiazide... 94
lisinopril... 94
LITFULO... 152
lithium carbonate... 76, 77
lithium citrate... 77
LITHOBID... 77
LITHOSTAT... 164
LIVALO... 94
LIVDELZI... 124
LIVMARLI... 124
LIVTENCITY... 72
LO LOESTRIN FE... 139
lo-zumandimine (28)... 139
LOCOID LIPOCREAM... 113
LOCOID... 113
LODINE... 14
LODOCO... 94
LODOSYN... 64
LOESTRIN 1.5/30 (21)... 139
LOESTRIN 1/20 (21)... 139
LOESTRIN FE 1.5/30 (28-DAY)... 139
LOESTRIN FE 1/20 (28-DAY)... 139
lofena... 14
lofexidine... 20
lojaimiess... 139
LOKELMA... 118
lomaira... 185
LOMOTIL... 124
LONSURF... 55
loperamide... 124
LOPID... 94
lopinavir-ritonavir... 72
LOPRESSOR... 94
LOPROX (AS OLAMINE)... 43
LOQTORZI... 55
lorazepam intensol... 76
lorazepam... 76
LORBRENA... 55
LOREEV XR... 76
loryna (28)... 139
LORZONE... 180
losartan-hydrochlorothiazide... 94
losartan... 94
LOTEMAX SM... 170
LOTEMAX... 170
LOTENSIN HCT... 94
LOTENSIN... 94
loteprednol etabonate... 170
LOTREL... 94
LOTRONEX... 124
lovastatin... 95
lovaza... 95
LOVENOX... 85
low-ogestrel (28)... 139
loxapine succinate... 67
lubiprostone... 124
LUCEMYRA... 20
luizza... 139
luliconazole... 43
LUMAKRAS... 55
LUMIGAN... 170
LUMIZYME... 127
LUMRYZ STARTER PACK... 181
LUMRYZ... 181
LUNESTA... 181
LUNSUMIO... 55
LUPKYNIS... 152
LUPRON DEPOT (3 MONTH)... 145
LUPRON DEPOT (4 MONTH)... 145
LUPRON DEPOT (6 MONTH)... 145
LUPRON DEPOT-PED (3 MONTH)... 145
LUPRON DEPOT-PED... 145
LUPRON DEPOT... 145

lurasidone... 67
lurbipr... 14
lurbiro... 14
lutera (28)... 139
LUTRATE DEPOT (3 MONTH)... 145
LUXIQ... 113
LUZU... 43
LYBALVI... 67
lyleq... 139
lyllana... 139
LYNOZYFIC... 55
LYNPARZA... 55
LYRICA CR... 104
LYRICA... 104
LYSODREN... 55
LYTGOBI... 55
LYUMJEV KWIKPEN U-100 INSULIN... 80
LYUMJEV KWIKPEN U-200 INSULIN... 80
LYUMJEV TEMPO PEN(U-100)INSULN... 80
LYUMJEV U-100 INSULIN... 80
LYVISPAH... 69
lyza... 139

M

M-M-R II (PF)... 152
m-natal plus... 118
MACROBID... 26
MACRODANTIN... 26
mafenide acetate... 113
magnesium sulfate in d5w... 118
magnesium sulfate in water... 119
magnesium sulfate... 118
MALARONE PEDIATRIC... 62
MALARONE... 62
malathion... 113
mannitol 20 %... 95
mannitol 25 %... 95
maraviroc... 72
MARCAINE (PF)... 19
MARCAINE SPINAL (PF)... 19
MARCAINE-EPINEPHRINE (PF)... 19
MARCAINE-EPINEPHRINE... 19
MARCAINE... 19
MARGENZA... 55
MARINOL... 41
marlissa (28)... 139
MARPLAN... 38
MATULANE... 55
matzim la... 95
MAVENCLAD (10 TABLET PACK)... 104
MAVENCLAD (4 TABLET PACK)... 104
MAVENCLAD (5 TABLET PACK)... 104
MAVENCLAD (6 TABLET PACK)... 104
MAVENCLAD (7 TABLET PACK)... 104
MAVENCLAD (8 TABLET PACK)... 104
MAVENCLAD (9 TABLET PACK)... 104
MAVYRET... 72
MAXALT-MLT... 46
MAXALT... 46
MAXIDEX... 170
MAXITROL... 170
MAXZIDE-25MG... 95
MAXZIDE... 95
MAYZENT STARTER(FOR 1MG MAINT)... 104
MAYZENT STARTER(FOR 2MG MAINT)... 104
MAYZENT... 104
meclizine... 41
meclofenamate... 14
MEDROL (PAK)... 131
MEDROL... 131
medroxyprogesterone... 139
mefenamic acid... 14
mefloquine... 62
megestrol... 139
MEKINIST... 55
MEKTOVI... 55
meleya... 139
meloxicam submicronized... 15
meloxicam... 14, 15
melphalan hcl... 56
melphalan... 56
memantine-donepezil... 36
memantine... 36
MENACTRA (PF)... 152
MENEST... 139
MENOPUR... 184
MENOSTAR... 139
MENQUADFI (PF)... 152
MENVEO A-C-Y-W-135-DIP (PF)... 152
meperidine (pf)... 15
meperidine... 15
MEPHYTON... 184
meprobamate... 76
MEPRON... 63
MEPSEVII... 127
mercaptopurine... 56
MERILOG SOLOSTAR... 80
MERILOG... 80

meropenem-0.9% sodium chloride... 26
meropenem... 26
merzee... 139
mesalamine... 159
mesna... 56
MESNEX... 56
MESTINON TIMESPAN... 47
MESTINON... 47
METADATE CD... 104
metadate er... 104
metaxalone... 180
metformin... 80
methadone intensol... 15
methadone... 15
METHADOSE... 15
methamphetamine... 104
methazolamide... 170
methenamine hippurate... 26
methimazole... 146
METHITEST... 139
methocarbamol... 180
methotrexate sodium (pf)... 152
methotrexate sodium... 152
methoxsalen... 113
methscopolamine... 124
methsuximide... 33
methyldopa-hydrochlorothiazide... 95
methyldopa... 95
methyldopate... 95
methylergonovine... 164
METHYLIN... 104
methylphenidate hcl... 104, 105
methylphenidate... 104
methylprednisolone acetate... 132
methylprednisolone sodium succ... 132
methylprednisolone... 131
methyltestosterone... 139
metoclopramide hcl... 41
metolazone... 95
metoprolol succinate... 95
metoprolol ta-hydrochlorothiaz... 95
metoprolol tartrate... 95
METRO I.V.... 26
METROCREAM... 27
METROGEL... 27
METROLOTION... 27
metronidazole in nacl (iso-os)... 27
metronidazole... 27
metyrosine... 95
mexiletine... 95
MIACALCIN... 160
mibelas 24 fe... 139
MICAFUNGIN IN 0.9 % SODIUM CHL... 43
micafungin... 43
MICARDIS HCT... 95
MICARDIS... 95
miconazole nitrate-zinc ox-pet... 43
miconazole-3... 43
micort-hc... 132
microgestin 1.5/30 (21)... 140
microgestin 1/20 (21)... 140
microgestin fe 1.5/30 (28)... 140
microgestin fe 1/20 (28)... 140
midodrine... 95
MIEBO (PF)... 170
mifepristone... 164
migergot... 46
miglitol... 80
miglustat... 127
MIGRANAL... 46
mili... 140
millipred dp... 132
millipred... 132
milrinone in 5 % dextrose... 95
milrinone... 95
mimvey... 140
MINASTRIN 24 FE... 140
MINIVELLE... 140
MINOCIN... 27
minocycline... 27
minoxidil... 95
minzoya... 140
MIOSTAT... 170
MIPLYFFA... 127
MIRAPEX ER... 64
MIRCERA... 85
MIRENA... 164
mirtazapine... 38
MIRVASO... 113
misoprostol... 124
MITIGARE... 45
mitigo (pf)... 15
mitomycin... 56
mitoxantrone... 56
modafinil... 181
MODD1 PATIENT WELCOME KIT... 164
MODD1 SUPPLY KIT... 164
MODEYSO... 56
moexipril... 95

