2025

Prescription Drug Guide

Humana Formulary

List of covered drugs or "Drug List"

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

Humana Gold Plus SNP-DE (HMO-POS D-SNP)
Humana Gold Plus SNP-DE (HMO D-SNP)
Humana Community HMO SNP-DE (HMO D-SNP)
Humana Dual Select (HMO-POS D-SNP)
Humana Dual Select (HMO D-SNP)
Humana Gold Plus Integrated SNP-DE (HMO-POS D-SNP)
Humana Gold Plus SNP-DE (HMO-POS D-SNP)

Formulary 25456

This formulary was updated on 12/01/2025. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-457-4708 or for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. 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**.

For a complete list of Contract/PBP numbers this document relates to, please see the final page of this document.

Humana®

Welcome to Humana!

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 Humana.

This document includes a Drug List (formulary) for our plan which is current as of December 2025. 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 formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Humana in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Humana will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

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 from our formulary if we are replacing it with a certain new version of that drug that will appear 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 original biological product on our formulary, but immediately move it to a 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 original 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, 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 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.

If we make these other changes, you or your prescriber can ask us to make an exception for you 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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.

The enclosed formulary is current as of December 2025. To get updated information about the drugs covered by Humana please contact us. Our contact information appears on the front and back cover pages.

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 happens or we will provide a 30-day refill of the affected medicine with notice of the change.

How do I use the formulary?

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

Medical condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories 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 98. 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 your 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.

How much will I pay for covered drugs?

Humana 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 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):** Humana requires you to get prior authorization for certain drugs. This means that you will need to get approval from Humana before you fill your prescriptions. If you do not get approval, Humana may not cover the drug.

- **Quantity Limits (QL):** For certain drugs, Humana limits the amount of the drug that is covered. Humana 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, Humana 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, Humana may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana 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 Humana 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 Humana 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 Humana 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 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 does not cover your drug, you have two options:

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

What is a compounded drug?

A compounded drug is used to provide drug therapies that are not commercially available as FDA-approved finished products in the same dose, formulation, and/or combination of ingredients, but are instead created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. While some compounded drugs may be Part D eligible, most compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered.

How do I request an exception to the Humana Formulary?

You can ask Humana 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.

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 an initial coverage decision for a formulary or utilization restriction exception.

When you ask for an exception, you should submit a statement from your health care provider that supports your request. This is called a supporting statement.

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 Part D drug that is not on our formulary or if your ability to get your drug 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, Humana 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. Humana 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

Humana 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. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that is most convenient for you. You should get your new prescription by mail in 7 – 10 days after CenterWell Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. 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 prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about the Humana 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 Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

Your plan includes the **$0 Rx Copay Benefit**. For additional information on this benefit and eligibility requirements please see your Evidence of Coverage.

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.
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.
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.
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. Humana 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-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)
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)
celecoxib 100 mg, 200 mg CAPSULE **MO**	1	
celecoxib 400 mg, 50 mg CAPSULE **MO**	1	
diclofenac potassium 50 mg TABLET **MO**	1	
diclofenac sodium 1 % GEL **MO**	1	QL(1000 per 30 days)
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 25 mg TABLET, DR/EC **MO**	1	
diclofenac sodium 50 mg TABLET, DR/EC **MO**	1	
diclofenac sodium 75 mg TABLET, DR/EC **MO**	1	
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	
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)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE **DL**	1	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE **DL**	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET **MO**	1	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	1	QL(390 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 7.5-200 mg TABLET **DL**	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
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 8 mg TABLET **DL**	1	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET **MO**	1	
ibuprofen 100 mg/5 ml SUSPENSION **MO**	1	
ibuprofen 400 mg TABLET **MO**	1	
ibuprofen 600 mg, 800 mg TABLET **MO**	1	
indomethacin 25 mg, 50 mg CAPSULE **MO**	1	
indomethacin 75 mg CAPSULE, ER **MO**	1	
ketorolac 10 mg TABLET **MO**	1	QL(20 per 30 days)
lurbipr 100 mg TABLET **MO**	1	
meloxicam 15 mg TABLET **MO**	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET **MO**	1	QL(60 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)
morphine 10 mg/5 ml SOLUTION **DL**	1	QL(2700 per 30 days)
morphine 100 mg TABLET ER **DL**	1	QL(180 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 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 concentrate 100 mg/5 ml (20 mg/ml) SOLUTION **DL**	1	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET **MO**	1	
naproxen 250 mg, 375 mg TABLET **MO**	1	
naproxen 375 mg TABLET, DR/EC **MO**	1	
naproxen 500 mg TABLET **MO**	1	
naproxen sodium 275 mg, 550 mg TABLET **MO**	1	
oxycodone 10 mg, 15 mg, 5 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET **DL**	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
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-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	1	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)
piroxicam 10 mg, 20 mg CAPSULE **MO**	1	
sulindac 150 mg, 200 mg TABLET **MO**	1	
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 50 mg TABLET **DL**	1	QL(240 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	
lidocaine 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY IN APPLICATOR **MO**	1	
lidocaine hcl 2 % SOLUTION **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-prilocaine 2.5-2.5 % CREAM **MO**	1	
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	
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	
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(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM **MO**	1	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM **MO**	1	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET **MO**	1	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. **MO**	1	QL(90 per 30 days)
disulfiram 250 mg, 500 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
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO	1	QL(2 per 30 days)
naloxone 0.4 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE MO	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL MO	1	QL(2 per 30 days)
naltrexone 50 mg TABLET MO	1	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	1	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO	1	QL(2 per 30 days)
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL MO	1	QL(2 per 30 days)
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	1	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET MO	1	QL(30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET MO	1	QL(60 per 30 days)
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR MO	1	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION MO	1	
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 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	1	PA,QL(235.2 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
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	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	1	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	1	
cefaclor 250 mg, 500 mg CAPSULE 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	
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	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	
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, 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	

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
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 CAPSULE **MO**	1	
cephalexin 500 mg CAPSULE **MO**	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION **MO**	1	
ciprofloxacin hcl 100 mg TABLET **MO**	1	
ciprofloxacin hcl 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	
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	
CLEOCIN 100 MG SUPPOSITORY **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	
colistin (colistimethate na) 150 mg RECON SOLUTION **MO**	1	
daptomycin 350 mg RECON SOLUTION **MO**	1	
daptomycin 500 mg RECON SOLUTION **DL**	1	
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**	1	
dicloxacillin 250 mg, 500 mg CAPSULE **MO**	1	
DIFICID 200 MG TABLET **DL**	1	
doxy-100 100 mg RECON SOLUTION **MO**	1	
doxycycline hyclate 100 mg CAPSULE **MO**	1	
doxycycline hyclate 100 mg TABLET **MO**	1	
doxycycline hyclate 20 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
doxycycline hyclate 50 mg CAPSULE **MO**	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE **MO**	1	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET **MO**	1	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
ertapenem 1 gram RECON SOLUTION **MO**	1	
ERYTHROCIN 500 MG RECON SOLUTION **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 lactobionate 500 mg RECON SOLUTION **DL**	1	
fidaxomicin 200 mg TABLET **DL**	1	
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	
HUMATIN 250 MG CAPSULE **DL**	1	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION **MO**	1	
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	
lincomycin 300 mg/ml SOLUTION **MO**	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION **DL**	1	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	
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	
metronidazole 0.75 % CREAM **MO**	1	
metronidazole 0.75 % LOTION **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
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL **MO**	1	
metronidazole 1 % GEL WITH PUMP **MO**	1	
metronidazole 250 mg, 500 mg TABLET **MO**	1	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK **MO**	1	
minocycline 100 mg, 50 mg, 75 mg CAPSULE **MO**	1	
mondoxyne nl 100 mg CAPSULE **MO**	1	
moxifloxacin 400 mg TABLET **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**	1	
neomycin 500 mg TABLET **MO**	1	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE **MO**	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE **MO**	1	
ofloxacin 300 mg, 400 mg TABLET **MO**	1	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK **MO**	1	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK **MO**	1	
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	
PRIMSOL 50 MG/5 ML SOLUTION **MO**	1	
streptomycin 1 gram RECON SOLUTION **DL**	1	
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	

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
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	1	
tigecycline 50 mg RECON SOLUTION DL	1	
tinidazole 250 mg, 500 mg TABLET MO	1	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION DL	1	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION MO	1	
trimethoprim 100 mg TABLET MO	1	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg RECON SOLUTION MO	1	
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	1	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	1	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	1	
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	1	
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET DL	1	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	1	PA,QL(60 per 30 days)
brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET DL	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	1	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	1	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	
clobazam 10 mg, 20 mg TABLET DL	1	PA
clobazam 2.5 mg/ml SUSPENSION DL	1	PA
DIACOMIT 250 MG, 500 MG CAPSULE DL	1	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	1	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
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT **DL**	1	
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	
EPIDIOLEX 100 MG/ML SOLUTION **DL**	1	PA
epitol 200 mg TABLET **MO**	1	
EPRONTIA 25 MG/ML SOLUTION **MO**	1	PA,QL(480 per 30 days)
eslicarbazepine 200 mg, 400 mg TABLET **DL**	1	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET **DL**	1	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	
felbamate 600 mg/5 ml SUSPENSION **MO**	1	
FINTEPLA 2.2 MG/ML SOLUTION **DL,LA**	1	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**	1	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	1	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET **MO**	1	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)
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**	1	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. **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 SOLUTION **MO**	1	
levetiracetam 250 mg TABLET FOR SUSPENSION **MO**	1	ST,QL(360 per 30 days)
levetiracetam 500 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
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 500 mg/5 ml SOLUTION MO	1	
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	1	QL(10 per 30 days)
methsuximide 300 mg CAPSULE MO	1	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	1	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO	1	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO	1	
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET DL	1	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)
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)
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	
roweepra 500 mg TABLET MO	1	
rufinamide 200 mg TABLET MO	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION MO	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET MO	1	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	1	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	1	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	1	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	1	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	

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
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK **MO**	1	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM **DL**	1	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET **MO**	1	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET **MO**	1	
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE **MO**	1	
topiramate 25 mg/ml SOLUTION **MO**	1	PA,QL(480 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**	1	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET **DL**	1	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET **DL**	1	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET **DL**	1	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET **DL**	1	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION **DL**	1	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET **DL**	1	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET **DL**	1	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET **DL**	1	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**	1	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK **MO**	1	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**	1	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION **MO**	1	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
ZTALMY 50 MG/ML SUSPENSION **DL**	1	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
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)
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)

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
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)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. MO	1	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. MO	1	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)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	1	
amitriptyline 25 mg TABLET MO	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	1	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	1	PA,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)
citalopram 10 mg, 20 mg, 40 mg TABLET MO	1	
citalopram 10 mg/5 ml SOLUTION MO	1	
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 succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	1	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET MO	1	
escitalopram oxalate 15 mg CAPSULE MO	1	
escitalopram oxalate 5 mg/5 ml SOLUTION MO	1	QL(600 per 30 days)
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK DL	1	PA
EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR. DL	1	PA,QL(30 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	1	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	1	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
fluoxetine 10 mg CAPSULE **MO**	1	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE **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(90 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET **MO**	1	QL(90 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	
MARPLAN 10 MG TABLET **MO**	1	
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	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET **MO**	1	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
nortriptyline 10 mg/5 ml SOLUTION **MO**	1	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET **MO**	1	
paroxetine hcl 10 mg/5 ml SUSPENSION **MO**	1	
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)
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	
protriptyline 10 mg, 5 mg TABLET **MO**	1	
RALDESY 10 MG/ML SOLUTION **DL**	1	
sertraline 100 mg TABLET **MO**	1	QL(60 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**	1	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 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)

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)
ZURZUVAE 20 MG, 25 MG CAPSULE DL	1	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	1	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	1	BvsD
aprepitant 125 mg, 40 mg CAPSULE MO	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE MO	1	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY MO	1	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	BvsD,QL(120 per 30 days)
granisetron hcl 1 mg TABLET MO	1	BvsD,QL(28 per 28 days)
meclizine 12.5 mg TABLET MO	1	
meclizine 25 mg TABLET MO	1	
metoclopramide hcl 10 mg, 5 mg TABLET MO	1	
ondansetron 4 mg TABLET, DISINTEGRATING MO	1	BvsD
ondansetron 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	
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, 50 mg TABLET MO	1	
promethazine 25 mg TABLET MO	1	
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	1	QL(10 per 30 days)
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	1	BvsD
amphotericin b 50 mg RECON SOLUTION MO	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	1	BvsD
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)

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
ciclopirox 0.77 % GEL **MO**	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION **MO**	1	QL(60 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)
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**	1	
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	
itraconazole 100 mg CAPSULE **MO**	1	QL(120 per 30 days)
ketoconazole 2 % CREAM **MO**	1	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO **MO**	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET **MO**	1	PA
klayesta 100,000 unit/gram POWDER **MO**	1	PA
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**	1	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK **DL**	1	
miconazole-3 200 mg SUPPOSITORY **MO**	1	
nyamyc 100,000 unit/gram POWDER **MO**	1	PA
nystatin 100,000 unit/gram CREAM **MO**	1	
nystatin 100,000 unit/gram OINTMENT **MO**	1	
nystatin 100,000 unit/gram POWDER **MO**	1	PA
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	

