

2025

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs or "Drug List"

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

44

Formulary 25800

This formulary was updated on 11/20/2024. For more recent information or other questions, please contact the Humana Medicare Employer Plan with any questions at the number on the back of your membership card or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.

Humana[®]

Welcome to The Humana Medicare Employer Plan!

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Humana. When it refers to “plan” or “our plan”, it means the Humana Medicare Employer Plan. This document includes a Drug List (formulary) for our plan which is current as of January 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Humana Medicare Employer formulary?

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

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

Can the formulary change?

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

[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

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

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and a notice of the change.

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

What if you are affected by a Drug List change?

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

The enclosed formulary is current as of January 1, 2025. To get updated information about the drugs covered by Humana please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical condition

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 185. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

What are generic drugs?

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

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

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

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

Prescription drugs are grouped into one of four tiers.

The Humana Medicare Employer Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** The Humana Medicare Employer Plan requires you to get prior authorization for certain drugs. This means that you will need to get approval from the Humana Medicare Employer Plan before you fill your prescriptions. If you do not get approval, the Humana Medicare Employer Plan may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Humana Medicare Employer Plan limits the amount of the drug that is covered. The Humana Medicare Employer Plan might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, the Humana Medicare Employer Plan requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Humana Medicare Employer Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Medicare Employer Plan will then cover Drug B.
- **Part B versus Part D (BvsD):** Some drugs may be covered under Medicare Part B or Part D, depending upon the circumstances. Information may need to be submitted to the Humana Medicare Employer Plan that describes the use and the place where you receive and take the drug so a determination can be made.

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Humana Formulary?

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

- **Formulary exception:** You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- **Utilization restriction exception:** You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Humana Group Medicare Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- **Tier exception:** You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

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

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

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

Transition extension

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

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

CenterWell Pharmacy™

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

Other pharmacies are available in our network.

For More Information

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

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

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 185.

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

How to read your formulary

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

DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.

MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

LA - Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

CI - Covered insulin products; Part D insulin products covered by your plan. For more information on cost sharing for your covered insulin products, please refer to your Evidence of Coverage.

AV - Advisory Committee on Immunization Practices (ACIP) Covered Part D vaccines; Part D vaccines recommended by ACIP for adults that may be available at no cost to you; additional restrictions may apply. For more information, please refer to your Evidence of Coverage.

PDS - Preferred Diabetic Supplies; BD and HTL- Droplet are the preferred diabetic syringe and pen needle brands for the plan.

