2027

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 Basic Rx Plan (PDP)

Formulary 27362

This formulary was updated on 11/02/2026. 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 January 1, 2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear 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 January 1, 2027. 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 based on specific criteria before you fill your prescriptions. If you do not get approval, Humana may not cover the drug.

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

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

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

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

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

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

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

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

If you learn that Humana does not cover your drug, you have two options:
- You can ask Customer Care for a list of similar drugs that are covered by Humana. When you receive the list, show the list to your doctor and ask them to prescribe a similar drug that is covered by Humana.
- You can ask Humana to make an exception and cover your drug. See below for information about how to request an exception.

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

How do I request an exception to the Humana Formulary?
You can ask Humana to make an exception to the coverage rules. There are several types of exceptions that you can ask us to make.

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

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

- **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.

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.
In addition to drugs listed with DL, drugs listed as tier 4 are also limited to a 30-day supply.
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/Embecta and HTL-Droplet products 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) SOLUTION **DL**	3	QL(2700 per 30 days)
acetaminophen-codeine 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION **DL**	4	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**	4	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**	3	
celecoxib 400 mg, 50 mg CAPSULE **MO**	3	
diclofenac potassium 50 mg TABLET **MO**	2	
diclofenac sodium 1.5 % DROPS	4	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**	4	QL(360 per 30 days)
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	4	
hydrocodone-acetaminophen 10-325 mg, 7.5-325 mg TABLET **DL**	4	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 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**	4	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET **DL**	4	QL(360 per 30 days)
hydromorphone 8 mg TABLET **DL**	4	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	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/Embecta and 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	
indomethacin 75 mg CAPSULE, ER	4	
ketorolac 10 mg TABLET	4	QL(20 per 30 days)
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**	4	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE **DL**	4	QL(360 per 30 days)
methadone 5 mg TABLET **DL**	4	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION **DL**	4	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE **DL**	4	QL(360 per 30 days)
morphine 10 mg/5 ml (2 mg/ml) SOLUTION **DL**	3	QL(2700 per 30 days)
morphine 100 mg TABLET ER **DL**	4	QL(180 per 30 days)
morphine 15 mg, 30 mg TABLET **DL**	4	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**	4	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**	2	
naproxen 250 mg TABLET **MO**	2	
naproxen 375 mg TABLET **MO**	1	
naproxen 375 mg TABLET, DR/EC **MO**	3	
naproxen 500 mg TABLET **MO**	1	
oxycodone 10 mg, 5 mg TABLET **DL**	3	QL(360 per 30 days)
oxycodone 15 mg TABLET **DL**	3	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET **DL**	4	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE **DL**	4	QL(270 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**	4	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET **DL**	4	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**	2	PA,QL(30 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/Embecta and 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**	2	PA,QL(30 per 30 days)
tramadol 50 mg TABLET **DL**	2	QL(240 per 30 days)
ANESTHETICS		
lidocaine 5 % ADHESIVE PATCH, MEDICATED	4	QL(90 per 30 days)
lidocaine 5 % OINTMENT	4	
lidocaine hcl 2 % JELLY IN APPLICATOR **MO**	3	
lidocaine hcl 2 % SOLUTION **MO**	2	
lidocaine-prilocaine 2.5-2.5 % CREAM	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET **MO**	2	QL(120 per 30 days)
buprenorphine-naloxone 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg FILM	4	
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	4	
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	4	
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK	4	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET	4	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	4	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET **MO**	2	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	2	
amoxicillin 250 mg CAPSULE **MO**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin 500 mg CAPSULE **MO**	2	
amoxicillin 500 mg TABLET **MO**	2	
amoxicillin 875 mg TABLET **MO**	2	
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	4	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION	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	4	
azithromycin 500 mg, 600 mg TABLET **MO**	2	
aztreonam 1 gram, 2 gram RECON SOLUTION	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	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**	3	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION	4	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION	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	4	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK	4	
cefixime 400 mg CAPSULE	4	
cefixime 400 mg TABLET	4	
cefotetan 1 gram, 2 gram RECON SOLUTION	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION	4	
cefpodoxime 100 mg, 200 mg TABLET	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	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION	4	
cefuroxime axetil 250 mg, 500 mg TABLET **MO**	3	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION	4	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	2	
cephalexin 250 mg CAPSULE **MO**	2	
cephalexin 500 mg CAPSULE **MO**	2	
ciprofloxacin hcl 100 mg TABLET	4	
ciprofloxacin hcl 250 mg, 750 mg TABLET **MO**	2	
ciprofloxacin hcl 500 mg TABLET **MO**	2	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK	4	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION	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	4	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK	4	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION	4	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION	4	
clindamycin phosphate 150 mg/ml SOLUTION	4	
clindamycin phosphate 2 % CREAM	4	
colistin (colistimethate na) 150 mg RECON SOLUTION	4	
daptomycin 350 mg RECON SOLUTION	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	4	
dicloxacillin 250 mg, 500 mg CAPSULE **MO**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/Embecta and 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	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	4	
ertapenem 1 gram RECON SOLUTION	4	
ERYTHROCIN 500 MG RECON SOLUTION	4	
erythromycin 250 mg CAPSULE, DR/EC	4	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC	4	
erythromycin 250 mg, 500 mg TABLET	4	
erythromycin lactobionate 500 mg RECON SOLUTION **DL**	5	
fidaxomicin 200 mg TABLET **DL**	5	
fosfomycin tromethamine 3 gram PACKET	4	
gentamicin 0.1 % CREAM	4	
gentamicin 0.1 % OINTMENT	4	
gentamicin 40 mg/ml SOLUTION	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	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	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION	4	
meropenem 1 gram, 500 mg RECON SOLUTION **MO**	3	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK	4	
methenamine hippurate 1 gram TABLET	4	
metronidazole 0.75 % CREAM	4	
metronidazole 0.75 % LOTION	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/Embecta and 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	4	
metronidazole 1 % GEL WITH PUMP	4	
metronidazole 250 mg, 500 mg TABLET **MO**	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK	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	4	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION	4	
neomycin 500 mg TABLET **MO**	3	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE **MO**	3	
ofloxacin 300 mg, 400 mg TABLET	4	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION	4	
penicillin g sodium 5 million unit RECON SOLUTION	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	4	
polymyxin b sulfate 500,000 unit RECON SOLUTION	4	
PRIMSOL 50 MG/5 ML SOLUTION	4	
streptomycin 1 gram RECON SOLUTION **DL**	5	
sulfacetamide sodium 10 % OINTMENT **MO**	3	
sulfadiazine 500 mg TABLET	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET **MO**	2	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET **MO**	2	
TEFLARO 400 MG, 600 MG RECON SOLUTION **DL**	5	
tetracycline 250 mg, 500 mg CAPSULE	4	
tigecycline 50 mg RECON SOLUTION	4	
tinidazole 250 mg, 500 mg TABLET **MO**	3	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION	4	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION	4	
trimethoprim 100 mg TABLET **MO**	3	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/Embecta and 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	4	
vancomycin 125 mg CAPSULE	4	QL(120 per 30 days)
vancomycin 250 mg CAPSULE	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	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK	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	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	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.	4	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR.	4	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION	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	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.	4	
EPIDIOLEX 100 MG/ML SOLUTION **DL**	5	PA
epitol 200 mg TABLET **MO**	3	
EPRONTIA 25 MG/ML SOLUTION	4	PA,QL(480 per 30 days)
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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ethosuximide 250 mg CAPSULE **MO**	3	
ethosuximide 250 mg/5 ml SOLUTION **MO**	3	
felbamate 400 mg, 600 mg TABLET	4	PA
felbamate 600 mg/5 ml SUSPENSION	4	PA
FINTEPLA 2.2 MG/ML SOLUTION **DL,LA**	5	PA,QL(360 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	4	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET **MO**	2	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION	4	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET	4	QL(60 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	2	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR.	4	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK	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	4	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET **MO**	2	
levetiracetam 500 mg TABLET FOR SUSPENSION	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	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	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	4	
perampanel 0.5 mg/ml SUSPENSION **DL**	4	PA,QL(680 per 28 days)
perampanel 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET	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	4	QL(1500 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 30 mg TABLET **MO**	3	QL(300 per 30 days)
phenytoin 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	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	4	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET	4	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION	4	ST,QL(120 per 30 days)
SUBVENITE 10 MG/ML SUSPENSION	4	
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	2	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK	4	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK	4	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK	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	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	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)
vigabatrin 500 mg POWDER IN PACKET **DL**	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET **DL**	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET **DL**	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET **DL**	5	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION **DL**	5	PA,QL(600 per 25 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vigpoder 500 mg POWDER IN PACKET **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	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	4	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE **MO**	2	
ZTALMY 50 MG/ML SUSPENSION **DL**	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil 10 mg, 5 mg TABLET **MO**	2	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	3	
donepezil 23 mg TABLET **MO**	3	QL(30 per 30 days)
memantine 10 mg, 5 mg TABLET **MO**	2	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.	4	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION	4	PA
memantine 5-10 mg TABLET, DOSE PACK **MO**	2	PA,QL(98 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE	4	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE	4	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET	4	
amitriptyline 25 mg TABLET	4	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET **MO**	3	
AUVELITY 30 MG-105 MG /45 MG-105 MG tablet,IR ER biphasic,dosepack	4	ST
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC	4	ST,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. **MO**	3	QL(120 per 30 days)
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	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
citalopram 10 mg/5 ml SOLUTION	4	
clomipramine 25 mg, 50 mg, 75 mg CAPSULE	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET **MO**	3	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.	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**	2	
escitalopram oxalate 15 mg CAPSULE	4	
escitalopram oxalate 5 mg/5 ml SOLUTION	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.	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR.	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE **MO**	2	QL(60 per 30 days)
fluoxetine 10 mg TABLET **MO**	2	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE **MO**	2	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**	2	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**	3	QL(90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET	4	
MARPLAN 10 MG TABLET	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING	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	4	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE	4	
nortriptyline 10 mg/5 ml SOLUTION	4	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET **MO**	2	
paroxetine hcl 10 mg/5 ml SUSPENSION	4	
phenelzine 15 mg TABLET **MO**	3	
protriptyline 10 mg, 5 mg TABLET	4	
RALDESY 10 MG/ML SOLUTION	4	
sertraline 100 mg TABLET **MO**	2	QL(60 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sertraline 20 mg/ml CONCENTRATE	4	
sertraline 25 mg, 50 mg TABLET **MO**	2	QL(90 per 30 days)
tranylcypromine 10 mg TABLET	4	
trazodone 100 mg, 150 mg, 50 mg TABLET **MO**	2	
trazodone 25 mg, 300 mg, 75 mg TABLET **MO**	3	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET	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	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	4	BvsD
aprepitant 125 mg CAPSULE	5	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE	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**	2	
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING **MO**	2	BvsD
ondansetron hcl 2 mg/ml SOLUTION	4	
ondansetron hcl 4 mg TABLET **MO**	2	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET **MO**	2	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION	4	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE	4	
prochlorperazine 25 mg SUPPOSITORY	4	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prochlorperazine maleate 10 mg, 5 mg TABLET **MO**	2	BvsD
promethazine 12.5 mg, 25 mg, 50 mg TABLET **MO**	3	
scopolamine base 1 mg over 3 days PATCH, 3 DAY	4	QL(10 per 30 days)
ANTIFUNGALS		
amphotericin b 50 mg RECON SOLUTION	4	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION **DL**	5	BvsD
caspofungin 50 mg, 70 mg RECON SOLUTION	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	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION	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	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	4	
griseofulvin microsize 500 mg TABLET	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET	4	
itraconazole 100 mg CAPSULE	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	4	
klayesta 100,000 unit/gram POWDER	4	
micafungin 100 mg, 50 mg RECON SOLUTION	4	
miconazole-3 200 mg SUPPOSITORY **MO**	3	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nyamyc 100,000 unit/gram POWDER	4	
nystatin 100,000 unit/gram CREAM **MO**	2	
nystatin 100,000 unit/gram OINTMENT **MO**	2	
nystatin 100,000 unit/gram POWDER	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	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT	4	
nystop 100,000 unit/gram POWDER	4	
posaconazole 100 mg TABLET, DR/EC	4	PA
terbinafine hcl 250 mg TABLET **MO**	2	
terconazole 0.4 %, 0.8 % CREAM **MO**	2	
terconazole 80 mg SUPPOSITORY	4	
voriconazole 10 mg/ml SOLUTION	4	
voriconazole 200 mg RECON SOLUTION	4	
voriconazole 200 mg, 50 mg TABLET	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-hpbcd 200 mg RECON SOLUTION	4	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET **MO**	2	
colchicine 0.6 mg TABLET **MO**	3	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET **MO**	3	QL(30 per 30 days)
probenecid 500 mg TABLET	4	
probenecid-colchicine 500-0.5 mg TABLET	4	
ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL **DL**	4	PA,QL(8 per 30 days)
eletriptan 20 mg, 40 mg TABLET	4	QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE	4	PA,QL(3 per 30 days)
ergotamine-caffeine 1-100 mg TABLET **MO**	3	QL(40 per 28 days)
naratriptan 1 mg, 2.5 mg TABLET **MO**	3	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET	4	PA,QL(30 per 30 days)
rizatriptan 10 mg, 5 mg TABLET **MO**	3	QL(12 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	3	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL	4	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 CARTRIDGE	4	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION	4	QL(6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET **MO**	3	PA,QL(16 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 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**	2	
isoniazid 50 mg/5 ml SOLUTION	4	
PRETOMANID 200 MG TABLET	4	QL(30 per 30 days)
PRIFTIN 150 MG TABLET	4	
pyrazinamide 500 mg TABLET	4	
rifabutin 150 mg CAPSULE	4	
rifampin 150 mg, 300 mg CAPSULE	4	
rifampin 600 mg RECON SOLUTION	4	
rifapentine 150 mg TABLET	4	
SIRTURO 100 MG, 20 MG TABLET **DL**	5	PA
ANTINEOPLASTICS		
abiraterone 250 mg TABLET	4	PA,QL(120 per 30 days)
abirtega 250 mg TABLET	4	PA,QL(120 per 30 days)
afatinib 20 mg, 30 mg, 40 mg TABLET **DL,LA**	5	PA,QL(30 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)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL**	5	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET **MO**	2	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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
BEQALZI 1 MG, 20 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
BEQALZI 80 MG TABLET DL	5	PA,QL(120 per 30 days)
BEQALZI STARTER PACK 1-5-20-80 MG TABLET, DOSE PACK DL	5	PA,QL(44 per 28 days)
bexarotene 1 % GEL DL	5	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE DL	5	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET MO	3	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)
bosutinib 100 mg TABLET DL	5	PA,QL(120 per 30 days)
bosutinib 400 mg, 500 mg TABLET DL	5	PA,QL(30 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	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL	5	PA,QL(30 per 30 days)
CAVHANZA 60 MG, 80 MG TABLET, DISINTEGRATING DL	5	PA,QL(112 per 28 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)
cyclophosphamide 25 mg, 50 mg CAPSULE	4	BvsD
cyclophosphamide 25 mg, 50 mg TABLET MO	3	BvsD
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET DL	5	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET DL	5	PA,QL(30 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dasatinib 20 mg TABLET **DL**	5	PA,QL(90 per 30 days)
DAURISMO 100 MG TABLET **DL**	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET **DL**	5	PA,QL(60 per 30 days)
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 TABLET **MO**	3	PA,QL(30 per 30 days)
erlotinib 150 mg TABLET	4	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET **MO**	3	PA,QL(90 per 30 days)
ETCAMAH 75 MG TABLET **DL**	5	PA,QL(56 per 28 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	4	QL(60 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, 40 MG CAPSULE	4	
GLEOSTINE 100 MG CAPSULE **DL**	5	
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**	3	
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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/Embecta and 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)
imatinib 100 mg TABLET	4	PA,QL(90 per 30 days)
imatinib 400 mg TABLET	4	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)
JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET, ER 24 HR. **DL**	5	PA,QL(30 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET **DL**	5	PA,QL(90 per 30 days)
JIDEYTRO 100 MG TABLET **DL**	5	PA,QL(30 per 30 days)
JIDEYTRO 25 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)
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)
lapatinib 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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE **DL**	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)
letrozole 2.5 mg TABLET **MO**	2	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET **MO**	3	
LEUKERAN 2 MG TABLET **DL**	5	
LIFYORLI 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) CAPSULE **DL**	5	PA
lomustine 10 mg CAPSULE	4	
lomustine 100 mg CAPSULE **DL**	5	
lomustine 40 mg CAPSULE **DL**	4	
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)
mercaptopurine 20 mg/ml SUSPENSION **DL**	5	
mercaptopurine 50 mg TABLET **MO**	3	
mesna 400 mg TABLET **DL**	4	
MODEYSO 125 MG CAPSULE **DL**	5	PA,QL(20 per 28 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NERLYNX 40 MG TABLET DL	5	PA,QL(180 per 30 days)
nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE DL	5	PA,QL(120 per 30 days)
nilutamide 150 mg TABLET DL	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
pazopanib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
pazopanib 400 mg TABLET DL	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)
pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE DL	5	PA,QL(21 per 28 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RASONQUE 100 MG TABLET DL	5	PA,QL(120 per 30 days)
RASONQUE 150 MG TABLET DL	5	PA,QL(60 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