molindone... 67
mometasone... 113, 176
mondoxyne nl... 27
MONJUVI... 152
mono-linyah... 140
montelukast... 176
morgidox... 27
morphine (pf)... 16
morphine concentrate... 16
morphine... 15, 16
MOTEGRITY... 124
MOTOFEN... 124
MOTPOLY XR... 33
MOUNJARO... 80
MOVANTIK... 124
MOVIPREP... 124
moxifloxacin-sod.ace,sul-water... 27
moxifloxacin-sod.chloride(iso)... 27
moxifloxacin... 27, 170
MOZOBIL... 85
MRESVIA (PF)... 152
MS CONTIN... 16
MULPLETA... 85
MULTAQ... 95
mupirocin calcium... 113
mupirocin... 113
MUTAMYCIN... 56
MVASI... 56
MYALEPT... 124
MYAMBUTOL... 47
MYCAMINE... 43
MYCAPSSA... 145
MYCOBUTIN... 47
mycophenolate mofetil (hcl)... 152
mycophenolate mofetil... 152
mycophenolate sodium... 152
MYDAYIS... 105
MYFEMBREE... 145
MYFORTIC... 152
MYHIBBIN... 152
MYLOTARG... 56
MYRBETRIQ... 130
MYSOLINE... 33
MYTESI... 124

N

nabumetone... 16
nadolol... 95
nafcillin in dextrose iso-osm... 27
nafcillin... 27
naftifine... 43, 44
NAFTIN... 44
NAGLAZYME... 127
nalbuphine... 16
NALFON... 16
nalmefene... 20
nalocet... 16
naloxone... 20
naltrexone... 20
NAMENDA TITRATION PAK... 37
NAMENDA XR... 37
NAMENDA... 36
NAMZARIC... 37
NANO 2ND GEN PEN NEEDLE... 164
NANO PEN NEEDLE... 165
NAPRELAN CR... 16
NAPROSYN... 16
naproxen sodium... 16
naproxen-esomeprazole... 16
naproxen... 16
naratriptan... 46
NARCAN... 20
NARDIL... 38
NAROPIN (PF)... 19
NASCOBAL... 185
NATACHEW (FE BIS-GLYCINATE)... 119
NATACYN... 170
NATAZIA... 140
nateglinide... 80
NATROBA... 113
NAYZILAM... 33
nebivolol... 95, 96
NEBUPENT... 63
necon 0.5/35 (28)... 140
nefazodone... 38
NEFFY... 176
nelarabine... 56
NEMLUVIO... 152
neo-polycin hc... 170
neo-polycin... 170
NEO-SYNALAR... 113
neo-vital rx... 119
neomycin-bacitracin-poly-hc... 170
neomycin-bacitracin-polymyxin... 170
neomycin-polymyxin b gu... 165
neomycin-polymyxin b-dexameth... 170
neomycin-polymyxin-gramicidin... 170
neomycin-polymyxin-hc... 170, 172
neomycin... 27
NEONATAL COMPLETE... 119
NEONATAL PLUS VITAMIN... 119

NEONATAL-DHA... 119
NEORAL... 152
NERLYNX... 56
NESACAINE-MPF... 19
NESACAINE... 19
NESINA... 80
neuac... 113
NEULASTA ONPRO... 85
NEULASTA... 85
NEUPOGEN... 85
NEUPRO... 64
NEURONTIN... 33
NEVANAC... 170
nevirapine... 72
NEXAVAR... 56
NEXICLON XR... 96
NEXIUM IV... 124
NEXIUM PACKET... 124
NEXIUM... 124
NEXLETOL... 96
NEXLIZET... 96
NEXPLANON... 140
NEXTERONE... 96
NEXTSTELLIS... 140
NEXVIAZYME... 127
NGENLA... 133
niacin... 96
niacor... 96
nicardipine... 96
NICOTROL NS... 20
nifedipine... 96
nikki (28)... 140
NIKTIMVO... 152
NILANDRON... 56
nilotinib hcl... 56
nilotinib tartrate... 56
nilutamide... 56
nimodipine... 96
NINLARO... 56
NIPENT... 56
nisoldipine... 96
nitazoxanide... 63
nitisinone... 127
NITRO-BID... 96
NITRO-DUR... 96
nitrofurantoin macrocrystal... 27
nitrofurantoin monohyd/m-cryst... 27
nitrofurantoin... 27
nitroglycerin in 5 % dextrose... 96
nitroglycerin... 96, 165
NITROLINGUAL... 96
NITROSTAT... 96
NITYR... 127
NIVESTYM... 85
nizatidine... 124
NOCDURNA (MEN)... 133
NOCDURNA (WOMEN)... 133
NORA-BE... 140
NORDITROPIN FLEXPRO... 133
norelgestromin-ethin.estradiol... 140
norepinephrine bitartrate... 96
noreth-ethinyl estradiol-iron... 140
norethindrone (contraceptive)... 140
norethindrone ac-eth estradiol... 140
norethindrone acetate... 140
norethindrone-e.estradiol-iron... 140
NORGESIC FORTE... 180
norgesic... 180
norgestimate-ethinyl estradiol... 140
NORITATE... 27
NORLIQVA... 96
NORMOSOL-M IN 5 % DEXTROSE... 119
NORPACE CR... 96
NORPACE... 96
NORPRAMIN... 38
NORTHERA... 97
nortrel 0.5/35 (28)... 140
nortrel 1/35 (21)... 140
nortrel 1/35 (28)... 140
nortrel 7/7/7 (28)... 140
nortriptyline... 38
NORVASC... 97
NORVIR... 73
NOURIANZ... 64
NOVAREL... 133
NOVOLIN 70-30 FLEXPEN U-100... 80
NOVOLIN 70/30 U-100 INSULIN... 80
NOVOLIN N FLEXPEN... 80
NOVOLIN N NPH U-100 INSULIN... 80
NOVOLIN R FLEXPEN... 80
NOVOLIN R REGULAR U100 INSULIN... 80
NOVOLOG FLEXPEN U-100 INSULIN... 81
NOVOLOG MIX 70-30 U-100 INSULN... 81

NOVOLOG MIX 70-30FLEXPEN U-100... 81
NOVOLOG PENFILL U-100 INSULIN... 81
NOVOLOG U-100 INSULIN ASPART... 81
NOVOPEN ECHO... 165
NOXAFIL... 44
np thyroid... 144
NUBEQA... 56
NUCALA... 176
NUCYNTA ER... 16
NUCYNTA... 16
NUEDEXTA... 105
NULIBRY... 127
NUPLAZID... 67
NURTEC ODT... 46
NUTRILIPID... 119
NUTROPIN AQ NUSPIN... 133
NUVARING... 141
NUVIGIL... 181
NUZYRA... 27
nyamyc... 44
nylia 1/35 (28)... 141
nylia 7/7/7 (28)... 141
NYMALIZE... 97
nymyo... 141
nystatin-triamcinolone... 44
nystatin... 44
nystop... 44
NYVEPRIA... 85