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
codeine-butalbital-asa-caff 30-50-325-40 mg CAPSULE DL	1	QL(360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, ER, BIPHASIC DL	3	ST,QL(30 per 30 days)
DAYPRO 600 MG TABLET MO	3	
DEMEROL 50 MG/ML SOLUTION DL	3	QL(720 per 30 days)
DEMEROL (PF) 100 MG/ML SYRINGE DL	3	QL(360 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE DL	3	QL(1440 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE DL	3	QL(720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE DL	3	QL(480 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. MO	1	PA,QL(60 per 30 days)
diclofenac potassium 25 mg CAPSULE MO	3	ST,QL(120 per 30 days)
diclofenac potassium 25 mg TABLET DL	4	
diclofenac potassium 50 mg POWDER IN PACKET MO	3	ST,QL(9 per 30 days)
diclofenac potassium 50 mg TABLET MO	1	
diclofenac sodium 1 % GEL MO	1	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS MO	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. MO	1	
diclofenac sodium 20 mg/gram /actuation(2 %) SOLUTION IN METERED DOSE PUMP DL	4	PA,QL(224 per 28 days)
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC MO	1	
diclofenac sodium 75 mg TABLET, DR/EC MO	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC MO	1	
diflunisal 500 mg TABLET MO	1	
DILAUDID 1 MG/ML LIQUID DL	3	PA,QL(2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET DL	3	PA,QL(360 per 30 days)
DILAUDID 8 MG TABLET DL	3	PA,QL(240 per 30 days)
dolobid 250 mg TABLET DL	4	ST
DUEXIS 800-26.6 MG TABLET DL	4	PA,QL(90 per 30 days)
DURAMORPH (PF) 0.5 MG/ML SOLUTION DL	3	BvsD,QL(7200 per 30 days)
DURAMORPH (PF) 1 MG/ML SOLUTION DL	3	BvsD,QL(3600 per 30 days)
ec-naproxen 500 mg TABLET, DR/EC MO	3	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	1	
etodolac 400 mg, 500 mg TABLET MO	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FELDENE 10 MG, 20 MG CAPSULE MO	3	
fenoprofen 400 mg CAPSULE MO	1	ST
fenoprofen 600 mg TABLET MO	1	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. DL	1	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE DL	4	PA,QL(120 per 30 days)
fentanyl citrate 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg TABLET, EFFERVESCENT DL	4	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE DL	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET, EFFERVESCENT DL	4	PA,QL(120 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. MO	3	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET MO	1	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. DL	1	ST,QL(90 per 30 days)
hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR. DL	1	ST,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. DL	1	ST,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	1	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION DL	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET DL	1	QL(150 per 30 days)
HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE DL	1	BvsD
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE DL	1	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID DL	1	QL(2400 per 30 days)
hydromorphone 1 mg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. DL	1	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. DL	1	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE DL	1	BvsD,QL(360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 32 mg TABLET, ER 24 HR. DL	1	ST,QL(60 per 30 days)
hydromorphone 4 mg/ml SYRINGE DL	1	BvsD,QL(180 per 30 days)
hydromorphone 8 mg TABLET DL	1	QL(240 per 30 days)
hydromorphone 8 mg TABLET, ER 24 HR. DL	1	ST,QL(240 per 30 days)
hydromorphone (pf) 0.2 mg/ml, 1 mg/ml, 2 mg/ml SYRINGE DL	1	BvsD
hydromorphone (pf) 1 mg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
hydromorphone (pf) 10 mg/ml SOLUTION DL	1	BvsD,QL(144 per 30 days)
hydromorphone (pf) 4 mg/ml SOLUTION DL	1	BvsD,QL(180 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. DL	3	ST,QL(30 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET MO	1	
ibuprofen 100 mg/5 ml SUSPENSION MO	1	
ibuprofen 400 mg TABLET MO	1	
ibuprofen 600 mg, 800 mg TABLET MO	1	
ibuprofen-famotidine 800-26.6 mg TABLET MO	1	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION DL	4	
INDOCIN 50 MG SUPPOSITORY MO	3	
indomethacin 25 mg, 50 mg CAPSULE MO	1	
indomethacin 25 mg/5 ml SUSPENSION DL	4	
indomethacin 50 mg SUPPOSITORY MO	1	
indomethacin 75 mg CAPSULE, ER MO	1	
indomethacin sodium 1 mg RECON SOLUTION MO	1	
INFUMORPH P/F 10 MG/ML SOLUTION DL	3	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION DL	3	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. MO	1	
ketoprofen 25 mg, 50 mg, 75 mg CAPSULE MO	1	ST
ketorolac 10 mg TABLET MO	1	QL(20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION MO	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE MO	1	
ketorolac 15.75 mg/spray SPRAY, NON-AEROSOL DL	4	PA,QL(5 per 30 days)
kiprofen 25 mg CAPSULE MO	1	ST
levorphanol tartrate 2 mg TABLET DL	4	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg TABLET DL	4	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LODINE 400 MG TABLET MO	3	PA
lofena 25 mg TABLET DL	4	
lorTAB elixir 10-300 mg/15 ml SOLUTION DL	1	QL(6000 per 30 days)
meclofenamate 100 mg, 50 mg CAPSULE MO	1	
mefenamic acid 250 mg CAPSULE MO	1	
meloxicam 15 mg TABLET MO	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET MO	1	QL(60 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE MO	3	QL(30 per 30 days)
meperidine 10 mg/ml CARTRIDGE DL	1	QL(3600 per 30 days)
meperidine 50 mg TABLET DL	4	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION DL	1	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION DL	1	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION DL	1	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION DL	1	QL(720 per 30 days)
methadone 10 mg TABLET DL	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION DL	1	QL(360 per 30 days)
methadone 5 mg TABLET DL	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	1	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE DL	3	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION DL	3	BvsD,QL(360 per 30 days)
mitigo (pf) 25 mg/ml SOLUTION DL	3	BvsD,QL(150 per 30 days)
morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS DL	1	ST,QL(60 per 30 days)
morphine 10 mg/5 ml SOLUTION DL	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE DL	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	1	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. DL	1	ST,QL(60 per 30 days)
morphine 15 mg, 30 mg TABLET DL	1	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER DL	1	QL(120 per 30 days)
morphine 2 mg/ml SOLUTION DL	1	BvsD,QL(1800 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine 2 mg/ml SYRINGE</i> DL	1	BvsD,QL(1800 per 30 days)
<i>morphine 2 mg/ml, 4 mg/ml, 5 mg/ml SYRINGE</i> DL	1	BvsD
<i>morphine 20 mg/5 ml (4 mg/ml) SOLUTION</i> DL	1	QL(1350 per 30 days)
<i>morphine 200 mg TABLET ER</i> DL	1	QL(90 per 30 days)
<i>morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR.</i> DL	1	ST,QL(30 per 30 days)
<i>morphine 4 mg/ml SOLUTION</i> DL	1	BvsD,QL(900 per 30 days)
<i>morphine 4 mg/ml SYRINGE</i> DL	1	BvsD,QL(900 per 30 days)
<i>morphine 5 mg/ml SOLUTION</i> DL	1	BvsD,QL(720 per 30 days)
<i>morphine 8 mg/ml SOLUTION</i> DL	1	BvsD,QL(450 per 30 days)
<i>morphine 8 mg/ml SYRINGE</i> DL	1	BvsD,QL(450 per 30 days)
<i>morphine (pf) 0.5 mg/ml SOLUTION</i> DL	1	BvsD,QL(7200 per 30 days)
<i>morphine (pf) 1 mg/ml SOLUTION</i> DL	1	BvsD,QL(3600 per 30 days)
<i>morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN</i> DL	1	BvsD,QL(3600 per 30 days)
<i>morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION</i> DL	1	QL(540 per 30 days)
MS CONTIN 100 MG TABLET ER DL	3	PA,QL(180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER DL	3	PA,QL(120 per 30 days)
MS CONTIN 200 MG TABLET ER DL	3	PA,QL(90 per 30 days)
<i>nabumetone 500 mg, 750 mg TABLET</i> MO	1	
<i>nalbuphine 10 mg/ml SOLUTION</i> DL	1	QL(240 per 30 days)
<i>nalbuphine 20 mg/ml SOLUTION</i> DL	1	QL(120 per 30 days)
NALFON 600 MG TABLET MO	1	ST
<i>nalocet 2.5-300 mg TABLET</i> DL	4	PA,QL(360 per 30 days)
NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(120 per 30 days)
NAPRELAN CR 500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(90 per 30 days)
NAPRELAN CR 750 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)
NAPROSYN 125 MG/5 ML SUSPENSION DL	4	PA
<i>naproxen 125 mg/5 ml SUSPENSION</i> MO	1	
<i>naproxen 250 mg, 375 mg TABLET</i> MO	1	
<i>naproxen 375 mg, 500 mg TABLET, DR/EC</i> MO	1	
<i>naproxen 500 mg TABLET</i> MO	1	
<i>naproxen sodium 275 mg, 550 mg TABLET</i> MO	1	
<i>naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE</i> MO	1	ST,QL(120 per 30 days)
<i>naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE</i> MO	1	ST,QL(90 per 30 days)
<i>naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE</i> MO	1	ST,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC</i> DL	4	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET DL	4	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. DL	4	ST,QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, ER 12 HR. DL	3	ST,QL(60 per 30 days)
OLINVYK 1 MG/ML SOLUTION DL	4	PA
OLINVYK 30 MG/30 ML (1 MG/ML) PATIENT CONTROL ANALGESIA SOLN DL	4	PA
<i>oxaprozin 600 mg TABLET</i> MO	1	
OXAYDO 5 MG, 7.5 MG TABLET, ORAL ONLY DL	4	PA,QL(360 per 30 days)
<i>oxycodone 10 mg, 15 mg, 5 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxycodone 10 mg, 20 mg, 40 mg TABLET, ER 12 HR.</i> DL	3	ST,QL(90 per 30 days)
<i>oxycodone 20 mg, 30 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxycodone 20 mg/ml CONCENTRATE</i> DL	1	QL(270 per 30 days)
<i>oxycodone 5 mg CAPSULE</i> DL	1	QL(360 per 30 days)
<i>oxycodone 5 mg/5 ml SOLUTION</i> DL	1	QL(5400 per 30 days)
<i>oxycodone 80 mg TABLET, ER 12 HR.</i> DL	3	ST,QL(120 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> DL	4	PA,QL(390 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION</i> DL	4	PA,QL(900 per 30 days)
<i>oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-300 mg TABLET</i> DL	1	PA,QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION</i> DL	1	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. DL	3	ST,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. DL	3	ST,QL(120 per 30 days)
<i>oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR.</i> DL	1	ST,QL(60 per 30 days)
<i>oxymorphone 10 mg, 5 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxymorphone 40 mg TABLET, ER 12 HR.</i> DL	4	ST,QL(60 per 30 days)
PENNSAID 2 % SOLUTION IN PACKET DL	4	PA
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP DL	4	PA,QL(224 per 28 days)
<i>pentazocine-naloxone 50-0.5 mg TABLET</i> DL	1	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET DL	4	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET DL	1	PA,QL(360 per 30 days)
<i>piroxicam 10 mg, 20 mg CAPSULE</i> MO	1	
<i>primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> DL	4	PA,QL(390 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prolate</i> 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	4	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION DL	4	PA,QL(900 per 30 days)
QDOLO 5 MG/ML SOLUTION DL	4	QL(2400 per 30 days)
RELAFEN DS 1,000 MG TABLET DL	4	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET DL	3	PA,QL(360 per 30 days)
ROXICODONE 30 MG TABLET DL	4	PA,QL(360 per 30 days)
ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY DL	4	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY DL	4	PA,QL(180 per 30 days)
SEGLENTIS 44-56 MG TABLET DL	3	PA,QL(120 per 30 days)
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL DL	4	PA,QL(5 per 30 days)
<i>sulindac</i> 150 mg, 200 mg TABLET MO	1	
<i>tolectin</i> 600 600 mg TABLET MO	1	
<i>tolmetin</i> 400 mg CAPSULE MO	1	
<i>tolmetin</i> 600 mg TABLET MO	1	
<i>tramadol</i> 100 mg TABLET DL	1	QL(120 per 30 days)
<i>tramadol</i> 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC DL	1	ST,QL(30 per 30 days)
<i>tramadol</i> 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	1	ST,QL(30 per 30 days)
<i>tramadol</i> 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	1	ST,QL(30 per 30 days)
<i>tramadol</i> 25 mg TABLET DL	1	QL(180 per 30 days)
<i>tramadol</i> 5 mg/ml SOLUTION DL	4	QL(2400 per 30 days)
<i>tramadol</i> 50 mg TABLET DL	1	QL(240 per 30 days)
<i>tramadol-acetaminophen</i> 37.5-325 mg TABLET DL	1	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE DL	1	QL(300 per 30 days)
VIMOVO 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC DL	4	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	QL(30 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	3	ST,QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE DL	4	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE MO	3	ST,QL(90 per 30 days)
ANESTHETICS		
<i>bupivacaine</i> (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO	1	
<i>bupivacaine hcl</i> 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION MO	1	
<i>bupivacaine liposome</i> (pf) 1.3 % (13.3 mg/ml) SUSPENSION MO	1	
<i>bupivacaine-dextrose-water</i> (pf) 0.75 % (7.5 mg/ml) SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
CARBOCAINE WITH NEO-COBEFRIN 2 %-1:20,000 CARTRIDGE MO	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION MO	1	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION MO	3	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION MO	3	
glydo 2 % JELLY IN APPLICATOR MO	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED MO	1	PA,QL(90 per 30 days)
lidocaine 5 % OINTMENT MO	1	PA
lidocaine (pf) 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %) SOLUTION MO	1	
lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION MO	1	
lidocaine hcl 2 % JELLY MO	1	
lidocaine hcl 2 % JELLY IN APPLICATOR MO	1	
lidocaine viscous 2 % SOLUTION MO	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION MO	1	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE MO	1	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	1	
lidocan iii 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
lidocan iv 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
lidocan v 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
LIDODERM 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
lignospan standard 2 %-1:100,000 CARTRIDGE MO	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	3	
marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE MO	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION MO	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION MO	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION MO	3	
PLIAGLIS 7-7 % CREAM MO	3	
<i>polocaine 1 % (10 mg/ml), 2 % SOLUTION MO</i>	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION MO</i>	1	
<i>ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO</i>	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	1	
<i>sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO</i>	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	1	
<i>sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO</i>	1	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION MO</i>	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION MO</i>	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION MO	1	
<i>vivacaine 0.5 %-1:200,000 CARTRIDGE MO</i>	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED MO	3	PA,QL(90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate 333 mg TABLET, DR/EC MO</i>	1	
<i>buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET MO</i>	1	QL(90 per 30 days)
<i>buprenorphine-naloxone 12-3 mg FILM MO</i>	1	QL(60 per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM MO</i>	1	QL(90 per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET MO</i>	1	QL(90 per 30 days)
<i>bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO</i>	1	QL(90 per 30 days)
CHANTIX 1 MG TABLET MO	3	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK MO	3	PA,QL(53 per 28 days)
<i>disulfiram 250 mg, 500 mg TABLET MO</i>	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(2 per 30 days)
<i>lofexidine 0.18 mg TABLET DL</i>	4	PA,QL(224 per 365 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUCEMYRA 0.18 MG TABLET DL	4	PA,QL(224 per 365 days)
<i>nalmefene 1 mg/ml SOLUTION</i> MO	1	
<i>naloxone 0.4 mg/ml SOLUTION</i> MO	1	
<i>naloxone 0.4 mg/ml, 1 mg/ml SYRINGE</i> MO	1	
<i>naloxone 4 mg/actuation SPRAY, NON-AEROSOL</i> MO	2	QL(2 per 30 days)
<i>naltrexone 50 mg TABLET</i> MO	1	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(2 per 30 days)
NICOTROL 10 MG CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	3	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO	2	QL(2 per 30 days)
SUBOXONE 12-3 MG FILM MO	3	PA,QL(60 per 30 days)
SUBOXONE 2-0.5 MG, 4-1 MG, 8-2 MG FILM MO	3	PA,QL(90 per 30 days)
<i>varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK</i> MO	1	QL(53 per 28 days)
<i>varenicline 0.5 mg, 1 mg TABLET</i> MO	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE MO	3	PA,QL(1 per 30 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET MO	1	QL(30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET MO	1	QL(60 per 30 days)