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	
sorafenib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL	5	PA,QL(28 per 28 days)
TABLOID 40 MG TABLET	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)
TAGRISSO 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)
tamoxifen 10 mg, 20 mg TABLET 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 50 MG CAPSULE DL	5	PA,QL(240 per 30 days)
TIBSOVO 250 MG TABLET DL	5	PA,QL(60 per 30 days)
toremifene 60 mg TABLET	4	QL(30 per 30 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	5	PA,QL(30 per 30 days)
tretinoin (antineoplastic) 10 mg CAPSULE 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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
VEPPANU 100 MG TABLET DL	5	PA,QL(90 per 30 days)
VEPPANU 200 MG TABLET DL	5	PA,QL(30 per 30 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 PELLET DL	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET 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 PELLET 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)
yulithira 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET	4	PA,QL(30 per 30 days)
ZEGFROVY 150 MG TABLET DL	5	PA,QL(30 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEGFROVY 200 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)
ZENBEXUS 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(21 per 28 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	4	
atovaquone 750 mg/5 ml SUSPENSION	4	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET	4	
chloroquine phosphate 250 mg, 500 mg TABLET	4	
COARTEM 20-120 MG TABLET	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	
mefloquine 250 mg TABLET MO	2	
nitazoxanide 500 mg TABLET DL	5	
pentamidine 300 mg RECON SOLUTION	4	
pentamidine 300 mg RECON SOLUTION	4	BvsD
praziquantel 600 mg TABLET	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	4	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE	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	4	
bromocriptine 2.5 mg TABLET	4	
carbidopa 25 mg TABLET	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg TABLET MO	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER **MO**	2	
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	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**	3	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	
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	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON **DL**	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION	4	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING	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	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	4	QL(60 per 30 days)
BYSANTI 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	5	PA,QL(60 per 30 days)
BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **DL**	4	PA
BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK **DL**	4	PA
BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2) TABLET, DOSE PACK **DL**	4	PA
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET	4	BvsD