O

OB COMPLETE ONE... 119
OB COMPLETE PETITE... 119
OB COMPLETE PREMIER... 119
obagi elastiderm... 182
obagi nu-derm blender... 182
obagi nu-derm clear... 182
OCALIVA... 124
ocella... 141
OCREVUS ZUNOVO... 105
OCREVUS... 105
OCTAGAM... 152
octreotide acetate... 145
octreotide,microspheres... 145
OCUFLOX... 170
ODACTRA... 176
ODEFSEY... 73
ODOMZO... 56
OFEV... 176
ofloxacin... 27, 170, 172
OGIVRI... 56
OGSIVEO... 56
OHTUVAYRE... 176
OJEMDA... 56
OJJAARA... 56
olanzapine-fluoxetine... 38
olanzapine... 67
olmesartan-amlodipin-hcthiazid... 97
olmesartan-hydrochlorothiazide... 97
olmesartan... 97
olopatadine... 176
OLPRUVA... 128
OLUMIANT... 152
OLUX-E... 113
OLUX... 113
OMECLAMOX-PAK... 124
omega-3 acid ethyl esters... 97
OMEGAVEN... 119
omeprazole-sodium bicarbonate... 124
omeprazole... 124
OMNARIS... 176
OMNIPOD 5 (G6/LIBRE 2 PLUS)... 165
OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 165
OMNIPOD 5 G6-G7 PODS (GEN 5)... 165
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)... 165
OMNIPOD CLASSIC PODS (GEN 3)... 165
OMNIPOD DASH INTRO KIT (GEN 4)... 165
OMNIPOD DASH PODS (GEN 4)... 165
OMNIPOD GO PODS 10 UNITS/DAY... 165
OMNIPOD GO PODS 15 UNITS/DAY... 165
OMNIPOD GO PODS 20 UNITS/DAY... 165
OMNIPOD GO PODS 25 UNITS/DAY... 165
OMNIPOD GO PODS 30 UNITS/DAY... 165
OMNIPOD GO PODS 40 UNITS/DAY... 165
OMNIPOD GO PODS... 165
OMNITROPE... 134
OMVOH PEN... 152
OMVOH... 152
ONAPGO... 64
ONCASPAR... 56

ondansetron hcl (pf)... 41
ondansetron hcl... 41
ondansetron... 41
ONEXTON... 113
ONFI... 33
ONGENTYS... 64
ONIVYDE... 57
ONPATTRO... 128
ONTRUZANT... 57
ONUREG... 57
ONYDA XR... 105
ONZETRA XSAIL... 46
OPDIVO QVANTIG... 57
OPDIVO... 57
OPDUALAG... 57
OPFOLDA... 128
OPIPZA... 67
opium tincture... 124
OPSUMIT... 176
OPSYNVI... 176
OPVEE... 20
OPZELURA... 113
ORACEA... 27
oralone... 107
ORAPRED ODT... 132
ORBACTIV... 27
ORENCIA CLICKJECT... 153
ORENCIA... 152, 153
ORENITRAM MONTH 1 TITRATION KT... 177
ORENITRAM MONTH 2 TITRATION KT... 177
ORENITRAM MONTH 3 TITRATION KT... 177
ORENITRAM... 176
ORFADIN... 128
ORGOVYX... 57
ORIAHNN... 145
ORILISSA... 145
ORKAMBI... 177
ORLADEYO... 153
ORLYNVAH... 27
ormalvi... 128
orphenadrine citrate... 180
orphenadrine-asa-caffeine... 180
orphengesic forte... 180
orquidea... 141
ORSERDU... 57
ORTIKOS... 159
oseltamivir... 73
OSENI... 81
OSMITROL 10 %... 97
OSMITROL 15 %... 97
OSMITROL 20 %... 97
OSMITROL 5 %... 97
OSMOLEX ER... 64
OSPHENA... 141
OTEZLA STARTER... 114
OTEZLA... 113
OTREXUP (PF)... 153
OTULFI... 153
OVIDE... 114
OVIDREL... 184
oxacillin in dextrose(iso-osm)... 28
oxacillin... 28
oxaliplatin... 57
oxaprozin... 16
OXAYDO... 16
oxazepam... 76
oxcarbazepine... 33
OXERVATE... 170
oxiconazole... 44
OXISTAT... 44
OXLUMO... 165
OXTELLAR XR... 33
oxybutynin chloride... 130
oxycodone-acetaminophen... 17
oxycodone... 16, 17
OXYCONTIN... 17
oxymorphone... 17
oxytocin... 165
OXYTROL... 130
OZEMPIC... 81
OZOBAX DS... 69
OZOBAX... 69

P

PACERONE... 97
paclitaxel protein-bound... 57
paclitaxel... 57
PADCEV... 57
PALFORZIA (LEVEL 1)... 165
PALFORZIA (LEVEL 10)... 165
PALFORZIA (LEVEL 11 UP-DOSE)... 165
PALFORZIA (LEVEL 2)... 165
PALFORZIA (LEVEL 3)... 165
PALFORZIA (LEVEL 4)... 165
PALFORZIA (LEVEL 5)... 165
PALFORZIA (LEVEL 6)... 165
PALFORZIA (LEVEL 7)... 165
PALFORZIA (LEVEL 8)... 165
PALFORZIA (LEVEL 9)... 165
PALFORZIA INITIAL (4-17 YRS)... 165

PALFORZIA LEVEL 11 MAINTENANCE... 166
paliperidone... 67
PALYNZIQ... 128
PAMELOR... 38
pamidronate... 160
PANCREAZE... 128
PANDEL... 114
PANRETIN... 57
pantoprazole in 0.9% sod chlor... 125
pantoprazole... 125
PANZYGA... 153
paraplatin... 57
paricalcitol... 160
PARLODEL... 64
PARNATE... 38
paroxetine hcl... 38, 39
paroxetine mesylate(menop.sym)... 39
PATANASE... 177
PAXIL CR... 39
PAXIL... 39
PAXLOVID... 73
pazopanib... 57
PEDIAPRED... 132
PEDIARIX (PF)... 153
PEDMARK... 57
PEDVAX HIB (PF)... 153
peg 3350-electrolytes... 125
peg-electrolyte soln... 125
peg3350-sod sul-nacl-kcl-asb-c... 125
PEGASYS... 153
PEMAZYRE... 57
pemetrexed disodium... 57
pemetrexed... 57
PEMRYDI RTU... 57
PEN NEEDLE, DIABETIC... 166
PENBRAYA (PF)... 153
penciclovir... 73
penicillamine... 119
penicillin g pot in dextrose... 28
penicillin g potassium... 28
penicillin g sodium... 28
penicillin v potassium... 28
PENMENVY MEN A-B-C-W-Y (PF)... 153
PENNSAID... 17
PENTACEL (PF)... 153
PENTAM... 63
pentamidine... 63
PENTASA... 159
pentazocine-naloxone... 17
pentobarbital sodium... 33
pentoxifylline... 97
pepcid... 125
perampanel... 33
PERCOCET... 17
PERFOROMIST... 177
PERIKABIVEN... 119
perindopril erbumine... 97
periogard... 107
PERJETA... 57
permethrin... 114
perphenazine-amitriptyline... 39
perphenazine... 67
PERSERIS... 67
PERTZYE... 128
pfizerpen-g... 28
PHEBURANE... 128
phenazopyridine... 166
phendimetrazine tartrate... 185
phenelzine... 39
PHENERGAN... 41
phenobarbital sodium... 34
phenobarbital... 33, 34
phenoxybenzamine... 97
phentermine-topiramate... 185
phentermine... 185
phenylephrine hcl... 97
PHENYTEK... 34
phenytoin sodium extended... 34
phenytoin sodium... 34
phenytoin... 34
PHESGO... 57
PHEXXI... 166
philith... 141
PHOSPHOLINE IODIDE... 170
PHYRAGO... 57
PHYSIOLYTE... 166
PHYSIOSOL IRRIGATION... 166
phytonadione (vitamin k1)... 185
PIASKY... 153
PIFELTRO... 73
pilocarpine hcl... 107, 170
pimecrolimus... 114
pimozide... 67
pimtrea (28)... 141
pindolol... 97
pioglitazone-glimepiride... 81
pioglitazone-metformin... 81
pioglitazone... 81
piperacillin-tazobactam... 28