ANTIBACTERIALS		
<i>acetic acid 2 % SOLUTION</i> MO	1	
ACTICLATE 150 MG TABLET DL	4	ST,QL(30 per 30 days)
ACTICLATE 75 MG TABLET DL	4	ST,QL(60 per 30 days)
<i>amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION</i> MO	1	
<i>amoxicillin 125 mg, 250 mg CHEWABLE TABLET</i> MO	1	
<i>amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>amoxicillin 250 mg CAPSULE</i> MO	1	
<i>amoxicillin 500 mg CAPSULE</i> MO	1	
<i>amoxicillin 500 mg TABLET</i> MO	1	
<i>amoxicillin 875 mg TABLET</i> MO	1	
<i>amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR.</i> MO	1	
<i>amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET MO	1	
amoxicillin-pot clavulanate 875-125 mg TABLET MO	1	
ampicillin 500 mg CAPSULE MO	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL	4	PA,QL(235.2 per 28 days)
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	
AUGMENTIN 500-125 MG TABLET MO	3	PA
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
AUGMENTIN XR 1,000-62.5 MG TABLET, ER 12 HR. MO	3	
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK MO	3	PA
avidoxy 100 mg TABLET MO	1	ST
AVYCAZ 2.5 GRAM RECON SOLUTION DL	4	
AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION MO	3	PA
azithromycin 1 gram PACKET MO	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
azithromycin 250 mg TABLET MO	1	
azithromycin 500 mg RECON SOLUTION MO	1	
azithromycin 500 mg, 600 mg TABLET MO	1	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	1	
bacitracin 50,000 unit RECON SOLUTION MO	1	
BACTRIM 400-80 MG TABLET MO	3	
BACTRIM DS 800-160 MG TABLET MO	3	
BAXDELA 300 MG RECON SOLUTION DL	4	QL(28 per 14 days)
BAXDELA 450 MG TABLET DL	4	QL(28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	4	PA
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefaclor 250 mg, 500 mg CAPSULE MO	1	
cefaclor 500 mg TABLET, ER 12 HR. MO	1	
cefadroxil 1 gram TABLET MO	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefadroxil 500 mg CAPSULE MO	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION MO	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK MO	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefdinir 300 mg CAPSULE MO	1	
cefepime 1 gram, 2 gram RECON SOLUTION MO	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	3	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefixime 400 mg CAPSULE MO	1	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefpodoxime 100 mg, 200 mg TABLET MO	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefprozil 250 mg, 500 mg TABLET MO	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	1	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	1	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefuroxime axetil 250 mg, 500 mg TABLET MO	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION MO	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cephalexin 250 mg, 500 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cephalexin 250 mg, 750 mg CAPSULE MO	1	
cephalexin 500 mg CAPSULE MO	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION MO	1	
CIPRO 250 MG, 500 MG TABLET MO	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON MO	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON MO	1	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET MO	1	
ciprofloxacin hcl 500 mg TABLET MO	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION MO	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
clarithromycin 250 mg, 500 mg TABLET MO	1	
clarithromycin 500 mg TABLET, ER 24 HR. MO	1	
CLEOCIN 100 MG SUPPOSITORY MO	3	
CLEOCIN 150 MG/ML SOLUTION MO	1	
CLEOCIN 2 % CREAM MO	3	PA
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE MO	3	
CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION MO	1	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE MO	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	1	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	1	
clindamycin phosphate 150 mg/ml SOLUTION MO	1	
clindamycin phosphate 2 % CREAM MO	1	
CLINDESSE 2 % CREAM, ER MO	3	
colistin (colistimethate na) 150 mg RECON SOLUTION MO	1	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION DL	4	
coremino 135 mg, 45 mg, 90 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
CUBICIN RF 500 MG RECON SOLUTION DL	4	
DALVANCE 500 MG SOLUTION DL	4	QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
daptomycin 350 mg RECON SOLUTION MO	1	
daptomycin 500 mg RECON SOLUTION DL	4	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK MO	3	
demeclocycline 150 mg TABLET MO	1	QL(240 per 30 days)
demeclocycline 300 mg TABLET MO	1	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE MO	1	
DIFICID 200 MG TABLET DL	4	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	
DORYX 200 MG TABLET, DR/EC MO	3	ST,QL(30 per 30 days)
DORYX 50 MG TABLET, DR/EC MO	3	ST,QL(60 per 30 days)
DORYX 80 MG TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DR/EC MO	3	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
doxy-100 100 mg RECON SOLUTION MO	1	
doxycycline hyclate 100 mg CAPSULE MO	1	
doxycycline hyclate 100 mg RECON SOLUTION MO	1	
doxycycline hyclate 100 mg TABLET MO	1	
doxycycline hyclate 100 mg TABLET, DR/EC MO	1	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET MO	1	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC MO	1	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET MO	1	
doxycycline hyclate 200 mg TABLET, DR/EC MO	1	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE MO	1	
doxycycline hyclate 50 mg TABLET MO	1	ST,QL(180 per 30 days)
doxycycline hyclate 75 mg TABLET MO	1	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE MO	1	
doxycycline monohydrate 150 mg CAPSULE MO	1	QL(30 per 30 days)
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC MO	1	ST,QL(30 per 30 days)
doxycycline monohydrate 75 mg CAPSULE MO	1	QL(60 per 30 days)
E.E.S. 400 400 MG TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
<i>ertapenem 1 gram RECON SOLUTION</i> MO	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC MO	1	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	
ERYTHROCIN 500 MG RECON SOLUTION MO	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	1	
<i>erythromycin 250 mg CAPSULE, DR/EC</i> MO	1	
<i>erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC</i> MO	1	
<i>erythromycin 250 mg, 500 mg TABLET</i> MO	1	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>erythromycin ethylsuccinate 400 mg TABLET</i> MO	1	
<i>erythromycin lactobionate 500 mg RECON SOLUTION</i> DL	4	
FETROJA 1 GRAM RECON SOLUTION DL	4	QL(84 per 14 days)
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION MO	3	
FLAGYL 375 MG CAPSULE MO	3	QL(320 per 30 days)
<i>fosfomycin tromethamine 3 gram PACKET</i> MO	1	
FURADANTIN 25 MG/5 ML SUSPENSION MO	3	
<i>gentamicin 0.1 % CREAM</i> MO	1	
<i>gentamicin 0.1 % OINTMENT</i> MO	1	
<i>gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION</i> MO	1	
<i>gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK</i> MO	1	
<i>gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION</i> MO	1	
<i>gentamicin sulfate (pf) 100 mg/10 ml, 60 mg/6 ml SOLUTION</i> MO	1	
HIPREX 1 GRAM TABLET MO	3	PA
HUMATIN 250 MG CAPSULE DL	4	
<i>imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION</i> MO	1	
INVANZ 1 GRAM RECON SOLUTION MO	3	
KIMYRSA 1,200 MG RECON SOLUTION DL	4	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
KLARON 10 % SUSPENSION MO	3	QL(118 per 30 days)
<i>levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 250 mg, 750 mg TABLET MO	1	
levofloxacin 500 mg TABLET MO	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	1	
LINCOCIN 300 MG/ML SOLUTION MO	3	
lincomycin 300 mg/ml SOLUTION MO	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	4	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	1	
MACROBID 100 MG CAPSULE MO	3	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	3	
meropenem 1 gram, 500 mg RECON SOLUTION MO	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	1	
methenamine hippurate 1 gram TABLET MO	1	
METRO I.V. 500 MG/100 ML PIGGYBACK MO	3	
METROCREAM 0.75 % CREAM MO	3	PA
METROGEL 1 % GEL MO	3	ST
METROLOTION 0.75 % LOTION MO	3	PA
metronidazole 0.75 % CREAM MO	1	
metronidazole 0.75 % LOTION MO	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL MO	1	
metronidazole 1 % GEL WITH PUMP MO	1	
metronidazole 250 mg, 500 mg TABLET MO	1	
metronidazole 375 mg CAPSULE MO	1	QL(320 per 30 days)
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	1	
MINOCIN 100 MG RECON SOLUTION DL	4	PA
minocycline 100 mg, 50 mg, 75 mg CAPSULE MO	1	
minocycline 100 mg, 50 mg, 75 mg TABLET MO	1	
minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
mondoxyne nl 100 mg CAPSULE MO	1	
mondoxyne nl 75 mg CAPSULE MO	1	ST,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONODOX 100 MG, 50 MG CAPSULE MO	3	ST
MONODOX 75 MG CAPSULE MO	3	ST,QL(60 per 30 days)
MONUROL 3 GRAM PACKET MO	3	
<i>morgidox 50 mg CAPSULE MO</i>	1	ST
<i>moxifloxacin 400 mg TABLET MO</i>	1	
<i>moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK MO</i>	1	
<i>moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK MO</i>	1	
<i>nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO</i>	1	
<i>nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK DL</i>	4	
<i>neomycin 500 mg TABLET MO</i>	1	
<i>nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION DL</i>	4	
<i>nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE MO</i>	1	
<i>nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO</i>	1	
NORITATE 1 % CREAM DL	4	ST,QL(60 per 30 days)
NUZYRA 100 MG RECON SOLUTION DL	4	
NUZYRA 150 MG TABLET DL	4	QL(30 per 14 days)
<i>ofloxacin 300 mg, 400 mg TABLET MO</i>	1	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC MO	3	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION DL	4	QL(3 per 28 days)
<i>oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO</i>	1	
<i>oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO</i>	3	
<i>paromomycin 250 mg CAPSULE MO</i>	1	
<i>penicillin g pot in dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK MO</i>	3	
<i>penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO</i>	1	
<i>penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE MO</i>	1	
<i>penicillin g sodium 5 million unit RECON SOLUTION MO</i>	1	
<i>penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION MO</i>	1	
<i>penicillin v potassium 250 mg, 500 mg TABLET MO</i>	1	
<i>pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION MO</i>	1	
<i>piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO</i>	1	
<i>polymyxin b sulfate 500,000 unit RECON SOLUTION MO</i>	1	
PRIMAXIN IV 500 MG RECON SOLUTION MO	3	
PRIMSOL 50 MG/5 ML SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RECARBRIO 1.25 GRAM RECON SOLUTION DL	4	
rosadan 0.75 % CREAM MO	1	ST
rosadan 0.75 % GEL MO	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET DL	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION DL	4	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET DL	4	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. DL	4	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET MO	3	PA
streptomycin 1 gram RECON SOLUTION DL	4	
sulfacetamide sodium 10 % OINTMENT MO	1	
sulfacetamide sodium (acne) 10 % SUSPENSION MO	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET MO	1	
TARGADOX 50 MG TABLET MO	1	ST,QL(180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION MO	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	4	
tetracycline 250 mg, 500 mg CAPSULE MO	1	
tetracycline 250 mg, 500 mg TABLET DL	4	
tigecycline 50 mg RECON SOLUTION DL	4	
tinidazole 250 mg, 500 mg TABLET MO	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION DL	4	PA
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION DL	4	BvsD
tobramycin sulfate 1.2 gram RECON SOLUTION DL	4	
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION MO	1	
trimethoprim 100 mg TABLET MO	1	
TYGACIL 50 MG RECON SOLUTION DL	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION MO	3	
VABOMERE 2 GRAM RECON SOLUTION DL	4	QL(84 per 14 days)
VANCOGIN 125 MG CAPSULE MO	3	PA,QL(120 per 30 days)
VANCOGIN 250 MG CAPSULE DL	4	PA,QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION MO	1	
vancomycin 1.75 gram, 2 gram RECON SOLUTION MO	3	
vancomycin 125 mg CAPSULE MO	1	QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	1	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	3	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	3	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	3	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	3	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL MO	3	
VIBATIV 750 MG RECON SOLUTION DL	4	
VIBRAMYCIN 100 MG CAPSULE MO	3	
VIBRAMYCIN (CALCIUM) 50 MG/5 ML SYRUP MO	3	ST
XACIATO 2 % GEL MO	3	
XERAHA 100 MG, 50 MG RECON SOLUTION MO	3	
ZEMDRI 50 MG/ML SOLUTION DL	4	
ZERBAXA 1.5 GRAM RECON SOLUTION DL	4	
ZITHROMAX 1 GRAM PACKET MO	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
ZITHROMAX 250 MG, 500 MG TABLET MO	3	
ZITHROMAX 500 MG RECON SOLUTION MO	3	
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK MO	3	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK MO	3	
ZYVOX 600 MG TABLET DL	4	PA,QL(60 per 30 days)
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET DL	4	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APTIOM 600 MG, 800 MG TABLET DL	4	PA,QL(60 per 30 days)
BANZEL 200 MG TABLET DL	4	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION DL	4	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET DL	4	PA,QL(240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	4	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	4	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET MO	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. MO	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	1	
carbamazepine 200 mg TABLET MO	1	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	3	
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION MO	3	
clobazam 10 mg, 20 mg TABLET DL	1	PA
clobazam 2.5 mg/ml SUSPENSION DL	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE MO	3	
DIACOMIT 250 MG, 500 MG CAPSULE DL	4	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
DIASTAT 2.5 MG KIT DL	3	PA
DIASTAT ACUDIAL 12.5-15-17.5-20 MG, 5-7.5-10 MG KIT DL	3	PA
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	1	
DILANTIN 30 MG CAPSULE MO	1	
DILANTIN EXTENDED 100 MG CAPSULE MO	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	1	
DILANTIN-125 125 MG/5 ML SUSPENSION MO	3	
divalproex 125 mg CAPSULE, DR SPRINKLE MO	1	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	1	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. MO	1	
EPIDIOLEX 100 MG/ML SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>epitol 200 mg TABLET</i> MO	1	
EPRONTIA 25 MG/ML SOLUTION MO	3	PA,QL(480 per 30 days)
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	3	PA
<i>ethosuximide 250 mg CAPSULE</i> MO	1	
<i>ethosuximide 250 mg/5 ml SOLUTION</i> MO	1	
<i>felbamate 400 mg, 600 mg TABLET</i> MO	1	
<i>felbamate 600 mg/5 ml SUSPENSION</i> MO	1	
FELBATOL 400 MG, 600 MG TABLET DL	4	PA
FELBATOL 600 MG/5 ML SUSPENSION DL	4	PA
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	4	PA,QL(360 per 30 days)
<i>fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION</i> MO	1	
FYCOMPA 0.5 MG/ML SUSPENSION DL	4	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg CAPSULE</i> MO	1	QL(270 per 30 days)
<i>gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION</i> MO	1	QL(2250 per 30 days)
<i>gabapentin 600 mg, 800 mg TABLET</i> MO	1	QL(180 per 30 days)
GABITRIL 12 MG, 16 MG, 2 MG, 4 MG TABLET DL	4	PA
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET DL	4	PA
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION DL	4	PA
KEPPRA 250 MG TABLET MO	3	PA
KEPPRA XR 500 MG TABLET, ER 24 HR. DL	4	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR. DL	4	PA,QL(120 per 30 days)
<i>lacosamide 10 mg/ml SOLUTION</i> MO	1	QL(1395 per 30 days)
<i>lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>lacosamide 200 mg/20 ml SOLUTION</i> DL	4	
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET DL	4	
LAMICTAL 25 MG, 5 MG TABLET, CHEWABLE DISPERSIBLE DL	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG TABLET, DISINTEGRATING DL	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK MO	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK MO	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK MO	3	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. DL	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK MO	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK MO	3	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. MO	1	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING MO	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK MO	1	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE MO	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET MO	1	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION MO	1	
