

2026

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 Premier Rx Plan (PDP)

Formulary 26402

This formulary was updated on 04/01/2026. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-281-6918, 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 April 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Humana 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](https://www.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 on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

If you are currently taking the brand name drug or 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 or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

We will notify members who are affected by the following changes to the formulary:

- When a drug is removed from the formulary.
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive.
- When a drug is moved to a higher cost sharing tier.

If we make these other changes, you or your prescriber can ask us to make an exception 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 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

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

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 84. 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.

Prescription drugs are grouped into one of five tiers.

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 cost less than brand-name drugs.

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred drugs
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

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

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

You or your prescriber should contact us to ask for an initial coverage decision for a formulary, tier, 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. CenterWell Pharmacy is the preferred cost-sharing mail order pharmacy for many Humana MAPD and prescription drug plans (PDP). 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 84.

Your plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 83.

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	3	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	3	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	3	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	3	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	4	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE MO	2	
celecoxib 400 mg, 50 mg CAPSULE MO	2	
diclofenac potassium 50 mg TABLET MO	2	
diclofenac sodium 1.5 % DROPS MO	4	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. MO	2	
diclofenac sodium 25 mg TABLET, DR/EC MO	3	
diclofenac sodium 50 mg TABLET, DR/EC MO	2	
diclofenac sodium 75 mg TABLET, DR/EC MO	2	
ENDOCET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG TABLET DL	3	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	3	
etodolac 400 mg, 500 mg TABLET MO	3	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	4	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr PATCH. 72 HR. DL	4	QL(20 per 30 days)
flurbiprofen 100 mg TABLET MO	2	
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION DL	4	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	4	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET DL	3	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	3	QL(360 per 30 days)
hydromorphone 8 mg TABLET DL	3	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET MO	1	
ibuprofen 100 mg/5 ml SUSPENSION MO	2	
ibuprofen 400 mg TABLET MO	1	
ibuprofen 600 mg, 800 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
indomethacin 25 mg, 50 mg CAPSULE MO	2	
ketorolac 10 mg TABLET MO	4	QL(20 per 30 days)
lurbipr 100 mg TABLET MO	2	
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	4	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	3	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	3	QL(360 per 30 days)
methadone 5 mg TABLET DL	4	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	3	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	3	QL(360 per 30 days)
morphine 10 mg/5 ml SOLUTION DL	3	QL(2700 per 30 days)
morphine 100 mg TABLET ER DL	3	QL(180 per 30 days)
morphine 15 mg, 30 mg TABLET DL	3	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER DL	3	QL(120 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION DL	3	QL(1350 per 30 days)
morphine 200 mg TABLET ER DL	3	QL(90 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION DL	3	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	2	
naproxen 500 mg TABLET MO	1	
naproxen sodium 275 mg, 550 mg TABLET MO	4	
oxycodone 10 mg, 5 mg TABLET DL	3	QL(360 per 30 days)
oxycodone 15 mg, 20 mg, 30 mg TABLET DL	3	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE DL	4	QL(270 per 30 days)
oxycodone 5 mg CAPSULE DL	4	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION DL	4	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET DL	3	QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE MO	3	
sulindac 150 mg, 200 mg TABLET MO	2	
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	4	ST,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
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	4	ST,QL(30 per 30 days)
tramadol 50 mg TABLET DL	2	QL(240 per 30 days)
ANESTHETICS		
lidocaine 5 % ADHESIVE PATCH, MEDICATED MO	4	QL(90 per 30 days)
lidocaine 5 % OINTMENT MO	4	
lidocaine hcl 2 % JELLY IN APPLICATOR MO	3	
lidocaine hcl 2 % SOLUTION MO	2	
lidocaine viscous 2 % SOLUTION MO	2	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC MO	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET MO	2	QL(120 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET MO	2	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO	3	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET MO	3	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
naloxone 0.4 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE MO	1	
naltrexone 50 mg TABLET MO	2	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	4	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	3	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET MO	3	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET MO	3	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR MO	3	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION MO	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	4	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	3	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET MO	2	
amoxicillin-pot clavulanate 875-125 mg TABLET MO	2	
ampicillin 500 mg CAPSULE MO	2	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	4	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	4	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL	5	PA,QL(235.2 per 28 days)
azithromycin 1 gram PACKET MO	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
azithromycin 250 mg TABLET MO	2	
azithromycin 500 mg RECON SOLUTION MO	4	
azithromycin 500 mg, 600 mg TABLET MO	2	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	4	
bacitracin 50,000 unit RECON SOLUTION MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	4	
cefaclor 250 mg, 500 mg CAPSULE MO	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefadroxil 500 mg CAPSULE MO	2	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION MO	4	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	4	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefdinir 300 mg CAPSULE MO	2	
cefepime 1 gram, 2 gram RECON SOLUTION MO	4	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
cefixime 400 mg CAPSULE MO	4	
cefixime 400 mg TABLET MO	4	
cefotetan 1 gram, 2 gram RECON SOLUTION MO	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefpodoxime 100 mg, 200 mg TABLET MO	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefprozil 250 mg, 500 mg TABLET MO	3	
ceftaroline fosamil 400 mg, 600 mg RECON SOLUTION DL	5	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	4	
cefuroxime axetil 250 mg, 500 mg TABLET MO	3	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION MO	4	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cephalexin 250 mg CAPSULE MO	1	
cephalexin 500 mg CAPSULE MO	1	
ciprofloxacin hcl 100 mg TABLET MO	4	
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	4	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
clarithromycin 250 mg, 500 mg TABLET MO	3	
clarithromycin 500 mg TABLET, ER 24 HR. MO	3	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE MO	2	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	4	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	4	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	4	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	4	
clindamycin phosphate 150 mg/ml SOLUTION MO	4	
clindamycin phosphate 2 % CREAM MO	4	
colistin (colistimethate na) 150 mg RECON SOLUTION MO	4	
daptomycin 350 mg RECON SOLUTION MO	4	
daptomycin 500 mg RECON SOLUTION DL	4	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK MO	4	
dicloxacillin 250 mg, 500 mg CAPSULE MO	2	
DIFICID 200 MG TABLET DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxy-100 100 mg RECON SOLUTION MO	4	
doxycycline hyclate 100 mg CAPSULE MO	3	
doxycycline hyclate 100 mg TABLET MO	3	
doxycycline hyclate 20 mg TABLET MO	3	
doxycycline hyclate 50 mg CAPSULE MO	3	
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE MO	2	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
ertapenem 1 gram RECON SOLUTION MO	4	
ERYTHROCIN 500 MG RECON SOLUTION MO	4	
erythromycin 250 mg CAPSULE, DR/EC MO	4	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC MO	4	
erythromycin 250 mg, 500 mg TABLET MO	4	
erythromycin lactobionate 500 mg RECON SOLUTION DL	5	
fidaxomicin 200 mg TABLET DL	5	
fosfomycin tromethamine 3 gram PACKET MO	4	
gentamicin 0.1 % CREAM MO	4	
gentamicin 0.1 % OINTMENT MO	4	
gentamicin 40 mg/ml SOLUTION MO	4	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION MO	3	
levofloxacin 250 mg, 750 mg TABLET MO	2	
levofloxacin 250 mg/10 ml SOLUTION MO	4	
levofloxacin 500 mg TABLET MO	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	3	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	5	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	4	
meropenem 1 gram, 500 mg RECON SOLUTION MO	3	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	4	
methenamine hippurate 1 gram TABLET MO	3	
metronidazole 0.75 % CREAM MO	4	
metronidazole 0.75 % LOTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL MO	4	
metronidazole 1 % GEL WITH PUMP MO	4	
metronidazole 250 mg, 500 mg TABLET MO	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	4	
minocycline 100 mg, 50 mg, 75 mg CAPSULE MO	2	
mondoxyne nl 100 mg CAPSULE MO	2	
moxifloxacin 400 mg TABLET MO	3	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK MO	4	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
neomycin 500 mg TABLET MO	3	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE MO	4	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO	3	
ofloxacin 300 mg, 400 mg TABLET MO	4	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO	4	
penicillin g sodium 5 million unit RECON SOLUTION MO	4	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION MO	2	
penicillin v potassium 250 mg, 500 mg TABLET MO	2	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO	4	
polymyxin b sulfate 500,000 unit RECON SOLUTION MO	4	
PRIMSOL 50 MG/5 ML SOLUTION MO	4	
streptomycin 1 gram RECON SOLUTION DL	5	
sulfacetamide sodium 10 % OINTMENT MO	3	
sulfadiazine 500 mg TABLET MO	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET MO	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	5	
tigecycline 50 mg RECON SOLUTION MO	4	
tinidazole 250 mg, 500 mg TABLET MO	3	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION DL	5	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION MO	4	
trimethoprim 100 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	
vancomycin 125 mg CAPSULE MO	4	QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	4	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	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	4	
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	4	
ANTICONVULSANTS		
brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET DL	4	PA,QL(60 per 30 days)
brivaracetam 10 mg/ml SOLUTION MO	4	PA,QL(600 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	4	PA,QL(600 per 30 days)
carbamazepine 100 mg, 200 mg CHEWABLE TABLET MO	3	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	4	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. MO	4	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	4	
carbamazepine 200 mg TABLET MO	3	
clobazam 10 mg, 20 mg TABLET DL	4	PA
clobazam 2.5 mg/ml SUSPENSION DL	4	PA
DIACOMIT 250 MG, 500 MG CAPSULE DL	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	4	
DILANTIN 30 MG CAPSULE MO	4	
divalproex 125 mg CAPSULE, DR SPRINKLE MO	3	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. MO	3	
EPIDIOLEX 100 MG/ML SOLUTION DL	5	PA
epitol 200 mg TABLET MO	3	
EPRONTIA 25 MG/ML SOLUTION MO	4	PA,QL(480 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
eslicarbazepine 200 mg, 400 mg TABLET DL	4	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET DL	4	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE MO	3	
ethosuximide 250 mg/5 ml SOLUTION MO	4	
felbamate 400 mg, 600 mg TABLET MO	4	PA
felbamate 600 mg/5 ml SUSPENSION MO	4	PA
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	5	PA,QL(360 per 30 days)
FYCOMPA 0.5 MG/ML SUSPENSION DL	4	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	4	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE MO	2	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION MO	4	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET MO	2	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION MO	4	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	4	QL(60 per 30 days)
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	4	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	4	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE MO	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET MO	2	
levetiracetam 100 mg/ml SOLUTION MO	2	
levetiracetam 250 mg TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET MO	2	
levetiracetam 500 mg TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
levetiracetam 500 mg TABLET, ER 24 HR. MO	3	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION MO	4	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. MO	3	QL(120 per 30 days)
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM DL	5	QL(10 per 30 days)
methsuximide 300 mg CAPSULE MO	4	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO	3	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perampanel 0.5 mg/ml SUSPENSION DL	4	PA,QL(680 per 28 days)
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET DL	4	PA,QL(30 per 30 days)
perampanel 2 mg TABLET MO	4	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO	3	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET MO	3	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO	4	QL(1500 per 30 days)
phenobarbital 30 mg TABLET MO	3	QL(300 per 30 days)
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION MO	2	
phenytoin 50 mg CHEWABLE TABLET MO	2	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE MO	2	
primidone 125 mg, 250 mg, 50 mg TABLET MO	2	
roweepra 500 mg TABLET MO	2	
rufinamide 200 mg TABLET MO	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	5	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET MO	4	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	4	ST,QL(120 per 30 days)
SUBVENITE 10 MG/ML SUSPENSION DL	4	
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK MO	4	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	4	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK MO	4	
SYMPAZAN 10 MG, 20 MG FILM DL	5	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM DL	4	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	4	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET MO	2	
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE MO	3	
topiramate 25 mg/ml SOLUTION MO	4	PA,QL(480 per 30 days)
valproic acid 250 mg CAPSULE MO	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION MO	2	
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	5	QL(10 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>vigabatrin 500 mg POWDER IN PACKET</i> DL	5	PA,QL(180 per 30 days)
<i>vigabatrin 500 mg TABLET</i> DL	5	PA,QL(180 per 30 days)
<i>vigadrone 500 mg POWDER IN PACKET</i> DL	5	PA,QL(180 per 30 days)
<i>vigadrone 500 mg TABLET</i> DL	5	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION DL	5	PA,QL(600 per 25 days)
<i>vigpoder 500 mg POWDER IN PACKET</i> DL	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	4	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL	4	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	4	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	4	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION MO	4	PA,QL(900 per 30 days)
<i>zonisamide 100 mg, 25 mg, 50 mg CAPSULE</i> MO	2	
ZTALMY 50 MG/ML SUSPENSION DL	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
<i>donepezil 10 mg, 5 mg TABLET</i> MO	1	
<i>donepezil 10 mg, 5 mg TABLET, DISINTEGRATING</i> MO	1	
<i>donepezil 23 mg TABLET</i> MO	3	QL(30 per 30 days)
<i>galantamine 12 mg, 4 mg, 8 mg TABLET</i> MO	4	QL(60 per 30 days)
<i>galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.</i> MO	4	QL(30 per 30 days)
<i>galantamine 4 mg/ml SOLUTION</i> MO	4	QL(200 per 30 days)
<i>memantine 10 mg, 5 mg TABLET</i> MO	2	PA
<i>memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.</i> MO	4	PA,QL(30 per 30 days)
<i>memantine 2 mg/ml SOLUTION</i> MO	4	PA
<i>memantine 5-10 mg TABLET, DOSE PACK</i> MO	2	PA,QL(98 per 30 days)
<i>rivastigmine tartrate 1.5 mg, 3 mg CAPSULE</i> MO	4	QL(90 per 30 days)
<i>rivastigmine tartrate 4.5 mg, 6 mg CAPSULE</i> MO	4	QL(60 per 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET</i> MO	4	
<i>amitriptyline 25 mg TABLET</i> MO	4	
<i>amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET</i> MO	3	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	4	ST,QL(60 per 30 days)
<i>bupropion hcl 100 mg TABLET, SR 12 HR.</i> MO	3	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
bupropion hcl 100 mg, 75 mg TABLET MO	3	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	3	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	3	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
citalopram 10 mg, 20 mg, 40 mg TABLET MO	1	
citalopram 10 mg/5 ml SOLUTION MO	4	
clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO	4	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET MO	1	
escitalopram oxalate 15 mg CAPSULE MO	4	
escitalopram oxalate 5 mg/5 ml SOLUTION MO	4	QL(600 per 30 days)
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK DL	5	PA
EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE MO	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET MO	2	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE MO	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET MO	2	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION MO	3	
fluoxetine 40 mg CAPSULE MO	1	QL(90 per 30 days)
fluoxetine 60 mg TABLET MO	2	QL(30 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET MO	2	QL(90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET MO	3	
MARPLAN 10 MG TABLET MO	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET MO	2	
mirtazapine 45 mg TABLET MO	2	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET MO	4	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	4	
nortriptyline 10 mg/5 ml SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET MO	2	
paroxetine hcl 10 mg/5 ml SUSPENSION MO	4	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. MO	4	QL(90 per 30 days)
phenelzine 15 mg TABLET MO	3	
protriptyline 10 mg, 5 mg TABLET MO	4	
RALDESY 10 MG/ML SOLUTION DL	5	
sertraline 100 mg TABLET MO	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE MO	4	
sertraline 25 mg, 50 mg TABLET MO	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET MO	4	
trazodone 100 mg, 150 mg, 50 mg TABLET MO	1	
trazodone 300 mg TABLET MO	3	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE MO	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET MO	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. MO	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. MO	2	QL(90 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET MO	4	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE DL	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	5	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	4	BvsD
aprepitant 125 mg CAPSULE	5	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE MO	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE MO	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY MO	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	4	BvsD,QL(120 per 30 days)
granisetron hcl 1 mg TABLET MO	3	BvsD,QL(28 per 28 days)
meclizine 12.5 mg TABLET MO	3	
meclizine 25 mg TABLET MO	3	
metoclopramide hcl 10 mg, 5 mg TABLET MO	1	
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING MO	2	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
ondansetron hcl 2 mg/ml SOLUTION MO	4	
ondansetron hcl 4 mg TABLET MO	2	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION MO	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET MO	2	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	4	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	4	
prochlorperazine 25 mg SUPPOSITORY MO	4	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	4	
prochlorperazine maleate 10 mg, 5 mg TABLET MO	2	BvsD
promethazine 12.5 mg, 25 mg, 50 mg TABLET MO	2	
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	4	QL(10 per 30 days)
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	4	BvsD
amphotericin b 50 mg RECON SOLUTION MO	4	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	5	BvsD
caspofungin 50 mg, 70 mg RECON SOLUTION MO	4	
ciclodan 8 % SOLUTION MO	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM MO	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	4	QL(60 per 30 days)
ciclopirox 8 % SOLUTION MO	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM MO	2	
clotrimazole 1 % SOLUTION MO	3	
clotrimazole 10 mg TROCHE MO	2	
clotrimazole-betamethasone 1-0.05 % CREAM MO	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	4	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE DL	5	PA
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET MO	2	
fluconazole 150 mg TABLET MO	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	3	
flucytosine 250 mg, 500 mg CAPSULE DL	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	4	
griseofulvin microsize 500 mg TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	4	
itraconazole 100 mg CAPSULE MO	4	QL(120 per 30 days)
ketoconazole 2 % CREAM MO	3	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO MO	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	4	PA
klayesta 100,000 unit/gram POWDER MO	4	
miconazole 100 mg, 50 mg RECON SOLUTION MO	4	
miconazole-3 200 mg SUPPOSITORY MO	3	
nyamyc 100,000 unit/gram POWDER MO	4	
nystatin 100,000 unit/gram CREAM MO	2	
nystatin 100,000 unit/gram OINTMENT MO	2	
nystatin 100,000 unit/gram POWDER MO	4	
nystatin 100,000 unit/ml SUSPENSION MO	2	
nystatin 500,000 unit TABLET MO	3	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	4	
nystop 100,000 unit/gram POWDER MO	4	
posaconazole 100 mg TABLET, DR/EC DL	5	PA
posaconazole 300 mg/16.7 ml SOLUTION DL	5	PA
terbinafine hcl 250 mg TABLET MO	1	
terconazole 0.4 %, 0.8 % CREAM MO	2	
terconazole 80 mg SUPPOSITORY MO	4	
voriconazole 200 mg RECON SOLUTION MO	4	
voriconazole 200 mg, 50 mg TABLET MO	4	QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	5	QL(400 per 30 days)
voriconazole-hpbc 200 mg RECON SOLUTION MO	4	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	2	
colchicine 0.6 mg TABLET MO	3	QL(120 per 30 days)
probenecid 500 mg TABLET MO	4	
probenecid-colchicine 500-0.5 mg TABLET MO	4	
ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
eletriptan 20 mg, 40 mg TABLET MO	4	QL(9 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	4	PA,QL(3 per 30 days)
ergotamine-caffeine 1-100 mg TABLET MO	3	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET MO	3	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)
rizatriptan 10 mg, 5 mg TABLET MO	2	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING MO	3	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET MO	2	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR MO	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION MO	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE MO	4	QL(6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET MO	3	PA,QL(16 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET MO	3	
ANTIMYCOBACTERIALS		
dapsone 100 mg, 25 mg TABLET MO	3	
ethambutol 100 mg, 400 mg TABLET MO	3	
isoniazid 100 mg, 300 mg TABLET MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	4	
PRIFTIN 150 MG TABLET MO	4	
pyrazinamide 500 mg TABLET MO	4	
rifabutin 150 mg CAPSULE MO	4	
rifampin 150 mg, 300 mg CAPSULE MO	3	
rifampin 600 mg RECON SOLUTION MO	4	
SIRTURO 100 MG, 20 MG TABLET DL	5	PA
TRECTOR 250 MG TABLET MO	4	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET DL	5	PA,QL(120 per 30 days)
abirtega 250 mg TABLET MO	4	PA,QL(120 per 30 days)
AKEEGA 100-500 MG, 50-500 MG TABLET DL	5	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	5	PA,QL(240 per 30 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	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
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	5	PA,QL(30 per 30 days)
<i>anastrozole 1 mg TABLET</i> MO	1	QL(30 per 30 days)
AUGTYRO 160 MG CAPSULE DL	5	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	5	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK DL	5	PA,QL(66 per 28 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
BALVERSA 3 MG TABLET DL	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>bexarotene 1 % GEL</i> DL	5	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> DL	5	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> MO	2	QL(30 per 30 days)
BOSULIF 100 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	5	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET DL	5	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	5	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	5	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET DL	5	PA,QL(63 per 28 days)
<i>cyclophosphamide 25 mg, 50 mg CAPSULE</i> MO	4	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET</i> MO	3	BvsD
DANZITEN 71 MG, 95 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET</i> DL	5	PA,QL(60 per 30 days)
<i>dasatinib 140 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
<i>dasatinib 20 mg TABLET</i> DL	5	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DAURISMO 100 MG TABLET DL	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL(60 per 30 days)
EMCYT 140 MG CAPSULE DL	5	
ENSACOVE 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
ENSACOVE 25 MG CAPSULE DL	5	PA,QL(270 per 30 days)
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	5	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET DL	5	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET DL	5	PA,QL(90 per 30 days)
EULEXIN 125 MG CAPSULE DL	5	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	5	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION DL	5	PA
exemestane 25 mg TABLET MO	4	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	5	PA,QL(21 per 28 days)
GAVRETO 100 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
gefitinib 250 mg TABLET DL	5	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
GLEOSTINE 10 MG CAPSULE MO	4	PA
GLEOSTINE 100 MG CAPSULE DL	5	PA
GLEOSTINE 40 MG CAPSULE	5	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION DL	5	PA
GOMEKLI 1 MG, 2 MG CAPSULE DL	5	PA
HERNEXEOS 60 MG TABLET DL	5	PA,QL(180 per 30 days)
hydroxyurea 500 mg CAPSULE MO	2	
HYRNUO 10 MG TABLET DL	5	PA,QL(120 per 30 days)
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	5	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	5	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
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>imatinib</i> 100 mg TABLET MO	4	PA,QL(90 per 30 days)
<i>imatinib</i> 400 mg TABLET DL	5	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IMBRUVICA 140 MG, 280 MG TABLET DL	5	PA
IMBRUVICA 420 MG TABLET DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	5	PA
IMKELDI 80 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
INLURIYO 200 MG TABLET DL	5	PA,QL(84 per 28 days)