PIQRAY... 57, 58
pirfenidone... 177
piroxicam... 17
pitavastatin calcium... 97
PITOCIN... 166
PLAQUENIL... 63
PLASMA-LYTE 148 PH 7.4... 119
PLASMA-LYTE 148... 119
PLASMA-LYTE A... 119
PLAVIX... 85
PLEGRIDY... 105
PLENAMINE... 119
PLENITY (WELCOME KIT)... 185
PLENITY... 185
PLENVU... 125
plerixafor... 85
PLIAGLIS... 19
pnv-dha... 119
pnv-omega... 119
podofilox... 114
POKONZA... 119
POLIVY... 58
polocaine-mpf... 19
polocaine... 19
polycin... 170
polymyxin b sulf-trimethoprim... 170
polymyxin b sulfate... 28
POMALYST... 58
POMBILITI... 128
PONVORY 14-DAY STARTER PACK... 105
PONVORY... 105
portia 28... 141
PORTRAZZA... 58
posaconazole... 44
potassium acetate... 119
potassium chlorid-d5-0.45%nacl... 119
potassium chloride in 0.9%nacl... 120
potassium chloride in 5 % dex... 120
potassium chloride in lr-d5... 120
potassium chloride in water... 120
potassium chloride-0.45 % nacl... 120
potassium chloride-d5-0.2%nacl... 120
potassium chloride-d5-0.9%nacl... 120
potassium chloride... 119, 120
potassium citrate... 120
POTELIGEO... 58
pr natal 400 ec... 120
pr natal 400... 120
pr natal 430 ec... 120
pr natal 430... 120
PRADAXA... 85
pralatrexate... 58
PRALUENT PEN... 97
pramipexole... 64
prasugrel hcl... 85
pravastatin... 97
praziquantel... 63
prazosin... 97
PRECOSE... 81
PRED FORTE... 171
PRED MILD... 171
prednicarbate... 114
prednisolone acetate... 171
prednisolone sodium phosphate... 132, 171
prednisolone... 132
prednisone intensol... 132
prednisone... 132
pregabalin... 105
PREGNYL... 134
PREMARIN... 141
PREMASOL 10 %... 120
PREMPHASE... 141
PREMPRO... 141
PRENATA... 120
PRENATABS FA... 120
prenatal plus (calcium carb)... 120
prenatal plus dha... 120
prenatal plus vitamin-mineral... 120
prenatal vitamin plus low iron... 120
prenatal-u... 120
PRENATE ELITE... 120
PRETOMANID... 47
PREVACID SOLUTAB... 125
PREVACID... 125
prevalite... 97
PREVDUO... 166
PREVYMIS... 73
PREZCOBIX... 73
PREZISTA... 73
PRIALT... 166
PRIFTIN... 47
PRILOSEC... 125
primaquine... 63
PRIMAXIN IV... 28
primidone... 34
primlev... 17
PRIMSOL... 28

PRIORIX (PF)... 153
PRISTIQ... 39
PRIVIGEN... 153
PRO COMFORT ALCOHOL PADS... 166
PROAIR DIGIHALER... 177
PROAIR RESPICLICK... 177
probenecid-colchicine... 45
probenecid... 45
procainamide... 97
PROCARDIA XL... 97
procentra... 105
prochlorperazine edisylate... 41
prochlorperazine maleate... 41
prochlorperazine... 41
PROCRIT... 85
procto-med hc... 114
PROCTOFOAM HC... 159
proctosol hc... 114
proctozone-hc... 114
PROCYSBI... 128
progesterone micronized... 141
progesterone... 141
PROGLYCEM... 81
PROGRAF... 153
PROLASTIN-C... 128
prolate... 17
PROLENSA... 171
PROLIA... 160
PROMACTA... 85, 86
promethazine vc-codeine... 183
promethazine vc... 166
promethazine-codeine... 183
promethazine-dm... 183
promethazine-phenylephrine... 166
promethazine... 41
promethegan... 41
PROMETRIUM... 141
propafenone... 97
proparacaine... 171
PROPECIA... 182
propranolol-hydrochlorothiazid... 98
propranolol... 98
propylthiouracil... 146
PROQUAD (PF)... 153
PROSCAR... 130
PROSOL 20 %... 120
protamine... 166
PROTONIX... 125
protriptyline... 39
PROVERA... 141
PROVIGIL... 181
PROZAC... 39
prucalopride... 125
PRUDOXIN... 114
pruradik... 114
PULMICORT FLEXHALER... 177
PULMICORT... 177
PULMOZYME... 177
PURE COMFORT ALCOHOL PADS... 166
PURIXAN... 58
PYLERA... 125
pyquvi... 132
pyrazinamide... 47
PYRIDIUM... 166
pyridostigmine bromide... 47
pyridoxine (vitamin b6)... 185
pyrimethamine... 63
PYRUKYND... 128
PYZCHIVA AUTOINJECTOR... 153
PYZCHIVA... 153

Q

QALSODY... 105
QBRELIS... 98
QBREXZA... 114
QDOLO... 17
QELBREE... 105
QINLOCK... 58
QNASL... 177
QSYMIA... 185
QTERN... 81
QUADRACEL (PF)... 153
QUDEXY XR... 34
QUESTRAN LIGHT... 98
QUESTRAN... 98
quetiapine... 67, 68
QUILLICHEW ER... 105
QUILLIVANT XR... 105
quinapril-hydrochlorothiazide... 98
quinapril... 98
quinidine gluconate... 98
quinidine sulfate... 98
quinine sulfate... 63
QULIPTA... 46
QUTENZA... 166
QUVIVIQ... 181
QUZYTTIR... 177
QVAR REDIHALER... 177