levetiracetam 500 mg TABLET MO	1	
levetiracetam 500 mg TABLET, ER 24 HR. MO	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION MO	1	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK MO	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM DL	4	QL(10 per 30 days)
methsuximide 300 mg CAPSULE MO	1	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	3	QL(10 per 30 days)
NEMBUTAL SODIUM 50 MG/ML SOLUTION MO	1	
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE MO	3	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION MO	3	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET DL	4	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET DL	4	PA
ONFI 2.5 MG/ML SUSPENSION DL	4	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO	1	
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. DL	4	ST
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO	1	
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. MO	3	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR. DL	4	ST
pentobarbital sodium 50 mg/ml SOLUTION MO	1	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET MO	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET MO	1	QL(300 per 30 days)
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION DL	4	
PHENYTEK 200 MG, 300 MG CAPSULE MO	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION MO	1	
phenytoin 50 mg CHEWABLE TABLET MO	1	
phenytoin sodium 50 mg/ml SOLUTION MO	1	
phenytoin sodium 50 mg/ml SYRINGE MO	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE MO	1	
primidone 125 mg, 250 mg, 50 mg TABLET MO	1	
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. DL	4	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(90 per 30 days)
roweepra 1,000 mg, 500 mg, 750 mg TABLET MO	1	
roweepra xr 500 mg TABLET, ER 24 HR. MO	1	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
rufinamide 200 mg TABLET MO	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION MO	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET MO	1	PA,QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SABRIL 500 MG POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET DL	4	PA,QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION DL	4	
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	3	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	3	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	3	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	3	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK MO	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	1	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK MO	1	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM DL	4	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION MO	3	
TEGRETOL 200 MG TABLET MO	3	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. MO	3	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET DL	4	QL(120 per 30 days)
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE DL	4	
TOPAMAX 25 MG TABLET MO	3	QL(90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg TABLET MO	1	QL(120 per 30 days)
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. MO	1	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE MO	1	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. MO	1	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. MO	1	PA,QL(90 per 30 days)
topiramate 25 mg TABLET MO	1	QL(90 per 30 days)
TRILEPTAL 150 MG TABLET MO	3	PA
TRILEPTAL 300 MG, 600 MG TABLET DL	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION DL	4	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR. DL	4	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. MO	3	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TROKENDI XR 50 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION MO	1	
valproic acid 250 mg CAPSULE MO	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION MO	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET DL	4	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET DL	4	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION DL	4	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION DL	4	PA,QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET DL	4	PA,QL(60 per 30 days)
VIMPAT 200 MG/20 ML SOLUTION DL	4	PA
VIMPAT 50 MG TABLET MO	3	PA,QL(60 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	4	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL	4	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	3	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	4	PA,QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML SOLUTION MO	1	
ZONEGRAN 100 MG, 25 MG CAPSULE DL	4	PA
ZONISADE 100 MG/5 ML SUSPENSION MO	3	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE MO	1	
ZTALMY 50 MG/ML SUSPENSION DL	4	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY MO	3	ST,QL(4 per 28 days)
ARICEPT 10 MG TABLET MO	3	PA,QL(60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
donepezil 10 mg TABLET MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	QL(30 per 30 days)
donepezil 23 mg TABLET MO	1	QL(30 per 30 days)
donepezil 5 mg TABLET MO	1	QL(30 per 30 days)
ergoloid 1 mg TABLET MO	1	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET MO	1	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. MO	1	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION MO	1	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET MO	1	PA,QL(60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. MO	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION MO	1	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK MO	1	PA,QL(98 per 30 days)
NAMENDA 10 MG TABLET MO	3	PA,QL(60 per 30 days)
NAMENDA TITRATION PAK 5-10 MG TABLET, DOSE PACK MO	3	PA,QL(98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
NAMENDA XR 7-14-21-28 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(28 per 28 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. MO	2	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. MO	2	QL(28 per 28 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE ER PELLETS 24 HR. MO	3	PA,QL(30 per 30 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. MO	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE MO	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE MO	1	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	1	
amitriptyline 25 mg TABLET MO	1	
amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET DL	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE DL	4	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. DL	4	ST,QL(30 per 30 days)
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	3	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. MO	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET MO	1	QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl 150 mg TABLET, ER 24 HR. MO	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
bupropion hcl 450 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
CELEXA 10 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
CELEXA 20 MG TABLET MO	3	PA,QL(60 per 30 days)
citalopram 10 mg, 40 mg TABLET MO	1	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION MO	1	
citalopram 20 mg TABLET MO	1	QL(60 per 30 days)
CITALOPRAM 30 MG CAPSULE MO	3	QL(30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO	1	
desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. MO	3	PA,QL(60 per 30 days)
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. MO	3	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	4	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET MO	1	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION MO	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	3	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE MO	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET MO	1	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE MO	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET MO	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION MO	1	
fluoxetine 40 mg CAPSULE MO	1	QL(60 per 30 days)
fluoxetine 60 mg TABLET MO	1	QL(30 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC MO	1	QL(4 per 28 days)
fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET MO	1	QL(90 per 30 days)
FORFIVO XL 450 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>imipramine hcl 10 mg, 25 mg, 50 mg TABLET</i> MO	1	
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE</i> MO	1	
LEXAPRO 10 MG TABLET MO	3	PA,QL(45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
MARPLAN 10 MG TABLET MO	3	
<i>mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING</i> MO	1	QL(30 per 30 days)
<i>mirtazapine 15 mg, 30 mg, 7.5 mg TABLET</i> MO	1	
<i>mirtazapine 45 mg TABLET</i> MO	1	
NARDIL 15 MG TABLET MO	3	
<i>nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET</i> MO	1	
NORPRAMIN 10 MG, 25 MG TABLET MO	3	
<i>nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE</i> MO	1	
<i>nortriptyline 10 mg/5 ml SOLUTION</i> MO	1	
<i>olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE</i> MO	1	QL(30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE DL	4	
PARNATE 10 MG TABLET DL	4	
<i>paroxetine hcl 10 mg, 20 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>paroxetine hcl 10 mg/5 ml SUSPENSION</i> MO	1	
<i>paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>paroxetine hcl 25 mg TABLET, ER 24 HR.</i> MO	1	QL(90 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>paroxetine mesylate(menop.sym) 7.5 mg CAPSULE</i> MO	1	QL(30 per 30 days)
PAXIL 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION MO	3	PA
PAXIL 30 MG, 40 MG TABLET MO	3	QL(60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
PAXIL CR 25 MG TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
<i>perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET</i> MO	1	
PEXEVA 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
PEXEVA 30 MG TABLET MO	3	QL(60 per 30 days)
<i>phenelzine 15 mg TABLET</i> MO	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
<i>protriptyline 10 mg, 5 mg TABLET</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROZAC 10 MG, 40 MG CAPSULE DL	4	PA,QL(60 per 30 days)
PROZAC 20 MG CAPSULE DL	4	PA,QL(120 per 30 days)
REMERON 15 MG, 30 MG TABLET MO	3	
REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
<i>sertraline 100 mg TABLET</i> MO	1	QL(60 per 30 days)
SERTRALINE 150 MG, 200 MG CAPSULE MO	3	QL(30 per 30 days)
<i>sertraline 20 mg/ml CONCENTRATE</i> MO	1	
<i>sertraline 25 mg, 50 mg TABLET</i> MO	1	QL(90 per 30 days)
SYMBYAX 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG CAPSULE MO	3	PA,QL(30 per 30 days)
<i>tranylcypromine 10 mg TABLET</i> MO	1	
<i>trazodone 100 mg, 150 mg, 50 mg TABLET</i> MO	1	
<i>trazodone 300 mg TABLET</i> MO	1	
<i>trimipramine 100 mg, 25 mg, 50 mg CAPSULE</i> MO	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL(30 per 30 days)
<i>venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET</i> MO	1	
<i>venlafaxine 150 mg CAPSULE, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>venlafaxine 37.5 mg CAPSULE, ER 24 HR.</i> MO	1	QL(90 per 30 days)
<i>venlafaxine 75 mg CAPSULE, ER 24 HR.</i> MO	1	QL(90 per 30 days)
<i>venlafaxine 75 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
VIIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK MO	3	PA,QL(30 per 30 days)
VIIIBRYD 10 MG, 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>vilazodone 10 mg, 20 mg, 40 mg TABLET</i> MO	1	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. MO	3	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. MO	3	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. MO	3	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR. DL	4	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. DL	4	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET MO	3	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE MO	3	PA
ZOLOFT 25 MG, 50 MG TABLET MO	3	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION DL	4	PA,QL(100 per 365 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZURZUVAE 20 MG, 25 MG CAPSULE DL	4	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	4	PA,QL(14 per 365 days)
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION DL	4	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION DL	4	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE MO	3	PA
ANTIVERT 25 MG CHEWABLE TABLET MO	3	
ANTIVERT 50 MG TABLET MO	3	
ANZEMET 50 MG TABLET MO	3	BvsD,QL(4 per 28 days)
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION MO	3	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	1	BvsD
aprepitant 125 mg, 40 mg CAPSULE MO	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE MO	1	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC MO	3	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION MO	3	PA,QL(36 per 28 days)
COMPAZINE 10 MG, 5 MG TABLET MO	3	BvsD
COMPAZINE 25 MG SUPPOSITORY MO	1	
compro 25 mg SUPPOSITORY MO	1	
DICLEGIS 10-10 MG TABLET, DR/EC MO	3	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION MO	1	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC MO	1	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK MO	3	BvsD
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION MO	3	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE MO	3	BvsD,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION MO	3	PA
FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION MO	3	PA
fosaprepitant 150 mg RECON SOLUTION MO	1	PA
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP DL	4	PA,QL(9.8 per 28 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION MO	1	
granisetron hcl 1 mg TABLET MO	1	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION MO	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	BvsD,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meclizine 12.5 mg TABLET MO	1	
meclizine 25 mg TABLET MO	1	
meclizine 50 mg TABLET MO	3	
metoclopramide hcl 10 mg, 5 mg TABLET MO	1	
metoclopramide hcl 5 mg/5 ml, 5 mg/ml SOLUTION MO	1	
metoclopramide hcl 5 mg/ml SYRINGE MO	1	
ondansetron 16 mg TABLET, DISINTEGRATING DL	4	BvsD
ondansetron 4 mg TABLET, DISINTEGRATING MO	1	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING MO	1	BvsD
ondansetron hcl 2 mg/ml SOLUTION MO	1	
ondansetron hcl 4 mg TABLET MO	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION MO	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET MO	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	1	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	1	
PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION MO	1	
prochlorperazine 25 mg SUPPOSITORY MO	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	1	
prochlorperazine maleate 10 mg, 5 mg TABLET MO	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg SUPPOSITORY MO	1	
promethazine 12.5 mg, 50 mg TABLET MO	1	
promethazine 25 mg TABLET MO	1	
promethazine 25 mg/ml, 50 mg/ml SOLUTION MO	1	
promethazine 6.25 mg/5 ml SYRUP MO	1	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY MO	1	
REGLAN 10 MG, 5 MG TABLET MO	3	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	4	PA,QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	1	QL(10 per 30 days)
TIGAN 100 MG/ML SOLUTION MO	3	
TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY MO	3	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE MO	1	BvsD
VARUBI 90 MG TABLET MO	3	PA
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	3	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION DL	4	BvsD
amphotericin b 50 mg RECON SOLUTION MO	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	4	BvsD
ANCOBON 250 MG, 500 MG CAPSULE MO	3	
CANCIDAS 50 MG, 70 MG RECON SOLUTION DL	4	PA
caspofungin 50 mg, 70 mg RECON SOLUTION MO	1	
ciclodan 8 % SOLUTION MO	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM MO	1	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	1	QL(60 per 30 days)
ciclopirox 1 % SHAMPOO MO	1	QL(120 per 30 days)
ciclopirox 8 % SOLUTION MO	1	QL(13.2 per 30 days)
clotrimazole 1 % CREAM MO	1	
clotrimazole 1 % SOLUTION MO	1	
clotrimazole 10 mg TROCHE MO	1	
clotrimazole-betamethasone 1-0.05 % CREAM MO	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	1	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE DL	4	PA
CRESEMBA 372 MG RECON SOLUTION DL	4	PA
DIFLUCAN 10 MG/ML, 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	3	PA
econazole 1 % CREAM MO	1	PA,QL(85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG RECON SOLUTION DL	4	
ERTACZO 2 % CREAM DL	4	QL(60 per 30 days)
EXTINA 2 % FOAM MO	3	QL(100 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET MO	1	
fluconazole 150 mg TABLET MO	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	1	
flucytosine 250 mg, 500 mg CAPSULE DL	4	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	1	
griseofulvin microsize 500 mg TABLET MO	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gynazole-1 2 % CREAM</i> MO	1	
<i>itraconazole 10 mg/ml SOLUTION</i> DL	4	
<i>itraconazole 100 mg CAPSULE</i> MO	1	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR DL	4	PA,QL(4 per 28 days)