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
nystop 100,000 unit/gram POWDER MO	1	PA
posaconazole 100 mg TABLET, DR/EC DL	1	PA
posaconazole 300 mg/16.7 ml SOLUTION DL	1	PA
terbinafine hcl 250 mg TABLET MO	1	
terconazole 0.4 %, 0.8 % CREAM MO	1	
terconazole 80 mg SUPPOSITORY MO	1	
voriconazole 200 mg RECON SOLUTION MO	1	PA
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	1	PA,QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION MO	1	PA
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	1	
colchicine 0.6 mg TABLET MO	1	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	1	ST,QL(30 per 30 days)
probenecid 500 mg TABLET MO	1	
probenecid-colchicine 500-0.5 mg TABLET MO	1	
ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	1	PA,QL(8 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	1	PA,QL(3 per 30 days)
ergotamine-caffeine 1-100 mg TABLET MO	1	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET MO	1	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	1	PA,QL(30 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	1	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)
UBRELVY 100 MG, 50 MG TABLET MO	1	PA,QL(16 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
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET **MO**	1	
VYVGART 20 MG/ML SOLUTION **DL**	1	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE **DL**	1	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION **DL**	1	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
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 SOLUTION **MO**	1	
isoniazid 50 mg/5 ml SOLUTION **MO**	1	
PRIFTIN 150 MG TABLET **MO**	1	
pyrazinamide 500 mg TABLET **MO**	1	
rifabutin 150 mg CAPSULE **MO**	1	
rifampin 150 mg, 300 mg CAPSULE **MO**	1	
rifampin 600 mg RECON SOLUTION **MO**	1	
SIRTURO 100 MG, 20 MG TABLET **DL**	1	PA
TRECATOR 250 MG TABLET **MO**	1	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET **DL**	1	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET **DL**	1	PA,QL(60 per 30 days)
abirtega 250 mg TABLET **MO**	1	PA,QL(120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION **DL**	1	PA
ADRIAMYCIN 50 MG RECON SOLUTION **MO**	1	BvsD
AKEEGA 100-500 MG, 50-500 MG TABLET **DL**	1	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE **DL**	1	PA,QL(240 per 30 days)
ALIQOPA 60 MG RECON SOLUTION **DL**	1	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET **DL**	1	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET **DL**	1	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL**	1	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET **MO**	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION **DL**	1	PA
ARRANON 250 MG/50 ML SOLUTION **DL**	1	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION **DL**	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
ASPARLAS 750 UNIT/ML SOLUTION DL	1	PA
AUGTYRO 160 MG CAPSULE DL	1	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	1	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK DL	1	PA,QL(66 per 28 days)
AXTLE 100 MG, 500 MG RECON SOLUTION DL	1	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	1	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION DL	1	PA
BALVERSA 3 MG TABLET DL	1	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	1	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	1	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	1	PA
BELEODAQ 500 MG RECON SOLUTION DL	1	PA
bendamustine 100 mg, 25 mg RECON SOLUTION DL	1	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	1	PA
bexarotene 1 % GEL DL	1	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE DL	1	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET MO	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	1	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION DL	1	PA,QL(75 per 28 days)
bleomycin 15 unit, 30 unit RECON SOLUTION MO	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION DL	1	PA
bortezomib 3.5 mg RECON SOLUTION DL	1	PA
BOSULIF 100 MG CAPSULE DL	1	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	1	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	1	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	1	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	1	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET DL	1	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE DL	1	PA,QL(120 per 30 days)
busulfan 60 mg/10 ml SOLUTION MO	1	
BUSULFEX 60 MG/10 ML SOLUTION MO	1	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	1	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	1	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET DL,LA	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
CAPRELSA 300 MG TABLET DL,LA	1	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION MO	1	
carmustine 100 mg RECON SOLUTION MO	1	
cisplatin 1 mg/ml SOLUTION MO	1	
cladribine 10 mg/10 ml SOLUTION DL	1	BvsD
clofarabine 1 mg/ml SOLUTION DL	1	
CLOLAR 1 MG/ML SOLUTION DL	1	
COLUMVI 1 MG/ML SOLUTION DL	1	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	1	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	1	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	1	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	1	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION DL	1	
COTELLIC 20 MG TABLET DL	1	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
CYRAMZA 10 MG/ML SOLUTION DL	1	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	1	
DANYELZA 4 MG/ML SOLUTION DL	1	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET DL	1	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION DL	1	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	1	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET DL	1	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET DL	1	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET DL	1	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION DL	1	PA
daunorubicin 5 mg/ml SOLUTION MO	1	
DAURISMO 100 MG TABLET DL	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
DAURISMO 25 MG TABLET DL	1	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION DL	1	PA
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	
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	1	PA
ELAHERE 5 MG/ML SOLUTION DL	1	PA
ELREXFIO 40 MG/ML SOLUTION DL	1	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	1	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE DL	1	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	1	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION DL	1	PA
ENHERTU 100 MG RECON SOLUTION DL	1	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	1	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	1	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION DL	1	
ERIVEDGE 150 MG CAPSULE DL	1	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	1	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	1	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET DL	1	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET DL	1	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION MO	1	
etoposide 20 mg/ml SOLUTION MO	1	
EULEXIN 125 MG CAPSULE DL	1	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	1	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION DL	1	PA
EVOMELA 50 MG RECON SOLUTION DL	1	
exemestane 25 mg TABLET MO	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	1	PA,QL(120 per 30 days)
floxuridine 0.5 gram RECON SOLUTION MO	1	BvsD
fludarabine 50 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
fludarabine 50 mg/2 ml SOLUTION **DL**	1	
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**	1	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE **DL**	1	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE **DL**	1	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE **DL**	1	PA,QL(21 per 28 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION **DL**	1	PA
GAVRETO 100 MG CAPSULE **DL,LA**	1	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION **DL**	1	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET **DL**	1	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**	1	PA,QL(30 per 30 days)
GLEOSTINE 10 MG CAPSULE **MO**	1	PA
GLEOSTINE 100 MG CAPSULE **DL**	1	PA
GLEOSTINE 40 MG CAPSULE	1	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION **DL**	1	PA
GOMEKLI 1 MG, 2 MG CAPSULE **DL**	1	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION **DL**	1	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION **DL**	1	
HERNEXEOS 60 MG TABLET **DL**	1	PA,QL(180 per 30 days)
hydroxyurea 500 mg CAPSULE **MO**	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **DL**	1	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET **DL**	1	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE **DL**	1	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET **DL**	1	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET **DL**	1	PA,QL(60 per 30 days)
idarubicin 1 mg/ml SOLUTION **DL**	1	
IDHIFA 100 MG, 50 MG TABLET **DL**	1	PA,QL(30 per 30 days)
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 **DL**	1	PA,QL(90 per 30 days)
imatinib 400 mg TABLET **DL**	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
IMBRUVICA 140 MG CAPSULE DL	1	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET DL	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	1	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION DL	1	PA
IMFINZI 50 MG/ML SOLUTION DL	1	PA
IMJUDO 20 MG/ML SOLUTION DL	1	PA
IMKELDI 80 MG/ML SOLUTION DL	1	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL	1	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	1	PA,QL(8 per 28 days)
INLEXZO 225 MG IMPLANT DL	1	PA
INLURIYO 200 MG TABLET DL	1	PA,QL(84 per 28 days)
INLYTA 1 MG TABLET DL	1	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	1	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET DL	1	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	1	PA,QL(120 per 30 days)
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	1	PA
ITOVEBI 3 MG TABLET DL	1	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	1	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION DL	1	
IWILFIN 192 MG TABLET DL	1	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	1	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	1	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	1	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	1	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	1	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	1	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	1	PA
KEYTRUDA 25 MG/ML SOLUTION DL	1	PA
KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML SOLUTION DL	1	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	1	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	1	PA,QL(21 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
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	1	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	1	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	1	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	1	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	1	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	1	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	1	PA,QL(120 per 30 days)
KOSELUGO 5 MG CAPSULE, SPRINKLE DL	1	PA,QL(600 per 30 days)
KOSELUGO 7.5 MG CAPSULE, SPRINKLE DL	1	PA,QL(360 per 30 days)
KRAZATI 200 MG TABLET DL	1	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION DL	1	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	1	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	1	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET DL	1	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	1	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	1	PA,QL(60 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL	1	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	1	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	1	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	1	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	1	
levoleucovorin calcium 10 mg/ml SOLUTION MO	1	PA
levoleucovorin calcium 50 mg RECON SOLUTION MO	1	PA
LEVULAN 20 % SOLUTION MO	1	
LIBTAYO 50 MG/ML SOLUTION DL	1	PA,QL(7 per 21 days)
lomustine 10 mg CAPSULE MO	1	PA
lomustine 100 mg, 40 mg CAPSULE DL	1	PA
LONSURF 15-6.14 MG TABLET DL	1	PA,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
LONSURF 20-8.19 MG TABLET DL	1	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION DL	1	PA
LORBRENA 100 MG TABLET DL	1	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	1	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	1	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET DL	1	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET DL	1	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION DL	1	PA
LYNOZYFIC 2 MG/ML, 20 MG/ML SOLUTION DL	1	PA
LYNPARZA 100 MG, 150 MG TABLET DL	1	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET DL	1	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	1	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION DL	1	PA
MATULANE 50 MG CAPSULE DL	1	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	1	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	1	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	1	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	1	PA,QL(180 per 30 days)
melphalan 2 mg TABLET MO	1	BvsD
melphalan hcl 50 mg RECON SOLUTION MO	1	
mercaptopurine 20 mg/ml SUSPENSION DL	1	
mercaptopurine 50 mg TABLET MO	1	
mesna 400 mg TABLET DL	1	
MESNEX 400 MG TABLET DL	1	
mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION DL	1	
mitoxantrone 2 mg/ml CONCENTRATE MO	1	
MODEYSO 125 MG CAPSULE DL	1	PA,QL(20 per 28 days)
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION DL	1	
MVASI 25 MG/ML SOLUTION DL	1	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	1	PA
nelarabine 250 mg/50 ml SOLUTION DL	1	
NERLYNX 40 MG TABLET DL	1	PA,QL(180 per 30 days)
nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE DL	1	PA,QL(120 per 30 days)
nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE DL	1	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
nilutamide 150 mg TABLET DL	1	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	1	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION DL	1	
NUBEQA 300 MG TABLET DL	1	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	1	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET DL	1	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	1	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	1	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	1	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	1	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	1	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	1	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION DL	1	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	1	PA
ONUREG 200 MG, 300 MG TABLET DL	1	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	1	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	1	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	1	PA,QL(16 per 28 days)
OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML SOLUTION DL	1	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	1	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET DL	1	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	1	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	1	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	1	PA
PADCEV 20 MG RECON SOLUTION DL	1	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	1	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	1	PA
paraplatin 10 mg/ml SOLUTION MO	1	
pazopanib 200 mg TABLET DL	1	PA,QL(120 per 30 days)
pazopanib 400 mg TABLET DL	1	PA,QL(60 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	1	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
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION DL	1	PA
pemetrexed 25 mg/ml SOLUTION DL	1	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION DL	1	PA
pemetrexed disodium 25 mg/ml SOLUTION DL	1	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	1	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	1	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	1	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	1	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	1	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	1	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	1	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	1	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	1	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL	1	PA
PURIXAN 20 MG/ML SUSPENSION DL	1	
QINLOCK 50 MG TABLET DL	1	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	1	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	1	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	1	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	1	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL	1	PA
REZLIDHIA 150 MG CAPSULE DL	1	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	1	PA
romidepsin 10 mg/2 ml RECON SOLUTION DL	1	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	1	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL	1	PA
ROZLYTREK 100 MG CAPSULE DL	1	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	1	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	1	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	1	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	1	PA
RYBREVANT 50 MG/ML SOLUTION DL	1	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	1	PA,QL(224 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
RYLAZE 10 MG/0.5 ML SOLUTION **DL**	1	PA
RYTELO 188 MG, 47 MG RECON SOLUTION **DL**	1	PA
SARCLISA 20 MG/ML SOLUTION **DL**	1	PA
SCEMBLIX 100 MG TABLET **DL**	1	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET **DL**	1	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET **DL**	1	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION **DL**	1	
sorafenib 200 mg TABLET **DL**	1	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET **DL**	1	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET **DL**	1	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET **DL**	1	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET **DL**	1	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE **DL**	1	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION **DL**	1	PA
TABLOID 40 MG TABLET **MO**	1	
TABRECTA 150 MG, 200 MG TABLET **DL**	1	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION **DL**	1	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE **DL**	1	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE **DL**	1	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET **DL**	1	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION **DL**	1	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE **DL**	1	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE **DL**	1	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET **MO**	1	
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE **DL**	1	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET **DL**	1	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION **DL**	1	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION **DL**	1	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION **DL**	1	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION **DL**	1	PA
temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION **DL**	1	PA,QL(8 per 28 days)
TEPMETKO 225 MG TABLET **DL**	1	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION **DL**	1	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE **DL**	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
THALOMID 150 MG CAPSULE DL	1	PA,QL(60 per 30 days)
thiotepa 100 mg RECON SOLUTION DL	1	
thiotepa 15 mg RECON SOLUTION MO	1	
TIBSOVO 250 MG TABLET DL	1	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION DL	1	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION MO	1	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION MO	1	
toremifene 60 mg TABLET DL	1	QL(30 per 30 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	1	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION DL	1	PA
TRAZIMERA 420 MG RECON SOLUTION DL	1	PA
tretinoin (antineoplastic) 10 mg CAPSULE DL	1	
TRISENOX 2 MG/ML SOLUTION DL	1	PA
TRODELVY 180 MG RECON SOLUTION DL	1	PA
TRUQAP 160 MG, 200 MG TABLET DL	1	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET DL	1	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	1	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE DL,LA	1	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	1	PA
VALCHLOR 0.016 % GEL DL	1	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION DL	1	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	1	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	1	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	1	PA
VENCLEXTA 10 MG TABLET MO	1	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	1	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET MO	1	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	1	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	1	PA,QL(60 per 30 days)
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	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
VITRAKVI 20 MG/ML SOLUTION DL	1	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	1	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	1	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	1	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	1	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	1	PA,QL(30 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION DL	1	PA
VYXEOS 44-100 MG RECON SOLUTION DL	1	PA
XALKORI 150 MG PELLET DL	1	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET DL	1	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	1	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET DL	1	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	1	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	1	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET DL	1	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	1	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	1	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	1	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	1	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	1	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	1	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	1	PA
YONDELIS 1 MG RECON SOLUTION DL	1	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	1	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	1	
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	1	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	1	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	1	PA
ZIIHERA 300 MG RECON SOLUTION DL	1	PA
ZIRABEV 25 MG/ML SOLUTION DL	1	PA
ZOLINZA 100 MG CAPSULE DL	1	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	1	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	1	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
ZYNLONTA 10 MG RECON SOLUTION DL	1	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	1	PA,QL(20 per 28 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	
chloroquine phosphate 250 mg, 500 mg TABLET MO	1	
COARTEM 20-120 MG TABLET MO	1	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO	1	
hydroxychloroquine 200 mg TABLET MO	1	
ivermectin 3 mg, 6 mg TABLET MO	1	
LAMPIT 120 MG, 30 MG TABLET MO	1	
mefloquine 250 mg TABLET MO	1	
nitazoxanide 500 mg TABLET DL	1	
pentamidine 300 mg RECON SOLUTION MO	1	
pentamidine 300 mg RECON SOLUTION MO	1	BvsD
praziquantel 600 mg TABLET MO	1	
primaquine 26.3 mg (15 mg base) TABLET MO	1	
pyrimethamine 25 mg TABLET DL	1	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	1	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	1	
amantadine hcl 50 mg/5 ml SOLUTION MO	1	
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	
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 23.75-95 mg, 48.75-195 mg CAPSULE, ER MO	1	ST,QL(360 per 30 days)
carbidopa-levodopa 25-100 mg TABLET MO	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	1	
carbidopa-levodopa 36.25-145 mg CAPSULE, ER MO	1	ST,QL(270 per 30 days)
carbidopa-levodopa 61.25-245 mg CAPSULE, ER MO	1	ST,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
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	
entacapone 200 mg TABLET **MO**	1	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE **DL**	1	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE **DL**	1	PA,QL(300 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET **MO**	1	
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	
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER **MO**	1	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER **MO**	1	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER **MO**	1	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE **MO**	1	
selegiline hcl 5 mg TABLET **MO**	1	
trihexyphenidyl 0.4 mg/ml ELIXIR **MO**	1	
trihexyphenidyl 2 mg, 5 mg TABLET **MO**	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	1	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	1	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON **DL**	1	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE **DL**	1	QL(1 per 28 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	1	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE **DL**	1	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE **DL**	1	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE **DL**	1	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE **DL**	1	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**	1	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	
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**	1	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **MO**	1	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**	1	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK **MO**	1	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	
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 HAFYERA 1,092 MG/3.5 ML SYRINGE	1	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	1	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE **DL**	1	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE **DL**	1	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE **MO**	1	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	1	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	1	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	1	QL(1.75 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
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	1	QL(2.63 per 90 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**	1	PA,QL(30 per 30 days)
molindone 10 mg TABLET **MO**	1	PA,QL(240 per 30 days)
molindone 25 mg TABLET **MO**	1	PA,QL(270 per 30 days)
molindone 5 mg TABLET **MO**	1	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET **DL**	1	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE **DL**	1	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**	1	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM **DL**	1	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM **DL**	1	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	
pimozide 1 mg, 2 mg TABLET **MO**	1	
quetiapine 100 mg TABLET **MO**	1	QL(90 per 30 days)
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**	1	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON **MO**	1	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON **DL**	1	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)