R

RABAVERT (PF)... 153
rabeprazole... 125
RADICAVA ORS STARTER KIT SUSP... 105
RADICAVA ORS... 105
RADICAVA... 105

RAGWITEK... 177
RALDESY... 39
raloxifene... 141
ramelteon... 181
ramipril... 98
ranolazine... 98
RAPAFLO... 130
RAPAMUNE... 153, 154
rasagiline... 64
RASUVO (PF)... 154
RAVICTI... 128
RAYALDEE... 160
RAYOS... 132
REBIF (WITH ALBUMIN)... 105
REBIF REBIDOSE... 105
REBIF TITRATION PACK... 106
REBLOZYL... 86
REBYOTA... 125
RECARBRIO... 28
RECLAST... 160
reclipsen (28)... 141
RECOMBIVAX HB (PF)... 154
RECORLEV... 145
RECTIV... 166
REDITREX (PF)... 154
refissa... 182
REGLAN... 41
REGONOL... 47
REGRANEX... 114
RELAFEN DS... 17
RELENZA DISKHALER... 73
RELEUKO... 86
RELEXXII... 106
RELISTOR... 125
RELPAX... 46
RELTONE... 125
REMERON SOLTAB... 39
REMERON... 39
REMICADE... 154
REMODULIN... 177
RENACIDIN... 166
RENFLEXIS... 154
RENOVA... 182
repaglinide... 81
REPATHA PUSHTRONEX... 98
REPATHA SURECLICK... 98
REPATHA SYRINGE... 98
RESPA-AR... 183
RESTASIS MULTIDOSE... 171
RESTASIS... 171
RESTORIL... 181
RETACRIT... 86
RETEVMO... 58
RETIN-A MICRO PUMP... 114
RETIN-A MICRO... 114
RETIN-A... 114
RETROVIR... 73
REVATIO... 177
REVCOVI... 128
REVLIMID... 58
revonto... 69
REVUFORJ... 58
REXULTI... 68
REYATAZ... 73
REYVOW... 46
REZDIFFRA... 166
REZLIDHIA... 58
REZUROCK... 154
REZVOGLAR KWIKPEN... 81
REZZAYO... 44
RHOFADE... 114
RHOPHYLAC... 154
RHOPRESSA... 171
RIABNI... 58
RIASTAP... 86
ribavirin... 73, 166
RIDAURA... 154
rifabutin... 47
RIFADIN... 47
rifampin... 47
RILUTEK... 106
riluzole... 106
rimantadine... 73
RIMSO-50... 166
ringer's... 120, 166
RINVOQ LQ... 154
RINVOQ... 154
RIOMET... 81
risedronate... 160
RISPERDAL CONSTA... 68
RISPERDAL... 68
risperidone microspheres... 68
risperidone... 68
RITALIN LA... 106
RITALIN... 106
ritonavir... 73
RITUXAN HYCELA... 58
RITUXAN... 58
rivaroxaban... 86
rivastigmine tartrate... 37
rivastigmine... 37
rivelsa... 141
RIVFLOZA... 166

rizatriptan... 46
ROBAXIN... 180
ROBINUL FORTE... 125
ROBINUL... 125
ROCALTROL... 160
ROCKLATAN... 171
roflumilast... 177
ROLVEDON... 86
romidepsin... 58
ROMVIMZA... 58
ropinirole... 64
ropivacaine (pf)... 20
rosadan... 28
rosuvastatin... 98
rosyrah... 141
ROTARIX... 154
ROTATEQ VACCINE... 154
ROWASA... 159
roweepra xr... 34
roweepra... 34
ROXICODONE... 17
ROXYBOND... 17
ROZEREM... 181
ROZLYTREK... 58
RUBRACA... 58
RUCONEST... 154
rufinamide... 34
RUKOBIA... 74
RUXIENCE... 58
RYALTRIS... 177
RYBELSUS... 81
RYBREVANT... 58
RYCLORA... 177
RYDAPT... 58
RYLAZE... 58
RYSTIGGO... 154
RYTARY... 64
RYTELO... 58
RYTHMOL SR... 98
RYVENT... 178
RYZNEUTA... 86

S

SABRIL... 34
sacubitril-valsartan... 98
SAFYRAL... 141
SAIZEN SAIZENPREP... 134
sajazir... 154
SALAGEN (PILOCARPINE)... 107
SAMSCA... 120
SANCUSO... 42
SANDIMMUNE... 155
SANDOSTATIN LAR DEPOT... 145
SANDOSTATIN... 145
SANTYL... 114
SAPHNELO... 155
SAPHRIS... 68
sapropterin... 128
SARCLISA... 58
SAVAYSA... 86
SAVELLA... 106
saxagliptin-metformin... 81
saxagliptin... 81
SCEMBLIX... 58, 59
scopolamine base... 42
se-natal 19 chewable... 120
SECUADO... 68
SEGLENTIS... 17
SEGLUROMET... 81
SELARSDI... 155
SELECT-OB (FOLIC ACID)... 120
SELECT-OB + DHA... 120
SELECT-OB... 120
selegiline hcl... 64
selenium sulfide... 114
SELZENTRY... 74
SEMGLEE(INSULIN GLARG-YFGN)PEN... 81
SEMGLEE(INSULIN GLARGINE-YFGN)... 81
SENSIPAR... 160
sensorcaine-epinephrine... 20
sensorcaine-mpf spinal... 20
SENSORCAINE-MPF... 20
sensorcaine-mpf/epinephrine... 20
SENSORCAINE... 20
SEPHIENCE... 128
SEREVENT DISKUS... 178
SEROQUEL XR... 68
SEROQUEL... 68
SEROSTIM... 134
sertraline... 39
setlakin... 141
SEYSARA... 28
SEZABY... 34
SFROWASA... 159
sharobel... 141
SHINGRIX (PF)... 155
SIGNIFOR LAR... 145
SIGNIFOR... 145
SIKLOS... 166
sildenafil (pulm.hypertension)... 178
sildenafil... 183
SILENOR... 181
SILIQ... 155
silodosin... 130

SILVADENE... 114
silver sulfadiazine... 114
SIMBRINZA... 171
SIMLANDI(CF) AUTOINJECTOR... 155
SIMLANDI(CF)... 155
simliya (28)... 141
simpesse... 141
SIMPONI ARIA... 155
SIMPONI... 155
SIMULECT... 155
simvastatin... 98
SINEMET... 64
SINGULAIR... 178
sirolimus... 155
SIRTURO... 47
sitagliptin-metformin... 81
sitagliptin... 81
SIVEXTRO... 28
SKYCLARYS... 106
SKYRIZI... 155
SKYTROFA... 134
SMOFLIPID... 120
SOAANZ... 98
sodium benzoate-sod phenylacet... 166
sodium bicarbonate... 120
sodium chloride 0.45 %... 120
sodium chloride 0.9 %... 121
sodium chloride 3 % hypertonic... 121
sodium chloride 5 % hypertonic... 121
sodium chloride... 120, 166
SODIUM EDECRIN... 98
sodium oxybate... 181
sodium phenylbutyrate... 128
sodium phosphate... 121
sodium polystyrene sulfonate... 121
sodium,potassium,mag sulfates... 125
SOGROYA... 134
SOHONOS... 166
solifenacin... 130
SOLIQUA 100/33... 81
SOLIRIS... 155
SOLODYN... 28
SOLOSEC... 28
SOLTAMOX... 59
SOLU-CORTEF ACT-O-VIAL (PF)... 132
SOLU-CORTEF... 132
SOLU-MEDROL (PF)... 132
SOLU-MEDROL... 132
SOMA... 180
SOMATULINE DEPOT... 145
SOMAVERT... 145
SOOLANTRA... 114
sorafenib... 59
SORILUX... 114
sotalol af... 98
sotalol... 98
SOTYKTU... 155
SOTYLIZE... 98
SOVALDI... 74
SOVUNA... 63
SPEVIGO... 155
spinosad... 114
SPIRIVA RESPIMAT... 178
SPIRIVA WITH HANDIHALER... 178
spironolacton-hydrochlorothiaz... 98
spironolactone... 98
SPORANOX... 44
sprintec (28)... 141
SPRITAM... 34
SPRIX... 18
SPRYCEL... 59
SPS (WITH SORBITOL)... 121
sronyx... 141
SSD... 114
STALEVO 100... 64
STALEVO 125... 64
STALEVO 150... 65
STALEVO 200... 65
STALEVO 50... 65
STALEVO 75... 65
stavudine... 74
STEGLATRO... 81
STEGLUJAN... 82
STELARA... 155
STENDRA... 183
STEQEYMA I.V.... 155
STEQEYMA... 155
STIMUFEND... 86
STIOLTO RESPIMAT... 178
STIVARGA... 59
STRATTERA... 106
STRENSIQ... 128
streptomycin... 28
STRIBILD... 74
STRIVERDI RESPIMAT... 178
STROMECTOL... 63
SUBOXONE... 20
subvenite starter (blue) kit... 34