KERYDIN 5 % SOLUTION W/APPLICATOR MO	3	PA,QL(10 per 30 days)
<i>ketoconazole 2 % CREAM</i> MO	1	QL(60 per 30 days)
<i>ketoconazole 2 % FOAM</i> MO	1	QL(100 per 30 days)
<i>ketoconazole 2 % SHAMPOO</i> MO	1	QL(120 per 30 days)
<i>ketoconazole 200 mg TABLET</i> MO	1	PA
<i>ketodan 2 % FOAM</i> MO	1	QL(100 per 30 days)
<i>klayesta 100,000 unit/gram POWDER</i> MO	1	PA
LOPROX 1 % SHAMPOO MO	3	PA,QL(120 per 30 days)
LOPROX (AS OLAMINE) 0.77 % CREAM MO	3	PA,QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION MO	3	PA,QL(60 per 30 days)
<i>luliconazole 1 % CREAM</i> MO	1	ST,QL(60 per 28 days)
LUZU 1 % CREAM MO	3	ST,QL(60 per 28 days)
MENTAX 1 % CREAM MO	3	QL(30 per 30 days)
<i>micafungin 100 mg, 50 mg RECON SOLUTION</i> MO	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 50 MG/50 ML PIGGYBACK DL	4	
<i>miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT</i> MO	1	
<i>miconazole-3 200 mg SUPPOSITORY</i> MO	1	
MYCAMINE 100 MG, 50 MG RECON SOLUTION DL	4	
<i>naftifine 1 % CREAM</i> MO	1	ST,QL(90 per 30 days)
<i>naftifine 2 % CREAM</i> MO	1	ST,QL(120 per 30 days)
<i>naftifine 2 % GEL</i> MO	1	ST,QL(120 per 30 days)
NAFTIN 1 % GEL MO	3	ST,QL(90 per 30 days)
NAFTIN 2 % GEL MO	3	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC DL	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION DL	4	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	4	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION DL	4	PA
<i>nyamyc 100,000 unit/gram POWDER</i> MO	1	PA
<i>nystatin 100,000 unit/gram CREAM</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nystatin 100,000 unit/gram OINTMENT</i> MO	1	
<i>nystatin 100,000 unit/gram POWDER</i> MO	1	PA
<i>nystatin 100,000 unit/ml SUSPENSION</i> MO	1	
<i>nystatin 500,000 unit TABLET</i> MO	1	
<i>nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM</i> MO	1	
<i>nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT</i> MO	1	
<i>nystop 100,000 unit/gram POWDER</i> MO	1	PA
<i>oxiconazole 1 % CREAM</i> MO	1	PA,QL(60 per 30 days)
OXISTAT 1 % CREAM MO	3	QL(60 per 30 days)
OXISTAT 1 % LOTION MO	3	PA
<i>posaconazole 100 mg TABLET, DR/EC</i> DL	4	PA
<i>posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION</i> DL	4	PA,QL(840 per 28 days)
<i>posaconazole 300 mg/16.7 ml SOLUTION</i> DL	4	PA
REZZAYO 200 MG RECON SOLUTION DL	4	PA
SPORANOX 10 MG/ML SOLUTION DL	4	
SPORANOX 100 MG CAPSULE MO	3	PA,QL(120 per 30 days)
<i>tavaborole 5 % SOLUTION W/APPLICATOR</i> MO	1	PA,QL(10 per 30 days)
<i>terbinafine hcl 250 mg TABLET</i> MO	1	
<i>terconazole 0.4 %, 0.8 % CREAM</i> MO	1	
<i>terconazole 80 mg SUPPOSITORY</i> MO	1	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION DL	4	PA,QL(120 per 30 days)
VFEND 200 MG, 50 MG TABLET MO	3	PA,QL(120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(400 per 30 days)
VFEND IV 200 MG RECON SOLUTION MO	3	PA
VIVJOA 150 MG CAPSULE MO	3	PA
<i>voriconazole 200 mg RECON SOLUTION</i> MO	1	PA
<i>voriconazole 200 mg, 50 mg TABLET</i> MO	1	PA,QL(120 per 30 days)
<i>voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION</i> DL	4	PA,QL(400 per 30 days)
VUSION 0.25-15-81.35 % OINTMENT MO	3	
XOLEGEL 2 % GEL MO	3	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg, 300 mg TABLET</i> MO	1	
<i>allopurinol 200 mg TABLET</i> MO	3	
<i>allopurinol sodium 500 mg RECON SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALOPRIM 500 MG RECON SOLUTION MO	3	
<i>colchicine 0.6 mg CAPSULE MO</i>	1	PA
<i>colchicine 0.6 mg TABLET MO</i>	1	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET MO	3	PA,QL(120 per 30 days)
DUZALLO 200-200 MG, 200-300 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>febuxostat 40 mg, 80 mg TABLET MO</i>	1	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION MO	3	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	3	PA
<i>probenecid 500 mg TABLET MO</i>	1	
<i>probenecid-colchicine 500-0.5 mg TABLET MO</i>	1	
ULORIC 40 MG, 80 MG TABLET MO	3	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET MO	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	3	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR MO	3	PA,QL(1.5 per 28 days)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE MO	3	PA,QL(1.5 per 28 days)
<i>almotriptan malate 12.5 mg, 6.25 mg TABLET MO</i>	1	ST,QL(9 per 30 days)
<i>dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL</i>	4	PA,QL(8 per 30 days)
<i>dihydroergotamine 1 mg/ml SOLUTION DL</i>	4	PA
<i>eletriptan 20 mg, 40 mg TABLET MO</i>	1	ST,QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	3	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	4	QL(20 per 28 days)
<i>ergotamine-caffeine 1-100 mg TABLET MO</i>	1	QL(40 per 30 days)
FROVA 2.5 MG TABLET DL	4	ST,QL(12 per 30 days)
<i>frovatriptan 2.5 mg TABLET MO</i>	1	ST,QL(12 per 30 days)
IMITREX 100 MG TABLET DL	4	PA,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(12 per 30 days)
IMITREX 25 MG, 50 MG TABLET MO	3	PA,QL(9 per 30 days)
IMITREX 6 MG/0.5 ML SOLUTION DL	4	PA,QL(6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE DL	4	PA,QL(6 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL MO	3	ST,QL(12 per 30 days)
<i>zomig 5 mg TABLET</i> MO	3	ST,QL(6 per 30 days)
ZOMIG 5 MG TABLET MO	3	ST,QL(6 per 30 days)
ANTIMYASTHENIC AGENTS		
MESTINON 60 MG TABLET DL	4	PA
MESTINON 60 MG/5 ML SYRUP DL	4	
MESTINON TIMESPAN 180 MG TABLET ER DL	4	PA
<i>pyridostigmine bromide 180 mg TABLET ER</i> MO	1	
<i>pyridostigmine bromide 30 mg, 60 mg TABLET</i> MO	1	
<i>pyridostigmine bromide 60 mg/5 ml SYRUP</i> MO	1	
REGONOL 5 MG/ML SOLUTION MO	3	
VYVGART 20 MG/ML SOLUTION DL	4	PA
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION DL	4	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
<i>cycloserine 250 mg CAPSULE</i> DL	4	
<i>dapsone 100 mg, 25 mg TABLET</i> MO	1	
<i>ethambutol 100 mg, 400 mg TABLET</i> MO	1	
<i>isoniazid 100 mg, 300 mg TABLET</i> MO	1	
<i>isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION</i> MO	1	
MYAMBUTOL 400 MG TABLET MO	3	
MYCOBUTIN 150 MG CAPSULE MO	3	
PRETOMANID 200 MG TABLET MO	3	PA,QL(30 per 30 days)
PRIFTIN 150 MG TABLET MO	3	
<i>pyrazinamide 500 mg TABLET</i> MO	1	
<i>rifabutin 150 mg CAPSULE</i> MO	1	
RIFADIN 600 MG RECON SOLUTION MO	3	
<i>rifampin 150 mg, 300 mg CAPSULE</i> MO	1	
<i>rifampin 600 mg RECON SOLUTION</i> MO	1	
SIRTURO 100 MG, 20 MG TABLET DL	4	PA
TRECTOR 250 MG TABLET MO	3	
ANTINEOPLASTICS		
<i>abiraterone 250 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
<i>abiraterone 500 mg TABLET</i> DL	4	PA,QL(60 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADCETRIS 50 MG RECON SOLUTION DL	4	PA
ADRIAMYCIN 50 MG RECON SOLUTION MO	1	BvsD
<i>adrucil 2.5 gram/50 ml SOLUTION</i> MO	1	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION DL	4	PA
AKEEGA 100-500 MG, 50-500 MG TABLET DL	4	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	4	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION DL	4	PA
ALIQOPA 60 MG RECON SOLUTION DL	4	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	4	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	4	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	4	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION DL	4	PA
<i>anastrozole 1 mg TABLET</i> MO	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION DL	4	PA
ARIMIDEX 1 MG TABLET DL	4	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET DL	4	PA,QL(60 per 30 days)
ARRANON 250 MG/50 ML SOLUTION DL	4	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> DL	4	PA
ASPARLAS 750 UNIT/ML SOLUTION DL	4	PA
AUGTYRO 160 MG CAPSULE DL	4	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	4	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION DL	4	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> DL	4	PA
BALVERSA 3 MG TABLET DL	4	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	4	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	4	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	4	PA
BELEODAQ 500 MG RECON SOLUTION DL	4	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> DL	4	PA
<i>bendamustine 25 mg/ml SOLUTION</i> DL	4	PA
BENDEKA 25 MG/ML SOLUTION DL	4	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bexarotene 1 % GEL</i> DL	4	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> DL	4	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> MO	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	3	
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> MO	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION DL	4	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> DL	4	PA
BOSULIF 100 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	4	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	4	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	4	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> MO	1	
BUSULFEX 60 MG/10 ML SOLUTION MO	3	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	4	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	4	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION DL	4	
CAPRELSA 100 MG TABLET DL,LA	4	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
<i>carboplatin 10 mg/ml SOLUTION</i> MO	1	
<i>carmustine 100 mg RECON SOLUTION</i> MO	1	
CASODEX 50 MG TABLET DL	4	QL(30 per 30 days)
<i>cisplatin 1 mg/ml SOLUTION</i> MO	1	
<i>cladribine 10 mg/10 ml SOLUTION</i> DL	4	BvsD
<i>clofarabine 1 mg/ml SOLUTION</i> DL	4	
CLOLAR 1 MG/ML SOLUTION DL	4	
COLUMVI 1 MG/ML SOLUTION DL	4	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	4	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	4	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	4	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	4	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COTELLIC 20 MG TABLET DL	4	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION MO	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION MO	1	BvsD
cyclophosphamide 200 mg/ml SOLUTION MO	1	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE MO	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET MO	1	BvsD
cyclophosphamide 500 mg/ml SOLUTION	4	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	4	PA
cytarabine 20 mg/ml SOLUTION MO	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION MO	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION MO	1	
DACOGEN 50 MG RECON SOLUTION DL	4	PA
dactinomycin 0.5 mg RECON SOLUTION DL	4	
DANYELZA 4 MG/ML SOLUTION DL	4	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION DL	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	4	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET DL	4	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET DL	4	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET DL	4	PA,QL(90 per 30 days)
daunorubicin 5 mg/ml SOLUTION MO	1	
DAURISMO 100 MG TABLET DL	4	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	4	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION DL	4	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION MO	1	
DOCEFREZ 20 MG RECON SOLUTION MO	3	
DOCEFREZ 80 MG RECON SOLUTION DL	4	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION MO	1	
DOCIVYX 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) SOLUTION DL	4	
DOXIL 2 MG/ML SUSPENSION DL	4	PA
doxorubicin 10 mg, 50 mg RECON SOLUTION MO	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>doxorubicin, peg-liposomal 2 mg/ml SUSPENSION</i> DL	4	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION DL	4	PA
ELLEENCE 200 MG/100 ML, 50 MG/25 ML SOLUTION DL	4	
ELREXFIO 40 MG/ML SOLUTION DL	4	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	4	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE DL	4	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	4	PA
ENHERTU 100 MG RECON SOLUTION DL	4	PA
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION</i> MO	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION DL	4	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	4	PA
<i>eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION</i> DL	4	
ERIVEDGE 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	4	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>erlotinib 100 mg, 150 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION MO	3	
<i>etoposide 20 mg/ml SOLUTION</i> MO	1	
EULEXIN 125 MG CAPSULE DL	4	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION</i> DL	4	PA
EVOMELA 50 MG RECON SOLUTION DL	4	
<i>exemestane 25 mg TABLET</i> MO	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	4	PA,QL(120 per 30 days)
FARESTON 60 MG TABLET DL	4	QL(30 per 30 days)
FASLODEX 250 MG/5 ML SYRINGE DL	4	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>floxuridine 0.5 gram RECON SOLUTION</i> MO	1	BvsD
<i>fludarabine 50 mg RECON SOLUTION</i> MO	1	
<i>fludarabine 50 mg/2 ml SOLUTION</i> DL	4	
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION</i> MO	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	4	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	4	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	4	PA,QL(21 per 28 days)
<i>fulvestrant 250 mg/5 ml SYRINGE</i> MO	1	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION DL	4	PA
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION DL	4	PA
GAVRETO 100 MG CAPSULE DL,LA	4	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION DL	4	PA,QL(120 per 28 days)
<i>gefitinib 250 mg TABLET</i> DL	4	PA
<i>gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION</i> MO	1	
<i>gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION</i> MO	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET DL	4	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET DL	4	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE MO	3	PA
GLEOSTINE 100 MG CAPSULE DL	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION DL	4	
HERCEPTIN 150 MG RECON SOLUTION DL	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION DL	4	PA,QL(5 per 21 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION DL	4	PA
HYCANTIN 4 MG RECON SOLUTION DL	4	
HYDREA 500 MG CAPSULE MO	3	
<i>hydroxyurea 500 mg CAPSULE</i> MO	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	4	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	4	PA,QL(21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	4	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	4	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION DL	4	
<i>idarubicin 1 mg/ml SOLUTION</i> DL	4	
IDHIFA 100 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION MO	3	
<i>ifosfamide 1 gram, 3 gram RECON SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION</i> MO	1	
<i>imatinib 100 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET</i> DL	4	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	4	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET DL	4	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET DL	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	4	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION DL	4	PA
IMFINZI 50 MG/ML SOLUTION DL	4	PA
IMJUDO 20 MG/ML SOLUTION DL	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL	4	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	4	PA,QL(8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK DL	4	
INLYTA 1 MG TABLET DL	4	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	4	PA,QL(60 per 30 days)
INQOVI 35-100 MG TABLET DL	4	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	4	PA
<i>irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> MO	1	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	4	PA
ITOVEBI 3 MG TABLET DL	4	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	4	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET DL	4	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	4	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	4	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	4	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	4	PA
KEYTRUDA 25 MG/ML SOLUTION DL	4	PA
KHAPZORY 175 MG, 300 MG RECON SOLUTION DL	4	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	4	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	4	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	4	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	4	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	4	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	4	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	4	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET DL	4	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION DL	4	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	4	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	4	PA,QL(12 per 28 days)
<i>lapatinib 250 mg TABLET DL</i>	4	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	4	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL</i>	4	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	4	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL	4	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	4	PA,QL(60 per 30 days)
<i>letrozole 2.5 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET MO</i>	1	