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
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	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. **DL**	1	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET **MO**	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET **MO**	1	
VERSACLOZ 50 MG/ML SUSPENSION **DL**	1	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE **DL**	1	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 RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION **MO**	1	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION **DL**	1	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION **DL**	1	QL(1 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET **MO**	1	
baclofen 20 mg TABLET **MO**	1	
baclofen 5 mg TABLET **MO**	1	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
tizanidine 2 mg, 4 mg TABLET **MO**	1	
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 400 mg, 800 mg TABLET **MO**	1	
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**	1	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)
BARACLUDE 0.05 MG/ML SOLUTION **DL**	1	QL(630 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
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET **DL**	1	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**	1	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION **DL**	1	
CIMDUO 300-300 MG TABLET **DL**	1	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET **DL**	1	QL(30 per 30 days)
darunavir 600 mg TABLET **DL**	1	QL(60 per 30 days)
darunavir 800 mg TABLET **DL**	1	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET **DL**	1	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET **DL**	1	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC **MO**	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET **DL**	1	QL(30 per 30 days)
EDURANT 25 MG TABLET **DL**	1	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION **DL**	1	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**	1	QL(30 per 30 days)
emtricita-rilpivirine-tenof df 200-25-300 mg TABLET **DL**	1	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**	1	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET **MO**	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET **DL**	1	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET **DL**	1	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET **DL**	1	PA,QL(28 per 28 days)
etravirine 100 mg TABLET **DL**	1	QL(120 per 30 days)
etravirine 200 mg TABLET **DL**	1	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET **DL**	1	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET **MO**	1	QL(90 per 30 days)
fosamprenavir 700 mg TABLET **DL**	1	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION **DL**	1	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET **DL**	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
INTELENCE 25 MG TABLET **MO**	1	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET **DL**	1	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET **MO**	1	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET **MO**	1	QL(180 per 30 days)
ISENTRESS 400 MG TABLET **DL**	1	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET **DL**	1	QL(60 per 30 days)
JULUCA 50-25 MG TABLET **DL**	1	QL(30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION **DL**	1	
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)
LEXIVA 50 MG/ML SUSPENSION **MO**	1	QL(1575 per 28 days)
LIVTENCITY 200 MG TABLET **DL**	1	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**	1	QL(240 per 30 days)
maraviroc 300 mg TABLET **DL**	1	QL(120 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)
NORVIR 100 MG CAPSULE **MO**	1	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET **MO**	1	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET **DL**	1	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE **MO**	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE **MO**	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	QL(1440 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK **MO**	1	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK **MO**	1	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK **MO**	1	QL(60 per 10 days)
PIFELTRO 100 MG TABLET **DL**	1	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
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET DL	1	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET DL	1	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET DL	1	PA
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET DL	1	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	1	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	1	QL(240 per 30 days)
PREZISTA 75 MG TABLET MO	1	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	1	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	1	
REYATAZ 50 MG POWDER IN PACKET MO	1	
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)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	1	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	1	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	1	QL(240 per 30 days)
SELZENTRY 75 MG TABLET DL	1	QL(120 per 30 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	1	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	1	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	1	QL(9 per 365 days)
SYMTUZA 800-150-200-10 MG TABLET DL	1	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET MO	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	1	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	1	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	1	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	1	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO	1	QL(180 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	1	
TYBOST 150 MG TABLET MO	1	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET MO	1	
valganciclovir 450 mg TABLET 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
valganciclovir 50 mg/ml RECON SOLUTION **DL**	1	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET **DL**	1	QL(30 per 30 days)
VIRACEPT 250 MG TABLET **DL**	1	QL(300 per 30 days)
VIRACEPT 625 MG TABLET **DL**	1	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET **DL**	1	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER **DL**	1	QL(240 per 30 days)
VOCABRIA 30 MG TABLET **DL**	1	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET **DL**	1	PA,QL(28 per 28 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**	1	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET **DL**	1	QL(120 per 30 days)
alprazolam 2 mg TABLET **DL**	1	QL(150 per 30 days)
buspirone 10 mg, 5 mg TABLET **MO**	1	
buspirone 15 mg, 30 mg, 7.5 mg TABLET **MO**	1	
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	
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 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 SOLUTION **MO**	1	
hydroxyzine hcl 25 mg TABLET **MO**	1	
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)

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
lorazepam 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE **MO**	1	
lithium carbonate 300 mg TABLET **MO**	1	
lithium carbonate 300 mg, 450 mg TABLET ER **MO**	1	
lithium citrate 8 meq/5 ml SOLUTION **MO**	1	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET **MO**	1	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	1	
diazoxide 50 mg/ml SUSPENSION **DL**	1	
FARXIGA 10 MG, 5 MG TABLET **MO**	1	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE **CI,MO**	1	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	1	
glimepiride 1 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	
glipizide 2.5 mg TABLET **MO**	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	1	
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	
GLYXAMBI 10-5 MG, 25-5 MG TABLET **MO**	1	QL(30 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT **CI,MO**	1	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN **CI,MO**	1	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN **CI,MO**	1	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION **CI,MO**	1	
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO**	1	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION **CI,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
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,MO**	1	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	1	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,MO**	1	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION **CI,MO**	1	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION **CI,DL**	1	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN **CI,DL**	1	
INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO**	1	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET **MO**	1	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**	1	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET **MO**	1	QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET **MO**	1	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET **MO**	1	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET **MO**	1	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET **MO**	1	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET **MO**	1	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	1	
linagliptin-metformin 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg TABLET **MO**	1	QL(60 per 30 days)
liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR **MO**	1	PA,QL(9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	1	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	1	
metformin 1,000 mg, 500 mg TABLET **MO**	1	
metformin 500 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
metformin 850 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**	1	PA,QL(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
nateglinide 120 mg, 60 mg TABLET **MO**	1	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	1	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,MO**	1	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,MO**	1	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	1	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION **CI,MO**	1	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	1	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO**	1	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION **CI,MO**	1	
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**	1	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-metformin 15-500 mg, 15-850 mg TABLET **MO**	1	QL(90 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET **MO**	1	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN **CI,MO**	1	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET **MO**	1	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN **CI,MO**	1	
TRADJENTA 5 MG TABLET **MO**	1	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	1	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	1	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **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
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	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	1	PA,QL(2 per 28 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(60 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	1	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	1	
BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg, 1 mg CAPSULE MO	1	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	1	QL(60 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)
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE MO	1	QL(60 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	1	ST,QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET MO	1	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	1	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	1	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE MO	1	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	
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	
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	
NIVESTYM 300 MCG/0.5 ML SYRINGE DL	1	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION DL	1	PA,QL(14 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
NIVESTYM 480 MCG/0.8 ML SYRINGE **DL**	1	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION **DL**	1	PA,QL(22.4 per 30 days)
prasugrel hcl 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET **DL**	1	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET **DL**	1	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET **DL**	1	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET **DL**	1	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET **DL**	1	PA,QL(60 per 30 days)
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**	1	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION **DL**	1	PA,QL(14 per 30 days)
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)
ticagrelor 60 mg, 90 mg TABLET **MO**	1	QL(60 per 30 days)
tranexamic acid 650 mg TABLET **MO**	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE **DL**	1	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR **DL**	1	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL**	1	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	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	1	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET **MO**	1	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET **MO**	1	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK **MO**	1	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE **DL**	1	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE **DL**	1	PA,QL(11.2 per 30 days)
CARDIOVASCULAR AGENTS		
acebutolol 200 mg, 400 mg CAPSULE **MO**	1	
acetazolamide 125 mg, 250 mg TABLET **MO**	1	
acetazolamide 500 mg CAPSULE, ER **MO**	1	
adenosine 3 mg/ml SOLUTION **MO**	1	
adenosine 3 mg/ml SYRINGE **MO**	1	
aliskiren 150 mg, 300 mg TABLET **MO**	1	QL(30 per 30 days)
amiloride 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
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)
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	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET **MO**	1	
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	
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	
bumetanide 0.25 mg/ml SOLUTION **MO**	1	
bumetanide 0.5 mg, 2 mg TABLET **MO**	1	
bumetanide 1 mg TABLET **MO**	1	
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	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET **MO**	1	
chlorothiazide sodium 500 mg RECON SOLUTION **MO**	1	
chlorthalidone 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
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	
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 0.2 mg, 0.3 mg TABLET **MO**	1	
colestipol 1 gram TABLET **MO**	1	
colestipol 5 gram GRANULES **MO**	1	QL(1000 per 30 days)
colestipol 5 gram PACKET **MO**	1	
CORLOPAM 10 MG/ML SOLUTION **MO**	1	
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) TABLET **MO**	1	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION **MO**	1	
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	1	
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. **MO**	1	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION **MO**	1	
DIURIL 250 MG/5 ML SUSPENSION **MO**	1	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE **MO**	1	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET **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**	1	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET **MO**	1	QL(240 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	QL(30 per 30 days)
fenofibrate 160 mg TABLET **MO**	1	QL(30 per 30 days)
fenofibrate 54 mg TABLET **MO**	1	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
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 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**	1	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET **MO**	1	
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	
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)
guanfacine 1 mg, 2 mg TABLET **MO**	1	
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	
ibutilide fumarate 0.1 mg/ml SOLUTION **MO**	1	
indapamide 1.25 mg, 2.5 mg TABLET **MO**	1	
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)
isosorbide dinitrate 10 mg, 20 mg, 30 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)
ISUPREL 0.2 MG/ML SOLUTION **MO**	1	
KERENDIA 10 MG, 20 MG 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
KERENDIA 40 MG TABLET **MO**	1	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	
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	
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, 20-12.5 mg, 20-25 mg TABLET **MO**	1	
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)
lovastatin 10 mg, 20 mg, 40 mg TABLET **MO**	1	
methyldopa 250 mg, 500 mg TABLET **MO**	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET **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**	1	
midodrine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
minoxidil 10 mg, 2.5 mg TABLET **MO**	1	
moexipril 15 mg, 7.5 mg TABLET **MO**	1	
MULTAQ 400 MG TABLET **MO**	1	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)
nebivolol 20 mg TABLET **MO**	1	QL(60 per 30 days)
NEXLETOL 180 MG TABLET **MO**	1	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET **MO**	1	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**	1	
niacin 1,000 mg, 500 mg, 750 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
niacin 500 mg TABLET **MO**	1	
niacor 500 mg TABLET **MO**	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER **MO**	1	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
nimodipine 30 mg CAPSULE **MO**	1	
nimodipine 60 mg/20 ml SOLUTION **DL**	1	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)
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 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	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET **MO**	1	
norepinephrine bitartrate 1 mg/ml SOLUTION **MO**	1	
olmesartan 20 mg TABLET **MO**	1	QL(30 per 30 days)
olmesartan 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)
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	
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	
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 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	
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 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**	1	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR **MO**	1	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE **MO**	1	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
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	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET **MO**	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET **MO**	1	
spironolacton-hydrochlorothiaz 25-25 mg TABLET **MO**	1	
spironolactone 100 mg TABLET **MO**	1	
spironolactone 25 mg, 50 mg TABLET **MO**	1	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. **MO**	1	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)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	1	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET **MO**	1	
torsemide 10 mg, 100 mg, 5 mg TABLET **MO**	1	
torsemide 20 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
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-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	
valsartan 160 mg TABLET **MO**	1	QL(60 per 30 days)
valsartan 320 mg, 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**	1	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE **MO**	1	QL(120 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	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET **MO**	1	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET **MO**	1	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
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)
AUSTEDO 12 MG, 9 MG TABLET **DL**	1	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET **DL**	1	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. **DL**	1	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. **DL**	1	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. **DL**	1	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK **DL**	1	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**	1	PA,QL(42 per 28 days)
BETASERON 0.3 MG KIT **DL**	1	PA,QL(15 per 30 days)
COPAXONE 20 MG/ML SYRINGE **DL**	1	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE **DL**	1	PA,QL(12 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
dalfampridine 10 mg TABLET, ER 12 HR. **MO**	1	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET **MO**	1	QL(180 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 TABLET **MO**	1	QL(150 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 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) 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)
dimethyl fumarate 240 mg CAPSULE, DR/EC **MO**	1	PA,QL(60 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE **MO**	1	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 60 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE **MO**	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET **DL**	1	PA,QL(240 per 30 days)
glatiramer 20 mg/ml SYRINGE **DL**	1	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE **DL**	1	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE **DL**	1	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE **DL**	1	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR **DL**	1	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER **MO**	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET **MO**	1	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER **MO**	1	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE **DL**	1	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE **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
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)
RADICAVA ORS 105 MG/5 ML SUSPENSION DL	1	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION DL	1	PA,QL(70 per 28 days)
riluzole 50 mg TABLET MO	1	
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)
VUMERITY 231 MG CAPSULE, DR/EC DL	1	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
periogard 0.12 % MOUTHWASH MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	1	
triamcinolone acetonide 0.1 % PASTE MO	1	
DERMATOLOGICAL AGENTS		
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE MO	1	PA
adapalene 0.3 % GEL MO	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP MO	1	QL(45 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	
azelaic acid 15 % GEL MO	1	ST,QL(50 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, 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)

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
calcipotriene 0.005 % CREAM **MO**	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION **MO**	1	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
clindamycin phosphate 1 % GEL **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 1.2 %(1 % base) -5 % GEL **MO**	1	QL(45 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)
clobetasol-emollient 0.05 % CREAM **MO**	1	QL(120 per 30 days)
diclofenac sodium 3 % GEL **MO**	1	PA
ENSTILAR 0.005-0.064 % FOAM **MO**	1	QL(120 per 30 days)
ery pads 2 % SWAB **MO**	1	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION **MO**	1	QL(120 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 0.025 % 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)
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)
fluticasone propionate 0.005 % OINTMENT **MO**	1	QL(240 per 30 days)
fluticasone propionate 0.05 % 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
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 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	1	QL(236 per 30 days)
HYFTOR 0.2 % GEL DL	1	PA
imiquimod 5 % CREAM IN PACKET MO	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
LOCOID LIPOCREAM 0.1 % CREAM MO	1	QL(240 per 30 days)
malathion 0.5 % LOTION MO	1	
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	
permethrin 5 % CREAM MO	1	
pimecrolimus 1 % CREAM MO	1	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION MO	1	QL(7 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)
SANTYL 250 UNIT/GRAM OINTMENT MO	1	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM MO	1	
SSD 1 % CREAM MO	1	
tacrolimus 0.03 %, 0.1 % OINTMENT MO	1	QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	1	QL(120 per 30 days)
tretinoin 0.01 % GEL MO	1	PA,QL(45 per 30 days)
tretinoin 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)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
ZORYVE 0.15 % CREAM DL	1	PA,QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL 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
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	
carglumic acid 200 mg TABLET, DISPERSIBLE **DL**	1	PA
CHEMET 100 MG CAPSULE **DL**	1	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINOLIPID 20 % EMULSION **MO**	1	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	1	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d5 % (d-glucose)-0.9 % sodchlr PARENTERAL SOLUTION **MO**	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
deferasirox 180 mg, 360 mg TABLET **MO**	1	PA
deferasirox 90 mg TABLET **MO**	1	PA
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	

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
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	
electrolyte-148 PARENTERAL SOLUTION **MO**	1	
electrolyte-48 in d5w PARENTERAL SOLUTION **MO**	1	
electrolyte-a PARENTERAL SOLUTION **MO**	1	
GLYCOPHOS 1 MMOL/ML SOLUTION **MO**	1	
INTRALIPID 20 %, 30 % EMULSION **MO**	1	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION **MO**	1	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION **MO**	1	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO**	1	
ISOLYTE-S PARENTERAL SOLUTION **MO**	1	
KABIVEN 3.31-10.8-3.9 % EMULSION **MO**	1	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION **MO**	1	
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	
lactated ringers PARENTERAL 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**	1	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	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) 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 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION **MO**	1	
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**	1	
NUTRILIPID 20 % EMULSION **MO**	1	BvsD
one natal rx 27 mg iron- 1 mg TABLET **MO**	1	
penicillamine 250 mg TABLET **DL**	1	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION **MO**	1	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION **MO**	1	
PLASMA-LYTE A PARENTERAL SOLUTION **MO**	1	
PLENAMINE 15 % PARENTERAL SOLUTION **MO**	1	BvsD
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/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	