subvenite starter (green) kit... 34
subvenite starter (orange) kit... 34
subvenite... 34
SUCRAID... 128
sucralfate... 125
SUFLAVE... 125
SULAR... 98
sulfacetamide sodium (acne)... 28
sulfacetamide sodium-sulfur... 182
sulfacetamide sodium... 28, 171, 182
sulfacetamide-prednisolone... 171
sulfadiazine... 28
sulfamethoxazole-trimethoprim... 28
SULFAMYLON... 114
sulfasalazine... 159
sulindac... 18
sumatriptan succinate... 46
sumatriptan-naproxen... 46
sumatriptan... 46
sunitinib malate... 59
SUNLENCA... 74
SUNOSI... 181
SUPREP BOWEL PREP KIT... 125
SURE COMFORT ALCOHOL PREP PADS... 166
SURE-PREP ALCOHOL PREP PADS... 166
SUTAB... 126
SUTENT... 59
syeda... 141
SYLVANT... 156
SYMBICORT... 178
SYMBRAVO... 46
SYMDEKO... 178
SYMFI LO... 74
SYMFI... 74
SYMLINPEN 120... 82
SYMLINPEN 60... 82
SYMPAZAN... 34
SYMPROIC... 126
SYMTUZA... 74
SYNAGIS... 166
SYNALAR... 115
SYNAREL... 145
SYNJARDY XR... 82
SYNJARDY... 82
SYNRIBO... 59
SYNTHROID... 144
SYPRINE... 121

T

TABLOID... 59
TABRECTA... 59
TACLONEX... 115
tacrolimus... 115, 156
tadalafil (pulm. hypertension)... 178
tadalafil... 130, 183
TADLIQ... 178
TAFINLAR... 59
tafluprost (pf)... 171
TAGRISSO... 59
TAKHZYRO... 156
TALICIA... 126
TALTZ AUTOINJECTOR (2 PACK)... 156
TALTZ AUTOINJECTOR (3 PACK)... 156
TALTZ AUTOINJECTOR... 156
TALTZ SYRINGE... 156
TALVEY... 59
TALZENNA... 59
TAMIFLU... 74
tamoxifen... 59
tamsulosin... 130
tanlor... 180
taperdex... 132
TARCEVA... 59
TARGADOX... 28
TARGRETIN... 59
tarina 24 fe... 141
tarina fe 1-20 eq (28)... 141
tarina fe 1/20 (28)... 141
TARPEYO... 159
TASCENSO ODT... 106
TASIGNA... 59
tasimelteon... 181
TASMAR... 65
tavaborole... 44
TAVALISSE... 86
TAVNEOS... 156
taysofy... 141
TAYTULLA... 142
tazarotene... 115
tazicef... 28
TAZORAC... 115
taztia xt... 98
TAZVERIK... 59
TDVAX... 156
TECENTRIQ HYBREZA... 59
TECENTRIQ... 59
TECFIDERA... 106
TECVAYLI... 59
TEFLARO... 28

TEGLUTIK... 106
TEGRETOL XR... 35
TEGRETOL... 34
TEKTURNA HCT... 99
TEKTURNA... 98
telmisartan-amlodipine... 99
telmisartan-hydrochlorothiazid... 99
telmisartan... 99
temazepam... 181
TEMODAR... 59
TEMOVATE... 115
temsirolimus... 59
tencon... 166
TENIVAC (PF)... 156
tenofovir disoproxil fumarate... 74
TENORETIC 100... 99
TENORETIC 50... 99
TENORMIN... 99
TEPADINA... 59
TEPEZZA... 166
TEPMETKO... 60
TEPYLUTE... 60
terazosin... 99
terbinafine hcl... 44
terbutaline... 178
terconazole... 44
teriflunomide... 106
TESTIM... 142
testosterone cypionate... 142
testosterone enanthate... 142
testosterone... 142
tetrabenazine... 106
tetracycline... 28
TEVIMBRA... 60
TEXACORT... 115
TEZRULY... 99
TEZSPIRE... 156
THALITONE... 99
THALOMID... 60
THAM... 121
THEO-24... 178
theophylline... 178
thiamine hcl (vitamin b1)... 185
THIOLA EC... 130
THIOLA... 130
thioridazine... 68
thiotepa... 60
thiothixene... 69
THYMOGLOBULIN... 156
THYQUIDITY... 144
tiadylt er... 99
tiagabine... 35
TIAZAC... 99
TIBSOVO... 60
ticagrelor... 86
TICOVAC... 156
TIGAN... 42
tigecycline... 29
TIGLUTIK... 106
TIKOSYN... 99
tilia fe... 142
timolol maleate (pf)... 171
timolol maleate... 99, 171
timolol... 171
TIMOPTIC OCUDOSE (PF)... 171
tinidazole... 29
tiopronin... 130
tirofiban-0.9% sodium chloride... 86
TIROSINT-SOL... 144
TIROSINT... 144
TIVDAK... 60
TIVICAY PD... 74
TIVICAY... 74
tizanidine... 70
TLANDO... 142
TOBI PODHALER... 178
TOBI... 29
TOBRADEX ST... 171
TOBRADEX... 171
tobramycin in 0.225 % nacl... 29
tobramycin sulfate... 29
tobramycin-dexamethasone... 171
tobramycin... 29, 171
TOBREX... 171
tolcapone... 65
tolectin 600... 18
tolmetin... 18
TOLSURA... 44
tolterodine... 130
tolvaptan (polycys kidney dis)... 121
tolvaptan... 121
TOPAMAX... 35
TOPICORT... 115
topiramate... 35
topotecan... 60
TOPROL XL... 99
toremifene... 60
TORISEL... 60
torpenz... 60
torsemide... 99
TOSYMRA... 46
TOUJEO MAX U-300 SOLOSTAR... 82
TOUJEO SOLOSTAR U-300 INSULIN... 82