<i>leucovorin calcium 10 mg/ml SOLUTION MO</i>	1	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION MO</i>	1	
<i>levoleucovorin calcium 10 mg/ml SOLUTION MO</i>	1	PA
<i>levoleucovorin calcium 50 mg RECON SOLUTION MO</i>	1	PA
LEVULAN 20 % SOLUTION MO	3	
LIBTAYO 50 MG/ML SOLUTION DL	4	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET DL	4	PA,QL(100 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LONSURF 20-8.19 MG TABLET DL	4	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION DL	4	PA
LORBRENA 100 MG TABLET DL	4	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	4	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	4	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET DL	4	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET DL	4	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION DL	4	PA
LYNPARZA 100 MG, 150 MG TABLET DL	4	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET DL	4	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	4	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION DL	4	PA
MATULANE 50 MG CAPSULE DL	4	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	4	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	4	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	4	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	4	PA,QL(180 per 30 days)
<i>melfalan 2 mg TABLET MO</i>	1	BvsD
<i>melfalan hcl 50 mg RECON SOLUTION MO</i>	1	
<i>mercaptopurine 50 mg TABLET MO</i>	1	
<i>mesna 100 mg/ml SOLUTION MO</i>	1	
MESNEX 100 MG/ML SOLUTION DL	4	
MESNEX 400 MG TABLET DL	4	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION DL</i>	4	
<i>mitoxantrone 2 mg/ml CONCENTRATE MO</i>	1	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION DL	4	
MVASI 25 MG/ML SOLUTION DL	4	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	4	PA
<i>nelarabine 250 mg/50 ml SOLUTION DL</i>	4	
NERLYNX 40 MG TABLET DL	4	PA,QL(180 per 30 days)
NEXAVAR 200 MG TABLET DL	4	PA,QL(120 per 30 days)
NILANDRON 150 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>nilutamide 150 mg TABLET DL</i>	4	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION DL	4	
NUBEQA 300 MG TABLET DL	4	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	4	PA,QL(30 per 30 days)
OGIVRI 150 MG, 420 MG RECON SOLUTION DL	4	PA
OGSIVEO 100 MG, 150 MG TABLET DL	4	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	4	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	4	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	4	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	4	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	4	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION DL	4	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	4	PA
ONTRUZANT 150 MG, 420 MG RECON SOLUTION DL	4	PA
ONUREG 200 MG, 300 MG TABLET DL	4	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	4	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	4	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	4	PA,QL(16 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	4	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET DL	4	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	4	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	4	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION MO	1	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
paclitaxel 6 mg/ml CONCENTRATE MO	1	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	4	PA
PADCEV 20 MG RECON SOLUTION DL	4	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	4	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	4	PA
paraplatin 10 mg/ml SOLUTION MO	1	
pazopanib 200 mg TABLET DL	4	PA,QL(120 per 30 days)
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION DL	4	PA
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	4	PA,QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION</i> DL	4	PA
<i>pemetrexed 25 mg/ml SOLUTION</i> DL	4	PA,QL(120 per 21 days)
<i>pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION</i> DL	4	PA
<i>pemetrexed disodium 25 mg/ml SOLUTION</i> DL	4	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	4	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	4	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION DL	4	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION DL	4	PA,QL(10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	4	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	4	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	4	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	4	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	4	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	4	PA
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION</i> DL	4	PA
PURIXAN 20 MG/ML SUSPENSION DL	4	
QINLOCK 50 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	4	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
REZLIDHIA 150 MG CAPSULE DL	4	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	4	PA
RITUXAN 10 MG/ML CONCENTRATE DL	4	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION DL	4	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION DL	4	PA,QL(13.4 per 28 days)
<i>romidepsin 10 mg/2 ml RECON SOLUTION</i> DL	4	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	4	PA
ROZLYTREK 100 MG CAPSULE DL	4	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	4	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUXIENCE 10 MG/ML SOLUTION DL	4	PA
RYBREVANT 50 MG/ML SOLUTION DL	4	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	4	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	4	PA
RYTELO 188 MG, 47 MG RECON SOLUTION DL	4	PA
SARCLISA 20 MG/ML SOLUTION DL	4	PA
SCEMBLIX 100 MG TABLET DL	4	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET DL	4	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	4	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	4	
<i>sorafenib</i> 200 mg TABLET DL	4	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	4	PA,QL(84 per 28 days)
<i>sunitinib malate</i> 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL	4	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	4	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	4	PA
TABRECTA 150 MG, 200 MG TABLET DL	4	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	4	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	4	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	4	PA,QL(120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET DL	4	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL	4	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	4	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	4	PA,QL(90 per 30 days)
<i>tamoxifen</i> 10 mg, 20 mg TABLET MO	1	
TARCEVA 100 MG, 150 MG TABLET DL	4	PA,QL(30 per 30 days)
TARCEVA 25 MG TABLET DL	4	PA,QL(90 per 30 days)
TARGRETIN 1 % GEL DL	4	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE DL	4	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	4	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	4	PA,QL(20 per 21 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	4	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	4	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL	4	PA
TEMODAR 100 MG RECON SOLUTION DL	4	PA,QL(27 per 30 days)
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION</i> DL	4	PA,QL(8 per 28 days)
TEPADINA 100 MG, 15 MG RECON SOLUTION DL	4	
TEPMETKO 225 MG TABLET DL	4	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION DL	4	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE DL	4	PA,QL(60 per 30 days)
<i>thiotepa 100 mg RECON SOLUTION</i> DL	4	
<i>thiotepa 15 mg RECON SOLUTION</i> MO	1	
TIBSOVO 250 MG TABLET DL	4	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION DL	4	PA,QL(5 per 21 days)
<i>toposar 20 mg/ml SOLUTION</i> MO	1	
<i>topotecan 4 mg RECON SOLUTION</i> MO	1	
<i>topotecan 4 mg/4 ml (1 mg/ml) SOLUTION</i> MO	1	
<i>toremifene 60 mg TABLET</i> DL	4	QL(30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST) RECON SOLUTION DL	4	PA,QL(8 per 28 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION DL	4	PA
TRAZIMERA 420 MG RECON SOLUTION DL	4	PA
TREANDA 100 MG, 25 MG RECON SOLUTION DL	4	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> DL	4	
TRISENOX 2 MG/ML SOLUTION DL	4	PA
TRODELVY 180 MG RECON SOLUTION DL	4	PA
TRUQAP 160 MG, 200 MG TABLET DL	4	PA,QL(64 per 28 days)
TRUXIMA 10 MG/ML SOLUTION DL	4	PA
TUKYSA 150 MG TABLET DL	4	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	4	PA,QL(300 per 30 days)
TURALIO 125 MG, 200 MG CAPSULE DL,LA	4	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET DL	4	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	4	PA
VALCHLOR 0.016 % GEL DL	4	PA,QL(60 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valrubicin 40 mg/ml SOLUTION DL	4	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	4	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	4	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	4	PA
VEGZELMA 25 MG/ML SOLUTION DL	4	PA
VELCADE 3.5 MG RECON SOLUTION DL	4	PA
VENCLEXTA 10 MG TABLET MO	2	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	4	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET MO	2	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	4	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	4	PA,QL(60 per 30 days)
VIDAZA 100 MG RECON SOLUTION DL	4	PA
vinblastine 1 mg/ml SOLUTION MO	1	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION MO	1	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION MO	1	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION MO	1	
VITRAKVI 100 MG CAPSULE DL	4	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	4	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	4	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	4	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	4	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	4	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET DL	4	PA,QL(120 per 30 days)
VYLOY 100 MG RECON SOLUTION DL	4	PA
VYXEOS 44-100 MG RECON SOLUTION DL	4	PA
XALKORI 150 MG PELLETT DL	4	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT DL	4	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	4	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT DL	4	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	4	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	4	PA,QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	4	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	4	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	4	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	4	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	4	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	4	PA
YONDELIS 1 MG RECON SOLUTION DL	4	PA
YONSA 125 MG TABLET DL	4	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	4	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	3	
ZEJULA 100 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	4	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	4	PA
ZIRABEV 25 MG/ML SOLUTION DL	4	PA
ZOLINZA 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	4	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	4	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION DL	4	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	4	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET DL	4	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET DL	4	PA,QL(60 per 30 days)
ANTIPARASITICS		
<i>albendazole 200 mg TABLET MO</i>	1	
<i>atovaquone 750 mg/5 ml SUSPENSION MO</i>	1	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO</i>	1	
BILTRICIDE 600 MG TABLET DL	4	PA
<i>chloroquine phosphate 250 mg, 500 mg TABLET MO</i>	1	
COARTEM 20-120 MG TABLET MO	3	QL(24 per 30 days)
DARAPRIM 25 MG TABLET DL	4	PA,QL(90 per 30 days)
EGATEN 250 MG TABLET MO	3	
<i>emverm 100 mg CHEWABLE TABLET DL</i>	4	
<i>hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO</i>	1	
<i>hydroxychloroquine 200 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMPAVIDO 50 MG CAPSULE DL	4	QL(84 per 28 days)
<i>ivermectin 3 mg TABLET MO</i>	1	
KRINTAFEL 150 MG TABLET MO	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	3	
MALARONE 250-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET MO	3	PA
<i>mefloquine 250 mg TABLET MO</i>	1	
MEPRON 750 MG/5 ML SUSPENSION DL	4	
NEBUPENT 300 MG RECON SOLUTION MO	3	BvsD
<i>nitazoxanide 500 mg TABLET DL</i>	4	
PENTAM 300 MG RECON SOLUTION MO	3	
<i>pentamidine 300 mg RECON SOLUTION MO</i>	1	
<i>pentamidine 300 mg RECON SOLUTION MO</i>	1	BvsD
PLAQUENIL 200 MG TABLET MO	3	PA
<i>praziquantel 600 mg TABLET MO</i>	1	
<i>primaquine 26.3 mg (15 mg base) TABLET MO</i>	1	
<i>pyrimethamine 25 mg TABLET DL</i>	4	QL(90 per 30 days)
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL(42 per 7 days)
<i>quinine sulfate 324 mg CAPSULE MO</i>	1	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET MO	3	
STROMECTOL 3 MG TABLET MO	3	PA
ANTIPARKINSON AGENTS		
<i>amantadine hcl 100 mg CAPSULE MO</i>	1	
<i>amantadine hcl 100 mg TABLET MO</i>	1	
<i>amantadine hcl 50 mg/5 ml SOLUTION MO</i>	1	
APOKYN 10 MG/ML CARTRIDGE DL	4	PA,QL(84 per 28 days)
<i>apomorphine 10 mg/ml CARTRIDGE DL</i>	4	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>benztropine 0.5 mg, 1 mg, 2 mg TABLET MO</i>	1	
<i>benztropine 1 mg/ml SOLUTION MO</i>	1	
<i>bromocriptine 2.5 mg TABLET MO</i>	1	
<i>bromocriptine 5 mg CAPSULE MO</i>	1	QL(600 per 30 days)
<i>carbidopa 25 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	1	
carbidopa-levodopa 25-100 mg TABLET MO	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	1	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET MO	1	
COMTAN 200 MG TABLET MO	3	PA,QL(300 per 30 days)
CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC MO	3	ST,QL(180 per 30 days)
DHIVY 25-100 MG TABLET MO	3	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION DL	4	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET MO	1	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. DL	4	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE DL	4	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(300 per 30 days)
LODOSYN 25 MG TABLET DL	4	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. MO	3	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET DL	4	PA,QL(30 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE MO	3	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC MO	3	PA,QL(60 per 30 days)
PARLODEL 2.5 MG TABLET MO	3	PA
PARLODEL 5 MG CAPSULE MO	3	PA,QL(600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET MO	1	
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET MO	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	1	
ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. MO	1	ST,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER MO	3	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	3	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	3	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE MO	1	
selegiline hcl 5 mg TABLET MO	1	
SINEMET 10-100 MG, 25-100 MG TABLET MO	3	PA
STALEVO 100 25-100-200 MG TABLET DL	4	PA
STALEVO 125 31.25-125-200 MG TABLET DL	4	PA
STALEVO 150 37.5-150-200 MG TABLET DL	4	PA
STALEVO 200 50-200-200 MG TABLET DL	4	PA
STALEVO 50 12.5-50-200 MG TABLET DL	4	PA
STALEVO 75 18.75-75-200 MG TABLET DL	4	PA
TASMAR 100 MG TABLET DL	4	PA
tolcapone 100 mg TABLET DL	4	PA
trihexyphenidyl 0.4 mg/ml ELIXIR MO	1	
trihexyphenidyl 2 mg, 5 mg TABLET MO	1	
VYALEV 12-240 MG/ML SOLUTION DL	4	PA
XADAGO 100 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING DL	4	
ANTIPSYCHOTICS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET MO	3	PA
ABILIFY ASIMTUFI 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFI 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP DL	4	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP DL	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG TABLET W/SENSOR AND STRIP, POD DL	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD DL	4	PA,QL(30 per 30 days)
aripiprazole 1 mg/ml SOLUTION MO	1	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING MO	1	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET MO	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET MO	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	1	
chlorpromazine 25 mg/ml SOLUTION MO	1	
clozapine 100 mg TABLET MO	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING MO	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING MO	1	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	1	
CLOZARIL 100 MG TABLET DL	4	QL(270 per 30 days)
CLOZARIL 200 MG TABLET DL	4	QL(135 per 30 days)
CLOZARIL 25 MG TABLET DL	4	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET DL	4	
droperidol 2.5 mg/ml SOLUTION MO	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	3	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	1	
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	1	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	1	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE DL	4	PA
GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION MO	3	PA