INLYTA 1 MG TABLET DL	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET DL	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ITOVEBI 3 MG TABLET DL	5	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	5	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET DL	5	PA,QL(240 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	5	PA,QL(90 per 30 days)
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	5	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	5	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	5	PA,QL(91 per 28 days)
KOMZIFTI 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
KOSELUGO 10 MG CAPSULE DL	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	5	PA,QL(120 per 30 days)
KOSELUGO 5 MG CAPSULE, SPRINKLE DL	5	PA,QL(600 per 30 days)
KOSELUGO 7.5 MG CAPSULE, SPRINKLE DL	5	PA,QL(360 per 30 days)
KRAZATI 200 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>lapatinib</i> 250 mg TABLET DL	5	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	5	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	5	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
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE</i> DL	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	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	5	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	5	PA,QL(60 per 30 days)
<i>letrozole 2.5 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET</i> MO	4	
LEUKERAN 2 MG TABLET DL	5	
<i>lomustine 10 mg CAPSULE</i> MO	4	PA
<i>lomustine 100 mg, 40 mg CAPSULE</i> DL	5	PA
LONSURF 15-6.14 MG TABLET DL	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET DL	5	PA,QL(80 per 30 days)
LORBRENA 100 MG TABLET DL	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	5	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET DL	5	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET DL	5	PA,QL(90 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET DL	5	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	5	PA,QL(140 per 28 days)
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>melphalan 2 mg TABLET</i> MO	4	BvsD
<i>mercaptopurine 20 mg/ml SUSPENSION</i> DL	5	
<i>mercaptopurine 50 mg TABLET</i> MO	3	
<i>mesna 400 mg TABLET</i> DL	5	
MODEYSO 125 MG CAPSULE DL	5	PA,QL(20 per 28 days)
NERLYNX 40 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE</i> DL	5	PA,QL(120 per 30 days)
<i>nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE</i> DL	5	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
<i>nilutamide 150 mg TABLET DL</i>	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET DL	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	5	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	5	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	5	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	5	PA,QL(30 per 30 days)
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
ORGOVYX 120 MG TABLET DL	5	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	5	PA,QL(90 per 30 days)
PANRETIN 0.1 % GEL DL	5	PA
<i>pazopanib 200 mg TABLET DL</i>	5	PA,QL(120 per 30 days)
<i>pazopanib 400 mg TABLET DL</i>	5	PA,QL(60 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	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	5	PA,QL(56 per 28 days)
<i>pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE DL</i>	5	PA,QL(21 per 28 days)
PURIXAN 20 MG/ML SUSPENSION DL	5	
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL	5	PA
REZLIDHIA 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL	5	PA
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	5	PA,QL(360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL(120 per 30 days)
RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
SCEMBLIX 100 MG TABLET DL	5	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET DL	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	5	
<i>sorafenib 200 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE</i> DL	5	PA,QL(28 per 28 days)
TABLOID 40 MG TABLET MO	4	
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET</i> MO	2	
TAZVERIK 200 MG TABLET DL	5	PA,QL(240 per 30 days)
TEPMETKO 225 MG TABLET DL	5	PA,QL(60 per 30 days)
THALOMID 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
THALOMID 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
THALOMID 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
THALOMID 50 MG CAPSULE DL	5	PA,QL(240 per 30 days)
TIBSOVO 250 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>toremifene 60 mg TABLET</i> DL	5	QL(30 per 30 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> DL	5	
TRUQAP 160 MG, 200 MG TABLET DL	5	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET DL	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	5	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
VALCHLOR 0.016 % GEL DL	5	PA,QL(60 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	5	PA,QL(56 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
VENCLEXTA 10 MG TABLET MO	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET	5	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	5	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
VITRAKVI 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	5	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	5	PA,QL(30 per 30 days)
XALKORI 150 MG PELLETT DL	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT DL	5	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT DL	5	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	5	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	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) TABLET DL	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	5	PA,QL(60 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL(240 per 30 days)
ZOLINZA 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL(150 per 30 days)
ANTIPARASITICS		
albendazole 200 mg TABLET MO	4	
atovaquone 750 mg/5 ml SUSPENSION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO	4	
chloroquine phosphate 250 mg, 500 mg TABLET MO	4	
COARTEM 20-120 MG TABLET MO	4	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO	3	
hydroxychloroquine 200 mg TABLET MO	3	
IMPAVIDO 50 MG CAPSULE DL	5	QL(84 per 28 days)
ivermectin 3 mg, 6 mg TABLET MO	3	
LAMPIT 120 MG, 30 MG TABLET MO	4	
mefloquine 250 mg TABLET MO	2	
nitazoxanide 500 mg TABLET DL	5	
pentamidine 300 mg RECON SOLUTION MO	4	BvsD
pentamidine 300 mg RECON SOLUTION MO	4	
praziquantel 600 mg TABLET MO	4	
primaquine 26.3 mg (15 mg base) TABLET MO	3	
pyrimethamine 25 mg TABLET DL	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	4	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	4	
amantadine hcl 50 mg/5 ml SOLUTION MO	3	
apomorphine 10 mg/ml CARTRIDGE DL	5	PA,QL(84 per 28 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET MO	2	
bromocriptine 2.5 mg TABLET MO	4	
carbidopa 25 mg TABLET MO	4	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	3	
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	4	
entacapone 200 mg TABLET MO	3	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	2	
rasagiline 0.5 mg, 1 mg TABLET MO	4	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
selegiline hcl 5 mg CAPSULE MO	3	
selegiline hcl 5 mg TABLET MO	3	
trihexyphenidyl 0.4 mg/ml ELIXIR MO	3	
trihexyphenidyl 2 mg, 5 mg TABLET MO	3	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE MO	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE MO	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION MO	4	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET MO	3	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE MO	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET MO	4	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET MO	4	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	4	
clozapine 100 mg TABLET MO	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING MO	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING MO	4	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	4	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	3	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 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
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	4	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	4	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET MO	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION MO	4	
haloperidol lactate 2 mg/ml CONCENTRATE MO	2	
haloperidol lactate 5 mg/ml SOLUTION MO	4	
haloperidol lactate 5 mg/ml SYRINGE MO	4	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE MO	4	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE MO	4	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	4	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	4	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE MO	4	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE MO	4	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE MO	4	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE MO	4	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE MO	4	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET MO	3	QL(30 per 30 days)
lurasidone 80 mg TABLET MO	3	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET DL	5	PA,QL(30 per 30 days)
molindone 10 mg TABLET MO	4	QL(240 per 30 days)
molindone 25 mg TABLET MO	4	QL(270 per 30 days)
molindone 5 mg TABLET MO	4	QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION MO	4	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
OPIPZA 10 MG FILM DL	5	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM DL	5	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM DL	5	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO	4	
pimozide 1 mg, 2 mg TABLET MO	4	
quetiapine 100 mg TABLET MO	2	QL(90 per 30 days)
quetiapine 150 mg TABLET MO	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. MO	4	QL(90 per 30 days)
quetiapine 200 mg TABLET MO	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET MO	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET MO	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	5	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON MO	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON DL	4	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET MO	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING MO	4	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	4	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION MO	2	
risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON MO	4	QL(2 per 28 days)
risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON DL	4	QL(2 per 28 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. DL	4	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET MO	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	4	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET MO	3	
VERSACLOZ 50 MG/ML SUSPENSION DL	4	PA,QL(540 per 30 days)
VRAYLAR 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	4	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
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO	4	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO	4	
ZYPREXA 10 MG RECON SOLUTION MO	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(1 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET MO	2	
baclofen 20 mg TABLET MO	2	
baclofen 5 mg TABLET MO	2	QL(90 per 30 days)
tizanidine 2 mg TABLET MO	1	
tizanidine 4 mg TABLET MO	1	
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION MO	4	QL(960 per 30 days)
abacavir 300 mg TABLET MO	4	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	4	QL(30 per 30 days)
acyclovir 200 mg CAPSULE MO	2	
acyclovir 400 mg, 800 mg TABLET MO	2	
acyclovir sodium 50 mg/ml SOLUTION MO	4	BvsD
adefovir 10 mg TABLET MO	4	
APTIVUS 250 MG CAPSULE DL	5	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE MO	4	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	5	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	5	QL(50 per 365 days)
CIMDUO 300-300 MG TABLET DL	5	QL(30 per 30 days)
darunavir 600 mg TABLET MO	4	QL(60 per 30 days)
darunavir 800 mg TABLET DL	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	5	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET DL	5	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC MO	4	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	5	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	5	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
EDURANT PED 2.5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
efavirenz 200 mg CAPSULE MO	4	QL(120 per 30 days)
efavirenz 50 mg CAPSULE MO	4	QL(480 per 30 days)
efavirenz 600 mg TABLET MO	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET MO	4	QL(30 per 30 days)
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET DL	5	QL(30 per 30 days)
emtricitita-rilpivirine-tenof df 200-25-300 mg TABLET DL	5	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE MO	4	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET MO	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	4	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET MO	4	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	5	PA,QL(28 per 28 days)
etravirine 100 mg TABLET DL	5	QL(120 per 30 days)
etravirine 200 mg TABLET DL	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET DL	5	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET MO	3	QL(90 per 30 days)
fosamprenavir 700 mg TABLET DL	5	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION DL	5	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	4	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	3	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	5	QL(30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	5	
lamivudine 10 mg/ml SOLUTION MO	3	QL(900 per 30 days)
lamivudine 100 mg TABLET MO	3	QL(90 per 30 days)
lamivudine 150 mg TABLET MO	3	QL(60 per 30 days)
lamivudine 300 mg TABLET MO	3	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	4	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
LIVTENCITY 200 MG TABLET DL	5	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET MO	4	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	4	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	4	
maraviroc 150 mg TABLET DL	5	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	5	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	4	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE MO	4	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	4	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	2	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE MO	2	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	QL(1440 per 365 days)
oseltamivir 75 mg CAPSULE MO	3	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK MO	3	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK MO	3	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO	3	QL(60 per 10 days)
PIFELTRO 100 MG TABLET DL	5	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET DL	5	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET DL	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET DL	5	PA
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET DL	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	5	QL(240 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	4	
REYATAZ 50 MG POWDER IN PACKET MO	4	
ribavirin 200 mg CAPSULE MO	3	
ribavirin 200 mg TABLET MO	3	
rilpivirine hcl 25 mg TABLET DL	5	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
<i>rimantadine 100 mg TABLET</i> MO	4	
<i>ritonavir 100 mg TABLET</i> MO	3	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	5	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	5	QL(1800 per 30 days)
<i>stavudine 15 mg, 20 mg CAPSULE</i> MO	3	QL(120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE</i> MO	3	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SYMTUZA 800-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET</i> MO	3	QL(30 per 30 days)
TIVICAY 50 MG TABLET DL	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO	4	QL(180 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	5	
TYBOST 150 MG TABLET MO	3	QL(30 per 30 days)
<i>valacyclovir 1 gram, 500 mg TABLET</i> MO	3	
<i>valganciclovir 450 mg TABLET</i> MO	3	QL(120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION</i> DL	5	QL(1056 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET DL	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	5	PA,QL(28 per 28 days)
<i>zidovudine 10 mg/ml SYRUP</i> MO	3	QL(1680 per 28 days)
<i>zidovudine 100 mg CAPSULE</i> MO	4	QL(180 per 30 days)
<i>zidovudine 300 mg TABLET</i> MO	3	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	4	QL(5 per 30 days)
ANXIOLYTICS		
<i>alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET</i> DL	3	QL(120 per 30 days)
<i>alprazolam 2 mg TABLET</i> DL	3	QL(150 per 30 days)
<i>buspirone 10 mg, 5 mg TABLET</i> 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
bupirone 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	4	
clonazepam 0.5 mg, 1 mg TABLET DL	3	
clonazepam 2 mg TABLET DL	3	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	4	
diazepam 10 mg TABLET DL	3	QL(120 per 30 days)
diazepam 2 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	4	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	4	
doxepin 10 mg/ml CONCENTRATE MO	4	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	3	
hydroxyzine hcl 25 mg TABLET MO	3	
lorazepam 0.5 mg, 1 mg TABLET DL	2	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	4	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE DL	4	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	2	
lithium citrate 8 meq/5 ml SOLUTION MO	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET MO	1	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
dapagliflozin propanediol 10 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
diazoxide 50 mg/ml SUSPENSION DL	4	
FARXIGA 10 MG, 5 MG TABLET MO	3	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE CI,MO	3	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
glimepiride 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
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	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI,DL	5	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE CI,MO	3	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION CI,MO	3	
INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	3	
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
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	3	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET MO	1	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	3	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	3	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION CI,MO	3	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION CI,MO	3	
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	3	PA,QL(3 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
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	
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	3	QL(15 per 24 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	3	
TRADJENTA 5 MG TABLET MO	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	3	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	3	
BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg, 1 mg CAPSULE MO	3	
cilostazol 100 mg, 50 mg TABLET MO	2	
clopidogrel 300 mg TABLET MO	4	
clopidogrel 75 mg TABLET MO	1	QL(30 per 30 days)
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE MO	4	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	3	ST,QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	3	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE MO	3	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	4	
enoxaparin 300 mg/3 ml SOLUTION MO	4	
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION MO	3	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE MO	3	
heparin (porcine) 5,000 unit/ml SYRINGE MO	3	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	3	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gantoven</i> 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, 480 MCG/0.8 ML SYRINGE DL	5	PA
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION DL	5	PA
<i>prasugrel hcl</i> 10 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET DL	5	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET DL	5	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET DL	5	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	4	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION DL	5	PA,QL(14 per 30 days)
<i>rivaroxaban</i> 1 mg/ml SUSPENSION FOR RECONSTITUTION MO	3	ST,QL(600 per 30 days)
<i>rivaroxaban</i> 2.5 mg TABLET MO	3	QL(60 per 30 days)
<i>ticagrelor</i> 60 mg, 90 mg TABLET MO	3	QL(60 per 30 days)
<i>tranexamic acid</i> 650 mg TABLET MO	3	QL(30 per 5 days)
<i>warfarin</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET MO	1	
<i>warfarin</i> 5 mg TABLET MO	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	3	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	3	QL(51 per 30 days)
CARDIOVASCULAR AGENTS		
<i>acebutolol</i> 200 mg, 400 mg CAPSULE MO	4	
<i>acetazolamide</i> 125 mg, 250 mg TABLET MO	4	
<i>acetazolamide</i> 500 mg CAPSULE, ER MO	4	
<i>aliskiren</i> 150 mg, 300 mg TABLET MO	4	QL(30 per 30 days)
<i>amiloride</i> 5 mg TABLET MO	3	
<i>amiloride-hydrochlorothiazide</i> 5-50 mg TABLET MO	2	
<i>amiodarone</i> 100 mg, 400 mg TABLET MO	4	
<i>amiodarone</i> 200 mg TABLET MO	2	
<i>amlodipine</i> 10 mg, 2.5 mg, 5 mg TABLET MO	1	
<i>amlodipine-benazepril</i> 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE 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
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	3	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET MO	2	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	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET MO	1	
bumetanide 0.5 mg TABLET MO	2	
bumetanide 1 mg TABLET MO	2	
bumetanide 2 mg TABLET MO	3	
candesartan 16 mg, 4 mg, 8 mg TABLET MO	3	QL(60 per 30 days)
candesartan 32 mg TABLET MO	3	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET MO	3	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	3	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET MO	3	
cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR. MO	2	
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET MO	1	
chlorthalidone 25 mg TABLET MO	1	
chlorthalidone 50 mg TABLET MO	1	
cholestyramine (with sugar) 4 gram POWDER MO	3	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	3	
cholestyramine light 4 gram POWDER MO	3	
cholestyramine light 4 gram POWDER IN PACKET MO	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	4	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	4	
colestipol 5 gram GRANULES MO	4	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	2	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	2	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 120 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET MO	2	
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. MO	2	
diltiazem hcl 360 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	4	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET MO	2	
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	
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT MO	3	QL(240 per 30 days)
ezetimibe 10 mg TABLET MO	3	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	3	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	2	
fenofibrate 160 mg TABLET MO	2	QL(30 per 30 days)
fenofibrate 54 mg TABLET MO	2	QL(60 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE MO	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	3	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	3	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	3	QL(60 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET MO	3	
fosinopril 10 mg, 20 mg, 40 mg TABLET MO	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET MO	2	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	4	
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	2	
hydralazine 10 mg, 100 mg TABLET MO	2	
hydralazine 25 mg, 50 mg TABLET MO	2	
hydrochlorothiazide 12.5 mg CAPSULE MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrochlorothiazide 50 mg TABLET 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	2	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET MO	2	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET MO	3	
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	4	QL(180 per 30 days)
ivabradine 5 mg, 7.5 mg TABLET MO	4	QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLET MO	3	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET MO	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET MO	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
lisinopril 30 mg TABLET MO	1	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET MO	1	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET MO	1	
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	2	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	3	
metolazone 10 mg, 2.5 mg, 5 mg TABLET MO	3	
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	3	
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	3	
metirosine 250 mg CAPSULE DL	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	3	
minoxidil 10 mg, 2.5 mg TABLET MO	2	
moexipril 15 mg, 7.5 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nebivolol 10 mg TABLET MO	4	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	4	QL(60 per 30 days)
NEXLETOL 180 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	3	PA,QL(30 per 30 days)
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	4	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	3	
nimodipine 30 mg CAPSULE MO	4	
nimodipine 60 mg/20 ml SOLUTION DL	5	QL(2838 per 28 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO	2	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET MO	3	
olmesartan 20 mg, 40 mg TABLET MO	1	QL(30 per 30 days)
olmesartan 5 mg TABLET MO	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazyd 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	4	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET MO	2	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE MO	3	QL(120 per 30 days)
PACERONE 100 MG, 400 MG TABLET MO	4	
pacerone 200 mg TABLET MO	2	
pentoxifylline 400 mg TABLET ER MO	2	
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	2	
prevalite 4 gram POWDER MO	4	
prevalite 4 gram POWDER IN PACKET MO	4	
propafenone 150 mg, 225 mg, 300 mg TABLET MO	3	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	4	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	3	
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	2	
quinidine sulfate 200 mg, 300 mg TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	3	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	3	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	3	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	3	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	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET MO	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET MO	2	
spironolactone 100 mg TABLET MO	1	
spironolactone 25 mg, 50 mg TABLET MO	1	
taztia xt 120 mg, 180 mg, 240 mg, 300 mg, 360 mg CAPSULE, ER 24 HR. MO	2	
telmisartan 20 mg, 40 mg TABLET MO	1	QL(30 per 30 days)
telmisartan 80 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, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	2	
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	4	
torse mide 10 mg, 100 mg, 5 mg TABLET MO	2	
torse mide 20 mg TABLET MO	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET MO	1	
triamterene 100 mg, 50 mg CAPSULE MO	4	
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, 320 mg TABLET MO	1	QL(60 per 30 days)
valsartan 40 mg, 80 mg TABLET MO	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	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
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. MO	3	
verapamil 120 mg, 180 mg, 240 mg TABLET ER MO	2	
verapamil 120 mg, 40 mg, 80 mg TABLET MO	1	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO	4	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO	4	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	5	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK DL	5	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	5	PA,QL(42 per 28 days)
dexamethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	3	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	4	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET MO	4	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET MO	4	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET MO	4	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	4	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. MO	3	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. MO	3	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	3	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC MO	4	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC MO	4	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	4	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC MO	2	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC MO	2	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
duloxetine 60 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE MO	3	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
methylphenidate hcl 10 mg TABLET ER MO	3	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	3	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	3	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE DL	5	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	3	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	3	QL(60 per 30 days)
riluzole 50 mg TABLET MO	4	
teriflunomide 14 mg, 7 mg TABLET MO	4	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET MO	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET MO	4	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	4	
triamcinolone acetonide 0.1 % PASTE MO	3	
DERMATOLOGICAL AGENTS		
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE MO	4	PA
ammonium lactate 12 % CREAM MO	2	
ammonium lactate 12 % LOTION MO	2	
amnestem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
betamethasone dipropionate 0.05 % CREAM MO	4	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	4	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	4	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM MO	3	QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone valerate 0.1 % LOTION MO	4	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT MO	3	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM MO	3	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	4	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	4	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	4	QL(100 per 30 days)
calcipotriene 0.005 % CREAM MO	4	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION MO	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
clindamycin phosphate 1 % GEL MO	4	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	4	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB MO	2	
clobetasol 0.05 % CREAM MO	4	QL(120 per 30 days)
clobetasol 0.05 % GEL MO	4	QL(120 per 28 days)
clobetasol 0.05 % OINTMENT MO	4	QL(120 per 28 days)
clobetasol 0.05 % SOLUTION MO	4	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM MO	4	QL(120 per 30 days)
desonide 0.05 % CREAM MO	4	QL(240 per 30 days)
desonide 0.05 % OINTMENT MO	4	QL(240 per 30 days)
diclofenac sodium 3 % GEL MO	4	PA
erythromycin with ethanol 2 % SOLUTION MO	4	QL(120 per 30 days)
fluocinolone 0.01 % OIL MO	4	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION MO	4	QL(180 per 30 days)
fluocinolone 0.025 % CREAM MO	4	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT MO	4	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL MO	4	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM MO	4	QL(120 per 30 days)
fluocinonide 0.05 % GEL MO	4	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT MO	4	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION MO	4	QL(120 per 30 days)
fluorouracil 2 % SOLUTION MO	3	QL(30 per 30 days)
fluorouracil 5 % CREAM MO	4	
fluorouracil 5 % SOLUTION MO	3	QL(60 per 30 days)
fluticasone propionate 0.05 % CREAM MO	3	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR MO	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT MO	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET MO	2	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	2	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT MO	4	QL(180 per 30 days)
imiquimod 5 % CREAM IN PACKET MO	3	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
LOCOID LIPOCREAM 0.1 % CREAM MO	4	QL(240 per 30 days)
malathion 0.5 % LOTION MO	4	
mometasone 0.1 % CREAM MO	2	QL(180 per 30 days)
mometasone 0.1 % OINTMENT MO	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION MO	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT MO	2	
permethrin 5 % CREAM MO	3	
pimecrolimus 1 % CREAM MO	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION MO	4	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	4	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	2	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM MO	2	
SSD 1 % CREAM MO	2	
tacrolimus 0.03 %, 0.1 % OINTMENT MO	4	QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	3	QL(120 per 30 days)
tretinoin 0.01 % GEL MO	3	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 % GEL MO	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	4	PA,QL(45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
ZORYVE 0.15 % CREAM MO	4	PA,QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	4	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
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION MO	4	BvsD
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP</i> MO	2	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> MO	4	
<i>carglumic acid 200 mg TABLET, DISPERSIBLE</i> DL	5	PA
CHEMET 100 MG CAPSULE DL	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
CLINOLIPID 20 % EMULSION MO	4	BvsD
<i>complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK</i> MO	2	
<i>d10 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> MO	2	
<i>d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> MO	2	
<i>d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION</i> MO	2	
<i>d5 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> MO	2	
<i>deferasirox 180 mg, 360 mg TABLET</i> MO	4	PA
<i>deferasirox 90 mg TABLET</i> MO	3	PA
<i>dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION</i> MO	2	
<i>dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION</i> MO	2	
<i>dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION</i> MO	2	
<i>dextrose 25 % in water (d25w) SYRINGE</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 30 % in water (d30w) PARENTERAL SOLUTION MO	2	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION MO	2	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION MO	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK MO	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION MO	2	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION MO	2	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION MO	2	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION MO	2	
dextrose 50 % in water (d50w) SYRINGE MO	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION MO	2	
electrolyte-48 in d5w PARENTERAL SOLUTION MO	2	
INTRALIPID 20 %, 30 % EMULSION MO	4	BvsD
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	5	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION MO	4	BvsD
kionex 15 gram/60 ml SUSPENSION MO	3	
KLOR-CON 10 10 MEQ TABLET ER MO	2	
klor-con 10 10 meq TABLET ER MO	2	
klor-con 8 8 meq TABLET ER MO	2	
KLOR-CON 8 8 MEQ TABLET ER MO	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
levocarnitine 330 mg TABLET MO	4	
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	4	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET MO	2	
magnesium sulfate 500 mg/ml (50 %) SOLUTION MO	4	
magnesium sulfate 500 mg/ml (50 %) SYRINGE MO	4	
neo-vital rx 27 mg iron- 1 mg TABLET MO	2	
NEONATAL COMPLETE 29-1 MG TABLET MO	2	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	2	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUTRILIPID 20 % EMULSION MO	4	BvsD
one natal rx 27 mg iron- 1 mg TABLET MO	2	
penicillamine 250 mg TABLET DL	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	4	BvsD
PLENAMINE 15 % PARENTERAL SOLUTION MO	4	BvsD
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO	4	
potassium chloride 10 meq CAPSULE, ER MO	2	
potassium chloride 10 meq, 20 meq TABLET ER MO	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
potassium chloride 15 meq, 8 meq TABLET ER MO	2	
potassium chloride 2 meq/ml SOLUTION MO	4	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID MO	4	
potassium chloride 8 meq CAPSULE, ER MO	2	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	4	
pr natal 400 29-1-400 mg COMBO PACK MO	2	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	2	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK MO	2	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP MO	2	
PREMASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	2	
PRENATABS FA 29-1 MG TABLET MO	4	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET MO	2	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET MO	2	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	2	
PROSOL 20 % PARENTERAL SOLUTION MO	4	BvsD
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET MO	2	
SMOFLIPID 20 % EMULSION MO	4	BvsD
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION MO	4	
sodium chloride 0.9 % PARENTERAL SOLUTION MO	4	
sodium chloride 0.9 % PIGGYBACK MO	4	
sodium polystyrene sulfonate 15 gram POWDER MO	3	
sodium polystyrene sulfonate 15 gram/60 ml SUSPENSION MO	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
trientine 250 mg CAPSULE DL	5	QL(240 per 30 days)
trientine 500 mg CAPSULE DL	5	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	2	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK MO	2	
wesnata dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	
westab plus 27 mg iron- 1 mg TABLET MO	2	
GASTROINTESTINAL AGENTS		
alosetron 0.5 mg, 1 mg TABLET MO	4	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET MO	2	
cimetidine hcl 300 mg/5 ml SOLUTION MO	3	
constulose 10 gram/15 ml SOLUTION MO	2	
dicyclomine 10 mg CAPSULE MO	2	
dicyclomine 10 mg/5 ml SOLUTION MO	4	
dicyclomine 20 mg TABLET MO	2	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	4	
enulose 10 gram/15 ml SOLUTION MO	2	
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
famotidine 20 mg, 40 mg TABLET MO	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO	4	
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION MO	2	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	2	
gavilyte-n 420 gram RECON SOLUTION MO	2	
generlac 10 gram/15 ml SOLUTION MO	2	
glutamine (sickle cell) 5 gram POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
glycopyrrolate 1 mg, 2 mg TABLET MO	3	
lactulose 10 gram/15 ml SOLUTION MO	2	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE MO	2	
lubiprostone 24 mcg, 8 mcg CAPSULE MO	3	QL(60 per 30 days)
misoprostol 100 mcg, 200 mcg TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE MO	2	
omeprazole 10 mg CAPSULE, DR/EC MO	1	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC MO	1	
pantoprazole 20 mg, 40 mg TABLET, DR/EC MO	1	QL(60 per 30 days)
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	2	
peg-electrolyte soln 420 gram RECON SOLUTION MO	2	
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION MO	3	
sucralfate 1 gram TABLET MO	2	
sucralfate 100 mg/ml SUSPENSION MO	4	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	4	
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	3	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC MO	4	
ursodiol 250 mg TABLET MO	3	
ursodiol 300 mg CAPSULE MO	3	
ursodiol 500 mg TABLET MO	4	
VOWST 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE DL	5	PA
XERMELO 250 MG TABLET DL	5	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET MO	4	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER DL	5	
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	3	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
ELELYSO 200 UNIT RECON SOLUTION DL	5	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE DL	5	
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	5	PA
sapropterin 100 mg POWDER IN PACKET DL	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	5	
sodium phenylbutyrate 500 mg TABLET DL	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	5	PA
WELIREG 40 MG TABLET DL	5	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMAIRA 1,000 MG RECON SOLUTION DL	5	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	5	PA
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. MO	2	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	3	
dutasteride 0.5 mg CAPSULE MO	3	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
finasteride 5 mg TABLET MO	1	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	3	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
oxybutynin chloride 5 mg TABLET MO	2	
oxybutynin chloride 5 mg/5 ml SYRUP MO	2	
silodosin 4 mg, 8 mg CAPSULE MO	3	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
tadalafil 5 mg TABLET MO	4	PA
tamsulosin 0.4 mg CAPSULE MO	1	
tolterodine 1 mg, 2 mg TABLET MO	4	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	4	QL(30 per 30 days)
tropium 20 mg TABLET MO	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET MO	2	
dexamethasone 0.5 mg/5 ml ELIXIR MO	3	
dexamethasone 0.5 mg/5 ml SOLUTION MO	2	
dexamethasone intensol 1 mg/ml DROPS MO	3	
fludrocortisone 0.1 mg TABLET MO	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET MO	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK MO	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION MO	4	
prednisolone 15 mg/5 ml SOLUTION MO	2	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION MO	2	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION MO	3	
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	2	
prednisone 5 mg/5 ml SOLUTION MO	4	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	4	BvsD
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT MO	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM MO	2	
triamcinolone acetonide 0.1 % CREAM MO	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	4	PA
desmopressin 0.1 mg TABLET MO	3	
desmopressin 0.2 mg TABLET MO	4	
INCRELEX 10 MG/ML SOLUTION DL	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET MO	2	
abigale lo 0.5-0.1 mg TABLET MO	2	
afirmelle 0.1-20 mg-mcg TABLET MO	2	
altavera (28) 0.15-0.03 mg TABLET MO	2	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	2	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET MO	4	
apri 0.15-0.03 mg TABLET MO	2	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	2	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
abra 0.1-20 mg-mcg TABLET MO	2	
abra eq 0.1-20 mg-mcg TABLET MO	2	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
aviane 0.1-20 mg-mcg TABLET MO	2	
ayuna 0.15-0.03 mg TABLET MO	2	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
balziva (28) 0.4-35 mg-mcg TABLET MO	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
briellyn 0.4-35 mg-mcg TABLET MO	4	
camila 0.35 mg TABLET MO	2	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
chateal eq (28) 0.15-0.03 mg TABLET MO	2	
conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET MO	4	
cryselle (28) 0.3-30 mg-mcg TABLET MO	2	
cyred 0.15-0.03 mg TABLET MO	2	
cyred eq 0.15-0.03 mg TABLET MO	2	
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	2	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
deblitane 0.35 mg TABLET MO	2	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	3	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
dolishale 90-20 mcg (28) TABLET MO	4	
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	4	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	2	
DUAVEE 0.45-20 MG TABLET MO	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	2	
eluryng 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
emzahh 0.35 mg TABLET MO	2	
ENDOMETRIN 100 MG INSERT MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enilloring 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
enskyce 0.15-0.03 mg TABLET MO	2	
errin 0.35 mg TABLET MO	2	
estarylla 0.25-0.035 mg TABLET MO	2	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	3	
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	4	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	4	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET MO	1	
estradiol 10 mcg TABLET MO	4	
estradiol valerate 10 mg/ml OIL MO	4	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	2	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	2	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET MO	2	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	4	
gallifrey 5 mg TABLET MO	3	
hailey 1.5-30 mg-mcg TABLET MO	2	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
haloette 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
heather 0.35 mg TABLET MO	2	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
incassia 0.35 mg TABLET MO	2	
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET MO	2	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	2	
jencycla 0.35 mg TABLET MO	2	
juleber 0.15-0.03 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	3	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
kalliga 0.15-0.03 mg TABLET MO	2	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	2	
kelnor 1/50 (28) 1-50 mg-mcg TABLET MO	2	
kurvelo (28) 0.15-0.03 mg TABLET MO	2	
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	2	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	3	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	2	
lessina 0.1-20 mg-mcg TABLET MO	2	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET MO	2	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
levonorgestrel-ethinyl estrad 90-20 mcg (28) TABLET MO	4	
levora-28 0.15-0.03 mg TABLET MO	2	
lo-zumandimine (28) 3-0.02 mg TABLET MO	2	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	2	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	3	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	2	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	2	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	2	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	2	
luizza 1-20 mg-mcg TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
luizza 1.5-30 mg-mcg TABLET MO	2	
luteru (28) 0.1-20 mg-mcg TABLET MO	2	
lyleq 0.35 mg TABLET MO	2	
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, SEMI-WEEKLY MO	4	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	2	
marlissa (28) 0.15-0.03 mg TABLET MO	2	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET MO	2	
medroxyprogesterone 150 mg/ml SUSPENSION MO	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE MO	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET MO	2	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION MO	4	
meleya 0.35 mg TABLET MO	2	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	4	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	3	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
mili 0.25-0.035 mg TABLET MO	2	
mimvey 1-0.5 mg TABLET MO	2	
mono-lynyah 0.25-0.035 mg TABLET MO	2	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	2	
NEXPLANON 68 MG IMPLANT MO	3	
nikki (28) 3-0.02 mg TABLET MO	2	
NORA-BE 0.35 MG TABLET MO	2	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY MO	3	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
norethindrone (contraceptive) 0.35 mg TABLET MO	2	
norethindrone ac-eth estradiol 1-20 mg-mcg TABLET MO	3	
norethindrone ac-eth estradiol 1.5-30 mg-mcg TABLET MO	2	
norethindrone acetate 5 mg TABLET MO	3	
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	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	2	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	2	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	2	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	2	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	2	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
ocella 3-0.03 mg TABLET MO	2	
orquidea 0.35 mg TABLET MO	2	
philith 0.4-35 mg-mcg TABLET MO	4	
pimtree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
portia 28 0.15-0.03 mg TABLET MO	2	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	
PREMARIN 0.625 MG/GRAM CREAM MO	3	
progesterone 50 mg/ml OIL MO	3	
progesterone micronized 100 mg INSERT MO	4	
progesterone micronized 100 mg, 200 mg CAPSULE MO	3	
raloxifene 60 mg TABLET MO	3	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	2	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	2	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET MO	2	
sronyx 0.1-20 mg-mcg TABLET MO	2	
syeda 3-0.03 mg TABLET MO	2	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	4	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO	4	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	4	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	3	PA
testosterone enanthate 200 mg/ml OIL MO	3	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	2	
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	2	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
tulana 0.35 mg TABLET MO	2	
turqoz (28) 0.3-30 mg-mcg TABLET MO	2	
valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	2	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	2	
vestura (28) 3-0.02 mg TABLET MO	2	
vienva 0.1-20 mg-mcg TABLET MO	2	
violele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	4	
vylibra 0.25-0.035 mg TABLET MO	2	
wera (28) 0.5-35 mg-mcg TABLET MO	2	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	2	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	3	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	3	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	2	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	2	
zumandimine (28) 3-0.03 mg TABLET MO	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	
liomny 25 mcg, 5 mcg, 50 mcg TABLET MO	3	
liothyronine 10 mcg/ml SOLUTION MO	3	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	3	
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	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET MO	3	
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	4	PA
FIRMAGON 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	4	PA
leuprolide 1 mg/0.2 ml KIT MO	4	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT	5	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION MO	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	4	PA
octreotide acetate 50 mcg/ml SOLUTION MO	3	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON DL	5	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	5	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
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole 10 mg, 5 mg TABLET</i> MO	2	
<i>propylthiouracil 50 mg TABLET</i> MO	3	
IMMUNOLOGICAL AGENTS		
ABRYVO (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	5	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	5	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	5	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	5	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	5	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION DL	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
<i>azathioprine 50 mg TABLET</i> MO	3	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION AV,DL	1	
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
BESREMI 500 MCG/ML SYRINGE DL	5	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	5	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE DL	5	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
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
<i>cyclosporine 100 mg, 25 mg CAPSULE</i> MO	4	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE</i> MO	4	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION</i> MO	4	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DENGVAIXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	5	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
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. MO	4	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET</i> MO	4	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET</i> DL	5	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET</i> DL	5	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	5	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	5	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	5	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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
<i>icatibant 30 mg/3 ml SYRINGE</i> DL	5	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	
JYLAMVO 2 MG/ML SOLUTION MO	4	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	
<i>leflunomide 10 mg, 20 mg TABLET</i> MO	4	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON 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	
<i>methotrexate sodium 2.5 mg TABLET</i> MO	3	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION</i> MO	2	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION</i> MO	2	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION</i> MO	4	BvsD
<i>mycophenolate mofetil 250 mg CAPSULE</i> MO	3	BvsD
<i>mycophenolate mofetil 500 mg TABLET</i> MO	3	BvsD
<i>mycophenolate mofetil (hcl) 500 mg RECON SOLUTION</i> MO	4	BvsD
<i>mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC</i> MO	4	BvsD
OTULFI 45 MG/0.5 ML SOLUTION MO	3	PA,QL(1.5 per 84 days)
OTULFI 45 MG/0.5 ML SYRINGE MO	3	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE DL	5	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	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	5	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	4	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	
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
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	5	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	5	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
<i>sajazir 30 mg/3 ml SYRINGE</i> DL	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION MO	4	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	3	
SHINGRIX (PF) 50 MCG/0.5 ML SYRINGE AV,DL	3	
<i>sirolimus 0.5 mg, 1 mg, 2 mg TABLET</i> MO	4	BvsD
<i>sirolimus 1 mg/ml SOLUTION</i> MO	4	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
<i>tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE</i> MO	4	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	5	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	5	PA,QL(4 per 28 days)
TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR	5	PA,QL(3 per 84 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
TREMFYA PEN 100 MG/ML PEN INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	5	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR DL	5	PA,QL(4 per 28 days)
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE AV,DL	1	
TYENNE 162 MG/0.9 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR DL	5	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE AV,DL	1	
USTEKINUMAB 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
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	4	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	5	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	5	PA,QL(4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION MO	3	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE MO	3	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE DL	5	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		
<i>balsalazide 750 mg CAPSULE MO</i>	4	
<i>budesonide 3 mg CAPSULE, DR/EC MO</i>	3	
<i>budesonide 9 mg TABLET, DR/ER DL</i>	4	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
hydrocortisone 100 mg/60 ml ENEMA MO	3	
mesalamine 0.375 gram CAPSULE, ER 24 HR. MO	4	QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA MO	4	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET MO	2	
sulfasalazine 500 mg TABLET, DR/EC MO	2	
METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
alendronate 35 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION MO	4	QL(300 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO	3	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE MO	2	
calcitriol 1 mcg/ml SOLUTION MO	4	
cinacalcet 30 mg, 60 mg TABLET MO	4	QL(60 per 30 days)
cinacalcet 90 mg TABLET MO	4	QL(120 per 30 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR DL	5	PA,QL(2.24 per 28 days)
ibandronate 150 mg TABLET MO	3	QL(1 per 28 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE MO	4	
PROLIA 60 MG/ML SYRINGE MO	4	QL(1 per 180 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	5	PA,QL(1.7 per 28 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO	3	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
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	