tovet emollient... 115
TOVIAZ... 130
TPN ELECTROLYTES... 121
TRACLEER... 178
TRADJENTA... 82
tramadol-acetaminophen... 18
tramadol... 18
trandolapril-verapamil... 99
trandolapril... 99
tranexamic acid... 86
TRANSDERM-SCOP... 42
tranylcypromine... 39
TRAVASOL 10 %... 121
TRAVATAN Z... 171
travoprost... 171
TRAZIMERA... 60
trazodone... 39
TREANDA... 60
TRECATOR... 47
TRELEGY ELLIPTA... 178
TRELSTAR... 145
TREMFYA PEN INDUCTION PK-CROHN... 156
TREMFYA PEN... 156
TREMFYA... 156
treprostinil sodium... 178
TRESIBA FLEXTOUCH U-100... 82
TRESIBA FLEXTOUCH U-200... 82
TRESIBA U-100 INSULIN... 82
tretinoin (antineoplastic)... 60
tretinoin (emollient)... 182
tretinoin microspheres... 115
tretinoin... 115
TREXALL... 156
TREXIMET... 46
TREZIX... 18
tri-estarylla... 142
tri-legest fe... 142
tri-linyah... 142
tri-lo-estarylla... 142
tri-lo-marzia... 142
tri-lo-mili... 142
tri-lo-sprintec... 142
TRI-LUMA... 182
tri-mili... 142
tri-nymyo... 142
tri-sprintec (28)... 142
tri-vylibra lo... 142
tri-vylibra... 142
triamcinolone acetonide... 107, 132
triamterene-hydrochlorothiazid... 99
triamterene... 99
trianex... 133
triazolam... 181
TRIBENZOR... 99
TRICARE... 121
TRICOR... 99
triderm... 133
trientine... 121
trifluoperazine... 69
trifluridine... 171
trihexyphenidyl... 65
TRIJARDY XR... 82
TRIKAFTA... 178
TRILEPTAL... 35
TRILIPIX... 99
trimethobenzamide... 42
trimethoprim... 29
trimipramine... 39
trinatal rx 1... 121
TRINTELLIX... 39
TRIPTODUR... 145
TRISENOX... 60
TRISTART DHA... 121
TRIUMEQ PD... 74
TRIUMEQ... 74
trivora (28)... 142
TRIZIVIR... 74
TRODELVY... 60
TROGARZO... 74
TROKENDI XR... 35
tromethamine... 121
TROPHAMINE 10 %... 121
trospium... 130
TRUDHESA... 46
TRUE COMFORT ALCOHOL PADS... 167
TRUE COMFORT PRO ALCOHOL PADS... 167
TRULANCE... 126
TRULICITY... 82
TRUMENBA... 156
TRUQAP... 60
TRUVADA... 74
TRUXIMA... 60
TRYNGOLZA... 99
TRYPTYR... 171
TRYVIO... 99
TUDORZA PRESSAIR... 178
TUKYSA... 60
tulana... 142
TURALIO... 60
turqoz (28)... 142
TUXARIN ER... 183

TUZISTRA XR... 183
TWINRIX (PF)... 156
TWYNEO... 115
TYBOST... 74
tydemy... 142
TYENNE AUTOINJECTOR... 156
TYENNE... 156
TYGACIL... 29
TYKERB... 60
TYMLOS... 160
TYPHIM VI... 156
TYRVAYA... 171
TYSABRI... 106
TYVASO DPI... 179
TYVASO INSTITUTIONAL START KIT... 179
TYVASO REFILL KIT... 179
TYVASO STARTER KIT... 179
TYVASO... 179

U

UBRELVY... 46
UCERIS... 159
UDENYCA AUTOINJECTOR... 86
UDENYCA ONBODY... 86
UDENYCA... 86
ULORIC... 45
ULTILET ALCOHOL SWAB... 167
ULTOMIRIS... 156
ULTRA-FINE INS SYR (HALF UNIT)... 167
ULTRA-FINE INSULIN SYRINGE... 167
ULTRA-FINE PEN NEEDLE... 167
ULTRAVATE... 115
umeclidinium-vilanterol... 179
UNASYN... 29
UNDECATREX... 142
UNITHROID... 144
UNITUXIN... 60
UPLIZNA... 156
UPTRAVI... 179
UROCIT-K 10... 121
UROCIT-K 15... 121
UROCIT-K 5... 121
UROXATRAL... 130
URSO 250... 126
URSO FORTE... 126
ursodiol... 126
USTEKINUMAB-AEKN... 157
USTEKINUMAB-TTWE... 157
USTEKINUMAB... 157
UZEDY... 69

V

V-GO 20... 167
V-GO 30... 167
V-GO 40... 167
VABOMERE... 29
VAGIFEM... 142
valacyclovir... 74
VALCHLOR... 60
VALCYTE... 74
valganciclovir... 74
VALIUM... 76
valproate sodium... 35
valproic acid (as sodium salt)... 35
valproic acid... 35
valrubicin... 60
valsartan-hydrochlorothiazide... 100
valsartan... 100
VALSTAR... 60
VALTOCO... 35
VALTREX... 74
valtya... 142
VANCOCIN... 29
vancomycin in 0.9 % sodium chl... 29
vancomycin in dextrose 5 %... 29
vancomycin-diluent combo no.1... 29
vancomycin... 29
VANDAZOLE... 29
VANFLYTA... 60
VANOS... 115
VANRAFIA... 167
VAPRISOL IN 5 % DEXTROSE... 121
VAQTA (PF)... 157
vardenafil... 183
varenicline tartrate... 21
VARIVAX (PF)... 157
VARIZIG... 157
VARUBI... 42
VASCEPA... 100
VASERETIC... 100
VASOTEC... 100
VAXCHORA VACCINE... 157
vecamyl... 100
VECTIBIX... 60
VECTICAL... 115
VEGZELMA... 60
VELCADE... 60
VELETRI... 179
velivet triphasic regimen (28)... 142
VELSIPITY... 157
VELTASSA... 121

VELTIN... 115
VEMLIDY... 75
VENCLEXTA STARTING PACK... 61
VENCLEXTA... 61
VENLAFAXINE BESYLATE... 39
venlafaxine... 39
VENTAVIS... 179
VENTOLIN HFA... 179
venxxiva... 130
VEOPOZ... 157
VEOZAH... 106
verapamil... 100
VERDESO... 115
VEREGEN... 115
VERELAN PM... 100
VERIPRED 20... 133
VERKAZIA... 171
VERQUVO... 100
VERSACLOZ... 69
VERZENIO... 61
VESICARE LS... 130
VESICARE... 130
vestura (28)... 142
VEVYE... 171
VFEND IV... 44
VFEND... 44
VIAGRA... 183
VIBATIV... 29
VIBERZI... 126
VIBRAMYCIN... 29
VICTOZA 2-PAK... 82
VICTOZA 3-PAK... 82
VIDAZA... 61
vienva... 143
vigabatrin... 35
vigadrone... 35
VIGAFYDE... 35
VIGAMOX... 171
vigpoder... 35
VIIBRYD... 39
VIJOICE... 129
vilazodone... 40
VIMKUNYA... 157
VIMOVO... 18
VIMPAT... 35, 36
vinblastine... 61
vincasar pfs... 61
vincristine... 61
vinorelbine... 61
VIOKACE... 129
viorele (28)... 143
VIRACEPT... 75
VIRAZOLE... 167
VIREAD... 75
VISTARIL... 179
VITAFOL FE PLUS... 121
VITAFOL GUMMIES... 121
VITAFOL ULTRA... 121
VITAFOL-OB+DHA... 122
VITAFOL-OB... 121
VITAFOL-ONE... 122
VITAMEDMD ONE RX... 122
vitamin d2... 185
vitamin k... 185
vitamin k1... 185
VITRAKVI... 61
vivacaine... 20
VIVELLE-DOT... 143
VIVITROL... 21
VIVJOA... 44
VIVLODEX... 18
VIVOTIF... 157
VIZIMPRO... 61
VOCABRIA... 75
VOGELXO... 143
volnea (28)... 143
VONJO... 61
VOQUEZNA DUAL PAK... 126
VOQUEZNA TRIPLE PAK... 126
VOQUEZNA... 126
VORANIGO... 61
voriconazole-hpbcd... 45
voriconazole... 44, 45
VOSEVI... 75
VOTRIENT... 61
VOWST... 126
VOXZOGO... 129
VOYDEYA... 157
VPRIV... 129
VRAYLAR... 69
VTAMA... 115
VUITY... 171
VUMERITY... 106
VUSION... 45
VYALEV... 65
VYEPTI... 46
vyfemla (28)... 143
VYJUVEK... 167
VYKAT XR... 167
VYLEESI... 183
vylibra... 143
VYLOY... 61
VYNDAMAX... 129