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorpromazine 100 mg, 200 mg, 50 mg TABLET	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE	4	
clozapine 100 mg TABLET **MO**	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING	4	PA
clozapine 150 mg TABLET, DISINTEGRATING	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET **MO**	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET **MO**	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING	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	4	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR	4	
fluphenazine hcl 2.5 mg/ml SOLUTION	4	
fluphenazine hcl 5 mg/ml CONCENTRATE	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	4	
haloperidol lactate 2 mg/ml CONCENTRATE **MO**	2	
haloperidol lactate 5 mg/ml SOLUTION	4	
haloperidol lactate 5 mg/ml SYRINGE	4	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	4	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	4	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE **DL**	4	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE **DL**	4	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	4	QL(0.88 per 90 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	4	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	4	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	4	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE	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	4	PA,QL(30 per 30 days)
molindone 10 mg TABLET	4	QL(240 per 30 days)
molindone 25 mg TABLET	4	QL(270 per 30 days)
molindone 5 mg TABLET	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	4	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET	4	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING	4	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING	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(150 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR.	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR.	4	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET	4	
pimozide 1 mg, 2 mg TABLET	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.	4	QL(90 per 30 days)
quetiapine 200 mg TABLET **MO**	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR.	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.	4	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR.	4	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET	4	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON	4	QL(2 per 28 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	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	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	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	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 **MO**	3	PA,QL(30 per 30 days)
WELTRUZA 318 MG, 425 MG, 531 MG SUSPENSION, ER, RECON **DL**	5	QL(1 per 28 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE	4	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION	4	
ZYPREXA 10 MG RECON SOLUTION	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION	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**	3	
baclofen 20 mg TABLET **MO**	3	
baclofen 5 mg TABLET **MO**	3	QL(90 per 30 days)
tizanidine 2 mg TABLET **MO**	2	
tizanidine 4 mg TABLET **MO**	2	
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION	4	QL(960 per 30 days)
abacavir 300 mg TABLET	4	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET	4	QL(30 per 30 days)
acyclovir 200 mg CAPSULE **MO**	2	
acyclovir 400 mg, 800 mg TABLET **MO**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acyclovir sodium 50 mg/ml SOLUTION	4	BvsD
adefovir 10 mg TABLET	4	
APTIVUS 250 MG CAPSULE **DL**	5	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE	4	QL(60 per 30 days)
atazanavir 300 mg CAPSULE	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)
BIXLENVO 75-50 MG TABLET **DL**	5	QL(30 per 30 days)
BIXLENVO-SUNLENCA STARTER PACK 75 MG-50 MG /300 MG TABLET **DL**	5	QL(34 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**	3	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)
DOVATO 50-300 MG TABLET **DL**	5	QL(30 per 30 days)
EDURANT 25 MG TABLET **DL**	5	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION **DL**	5	QL(180 per 30 days)
efavirenz 600 mg TABLET	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET	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)
emtricita-rilpivirine-tenof df 200-25-300 mg TABLET **DL**	5	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE	4	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION	4	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET	4	QL(30 per 30 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	4	QL(90 per 30 days)
fosamprenavir 700 mg TABLET	4	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION **DL**	5	QL(60 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GENVOYA 150-150-200-10 MG TABLET **DL**	5	QL(30 per 30 days)
IDVYNSO 100-0.25 MG TABLET **DL**	5	QL(30 per 30 days)
INTELENCE 25 MG TABLET	4	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET **DL**	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET	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**	4	
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	4	QL(60 per 30 days)
LIVTENCITY 200 MG TABLET **DL**	5	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET	4	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET	4	QL(150 per 30 days)
maraviroc 150 mg TABLET **MO**	3	QL(240 per 30 days)
maraviroc 300 mg TABLET	4	QL(120 per 30 days)
nevirapine 200 mg TABLET **MO**	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR.	4	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION	4	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKET	4	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET **DL**	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE **MO**	3	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE **MO**	3	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	3	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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
PREZCOBIX PED 600-90 MG TABLET FOR SUSPENSION **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	4	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION	4	
REYATAZ 50 MG POWDER IN PACKET	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)
rimantadine 100 mg TABLET	4	
ritonavir 100 mg TABLET **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)
sofosbuvir-velpatasvir 400-100 mg TABLET **DL**	5	PA,QL(28 per 28 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)
tenofovir disoproxil fumarate 300 mg TABLET **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	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)
valacyclovir 1 gram, 500 mg TABLET **MO**	3	
valganciclovir 450 mg TABLET **MO**	3	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION **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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
zidovudine 10 mg/ml SYRUP	4	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE	4	QL(180 per 30 days)
zidovudine 300 mg TABLET MO	3	QL(60 per 30 days)
ZIRGAN 0.15 % GEL	4	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	4	QL(120 per 30 days)
alprazolam 2 mg TABLET DL	4	QL(150 per 30 days)
buspirone 10 mg, 5 mg TABLET MO	2	
buspirone 15 mg, 30 mg, 7.5 mg TABLET MO	2	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	4	
clonazepam 0.25 mg, 2 mg TABLET DL	4	
clonazepam 0.5 mg, 1 mg TABLET DL	4	
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	4	
doxepin 10 mg/ml CONCENTRATE	4	
hydroxyzine hcl 10 mg, 50 mg TABLET	4	
hydroxyzine hcl 25 mg TABLET	4	
lorazepam 0.5 mg, 1 mg TABLET DL	4	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	4	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	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lithium carbonate 300 mg TABLET **MO**	2	
lithium carbonate 300 mg, 450 mg TABLET ER **MO**	2	
lithium citrate 8 meq/5 ml SOLUTION	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET **MO**	3	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	
dapagliflozin 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	PA,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	
glimepiride 2 mg, 4 mg TABLET **MO**	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. **MO**	2	
glipizide 10 mg, 5 mg TABLET **MO**	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	2	
GVOKE 1 MG/0.2 ML SOLUTION **MO**	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO**	3	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO**	3	
GVOKE PFS 1-PACK SYRINGE 1 MG/0.2 ML SYRINGE **MO**	3	
GVOKE PFS 2-PACK SYRINGE 1 MG/0.2 ML SYRINGE **MO**	3	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN **CI,DL**	5	
INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO**	3	
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	
linagliptin 5 mg TABLET **MO**	3	QL(30 per 30 days)
metformin 1,000 mg, 500 mg TABLET **MO**	1	
metformin 500 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
metformin 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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nateglinide 120 mg, 60 mg TABLET **MO**	2	
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 INSULN 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)
OZEMPIC 1.5 MG, 4 MG, 9 MG TABLET **MO**	3	PA,QL(30 per 30 days)
pioglitazone 15 mg, 45 mg TABLET **MO**	2	QL(30 per 30 days)
pioglitazone 30 mg TABLET **MO**	2	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**	2	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET **MO**	3	PA,QL(30 per 30 days)
sitagliptin phos-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(30 per 30 days)
sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET **MO**	3	QL(60 per 30 days)
sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(60 per 30 days)
sitagliptin phosphate 100 mg, 25 mg, 50 mg TABLET **MO**	3	QL(30 per 30 days)
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)
BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg, 1 mg CAPSULE **MO**	3	
cilostazol 100 mg, 50 mg TABLET **MO**	3	
clopidogrel 300 mg TABLET	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clopidogrel 75 mg TABLET **MO**	2	QL(30 per 30 days)
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE	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	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	QL(74 per 30 days)
eltrombopag olamine 12.5 mg POWDER IN PACKET **DL**	5	PA,QL(360 per 30 days)
eltrombopag olamine 12.5 mg, 25 mg TABLET **DL**	5	PA,QL(30 per 30 days)
eltrombopag olamine 25 mg POWDER IN PACKET **DL**	5	PA,QL(180 per 30 days)
eltrombopag olamine 50 mg TABLET **DL**	5	PA,QL(90 per 30 days)
eltrombopag olamine 75 mg TABLET **DL**	5	PA,QL(60 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	4	
enoxaparin 300 mg/3 ml SOLUTION	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	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET **MO**	1	
NIVESTYM 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	5	PA
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	5	PA
prasugrel hcl 10 mg, 5 mg TABLET **MO**	3	QL(30 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	4	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION **DL**	5	PA,QL(14 per 30 days)
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	3	QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET **MO**	3	QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET **MO**	3	QL(60 per 30 days)
tranexamic acid 650 mg TABLET **MO**	3	QL(30 per 5 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET **MO**	1	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
warfarin 5 mg TABLET **MO**	1	
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		
acebutolol 200 mg, 400 mg CAPSULE	4	
acetazolamide 125 mg, 250 mg TABLET	4	
acetazolamide 500 mg CAPSULE, ER	4	
aliskiren 150 mg, 300 mg TABLET	4	QL(30 per 30 days)
amiloride 5 mg TABLET **MO**	3	
amiloride-hydrochlorothiazide 5-50 mg TABLET **MO**	2	
amiodarone 100 mg, 400 mg TABLET	4	
amiodarone 200 mg TABLET **MO**	2	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
amlodipine-benazepril 10-20 mg, 10-40 mg, 5-40 mg CAPSULE **MO**	2	QL(30 per 30 days)
amlodipine-benazepril 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE **MO**	2	QL(60 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**	3	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET **MO**	2	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	2	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET **MO**	3	
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**	2	
bumetanide 0.25 mg/ml SOLUTION **MO**	3	
bumetanide 0.5 mg, 2 mg TABLET **MO**	3	
bumetanide 1 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	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	3	
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET **MO**	1	
chlorthalidone 25 mg TABLET **MO**	3	
chlorthalidone 50 mg TABLET **MO**	3	
cholestyramine (with sugar) 4 gram POWDER	4	
cholestyramine (with sugar) 4 gram POWDER IN PACKET	4	
cholestyramine light 4 gram POWDER	4	
cholestyramine light 4 gram POWDER IN PACKET	4	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY	4	QL(4 per 28 days)
clonidine hcl 0.05 mg, 0.2 mg, 0.3 mg TABLET **MO**	2	
clonidine hcl 0.1 mg TABLET **MO**	2	
colestipol 1 gram TABLET	4	
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET **MO**	3	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	3	
diltiazem hcl 120 mg CAPSULE, ER 24 HR. **MO**	3	
diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	3	
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**	3	
diltiazem hcl 360 mg CAPSULE, ER 24 HR. **MO**	3	QL(30 per 30 days)
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE	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**	2	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET **MO**	2	
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**	3	QL(30 per 30 days)
fenofibrate 54 mg TABLET **MO**	3	QL(60 per 30 days)
fenofibrate micronized 130 mg, 134 mg, 200 mg, 43 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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenofibrate nanocrystallized 48 mg TABLET **MO**	3	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET **MO**	3	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC **MO**	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET **MO**	3	
fosinopril 10 mg, 20 mg, 40 mg TABLET **MO**	2	
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	4	
furosemide 20 mg, 40 mg TABLET **MO**	1	
furosemide 80 mg TABLET **MO**	1	
gemfibrozil 600 mg TABLET **MO**	2	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	
hydrochlorothiazide 50 mg TABLET **MO**	1	
icosapent ethyl 0.5 gram CAPSULE **MO**	3	QL(240 per 30 days)
icosapent ethyl 1 gram CAPSULE **MO**	3	QL(120 per 30 days)
indapamide 1.25 mg, 2.5 mg TABLET **MO**	2	
irbesartan 150 mg, 300 mg, 75 mg TABLET **MO**	2	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**	3	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. **MO**	3	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. **MO**	3	
isosorbide-hydralazine 20-37.5 mg TABLET	4	QL(180 per 30 days)
ivabradine 5 mg, 7.5 mg TABLET **MO**	3	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**	3	
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**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril-hydrochlorothiazide 20-12.5 mg TABLET **MO**	2	
lisinopril-hydrochlorothiazide 20-25 mg TABLET **MO**	1	
losartan 100 mg, 25 mg, 50 mg TABLET **MO**	2	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET **MO**	2	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET **MO**	1	
methyldopa 250 mg, 500 mg TABLET **MO**	2	
metolazone 10 mg, 2.5 mg, 5 mg TABLET **MO**	3	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	2	
metoprolol succinate 200 mg TABLET, ER 24 HR. **MO**	2	
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 5 mg/5 ml SOLUTION **MO**	3	
metyrosine 250 mg CAPSULE **DL**	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET	4	
minoxidil 10 mg, 2.5 mg TABLET **MO**	3	
moexipril 15 mg, 7.5 mg TABLET **MO**	3	
nadolol 20 mg, 40 mg, 80 mg TABLET **MO**	3	
nebivolol 10 mg TABLET **MO**	3	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET **MO**	3	QL(30 per 30 days)
nebivolol 20 mg TABLET **MO**	3	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.	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	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**	2	QL(30 per 30 days)
olmesartan 5 mg TABLET **MO**	2	QL(60 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET **MO**	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE **MO**	3	QL(120 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PACERONE 100 MG, 400 MG TABLET	4	
pacerone 200 mg TABLET **MO**	2	
pentoxifylline 400 mg TABLET ER	4	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET **MO**	1	
pravastatin 10 mg, 80 mg TABLET **MO**	2	
pravastatin 20 mg, 40 mg TABLET **MO**	2	
prazosin 1 mg, 2 mg, 5 mg CAPSULE **MO**	3	
prevalite 4 gram POWDER	4	
prevalite 4 gram POWDER IN PACKET	4	
propafenone 150 mg, 225 mg, 300 mg TABLET **MO**	3	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET **MO**	3	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR.	4	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	2	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET **MO**	2	
quinidine sulfate 200 mg, 300 mg TABLET	4	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE **MO**	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR.	4	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR **MO**	3	PA,QL(7 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR **MO**	3	PA,QL(6 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE **MO**	3	PA,QL(6 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	2	
sacubitril-valsartan 24-26 mg TABLET **MO**	3	QL(180 per 30 days)
sacubitril-valsartan 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 TABLET **MO**	1	
simvastatin 80 mg TABLET **MO**	2	
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**	2	
spironolactone 25 mg, 50 mg TABLET **MO**	2	
telmisartan 20 mg, 40 mg TABLET **MO**	2	QL(30 per 30 days)
telmisartan 80 mg TABLET **MO**	2	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	3	
timolol maleate 10 mg, 20 mg, 5 mg TABLET	4	
torsemide 10 mg, 100 mg, 5 mg TABLET **MO**	2	
torsemide 20 mg TABLET **MO**	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET **MO**	1	
triamterene 100 mg, 50 mg CAPSULE	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**	2	QL(60 per 30 days)
valsartan 40 mg, 80 mg TABLET **MO**	2	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**	2	QL(30 per 30 days)
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**	2	
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	4	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE	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)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET	4	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET	4	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET	4	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET	4	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET	4	QL(60 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine sulfate 5 mg TABLET	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)
dextromethorphan-quinidine 20-10 mg CAPSULE **DL**	5	PA,QL(60 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE	4	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC **MO**	3	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC **MO**	3	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC **MO**	3	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)
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	4	
teriflunomide 14 mg, 7 mg TABLET	4	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET	4	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
chlorhexidine gluconate 0.12 % MOUTHWASH **MO**	2	
periogard 0.12 % MOUTHWASH **MO**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pilocarpine hcl 5 mg, 7.5 mg TABLET	4	
triamcinolone acetonide 0.1 % PASTE **MO**	3	
DERMATOLOGICAL AGENTS		
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE	4	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE	4	PA
ammonium lactate 12 % CREAM **MO**	2	
ammonium lactate 12 % LOTION **MO**	2	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE	4	
betamethasone dipropionate 0.05 % CREAM	4	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION	4	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT	4	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM **MO**	3	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION	4	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT **MO**	3	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM	4	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL	4	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION	4	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT	4	QL(100 per 30 days)
calcipotriene 0.005 % CREAM	4	QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE	4	
clindamycin phosphate 1 % GEL	4	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION	4	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB **MO**	2	
clobetasol 0.05 % CREAM	4	QL(120 per 30 days)
clobetasol 0.05 % OINTMENT	4	QL(120 per 28 days)
clobetasol-emollient 0.05 % CREAM	4	QL(120 per 30 days)
desonide 0.05 % CREAM	4	QL(240 per 30 days)
desonide 0.05 % OINTMENT	4	QL(240 per 30 days)
erythromycin with ethanol 2 % SOLUTION	4	QL(120 per 30 days)
fluocinolone 0.01 % OIL	4	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION	4	QL(180 per 30 days)
fluocinolone 0.025 % CREAM	4	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT	4	QL(120 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinolone and shower cap 0.01 % OIL	4	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM	4	QL(120 per 30 days)
fluocinonide 0.05 % GEL	4	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT	4	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION	4	QL(120 per 30 days)
fluorouracil 2 % SOLUTION **MO**	3	QL(30 per 30 days)
fluorouracil 5 % CREAM	4	
fluorouracil 5 % SOLUTION **MO**	3	QL(60 per 30 days)
fluticasone propionate 0.05 % CREAM **MO**	3	QL(240 per 30 days)
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**	3	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION **MO**	2	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT	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	4	
LOCOID LIPOCREAM 0.1 % CREAM	4	QL(240 per 30 days)
malathion 0.5 % LOTION	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	
OTEZLA 20 MG, 30 MG TABLET **DL**	5	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK **DL**	5	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK **DL**	5	PA,QL(27 per 30 days)
OTEZLA XR 75 MG TABLET, ER 24 HR. **DL**	5	PA,QL(30 per 30 days)
OTEZLA XR INITIATION 10-20-30-75 MG TABLET AND TABLET ER DOSE PACK **DL**	5	PA,QL(41 per 28 days)
permethrin 5 % CREAM **MO**	3	
pimecrolimus 1 % CREAM	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION	4	QL(7 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR	4	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR	4	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT	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	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	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM	4	PA,QL(45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE	4	
ZORYVE 0.15 % CREAM	4	PA,QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION	4	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION	4	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION	4	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP **MO**	3	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE	4	
calcium acetate(phosphat bind) 667 mg CAPSULE **MO**	3	
calcium acetate(phosphat bind) 667 mg TABLET **MO**	3	
carglumic acid 200 mg TABLET, DISPERSIBLE **DL**	5	PA
CHEMET 100 MG CAPSULE **DL**	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION	4	BvsD

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION	4	BvsD
CLINOLIPID 20 % EMULSION	4	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	3	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	2	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	2	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION **MO**	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	2	
deferasirox 180 mg, 360 mg TABLET	4	PA
deferasirox 90 mg TABLET **MO**	3	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION **MO**	2	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION **MO**	2	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION **MO**	2	
dextrose 25 % in water (d25w) SYRINGE **MO**	2	
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	4	BvsD
KABIVEN 3.31-10.8-3.9 % EMULSION	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	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	
levocarnitine (with sugar) 100 mg/ml SOLUTION	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**	3	
magnesium sulfate 500 mg/ml (50 %) SOLUTION	4	
magnesium sulfate 500 mg/ml (50 %) SYRINGE	4	
neo-vital rx 27 mg iron- 1 mg TABLET **MO**	3	
NEONATAL COMPLETE 29-1 MG TABLET **MO**	3	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET **MO**	3	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK **MO**	3	
NUTRILIPID 20 % EMULSION	4	BvsD
one natal rx 27 mg iron- 1 mg TABLET **MO**	3	
penicillamine 250 mg TABLET **DL**	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION	4	BvsD
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION	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	4	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID	4	
potassium chloride 8 meq CAPSULE, ER **MO**	2	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER	4	
pr natal 400 29-1-400 mg COMBO PACK **MO**	3	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP **MO**	3	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK **MO**	3	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP **MO**	3	
PREMASOL 10 % 10 % PARENTERAL SOLUTION **DL**	5	BvsD