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
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 vitamin-mineral 27 mg iron- 1 mg TABLET **MO**	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET **MO**	1	
PROSOL 20 % PARENTERAL SOLUTION **MO**	1	BvsD
ringer's PARENTERAL SOLUTION **MO**	1	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET **MO**	1	
SMOFLIPID 20 % EMULSION **MO**	1	BvsD
sodium bicarbonate 50 meq/50 ml (8.4 %) SYRINGE **MO**	1	
sodium chloride 2.5 meq/ml SOLUTION **MO**	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION **MO**	1	
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	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION **MO**	1	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION **MO**	1	BvsD
trientine 250 mg CAPSULE **DL**	1	QL(240 per 30 days)
trientine 500 mg CAPSULE **DL**	1	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET **MO**	1	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION **MO**	1	BvsD
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	

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
GASTROINTESTINAL AGENTS		
alosetron 0.5 mg, 1 mg TABLET **MO**	1	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET **MO**	1	
cimetidine hcl 300 mg/5 ml SOLUTION **MO**	1	
constulose 10 gram/15 ml SOLUTION **MO**	1	
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC **MO**	1	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE **MO**	1	
dicyclomine 10 mg/5 ml SOLUTION **MO**	1	
dicyclomine 20 mg TABLET **MO**	1	
diphenoxylate-atropine 2.5-0.025 mg TABLET **MO**	1	
enulose 10 gram/15 ml SOLUTION **MO**	1	
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)
famotidine 10 mg/ml SOLUTION **MO**	1	
famotidine 20 mg, 40 mg TABLET **MO**	1	
FAMOTIDINE 4 MG/ML SOLUTION **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) 4 MG/ML SOLUTION **MO**	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK **MO**	1	
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	
glycopyrrolate 0.2 mg/ml SOLUTION **MO**	1	
glycopyrrolate 1 mg, 2 mg TABLET **MO**	1	
lactulose 10 gram/15 ml SOLUTION **MO**	1	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO**	1	QL(30 per 30 days)
loperamide 2 mg CAPSULE **MO**	1	
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	
MOVANTIK 12.5 MG, 25 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
nizatidine 150 mg, 300 mg CAPSULE **MO**	1	
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**	1	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)
pantoprazole 20 mg, 40 mg TABLET, DR/EC **MO**	1	QL(60 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**	1	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK **MO**	1	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	1	
peg-electrolyte soln 420 gram RECON SOLUTION **MO**	1	
rabeprazole 20 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
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**	1	
SUTAB 1.479-0.188- 0.225 GRAM TABLET **MO**	1	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC **MO**	1	
ursodiol 250 mg TABLET **MO**	1	
ursodiol 300 mg CAPSULE **MO**	1	
ursodiol 500 mg TABLET **MO**	1	
VOWST CAPSULE **DL**	1	PA
XIFAXAN 200 MG TABLET **MO**	1	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET **DL**	1	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER **DL**	1	
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**	1	
CYSTAGON 150 MG, 50 MG CAPSULE **MO**	1	
ELELYSO 200 UNIT RECON SOLUTION **DL**	1	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE **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
sapropterin 100 mg POWDER IN PACKET DL	1	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	1	
sodium phenylbutyrate 500 mg TABLET DL	1	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION DL	1	PA
STRENSIQ 40 MG/ML SOLUTION DL	1	PA
VYNDAMAX 61 MG CAPSULE DL	1	PA,QL(30 per 30 days)
WELIREG 40 MG TABLET DL	1	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION DL	1	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	1	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	1	
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. MO	1	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	1	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. MO	1	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	1	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)
GEMTESA 75 MG TABLET MO	1	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	1	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 5 mg TABLET MO	1	
oxybutynin chloride 5 mg/5 ml SYRUP MO	1	
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 5 mg TABLET MO	1	PA
tamsulosin 0.4 mg CAPSULE MO	1	
tolterodine 1 mg, 2 mg TABLET MO	1	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
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
trospium 20 mg TABLET **MO**	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
betamethasone acet,sod phos 6 mg/ml SUSPENSION **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 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	
fludrocortisone 0.1 mg TABLET **MO**	1	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET **MO**	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK **MO**	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION **MO**	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION **MO**	1	
prednisolone 15 mg/5 ml SOLUTION **MO**	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION **MO**	1	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION **MO**	1	
prednisolone sodium phosphate 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
SOLU-MEDROL 2 GRAM RECON SOLUTION **MO**	1	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION **MO**	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION **MO**	1	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT **MO**	1	
triamcinolone acetonide 0.025 %, 0.5 % 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
triamcinolone acetonide 0.1 % CREAM MO	1	
triderm 0.1 %, 0.5 % CREAM MO	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	1	PA
desmopressin 0.1 mg TABLET MO	1	
desmopressin 0.2 mg TABLET MO	1	
EGRIFTA SV 2 MG RECON SOLUTION DL	1	PA,QL(30 per 30 days)
EGRIFTA WR 11.6 MG KIT DL	1	PA,QL(1 per 28 days)
INCRELEX 10 MG/ML SOLUTION DL	1	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	1	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	1	PA
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	
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	
amabelz 0.5-0.1 mg 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	
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	
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	
aviane 0.1-20 mg-mcg TABLET MO	1	
ayuna 0.15-0.03 mg TABLET MO	1	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 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
balziva (28) 0.4-35 mg-mcg TABLET **MO**	1	
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)
chateal eq (28) 0.15-0.03 mg TABLET **MO**	1	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET **MO**	1	
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	
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	
DEPO-ESTRADIOL 5 MG/ML OIL **MO**	1	QL(5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE **MO**	1	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
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-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET **MO**	1	
DUAVEE 0.45-20 MG TABLET **MO**	1	PA,QL(30 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**	1	
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	

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
errin 0.35 mg TABLET **MO**	1	
estarylla 0.25-0.035 mg TABLET **MO**	1	
estradiol 0.01 % (0.1 mg/gram) CREAM **MO**	1	
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 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	
estradiol 10 mcg TABLET **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**	1	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)
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**	1	
gallifrey 5 mg TABLET **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)
incassia 0.35 mg TABLET **MO**	1	
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	
jencycla 0.35 mg 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	

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
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	
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-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	
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	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	1	
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-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 TABLET **MO**	1	
luizza 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	

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
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) SUSPENSION **MO**	1	
megestrol 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	
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	
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**	1	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	1	
NEXPLANON 68 MG IMPLANT **DL**	1	
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) CHEWABLE TABLET **MO**	1	
norethindrone (contraceptive) 0.35 mg TABLET **MO**	1	
norethindrone ac-eth estradiol 1-20 mg-mcg TABLET **MO**	1	
norethindrone ac-eth estradiol 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	
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	

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
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	
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	
ocella 3-0.03 mg TABLET **MO**	1	
orquidea 0.35 mg TABLET **MO**	1	
OSPHENA 60 MG TABLET **MO**	1	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**	1	
PREMARIN 0.625 MG/GRAM CREAM **MO**	1	
progesterone 50 mg/ml OIL **MO**	1	
progesterone micronized 100 mg INSERT **MO**	1	
progesterone micronized 100 mg, 200 mg CAPSULE **MO**	1	
raloxifene 60 mg TABLET **MO**	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET **MO**	1	
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	
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 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP **MO**	1	PA,QL(150 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)

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
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	
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	
valtya 1-35 mg-mcg, 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	
vienva 0.1-20 mg-mcg TABLET **MO**	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
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)
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	

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
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**	1	
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**	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET **MO**	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET **MO**	1	
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**	1	
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**	1	
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**	1	
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**	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET **MO**	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE **MO**	1	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE **MO**	1	PA
ELIGARD (4 MONTH) 30 MG SYRINGE **MO**	1	PA
ELIGARD (6 MONTH) 45 MG SYRINGE **MO**	1	PA
FIRMAGON 120 MG RECON SOLUTION **DL**	1	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION **DL**	1	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION **MO**	1	PA
lanreotide 120 mg/0.5 ml SYRINGE **DL**	1	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE **DL**	1	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE **DL**	1	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**	1	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 **MO**	1	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT **DL**	1	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT **MO**	1	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT **MO**	1	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT **DL**	1	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	1	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION **MO**	1	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 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 acetate 50 mcg/ml SOLUTION **MO**	1	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON **DL**	1	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON **DL**	1	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION **DL**	1	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION **DL**	1	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION **DL**	1	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION **MO**	1	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET **MO**	1	
propylthiouracil 50 mg TABLET **MO**	1	
IMMUNOLOGICAL AGENTS		
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION **AV,DL**	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION **DL**	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION **DL**	1	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-ADAZ 10 MG/0.1 ML SYRINGE **DL**	1	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE **DL**	1	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR **DL**	1	PA,QL(2.4 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
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE **DL**	1	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR **DL**	1	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT **DL**	1	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT **DL**	1	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**	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	1	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION **DL**	1	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
azathioprine 50 mg TABLET **MO**	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
BENLYSTA 120 MG RECON SOLUTION **DL**	1	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR **DL**	1	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE **DL**	1	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION **DL**	1	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE **DL**	1	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE **AV,DL**	1	
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	
COSENTYX 150 MG/ML SYRINGE **DL**	1	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE **DL**	1	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE **DL**	1	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR **DL**	1	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR **DL**	1	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR **DL**	1	PA,QL(8 per 28 days)
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
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION **DL**	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION **DL**	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR **DL**	1	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR **DL**	1	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
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE **DL**	1	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE **DL**	1	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
ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. **MO**	1	PA
ENVARSUS XR 4 MG TABLET, ER 24 HR. **DL**	1	PA
everolimus (immunosuppressive) 0.25 mg TABLET **MO**	1	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET **DL**	1	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET **DL**	1	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION **DL**	1	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**	1	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION **AV,DL**	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE **AV,DL**	1	
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION **DL**	1	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	
HUMIRA 40 MG/0.8 ML SYRINGE KIT **DL**	1	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	1	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT **DL**	1	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL**	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT **DL**	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT **DL**	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT **DL**	1	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**	1	PA,QL(6 per 28 days)
icatibant 30 mg/3 ml SYRINGE **DL**	1	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION **AV,DL**	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE **DL**	1	
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION **AV,DL**	1	
IXIARO (PF) 6 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
JYLAMVO 2 MG/ML SOLUTION **DL**	1	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION **AV,DL**	1	
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)
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	
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
OTULFI 45 MG/0.5 ML SOLUTION **MO**	1	PA,QL(1.5 per 84 days)
OTULFI 45 MG/0.5 ML SYRINGE **MO**	1	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE **DL**	1	PA,QL(3 per 84 days)
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**	1	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION **DL**	1	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	
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET **MO**	1	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION **DL**	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION **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
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
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
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	1	
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	1	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	1	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	1	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
sajazir 30 mg/3 ml SYRINGE DL	1	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION MO	1	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
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	1	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	1	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	1	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	1	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION DL	1	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	1	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	1	PA,QL(3 per 84 days)
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE MO	1	BvsD
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	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE AV,DL	1	
TREMFYA 100 MG/ML SYRINGE	1	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	1	PA,QL(4 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION DL	1	PA,QL(120 per 365 days)
TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR	1	PA,QL(3 per 84 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	1	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	1	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR DL	1	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
TRUMENBA 120 MCG/0.5 ML SYRINGE **AV,DL**	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE **AV,DL**	1	
TYPHIM VI 25 MCG/0.5 ML SOLUTION **AV,DL**	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE **AV,DL**	1	
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	
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION **AV,MO**	1	
VIMKUNYA 40 MCG/0.8 ML SYRINGE **AV,DL**	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC **AV,MO**	1	
XATMEP 2.5 MG/ML SOLUTION **MO**	1	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR **DL,LA**	1	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE **DL,LA**	1	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR **DL,LA**	1	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE **DL,LA**	1	PA,QL(4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION **MO**	1	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE **MO**	1	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE **DL**	1	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE **MO**	1	
budesonide 3 mg CAPSULE, DR/EC **MO**	1	
budesonide 9 mg TABLET, DR/ER **DL**	1	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA **MO**	1	
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 4 gram/60 ml ENEMA **MO**	1	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET **MO**	1	
sulfasalazine 500 mg TABLET, DR/EC **MO**	1	
METABOLIC BONE DISEASE AGENTS		
alendronate 10 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
alendronate 35 mg TABLET **MO**	1	QL(4 per 28 days)
alendronate 70 mg TABLET **MO**	1	QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL **MO**	1	QL(3.7 per 28 days)
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	
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR **DL**	1	PA,QL(2.4 per 28 days)
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)
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**	1	QL(1 per 180 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)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR **DL**	1	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION **DL**	1	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK **MO**	1	QL(300 per 21 days)
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		
acetic acid 0.25 % SOLUTION **MO**	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION **MO**	1	
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	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
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	
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	
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	