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL - Dispensing Limit • LA - Limited Access • MO - Mail Order • 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 INSULIN SYRINGE 1 ML 28 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	
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	
<i>butalbital-acetaminophen-caff 50-325-40 mg</i> TABLET MO	4	QL(180 per 30 days)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED MO	1	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE DL	4	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK DL	4	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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", 31 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	4	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED 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 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	
<i>mifepristone 300 mg</i> TABLET DL	5	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD MO	3	
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	
<i>nitroglycerin 0.4 % (w/w)</i> OINTMENT MO	4	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN 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	
PRO-COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
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	
WEBCOL PADS, MEDICATED MO	1	
XDEMVI 0.25 % DROPS MO	4	PA,QL(10 per 42 days)
OPHTHALMIC AGENTS		
atropine 1 % DROPS MO	3	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	3	
azelastine 0.05 % DROPS MO	3	
bacitracin 500 unit/gram OINTMENT MO	4	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
betaxolol 0.5 % DROPS MO	3	
bimatoprost 0.01 % DROPS MO	3	QL(2.5 per 25 days)
brimonidine 0.2 % DROPS MO	1	
carteolol 1 % DROPS MO	1	
ciprofloxacin hcl 0.3 % DROPS MO	2	
cromolyn 4 % DROPS MO	2	
cyclosporine 0.05 % DROPPERETTE MO	3	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYSTARAN 0.44 % DROPS DL	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS MO	2	
diclofenac sodium 0.1 % DROPS MO	2	
dorzolamide 2 % DROPS MO	2	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO	2	
dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE MO	4	QL(60 per 30 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT MO	2	QL(3.5 per 28 days)
fluorometholone 0.1 % DROPS, SUSPENSION MO	3	
flurbiprofen sodium 0.03 % DROPS MO	2	
gentamicin 0.3 % DROPS MO	2	
ketorolac 0.4 %, 0.5 % DROPS MO	3	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	4	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION MO	4	
loteprednol etabonate 0.5 % DROPS, GEL MO	4	
LUMIGAN 0.01 % DROPS MO	3	QL(2.5 per 25 days)
moxifloxacin 0.5 % DROPS MO	3	
NATACYN 5 % DROPS, SUSPENSION MO	4	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	3	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	3	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	4	
ofloxacin 0.3 % DROPS MO	2	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	3	
polycin 500-10,000 unit/gram OINTMENT MO	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	1	
prednisolone acetate 1 % DROPS, SUSPENSION MO	3	
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	4	
sulfacetamide sodium 10 % DROPS MO	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS MO	2	
timolol 0.5 % DROPS MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol maleate 0.25 % DROPS MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	4	
timolol maleate 0.5 % DROPS MO	1	
timolol maleate 0.5 % DROPS, ONCE DAILY MO	4	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE MO	4	
tobramycin 0.3 % DROPS MO	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	4	
trifluridine 1 % DROPS MO	4	
VYZULTA 0.024 % DROPS MO	4	QL(2.5 per 25 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS MO	3	
hydrocortisone-acetic acid 1-2 % DROPS MO	4	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO	3	
ofloxacin 0.3 % DROPS MO	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	4	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	5	PA,QL(90 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	4	
albuterol sulfate 2 mg/5 ml SYRUP MO	2	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. MO	4	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
alyq 20 mg TABLET MO	4	PA,QL(60 per 30 days)
ambroxol 10 mg, 5 mg TABLET DL	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	4	
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	4	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	3	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	3	QL(30 per 25 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.7 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION</i> MO	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(84 per 28 days)
<i>cetirizine 1 mg/ml SOLUTION</i> MO	2	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	4	QL(4 per 20 days)
<i>cromolyn 100 mg/5 ml CONCENTRATE</i> MO	4	
<i>cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION</i> MO	3	BvsD
<i>desloratadine 5 mg TABLET</i> MO	3	QL(30 per 30 days)
<i>diphenhydramine hcl 50 mg/ml SOLUTION</i> MO	4	
<i>epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR</i> MO	3	QL(4 per 30 days)
<i>fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION</i> MO	2	QL(16 per 30 days)
<i>hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE</i> MO	3	
<i>ipratropium bromide 0.02 % SOLUTION</i> MO	2	BvsD
<i>ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER</i> MO	4	PA,QL(25.8 per 30 days)
<i>ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL</i> MO	2	QL(30 per 30 days)
<i>ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL</i> MO	2	QL(45 per 30 days)
<i>ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION</i> MO	2	BvsD
<i>levocetirizine 5 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>mometasone 50 mcg/actuation SPRAY, NON-AEROSOL</i> MO	4	QL(34 per 30 days)
<i>montelukast 10 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>montelukast 4 mg GRANULES IN PACKET</i> MO	4	QL(30 per 30 days)
<i>montelukast 4 mg, 5 mg CHEWABLE TABLET</i> MO	1	QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	5	PA,QL(60 per 30 days)
<i>pirfenidone 267 mg CAPSULE</i> DL	5	PA,QL(270 per 30 days)
<i>pirfenidone 267 mg TABLET</i> DL	5	PA,QL(270 per 30 days)
<i>pirfenidone 534 mg, 801 mg TABLET</i> DL	5	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	5	BvsD
<i>roflumilast 250 mcg TABLET</i> MO	3	QL(28 per 365 days)
<i>roflumilast 500 mcg TABLET</i> MO	3	QL(30 per 30 days)
<i>sildenafil (pulm.hypertension) 20 mg TABLET</i> MO	3	PA,QL(360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(30.6 per 30 days)
<i>tadalafil (pulm. hypertension) 20 mg TABLET MO</i>	4	PA,QL(60 per 30 days)
<i>theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO</i>	4	
<i>theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO</i>	4	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	3	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	5	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	5	PA,QL(56 per 28 days)
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	5	PA,QL(60 per 30 days)
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	5	PA,QL(200 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	5	PA
<i>zafirlukast 10 mg, 20 mg TABLET MO</i>	4	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
<i>cyclobenzaprine 10 mg, 5 mg TABLET MO</i>	2	
<i>methocarbamol 500 mg, 750 mg TABLET MO</i>	2	
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET MO	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL(120 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg TABLET MO</i>	2	QL(30 per 30 days)
<i>modafinil 100 mg, 200 mg TABLET MO</i>	3	QL(60 per 30 days)
<i>ramelteon 8 mg TABLET MO</i>	4	QL(30 per 30 days)
<i>sodium oxybate 500 mg/ml SOLUTION DL</i>	5	PA,QL(540 per 30 days)
<i>tasimelteon 20 mg CAPSULE DL</i>	5	PA,QL(30 per 30 days)
<i>temazepam 15 mg CAPSULE DL</i>	4	QL(30 per 30 days)
<i>temazepam 30 mg CAPSULE DL</i>	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zolpidem 10 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE MO	2	QL(30 per 30 days)