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	3	
PRENATABS FA 29-1 MG TABLET	4	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET **MO**	3	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET **MO**	3	
PRENATE ELITE 26 MG IRON- 1 MG TABLET **MO**	3	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET **MO**	3	
sevelamer carbonate 0.8 gram POWDER IN PACKET	4	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET	4	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET	4	QL(540 per 30 days)
sevelamer hcl 400 mg, 800 mg TABLET	4	
SMOFLIPID 20 % EMULSION	4	BvsD
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION	4	
sodium chloride 0.9 % PARENTERAL SOLUTION	4	
sodium chloride 0.9 % PIGGYBACK	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	
tolvaptan (polycys kidney dis) 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm) TABLET, SEQUENTIAL **DL**	5	PA,QL(56 per 28 days)
tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET **DL**	5	PA,QL(120 per 30 days)
TRAVASOL 10 % 10 % PARENTERAL SOLUTION	4	BvsD
trientine 250 mg CAPSULE	4	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**	3	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION	4	BvsD
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	3	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE	4	
westab plus 27 mg iron- 1 mg TABLET **MO**	3	
GASTROINTESTINAL AGENTS		
alosetron 0.5 mg, 1 mg TABLET	4	PA,QL(60 per 30 days)
constulose 10 gram/15 ml SOLUTION **MO**	2	
dicyclomine 10 mg CAPSULE	4	
dicyclomine 10 mg/5 ml SOLUTION	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicyclomine 20 mg TABLET	4	
diphenoxylate-atropine 2.5-0.025 mg TABLET	4	
enulose 10 gram/15 ml SOLUTION **MO**	2	
famotidine 20 mg, 40 mg TABLET **MO**	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION	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	
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO**	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE **MO**	3	
lubiprostone 24 mcg, 8 mcg CAPSULE **MO**	3	QL(60 per 30 days)
misoprostol 100 mcg, 200 mcg TABLET **MO**	3	
MOVANTIK 12.5 MG, 25 MG TABLET **MO**	3	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE **MO**	3	
omeprazole 10 mg CAPSULE, DR/EC **MO**	2	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC **MO**	2	
pantoprazole 20 mg, 40 mg TABLET, DR/EC **MO**	2	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	
PYLERA 140-125-125 MG CAPSULE	4	ST,QL(120 per 30 days)
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	4	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION	4	
SUTAB 1.479-0.188- 0.225 GRAM TABLET **MO**	3	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC	4	
ursodiol 250 mg TABLET **MO**	3	
ursodiol 300 mg CAPSULE **MO**	3	
ursodiol 500 mg TABLET	4	
VOWST 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE **DL**	5	PA

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XERMELO 250 MG TABLET **DL**	5	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET **MO**	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET **DL**	3	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	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 TABLET, SOLUBLE **DL**	5	PA
sapropterin 100 mg, 500 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)
ZEMAIRA 1,000 MG RECON SOLUTION **DL**	5	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION **DL**	5	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC	4	
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	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR.	4	QL(30 per 30 days)
finasteride 5 mg TABLET **MO**	2	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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
oxybutynin chloride 5 mg TABLET **MO**	3	
oxybutynin chloride 5 mg/5 ml SYRUP **MO**	3	
solifenacin 10 mg, 5 mg TABLET	4	QL(30 per 30 days)
tadalafil 5 mg TABLET	4	PA
tamsulosin 0.4 mg CAPSULE **MO**	2	
tolterodine 1 mg, 2 mg TABLET	4	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR.	4	QL(30 per 30 days)
trospium 20 mg TABLET	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	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	4	
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**	2	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET **MO**	2	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK **MO**	2	
prednisone 5 mg/5 ml SOLUTION	4	BvsD
prednisone intensol 5 mg/ml CONCENTRATE	4	BvsD
triamcinolone acetonide 0.025 %, 0.1 % LOTION **MO**	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT **MO**	3	
triamcinolone acetonide 0.025 %, 0.5 % CREAM **MO**	3	
triamcinolone acetonide 0.1 % CREAM **MO**	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION	4	PA

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desmopressin 0.1 mg, 0.2 mg TABLET **MO**	3	
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	4	
abigale lo 0.5-0.1 mg TABLET	4	
afirmelle 0.1-20 mg-mcg TABLET **MO**	3	
altavera (28) 0.15-0.03 mg TABLET **MO**	3	
alyacen 1/35 (28) 1-35 mg-mcg TABLET **MO**	3	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	3	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET **MO**	3	
apri 0.15-0.03 mg TABLET **MO**	3	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET **MO**	3	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET **MO**	3	
aubra eq 0.1-20 mg-mcg TABLET **MO**	3	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	3	
aurovela 1/20 (21) 1-20 mg-mcg TABLET **MO**	3	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	3	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	3	
aviane 0.1-20 mg-mcg TABLET **MO**	3	
ayuna 0.15-0.03 mg TABLET **MO**	3	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	3	
balziva (28) 0.4-35 mg-mcg TABLET **MO**	3	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	3	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	3	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
briellyn 0.4-35 mg-mcg TABLET **MO**	3	
camila 0.35 mg TABLET **MO**	3	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
chateal eq (28) 0.15-0.03 mg TABLET **MO**	3	
cryselle (28) 0.3-30 mg-mcg TABLET **MO**	3	
cyred 0.15-0.03 mg TABLET **MO**	3	
cyred eq 0.15-0.03 mg TABLET **MO**	3	
danazol 100 mg, 200 mg, 50 mg CAPSULE	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET **MO**	3	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	3	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
deblitane 0.35 mg TABLET **MO**	3	
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**	3	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET **MO**	3	
dolishale 90-20 mcg (28) TABLET **MO**	3	
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	4	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET **MO**	3	
DUAVEE 0.45-20 MG TABLET	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET **MO**	3	
eluryng 0.12-0.015 mg/24 hr RING **MO**	3	QL(1 per 28 days)
emzahh 0.35 mg TABLET **MO**	3	
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**	3	
enskyce 0.15-0.03 mg TABLET **MO**	3	
errin 0.35 mg TABLET **MO**	3	
estarylla 0.25-0.035 mg TABLET **MO**	3	
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	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	4	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET **MO**	2	
estradiol 10 mcg TABLET	4	
estradiol valerate 10 mg/ml OIL	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET	4	
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET **MO**	3	
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**	3	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	3	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING	4	
gallifrey 5 mg TABLET **MO**	3	
GWYN LO 220-20 MCG/24 HR PATCH, WEEKLY **MO**	3	QL(3 per 28 days)
hailey 1.5-30 mg-mcg TABLET **MO**	3	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	3	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	3	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
haloette 0.12-0.015 mg/24 hr RING **MO**	3	QL(1 per 28 days)
heather 0.35 mg TABLET **MO**	3	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
incassia 0.35 mg TABLET **MO**	3	
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET **MO**	3	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET **MO**	3	
jencycla 0.35 mg TABLET **MO**	3	
juleber 0.15-0.03 mg TABLET **MO**	3	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	3	
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**	3	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	3	
kalliga 0.15-0.03 mg TABLET **MO**	3	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	3	
kelnor 1/35 (28) 1-35 mg-mcg TABLET **MO**	3	
kelnor 1/50 (28) 1-50 mg-mcg TABLET **MO**	3	
kurvelo (28) 0.15-0.03 mg TABLET **MO**	3	
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**	3	QL(91 per 90 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	3	
larin 1/20 (21) 1-20 mg-mcg TABLET **MO**	3	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	3	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	3	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
leena 28 0.5/1/0.5-35 mg-mcg TABLET **MO**	3	
lessina 0.1-20 mg-mcg TABLET **MO**	3	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	3	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	3	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET **MO**	3	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET **MO**	3	
lo-zumandimine (28) 3-0.02 mg TABLET **MO**	3	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO**	3	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO**	3	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET **MO**	3	
low-ogestrel (28) 0.3-30 mg-mcg TABLET **MO**	3	
luizza 1-20 mg-mcg, 1.5-30 mg-mcg TABLET **MO**	3	
lutera (28) 0.1-20 mg-mcg TABLET **MO**	3	
lyleq 0.35 mg TABLET **MO**	3	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY	4	QL(8 per 28 days)
lyza 0.35 mg TABLET **MO**	3	
marlissa (28) 0.15-0.03 mg TABLET **MO**	3	
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**	3	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION	4	
meleya 0.35 mg TABLET **MO**	3	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	3	
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**	3	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
mili 0.25-0.035 mg TABLET **MO**	3	
mimvey 1-0.5 mg TABLET	4	
mono-linyah 0.25-0.035 mg TABLET **MO**	3	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	3	
NEXPLANON 68 MG IMPLANT **MO**	3	
nikki (28) 3-0.02 mg TABLET **MO**	3	
NORA-BE 0.35 MG TABLET **MO**	3	
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**	3	
norethindrone (contraceptive) 0.35 mg TABLET **MO**	3	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET **MO**	3	
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**	3	
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**	3	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	3	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET **MO**	3	
nortrel 1/35 (28) 1-35 mg-mcg TABLET **MO**	3	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	3	
nylia 1/35 (28) 1-35 mg-mcg TABLET **MO**	3	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	3	
ocella 3-0.03 mg TABLET **MO**	3	
orquidea 0.35 mg TABLET **MO**	3	
philith 0.4-35 mg-mcg TABLET **MO**	3	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	3	
portia 28 0.15-0.03 mg TABLET **MO**	3	
PREMARIN 0.625 MG/GRAM CREAM **MO**	3	
progesterone 50 mg/ml OIL	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	3	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
sharobel 0.35 mg TABLET **MO**	3	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	3	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET **MO**	3	
sronyx 0.1-20 mg-mcg TABLET **MO**	3	
syeda 3-0.03 mg TABLET **MO**	3	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	3	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	3	
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP	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)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	3	
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	3	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	3	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	3	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	3	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	3	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	3	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	3	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	3	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	3	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	3	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	3	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	3	
tulana 0.35 mg TABLET **MO**	3	
turqoz (28) 0.3-30 mg-mcg TABLET **MO**	3	
TWIRLA 120-30 MCG/24 HR PATCH, WEEKLY **MO**	3	QL(3 per 28 days)
valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET **MO**	3	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET **MO**	3	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vestura (28) 3-0.02 mg TABLET **MO**	3	
vienva 0.1-20 mg-mcg TABLET **MO**	3	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	3	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	3	
vyfemla (28) 0.4-35 mg-mcg TABLET **MO**	3	
vylibra 0.25-0.035 mg TABLET **MO**	3	
wera (28) 0.5-35 mg-mcg TABLET **MO**	3	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	3	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	3	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	3	
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**	3	
zovia 1-35 (28) 1-35 mg-mcg TABLET **MO**	3	
zumandimine (28) 3-0.03 mg TABLET **MO**	3	
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	4	
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	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	4	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET **MO**	3	
ELIGARD 7.5 MG (1 MONTH) SYRINGE	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE	4	PA

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	PA
leuprolide 1 mg/0.2 ml KIT	4	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION	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	4	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE	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
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)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION **DL**	5	PA,QL(1 per 28 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)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET **MO**	2	
propylthiouracil 50 mg TABLET **MO**	3	
IMMUNOLOGICAL AGENTS		
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION **AV,DL**	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION **DL**	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION **DL**	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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE **DL**	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	
azathioprine 50 mg TABLET **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)
BESREMI PEN 500 MCG/0.5 ML PEN INJECTOR **DL**	5	PA,QL(1 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 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)
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)
cyclosporine 100 mg, 25 mg CAPSULE	4	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE	4	BvsD
cyclosporine modified 100 mg/ml SOLUTION	4	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION **DL**	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION **DL**	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR **DL**	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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR **DL**	5	PA,QL(1.36 per 28 days)
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR.	4	PA
everolimus (immunosuppressive) 0.25 mg TABLET	4	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET **DL**	5	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET **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
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION **DL**	1	
icatibant 30 mg/3 ml SYRINGE **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	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	
leflunomide 10 mg, 20 mg TABLET	4	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION **AV,DL**	1	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION **AV,DL**	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT **AV,DL**	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION **AV,DL**	1	
methotrexate sodium 2.5 mg TABLET **MO**	3	BvsD
methotrexate sodium 25 mg/ml SOLUTION **MO**	2	
methotrexate sodium (pf) 25 mg/ml SOLUTION **MO**	2	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE **AV,DL**	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION	4	BvsD
mycophenolate mofetil 250 mg CAPSULE **MO**	3	BvsD
mycophenolate mofetil 500 mg TABLET **MO**	3	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION	4	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC	4	BvsD
OMLYCLO 150 MG/ML, 300 MG/2 ML SYRINGE **DL**	5	PA,QL(8 per 28 days)
OMLYCLO 75 MG/0.5 ML SYRINGE **DL**	5	PA,QL(4 per 28 days)
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	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET	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