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 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	
BORDERED GAUZE 2 X 2 " BANDAGE **MO**	1	
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE **DL**	1	QL(360 per 30 days)
butalbital-acetaminophen-caff 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)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **MO**	1	
CEQUR SIMPLICITY 2 UNIT DEVICE **MO**	1	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS **MO**	1	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE **DL**	1	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK **DL**	1	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED **MO**	1	
CURITY GAUZE 2 X 2 " BANDAGE **MO**	1	
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 15/64", 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", 1/2 ML 31 GAUGE X 15/64" 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**	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
EASY COMFORT ALCOHOL PAD PADS, MEDICATED **MO**	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
flumazenil 0.1 mg/ml SOLUTION **MO**	1	
GAUZE BANDAGE 2 X 2 " BANDAGE **MO**	1	
GAUZE PAD 2 X 2 " BANDAGE **MO**	1	
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	
lactated ringers SOLUTION **MO**	1	
mifepristone 300 mg TABLET **DL**	1	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD **MO**	1	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,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**	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE **MO**	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE **MO**	1	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE **MO**	1	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE **MO**	1	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE **MO**	1	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE **MO**	1	
OMNIPOD GO PODS CARTRIDGE **MO**	1	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE **MO**	1	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE **MO**	1	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE **MO**	1	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE **MO**	1	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE **MO**	1	
OMNIPOD GO PODS 40 UNITS/DAY 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
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	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
protamine 10 mg/ml SOLUTION **MO**	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
ringer's SOLUTION **MO**	1	
sodium chloride 0.9 % SOLUTION **MO**	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
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	
water for irrigation, sterile SOLUTION **MO**	1	
WEBCOL PADS, MEDICATED **MO**	1	
XDEMVY 0.25 % DROPS **MO**	1	PA,QL(10 per 42 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT **DL**	1	PA
OPHTHALMIC AGENTS		
ALCAINE 0.5 % DROPS **MO**	1	
ALPHAGAN P 0.1 % DROPS **MO**	1	ST
apraclonidine 0.5 % DROPS **MO**	1	
atropine 1 % DROPS **MO**	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE **MO**	1	
azelastine 0.05 % DROPS **MO**	1	
bacitracin 500 unit/gram OINTMENT **MO**	1	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT **MO**	1	
BETADINE OPHTHALMIC PREP 5 % SOLUTION **MO**	1	
betaxolol 0.5 % 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
brimonidine 0.1 % DROPS **MO**	1	ST
brimonidine 0.2 % DROPS **MO**	1	
carteolol 1 % DROPS **MO**	1	
ciprofloxacin hcl 0.3 % DROPS **MO**	1	
COMBIGAN 0.2-0.5 % DROPS **MO**	1	QL(5 per 25 days)
cromolyn 4 % DROPS **MO**	1	
cyclosporine 0.05 % DROPPERETTE **MO**	1	QL(60 per 30 days)
CYSTARAN 0.44 % DROPS **DL**	1	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS **MO**	1	
diclofenac sodium 0.1 % DROPS **MO**	1	
dorzolamide 2 % DROPS **MO**	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS **MO**	1	
erythromycin 5 mg/gram (0.5 %) OINTMENT **MO**	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION **MO**	1	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION **MO**	1	
flurbiprofen sodium 0.03 % DROPS **MO**	1	
gatifloxacin 0.5 % DROPS **MO**	1	QL(2.5 per 25 days)
gentamicin 0.3 % DROPS **MO**	1	
ILEVRO 0.3 % DROPS, SUSPENSION **MO**	1	QL(3 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS **MO**	1	QL(10 per 30 days)
latanoprost 0.005 % DROPS **MO**	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS **MO**	1	
LOTEMAX SM 0.38 % DROPS, GEL **MO**	1	
LUMIGAN 0.01 % DROPS **MO**	1	QL(2.5 per 25 days)
methazolamide 25 mg, 50 mg TABLET **MO**	1	
moxifloxacin 0.5 % DROPS **MO**	1	
NATACYN 5 % DROPS, SUSPENSION **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	
ofloxacin 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
olopatadine 0.1 % DROPS **MO**	1	
olopatadine 0.2 % DROPS **MO**	1	
pilocarpine hcl 1 %, 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	
prednisolone acetate 1 % DROPS, SUSPENSION **MO**	1	
prednisolone sodium phosphate 1 % DROPS **MO**	1	
proparacaine 0.5 % DROPS **MO**	1	
RHOPRESSA 0.02 % DROPS **MO**	1	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS **MO**	1	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION **MO**	1	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS **MO**	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS **MO**	1	
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	
tobramycin 0.3 % DROPS **MO**	1	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION **MO**	1	
travoprost 0.004 % DROPS **MO**	1	QL(2.5 per 25 days)
trifluridine 1 % DROPS **MO**	1	
VYZULTA 0.024 % DROPS **MO**	1	QL(2.5 per 25 days)
ZERVIATE 0.24 % DROPPERETTE **MO**	1	QL(60 per 30 days)
OTIC AGENTS		
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		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION **MO**	1	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET **DL,LA**	1	PA,QL(90 per 30 days)
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE **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
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	1	QL(12 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER MO	1	QL(32.1 per 30 days)
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)
alyq 20 mg TABLET MO	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET DL	1	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	1	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	1	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	1	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	1	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)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	1	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION MO	1	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	1	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	1	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	1	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
desloratadine 5 mg TABLET MO	1	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION 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)
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	1	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	1	QL(50 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
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**	1	QL(1 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION **MO**	1	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
ipratropium bromide 0.02 % SOLUTION **MO**	1	BvsD
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 150 MG TABLET **DL**	1	PA,QL(60 per 30 days)
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER **MO**	1	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET **MO**	1	QL(30 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)
NUCALA 100 MG/ML AUTO-INJECTOR **DL**	1	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE **DL**	1	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE **DL**	1	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE **DL,LA**	1	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET **DL**	1	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET **DL**	1	PA,QL(30 per 30 days)
pirfenidone 267 mg CAPSULE **DL**	1	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET **DL**	1	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET **DL**	1	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION **DL**	1	BvsD
roflumilast 250 mcg TABLET **MO**	1	QL(28 per 365 days)
roflumilast 500 mcg TABLET **MO**	1	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET **MO**	1	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST **MO**	1	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE **MO**	1	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST **MO**	1	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST **MO**	1	QL(4 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
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER **MO**	1	QL(30.6 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET **MO**	1	PA,QL(60 per 30 days)
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	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE **MO**	1	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL **DL**	1	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**	1	PA,QL(56 per 28 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER **MO**	1	QL(36 per 30 days)
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE **MO**	1	QL(60 per 30 days)
zafirlukast 10 mg, 20 mg TABLET **MO**	1	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
carisoprodol 350 mg TABLET **MO**	1	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET **MO**	1	
methocarbamol 500 mg, 750 mg TABLET **MO**	1	
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET **MO**	1	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET **MO**	1	QL(30 per 30 days)
BELSOMRA 5 MG TABLET **MO**	1	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET **MO**	1	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET **MO**	1	PA,QL(60 per 30 days)
sodium oxybate 500 mg/ml SOLUTION **DL**	1	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE **DL**	1	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE **DL**	1	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE **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)

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

Index

A

abacavir-lamivudine... 45
abacavir... 45
ABELCET... 25
abigale lo... 74
abigale... 74
ABILIFY ASIMTUFII... 42
ABILIFY MAINTENA... 42
abiraterone... 28
abirtega... 28
ABRYSVO (PF)... 82
acamprosate... 13
acarbose... 50
accutane... 63
acebutolol... 54
acetaminophen-codeine... 11
acetazolamide... 54
acetic acid... 14, 88
acetylcysteine... 88, 94
acitretin... 63
ACTHIB (PF)... 82
ACTIMMUNE... 82
acyclovir sodium... 45
acyclovir... 45
ADACEL(TDAP ADOLESN/ADULT)(PF)... 82
ADALIMUMAB-ADAZ... 82, 83
ADALIMUMAB-ADBM(CF) PEN CROHNS... 83
ADALIMUMAB-ADBM(CF) PEN PS-UV... 83
ADALIMUMAB-ADBM... 83
adapalene... 63
ADCETRIS... 28
adefovir... 45
ADEMPAS... 94
adenosine... 54
ADRIAMYCIN... 28
ADSTILADRIN... 88
ADVAIR DISKUS... 94
ADVAIR HFA... 95
afirmelle... 74
AIRSUPRA... 95
AKEEGA... 28
albendazole... 41
albuterol sulfate... 95
ALCAINE... 92
ALCOHOL PADS... 89
ALCOHOL PREP PADS... 89
ALCOHOL SWABS... 89
ALCOHOL WIPES... 89
ALECENSA... 28
alendronate... 87, 88
alfuzosin... 72
ALIQOPA... 28
aliskiren... 54
allopurinol... 27
alosetron... 70
ALPHAGAN P... 92
alprazolam... 49
altavera (28)... 74
ALUNBRIG... 28
alyacen 1/35 (28)... 74
alyacen 7/7/7 (28)... 74
alyq... 95
amabelz... 74
amantadine hcl... 41
ambrisentan... 95
amethia... 74
amethyst (28)... 74
amikacin... 14
amiloride-hydrochlorothiazide... 55
amiloride... 54
aminophylline... 95
AMINOSYN II 10 %... 65
amiodarone... 55
amitriptyline... 23
amlodipine-atorvastatin... 55
amlodipine-benazepril... 55
amlodipine-olmesartan... 55
amlodipine-valsartan... 55
amlodipine... 55
ammonium lactate... 63
amnesteem... 63
amoxapine... 23
amoxicillin-pot clavulanate... 14
amoxicillin... 14
amphotericin b liposome... 25
amphotericin b... 25
ampicillin sodium... 14
ampicillin-sulbactam... 14
ampicillin... 14
anagrelide... 53
anastrozole... 28
ANKTIVA... 28
apraclonidine... 92
aprepitant... 25
apri... 74
APTIOM... 19

APTIVUS... 45
aranelle (28)... 74
ARCALYST... 83
AREXVY (PF)... 83
arformoterol... 95
ARIKAYCE... 14
aripiprazole... 42
ARISTADA INITIO... 42
ARISTADA... 42
ARMOUR THYROID... 81
ARNUITY ELLIPTA... 95
ARRANON... 28
arsenic trioxide... 28
asenapine maleate... 42
ashlyna... 74
ASPARLAS... 29
aspirin-dipyridamole... 53
atazanavir... 45
atenolol-chlorthalidone... 55
atenolol... 55
atomoxetine... 61
atorvastatin... 55
atovaquone-proguanil... 41
atovaquone... 41
ATROPINE SULFATE (PF)... 92
atropine... 92
ATROVENT HFA... 95
aubra eq... 74
aubra... 74
AUGTYRO... 29
aurovela 1.5/30 (21)... 74
aurovela 1/20 (21)... 74
aurovela 24 fe... 74
aurovela fe 1-20 (28)... 74
aurovela fe 1.5/30 (28)... 74
AUSTEDO XR TITRATION KT(WK1-4)... 61
AUSTEDO XR... 61
AUSTEDO... 61
AUTOJECT 2 INJECTION DEVICE... 89
AUTOPEN 1 TO 21 UNITS... 89
AUTOPEN 2 TO 42 UNITS... 89
AUTOSHIELD DUO PEN NEEDLE... 89
AUVELITY... 23
AUVI-Q... 95
aviane... 74
AVMAPKI-FAKZYNJA... 29
AXTLE... 29
ayuna... 74
AYVAKIT... 29
azacitidine... 29
azathioprine... 83
azelaic acid... 63
azelastine... 92, 95
azithromycin... 15
aztreonam... 15
azurette (28)... 74

B

bacitracin-polymyxin b... 92
bacitracin... 15, 92
baclofen... 45
bal-care dha... 66
balsalazide... 87
BALVERSA... 29
balziva (28)... 75
BAND-AID GAUZE PADS... 89
BAQSIMI... 50
BARACLUDE... 45
BAVENCIO... 29
BCG VACCINE, LIVE (PF)... 83
BD ALCOHOL SWABS... 89
BD AUTOSHIELD DUO PEN NEEDLE... 89
BD ECLIPSE LUER-LOK... 89
BD INSULIN SYRINGE (HALF UNIT)... 89
BD INSULIN SYRINGE MICRO-FINE... 89
BD INSULIN SYRINGE U-500... 89
BD INSULIN SYRINGE ULTRA-FINE... 89
BD INSULIN SYRINGE... 89
BD LO-DOSE MICRO-FINE IV... 89
BD NANO 2ND GEN PEN NEEDLE... 89
BD SAFETYGLIDE INSULIN SYRINGE... 89
BD SAFETYGLIDE SYRINGE... 89
BD ULTRA-FINE MICRO PEN NEEDLE... 89
BD ULTRA-FINE MINI PEN NEEDLE... 89
BD ULTRA-FINE NANO PEN NEEDLE... 89
BD ULTRA-FINE ORIG PEN NEEDLE... 89
BD ULTRA-FINE SHORT PEN NEEDLE... 89
BD VEO INSULIN SYR (HALF UNIT)... 89
BD VEO INSULIN SYRINGE UF... 90
BELEODAQ... 29
BELSOMRA... 97
benazepril-hydrochlorothiazide... 55
benazepril... 55

bendamustine... 29
BENLYSTA... 83
benztropine... 41
BESPONSA... 29
BESREMI... 83
BETADINE OPHTHALMIC PREP... 92
betaine... 71
betamethasone acet,sod phos... 73
betamethasone dipropionate... 63
betamethasone valerate... 63
betamethasone, augmented... 63
BETASERON... 61
betaxolol... 92
bethanechol chloride... 72
bexarotene... 29
BEXSERO... 83
bicalutamide... 29
BICILLIN C-R... 15
BICILLIN L-A... 15
BICNU... 29
BIKTARVY... 46
bisoprolol fumarate... 55
bisoprolol-hydrochlorothiazide... 55
BIZENGRI... 29
bleomycin... 29
blisovi 24 fe... 75
blisovi fe 1.5/30 (28)... 75
blisovi fe 1/20 (28)... 75
BOOSTRIX TDAP... 83
BORDERED GAUZE... 90
BORTEZOMIB... 29
BOSULIF... 29
BRAFTOVI... 29
BREO ELLIPTA... 95
BREZTRI AEROSPHERE... 95
briellyn... 75
BRILINTA... 53
brimonidine... 93
brivaracetam... 19
BRIVIACT... 19
bromocriptine... 41
BRUKINSA... 29
budesonide... 87, 95
bumetanide... 55
bupivacaine (pf)... 13
bupivacaine hcl... 13
buprenorphine hcl... 13
buprenorphine-naloxone... 13
buprenorphine... 11
bupropion hcl (smoking deter)... 13
bupropion hcl... 23
buspirone... 49
busulfan... 29
BUSULFEX... 29
butalbital-acetaminop-caf-cod... 90
butalbital-acetaminophen-caff... 90

C

c-nate dha... 66
CABENUVA... 46
cabergoline... 81
CABOMETYX... 29
calcipotriene... 64
calcitonin (salmon)... 88
calcitriol... 88
calcium chloride... 66
calcium gluconate... 66
CALQUENCE (ACALABRUTINIB MAL)... 29
camila... 75
camrese lo... 75
camrese... 75
candesartan-hydrochlorothiazid... 55
candesartan... 55
CAPLYTA... 42
CAPRELSA... 29, 30
captopril-hydrochlorothiazide... 55
captopril... 55
carbamazepine... 19
carbidopa-levodopa-entacapone... 42
carbidopa-levodopa... 41
carboplatin... 30
CARETOUCH ALCOHOL PREP PAD... 90
carglumic acid... 66
carisoprodol... 97
carmustine... 30
carteolol... 93
cartia xt... 55
carvedilol... 55
caspofungin... 25
CAYSTON... 95
cefaclor... 15
cefadroxil... 15
cefazolin in dextrose (iso-os)... 15
cefazolin... 15
cefdinir... 15
cefepime in dextrose 5 %... 15
cefepime in dextrose,iso-osm... 15
cefepime... 15
cefixime... 15
cefotetan... 15
cefoxitin in dextrose, iso-osm... 15
cefoxitin... 15

cefpodoxime... 15
cefprozil... 15
ceftazidime... 15
ceftriaxone in dextrose,iso-os... 15
ceftriaxone... 15
cefuroxime axetil... 16
cefuroxime sodium... 16
celecoxib... 11
cephalexin... 16
CEQUR SIMPLICITY INSERTER... 90
CEQUR SIMPLICITY... 90
cetirizine... 95
chateal eq (28)... 75
CHEMET... 66
chloramphenicol sod succinate... 16
chlorhexidine gluconate... 63
chloroquine phosphate... 41
chlorothiazide sodium... 55
chlorpromazine... 42
chlorthalidone... 55, 56
cholestyramine (with sugar)... 56
cholestyramine light... 56
CHORIONIC GONADOTROPIN, HUMAN... 74
ciclodan... 25
ciclopirox... 25, 26
cidofovir... 46
cilostazol... 53
CIMDUO... 46
cimetidine hcl... 70
cimetidine... 70
cinacalcet... 88
ciprofloxacin hcl... 16, 93
ciprofloxacin in 5 % dextrose... 16
cisplatin... 30
citalopram... 23
cladribine... 30
claravis... 64
clarithromycin... 16
CLEOCIN... 16
clindamycin hcl... 16
clindamycin in 0.9 % sod chlor... 16
clindamycin in 5 % dextrose... 16
clindamycin palmitate hcl... 16
clindamycin pediatric... 16
clindamycin phosphate... 16, 64
clindamycin-benzoyl peroxide... 64
CLINIMIX 4.25%/D10W SULF FREE... 66
CLINIMIX 4.25%/D5W SULFIT FREE... 66
CLINIMIX 5%-D20W(SULFITE-FREE)... 66
CLINIMIX 5%/D15W SULFITE FREE... 66
CLINIMIX 6%-D5W (SULFITE-FREE)... 66
CLINIMIX 8%-D10W(SULFITE-FREE)... 66
CLINIMIX 8%-D14W(SULFITE-FREE)... 66
CLINIMIX E 2.75%/D5W SULF FREE... 66
CLINIMIX E 4.25%/D10W SUL FREE... 66
CLINIMIX E 4.25%/D5W SULF FREE... 66
CLINIMIX E 5%/D15W SULFIT FREE... 66
CLINIMIX E 5%/D20W SULFIT FREE... 66
CLINIMIX E 8%-D10W SULFITEFREE... 66
CLINIMIX E 8%-D14W SULFITEFREE... 66
CLINISOL SF 15 %... 66
CLINOLIPID... 66
clobazam... 19
clobetasol-emollient... 64
clobetasol... 64
clofarabine... 30
CLOLAR... 30
clomipramine... 23
clonazepam... 49
clonidine hcl... 56
clonidine... 56
clopidogrel... 53
clorazepate dipotassium... 49
clotrimazole-betamethasone... 26
clotrimazole... 26
clozapine... 43
COARTEM... 41
COBENFY STARTER PACK... 90
COBENFY... 90
colchicine... 27
colestipol... 56
colistin (colistimethate na)... 16
COLUMVI... 30
COMBIGAN... 93
COMBIPATCH... 75
COMBIVENT RESPIMAT... 95
COMETRIQ... 30
COMPLERA... 46
complete natal dha... 66
compro... 25
conjugated estrogens... 75

constulose... 70
COPAXONE... 61
COPIKTRA... 30
CORLOPAM... 56
COSENTYX (2 SYRINGES)... 83
COSENTYX PEN (2 PENS)... 83
COSENTYX PEN... 83
COSENTYX UNOREADY PEN... 83
COSENTYX... 83
COSMEGEN... 30
COTELLIC... 30
CREON... 71
cromolyn... 93, 95
cryselle (28)... 75
CURITY ALCOHOL SWABS... 90
CURITY GAUZE... 90
cyclobenzaprine... 97
cyclophosphamide... 30
cyclosporine modified... 83
cyclosporine... 83, 93
CYRAMZA... 30
cyred eq... 75
cyred... 75
CYSTAGON... 71
CYSTARAN... 93
cytarabine (pf)... 30
cytarabine... 30