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET MO	1	
quetiapine 100 mg TABLET MO	1	QL(90 per 30 days)
quetiapine 150 mg TABLET MO	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. MO	1	QL(90 per 30 days)
quetiapine 200 mg TABLET MO	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET MO	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET MO	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	4	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET MO	3	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG TABLET MO	3	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION DL	4	
RISPERDAL 3 MG, 4 MG TABLET DL	4	QL(60 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON MO	3	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON DL	4	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET MO	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING MO	1	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET MO	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING MO	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION MO	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	4	PA,QL(60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. DL	4	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET MO	3	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET MO	3	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET MO	3	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. MO	3	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. MO	3	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK MO	3	PA,QL(15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET MO	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET MO	1	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.28 per 28 days)
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	4	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	4	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	4	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION DL	4	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK MO	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO	1	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO	1	
ZYPREXA 10 MG RECON SOLUTION MO	3	
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET DL	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG TABLET, DISINTEGRATING DL	4	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING DL	4	QL(60 per 30 days)
ZYPREXA ZYDIS 5 MG TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET MO	1	
baclofen 10 mg/5 ml (2 mg/ml), 5 mg/5 ml SOLUTION DL	4	
baclofen 15 mg, 20 mg TABLET MO	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION DL	4	QL(480 per 30 days)
baclofen 5 mg TABLET MO	1	QL(90 per 30 days)
DANTRIUM 20 MG RECON SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DANTRIUM 25 MG CAPSULE MO	3	
dantrolene 100 mg, 25 mg, 50 mg CAPSULE MO	1	
dantrolene 20 mg RECON SOLUTION MO	1	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION DL	4	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET MO	3	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET MO	3	ST,QL(270 per 30 days)
OZOBAX 5 MG/5 ML SOLUTION DL	4	
OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION DL	4	
revonto 20 mg RECON SOLUTION MO	1	
tizanidine 2 mg, 4 mg TABLET MO	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE MO	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG TABLET MO	3	ST
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION MO	1	QL(960 per 30 days)
abacavir 300 mg TABLET MO	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE MO	1	
acyclovir 200 mg/5 ml SUSPENSION MO	1	
acyclovir 400 mg, 800 mg TABLET MO	1	
acyclovir 5 % CREAM MO	3	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT MO	1	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION MO	1	BvsD
adefovir 10 mg TABLET MO	1	
APTIVUS 250 MG CAPSULE DL	4	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE MO	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	1	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET DL	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	4	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	4	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	4	QL(30 per 30 days)
CABENUVA 400 MG/2 ML - 600 MG/2 ML, 600 MG/3 ML - 900 MG/3 ML SUSPENSION, ER DL	4	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CIMDUO 300-300 MG TABLET DL	4	QL(30 per 30 days)
COMBIVIR 150-300 MG TABLET DL	4	QL(60 per 30 days)
COMPLERA 200-25-300 MG TABLET DL	4	QL(30 per 30 days)
darunavir 600 mg TABLET DL	4	QL(60 per 30 days)
darunavir 800 mg TABLET DL	4	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	4	QL(30 per 30 days)
DENAVIR 1 % CREAM MO	3	PA
DESCOVY 120-15 MG, 200-25 MG TABLET DL	4	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC MO	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	4	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	4	QL(30 per 30 days)
efavirenz 200 mg CAPSULE MO	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE MO	1	QL(480 per 30 days)
efavirenz 600 mg TABLET MO	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET MO	1	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET DL	4	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE MO	1	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET MO	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	3	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET MO	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	4	PA,QL(28 per 28 days)
EPIVIR 10 MG/ML SOLUTION MO	3	QL(900 per 30 days)
EPIVIR 150 MG TABLET MO	3	QL(60 per 30 days)
EPIVIR 300 MG TABLET MO	3	QL(30 per 30 days)
EPIVIR HBV 100 MG TABLET MO	3	QL(90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION MO	3	
EPZICOM 600-300 MG TABLET DL	4	QL(30 per 30 days)
etravirine 100 mg TABLET DL	4	QL(120 per 30 days)
etravirine 200 mg TABLET DL	4	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET DL	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>famciclovir 125 mg, 250 mg, 500 mg TABLET</i> MO	1	QL(90 per 30 days)
FLUMADINE 100 MG TABLET MO	3	
<i>fosamprenavir 700 mg TABLET</i> DL	4	QL(120 per 30 days)
<i>foscarnet 24 mg/ml SOLUTION</i> MO	1	BvsD
FUZEON 90 MG RECON SOLUTION DL	4	QL(60 per 30 days)
<i>ganciclovir sodium 50 mg/ml SOLUTION</i> MO	1	BvsD
<i>ganciclovir sodium 500 mg RECON SOLUTION</i> MO	1	BvsD
GENVOYA 150-150-200-10 MG TABLET DL	4	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET DL	4	PA,QL(28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
INTELENCE 100 MG TABLET DL	4	QL(120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	3	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	2	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	4	QL(30 per 30 days)
KALETRA 100-25 MG TABLET MO	3	QL(300 per 30 days)
KALETRA 200-50 MG TABLET MO	3	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	4	
<i>lamivudine 10 mg/ml SOLUTION</i> MO	1	QL(900 per 30 days)
<i>lamivudine 100 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>lamivudine 150 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>lamivudine 300 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>lamivudine-zidovudine 150-300 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>ledipasvir-sofosbuvir 90-400 mg TABLET</i> DL	4	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION MO	3	QL(1575 per 28 days)
LEXIVA 700 MG TABLET DL	4	QL(120 per 30 days)
LIVTENCITY 200 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>lopinavir-ritonavir 100-25 mg TABLET</i> MO	1	QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lopinavir-ritonavir 200-50 mg TABLET MO	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	1	
maraviroc 150 mg TABLET DL	4	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	4	QL(120 per 30 days)
MAVYRET 100-40 MG TABLET DL	4	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET DL	4	PA,QL(150 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	1	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE MO	3	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	3	QL(360 per 30 days)
NORVIR 100 MG TABLET MO	3	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION MO	3	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	4	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE MO	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	QL(1440 per 365 days)
PAXLOVID 150-100 MG TABLET, DOSE PACK MO	2	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO	2	QL(60 per 10 days)
penciclovir 1 % CREAM MO	1	PA
PIFELTRO 100 MG TABLET DL	4	QL(60 per 30 days)
PREVYMIS 240 MG TABLET DL	4	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION DL	4	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET DL	4	PA
PREVYMIS 480 MG/24 ML SOLUTION DL	4	PA,QL(672 per 28 days)
PREZCOBIX 800-150 MG-MG TABLET DL	4	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	4	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	4	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	4	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	3	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	4	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	3	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETROVIR 10 MG/ML SYRUP MO	3	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE MO	3	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE DL	4	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE DL	4	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET MO	3	
<i>ribavirin 200 mg CAPSULE</i> MO	1	
<i>ribavirin 200 mg TABLET</i> MO	1	
<i>rimantadine 100 mg TABLET</i> MO	1	
<i>ritonavir 100 mg TABLET</i> MO	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	4	QL(60 per 30 days)
SELZENTRY 150 MG TABLET DL	4	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	4	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	3	QL(240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	4	QL(120 per 30 days)
SOVALDI 150 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET DL	4	PA,QL(28 per 28 days)
<i>stavudine 15 mg, 20 mg CAPSULE</i> MO	1	QL(120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE</i> MO	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	4	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	4	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	4	QL(9 per 365 days)
SUSTIVA 200 MG CAPSULE DL	4	QL(120 per 30 days)
SUSTIVA 50 MG CAPSULE DL	4	QL(480 per 30 days)
SYMFI 600-300-300 MG TABLET DL	4	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	4	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	4	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE MO	3	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	3	PA,QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION MO	3	PA,QL(1440 per 365 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET</i> MO	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	3	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	4	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	4	QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIUMEQ 600-50-300 MG TABLET DL	4	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO	3	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	4	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	4	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET DL	4	QL(30 per 30 days)
TYBOST 150 MG TABLET MO	2	QL(30 per 30 days)
<i>valacyclovir 1 gram, 500 mg TABLET MO</i>	1	
VALCYTE 450 MG TABLET DL	4	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION DL	4	PA,QL(1056 per 30 days)
<i>valganciclovir 450 mg TABLET MO</i>	1	QL(120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION DL</i>	4	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET MO	3	PA
VEMLIDY 25 MG TABLET DL	4	QL(30 per 30 days)
VIRACEPT 250 MG TABLET DL	4	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	4	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	4	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	4	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	4	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	4	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM DL	4	QL(5 per 30 days)
XOFLUZA 20 MG, 40 MG, 80 MG TABLET MO	3	
ZEPATIER 50-100 MG TABLET DL	4	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION MO	3	QL(960 per 30 days)
ZIAGEN 300 MG TABLET MO	3	QL(60 per 30 days)
<i>zidovudine 10 mg/ml SYRUP MO</i>	1	QL(1680 per 28 days)
<i>zidovudine 100 mg CAPSULE MO</i>	1	QL(180 per 30 days)
<i>zidovudine 300 mg TABLET MO</i>	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	3	QL(5 per 30 days)
ZOVIRAX 200 MG/5 ML SUSPENSION MO	3	PA
ZOVIRAX 5 % CREAM MO	3	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT MO	3	PA,QL(30 per 30 days)
ANXIOLYTICS		
<i>alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL</i>	1	QL(120 per 30 days)
<i>alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. DL	1	QL(60 per 30 days)
alprazolam 2 mg TABLET DL	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	1	
ATIVAN 0.5 MG, 1 MG TABLET DL	4	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET DL	4	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION DL	3	PA
bupirone 10 mg, 5 mg TABLET MO	1	
bupirone 15 mg, 30 mg, 7.5 mg TABLET MO	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE DL	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
clonazepam 0.5 mg, 1 mg TABLET DL	1	
clonazepam 2 mg TABLET DL	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	1	
diazepam 10 mg TABLET DL	1	QL(120 per 30 days)
diazepam 2 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	1	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION DL	1	
diazepam 5 mg/ml SYRINGE DL	1	
diazepam intensol 5 mg/ml CONCENTRATE DL	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	1	
doxepin 10 mg/ml CONCENTRATE MO	1	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	1	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION MO	1	
hydroxyzine hcl 25 mg TABLET MO	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET DL	3	PA
lorazepam 0.5 mg, 1 mg TABLET DL	1	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	1	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE DL	1	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION DL	1	
lorazepam intensol 2 mg/ml CONCENTRATE DL	1	QL(150 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOREEV XR 1 MG CAPSULE, ER 24 HR. DL	4	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. DL	4	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. DL	4	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET MO	1	
oxazepam 10 mg, 15 mg, 30 mg CAPSULE DL	1	
TRANXENE T-TAB 7.5 MG TABLET DL	3	PA
VALIUM 5 MG TABLET DL	3	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET DL	3	PA,QL(120 per 30 days)
XANAX 2 MG TABLET DL	3	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. DL	3	PA,QL(60 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE MO	1	
lithium carbonate 300 mg TABLET MO	1	
lithium carbonate 300 mg, 450 mg TABLET ER MO	1	
lithium citrate 8 meq/5 ml SOLUTION MO	1	
LITHOBID 300 MG TABLET ER MO	3	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET MO	1	
ACTOPLUS MET 15-850 MG TABLET MO	3	PA,QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET MO	3	PA,QL(30 per 30 days)
ADLYXIN 10 MCG/0.2 ML - 20 MCG/0.2 ML, 20 MCG/0.2 ML PEN INJECTOR MO	3	PA,QL(6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	3	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER CI,DL	4	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER CI,DL	4	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER CI,MO	3	PA,QL(90 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET MO	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	ST
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	ST
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR CI,MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR MO	3	PA,QL(3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML PEN INJECTOR MO	3	PA,QL(2.4 per 30 days)
CYCLOSET 0.8 MG TABLET MO	3	ST,QL(180 per 30 days)
<i>diazoxide 50 mg/ml SUSPENSION</i> DL	4	
DUETACT 30-2 MG, 30-4 MG TABLET MO	3	QL(30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MO	3	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE CI,MO	2	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
<i>glimepiride 1 mg, 3 mg TABLET</i> MO	1	
<i>glimepiride 2 mg, 4 mg TABLET</i> MO	1	
<i>glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.</i> MO	1	
<i>glipizide 10 mg, 5 mg TABLET</i> MO	1	
<i>glipizide 2.5 mg TABLET</i> MO	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> MO	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION MO	3	ST
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION MO	3	ST
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION MO	3	ST
<i>glucagon emergency kit (human) 1 mg RECON SOLUTION</i> MO	3	ST
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET, ER 24 HR. MO	3	
GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. DL	4	ST,QL(60 per 30 days)
GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. DL	4	ST,QL(120 per 30 days)
<i>glyburide 1.25 mg, 2.5 mg, 5 mg TABLET</i> MO	1	
<i>glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET</i> MO	1	
<i>glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> MO	1	
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET MO	3	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	2	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION MO	3	ST
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	ST
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	ST
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	ST
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	ST
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION CI,MO	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN CI,MO	2	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN CI,MO	2	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION CI,MO	2	
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	2	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	2	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	2	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION CI,MO	2	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION CI,DL	4	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI,DL	4	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) SOLUTION CI,MO	2	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE CI,MO	2	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION CI,MO	2	