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL**	3	
SHINGRIX (PF) 50 MCG/0.5 ML SYRINGE **AV,DL**	3	
sirolimus 0.5 mg, 1 mg, 2 mg TABLET	4	BvsD
sirolimus 1 mg/ml SOLUTION	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)
SKYRIZI 55 MG/0.37 ML SYRINGE	5	PA,QL(0.74 per 84 days)
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE	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)
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	
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION **DL**	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE **DL**	1	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
VELSIPITY 2 MG TABLET **DL**	5	PA,QL(30 per 30 days)
VIMKUNYA (PF) 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	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	
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT **DL**	5	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT **DL**	5	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE	4	
budesonide 3 mg CAPSULE, DR/EC	4	
budesonide 9 mg TABLET, DR/ER	4	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA **MO**	3	
mesalamine 0.375 gram CAPSULE, ER 24 HR.	4	QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA	4	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET **MO**	2	
sulfasalazine 500 mg TABLET, DR/EC **MO**	2	
TARPEYO 4 MG CAPSULE, DR/EC **DL**	5	PA,QL(120 per 30 days)
METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg TABLET **MO**	2	QL(30 per 30 days)
alendronate 35 mg TABLET **MO**	2	QL(4 per 28 days)
alendronate 70 mg TABLET **MO**	2	QL(4 per 28 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alendronate 70 mg/75 ml SOLUTION	4	QL(300 per 28 days)
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SOLUTION **DL**	5	PA,QL(1.7 per 28 days)
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SYRINGE **DL**	5	PA,QL(1.7 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	4	
cinacalcet 30 mg, 60 mg TABLET	4	QL(60 per 30 days)
cinacalcet 90 mg TABLET	4	QL(120 per 30 days)
ENOBY 60 MG/ML SYRINGE	4	QL(1 per 180 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	4	
PROLIA 60 MG/ML SYRINGE	4	QL(1 per 180 days)
teriparatide 20 mcg/dose (560mcg/2.24ml) PEN INJECTOR **DL**	5	PA,QL(2.24 per 28 days)
TERIPARATIDE 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR **DL**	5	PA,QL(2.24 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**	2	
AUTOPEN 1 TO 21 UNITS INSULIN PEN **MO**	2	
AUTOPEN 2 TO 42 UNITS INSULIN PEN **MO**	2	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **PDS,MO**	2	
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**	2	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE **PDS,MO**	2	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	2	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO**	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	2	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	2	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	2	
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**	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE **PDS,MO**	2	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE **PDS,MO**	2	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE **PDS,MO**	2	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	2	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE **PDS,MO**	2	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE **PDS,MO**	2	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	2	
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**	2	
BORDERED GAUZE 2 X 2 " BANDAGE **MO**	1	
butalbital-acetaminophen-caff 50-325-40 mg TABLET	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	4	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK	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**	2	
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**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	2	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE **PDS,MO**	2	
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**	2	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED **MO**	2	
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**	2	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE	4	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED **MO**	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
EASYLIFE ALCOHOL PADS PADS, MEDICATED **MO**	1	
FILSPARI 200 MG TABLET **DL**	5	PA,QL(30 per 30 days)
FILSPARI 400 MG TABLET **DL**	5	PA,QL(60 per 30 days)
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**	2	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	2	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	2	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	2	
IV PREP WIPES PADS, MEDICATED **MO**	1	
mifepristone 300 mg 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**	2	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	2	
nitroglycerin 0.4 % (w/w) OINTMENT	4	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN **MO**	2	
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**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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" SYRINGE **PDS,MO**	2	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO**	2	
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 SYRINGE **PDS,MO**	2	
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	2	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2" NEEDLE **PDS,MO**	2	
ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE **PDS,MO**	2	
ULTRA-FINE SAFETY INSULIN SYRN 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	2	
WEBCOL PADS, MEDICATED **MO**	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML PEN INJECTOR **DL**	3	PA,QL(2 per 28 days)
WEGOVY 1.5 MG, 25 MG, 4 MG, 9 MG TABLET **DL**	3	PA,QL(30 per 30 days)
WEGOVY 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR **DL**	3	PA,QL(3 per 28 days)
XDEMVY 0.25 % DROPS	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	4	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT **MO**	2	
betaxolol 0.5 % DROPS **MO**	3	
bimatoprost 0.01 %, 0.03 % DROPS **MO**	3	QL(2.5 per 25 days)
brimonidine 0.2 % DROPS **MO**	1	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
brimonidine-timolol 0.2-0.5 % DROPS **MO**	3	
carteolol 1 % DROPS **MO**	2	
ciprofloxacin hcl 0.3 % DROPS **MO**	2	
cromolyn 4 % DROPS **MO**	2	
cyclosporine 0.05 % DROPPERETTE **MO**	3	QL(60 per 30 days)
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**	3	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**	3	
gentamicin 0.3 % DROPS **MO**	2	
ketorolac 0.4 %, 0.5 % DROPS **MO**	3	QL(10 per 30 days)
latanoprost 0.005 % DROPS **MO**	2	QL(5 per 25 days)
levobunolol 0.5 % DROPS **MO**	2	
LOTEMAX SM 0.38 % DROPS, GEL	4	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION	4	
loteprednol etabonate 0.5 % DROPS, GEL	4	
MIEBO (PF) 100 % DROPS	4	QL(3 per 30 days)
moxifloxacin 0.5 % DROPS **MO**	3	
NATACYN 5 % DROPS, SUSPENSION	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	
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**	2	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisolone acetate 1 % DROPS, SUSPENSION **MO**	3	
prednisolone sodium phosphate 1 % DROPS	4	
SIMBRINZA 1-0.2 % DROPS, SUSPENSION	4	
sulfacetamide sodium 10 % DROPS **MO**	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS **MO**	2	
timolol 0.5 % DROPS	4	
timolol maleate 0.25 % DROPS **MO**	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION	4	
timolol maleate 0.5 % DROPS **MO**	1	
timolol maleate 0.5 % DROPS, ONCE DAILY	4	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE	4	
tobramycin 0.3 % DROPS **MO**	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION	4	
travoprost 0.004 % DROPS **MO**	3	QL(2.5 per 25 days)
trifluridine 1 % DROPS	4	
TRYPTYR 0.003 % DROPPERETTE	4	QL(60 per 30 days)
VYZULTA 0.024 % DROPS	4	QL(2.5 per 25 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS **MO**	3	
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	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**	3	BvsD
albuterol sulfate 2 mg, 4 mg TABLET	4	
albuterol sulfate 2 mg/5 ml SYRUP **MO**	3	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION **MO**	3	BvsD
alyq 20 mg TABLET	4	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET	4	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION	4	

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	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)
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 160-18-4.8 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	QL(10.7 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION **DL**	5	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION **MO**	3	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST	4	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE	4	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION **MO**	3	BvsD
desloratadine 5 mg TABLET **MO**	3	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION	4	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR **MO**	3	QL(4 per 30 days)
fluticasone furoate-vilanterol 100-25 mcg/dose, 200-25 mcg/dose BLISTER WITH DEVICE **MO**	3	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION **MO**	2	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE	4	
ipratropium bromide 0.02 % SOLUTION **MO**	3	BvsD
ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER	4	PA,QL(25.8 per 30 days)
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL **MO**	3	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL **MO**	3	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION **MO**	2	BvsD
levocetirizine 5 mg TABLET **MO**	3	QL(30 per 30 days)
montelukast 10 mg TABLET **MO**	2	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET	4	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET **MO**	3	QL(30 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nintedanib 100 mg, 150 mg CAPSULE **DL**	5	PA,QL(60 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR **DL**	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE **DL**	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE **DL**	5	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
pirfenidone 267 mg CAPSULE **DL**	5	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET **DL**	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET **DL**	5	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION **DL**	5	BvsD
riociguat 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg TABLET **DL**	5	PA,QL(90 per 30 days)
roflumilast 250 mcg TABLET **MO**	3	QL(28 per 365 days)
roflumilast 500 mcg TABLET **MO**	3	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET **MO**	3	PA,QL(360 per 30 days)
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)
tadalafil (pulm. hypertension) 20 mg TABLET	4	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.	4	
theophylline 400 mg, 600 mg TABLET, ER 24 HR.	4	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE **DL**	5	PA,QL(224 per 28 days)
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 100 MCG, 150 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)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT **DL**	5	PA
zafirlukast 10 mg, 20 mg TABLET	4	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 500 mg TABLET	4	
cyclobenzaprine 10 mg, 5 mg TABLET	4	
methocarbamol 500 mg, 750 mg TABLET **MO**	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)
eszopiclone 1 mg, 2 mg, 3 mg TABLET	4	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET **MO**	3	QL(60 per 30 days)
ramelteon 8 mg TABLET	4	QL(30 per 30 days)
sodium oxybate 500 mg/ml SOLUTION **DL**	5	PA,QL(540 per 30 days)
temazepam 15 mg CAPSULE **DL**	4	QL(30 per 30 days)
temazepam 30 mg CAPSULE **DL**	4	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET **MO**	2	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE	4	QL(30 per 30 days)

Drugs listed as tier 4 are limited to a 30-day supply. Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

Index

A

abacavir-lamivudine... 38
abacavir... 38
abigale lo... 62
abigale... 62
ABILIFY ASIMTUFII... 35
ABILIFY MAINTENA... 35
abiraterone... 26
abirtega... 26
ABRYSVO (PF)... 69
acamprosate... 13
acarbose... 43
accutane... 53
acebutolol... 46
acetaminophen-codeine... 11
acetazolamide... 46
acetic acid... 13
acetylcysteine... 80
acitretin... 53
ACTHIB (PF)... 69
ACTIMMUNE... 69
acyclovir sodium... 39
acyclovir... 38
ADACEL(TDAP ADOLESN/ADULT)(PF)... 69
ADALIMUMAB-ADAZ... 69, 70
ADALIMUMAB-ADBM(CF) PEN CROHNS... 70
ADALIMUMAB-ADBM(CF) PEN PS-UV... 70
ADALIMUMAB-ADBM... 70
adefovir... 39
ADEMPAS... 80
afatinib... 26
afirmelle... 62
AKEEGA... 26
albendazole... 34
albuterol sulfate... 80
ALCOHOL PADS... 75
ALCOHOL PREP PADS... 75
ALCOHOL SWABS... 75
ALCOHOL WIPES... 75
ALECENSA... 26
alendronate... 74, 75
alfuzosin... 60
aliskiren... 46
allopurinol... 25
alosetron... 58
alprazolam... 42
altavera (28)... 62
ALUNBRIG... 26
alyacen 1/35 (28)... 62
alyacen 7/7/7 (28)... 62
alyq... 80
amantadine hcl... 34
ambrisentan... 80
amethia... 62
amethyst (28)... 62
amikacin... 13
amiloride-hydrochlorothiazide... 46
amiloride... 46
aminophylline... 80
AMINOSYN II 10 %... 55
AMINOSYN II 15 %... 55
AMINOSYN-PF 10 %... 55
AMINOSYN-PF 7 % (SULFITE-FREE)... 55
amiodarone... 46
amitriptyline... 21
amlodipine-benazepril... 46
amlodipine-valsartan... 46
amlodipine... 46
ammonium lactate... 53
amnesteem... 53
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... 26
apomorphine... 34
aprepitant... 23
apri... 62
APTIVUS... 39
aranelle (28)... 62
ARCALYST... 70
AREXVY (PF)... 70
ARIKAYCE... 14
aripiprazole... 35
ARISTADA INITIO... 35
ARISTADA... 35
ARNUITY ELLIPTA... 81
asenapine maleate... 35
ashlyna... 62
atazanavir... 39
atenolol-chlorthalidone... 46
atenolol... 46
atomoxetine... 51
atorvastatin... 46
atovaquone-proguanil... 34
atovaquone... 34
ATROPINE SULFATE (PF)... 78
atropine... 78
ATROVENT HFA... 81
aubra eq... 62
aubra... 62
AUGTYRO... 26
aurovela 1.5/30 (21)... 62
aurovela 1/20 (21)... 62
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... 75
AUTOPEN 1 TO 21 UNITS... 75
AUTOPEN 2 TO 42 UNITS... 75

AUTOSHIELD DUO PEN NEEDLE... 75
AUVELITY... 21
AUVI-Q... 81
aviane... 62
AVMAPKI-FAKZYNJA... 27
ayuna... 62
AYVAKIT... 27
azathioprine... 70
azelastine... 78, 81
azithromycin... 14
aztreonam... 14
azurette (28)... 62

B

bacitracin-polymyxin b... 78
bacitracin... 14, 78
baclofen... 38
bal-care dha... 55
balsalazide... 74
BALVERSA... 27
balziva (28)... 62
BAND-AID GAUZE PADS... 75
BAQSIMI... 43
BARACLUDE... 39
BCG VACCINE, LIVE (PF)... 70
BD ALCOHOL SWABS... 75
BD AUTOSHIELD DUO PEN NEEDLE... 75
BD ECLIPSE LUER-LOK... 75
BD INSULIN SYRINGE (HALF UNIT)... 75
BD INSULIN SYRINGE MICRO-FINE... 75
BD INSULIN SYRINGE U-500... 75
BD INSULIN SYRINGE ULTRA-FINE... 76
BD INSULIN SYRINGE... 75
BD LO-DOSE MICRO-FINE IV... 76
BD NANO 2ND GEN PEN NEEDLE... 76
BD SAFETYGLIDE INSULIN SYRINGE... 76
BD SAFETYGLIDE SYRINGE... 76
BD ULTRA-FINE MICRO PEN NEEDLE... 76
BD ULTRA-FINE MINI PEN NEEDLE... 76
BD ULTRA-FINE NANO PEN NEEDLE... 76
BD ULTRA-FINE ORIG PEN NEEDLE... 76
BD ULTRA-FINE SHORT PEN NEEDLE... 76
BD VEO INSULIN SYR (HALF UNIT)... 76
BD VEO INSULIN SYRINGE UF... 76
BELSOMRA... 83
benazepril-hydrochlorothiazide... 46
benazepril... 46
BENLYSTA... 70
benztropine... 34
BEQALZI STARTER PACK... 27
BEQALZI... 27
BESREMI PEN... 70
BESREMI... 70
betaine... 60
betamethasone dipropionate... 53
betamethasone valerate... 53
betamethasone, augmented... 53
betaxolol... 78
bethanechol chloride... 60
bexarotene... 27
BEXSERO... 70
bicalutamide... 27
BICILLIN L-A... 14
BIKTARVY... 39
bimatoprost... 78
bisoprolol fumarate... 46
bisoprolol-hydrochlorothiazide... 46
BIXLENVO-SUNLENCA STARTER PACK... 39
BIXLENVO... 39
blisovi 24 fe... 62
blisovi fe 1.5/30 (28)... 62
blisovi fe 1/20 (28)... 62
BOMYNTRA... 75
BOOSTRIX TDAP... 70
BORDERED GAUZE... 76
BOSULIF... 27
bosutinib... 27
BRAFTOVI... 27
BREO ELLIPTA... 81
BREZTRI AEROSPHERE... 81
briellyn... 62
brimonidine-timolol... 79
brimonidine... 78
brivaracetam... 18
bromocriptine... 34
BRUKINSA... 27
budesonide... 74, 81
bumetanide... 46
buprenorphine hcl... 13
buprenorphine-naloxone... 13
buprenorphine... 11
bupropion hcl (smoking deter)... 13
bupropion hcl... 21
buspirone... 42
butalbital-acetaminophen-caff... 76
BYSANTI TITRATION PACK A... 35
BYSANTI TITRATION PACK B... 35
BYSANTI TITRATION PACK C... 35
BYSANTI... 35