D

d10 %-0.45 % sodium chloride... 66
d2.5 %-0.45 % sodium chloride... 66
d5 % (d-glucose)-0.9 % sodchlr... 66
d5 % and 0.9 % sodium chloride... 66
d5 %-0.45 % sodium chloride... 66
dabigatran etexilate... 53
dacarbazine... 30
dactinomycin... 30
dalfampridine... 62
danazol... 75
dantrolene... 45
DANYELZA... 30
DANZITEN... 30
dapsone... 28
DAPTACEL (DTAP PEDIATRIC) (PF)... 83
daptomycin in 0.9 % sod chlor... 16
daptomycin... 16
darifenacin... 72
darunavir... 46
DARZALEX FASPRO... 30
DARZALEX... 30
dasatinib... 30
dasetta 1/35 (28)... 75
dasetta 7/7/7 (28)... 75
DATROWAY... 30
daunorubicin... 30
DAURISMO... 30, 31
daysee... 75
deblitane... 75
decitabine... 31
deferasirox... 66
DELSTRIGO... 46
DENGVAXIA (PF)... 83
DEPO-ESTRADIOL... 75
DEPO-SUBQ PROVERA 104... 75
DERMACEA... 90
DESCOVY... 46
desipramine... 23
desloratadine... 95
desmopressin... 74
desog-e.estradiol/e.estradiol... 75
desvenlafaxine succinate... 23
dexamethasone intensol... 73
dexamethasone sodium phos (pf)... 73
dexamethasone sodium phosphate... 73, 93
dexamethasone... 73
dexlansoprazole... 70
dexmethylphenidate... 62
dexrazoxane hcl... 31
dextroamphetamine sulfate... 62
dextroamphetamine-amphetamine... 62
dextrose 10 % and 0.2 % nacl... 66
dextrose 10 % in water (d10w)... 66
dextrose 25 % in water (d25w)... 66
dextrose 5 % in water (d5w)... 67
dextrose 5 %-lactated ringers... 67
dextrose 5%-0.2 % sod chloride... 67
dextrose 5%-0.3 % sod.chloride... 67
dextrose 50 % in water (d50w)... 67
dextrose 70 % in water (d70w)... 67
DIACOMIT... 19
diazepam intensol... 49
diazepam... 20, 49
diazoxide... 50
diclofenac potassium... 11
diclofenac sodium... 11, 64, 93
dicloxacillin... 16
dicyclomine... 70
didanosine... 46
DIFICID... 16

digitek... 56
digoxin... 56
dihydroergotamine... 27
dilt-xr... 56
diltiazem hcl... 56
dimethyl fumarate... 62
diphenhydramine hcl... 95
diphenoxylate-atropine... 70
disulfiram... 13
DIURIL... 56
divalproex... 20
docetaxel... 31
dofetilide... 56
dolishale... 75
donepezil... 22
dorzolamide-timolol... 93
dorzolamide... 93
dotti... 75
DOVATO... 46
doxazosin... 56
doxepin... 49
doxercalciferol... 88
doxorubicin, peg-liposomal... 31
doxorubicin... 31
doxy-100... 16
doxycycline hyclate... 16, 17
doxycycline monohydrate... 17
DRIZALMA SPRINKLE... 62
dronabinol... 25
droperidol... 43
DROPLET INSULIN SYR(HALF UNIT)... 90
DROPLET INSULIN SYRINGE... 90
DROPLET MICRON PEN NEEDLE... 90
DROPLET PEN NEEDLE... 90
DROPSAFE ALCOHOL PREP PADS... 90
DROPSAFE PEN NEEDLE... 90
drospirenone-ethinyl estradiol... 75
DROXIA... 90
DUAVEE... 75
duloxetine... 62
DUPIXENT PEN... 83
DUPIXENT SYRINGE... 84
dutasteride-tamsulosin... 72
dutasteride... 72

E

EASY COMFORT ALCOHOL PAD... 91
EASY TOUCH ALCOHOL PREP PADS... 91
EDURANT PED... 46
EDURANT... 46
efavirenz-emtricitabin-tenofov... 46
efavirenz-lamivu-tenofov disop... 46
efavirenz... 46
EGRIFTA SV... 74
EGRIFTA WR... 74
ELAHERE... 31
electrolyte-148... 67
electrolyte-48 in d5w... 67
electrolyte-a... 67
ELELYSO... 71
ELIGARD (3 MONTH)... 81
ELIGARD (4 MONTH)... 81
ELIGARD (6 MONTH)... 81
ELIGARD... 81
elinest... 75
ELIQUIS DVT-PE TREAT 30D START... 53
ELIQUIS SPRINKLE... 53
ELIQUIS... 53
ELMIRON... 72
ELREXFIO... 31
eluryng... 75
ELZONRIS... 31
EMCYT... 31
EMGALITY PEN... 27
EMGALITY SYRINGE... 27
EMPLICITI... 31
EMRELIS... 31
EMSAM... 23
emtricita-rilpivirine-tenof df... 46
emtricitabine-tenofovir (tdf)... 46
emtricitabine... 46
EMTRIVA... 46
emzahh... 75
enalapril maleate... 56
enalapril-hydrochlorothiazide... 56
enalaprilat... 56
endocet... 11
ENDOMETRIN... 75
ENGERIX-B (PF)... 84
ENGERIX-B PEDIATRIC (PF)... 84
ENHERTU... 31
enilloring... 75
enoxaparin... 53
enpresse... 75
enskyce... 75
ENSTILAR... 64
entacapone... 42
entecavir... 46
ENTRESTO SPRINKLE... 56
ENTRESTO... 56

enulose... 70
ENVARSUS XR... 84
EPCLUSA... 46
EPIDIOLEX... 20
epinephrine... 95
epirubicin... 31
epitol... 20
EPKINLY... 31
EPRONTIA... 20
ERBITUX... 31
ergotamine-caffeine... 27
eribulin... 31
ERIVEDGE... 31
ERLEADA... 31
erlotinib... 31
errin... 76
ertapenem... 17
ery pads... 64
ERYTHROCIN... 17
erythromycin lactobionate... 17
erythromycin with ethanol... 64
erythromycin... 17, 93
escitalopram oxalate... 23
eslicarbazepine... 20
esomeprazole magnesium... 70
estarylla... 76
estradiol valerate... 76
estradiol-norethindrone acet... 76
estradiol... 76
ESTRING... 76
eszopiclone... 97
ethambutol... 28
ethosuximide... 20
ethynodiol diac-eth estradiol... 76
etodolac... 11
etonogestrel-ethinyl estradiol... 76
ETOPOPHOS... 31
etoposide... 31
etravirine... 46
EULEXIN... 31
everolimus (antineoplastic)... 31
everolimus (immunosuppressive)... 84
EVOMELA... 31
EVOTAZ... 46
exemestane... 31
EXKIVITY... 31
EXXUA... 23
EYSUVIS... 93
ezetimibe-simvastatin... 56
ezetimibe... 56

F

falmina (28)... 76
famciclovir... 46
famotidine (pf)-nacl (iso-os)... 70
famotidine (pf)... 70
famotidine... 70
FANAPT TITRATION PACK A... 43
FANAPT TITRATION PACK B... 43
FANAPT TITRATION PACK C... 43
FANAPT... 43
FARXIGA... 50
FASENRA PEN... 95
febuxostat... 27
feirza... 76
felbamate... 20
felodipine... 56
FEMLYV... 76
fenofibrate micronized... 57
fenofibrate nanocrystallized... 57
fenofibrate... 56
fenofibric acid... 57
fentanyl citrate (pf)... 11
fentanyl citrate... 11
fentanyl... 11
fesoterodine... 72
FETZIMA... 23
FIASP FLEXTOUCH U-100 INSULIN... 50
FIASP PENFILL U-100 INSULIN... 50
FIASP U-100 INSULIN... 50
fidaxomicin... 17
finasteride... 72
fingolimod... 62
FINTEPLA... 20
FIRDAPSE... 62
FIRMAGON KIT W DILUENT SYRINGE... 81
FIRMAGON... 81
flecainide... 57
floxuridine... 31
fluconazole in nacl (iso-osm)... 26
fluconazole... 26
flucytosine... 26
fludarabine... 31, 32
fludrocortisone... 73
flumazenil... 91
flunisolide... 95
fluocinolone acetonide oil... 94
fluocinolone and shower cap... 64
fluocinolone... 64
fluocinonide... 64
fluorometholone... 93
fluorouracil... 32, 64
fluoxetine... 24

fluphenazine decanoate... 43
fluphenazine hcl... 43
flurbiprofen sodium... 93
flurbiprofen... 11
fluticasone propion-salmeterol... 96
fluticasone propionate... 64, 96
fluvastatin... 57
fluvoxamine... 24
FOLOTYN... 32
FORTEO... 88
fosamprenavir... 46
fosinopril-hydrochlorothiazide... 57
fosinopril... 57
fosphenytoin... 20
FOTIVDA... 32
FRUZAQLA... 32
furosemide... 57
FUZEON... 46
FYARRO... 32
FYCOMPA... 20

G

gabapentin... 20
galantamine... 22
gallifrey... 76
GAMUNEX-C... 84
GARDASIL 9 (PF)... 84
gatifloxacin... 93
GAUZE BANDAGE... 91
GAUZE PAD... 91
gavilyte-c... 70
gavilyte-g... 70
gavilyte-n... 70
GAVRETO... 32
GAZYVA... 32
gefitinib... 32
gemcitabine... 32
gemfibrozil... 57
GEMTESA... 72
generlac... 70
gentamicin in nacl (iso-osm)... 17
gentamicin sulfate (ped) (pf)... 17
gentamicin... 17, 93
GENVOYA... 46
GILOTRIF... 32
glatiramer... 62
glatopa... 62
GLEOSTINE... 32
glimepiride... 50
glipizide-metformin... 50
glipizide... 50
glyburide micronized... 50
glyburide-metformin... 50
glyburide... 50
GLYCOPHOS... 67
glycopyrrolate... 70
GLYXAMBI... 50
GOMEKLI... 32
GRAFAPEX... 32
granisetron hcl... 25
griseofulvin microsize... 26
griseofulvin ultramicrosize... 26
guanfacine... 57, 62

H

HAEGARDA... 84
hailey 24 fe... 76
hailey fe 1.5/30 (28)... 76
hailey fe 1/20 (28)... 76
hailey... 76
HALAVEN... 32
haloette... 76
haloperidol decanoate... 43
haloperidol lactate... 43
haloperidol... 43
HAVRIX (PF)... 84
heather... 76
heparin (porcine)... 53
heparin, porcine (pf)... 53
HEPLISAV-B (PF)... 84
HERNEXEOS... 32
HIBERIX (PF)... 84
HUMALOG JUNIOR KWIKPEN U-100... 50
HUMALOG KWIKPEN INSULIN... 50
HUMALOG MIX 50-50 KWIKPEN... 50
HUMALOG MIX 75-25 KWIKPEN... 50
HUMALOG MIX 75-25(U-100)INSULN... 50
HUMALOG U-100 INSULIN... 50
HUMATIN... 17
HUMIRA PEN... 84
HUMIRA(CF) PEN CROHNS-UC-HS... 84
HUMIRA(CF) PEN PEDIATRIC UC... 84
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 84
HUMIRA(CF) PEN... 84
HUMIRA(CF)... 84
HUMIRA... 84
HUMULIN 70/30 U-100 INSULIN... 51
HUMULIN 70/30 U-100 KWIKPEN... 51
HUMULIN N NPH INSULIN KWIKPEN... 51

HUMULIN N NPH U-100 INSULIN... 51
HUMULIN R REGULAR U-100 INSULN... 51
HUMULIN R U-500 (CONC) INSULIN... 51
HUMULIN R U-500 (CONC) KWIKPEN... 51
hydralazine... 57
hydrochlorothiazide... 57
hydrocodone-acetaminophen... 11
hydrocodone-ibuprofen... 11
hydrocortisone-acetic acid... 94
hydrocortisone... 65, 87
hydromorphone... 12
hydroxychloroquine... 41
hydroxyurea... 32
hydroxyzine hcl... 49
hydroxyzine pamoate... 96
HYFTOR... 65

I

ibandronate... 88
IBRANCE... 32
IBTROZI... 32
ibu... 12
ibuprofen... 12
ibutilide fumarate... 57
icatibant... 84
iclevia... 76
ICLUSIG... 32
idarubicin... 32
IDHIFA... 32
ifosfamide... 32
ILEVRO... 93
imatinib... 32
IMBRUVICA... 33
IMDELLTRA... 33
IMFINZI... 33
imipenem-cilastatin... 17
imipramine hcl... 24
imipramine pamoate... 24
imiquimod... 65
IMJUDO... 33
IMKELDI... 33
IMLYGIC... 33
IMOVAX RABIES VACCINE (PF)... 84
INBRIJA... 42
incassia... 76
INCONTROL ALCOHOL PADS... 91
INCRELEX... 74
indapamide... 57
indomethacin... 12
INFANRIX (DTAP) (PF)... 84
INLEXZO... 33
INLURIYO... 33
INLYTA... 33
INQOVI... 33
INREBIC... 33
INSULIN LISPRO... 51
INSULIN SYRINGE MICROFINE... 91
INSULIN SYRINGE-NEEDLE U-100... 91
INSULIN SYRINGE... 91
INSULIN U-500 SYRINGE-NEEDLE... 91
INTELENCE... 47
INTRALIPID... 67
introvale... 76
INVEGA HAFYERA... 43
INVEGA SUSTENNA... 43
INVEGA TRINZA... 43, 44
INVOKAMET XR... 51
INVOKAMET... 51
INVOKANA... 51
IONOSOL-MB IN D5W... 67
IPOL... 84
ipratropium bromide... 96
ipratropium-albuterol... 96
irbesartan-hydrochlorothiazide... 57
irbesartan... 57
irinotecan... 33
ISENTRESS HD... 47
ISENTRESS... 47
isibloom... 76
ISOLYTE S PH 7.4... 67
ISOLYTE-P IN 5 % DEXTROSE... 67
ISOLYTE-S... 67
isoniazid... 28
isosorbide dinitrate... 57
isosorbide mononitrate... 57
isosorbide-hydralazine... 57
isotretinoin... 65
ISTODAX... 33
ISUPREL... 57
ITOVEBI... 33
itraconazole... 26
IV PREP WIPES... 91
ivermectin... 41
IVRA... 33
IWILFIN... 33
IXEMPRA... 33
IXIARO (PF)... 84

J

jaimiess... 76
JAKAFI... 33

jantoven... 53
JANUMET XR... 51
JANUMET... 51
JANUVIA... 51
JARDIANCE... 51
jasmiel (28)... 76
JAYPIRCA... 33
JEMPERLI... 33
jencycla... 76
JENTADUETO XR... 51
JENTADUETO... 51
JEVTANA... 33
juleber... 76
JULUCA... 47
junel 1.5/30 (21)... 76
junel 1/20 (21)... 76
junel fe 1.5/30 (28)... 76
junel fe 1/20 (28)... 77
junel fe 24... 77
JYLAMVO... 85
JYNNEOS (PF)... 85