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

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

Humana Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Erectile Dysfunction		
<i>sildenafil 100 mg, 25 mg, 50 mg TABLET</i>	2	QL(6 per 30 days)
Vitamins/Minerals		
<i>cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION</i>	2	
<i>dodex 1,000 mcg/ml SOLUTION</i>	2	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE</i>	2	
<i>folic acid 1 mg TABLET</i>	2	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE</i>	2	

Your Plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D. These drugs are not subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

AV - ACIP Covered Part D vaccines • Bvs D - Part B vs Part D • CI - Covered Insulin Products • DL - Dispensing Limit • 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... 38
abacavir... 38
ABELCET... 24
abigale lo... 61
abigale... 61
ABILIFY ASIMTUFI... 35
ABILIFY MAINTENA... 35
abiraterone... 26
abirtega... 26
ABRYOVO (PF)... 69
acamprosate... 13
acarbose... 42
accutane... 52
acebutolol... 45
acetaminophen-codeine... 11
acetazolamide... 45
acetic acid... 13
acetylcysteine... 79
acitretin... 52
ACTHIB (PF)... 69
ACTIMMUNE... 69
acyclovir sodium... 38
acyclovir... 38
ADACEL(TDAP
ADOLESN/ADULT)(PF)... 69
ADALIMUMAB-ADAZ... 69
ADALIMUMAB-ADBM(CF) PEN
CROHNS... 69
ADALIMUMAB-ADBM(CF) PEN
PS-UV... 69
ADALIMUMAB-ADBM... 69
adefovir... 38
ADEMPAS... 79
afirmelle... 61
AKEEGA... 26
albendazole... 33
albuterol sulfate... 79
ALCOHOL PADS... 74
ALCOHOL PREP PADS... 74
ALCOHOL SWABS... 74
ALCOHOL WIPES... 74
ALECENSA... 26
alendronate... 74
alfuzosin... 60
aliskiren... 45
allopurinol... 25
alosetron... 58
alprazolam... 41
altavera (28)... 61
ALUNBRIG... 26, 27
alyacen 1/35 (28)... 61
alyacen 7/7/7 (28)... 61
alyq... 79
amantadine hcl... 34
ambrisentan... 79
amethia... 61
amethyst (28)... 61
amikacin... 13
amiloride-hydrochlorothiazide... 45
amiloride... 45
aminophylline... 79
AMINOSYN II 10 %... 54
AMINOSYN II 15 %... 55
AMINOSYN-PF 10 %... 55
AMINOSYN-PF 7 % (SULFITE-FREE)...
55
amiodarone... 45
amitriptyline... 21
amlodipine-benazepril... 45, 46
amlodipine-olmesartan... 46
amlodipine-valsartan... 46
amlodipine... 45
ammonium lactate... 52
amnestem... 52
amoxapine... 21
amoxicillin-pot clavulanate... 14
amoxicillin... 13, 14
amphotericin b liposome... 24
amphotericin b... 24
ampicillin sodium... 14
ampicillin-sulbactam... 14
ampicillin... 14
anagrelide... 44
anastrozole... 27
apomorphine... 34
aprepitant... 23
apri... 61
APTIVUS... 38
aranelle (28)... 61
ARCALYST... 69
AREXVY (PF)... 69
ARIKAYCE... 14
aripiprazole... 35
ARISTADA INITIO... 35
ARISTADA... 35
ARNUITY ELLIPTA... 79
asenapine maleate... 35

ashlyna... 61
 atazanavir... 38
 atenolol-chlorthalidone... 46
 atenolol... 46
 atomoxetine... 51
 atorvastatin... 46
 atovaquone-proguanil... 34
 atovaquone... 33
 ATROPINE SULFATE (PF)... 77
 atropine... 77
 ATROVENT HFA... 79
 aubra eq... 61
 aubra... 61
 AUGTYRO... 27
 aurovela 1.5/30 (21)... 61
 aurovela 1/20 (21)... 61
 aurovela 24 fe... 62
 aurovela fe 1-20 (28)... 62
 aurovela fe 1.5/30 (28)... 62
 AUSTEDO XR TITRATION
 KT(WK1-4)... 51
 AUSTEDO XR... 51
 AUSTEDO... 51
 AUTOJECT 2 INJECTION DEVICE...
 74
 AUTOPEN 1 TO 21 UNITS... 74
 AUTOPEN 2 TO 42 UNITS... 74
 AUTOSHIELD DUO PEN NEEDLE... 74
 AUVELITY... 21
 AUVI-Q... 79
 aviane... 62
 AVMAPKI-FAKZYNJA... 27
 ayuna... 62
 AYVAKIT... 27
 azathioprine... 69
 azelastine... 77, 79
 azithromycin... 14
 aztreonam... 14
 azurette (28)... 62
B
 bacitracin-polymyxin b... 77
 bacitracin... 14, 77
 baclofen... 38
 bal-care dha... 55
 balsalazide... 73
 BALVERSA... 27
 balziva (28)... 62
 BAND-AID GAUZE PADS... 74
 BAQSIMI... 42
 BARACLUDE... 38
 BCG VACCINE, LIVE (PF)... 69
 BD ALCOHOL SWABS... 74
 BD AUTOSHIELD DUO PEN NEEDLE...
 74
 BD ECLIPSE LUER-LOK... 74
 BD INSULIN SYRINGE (HALF UNIT)...
 75
 BD INSULIN SYRINGE MICRO-FINE...
 75
 BD INSULIN SYRINGE U-500... 75
 BD INSULIN SYRINGE ULTRA-FINE...
 75
 BD INSULIN SYRINGE... 75
 BD LO-DOSE MICRO-FINE IV... 75
 BD NANO 2ND GEN PEN NEEDLE...
 75
 BD SAFETYGLIDE INSULIN
 SYRINGE... 75
 BD SAFETYGLIDE SYRINGE... 75
 BD ULTRA-FINE MICRO PEN
 NEEDLE... 75
 BD ULTRA-FINE MINI PEN NEEDLE...
 75
 BD ULTRA-FINE NANO PEN
 NEEDLE... 75
 BD ULTRA-FINE ORIG PEN NEEDLE...
 75
 BD ULTRA-FINE SHORT PEN
 NEEDLE... 75
 BD VEO INSULIN SYR (HALF UNIT)...
 75
 BD VEO INSULIN SYRINGE UF... 75
 BELSOMRA... 81
 benazepril-hydrochlorothiazide... 46
 benazepril... 46
 BENLYSTA... 69
 benztropine... 34
 BESREMI... 69
 BETADINE OPHTHALMIC PREP... 77
 betaine... 59
 betamethasone dipropionate... 52
 betamethasone valerate... 52, 53
 betamethasone, augmented... 53
 betaxolol... 77
 bethanechol chloride... 60
 bexarotene... 27
 BEXSERO... 69
 bicalutamide... 27
 BICILLIN L-A... 14
 BIKTARVY... 38
 bimatoprost... 77
 bisoprolol fumarate... 46
 bisoprolol-hydrochlorothiazide... 46
 blisovi 24 fe... 62

blisovi fe 1.5/30 (28)... 62
 blisovi fe 1/20 (28)... 62
 BOOSTRIX TDAP... 69
 BORDERED GAUZE... 75
 BOSULIF... 27
 BRAFTOVI... 27
 BREO ELLIPTA... 80
 BREZTRI AEROSPHERE... 80
 briellyn... 62
 brimonidine... 77
 brivaracetam... 18
 BRIVIACT... 18
 bromocriptine... 34
 BRUKINSA... 27
 budesonide... 73, 80
 bumetanide... 46
 buprenorphine hcl... 13
 buprenorphine-naloxone... 13
 buprenorphine... 11
 bupropion hcl (smoking deter)... 13
 bupropion hcl... 21, 22
 buspirone... 41, 42
 butalbital-acetaminophen-caff... 75