C

c-nate dha... 55
CABENUVA... 39
cabergoline... 68
CABOMETYX... 27
calcipotriene... 53
calcitonin (salmon)... 75
calcitriol... 75
calcium acetate(phosphat bind)... 55
CALQUENCE (ACALABRUTINIB MAL)... 27
camila... 62
camrese lo... 63
camrese... 62
candesartan-hydrochlorothiazid... 46
candesartan... 46
CAPLYTA... 35

CAPRELSA... 27
captopril-hydrochlorothiazide... 47
captopril... 46
carbamazepine... 18
carbidopa-levodopa-entacapone... 35
carbidopa-levodopa... 34, 35
carbidopa... 34
CARETOUCH ALCOHOL PREP PAD... 76
carglumic acid... 55
carteolol... 79
cartia xt... 47
carvedilol... 47
caspofungin... 24
CAVHANZA... 27
CAYSTON... 81
cefaclor... 14
cefadroxil... 14
cefazolin... 14
cefdinir... 14
cefepime in dextrose 5 %... 14
cefepime... 14
cefixime... 14
cefotetan... 14
cefoxitin... 15
cefpodoxime... 15
cefprozil... 15
ceftaroline fosamil... 15
ceftazidime... 15
ceftriaxone... 15
cefuroxime axetil... 15
cefuroxime sodium... 15
celecoxib... 11
cephalexin... 15
cetirizine... 81
chateal eq (28)... 63
CHEMET... 55
chlorhexidine gluconate... 52
chloroquine phosphate... 34
chlorpromazine... 35, 36
chlorthalidone... 47
chlorzoxazone... 83
cholestyramine (with sugar)... 47
cholestyramine light... 47
CHORIONIC GONADOTROPIN, HUMAN... 61
ciclodan... 24
ciclopirox... 24
cilostazol... 44
CIMDUO... 39
cinacalcet... 75
ciprofloxacin hcl... 15, 79
ciprofloxacin in 5 % dextrose... 15
citalopram... 21, 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... 56
CLINIMIX E 5%/D15W SULFIT FREE... 56
CLINIMIX E 5%/D20W SULFIT FREE... 56
CLINIMIX E 8%-D10W SULFITEFREE... 56
CLINIMIX E 8%-D14W SULFITEFREE... 56
CLINOLIPID... 56
clobazam... 18
clobetasol-emollient... 53
clobetasol... 53
clomipramine... 22
clonazepam... 42
clonidine hcl... 47
clonidine... 47
clopidogrel... 44, 45
clorazepate dipotassium... 42
clotrimazole-betamethasone... 24
clotrimazole... 24
clozapine... 36
COARTEM... 34
COBENFY STARTER PACK... 76
COBENFY... 76
colchicine... 25
colestipol... 47
colistin (colistimethate na)... 15
COMBIVENT RESPIMAT... 81
COMETRIQ... 27
complete natal dha... 56
compro... 23
constulose... 58
COPIKTRA... 27
COSENTYX (2 SYRINGES)... 70
COSENTYX PEN (2 PENS)... 70
COSENTYX PEN... 70
COSENTYX UNOREADY PEN... 70
COSENTYX... 70
COTELLIC... 27
CREON... 60
CRESEMBA... 24
cromolyn... 79, 81
cryselle (28)... 63
CURITY ALCOHOL SWABS... 76
CURITY GAUZE... 76
cyclobenzaprine... 83
cyclophosphamide... 27

cyclosporine modified... 70
cyclosporine... 70, 79
cyred eq... 63
cyred... 63
CYSTAGON... 60
CYSTARAN... 79

D

d10 %-0.45 % sodium chloride... 56
d2.5 %-0.45 % sodium chloride... 56
d5 % and 0.9 % sodium chloride... 56
d5 %-0.45 % sodium chloride... 56
dabigatran etexilate... 45
danazol... 63
dapagliflozin... 43
dapsone... 26
DAPTACEL (DTAP PEDIATRIC) (PF)... 70
daptomycin in 0.9 % sod chlor... 15
daptomycin... 15
darunavir... 39
dasatinib... 27, 28
dasetta 1/35 (28)... 63
dasetta 7/7/7 (28)... 63
DAURISMO... 28
daysee... 63
deblitane... 63
deferasirox... 56
DELSTRIGO... 39
DENGVAXIA (PF)... 70
DEPO-SUBQ PROVERA 104... 63
DERMACEA... 76
DESCOVY... 39
desipramine... 22
desloratadine... 81
desmopressin... 62
desog-e.estradiol/e.estradiol... 63
desogestrel-ethinyl estradiol... 63
desonide... 53
desvenlafaxine succinate... 22
dexamethasone intensol... 61
dexamethasone sodium phosphate... 79
dexamethasone... 61
dexmethylphenidate... 51
dextroamphetamine sulfate... 51, 52
dextroamphetamine-amphetamine... 52
dextromethorphan-quinidine... 52
dextrose 10 % and 0.2 % nacl... 56
dextrose 10 % in water (d10w)... 56
dextrose 20 % in water (d20w)... 56
dextrose 25 % in water (d25w)... 56
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... 43
diclofenac potassium... 11
diclofenac sodium... 11, 79
dicloxacillin... 15
dicyclomine... 58, 59
digoxin... 47
dihydroergotamine... 25
DILANTIN... 18
dilt-xr... 47
diltiazem hcl... 47
diphenhydramine hcl... 81
diphenoxylate-atropine... 59
disulfiram... 13
divalproex... 18
dofetilide... 47
dolishale... 63
donepezil... 21
dorzolamide-timolol (pf)... 79
dorzolamide-timolol... 79
dorzolamide... 79
dotti... 63
DOVATO... 39
doxazosin... 47
doxepin... 42
doxy-100... 16
doxycycline hyclate... 16
doxycycline monohydrate... 16
DRIZALMA SPRINKLE... 52
dronabinol... 23
DROPLET INSULIN SYR(HALF UNIT)... 76
DROPLET INSULIN SYRINGE... 76, 77
DROPLET MICRON PEN NEEDLE... 77
DROPLET PEN NEEDLE... 77
DROPSAFE ALCOHOL PREP PADS... 77
DROPSAFE PEN NEEDLE... 77
drospirenone-ethinyl estradiol... 63
DROXIA... 77
DUAVEE... 63
duloxetine... 52
DUPIXENT PEN... 70
DUPIXENT SYRINGE... 70, 71
dutasteride... 60

E

EASY COMFORT ALCOHOL PAD... 77
EASY TOUCH ALCOHOL PREP PADS... 77
EASYLIFE ALCOHOL PADS... 77
EDURANT PED... 39
EDURANT... 39
efavirenz-emtricitabin-tenofov... 39
efavirenz-lamivu-tenofov disop... 39
efavirenz... 39
electrolyte-48 in d5w... 56
ELELYSO... 60
eletriptan... 25
ELIGARD (3 MONTH)... 68
ELIGARD (4 MONTH)... 68
ELIGARD (6 MONTH)... 68
ELIGARD... 68
elinest... 63

ELIQUIS DVT-PE TREAT 30D START... 45
ELIQUIS SPRINKLE... 45
ELIQUIS... 45
ELMIRON... 60
eltrombopag olamine... 45
eluryng... 63
EMGALITY PEN... 25
EMGALITY SYRINGE... 25
EMSAM... 22
emtricita-rilpivirine-tenof df... 39
emtricitabine-tenofovir (tdf)... 39
emtricitabine... 39
EMTRIVA... 39
emzahh... 63
enalapril maleate... 47
enalapril-hydrochlorothiazide... 47
ENBREL MINI... 71
ENBREL SURECLICK... 71
ENBREL... 71
ENDOCET... 11
ENGERIX-B (PF)... 71
ENGERIX-B PEDIATRIC (PF)... 71
enilloring... 63
ENOBY... 75
enoxaparin... 45
enpresse... 63
ENSACOVE... 28
enskyce... 63
entacapone... 35
entecavir... 39
ENTYVIO PEN... 71
enulose... 59
ENVARSUS XR... 71
EPIDIOLEX... 18
epinephrine... 81
epitol... 18
EPRONTIA... 18
ergotamine-caffeine... 25
ERIVEDGE... 28
ERLEADA... 28
erlotinib... 28
errin... 63
ertapenem... 16
ERYTHROCIN... 16
erythromycin lactobionate... 16
erythromycin with ethanol... 53
erythromycin... 16, 79
escitalopram oxalate... 22
eslicarbazepine... 18
estarylla... 63
estradiol valerate... 63
estradiol-norethindrone acet... 64
estradiol... 63
eszopiclone... 83
ETCAMAH... 28
ethambutol... 26
ethosuximide... 19
ethynodiol diac-eth estradiol... 64
etonogestrel-ethinyl estradiol... 64
etravirine... 39
EULEXIN... 28
everolimus (antineoplastic)... 28
everolimus (immunosuppressive)... 71
EVOTAZ... 39
exemestane... 28
EXXUA... 22
ezetimibe-simvastatin... 47
ezetimibe... 47

F

falmina (28)... 64
famciclovir... 39
famotidine... 59
FANAPT TITRATION PACK A... 36
FANAPT TITRATION PACK B... 36
FANAPT TITRATION PACK C... 36
FANAPT... 36
FARXIGA... 43
febuxostat... 25
feirza... 64
felbamate... 19
felodipine... 47
FEMLYV... 64
fenofibrate micronized... 47
fenofibrate nanocrystallized... 47, 48
fenofibrate... 47
fenofibric acid (choline)... 48
fenofibric acid... 48
fentanyl... 11
fesoterodine... 60
FETZIMA... 22
FIASP FLEXTOUCH U-100 INSULIN... 43
FIASP PENFILL U-100 INSULIN... 43
FIASP U-100 INSULIN... 43
fidaxomicin... 16
FILSPARI... 77
finasteride... 60
fingolimod... 52
FINTEPLA... 19
FIRMAGON KIT W DILUENT SYRINGE... 69
FIRMAGON... 69
flecainide... 48
fluconazole in nacl (iso-osm)... 24
fluconazole... 24
flucytosine... 24
fludrocortisone... 61
fluocinolone acetonide oil... 80
fluocinolone and shower cap... 54
fluocinolone... 53
fluocinonide... 54
fluorometholone... 79
fluorouracil... 54
fluoxetine... 22
fluphenazine decanoate... 36
fluphenazine hcl... 36
flurbiprofen sodium... 79
flurbiprofen... 11
fluticasone furoate-vilanterol... 81
fluticasone propionate... 54, 81
fluvoxamine... 22
FORTEO... 75
fosamprenavir... 39
fosfomycin tromethamine... 16
fosinopril-hydrochlorothiazide... 48

fosinopril... 48
FOTIVDA... 28
FRUZAQLA... 28
furosemide... 48
FUZEON... 39

G

gabapentin... 19
gallifrey... 64
GAMUNEX-C... 71
GARDASIL 9 (PF)... 71
GAUZE BANDAGE... 77
GAUZE PAD... 77
gavilyte-c... 59
gavilyte-g... 59
gavilyte-n... 59
GAVRETO... 28
gefitinib... 28
gemfibrozil... 48
generlac... 59
gentamicin... 16, 79
GENVOYA... 40
GILOTRIF... 28
glatiramer... 52
glatopa... 52
GLEOSTINE... 28
glimepiride... 43
glipizide-metformin... 43
glipizide... 43
glutamine (sickle cell)... 59
glycopyrrolate... 59
GOMEKLI... 28
granisetron hcl... 23
griseofulvin microsize... 24
griseofulvin ultramicrosize... 24
guanfacine... 48, 52
GVOKE HYPOPEN 1-PACK... 43
GVOKE HYPOPEN 2-PACK... 43
GVOKE PFS 1-PACK SYRINGE... 43
GVOKE PFS 2-PACK SYRINGE... 43
GVOKE... 43
GWYN LO... 64

H

HAEGARDA... 71
hailey 24 fe... 64
hailey fe 1.5/30 (28)... 64
hailey fe 1/20 (28)... 64
hailey... 64
haloette... 64
haloperidol decanoate... 36
haloperidol lactate... 36
haloperidol... 36
HAVRIX (PF)... 71
heather... 64
heparin (porcine)... 45
heparin, porcine (pf)... 45
HEPLISAV-B (PF)... 71
HERNEXEOS... 28
HIBERIX (PF)... 71
HUMULIN R U-500 (CONC) KWIKPEN... 43
hydralazine... 48
hydrochlorothiazide... 48
hydrocodone-acetaminophen... 11
hydrocodone-ibuprofen... 11
hydrocortisone butyrate... 54
hydrocortisone... 54, 74
hydromorphone... 11
hydroxychloroquine... 34
hydroxyurea... 28
hydroxyzine hcl... 42
hydroxyzine pamoate... 81
HYRNUO... 28