K

KABIVEN... 67
KADCYLA... 33
KALETRA... 47
kalliga... 77
KALYDECO... 96
KANJINTI... 33
kariva (28)... 77
kelnor 1/35 (28)... 77
kelnor 1/50 (28)... 77
KERENDIA... 57, 58
KESIMPTA PEN... 62
ketoconazole... 26
ketorolac... 12, 93
KEYTRUDA QLEX... 33
KEYTRUDA... 33
KIMMTRAK... 33
KINRIX (PF)... 85
kionex (with sorbitol)... 67
KISQALI FEMARA CO-PACK... 34
KISQALI... 33, 34
klayesta... 26
klor-con 10... 67
KLOR-CON 8... 67
klor-con m10... 67
KLOR-CON M15... 67
klor-con m20... 67
KLOXXADO... 14
KOSELUGO... 34
KRAZATI... 34
kurvelo (28)... 77
KYPROLIS... 34

L

l norgest/e.estradiol-e.estrad... 77
labetalol... 58
lacosamide... 20
lactated ringers... 67, 91
lactulose... 70
lamivudine-zidovudine... 47
lamivudine... 47
lamotrigine... 20
LAMPIT... 41
lanreotide... 81
lansoprazole... 70
LANTUS SOLOSTAR U-100 INSULIN... 51
LANTUS U-100 INSULIN... 51
lapatinib... 34
larin 1.5/30 (21)... 77
larin 1/20 (21)... 77
larin 24 fe... 77
larin fe 1.5/30 (28)... 77
larin fe 1/20 (28)... 77
latanoprost... 93
LAZCLUZE... 34
leena 28... 77
leflunomide... 85
lenalidomide... 34
LENVIMA... 34
lessina... 77
letrozole... 34
leucovorin calcium... 34
LEUKERAN... 34
leuprolide acetate (3 month)... 81
leuprolide... 81
levalbuterol tartrate... 96
levetiracetam in nacl (iso-os)... 21
levetiracetam... 20, 21
LEVO-T... 81
levobunolol... 93
levocarnitine (with sugar)... 67
levocarnitine... 67
levocetirizine... 96
levofloxacin in d5w... 17
levofloxacin... 17
levoleucovorin calcium... 34
levonest (28)... 77
levonorg-eth estrad triphasic... 77
levonorgestrel-ethinyl estrad... 77
levora-28... 77
levothyroxine... 81
LEVOXYL... 81
LEVULAN... 34

LEXIVA... 47
LIBERVANT... 21
LIBTAYO... 34
lidocaine (pf)... 58
lidocaine hcl... 13
lidocaine in 5 % dextrose (pf)... 58
lidocaine viscous... 13
lidocaine-epinephrine... 13
lidocaine-prilocaine... 13
lidocaine... 13
linagliptin-metformin... 51
lincomycin... 17
linezolid in dextrose 5%... 17
linezolid-0.9% sodium chloride... 17
linezolid... 17
LINZESS... 70
liomny... 81
liothyronine... 81
liraglutide... 51
lisinopril-hydrochlorothiazide... 58
lisinopril... 58
lithium carbonate... 50
lithium citrate... 50
LIVTENCITY... 47
lo-zumandimine (28)... 77
LOCOID LIPOCREAM... 65
LOESTRIN 1.5/30 (21)... 77
LOESTRIN 1/20 (21)... 77
LOESTRIN FE 1.5/30 (28-DAY)... 77
LOESTRIN FE 1/20 (28-DAY)... 77
lojaimiess... 77
LOKELMA... 67
lomustine... 34
LONSURF... 34, 35
loperamide... 70
lopinavir-ritonavir... 47
LOQTORZI... 35
lorazepam intensol... 50
lorazepam... 49, 50
LORBRENA... 35
loryna (28)... 77
losartan-hydrochlorothiazide... 58
losartan... 58
LOTEMAX SM... 93
lovastatin... 58
low-ogestrel (28)... 77
loxapine succinate... 44
lubiprostone... 70
luizza... 77
LUMAKRAS... 35
LUMIGAN... 93
LUNSUMIO... 35
LUPRON DEPOT (3 MONTH)... 82
LUPRON DEPOT (4 MONTH)... 82
LUPRON DEPOT (6 MONTH)... 82
LUPRON DEPOT-PED (3 MONTH)... 82
LUPRON DEPOT-PED... 82
LUPRON DEPOT... 82
lurasidone... 44
lurbipr... 12
lutera (28)... 77
LUTRATE DEPOT (3 MONTH)... 82
LYBALVI... 44
lyleq... 77
lyllana... 78
LYNOZYFIC... 35
LYNPARZA... 35
LYSODREN... 35
LYTGOBI... 35
LYUMJEV KWIKPEN U-100 INSULIN... 51
LYUMJEV KWIKPEN U-200 INSULIN... 51
LYUMJEV U-100 INSULIN... 51
lyza... 78

M

M-M-R II (PF)... 85
m-natal plus... 67
magnesium sulfate in d5w... 67
magnesium sulfate in water... 67, 68
magnesium sulfate... 67
malathion... 65
maraviroc... 47
MARGENZA... 35
marlissa (28)... 78
MARPLAN... 24
MATULANE... 35
meclizine... 25
medroxyprogesterone... 78
mefloquine... 41
megestrol... 78
MEKINIST... 35
MEKTOVI... 35
meleya... 78
meloxicam... 12
melphalan hcl... 35
melphalan... 35
memantine... 23
MENACTRA (PF)... 85
MENEST... 78
MENQUADFI (PF)... 85
MENVEO A-C-Y-W-135-DIP (PF)... 85
mercaptopurine... 35

meropenem-0.9% sodium chloride... 17
meropenem... 17
mesalamine... 87
mesna... 35
MESNEX... 35
metformin... 51
methadone intensol... 12
methadone... 12
methazolamide... 93
methenamine hippurate... 17
methimazole... 82
methocarbamol... 97
methotrexate sodium (pf)... 85
methotrexate sodium... 85
methscopolamine... 70
methsuximide... 21
methyldopa-hydrochlorothiazide... 58
methyldopa... 58
methylphenidate hcl... 62
methylprednisolone acetate... 73
methylprednisolone sodium succ... 73
methylprednisolone... 73
metoclopramide hcl... 25
metolazone... 58
metoprolol succinate... 58
metoprolol ta-hydrochlorothiaz... 58
metoprolol tartrate... 58
metronidazole in nacl (iso-os)... 18
metronidazole... 17, 18
metyrosine... 58
MICAFUNGIN IN 0.9 % SODIUM CHL... 26
micafungin... 26
miconazole-3... 26
microgestin 1.5/30 (21)... 78
microgestin 1/20 (21)... 78
microgestin fe 1.5/30 (28)... 78
microgestin fe 1/20 (28)... 78
midodrine... 58
mifepristone... 91
mili... 78
minocycline... 18
minoxidil... 58
MIRENA... 91
mirtazapine... 24
misoprostol... 70
mitomycin... 35
mitoxantrone... 35
modafinil... 97
MODEYSO... 35
moexipril... 58
molindone... 44
mometasone... 65, 96
mondoxyne nl... 18
mono-linyah... 78
montelukast... 96
morphine concentrate... 12
morphine... 12
MOUNJARO... 51
MOVANTIK... 70
moxifloxacin-sod.chloride(iso)... 18
moxifloxacin... 18, 93
MRESVIA (PF)... 85
MULTAQ... 58
mupirocin... 65
MUTAMYCIN... 35
MVASI... 35
mycophenolate mofetil (hcl)... 85
mycophenolate mofetil... 85
mycophenolate sodium... 85
MYLOTARG... 35
MYRBETRIQ... 72

N

nabumetone... 12
nadolol... 58
nafcillin in dextrose iso-osm... 18
nafcillin... 18
naloxone... 14
naltrexone... 14
NAMZARIC... 23
NANO 2ND GEN PEN NEEDLE... 91
NANO PEN NEEDLE... 91
naproxen sodium... 12
naproxen... 12
naratriptan... 27
NATACYN... 93
NATAZIA... 78
nateglinide... 52
NAYZILAM... 21
nebivolol... 58
necon 0.5/35 (28)... 78
nefazodone... 24
nelarabine... 35
neo-vital rx... 68
neomycin-bacitracin-poly-hc... 93
neomycin-bacitracin-polymyxin... 93
neomycin-polymyxin b-dexameth... 93

neomycin-polymyxin-gramicidin... 93
neomycin-polymyxin-hc... 93, 94
neomycin... 18
NEONATAL COMPLETE... 68
NEONATAL PLUS VITAMIN... 68
NEONATAL-DHA... 68
NERLYNX... 35
nevirapine... 47
NEXLETOL... 58
NEXLIZET... 58
NEXPLANON... 78
NEXTERONE... 58
niacin... 58, 59
niacor... 59
NICOTROL NS... 14
nifedipine... 59
nikki (28)... 78
nilotinib d-tartrate... 35
nilotinib hcl... 35
nilutamide... 36
nimodipine... 59
NINLARO... 36
NIPENT... 36
nisoldipine... 59
nitazoxanide... 41
nitisinone... 71
nitrofurantoin macrocrystal... 18
nitrofurantoin monohyd/m-cryst... 18
nitroglycerin in 5 % dextrose... 59
nitroglycerin... 59, 91
NITROSTAT... 59
NIVESTYM... 53, 54
nizatidine... 71
nora-be... 78
norelgestromin-ethin.estradiol... 78
norepinephrine bitartrate... 59
noreth-ethinyl estradiol-iron... 78
norethindrone (contraceptive)... 78
norethindrone ac-eth estradiol... 78
norethindrone acetate... 78
norethindrone-e.estradiol-iron... 78
norgestimate-ethinyl estradiol... 78
NORMOSOL-M IN 5 % DEXTROSE... 68
nortrel 0.5/35 (28)... 79
nortrel 1/35 (21)... 79
nortrel 1/35 (28)... 79
nortrel 7/7/7 (28)... 79
nortriptyline... 24
NORVIR... 47
NOVOLIN 70-30 FLEXPEN U-100... 52
NOVOLIN 70/30 U-100 INSULIN... 52
NOVOLIN N FLEXPEN... 52
NOVOLIN N NPH U-100 INSULIN... 52
NOVOLIN R FLEXPEN... 52
NOVOLIN R REGULAR U100 INSULIN... 52
NOVOLOG FLEXPEN U-100 INSULIN... 52
NOVOLOG MIX 70-30 U-100 INSULN... 52
NOVOLOG MIX 70-30FLEXPEN U-100... 52
NOVOLOG PENFILL U-100 INSULIN... 52
NOVOLOG U-100 INSULIN ASPART... 52
NOVOPEN ECHO... 91
np thyroid... 81
NUBEQA... 36
NUCALA... 96
NUEDEXTA... 62
NUPLAZID... 44
NUTRILIPID... 68
nyamyc... 26
nylia 1/35 (28)... 79
nylia 7/7/7 (28)... 79
nystatin-triamcinolone... 26
nystatin... 26
nystop... 27

O

ocella... 79
octreotide acetate... 82
octreotide,microspheres... 82
ODEFSEY... 47
ODOMZO... 36
OFEV... 96
ofloxacin... 18, 93, 94
OGSIVEO... 36
OJEMDA... 36
OJJAARA... 36
olanzapine... 44
olmesartan-amlodipin-hcthiazid... 59
olmesartan-hydrochlorothiazide... 59
olmesartan... 59
olopatadine... 94
omega-3 acid ethyl esters... 59

omeprazole-sodium bicarbonate... 71
omeprazole... 71
OMNIPOD 5 (G6/LIBRE 2 PLUS)... 91
OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 91
OMNIPOD 5 G6-G7 PODS (GEN 5)... 91
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)... 91
OMNIPOD CLASSIC PODS (GEN 3)... 91
OMNIPOD DASH INTRO KIT (GEN 4)... 91
OMNIPOD DASH PODS (GEN 4)... 91
OMNIPOD GO PODS 10 UNITS/DAY... 91
OMNIPOD GO PODS 15 UNITS/DAY... 91
OMNIPOD GO PODS 20 UNITS/DAY... 91
OMNIPOD GO PODS 25 UNITS/DAY... 91
OMNIPOD GO PODS 30 UNITS/DAY... 91
OMNIPOD GO PODS 40 UNITS/DAY... 91
OMNIPOD GO PODS... 91
OMNITROPE... 74
ONCASPAR... 36
ondansetron hcl (pf)... 25
ondansetron hcl... 25
ondansetron... 25
one natal rx... 68
ONIVYDE... 36
ONUREG... 36
OPDIVO QVANTIG... 36
OPDIVO... 36
OPDUALAG... 36
OPIPZA... 44
OPSUMIT... 96
OPSYNVI... 96
OPVEE... 14
ORGOVYX... 36
orquidea... 79
ORSERDU... 36
oseltamivir... 47
OSPHENA... 79
OTULFI... 85
oxacillin in dextrose(iso-osm)... 18
oxacillin... 18
oxaliplatin... 36
oxcarbazepine... 21
oxybutynin chloride... 72
oxycodone-acetaminophen... 13
oxycodone... 12, 13
OZEMPIC... 52

P

PACERONE... 59
paclitaxel protein-bound... 36
paclitaxel... 36
PADCEV... 36
paliperidone... 44
pamidronate... 88
PANRETIN... 36
pantoprazole in 0.9% sod chlor... 71
pantoprazole... 71
paraplatin... 36
paricalcitol... 88
paroxetine hcl... 24
PAXLOVID... 47
pazopanib... 36
PEDIARIX (PF)... 85
PEDVAX HIB (PF)... 85
peg 3350-electrolytes... 71
peg-electrolyte soln... 71
PEGASYS... 85
PEMAZYRE... 36
pemetrexed disodium... 37
pemetrexed... 37
PEMRYDI RTU... 37
PEN NEEDLE, DIABETIC... 92
PENBRAYA (PF)... 85
penicillamine... 68
penicillin g pot in dextrose... 18
penicillin g potassium... 18
penicillin g sodium... 18
penicillin v potassium... 18
PENMENVY MEN A-B-C-W-Y (PF)... 85
PENTACEL (PF)... 85
pentamidine... 41
pentoxifylline... 59
perampanel... 21
PERIKABIVEN... 68
perindopril erbumine... 59
periogard... 63
PERJETA... 37
permethrin... 65
perphenazine-amitriptyline... 24
perphenazine... 44
pfizerpen-g... 18
phenelzine... 24
phenobarbital... 21
PHENYTEK... 21
phenytoin sodium extended... 21

phenytoin sodium... 21
phenytoin... 21
philith... 79
PIFELTRO... 47
pilocarpine hcl... 63, 94
pimecrolimus... 65
pimozide... 44
pimtrea (28)... 79
pioglitazone-metformin... 52
pioglitazone... 52
piperacillin-tazobactam... 18
PIQRAY... 37
pirfenidone... 96
piroxicam... 13
PLASMA-LYTE 148... 68
PLASMA-LYTE A... 68
PLENAMINE... 68
podofilox... 65
POLIVY... 37
polocaine-mpf... 13
polocaine... 13
polycin... 94
polymyxin b sulf-trimethoprim... 94
polymyxin b sulfate... 18
POMALYST... 37
portia 28... 79
PORTRAZZA... 37
posaconazole... 27
potassium acetate... 68
potassium chlorid-d5-0.45%nacl... 68
potassium chloride in 0.9%nacl... 68
potassium chloride in 5 % dex... 68
potassium chloride in lr-d5... 68
potassium chloride in water... 68
potassium chloride-0.45 % nacl... 68
potassium chloride-d5-0.2%nacl... 68
potassium chloride-d5-0.9%nacl... 68
potassium chloride... 68
potassium citrate... 68
POTELIGEO... 37
pr natal 400 ec... 69
pr natal 400... 68
pr natal 430 ec... 69
pr natal 430... 69
pralatrexate... 37
pramipexole... 42
prasugrel hcl... 54
pravastatin... 59
praziquantel... 41
prazosin... 59
prednisolone acetate... 94
prednisolone sodium phosphate... 73, 94
prednisolone... 73
prednisone intensol... 73
prednisone... 73
pregabalin... 62, 63
PREMARIN... 79
PREMASOL 10 %... 69
PRENATA... 69
PRENATABS FA... 69
prenatal plus (calcium carb)... 69
prenatal plus vitamin-mineral... 69
PRENATE ELITE... 69
prevalite... 59
PREVYMIS... 48
PREZCOBIX... 48
PREZISTA... 48
PRIFTIN... 28
primaquine... 41
primidone... 21
PRIMSOL... 18
PRIORIX (PF)... 85
PRO COMFORT ALCOHOL PADS... 92
probenecid-colchicine... 27
probenecid... 27
procainamide... 59
prochlorperazine edisylate... 25
prochlorperazine maleate... 25
prochlorperazine... 25
procto-med hc... 65
proctosol hc... 65
proctozone-hc... 65
progesterone micronized... 79
progesterone... 79
PROGRAF... 85
PROLIA... 88
PROMACTA... 54
promethazine... 25
propafenone... 59
proparacaine... 94
propranolol-hydrochlorothiazid... 60
propranolol... 60
propylthiouracil... 82
PROQUAD (PF)... 85
PROSOL 20 %... 69
protamine... 92
protriptyline... 24
PULMOZYME... 96
PURE COMFORT ALCOHOL PADS... 92