C

c-nate dha... 55
 CABENUVA... 38
 cabergoline... 68
 CABOMETYX... 27
 calcipotriene... 53
 calcitonin (salmon)... 74
 calcitriol... 74
 CALQUENCE (ACALABRUTINIB
 MAL)... 27
 camila... 62
 camrese lo... 62
 camrese... 62
 candesartan-hydrochlorothiazid...
 46
 candesartan... 46
 CAPLYTA... 35
 CAPRELSA... 27
 captopril-hydrochlorothiazide... 46
 captopril... 46
 carbamazepine... 18
 carbidopa-levodopa-entacapone...
 34
 carbidopa-levodopa... 34
 carbidopa... 34
 CARETOUCH ALCOHOL PREP PAD...
 75
 carglumic acid... 55
 carteolol... 77
 cartia xt... 46
 carvedilol... 46
 caspofungin... 24
 CAYSTON... 80
 cefaclor... 14
 cefadroxil... 14
 cefazolin... 14
 cefdinir... 14
 cefepime in dextrose 5 %... 14
 cefepime... 14
 cefixime... 14
 cefotetan... 14
 cefoxitin... 14
 cefpodoxime... 15
 cefprozil... 15
 ceftaroline fosamil... 15
 ceftazidime... 15
 ceftriaxone... 15
 cefuroxime axetil... 15
 cefuroxime sodium... 15
 celecoxib... 11
 cephalexin... 15
 cetirizine... 80
 chateal eq (28)... 62
 CHEMET... 55
 chlorhexidine gluconate... 52
 chloroquine phosphate... 34
 chlorpromazine... 35
 chlorthalidone... 46
 cholestyramine (with sugar)... 46
 cholestyramine light... 46
 CHORIONIC GONADOTROPIN,
 HUMAN... 61
 ciclodan... 24
 ciclopirox... 24
 cilostazol... 44
 CIMDUO... 38
 cimetidine hcl... 58
 cimetidine... 58
 cinacalcet... 74
 ciprofloxacin hcl... 15, 77
 ciprofloxacin in 5 % dextrose... 15
 citalopram... 22
 claravis... 53
 clarithromycin... 15
 clindamycin hcl... 15
 clindamycin in 0.9 % sod chlor... 15
 clindamycin in 5 % dextrose... 15
 clindamycin palmitate hcl... 15
 clindamycin pediatric... 15
 clindamycin phosphate... 15, 53
 CLINIMIX 4.25%/D10W SULF FREE...
 55

CLINIMIX 4.25%/D5W SULFIT FREE... 55

CLINIMIX 5%-D20W(SULFITE-FREE)... 55

CLINIMIX 5%/D15W SULFITE FREE... 55

CLINIMIX 6%-D5W (SULFITE-FREE)... 55

CLINIMIX 8%-D10W(SULFITE-FREE)... 55

CLINIMIX 8%-D14W(SULFITE-FREE)... 55

CLINIMIX E 2.75%/D5W SULF FREE... 55

CLINIMIX E 4.25%/D10W SUL FREE... 55

CLINIMIX E 4.25%/D5W SULF FREE... 55

CLINIMIX E 5%/D15W SULFIT FREE... 55

CLINIMIX E 5%/D20W SULFIT FREE... 55

CLINIMIX E 8%-D10W SULFITEFREE... 55

CLINIMIX E 8%-D14W SULFITEFREE... 55

CLINISOL SF 15 %... 55

CLINOLIPID... 55

clobazam... 18

clobetasol-emollient... 53

clobetasol... 53

clomipramine... 22

clonazepam... 42

clonidine hcl... 46

clonidine... 46

clopidogrel... 44

clorazepate dipotassium... 42

clotrimazole-betamethasone... 24

clotrimazole... 24

clozapine... 35

COARTEM... 34

COBENFY STARTER PACK... 75

COBENFY... 75

colchicine... 25

colestipol... 46

colistin (colistimethate na)... 15

COMBIVENT RESPIMAT... 80

COMETRIQ... 27

complete natal dha... 55

compro... 23

conjugated estrogens... 62

constulose... 58

COPIKTRA... 27

COSENTYX (2 SYRINGES)... 70

COSENTYX PEN (2 PENS)... 70

COSENTYX PEN... 70

COSENTYX UNOREADY PEN... 70

COSENTYX... 69

COTELLIC... 27

CREON... 59

CRESEMBA... 24

cromolyn... 77, 80

cryselle (28)... 62

CURITY ALCOHOL SWABS... 75

CURITY GAUZE... 75

cyanocobalamin (vitamin b-12)... 83

cyclobenzaprine... 81

cyclophosphamide... 27

cyclosporine modified... 70

cyclosporine... 70, 77

cyred eq... 62

cyred... 62

CYSTAGON... 59

CYSTARAN... 78

D

d10 %-0.45 % sodium chloride... 55

d2.5 %-0.45 % sodium chloride... 55

d5 % and 0.9 % sodium chloride... 55

d5 %-0.45 % sodium chloride... 55

dabigatran etexilate... 44

danazol... 62

DANZITEN... 27

dapagliflozin propanediol... 42

dapsone... 26

DAPTACEL (DTAP PEDIATRIC) (PF)... 70

daptomycin in 0.9 % sod chlor... 15

daptomycin... 15

darunavir... 38

dasatinib... 27

dasetta 1/35 (28)... 62

dasetta 7/7/7 (28)... 62

DAURISMO... 28

daysee... 62

deblitane... 62

deferasirox... 55

DELSTRIGO... 38

DENG VAXIA (PF)... 70

DEPO-SUBQ PROVERA 104... 62

DERMACEA... 75

DESCOVY... 38

desipramine... 22

desloratadine... 80

desmopressin... 61

desog-e.estradiol/e.estradiol... 62
 desonide... 53
 desvenlafaxine succinate... 22
 dexamethasone intensol... 60
 dexamethasone sodium phosphate... 78
 dexamethasone... 60
 dexmethylphenidate... 51
 dextroamphetamine sulfate... 51
 dextroamphetamine-amphetamine... 51
 dextrose 10 % and 0.2 % nacl... 55
 dextrose 10 % in water (d10w)... 55
 dextrose 20 % in water (d20w)... 55
 dextrose 25 % in water (d25w)... 55
 dextrose 30 % in water (d30w)... 56
 dextrose 40 % in water (d40w)... 56
 dextrose 5 % in water (d5w)... 56
 dextrose 5 %-lactated ringers... 56
 dextrose 5%-0.2 % sod chloride... 56
 dextrose 5%-0.3 % sod.chloride... 56
 dextrose 50 % in water (d50w)... 56
 dextrose 70 % in water (d70w)... 56
 DIACOMIT... 18
 diazepam intensol... 42
 diazepam... 18, 42
 diazoxide... 42
 diclofenac potassium... 11
 diclofenac sodium... 11, 53, 78
 dicloxacillin... 15
 dicyclomine... 58
 didanosine... 38
 DIFICID... 15
 digitek... 47
 digoxin... 47
 dihydroergotamine... 25
 DILANTIN... 18
 dilt-xr... 47
 diltiazem hcl... 47
 dimethyl fumarate... 51
 diphenhydramine hcl... 80
 diphenoxylate-atropine... 58
 disulfiram... 13
 divalproex... 18
 dodex... 83
 dofetilide... 47
 dolishale... 62
 donepezil... 21
 dorzolamide-timolol (pf)... 78
 dorzolamide-timolol... 78
 dorzolamide... 78
 dotti... 62
 DOVATO... 38
 doxazosin... 47
 doxepin... 42
 doxy-100... 16
 doxycycline hyclate... 16
 doxycycline monohydrate... 16
 DRIZALMA SPRINKLE... 51
 dronabinol... 23
 DROPLET INSULIN SYR(HALF UNIT)... 75
 DROPLET INSULIN SYRINGE... 76
 DROPLET MICRON PEN NEEDLE... 76
 DROPLET PEN NEEDLE... 76
 DROPSAFE ALCOHOL PREP PADS... 76
 DROPSAFE PEN NEEDLE... 76
 drospirenone-ethinyl estradiol... 62
 DROXIA... 76
 DUAVEE... 62
 duloxetine... 51, 52
 DUPIXENT PEN... 70
 DUPIXENT SYRINGE... 70
 dutasteride... 60
E
 EASY COMFORT ALCOHOL PAD... 76
 EASY TOUCH ALCOHOL PREP PADS... 76
 EDURANT PED... 39
 EDURANT... 38
 efavirenz-emtricitabin-tenofov... 39
 efavirenz-lamivu-tenofov disop... 39
 efavirenz... 39
 electrolyte-48 in d5w... 56
 ELELYSO... 59
 eletriptan... 25
 ELIGARD (3 MONTH)... 68
 ELIGARD (4 MONTH)... 68
 ELIGARD (6 MONTH)... 68
 ELIGARD... 68
 elinest... 62
 ELIQUIS DVT-PE TREAT 30D START... 44
 ELIQUIS SPRINKLE... 44
 ELIQUIS... 44
 ELMIRON... 60
 eluryng... 62
 EMCYT... 28
 EMGALITY PEN... 26
 EMGALITY SYRINGE... 26
 EMSAM... 22
 emtricitabine-tenofov df... 39

emtricitabine-tenofovir (tdf)... 39	ERYTHROCIN... 16	FANAPT TITRATION PACK C... 36
emtricitabine... 39	erythromycin lactobionate... 16	FANAPT... 35
EMTRIVA... 39	erythromycin with ethanol... 53	FARXIGA... 42
emzahn... 62	erythromycin... 16, 78	feirza... 63
enalapril maleate... 47	escitalopram oxalate... 22	felbamate... 19
enalapril-hydrochlorothiazide... 47	eslicarbazepine... 19	felodipine... 47
ENBREL MINI... 70	esomeprazole magnesium... 58	FEMLYV... 63
ENBREL SURECLICK... 70	estarylla... 63	fenofibrate micronized... 47
ENBREL... 70	estradiol valerate... 63	fenofibrate nanocrystallized... 47
ENDOCET... 11	estradiol-norethindrone acet... 63	fenofibrate... 47
ENDOMETRIN... 62	estradiol... 63	fentanyl... 11
ENGERIX-B (PF)... 70	ESTRING... 63	fesoterodine... 60
ENGERIX-B PEDIATRIC (PF)... 70	eszopiclone... 81	FETZIMA... 22
enilloring... 63	ethambutol... 26	FIASP FLEXTOUCH U-100 INSULIN... 42
enoxaparin... 44	ethosuximide... 19	FIASP PENFILL U-100 INSULIN... 42
enpresse... 63	ethynodiol diac-eth estradiol... 63	FIASP U-100 INSULIN... 42
ENSACOVE... 28	etodolac... 11	fidaxomicin... 16
enskyce... 63	etonogestrel-ethinyl estradiol... 63	finasteride... 60
entacapone... 34	etravirine... 39	fingolimod... 52
entecavir... 39	EULEXIN... 28	FINTEPLA... 19
ENTRESTO SPRINKLE... 47	everolimus (antineoplastic)... 28	FIRMAGON KIT W DILUENT SYRINGE... 68
enulose... 58	everolimus (immunosuppressive)... 70	FIRMAGON... 68
ENVARUSUS XR... 70	EVOTAZ... 39	flecainide... 47
EPCLUSA... 39	exemestane... 28	fluconazole in nacl (iso-osm)... 24
EPIDIOLEX... 18	EXKIVITY... 28	fluconazole... 24
epinephrine... 80	EXXUA... 22	flucytosine... 24
epitol... 18	ezetimibe-simvastatin... 47	fludrocortisone... 60
EPRONTIA... 18	ezetimibe... 47	fluocinolone acetonide oil... 79
ergocalciferol (vitamin d2)... 83		fluocinolone and shower cap... 53
ergotamine-caffeine... 26	F	fluocinolone... 53
ERIVEDGE... 28	falmina (28)... 63	fluocinonide... 53
ERLEADA... 28	famciclovir... 39	fluorometholone... 78
erlotinib... 28	famotidine... 58	fluorouracil... 53
errin... 63	FANAPT TITRATION PACK A... 35	
ertapenem... 16	FANAPT TITRATION PACK B... 36	

fluoxetine... 22
 fluphenazine decanoate... 36
 fluphenazine hcl... 36
 flurbiprofen sodium... 78
 flurbiprofen... 11
 fluticasone propionate... 53, 80
 fluvoxamine... 22
 folic acid... 83
 FORTEO... 74
 fosamprenavir... 39
 fosfomycin tromethamine... 16
 fosinopril-hydrochlorothiazide... 47
 fosinopril... 47
 FOTIVDA... 28
 FRUZAQLA... 28
 furosemide... 47
 FUZEON... 39
 FYCOMPA... 19

G

gabapentin... 19
 galantamine... 21
 gallifrey... 63
 GAMUNEX-C... 70
 GARDASIL 9 (PF)... 70
 GAUZE BANDAGE... 76
 GAUZE PAD... 76
 gavilyte-c... 58
 gavilyte-g... 58
 gavilyte-n... 58
 GAVRETO... 28
 gefitinib... 28
 gemfibrozil... 47
 generlac... 58
 gentamicin... 16, 78
 GENVOYA... 39