I

ibandronate... 75
IBRANCE... 28
IBTROZI... 28
ibu... 11
ibuprofen... 11
icatibant... 71
iclevia... 64
ICLUSIG... 28
icosapent ethyl... 48
IDHIFA... 29
IDVYNSO... 40
imatinib... 29
IMBRUVICA... 29
imipenem-cilastatin... 16
imipramine hcl... 22
imiquimod... 54
IMKELDI... 29
IMOVAX RABIES VACCINE (PF)... 71
IMPAVIDO... 34
incassia... 64
INCONTROL ALCOHOL PADS... 77
INCRELEX... 62
indapamide... 48
indomethacin... 12
INFANRIX (DTAP) (PF)... 71
INLURIYO... 29
INLYTA... 29
INQOVI... 29
INREBIC... 29
INSULIN LISPRO... 43
INSULIN SYRINGE MICROFINE... 77
INSULIN SYRINGE-NEEDLE U-100... 77
INSULIN U-500 SYRINGE-NEEDLE... 77
INTELENCE... 40
INTRALIPID... 56
introvale... 64
INVEGA HAFYERA... 36
INVEGA SUSTENNA... 36
INVEGA TRINZA... 36, 37
IPOL... 71
ipratropium bromide... 81
ipratropium-albuterol... 81
irbesartan-hydrochlorothiazide... 48
irbesartan... 48
ISENTRESS HD... 40
ISENTRESS... 40
isibloom... 64
isoniazid... 26
isosorbide dinitrate... 48
isosorbide mononitrate... 48
isosorbide-hydralazine... 48
isotretinoin... 54
ITOVEBI... 29
itraconazole... 24

IV PREP WIPES... 77
ivabradine... 48
ivermectin... 34
IWILFIN... 29
IXIARO (PF)... 71

J

jaimiess... 64
JAKAFI XR... 29
JAKAFI... 29
jantoven... 45
JARDIANCE... 43
jasmiel (28)... 64
JAYPIRCA... 29
jencycla... 64
JIDEYTRO... 29
juleber... 64
JULUCA... 40
junel 1.5/30 (21)... 64
junel 1/20 (21)... 64
junel fe 1.5/30 (28)... 64
junel fe 1/20 (28)... 64
junel fe 24... 64
JYLAMVO... 71
JYNNEOS (PF)... 71

K

KABIVEN... 56
KALETRA... 40
kalliga... 64
kariva (28)... 64
kelnor 1/35 (28)... 64
kelnor 1/50 (28)... 64
KERENDIA... 48
ketoconazole... 24
ketorolac... 12, 79
KINRIX (PF)... 71
kionex... 56
KISQALI... 29
klayesta... 24
klor-con 10... 56
KLOR-CON 8... 56, 57
klor-con m10... 57
KLOR-CON M15... 57
klor-con m20... 57
KLOXXADO... 13
KOMZIFTI... 29
KOSELUGO... 29
KRAZATI... 29
kurvelo (28)... 64

L

l norgest/e.estradiol-e.estrad... 64
labetalol... 48
lacosamide... 19
lactulose... 59
lamivudine-zidovudine... 40
lamivudine... 40
lamotrigine... 19
LANTUS SOLOSTAR U-100 INSULIN... 43
LANTUS U-100 INSULIN... 43
lapatinib... 29
larin 1.5/30 (21)... 65
larin 1/20 (21)... 65
larin 24 fe... 65
larin fe 1.5/30 (28)... 65
larin fe 1/20 (28)... 65
latanoprost... 79
LAZCLUZE... 29
leena 28... 65
leflunomide... 71
lenalidomide... 30
LENVIMA... 30
lessina... 65
letrozole... 30
leucovorin calcium... 30
LEUKERAN... 30
leuprolide acetate (3 month)... 69
leuprolide... 69
levetiracetam... 19
LEVO-T... 68
levobunolol... 79
levocarnitine (with sugar)... 57
levocarnitine... 57
levocetirizine... 81
levofloxacin in d5w... 16
levofloxacin... 16
levonest (28)... 65
levonorg-eth estrad triphasic... 65
levonorgestrel-ethinyl estrad... 65
levora-28... 65
levothyroxine... 68
LEVOXYL... 68
LIBERVANT... 19
lidocaine hcl... 13
lidocaine-prilocaine... 13
lidocaine... 13
LIFYORLI... 30
linagliptin... 43
linezolid in dextrose 5%... 16
linezolid-0.9% sodium chloride... 16
linezolid... 16
LINZESS... 59
liomny... 68
liothyronine... 68
lisinopril-hydrochlorothiazide... 48, 49
lisinopril... 48
lithium carbonate... 42, 43
lithium citrate... 43
LIVTENCITY... 40
lo-zumandimine (28)... 65
LOCOID LIPOCREAM... 54
LOESTRIN FE 1.5/30 (28-DAY)... 65
LOESTRIN FE 1/20 (28-DAY)... 65
lojaimiess... 65
LOKELMA... 57
lomustine... 30
LONSURF... 30
loperamide... 59
lopinavir-ritonavir... 40
lorazepam intensol... 42
lorazepam... 42
LORBRENA... 30
loryna (28)... 65
losartan-hydrochlorothiazide... 49
losartan... 49
LOTEMAX SM... 79
loteprednol etabonate... 79
lovastatin... 49
low-ogestrel (28)... 65

loxapine succinate... 37
lubiprostone... 59
luizza... 65
LUMAKRAS... 30
LUPRON DEPOT (3 MONTH)... 69
LUPRON DEPOT... 69
lurasidone... 37
lutera (28)... 65
LUTRATE DEPOT (3 MONTH)... 69
LYBALVI... 37
lyleq... 65
lyllana... 65
LYNPARZA... 30
LYSODREN... 30
LYTGOBI... 30
lyza... 65

M

M-M-R II (PF)... 71
m-natal plus... 57
magnesium sulfate... 57
malathion... 54
maraviroc... 40
marlissa (28)... 65
MARPLAN... 22
MATULANE... 30
meclizine... 23
medroxyprogesterone... 65
mefloquine... 34
megestrol... 65
MEKINIST... 30
MEKTOVI... 30
meleya... 65
meloxicam... 12
memantine... 21
MENEST... 65
MENQUADFI (PF)... 72
MENVEO A-C-Y-W-135-DIP (PF)... 72
mercaptopurine... 30
meropenem-0.9% sodium chloride... 16
meropenem... 16
mesalamine... 74
mesna... 30
metformin... 43
methadone intensol... 12
methadone... 12
methenamine hippurate... 16
methimazole... 69
methocarbamol... 83
methotrexate sodium (pf)... 72
methotrexate sodium... 72
methsuximide... 19
methyldopa... 49
methylphenidate hcl... 52
methylprednisolone acetate... 61
methylprednisolone... 61
metoclopramide hcl... 23
metolazone... 49
metoprolol succinate... 49
metoprolol ta-hydrochlorothiaz... 49
metoprolol tartrate... 49
metronidazole in nacl (iso-os)... 17
metronidazole... 16, 17
metyrosine... 49
micafungin... 24
miconazole-3... 24
microgestin 1.5/30 (21)... 66
microgestin 1/20 (21)... 66
microgestin fe 1.5/30 (28)... 66
microgestin fe 1/20 (28)... 66
midodrine... 49
MIEBO (PF)... 79
mifepristone... 77
mili... 66
mimvey... 66
minocycline... 17
minoxidil... 49
MIRENA... 77
mirtazapine... 22
misoprostol... 59
modafinil... 83
MODEYSO... 30
moexipril... 49
molindone... 37
mometasone... 54
mondoxyne nl... 17
mono-linyah... 66
montelukast... 81
morphine concentrate... 12
morphine... 12
MOUNJARO... 43
MOVANTIK... 59
moxifloxacin-sod.chloride(iso)... 17
moxifloxacin... 17, 79
MRESVIA (PF)... 72
mupirocin... 54
mycophenolate mofetil (hcl)... 72
mycophenolate mofetil... 72
mycophenolate sodium... 72
MYRBETRIQ... 60

N

nabumetone... 12
nadolol... 49
nafcillin... 17
naloxone... 13
naltrexone... 13
NANO 2ND GEN PEN NEEDLE... 77
NANO PEN NEEDLE... 77
naproxen... 12
naratriptan... 25
NATACYN... 79
nateglinide... 44
NAYZILAM... 19
nebivolol... 49
necon 0.5/35 (28)... 66
nefazodone... 22
neo-vital rx... 57
neomycin-bacitracin-poly-hc... 79
neomycin-bacitracin-polymyxin... 79
neomycin-polymyxin b-dexameth... 79
neomycin-polymyxin-gramicidin... 79
neomycin-polymyxin-hc... 80
neomycin... 17
NEONATAL COMPLETE... 57
NEONATAL PLUS VITAMIN... 57

NEONATAL-DHA... 57
NERLYNX... 31
nevirapine... 40
NEXLETOL... 49
NEXLIZET... 49
NEXPLANON... 66
niacin... 49
NICOTROL NS... 13
nifedipine... 49
nikki (28)... 66
nilotinib hcl... 31
nilutamide... 31
nimodipine... 49
NINLARO... 31
nintedanib... 82
nitazoxanide... 34
nitisinone... 60
nitrofurantoin monohyd/m-cryst... 17
nitroglycerin... 49, 77
NIVESTYM... 45
nizatidine... 59
NORA-BE... 66
norelgestromin-ethin.estradiol... 66
noreth-ethinyl estradiol-iron... 66
norethindrone (contraceptive)... 66
norethindrone ac-eth estradiol... 66
norethindrone acetate... 66
norethindrone-e.estradiol-iron... 66
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... 44
NOVOLIN 70/30 U-100 INSULIN... 44
NOVOLIN N FLEXPEN... 44
NOVOLIN N NPH U-100 INSULIN... 44
NOVOLIN R FLEXPEN... 44
NOVOLIN R REGULAR U100 INSULIN... 44
NOVOLOG FLEXPEN U-100 INSULIN... 44
NOVOLOG MIX 70-30 U-100 INSULN... 44
NOVOLOG MIX 70-30FLEXPEN U-100... 44
NOVOLOG PENFILL U-100 INSULIN... 44
NOVOLOG U-100 INSULIN ASPART... 44
NOVOPEN ECHO... 77
NUBEQA... 31
NUCALA... 82
NUPLAZID... 37
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... 69
octreotide,microspheres... 69
ODEFSEY... 40
ODOMZO... 31
OFEV... 82
ofloxacin... 17, 79, 80
OGSIVEO... 31
OJEMDA... 31
OJJAARA... 31
olanzapine... 37
olmesartan-hydrochlorothiazide... 49
olmesartan... 49
omega-3 acid ethyl esters... 49
omeprazole... 59
OMLYCLO... 72
OMNITROPE... 62
ondansetron hcl (pf)... 23
ondansetron hcl... 23
ondansetron... 23
one natal rx... 57
ONUREG... 31
OPIPZA... 37
ORGOVYX... 31
orquidea... 66
ORSERDU... 31
oseltamivir... 40
OTEZLA STARTER... 54
OTEZLA XR INITIATION... 54
OTEZLA XR... 54
OTEZLA... 54
OTULFI... 72
oxcarbazepine... 19
oxybutynin chloride... 60, 61
oxycodone-acetaminophen... 12
oxycodone... 12
OZEMPIC... 44

P

PACERONE... 50
paliperidone... 37
PANRETIN... 31
pantoprazole... 59
paricalcitol... 75
paroxetine hcl... 22
PAXLOVID... 40
pazopanib... 31
PEDIARIX (PF)... 72
PEDVAX HIB (PF)... 72
peg 3350-electrolytes... 59
peg-electrolyte soln... 59
PEGASYS... 72
PEMAZYRE... 31
PEN NEEDLE, DIABETIC... 77
PENBRAYA (PF)... 72
penicillamine... 57
penicillin g potassium... 17
penicillin g sodium... 17
penicillin v potassium... 17
PENMENVY MEN A-B-C-W-Y (PF)... 72
PENTACEL (PF)... 72

pentamidine... 34
pentoxifylline... 50
perampanel... 19
PERIKABIVEN... 57
perindopril erbumine... 50
periogard... 52
permethrin... 54
perphenazine... 37
phenelzine... 22
phenobarbital... 19, 20
phenytoin sodium extended... 20
phenytoin... 20
philith... 66
PIFELTRO... 40
pilocarpine hcl... 53, 79
pimecrolimus... 54
pimozide... 37
pimtrea (28)... 66
pioglitazone-metformin... 44
pioglitazone... 44
piperacillin-tazobactam... 17
PIQRAY... 31
pirfenidone... 82
piroxicam... 12
podofilox... 54
polycin... 79
polymyxin b sulf-trimethoprim... 79
polymyxin b sulfate... 17
pomalidomide... 31
POMALYST... 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... 35
prasugrel hcl... 45
pravastatin... 50
praziquantel... 34
prazosin... 50
prednisolone acetate... 80
prednisolone sodium phosphate... 61, 80
prednisolone... 61
prednisone intensol... 61
prednisone... 61
pregabalin... 52
PREMARIN... 66
PREMASOL 10 %... 57
PRENATA... 58
PRENATABS FA... 58
prenatal plus (calcium carb)... 58
prenatal plus vitamin-mineral... 58
PRENATE ELITE... 58
PRETOMANID... 26
prevalite... 50
PREVYMIS... 40, 41
PREZCOBIX PED... 41
PREZCOBIX... 41
PREZISTA... 41
PRIFTIN... 26
primaquine... 34
primidone... 20
PRIMSOL... 17
PRIORIX (PF)... 72
PRO COMFORT ALCOHOL PADS... 78
PRO-COMFORT ALCOHOL PADS... 78
probenecid-colchicine... 25
probenecid... 25
prochlorperazine edisylate... 23
prochlorperazine maleate... 24
prochlorperazine... 23
procto-med hc... 55
proctosol hc... 55
proctozone-hc... 55
progesterone micronized... 67
progesterone... 66
PROGRAF... 72
PROLIA... 75
promethazine... 24
propafenone... 50
propranolol... 50
propylthiouracil... 69
PROQUAD (PF)... 72
protriptyline... 22
PULMOZYME... 82
PURE COMFORT ALCOHOL PADS... 78
PYLERA... 59
pyrazinamide... 26
pyridostigmine bromide... 26
pyrimethamine... 34