VYNDAQEL... 129
VYTORIN 10-10... 100
VYTORIN 10-20... 100
VYTORIN 10-40... 100
VYTORIN 10-80... 100
VYVANSE... 106
VYVGART HYTRULO... 47
VYVGART... 47
VYXEOS... 61
VYZULTA... 172

W

WAINUA... 129
WAKIX... 181
warfarin... 86
water for irrigation, sterile... 167
WAYRILZ... 86
WEBCOL... 167
WEGOVY... 167
WELCHOL... 100
WELIREG... 129
WELLBUTRIN SR... 40
WELLBUTRIN XL... 40
wera (28)... 143
wescap-pn dha... 122
wesnatal dha complete... 122
wesnate dha... 122
westab plus... 122
westgel dha... 122
WEZLANA I.V.... 157
WEZLANA... 157
WINLEVI... 115
WINREVAIR... 179
wixela inhub... 179
wymzya fe... 143

X

XACDURO... 29
XACIATO... 29
XADAGO... 65
XALATAN... 172
XALKORI... 61
XANAX XR... 76
XANAX... 76
xarah fe... 143
XARELTO DVT-PE TREAT 30D START... 86
XARELTO... 86
XATMEP... 157
XCOPRI MAINTENANCE PACK... 36
XCOPRI TITRATION PACK... 36
XCOPRI... 36
XDEMVY... 167
XELJANZ XR... 157
XELJANZ... 157
XELPROS... 172
xelria fe... 143
XELSTRYM... 106
XEMBIFY... 157
XENAZINE... 106
XENPOZYME... 129
XERAVA... 29
XERESE... 75
XERMELO... 126
XGEVA... 160
XHANCE... 179
XIFAXAN... 126
XIFYRM... 18
XIGDUO XR... 82
XIIDRA... 172
XIMINO... 29
XOFLUZA... 75
XOLAIR... 157, 158
XOLEGEL... 45
XOLREMDI... 86
XOPENEX HFA... 179
XOSPATA... 61
XPOVIO... 61
XROMI... 167
XTAMPZA ER... 18
XTANDI... 61
xulane... 143
XULTOPHY 100/3.6... 82
XYOSTED... 143
XYREM... 181
XYWAV... 181

Y

yargesa... 129
YASMIN (28)... 143
YAZ (28)... 143
YCANTH... 167
YERVOY... 61
YESINTEK... 158
YF-VAX (PF)... 158
YONDELIS... 62
YONSA... 62
YORVIPATH... 160
YUFLYMA(CF) AI CROHN'S-UC-HS... 158
YUFLYMA(CF) AUTOINJECTOR... 158
YUFLYMA(CF)... 158
YUPELRI... 179
YUSIMRY(CF) PEN... 158
YUTREPIA... 179
yuvafem... 143

Z

zafemy... 143

zafirlukast... 179
zaleplon... 181
ZALTRAP... 62
ZANAFLEX... 70
ZANOSAR... 62
zarah... 143
ZARONTIN... 36
ZARXIO... 87
zatean-pn dha... 122
zatean-pn plus... 122
ZAVESCA... 129
ZAVZPRET... 46
ZCORT... 133
ZEBUTAL... 167
ZEGALOGUE AUTOINJECTOR... 82
ZEGALOGUE SYRINGE... 82
ZEGERID... 126
ZEJULA... 62
ZELAPAR... 65
ZELBORAF... 62
ZELSUVMI... 115
zelvysia... 129
ZEMAIRA... 129
ZEMBRACE SYMTOUCH... 46
ZEMDRI... 29
ZEMPLAR... 160
zenatane... 115
ZENPEP... 129
zenzedi... 106
ZEPATIER... 75
ZEPBOUND... 167
ZEPOSIA STARTER KIT (28-DAY)... 107
ZEPOSIA STARTER PACK (7-DAY)... 107
ZEPOSIA... 107
ZEPZELCA... 62
ZERBAXA... 29
ZERVIATE... 172
ZESTORETIC... 100
ZESTRIL... 100
ZETIA... 100
ZETONNA... 179
ZEVALIN (Y-90)... 167
ZEVTERA... 30
ZIAGEN... 75
ZIANA... 115
zidovudine... 75
ZIEXTENZO... 87
ZIIHERA... 62
ZILBRYSQ... 158
zileuton... 179
ZILRETTA... 133
ZILXI... 116
ZIMHI... 21
zingiber... 167
ZIOPTAN (PF)... 172
ziprasidone hcl... 69
ziprasidone mesylate... 69
ZIPSOR... 18
ZIRABEV... 62
ZIRGAN... 75
ZITHROMAX TRI-PAK... 30
ZITHROMAX Z-PAK... 30
ZITHROMAX... 30
ZITUVIMET XR... 82
ZITUVIMET... 82
ZITUVIO... 82
ZOCOR... 100
ZOLADEX... 146
zoledronic ac-mannitol-0.9nacl... 160
zoledronic acid-mannitol-water... 161
zoledronic acid... 161
ZOLINZA... 62
zolmitriptan... 46, 47
ZOLOFT... 40
zolpidem... 181
ZOMACTON... 134
zomig... 47
ZONALON... 116
ZONEGRAN... 36
ZONISADE... 36
zonisamide... 36
ZORTRESS... 158
ZORVOLEX... 18
ZORYVE... 116
ZOSYN IN DEXTROSE (ISO-OSM)... 30
zovia 1-35 (28)... 143
ZOVIRAX... 75
ZTALMY... 36
ZTLIDO... 20
ZUBSOLV... 21
ZULRESSO... 40
zumandimine (28)... 143
ZUNVEYL... 37
ZURNAI... 21
ZURZUVAE... 40
ZYCLARA... 116
ZYDELIG... 62
ZYKADIA... 62
ZYLET... 172
ZYLOPRIM... 45

ZYMFENTRA... 158
ZYNLONTA... 62
ZYNRELEF... 167
ZYNYZ... 62
ZYPITAMAG... 100
ZYPREXA RELPREVV... 69
ZYPREXA... 69
ZYTIGA... 62
ZYVOX... 30

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন 877-320-1235 (TTY: 711) নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235（听障专线：711）**。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235（聽障專線：711）**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. 877-320-1235 (TTY: 711) પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। 877-320-1235 (TTY: 711) पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at **https://www.humana.com/legal/multi-language-support**.

GHHNOA2025HUM_0425

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរស័ព្ទទៅលេខ 877-320-1235 (TTY: 711)។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjį' bee adahodooníłígíí diné bich'į' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahólǫ́. Kohjį' hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 877-320-1235 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 877-320-1235 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. 877-320-1235 (TTY: 711) కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **877-320-1235 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፡- ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ ̀[Bassa]: Wuɖu-xwíníín-mú-zà-zà kǔà, Hwòɖǒ-fɔ́ńɔ-́nyɔ,́ kè nyɔ-bɔ̌ǔn-po-kà ɓě ɓɛ́ nyuɛɛ se wíɖí pɛ́ɛ̀-pɛ́ɛ̀ ɖò kɔ̀ ̃**877-320-1235 (TTY: 711)** ɖá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọ́wọ́tó. Pe **877-320-1235 (TTY: 711).**

नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।

Notes

Notes

This formulary was updated on 09/29/2025. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.