GILOTRIF... 28
 glatiramer... 52
 glatopa... 52
 GLEOSTINE... 28
 glimepiride... 42, 43
 glipizide-metformin... 43
 glipizide... 43
 glutamine (sickle cell)... 58
 glycopyrrolate... 58
 GOMEKLI... 28
 granisetron hcl... 23
 griseofulvin microsize... 24
 griseofulvin ultramicronsize... 25
 guanfacine... 47, 52

H

HAEGARDA... 70
 hailey 24 fe... 63
 hailey fe 1.5/30 (28)... 63
 hailey fe 1/20 (28)... 63
 hailey... 63
 haloette... 63
 haloperidol decanoate... 36
 haloperidol lactate... 36
 haloperidol... 36
 HAVRIX (PF)... 70
 heather... 63
 heparin (porcine)... 44
 heparin, porcine (pf)... 44
 HEPLISAV-B (PF)... 70
 HERNEXEOS... 28
 HIBERIX (PF)... 71
 HUMULIN R U-500 (CONC)
 KWIKPEN... 43
 hydralazine... 47
 hydrochlorothiazide... 47, 48

hydrocodone-acetaminophen... 11
 hydrocodone-ibuprofen... 11
 hydrocortisone butyrate... 54
 hydrocortisone-acetic acid... 79
 hydrocortisone... 54, 74
 hydromorphone... 11
 hydroxychloroquine... 34
 hydroxyurea... 28
 hydroxyzine hcl... 42
 hydroxyzine pamoate... 80
 HYRNUO... 28

I

ibandronate... 74
 IBRANCE... 28
 IBTROZI... 28
 ibu... 11
 ibuprofen... 11
 icatibant... 71
 iclevia... 63
 ICLUSIG... 28
 IDHIFA... 29
 imatinib... 29
 IMBRUVICA... 29
 imipenem-cilastatin... 16
 imipramine hcl... 22
 imiquimod... 54
 IMKELDI... 29
 IMOVAX RABIES VACCINE (PF)... 71
 IMPAVIDO... 34
 incassia... 63
 INCONTROL ALCOHOL PADS... 76
 INCRELEX... 61
 indapamide... 48
 indomethacin... 12
 INFANRIX (DTAP) (PF)... 71

INLURIYO... 29	IWILFIN... 29	klayesta... 25
INLYTA... 29	IXIARO (PF)... 71	KLOR-CON 10... 56
INQOVI... 29	J	klor-con 8... 56
INREBIC... 29	jaimiess... 63	klor-con m10... 56
INSULIN ASPART U-100... 43	JAKAFI... 29	KLOR-CON M15... 56
INSULIN LISPRO... 43	jantoven... 45	klor-con m20... 56
INSULIN SYRINGE MICROFINE... 76	JANUVIA... 43	KLOXXADO... 13
INSULIN SYRINGE-NEEDLE U-100... 76	JARDIANCE... 43	KOMZIFTI... 29
INSULIN U-500 SYRINGE-NEEDLE... 76	jasmiel (28)... 63	KOSELUGO... 29
INTELENCE... 39	JAYPIRCA... 29	KRAZATI... 29
INTRALIPID... 56	jencycla... 63	kurvelo (28)... 64
introvale... 63	juleber... 63	L
INVEGA HAFYERA... 36	JULUCA... 39	l norgest/e.estradiol-e.estrad... 64
INVEGA SUSTENNA... 36	junel 1.5/30 (21)... 64	labetalol... 48
INVEGA TRINZA... 36	junel 1/20 (21)... 64	lacosamide... 19
IPOL... 71	junel fe 1.5/30 (28)... 64	lactulose... 58
ipratropium bromide... 80	junel fe 1/20 (28)... 64	lamivudine-zidovudine... 39
ipratropium-albuterol... 80	junel fe 24... 64	lamivudine... 39
irbesartan-hydrochlorothiazide... 48	JYLAMVO... 71	lamotrigine... 19
irbesartan... 48	JYNARQUE... 56	LAMPIT... 34
ISENTRESS HD... 39	JYNNEOS (PF)... 71	lansoprazole... 58
ISENTRESS... 39	K	LANTUS SOLOSTAR U-100
isibloom... 63	KABIVEN... 56	INSULIN... 43
isoniazid... 26	KALETRA... 39	LANTUS U-100 INSULIN... 43
isosorbide dinitrate... 48	kalliga... 64	lapatinib... 29
isosorbide mononitrate... 48	kariva (28)... 64	larin 1.5/30 (21)... 64
isosorbide-hydralazine... 48	kelnor 1/35 (28)... 64	larin 1/20 (21)... 64
isotretinoin... 54	kelnor 1/50 (28)... 64	larin 24 fe... 64
ITOVEBI... 29	KERENDIA... 48	larin fe 1.5/30 (28)... 64
itraconazole... 25	ketoconazole... 25	larin fe 1/20 (28)... 64
IV PREP WIPES... 76	ketorolac... 12, 78	latanoprost... 78
ivabradine... 48	KINRIX (PF)... 71	LAZCLUZE... 29
ivermectin... 34	kionex... 56	leena 28... 64
	KISQALI FEMARA CO-PACK... 29	leflunomide... 71
	KISQALI... 29	lenalidomide... 30

LENVIMA... 30	lithium citrate... 42	LUTRATE DEPOT (3 MONTH)... 68
lessina... 64	LIVTENCITY... 40	LYBALVI... 36
letrozole... 30	lo-zumandimine (28)... 64	lyleq... 65
leucovorin calcium... 30	LOCOID LIPOCREAM... 54	lyllana... 65
LEUKERAN... 30	LOESTRIN 1.5/30 (21)... 64	LYNPARZA... 30
leuprolide acetate (3 month)... 68	LOESTRIN 1/20 (21)... 64	LYSODREN... 30
leuprolide... 68	LOESTRIN FE 1.5/30 (28-DAY)... 64	LYTGOBI... 30
levetiracetam... 19	LOESTRIN FE 1/20 (28-DAY)... 64	lyza... 65
LEVO-T... 67	lojaimiess... 64	M
levobunolol... 78	LOKELMA... 56	M-M-R II (PF)... 71
levocarnitine (with sugar)... 56	lomustine... 30	m-natal plus... 56
levocarnitine... 56	LONSURF... 30	magnesium sulfate... 56
levocetirizine... 80	loperamide... 58	malathion... 54
levofloxacin in d5w... 16	lopinavir-ritonavir... 40	maraviroc... 40
levofloxacin... 16	lorazepam intensol... 42	marlissa (28)... 65
levonest (28)... 64	lorazepam... 42	MARPLAN... 22
levonorg-eth estrad triphasic... 64	LORBRENA... 30	MATULANE... 30
levonorgestrel-ethinyl estrad... 64	loryna (28)... 64	meclizine... 23
levora-28... 64	losartan-hydrochlorothiazide... 48	medroxyprogesterone... 65
levothyroxine... 68	losartan... 48	mefloquine... 34
LEVOXYL... 68	LOTEMAX SM... 78	megestrol... 65
LIBERVANT... 19	loteprednol etabonate... 78	MEKINIST... 30
lidocaine hcl... 13	lovastatin... 48	MEKTOVI... 30
lidocaine viscous... 13	low-ogestrel (28)... 64	meleya... 65
lidocaine-prilocaine... 13	loxapine succinate... 36	meloxicam... 12
lidocaine... 13	lubiprostone... 58	melphalan... 30
linezolid in dextrose 5%... 16	luizza... 64, 65	memantine... 21
linezolid-0.9% sodium chloride... 16	LUMAKRAS... 30	MENEST... 65
linezolid... 16	LUMIGAN... 78	MENQUADFI (PF)... 71
LINZESS... 58	LUPRON DEPOT (3 MONTH)... 68	MENVEO A-C-Y-W-135-DIP (PF)... 71
liomny... 68	LUPRON DEPOT... 68	mercaptopurine... 30
liothyronine... 68	lurasidone... 36	meropenem-0.9% sodium chloride... 16
lisinopril-hydrochlorothiazide... 48	lurbipr... 12	meropenem... 16
lisinopril... 48	lutra (28)... 65	mesalamine... 74
lithium carbonate... 42		

mesna... 30
metformin... 43
methadone intensol... 12
methadone... 12
methenamine hippurate... 16
methimazole... 69
methocarbamol... 81
methotrexate sodium (pf)... 71
methotrexate sodium... 71
methsuximide... 19
methyldopa-hydrochlorothiazide... 48
methyldopa... 48
methylphenidate hcl... 52
methylprednisolone acetate... 60
methylprednisolone... 60
metoclopramide hcl... 23
metolazone... 48
metoprolol succinate... 48
metoprolol ta-hydrochlorothiaz... 48
metoprolol tartrate... 48
metronidazole in nacl (iso-os)... 17
metronidazole... 16, 17
metyrosine... 48
micafungin... 25
miconazole-3... 25
microgestin 1.5/30 (21)... 65
microgestin 1/20 (21)... 65
microgestin fe 1.5/30 (28)... 65
microgestin fe 1/20 (28)... 65
midodrine... 48
mifepristone... 76
mili... 65
mimvey... 65
minocycline... 17
minoxidil... 48
MIRENA... 76
mirtazapine... 22
misoprostol... 58
modafinil... 81
MODEYSO... 30
moexipril... 48
molindone... 36
mometasone... 54, 80
mondoxyne nl... 17
mono-lynyah... 65
montelukast... 80
morphine concentrate... 12
morphine... 12
MOUNJARO... 43
MOVANTIK... 59
moxifloxacin-sod.chloride(iso)... 17
moxifloxacin... 17, 78
MRESVIA (PF)... 71
mupirocin... 54
mycophenolate mofetil (hcl)... 71
mycophenolate mofetil... 71
mycophenolate sodium... 71
MYRBETRIQ... 60

N

nabumetone... 12
nafcillin... 17
naloxone... 13
naltrexone... 13
NANO 2ND GEN PEN NEEDLE... 76
NANO PEN NEEDLE... 76
naproxen sodium... 12
naproxen... 12
naratriptan... 26
NATACYN... 78
nateglinide... 43
NAYZILAM... 19
nebivolol... 49
necon 0.5/35 (28)... 65
nefazodone... 22
neo-vital rx... 56
neomycin-bacitracin-poly-hc... 78
neomycin-bacitracin-polymyxin... 78
neomycin-polymyxin b-dexameth... 78
neomycin-polymyxin-gramicidin... 78
neomycin-polymyxin-hc... 78, 79
neomycin... 17
NEONATAL COMPLETE... 56
NEONATAL PLUS VITAMIN... 56
NEONATAL-DHA... 56
NERLYNX... 30
nevirapine... 40
NEXLETOL... 49
NEXLIZET... 49
NEXPLANON... 65
niacin... 49
NICOTROL NS... 13
nifedipine... 49
nikki (28)... 65
nilotinib d-tartrate... 30
nilotinib hcl... 30
nilutamide... 31
nimodipine... 49
NINLARO... 31
nitazoxanide... 34
nitisinone... 59

nitrofurantoin macrocrystal... 17
 nitrofurantoin monohyd/m-cryst...
 17
 nitroglycerin... 49, 76
 NIVESTYM... 45
 nizatidine... 59
 NORA-BE... 65
 norelgestromin-ethin.estradiol... 65
 noreth-ethinyl estradiol-iron... 65
 norethindrone (contraceptive)... 65
 norethindrone ac-eth estradiol... 65
 norethindrone acetate... 65
 norethindrone-e.estradiol-iron... 65
 norgestimate-ethinyl estradiol... 66
 nortrel 0.5/35 (28)... 66
 nortrel 1/35 (21)... 66
 nortrel 1/35 (28)... 66
 nortrel 7/7/7 (28)... 66
 nortriptyline... 22
 NORVIR... 40
 NOVOLIN 70-30 FLEXPEN U-100...
 43
 NOVOLIN 70/30 U-100 INSULIN...
 43
 NOVOLIN N FLEXPEN... 43
 NOVOLIN N NPH U-100 INSULIN...
 43
 NOVOLIN R FLEXPEN... 43
 NOVOLIN R REGULAR U100
 INSULIN... 43
 NOVOLOG FLEXPEN U-100
 INSULIN... 43
 NOVOLOG MIX 70-30 U-100
 INSULN... 43
 NOVOLOG MIX 70-30FLEXPEN
 U-100... 43
 NOVOLOG PENFILL U-100
 INSULIN... 43
 NOVOLOG U-100 INSULIN ASPART...
 43
 NOVOPEN ECHO... 76
 NUBEQA... 31
 NUDEXTA... 52
 NUPLAZID... 36
 NUTRILIPID... 57
 nyamyc... 25
 nylia 1/35 (28)... 66
 nylia 7/7/7 (28)... 66
 nystatin-triamcinolone... 25
 nystatin... 25
 nystop... 25

O

ocella... 66
 octreotide acetate... 68
 octreotide,microspheres... 68
 ODEFSEY... 40
 ODOMZO... 31
 OFEV... 80
 ofloxacin... 17, 78, 79
 OGSIVEO... 31
 OJEMDA... 31
 OJJAARA... 31
 olanzapine... 36, 37
 olmesartan-amlodipin-hcthiaid...
 49
 olmesartan-hydrochlorothiazide...
 49
 olmesartan... 49
 omega-3 acid ethyl esters... 49

omeprazole... 59
 OMNITROPE... 61
 ondansetron hcl (pf)... 24
 ondansetron hcl... 24
 ondansetron... 23
 one natal rx... 57
 ONUREG... 31
 OPIPZA... 37
 OPVEE... 13
 ORGOVYX... 31
 orquidea... 66
 ORSERDU... 31
 oseltamivir... 40
 OTULFI... 71
 oxcarbazepine... 19
 oxybutynin chloride... 60
 oxycodone-acetaminophen... 12
 oxycodone... 12
 OZEMPIC... 43

P

PACERONE... 49
 paliperidone... 37
 PANRETIN... 31
 pantoprazole... 59
 paricalcitol... 74
 paroxetine hcl... 23
 PAXLOVID... 40
 pazopanib... 31
 PEDIARIX (PF)... 71
 PEDVAX HIB (PF)... 71
 peg 3350-electrolytes... 59
 peg-electrolyte soln... 59
 PEGASYS... 71
 PEMAZYRE... 31
 PEN NEEDLE, DIABETIC... 77