Q

QINLOCK... 31
QUADRACEL (PF)... 72
quetiapine... 37
quinapril-hydrochlorothiazide... 50
quinapril... 50
quinidine sulfate... 50
quinine sulfate... 34
QULIPTA... 25

R

RABAVERT (PF)... 72
RALDESY... 22
raloxifene... 67
ramelteon... 83
ramipril... 50
ranolazine... 50
rasagiline... 35
RASONQUE... 31
reclipsen (28)... 67
RECOMBIVAX HB (PF)... 72, 73
RELENZA DISKHALER... 41
repaglinide... 44
REPATHA PUSHTRONEX... 50
REPATHA SURECLICK... 50
REPATHA SYRINGE... 50
RETACRIT... 45
RETEVMO... 31
RETROVIR... 41
REVCOVI... 60
REVUFORJ... 31
REXTOVY... 13
REXULTI... 37
REYATAZ... 41

REZDIFFRA... 78
REZLIDHIA... 32
ribavirin... 41
rifabutin... 26
rifampin... 26
rifapentine... 26
rilpivirine hcl... 41
riluzole... 52
rimantadine... 41
RINVOQ LQ... 73
RINVOQ... 73
riociguat... 82
RISPERDAL CONSTA... 37, 38
risperidone microspheres... 38
risperidone... 38
ritonavir... 41
rivaroxaban... 45
rivastigmine tartrate... 21
rizatriptan... 25, 26
roflumilast... 82
ROMVIMZA... 32
ropinirole... 35
rosuvastatin... 50
ROTARIX... 73
ROTATEQ VACCINE... 73
roweepra... 20
ROZLYTREK... 32
RUBRACA... 32
rufinamide... 20
RUKOBIA... 41
RYBELSUS... 44
RYDAPT... 32

S

sacubitril-valsartan... 50
SANTYL... 55
sapropterin... 60
SCEMBLIX... 32
scopolamine base... 24
se-natal 19 chewable... 58
SECUADO... 38
selegiline hcl... 35
selenium sulfide... 55
SELZENTRY... 41
sertraline... 22, 23
setlakin... 67
sevelamer carbonate... 58
sevelamer hcl... 58
sharobel... 67
SHINGRIX (PF)... 73
SIGNIFOR LAR... 69
SIGNIFOR... 69
sildenafil (pulm.hypertension)... 82
silver sulfadiazine... 55
SIMBRINZA... 80
simliya (28)... 67
simpesse... 67
simvastatin... 50
sirolimus... 73
SIRTURO... 26
sitagliptin phos-metformin... 44
sitagliptin phosphate... 44
SKYRIZI... 73
SMOFLIPID... 58
sodium chloride 0.45 %... 58
sodium chloride 0.9 %... 58
sodium oxybate... 83
sodium phenylbutyrate... 60
sodium polystyrene sulfonate... 58
sodium,potassium,mag sulfates... 59
sofosbuvir-velpatasvir... 41
solifenacin... 61
SOLIQUA 100/33... 44
SOLTAMOX... 32
SOMAVERT... 69
sorafenib... 32
sotalol af... 50
sotalol... 50
SPIRIVA RESPIMAT... 82
SPIRIVA WITH HANDIHALER... 82
spironolacton-hydrochlorothiaz... 50
spironolactone... 50
sprintec (28)... 67
SPRITAM... 20
SPS (WITH SORBITOL)... 58
sronyx... 67
SSD... 55
STIOLTO RESPIMAT... 82
STIVARGA... 32
STRENSIQ... 60
streptomycin... 17
STRIBILD... 41
STRIVERDI RESPIMAT... 82
subvenite starter (blue) kit... 20
subvenite starter (green) kit... 20
subvenite starter (orange) kit... 20
SUBVENITE... 20
sucralfate... 59
SUFLAVE... 59
sulfacetamide sodium... 17, 80
sulfacetamide-prednisolone... 80
sulfadiazine... 17
sulfamethoxazole-trimethoprim... 17
sulfasalazine... 74
sulindac... 12
sumatriptan succinate... 26
sumatriptan... 26
sunitinib malate... 32
SUNLENCA... 41
SURE COMFORT ALCOHOL PREP PADS... 78
SURE-PREP ALCOHOL PREP PADS... 78
SUTAB... 59
syeda... 67
SYMBICORT... 82
SYMPAZAN... 20
SYMTUZA... 41
SYNTHROID... 68

T

TABLOID... 32
TABRECTA... 32
tacrolimus... 55, 73
tadalafil (pulm. hypertension)... 82
tadalafil... 61
TAFINLAR... 32
TAGRISSO... 32

TALICIA... 59
TALZENNA... 32
tamoxifen... 32
tamsulosin... 61
tarina 24 fe... 67
tarina fe 1-20 eq (28)... 67
tarina fe 1/20 (28)... 67
TARPEYO... 74
tazarotene... 55
TAZVERIK... 32
TDVAX... 73
TEFLARO... 17
telmisartan... 50
temazepam... 83
TENIVAC (PF)... 73
tenofovir disoproxil fumarate... 41
TEPMETKO... 32
terazosin... 50
terbinafine hcl... 25
terconazole... 25
teriflunomide... 52
teriparatide... 75
testosterone cypionate... 67
testosterone enanthate... 67
testosterone... 67
tetrabenazine... 52
tetracycline... 17
THALOMID... 32
theophylline... 82
thioridazine... 38
thiothixene... 38
tiadylt er... 51
tiagabine... 20
TIBSOVO... 32
ticagrelor... 45
TICOVAC... 73
tigecycline... 17
tilia fe... 67
timolol maleate (pf)... 80
timolol maleate... 51, 80
timolol... 80
tinidazole... 17
TIVICAY PD... 41
TIVICAY... 41
tizanidine... 38
TOBI PODHALER... 82
tobramycin in 0.225 % nacl... 17
tobramycin sulfate... 17
tobramycin-dexamethasone... 80
tobramycin... 80
tolterodine... 61
tolvaptan (polycys kidney dis)... 58
topiramate... 20
toremifene... 32
torpenz... 32
torsemide... 51
TOUJEO MAX U-300 SOLOSTAR... 44
TOUJEO SOLOSTAR U-300 INSULIN... 44
TRADJENTA... 44
tramadol... 12, 13
trandolapril... 51
tranexamic acid... 45
tranylcypromine... 23
TRAVASOL 10 %... 58
travoprost... 80
trazodone... 23
TRELEGY ELLIPTA... 82
TREMFYA ONE-PRESS... 73
TREMFYA PEN INDUCTION PK(2PEN)... 73
TREMFYA PEN... 73
TREMFYA... 73
tretinoin (antineoplastic)... 32
tretinoin... 55
tri-estarylla... 67
tri-legest fe... 67
tri-linyah... 67
tri-lo-estarylla... 67
tri-lo-marzia... 67
tri-lo-mili... 67
tri-lo-sprintec... 67
tri-mili... 67
tri-sprintec (28)... 67
tri-vylibra lo... 67
tri-vylibra... 67
triamcinolone acetonide... 53, 61
triamterene-hydrochlorothiazid... 51
triamterene... 51
trientine... 58
trifluoperazine... 38
trifluridine... 80
trihexyphenidyl... 35
TRIKAFTA... 82
trimethoprim... 17
trimipramine... 23
trinatal rx 1... 58
TRINTELLIX... 23
TRIUMEQ PD... 41
TRIUMEQ... 41
trivora (28)... 67
TROGARZO... 41
TROPHAMINE 10 %... 58
trospium... 61
TRUE COMFORT ALCOHOL PADS... 78
TRUE COMFORT PRO ALCOHOL PADS... 78
TRUMENBA... 73
TRUQAP... 32
TRYPTYR... 80
TUKYSA... 32
tulana... 67
TURALIO... 33
turqoz (28)... 67
TWINRIX (PF)... 73
TWIRLA... 67
TYBOST... 41
TYENNE AUTOINJECTOR... 73
TYENNE... 73
TYPHIM VI... 73

U

UBRELVY... 26
ULTILET ALCOHOL SWAB... 78
ULTRA-FINE INS SYR (HALF UNIT)... 78
ULTRA-FINE INSULIN SYRINGE... 78
ULTRA-FINE PEN NEEDLE... 78

ULTRA-FINE SAFETY INSULIN SYRN... 78
UPTRAVI... 82
ursodiol... 59

V

valacyclovir... 41
VALCHLOR... 33
valganciclovir... 41
valproic acid (as sodium salt)... 20
valproic acid... 20
valsartan-hydrochlorothiazide... 51
valsartan... 51
VALTOCO... 20
valtya... 67
vancomycin in 0.9 % sodium chl... 18
vancomycin in dextrose 5 %... 18
vancomycin-diluent combo no.1... 18
vancomycin... 18
VANFLYTA... 33
VAQTA (PF)... 73, 74
varenicline tartrate... 13
VARIVAX (PF)... 74
VAXCHORA VACCINE... 74
velivet triphasic regimen (28)... 67
VELSIPITY... 74
VENCLEXTA STARTING PACK... 33
VENCLEXTA... 33
venlafaxine... 23
VENTOLIN HFA... 82
VEPPANU... 33
verapamil... 51
VERQUVO... 51
VERSACLOZ... 38
VERZENIO... 33
vestura (28)... 68
vienva... 68
vigabatrin... 20
vigadrone... 20
VIGAFYDE... 20
vigpoder... 21
vilazodone... 23
VIMKUNYA (PF)... 74
viorele (28)... 68
VIRACEPT... 41
VIREAD... 42
VITRAKVI... 33
VIVITROL... 13
VIVOTIF... 74
VIZIMPRO... 33
VOCABRIA... 42
volnea (28)... 68
VONJO... 33
VORANIGO... 33
voriconazole-hpbcd... 25
voriconazole... 25
VOSEVI... 42
VOWST... 59
VRAYLAR... 38
vyfemla (28)... 68
vylibra... 68
VYZULTA... 80

W

warfarin... 45, 46
WEBCOL... 78
WEGOVY... 78
WELIREG... 60
WELTRUZA... 38
wera (28)... 68
wesnatal dha complete... 58
wesnate dha... 58
westab plus... 58
WINREVAIR... 83
wymzya fe... 68

X

XALKORI... 33
xarah fe... 68
XARELTO DVT-PE TREAT 30D START... 46
XARELTO... 46
XATMEP... 74
XCOPRI MAINTENANCE PACK... 21
XCOPRI TITRATION PACK... 21
XCOPRI... 21
XDEMVY... 78
xelria fe... 68
XERMELO... 60
XIFAXAN... 60
XOLAIR... 74
XOSPATA... 33
XPOVIO... 33
XTANDI... 33
xulane... 68

Y

YESINTEK... 74
YF-VAX (PF)... 74
yulithira... 33

Z

zafemy... 68
zafirlukast... 83
zarah... 68
ZEGFROVY... 33, 34
ZEJULA... 34
ZELBORAF... 34
ZEMAIRA... 60
zenatane... 55
ZENBEXUS... 34
ZENPEP... 60
zidovudine... 42
ziprasidone hcl... 38
ziprasidone mesylate... 38
ZIRGAN... 42
zoledronic acid-mannitol-water... 75
ZOLINZA... 34
zolpidem... 83
ZONISADE... 21
zonisamide... 21
ZORYVE... 55
zovia 1-35 (28)... 68
ZTALMY... 21
ZUBSOLV... 13
zumandimine (28)... 68
ZURNAI... 13
ZURZUVAE... 23
ZYDELIG... 34
ZYKADIA... 34
ZYMFENTRA... 74

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)**.

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

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

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

Bǎsɔ́ɔ̀ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, hwòdǒ-fónɔ́-nyɔ̀,, kè nyɔ-bɔ̌-po-kà bě bé wa nyuɛsé wídí péè-péèdò kɔ.̌ Đá **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]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòma sèvis ki disponib. Rele **877-320-1235 (TTY: 711).**

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i 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 d'assistance linguistique, d'aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 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] : મફત ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કૉલ કરો.

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

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

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

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

GHHNOA2026HUM_0526

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiamare 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。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ 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]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນບໍ່ເສຍຄ່າໃຫ້. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajiłii'ígíí bee ak'e'elyaaígíí t'áá jiik'eh hóló. **877-320-1235 (TTY: 711)** bich'į' hodíilnih.

नेपाली [Nepali]: नि:शुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

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

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

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

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

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

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

தமிழ் [Tamil]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை அழைக்கவும்.

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

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

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

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

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

Notes

Notes

Notes

This formulary was updated on 11/02/2026. 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.**

S5884-101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147

20270001PDG2736227C_v9

Humana®