PURIXAN... 37
pyrazinamide... 28
pyridostigmine bromide... 28
pyrimethamine... 41

Q

QINLOCK... 37
QUADRACEL (PF)... 85, 86
quetiapine... 44
quinapril-hydrochlorothiazide... 60
quinapril... 60
quinidine sulfate... 60
quinine sulfate... 41
QULIPTA... 27

R

RABAVERT (PF)... 86
rabeprazole... 71
RADICAVA ORS STARTER KIT SUSP... 63
RADICAVA ORS... 63
RALDESY... 24
raloxifene... 79
ramipril... 60
ranolazine... 60
rasagiline... 42
reclipsen (28)... 79
RECOMBIVAX HB (PF)... 86
RELENZA DISKHALER... 48
repaglinide... 52
REPATHA PUSHTRONEX... 60
REPATHA SURECLICK... 60
REPATHA SYRINGE... 60
RETACRIT... 54
RETEVMO... 37
RETROVIR... 48
REVUFORJ... 37
REXTOVY... 14
REXULTI... 44
REYATAZ... 48
REZLIDHIA... 37
RHOPHYLAC... 86
RHOPRESSA... 94
RIABNI... 37
ribavirin... 48
rifabutin... 28
rifampin... 28
riluzole... 63
rimantadine... 48
ringer's... 69, 92
RINVOQ LQ... 86
RINVOQ... 86
risedronate... 88
RISPERDAL CONSTA... 44
risperidone... 44, 45
ritonavir... 48
rivaroxaban... 54
rivastigmine tartrate... 23
rivastigmine... 23
rizatriptan... 27
ROCKLATAN... 94
roflumilast... 96
romidepsin... 37
ROMVIMZA... 37
ropinirole... 42
ropivacaine (pf)... 13
rosuvastatin... 60
ROTARIX... 86
ROTATEQ VACCINE... 86
roweepra... 21
ROZLYTREK... 37
RUBRACA... 37
rufinamide... 21
RUKOBIA... 48
RUXIENCE... 37
RYBELSUS... 52
RYBREVANT... 37
RYDAPT... 37
RYLAZE... 38
RYTARY... 42
RYTELO... 38

S

sacubitril-valsartan... 60
sajazir... 86
SANDIMMUNE... 86
SANDOSTATIN LAR DEPOT... 82
SANTYL... 65
sapropterin... 72
SARCLISA... 38
saxagliptin... 52
SCEMBLIX... 38
scopolamine base... 25
se-natal 19 chewable... 69
SECUADO... 45
selegiline hcl... 42
selenium sulfide... 65
SELZENTRY... 48
sertraline... 24
setlakin... 79
sharobel... 79
SHINGRIX (PF)... 86
SIGNIFOR... 82
sildenafil (pulm.hypertension)... 96
silodosin... 72
silver sulfadiazine... 65
SIMBRINZA... 94

simliya (28)... 79
simpesse... 79
simvastatin... 60
sirolimus... 86
SIRTURO... 28
SKYRIZI... 86
SMOFLIPID... 69
sodium bicarbonate... 69
sodium chloride 0.45 %... 69
sodium chloride 0.9 %... 69
sodium chloride 3 % hypertonic... 69
sodium chloride 5 % hypertonic... 69
sodium chloride... 69, 92
sodium oxybate... 97
sodium phenylbutyrate... 72
sodium phosphate... 69
sodium polystyrene sulfonate... 69
sodium,potassium,mag sulfates... 71
solifenacin... 72
SOLIQUA 100/33... 52
SOLTAMOX... 38
SOLU-MEDROL (PF)... 73
SOLU-MEDROL... 73
SOMAVERT... 82
sorafenib... 38
sotalol af... 60
sotalol... 60
SPIRIVA RESPIMAT... 96
SPIRIVA WITH HANDIHALER... 96
spironolacton-hydrochlorothiaz... 60
spironolactone... 60
sprintec (28)... 79
SPRITAM... 21
SPRYCEL... 38
SPS (WITH SORBITOL)... 69
sronyx... 79
SSD... 65
stavudine... 48
STELARA... 86
STIOLTO RESPIMAT... 96
STIVARGA... 38
STRENSIQ... 72
streptomycin... 18
STRIBILD... 48
STRIVERDI RESPIMAT... 96
subvenite starter (blue) kit... 21
subvenite starter (green) kit... 21
subvenite starter (orange) kit... 22
subvenite... 21
sucralfate... 71
SUFLAVE... 71
sulfacetamide sodium (acne)... 18
sulfacetamide sodium... 18, 94
sulfacetamide-prednisolone... 94
sulfadiazine... 18
sulfamethoxazole-trimethoprim... 18
sulfasalazine... 87
sulindac... 13
sumatriptan succinate... 27
sumatriptan... 27
sunitinib malate... 38
SUNLENCA... 48
SURE COMFORT ALCOHOL PREP PADS... 92
SURE-PREP ALCOHOL PREP PADS... 92
SUTAB... 71
syeda... 79
SYMBICORT... 97
SYMPAZAN... 22
SYMTUZA... 48
SYNJARDY XR... 52
SYNJARDY... 52
SYNRIBO... 38
SYNTHROID... 81

T

TABLOID... 38
TABRECTA... 38
tacrolimus... 65, 86
tadalafil (pulm. hypertension)... 97
tadalafil... 72
TAFINLAR... 38
TAGRISSO... 38
TALICIA... 71
TALVEY... 38
TALZENNA... 38
tamoxifen... 38
tamsulosin... 72
tarina 24 fe... 79
tarina fe 1-20 eq (28)... 79
tarina fe 1/20 (28)... 79
TASIGNA... 38
tasimelteon... 97
tazarotene... 65
taztia xt... 60
TAZVERIK... 38
TDVAX... 86
TECENTRIQ HYBREZA... 38
TECENTRIQ... 38
TECVAYLI... 38
TEFLARO... 19

telmisartan-amlodipine... 60
telmisartan-hydrochlorothiazid... 60
telmisartan... 60
temazepam... 97
temsirolimus... 38
TENIVAC (PF)... 86
tenofovir disoproxil fumarate... 48
TEPMETKO... 38
terazosin... 60
terbinafine hcl... 27
terconazole... 27
teriflunomide... 63
testosterone cypionate... 79
testosterone enanthate... 79
testosterone... 79
tetrabenazine... 63
TEVIMBRA... 38
THALOMID... 38, 39
theophylline... 97
thioridazine... 45
thiotepa... 39
thiothixene... 45
tiadylt er... 60
tiagabine... 22
TIBSOVO... 39
ticagrelor... 54
TICOVAC... 86
tigecycline... 19
tilia fe... 80
timolol maleate... 60, 94
tinidazole... 19
TIROSINT-SOL... 81
TIVDAK... 39
TIVICAY PD... 48
TIVICAY... 48
tizanidine... 45
tobramycin in 0.225 % nacl... 19
tobramycin sulfate... 19
tobramycin-dexamethasone... 94
tobramycin... 94
tolterodine... 72, 73
topiramate... 22
topotecan... 39
toremifene... 39
torpenz... 39
torsemide... 60
TOUJEO MAX U-300 SOLOSTAR... 52
TOUJEO SOLOSTAR U-300 INSULIN... 52
TPN ELECTROLYTES... 69
TRADJENTA... 52
tramadol... 13
trandolapril-verapamil... 61
trandolapril... 61
tranexamic acid... 54
tranylcypromine... 24
TRAVASOL 10 %... 69
travoprost... 94
TRAZIMERA... 39
trazodone... 24
TRECATOR... 28
TRELEGY ELLIPTA... 97
TRELSTAR... 82
TREMFYA ONE-PRESS... 86
TREMFYA PEN INDUCTION PK(2PEN)... 86
TREMFYA PEN... 86
TREMFYA... 86
TRESIBA FLEXTOUCH U-100... 52
TRESIBA FLEXTOUCH U-200... 52
TRESIBA U-100 INSULIN... 52
tretinoin (antineoplastic)... 39
tretinoin... 65
tri-estarylla... 80
tri-legest fe... 80
tri-linyah... 80
tri-lo-estarylla... 80
tri-lo-marzia... 80
tri-lo-mili... 80
tri-lo-sprintec... 80
tri-mili... 80
tri-nymyo... 80
tri-sprintec (28)... 80
tri-vylibra lo... 80
tri-vylibra... 80
triamcinolone acetonide... 63, 73, 74
triamterene-hydrochlorothiazid... 61
triderm... 74
trientine... 69
trifluoperazine... 45
trifluridine... 94
trihexyphenidyl... 42
TRIJARDY XR... 52, 53
TRIKAFTA... 97
trimethoprim... 19
trimipramine... 24
trinatal rx 1... 69
TRINTELLIX... 24
TRISENOX... 39
TRIUMEQ PD... 48
TRIUMEQ... 48
trivora (28)... 80
TRODELVY... 39

TROGARZO... 48
TROPHAMINE 10 %... 69
trospium... 73
TRUE COMFORT ALCOHOL PADS... 92
TRUE COMFORT PRO ALCOHOL PADS... 92
TRULICITY... 53
TRUMENBA... 87
TRUQAP... 39
TUKYSA... 39
tulana... 80
TURALIO... 39
turqoz (28)... 80
TWINRIX (PF)... 87
TYBOST... 48
TYMLOS... 88
TYPHIM VI... 87

U

UBRELVY... 27
UDENYCA AUTOINJECTOR... 54
UDENYCA ONBODY... 54
UDENYCA... 54
ULTILET ALCOHOL SWAB... 92
ULTRA-FINE INS SYR (HALF UNIT)... 92
ULTRA-FINE INSULIN SYRINGE... 92
ULTRA-FINE PEN NEEDLE... 92
UNITHROID... 81
UNITUXIN... 39
ursodiol... 71

V

valacyclovir... 48
VALCHLOR... 39
valganciclovir... 48, 49
valproate sodium... 22
valproic acid (as sodium salt)... 22
valproic acid... 22
valrubicin... 39
valsartan-hydrochlorothiazide... 61
valsartan... 61
VALSTAR... 39
VALTOCO... 22
valtya... 80
vancomycin in 0.9 % sodium chl... 19
vancomycin in dextrose 5 %... 19
vancomycin-diluent combo no.1... 19
vancomycin... 19
VANFLYTA... 39
VAQTA (PF)... 87
varenicline tartrate... 14
VARIVAX (PF)... 87
VASCEPA... 61
VAXCHORA VACCINE... 87
VECTIBIX... 39
velivet triphasic regimen (28)... 80
VEMLIDY... 49
VENCLEXTA STARTING PACK... 39
VENCLEXTA... 39
venlafaxine... 24
VENTOLIN HFA... 97
verapamil... 61
VERQUVO... 61
VERSACLOZ... 45
VERZENIO... 39
vestura (28)... 80
vienva... 80
vigabatrin... 22
vigadrone... 22
VIGAFYDE... 22
vigpoder... 22
vilazodone... 25
VIMKUNYA... 87
vinblastine... 39
vincasar pfs... 39
vincristine... 39
vinorelbine... 39
viorele (28)... 80
VIRACEPT... 49
VIREAD... 49
VITRAKVI... 39, 40
VIVITROL... 14
VIVOTIF... 87
VIZIMPRO... 40
VOCABRIA... 49
volnea (28)... 80
VONJO... 40
VORANIGO... 40
voriconazole-hpbcd... 27
voriconazole... 27
VOSEVI... 49
VOWST... 71
VRAYLAR... 45
VUMERITY... 63
vyfemla (28)... 80
vylibra... 80
VYLOY... 40
VYNDAMAX... 72
VYVGART HYTRULO... 28
VYVGART... 28
VYXEOS... 40
VYZULTA... 94

W

warfarin... 54

water for irrigation, sterile... 92
WEBCOL... 92
WELIREG... 72
wera (28)... 80
wesnatal dha complete... 69
wesnate dha... 69
westab plus... 69
wixela inhub... 97
wymzya fe... 80

X

XALKORI... 40
xarah fe... 80
XARELTO DVT-PE TREAT 30D START... 54
XARELTO... 54
XATMEP... 87
XCOPRI MAINTENANCE PACK... 22
XCOPRI TITRATION PACK... 22
XCOPRI... 22
XDEMVY... 92
xelria fe... 80
XGEVA... 88
XIFAXAN... 71
XIGDUO XR... 53
XOLAIR... 87
XOSPATA... 40
XPOVIO... 40
XTANDI... 40
xulane... 80

Y

YERVOY... 40
YESINTEK... 87
YF-VAX (PF)... 87
YONDELIS... 40

Z

zafemy... 80
zafirlukast... 97
zaleplon... 97
ZALTRAP... 40
ZANOSAR... 40
zarah... 80
ZARXIO... 54
ZEGALOGUE AUTOINJECTOR... 53
ZEGALOGUE SYRINGE... 53
ZEJULA... 40
ZELBORAF... 40
ZEMAIRA... 72
zenatane... 65
ZENPEP... 72
ZEPZELCA... 40
ZERVIATE... 94
ZEVALIN (Y-90)... 92
zidovudine... 49
ZIIHERA... 40
ziprasidone hcl... 45
ziprasidone mesylate... 45
ZIRABEV... 40
ZIRGAN... 49
zoledronic ac-mannitol-0.9nacl... 88
zoledronic acid-mannitol-water... 88
zoledronic acid... 88
ZOLINZA... 40
zolpidem... 97
ZONISADE... 22
zonisamide... 22
ZORYVE... 65
zovia 1-35 (28)... 80
ZTALMY... 22
ZUBSOLV... 14
zumandimine (28)... 80
ZURNAI... 14
ZURZUVAE... 25
ZYDELIG... 40
ZYKADIA... 40
ZYNLONTA... 41
ZYNYZ... 41
ZYPITAMAG... 61
ZYPREXA RELPREVV... 45

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线 : 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線 : 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다 . 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese：当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY：711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

Notes

Notes

Notes

This formulary was updated on 12/01/2025. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-457-4708 or, for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1– March 31 from 8 a.m. - 8 p.m. 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.**

20250016PDG2545625C_v19

H0028-007, 015, 068; H1036-167, 235, 307; H2875-002; H3533-002, 034; H4141-003; H5619-003, 054, 075, 082, 123, 126, 156, 158, 162, 163; H6622-015, 018, 027, 078, 086, 087

Humana®

Humana.com