PENBRAYA (PF)... 71
 penicillamine... 57
 penicillin g potassium... 17
 penicillin g sodium... 17
 penicillin v potassium... 17
 PENMENVY MEN A-B-C-W-Y (PF)...
 71
 PENTACEL (PF)... 71
 pentamidine... 34
 pentoxifylline... 49
 perampanel... 20
 PERIKABIVEN... 57
 perindopril erbumine... 49
 periogard... 52
 permethrin... 54
 perphenazine... 37
 phenelzine... 23
 phenobarbital... 20
 phenytoin sodium extended... 20
 phenytoin... 20
 philith... 66
 PIFELTRO... 40
 pilocarpine hcl... 52, 78
 pimecrolimus... 54
 pimozone... 37
 pimtrea (28)... 66
 pioglitazone-metformin... 44
 pioglitazone... 44
 piperacillin-tazobactam... 17
 PIQRAY... 31
 pirfenidone... 80
 piroxicam... 12
 PLENAMINE... 57
 podofilox... 54
 polycin... 78
 polymyxin b sulf-trimethoprim... 78
 polymyxin b sulfate... 17
 pomalidomide... 31
 portia 28... 66
 posaconazole... 25
 potassium chlorid-d5-0.45%nacl...
 57
 potassium chloride... 57
 potassium citrate... 57
 pr natal 400 ec... 57
 pr natal 400... 57
 pr natal 430 ec... 57
 pr natal 430... 57
 pramipexole... 34
 prasugrel hcl... 45
 pravastatin... 49
 praziquantel... 34
 prazosin... 49
 prednisolone acetate... 78
 prednisolone sodium phosphate...
 60, 61
 prednisolone... 60
 prednisone intensol... 61
 prednisone... 61
 pregabalin... 52
 PREMARIN... 66
 PREMASOL 10 %... 57
 PRENATA... 57
 PRENATABS FA... 57
 prenatal plus (calcium carb)... 57
 prenatal plus vitamin-mineral... 57
 PRENATE ELITE... 57
 prevalite... 49
 PREVYMIS... 40
 PREZCOBIX... 40
 PREZISTA... 40
 PRIFTIN... 26
 primaquine... 34
 primidone... 20
 PRIMSOL... 17
 PRIORIX (PF)... 71
 PRO COMFORT ALCOHOL PADS... 77
 PRO-COMFORT ALCOHOL PADS... 77
 probenecid-colchicine... 25
 probenecid... 25
 prochlorperazine edisylate... 24
 prochlorperazine maleate... 24
 prochlorperazine... 24
 procto-med hc... 54
 proctosol hc... 54
 proctozone-hc... 54
 progesterone micronized... 66
 progesterone... 66
 PROGRAF... 72
 PROLIA... 74
 PROMACTA... 45
 promethazine... 24
 propafenone... 49
 propranolol-hydrochlorothiazid... 49
 propranolol... 49
 propylthiouracil... 69
 PROQUAD (PF)... 72
 PROSOL 20 %... 57
 protriptyline... 23
 PULMOZYME... 80
 PURE COMFORT ALCOHOL PADS... 77
 PURIXAN... 31
 pyrazinamide... 26
 pyridostigmine bromide... 26

pyrimethamine... 34

Q

QINLOCK... 31

QUADRACEL (PF)... 72

quetiapine... 37

quinapril-hydrochlorothiazide... 49

quinapril... 49

quinidine sulfate... 49

quinine sulfate... 34

QULIPTA... 26

R

RABAVERT (PF)... 72

RALDESY... 23

raloxifene... 66

ramelteon... 81

ramipril... 50

ranolazine... 50

rasagiline... 34

reclipsen (28)... 66

RECOMBIVAX HB (PF)... 72

RELENZA DISKHALER... 40

repaglinide... 44

REPATHA PUSHTRONEX... 50

REPATHA SURECLICK... 50

REPATHA SYRINGE... 50

RETACRIT... 45

RETEVMO... 31

RETROVIR... 40

REVCovi... 59

REVUFORJ... 31

REXTOVY... 13

REXULTI... 37

REYATAZ... 40

REZDIFFRA... 77

REZLIDHIA... 31

ribavirin... 40

rifabutin... 26

rifampin... 26

rilpivirine hcl... 40

riluzole... 52

rimantadine... 41

RINVOQ LQ... 72

RINVOQ... 72

RISPERDAL CONSTA... 37

risperidone microspheres... 37

risperidone... 37

ritonavir... 41

rivaroxaban... 45

rivastigmine tartrate... 21

rizatriptan... 26

roflumilast... 80

ROMVIMZA... 31

ropinirole... 34

rosuvastatin... 50

ROTARIX... 72

ROTATEQ VACCINE... 72

roweepra... 20

ROZLYTREK... 31

RUBRACA... 32

rufinamide... 20

RUKOBIA... 41

RYDAPT... 32

S

sacubitril-valsartan... 50

sajazir... 72

SANDIMMUNE... 72

SANDOSTATIN LAR DEPOT... 68

SANTYL... 54

sapropterin... 59

SCSEMBLIX... 32

scopolamine base... 24

se-natal 19 chewable... 57

SECUADO... 37

selegiline hcl... 35

selenium sulfide... 54

SELZENTRY... 41

sertraline... 23

setlakin... 66

sharobel... 66

SHINGRIX (PF)... 72

SIGNIFOR... 68

sildenafil (pulm.hypertension)... 80

sildenafil... 83

silodosin... 60

silver sulfadiazine... 54

SIMBRINZA... 78

simliya (28)... 66

simpesse... 66

simvastatin... 50

sirolimus... 72

SIRTURO... 26

SKYRIZI... 72

SMOFLIPID... 57

sodium chloride 0.45 %... 57

sodium chloride 0.9 %... 57

sodium oxybate... 81

sodium phenylbutyrate... 59

sodium polystyrene sulfonate... 57

sodium,potassium,mag sulfates... 59

solifenacin... 60

SOLQUA 100/33... 44

SOLTAMOX... 32

SOMAVERT... 68

sorafenib... 32

sotalol af... 50
sotalol... 50
SPIRIVA RESPIMAT... 81
SPIRIVA WITH HANDIHALER... 81
spironolacton-hydrochlorothiaz...
50
spironolactone... 50
sprintec (28)... 66
SPRITAM... 20
SPS (WITH SORBITOL)... 57
sronyx... 66
SSD... 54
stavudine... 41
STELARA... 72
STIOLTO RESPIMAT... 81
STIVARGA... 32
STRENSIQ... 59
streptomycin... 17
STRIBILD... 41
STRIVERDI RESPIMAT... 81
subvenite starter (blue) kit... 20
subvenite starter (green) kit... 20
subvenite starter (orange) kit... 20
SUBVENITE... 20
sucralfate... 59
SUFLAVE... 59
sulfacetamide sodium... 17, 78
sulfacetamide-prednisolone... 78
sulfadiazine... 17
sulfamethoxazole-trimethoprim...
17
sulfasalazine... 74
sulindac... 12
sumatriptan succinate... 26
sunitinib malate... 32
SUNLENCA... 41
SURE COMFORT ALCOHOL PREP
PADS... 77
SURE-PREP ALCOHOL PREP PADS...
77
SUTAB... 59
syeda... 66
SYMBICORT... 81
SYMPAZAN... 20
SYMTUZA... 41
SYNTHROID... 68
T
TABLOID... 32
TABRECTA... 32
tacrolimus... 54, 72
tadalafil (pulm. hypertension)... 81
tadalafil... 60
TAFINLAR... 32
TAGRISSO... 32
TALICIA... 59
TALZENNA... 32
tamoxifen... 32
tamsulosin... 60
tarina 24 fe... 66
tarina fe 1-20 eq (28)... 66
tarina fe 1/20 (28)... 66
tasimelteon... 81
tazarotene... 54
taztia xt... 50
TAZVERIK... 32
TDVAX... 72
TEFLARO... 17
telmisartan... 50
temazepam... 81
TENIVAC (PF)... 72
tenofovir disoproxil fumarate... 41
TEPMETKO... 32
terazosin... 50
terbinafine hcl... 25
terconazole... 25
teriflunomide... 52
testosterone cypionate... 66
testosterone enanthate... 66
testosterone... 66
tetrabenazine... 52
THALOMID... 32
theophylline... 81
thioridazine... 37
thiothixene... 37
tiadylt er... 50
tiagabine... 20
TIBSOVO... 32
ticagrelor... 45
TICOVAC... 72
tigecycline... 17
tilia fe... 67
timolol maleate (pf)... 79
timolol maleate... 50, 79
timolol... 78
tinidazole... 17
TIVICAY PD... 41
TIVICAY... 41
tizanidine... 38
tobramycin in 0.225 % nacl... 17
tobramycin sulfate... 17
tobramycin-dexamethasone... 79
tobramycin... 79
tolterodine... 60
topiramate... 20

toremifene... 32	tri-vylibra... 67	UBRELVY... 26
torpenz... 32	triamcinolone acetonide... 52, 61	ULTILET ALCOHOL SWAB... 77
torseamide... 50	triamterene-hydrochlorothiazid... 50	ULTRA-FINE INS SYR (HALF UNIT)... 77
TOUJEO MAX U-300 SOLOSTAR... 44	triamterene... 50	ULTRA-FINE INSULIN SYRINGE... 77
TOUJEO SOLOSTAR U-300 INSULIN... 44	trientine... 58	ULTRA-FINE PEN NEEDLE... 77
TRADJENTA... 44	trifluoperazine... 37	UPTRAVI... 81
tramadol... 12, 13	trifluridine... 79	ursodiol... 59
trandolapril... 50	trihexyphenidyl... 35	USTEKINUMAB... 73
tranexamic acid... 45	TRIKAFTA... 81	V
tranylcypromine... 23	trimethoprim... 17	valacyclovir... 41
TRAVASOL 10 %... 58	trimipramine... 23	VALCHLOR... 32
trazodone... 23	trinatal rx 1... 58	valganciclovir... 41
TRECTOR... 26	TRINTELLIX... 23	valproic acid (as sodium salt)... 20
TRELEGY ELLIPTA... 81	TRIUMEQ PD... 41	valproic acid... 20
TREMFYA ONE-PRESS... 72	TRIUMEQ... 41	valsartan-hydrochlorothiazide... 50
TREMFYA PEN INDUCTION PK(2PEN)... 73	trivora (28)... 67	valsartan... 50
TREMFYA PEN... 73	TROGARZO... 41	VALTOCO... 20
TREMFYA... 72	TROPHAMINE 10 %... 58	valtya... 67
TRESIBA FLEXTOUCH U-100... 44	trosipium... 60	vancomycin in 0.9 % sodium chl... 18
TRESIBA FLEXTOUCH U-200... 44	TRUE COMFORT ALCOHOL PADS... 77	vancomycin in dextrose 5 %... 18
TRESIBA U-100 INSULIN... 44	TRUE COMFORT PRO ALCOHOL PADS... 77	vancomycin-diluent combo no.1... 18
tretinoin (antineoplastic)... 32	TRUMENBA... 73	vancomycin... 18
tretinoin... 54	TRUQAP... 32	VANFLYTA... 32
tri-estarylla... 67	TUKYSA... 32	VAQTA (PF)... 73
tri-legest fe... 67	tulana... 67	varenicline tartrate... 13
tri-linyah... 67	TURALIO... 32	VARIVAX (PF)... 73
tri-lo-estarylla... 67	turqoz (28)... 67	VASCEPA... 50
tri-lo-marzia... 67	TWINRIX (PF)... 73	VAXCHORA VACCINE... 73
tri-lo-mili... 67	TYBOST... 41	velivet triphasic regimen (28)... 67
tri-lo-sprintec... 67	TYENNE AUTOINJECTOR... 73	VENCLEXTA STARTING PACK... 33
tri-mili... 67	TYENNE... 73	VENCLEXTA... 33
tri-sprintec (28)... 67	TYPHIM VI... 73	venlafaxine... 23
tri-vylibra lo... 67	U	

VENTOLIN HFA... 81
 verapamil... 51
 VERQUVO... 51
 VERSACLOZ... 37
 VERZENIO... 33
 vestura (28)... 67
 vienva... 67
 vigabatrín... 21
 vigadrone... 21
 VIGAFYDE... 21
 vigpoder... 21
 vilazodone... 23
 VIMKUNYA... 73
 viorele (28)... 67
 VIRACEPT... 41
 VIREAD... 41
 vitamin d2... 83
 VITRAKVI... 33
 VIVITROL... 13
 VIVOTIF... 73
 VIZIMPRO... 33
 VOCABRIA... 41
 volnea (28)... 67
 VONJO... 33
 VORANIGO... 33
 voriconazole-hpbcđ... 25
 voriconazole... 25
 VOSEVI... 41
 VOWST... 59
 VRAYLAR... 37
 vyfemla (28)... 67
 vylibra... 67
 VYZULTA... 79

W

warfarín... 45

WEBCOL... 77
 WELIREG... 59
 wera (28)... 67
 wesnatal dha complete... 58
 wesnate dha... 58
 westab plus... 58
 WINREVAIR... 81
 wymzya fe... 67

X

XALKORI... 33
 xarah fe... 67
 XARELTO DVT-PE TREAT 30D
 START... 45
 XARELTO... 45
 XATMEP... 73
 XCOPRI MAINTENANCE PACK... 21
 XCOPRI TITRATION PACK... 21
 XCOPRI... 21
 XDEMVI... 77
 xelria fe... 67
 XERMELO... 59
 XGEVA... 74
 XIFAXAN... 59
 XOLAIR... 73
 XOSPATA... 33
 XPOVIO... 33
 XTANDI... 33
 xulane... 67

Y

YESINTEK... 73
 YF-VAX (PF)... 73

Z

zafemy... 67
 zafirlukast... 81
 zarah... 67

ZEGALOGUE AUTOINJECTOR... 44
 ZEGALOGUE SYRINGE... 44
 ZEJULA... 33
 ZELBORAF... 33
 ZEMAIRA... 60
 zenatane... 54
 zidovudine... 41
 ziprasidone hcl... 38
 ziprasidone mesylate... 38
 ZIRGAN... 41
 zoledronic acid-mannitol-water...
 74
 ZOLINZA... 33
 zolpidem... 82
 ZONISADE... 21
 zonisamide... 21
 ZORYVE... 54
 zovia 1-35 (28)... 67
 ZTALMY... 21
 ZUBSOLV... 13
 zumandimine (28)... 67
 ZURNAI... 13
 ZURZUVAE... 23
 ZYDELIG... 33
 ZYKADIA... 33
 ZYPREXA RELPREVV... 38
 ZYPREXA... 38

Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GHHNOA2025HUM_0425

**ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាន់ប្រដាប់ផ្សេងៗជំនួសអាច
រកបាន។ ទូរសព្ទទៅលេខ 877-320-1235 (TTY: 711)។**

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

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

**Diné [Navajo]: Saad t'áa' jiik'eh, t'áadoole'é binahjí' bee adahodoonííígíí diné bich'í'
anidahazt'í'í, dóo' łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjí'
hodúlnih 877-320-1235 (TTY: 711).**

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

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

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

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

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

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

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

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

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

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

**አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጫ ቅርፀት ያላቸው አገልግሎቶችን ይገኛሉ። በ
877-320-1235 (TTY: 711) ላይ ይደውሉ።**

**Bàsà` [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdò-fàńo-nyo, kè nyo-boŭn-po-kà bɛ́ bɛ́
nyuɛɛ se wídí péè-péè dò ko. 877-320-1235 (TTY: 711) dá.**

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

**Òyìnbó [Yoruba]: Àwọn isẹ̀ àtilẹ̀hìn ìrànጓwọ̀ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ̀tọ̀. Pe
877-320-1235 (TTY: 711).**

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



This formulary was updated on 04/01/2026. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-281-6918 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**.

S5884-148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180