INSULIN DEGLUDEC 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION CI,MO	3	PA
INSULIN GLARGINE 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN GLARGINE 100 UNIT/ML SOLUTION CI,MO	3	PA
INSULIN GLARGINE U-300 CONC 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION CI,MO	3	PA
INSULIN LISPRO 100 UNIT/ML INSULIN PEN CI,MO	2	
INSULIN LISPRO 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	2	
INSULIN LISPRO PROTAMIN-LISPRO 100 UNIT/ML (75-25) INSULIN PEN CI,MO	2	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET MO	2	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	2	QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET MO	2	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	2	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	2	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	2	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	2	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET MO	2	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET MO	2	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
KAZANO 12.5-1,000 MG, 12.5-500 MG TABLET MO	3	PA,QL(60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
LEVEMIR FLEXTOUCH U100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	PA
<i>liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR MO</i>	3	PA,QL(9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	2	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	3	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
<i>metformin 1,000 mg TABLET, ER 24 HR. MO</i>	3	ST,QL(60 per 30 days)
<i>metformin 1,000 mg TABLET, GAST. RETENTION 24 HR. DL</i>	4	ST,QL(60 per 30 days)
<i>metformin 1,000 mg, 500 mg TABLET MO</i>	1	
<i>metformin 500 mg TABLET, ER 24 HR. MO</i>	1	QL(120 per 30 days)
<i>metformin 500 mg TABLET, ER 24 HR. MO</i>	3	ST,QL(150 per 30 days)
<i>metformin 500 mg TABLET, GAST. RETENTION 24 HR. DL</i>	4	ST,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metformin 500 mg/5 ml SOLUTION MO	1	QL(750 per 30 days)
metformin 625 mg TABLET DL	4	ST,QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
metformin 850 mg TABLET MO	1	
migliitol 100 mg, 25 mg, 50 mg TABLET MO	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	2	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	3	PA,QL(30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION CI,MO	2	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION CI,MO	2	
OSENI 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG TABLET MO	3	PA,QL(30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR MO	2	PA,QL(3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR MO	2	PA,QL(1.5 per 28 days)
pioglitazone 15 mg, 45 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET MO	1	QL(90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG TABLET MO	3	
PROGLYCEM 50 MG/ML SUSPENSION DL	4	PA
QTERN 10-5 MG, 5-5 MG TABLET MO	3	PA,QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET MO	1	
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
RIOMET 500 MG/5 ML SOLUTION MO	3	QL(750 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	2	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE MO	1	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE MO	1	QL(30 per 30 days)
SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET MO	3	PA,QL(60 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION CI,MO	3	PA
sitagliptin 100 mg, 25 mg, 50 mg TABLET MO	3	PA,QL(30 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET MO	3	PA,QL(60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	2	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
STEGLUJAN 15-100 MG, 5-100 MG TABLET MO	3	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR DL	4	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR DL	4	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET MO	2	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	2	
TRADJENTA 5 MG TABLET MO	2	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	2	PA,QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN CI,MO	3	PA,QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	2	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	2	
ZITUVIMET 50-1,000 MG, 50-500 MG TABLET MO	3	PA,QL(60 per 30 days)
ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(30 per 30 days)
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(60 per 30 days)
ZITUVIO 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT DL	4	PA
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE MO	3	
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION MO	3	
AGRYLIN 0.5 MG CAPSULE MO	3	PA
ALVAIZ 18 MG, 9 MG TABLET DL	4	PA,QL(30 per 30 days)
ALVAIZ 36 MG, 54 MG TABLET DL	4	PA,QL(60 per 30 days)
aminocaproic acid 1,000 mg TABLET DL	4	
aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION MO	1	
aminocaproic acid 500 mg TABLET MO	1	
anagrelide 0.5 mg, 1 mg CAPSULE MO	1	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE MO	3	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE DL	4	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION DL	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE DL	4	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE DL	4	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE MO	3	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION MO	3	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE DL	4	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE DL	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE MO	3	PA,QL(1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE DL	4	PA,QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE DL	4	PA,QL(15 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARIXTRA 5 MG/0.4 ML SYRINGE DL	4	PA,QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE DL	4	PA,QL(18 per 30 days)
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	2	QL(60 per 30 days)
CABLIVI 11 MG KIT DL	4	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET MO	1	
clopidogrel 300 mg TABLET MO	1	
clopidogrel 75 mg TABLET MO	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION DL	4	PA
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE MO	1	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET MO	1	
DOPTELET (10 TAB PACK) 20 MG TABLET DL	4	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET DL	4	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET DL	4	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	2	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE MO	1	
enoxaparin 300 mg/3 ml SOLUTION MO	1	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	3	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION MO	3	PA,QL(28 per 30 days)
eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION MO	1	
fondaparinux 10 mg/0.8 ml SYRINGE DL	4	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml SYRINGE DL	4	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml SYRINGE DL	4	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml SYRINGE DL	4	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE DL	4	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE DL	4	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE DL	4	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE DL	4	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE DL	4	QL(6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION DL	4	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION DL	4	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE DL	4	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 28 days)
GRANIX 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION MO	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE MO	1	
heparin (porcine) 5,000 unit/ml SYRINGE MO	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET MO	1	
KENGREAL 50 MG RECON SOLUTION DL	4	
LEUKINE 250 MCG RECON SOLUTION DL	4	PA
LOVENOX 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 DL	4	PA
LOVENOX 300 MG/3 ML SOLUTION DL	4	PA
LYSTEDA 650 MG TABLET MO	3	QL(30 per 5 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION DL	4	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET DL	4	PA
NEULASTA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	4	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NYVEPRIA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
PLAVIX 75 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION</i> DL	4	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	3	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET DL	4	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET DL	4	PA,QL(60 per 30 days)
<i>prasugrel 10 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	3	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION MO	3	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION DL	4	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL,LA	4	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL,LA	4	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET DL,LA	4	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET DL,LA	4	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION DL	4	PA
RELEUKO 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
RELEUKO 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 30 days)
RELEUKO 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
RELEUKO 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	3	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION DL	4	PA,QL(14 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION MO	3	
ROLVEDON 13.2 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET MO	3	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION</i> MO	1	
<i>tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION</i> MO	1	PA
<i>tranexamic acid 650 mg TABLET</i> MO	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	4	PA,QL(1.2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	4	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET MO	1	
warfarin 5 mg TABLET MO	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	2	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	2	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	2	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	2	QL(51 per 30 days)
XOLREMDI 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
CARDIOVASCULAR AGENTS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	
ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	3	
acebutolol 200 mg, 400 mg CAPSULE MO	1	
acetazolamide 125 mg, 250 mg TABLET MO	1	
acetazolamide 500 mg CAPSULE, ER MO	1	
acetazolamide sodium 500 mg RECON SOLUTION MO	1	
adenosine 3 mg/ml SOLUTION MO	1	
adenosine 3 mg/ml SYRINGE MO	1	
ADRENALIN 4 MG/250 ML (16 MCG/ML) SOLUTION MO	3	
ALDACTAZIDE 25-25 MG TABLET MO	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MO	3	
aliskiren 150 mg, 300 mg TABLET MO	1	QL(30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. DL	4	ST,QL(30 per 30 days)
amiloride 5 mg TABLET MO	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET MO	1	
amiodarone 100 mg, 400 mg TABLET MO	1	
amiodarone 150 mg/3 ml SYRINGE MO	1	
amiodarone 200 mg TABLET MO	1	
amiodarone 50 mg/ml SOLUTION MO	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE MO	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE MO	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET MO	1	QL(30 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET MO	3	QL(60 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET MO	3	PA,QL(60 per 30 days)
ATACAND 32 MG TABLET MO	3	PA,QL(30 per 30 days)
ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET MO	3	PA,QL(30 per 30 days)
atenolol 100 mg TABLET MO	1	
atenolol 25 mg, 50 mg TABLET MO	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET MO	1	
ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION MO	3	ST,QL(600 per 30 days)
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET MO	1	
AVALIDE 150-12.5 MG TABLET MO	3	PA,QL(60 per 30 days)
AVALIDE 300-12.5 MG TABLET MO	3	PA,QL(30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET MO	3	PA,QL(30 per 30 days)
AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET MO	3	PA,QL(30 per 30 days)
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET MO	1	
BENICAR 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET MO	3	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET MO	3	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET DL	4	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET DL	4	PA
betaxolol 10 mg, 20 mg TABLET MO	1	
BIDIL 20-37.5 MG TABLET MO	3	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION MO	3	
bisoprolol fumarate 10 mg, 5 mg TABLET MO	1	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET MO	1	
bretylum tosylate 50 mg/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION MO	3	
BREVIBLOC IN NACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION MO	3	
<i>bumetanide 0.25 mg/ml SOLUTION</i> MO	1	
<i>bumetanide 0.5 mg, 2 mg TABLET</i> MO	1	
<i>bumetanide 1 mg TABLET</i> MO	1	
BYSTOLIC 10 MG TABLET MO	3	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET MO	3	PA,QL(60 per 30 days)
CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET MO	3	PA,QL(30 per 30 days)
CALAN SR 120 MG, 240 MG TABLET ER MO	3	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA,QL(30 per 30 days)
<i>candesartan 16 mg, 4 mg, 8 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>candesartan 32 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET</i> MO	1	
<i>captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET</i> MO	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MO	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE, ER 24 HR. DL	4	PA,QL(30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MO	3	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION MO	3	PA,QL(450 per 30 days)
<i>cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>cartia xt 300 mg CAPSULE, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET</i> MO	1	
<i>carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR.</i> MO	1	QL(30 per 30 days)
<i>chlorothiazide sodium 500 mg RECON SOLUTION</i> MO	1	
<i>chlorthalidone 25 mg TABLET</i> MO	1	
<i>chlorthalidone 50 mg TABLET</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cholestyramine (with sugar) 4 gram POWDER MO	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	1	
cholestyramine light 4 gram POWDER MO	1	
cholestyramine light 4 gram POWDER IN PACKET MO	1	
cholestyramine-aspartame 4 gram POWDER IN PACKET MO	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION MO	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET MO	1	
clonidine hcl 0.17 mg TABLET, ER 24 HR. DL	4	PA,QL(90 per 30 days)
clonidine hcl 0.2 mg, 0.3 mg TABLET MO	1	
colesevelam 3.75 gram POWDER IN PACKET MO	1	QL(30 per 30 days)
colesevelam 625 mg TABLET MO	1	QL(180 per 30 days)
COLESTID 1 GRAM TABLET MO	3	
COLESTID 5 GRAM GRANULES MO	3	QL(1000 per 30 days)
COLESTID 5 GRAM PACKET MO	3	
COLESTID FLAVORED 5 GRAM GRANULES MO	3	QL(1000 per 30 days)
COLESTID FLAVORED 7.5 GRAM PACKET MO	3	
colestipol 1 gram TABLET MO	1	
colestipol 5 gram GRANULES MO	1	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	1	
CORGARD 20 MG, 40 MG, 80 MG TABLET MO	3	PA
CORLANOR 5 MG, 7.5 MG TABLET MO	3	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION MO	3	PA,QL(560 per 28 days)
CORLOPAM 10 MG/ML SOLUTION MO	3	
CORVERT 0.1 MG/ML SOLUTION MO	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	PA
DEMSE 250 MG CAPSULE DL	4	
DIBENZYLIN 10 MG CAPSULE DL	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	1	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET MO	1	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION MO	1	
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET MO	1	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. MO	1	
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION MO	1	
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET MO	3	PA,QL(60 per 30 days)
DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET MO	3	PA,QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE MO	1	
DIURIL 250 MG/5 ML SUSPENSION MO	3	
dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION MO	1	BvsD
dobutamine in d5w 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml) PARENTERAL SOLUTION MO	1	BvsD
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	1	
dopamine 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml) SOLUTION MO	1	BvsD
dopamine in 5 % dextrose 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml) SOLUTION MO	1	BvsD
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET MO	1	
droxidopa 100 mg, 200 mg CAPSULE MO	1	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE MO	1	PA,QL(180 per 30 days)
DYRENIUM 100 MG, 50 MG CAPSULE MO	3	
EDARBI 40 MG, 80 MG TABLET MO	3	ST,QL(30 per 30 days)
EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET MO	3	ST,QL(30 per 30 days)
EDECRIN 25 MG TABLET DL	4	QL(480 per 30 days)
enalapril maleate 1 mg/ml SOLUTION MO	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET MO	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET MO	1	
enalaprilat 1.25 mg/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET MO	2	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT MO	2	QL(240 per 30 days)
EPANED 1 MG/ML SOLUTION DL	4	
eplerenone 25 mg, 50 mg TABLET MO	1	PA
eprosartan 600 mg TABLET MO	1	QL(60 per 30 days)
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION MO	1	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION MO	1	
ethacrynate sodium 50 mg RECON SOLUTION MO	1	
ethacrynic acid 25 mg TABLET MO	1	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION DL	4	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET MO	3	PA,QL(30 per 30 days)
EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET MO	3	PA,QL(30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE MO	3	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET MO	1	QL(30 per 30 days)
ezetimibe-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	1	ST,QL(30 per 30 days)
ezetimibe-rosuvastatin 10-5 mg TABLET MO	3	ST,QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
fenofibrate 120 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE MO	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate 40 mg, 54 mg TABLET MO	1	QL(60 per 30 days)
fenofibrate 50 mg CAPSULE MO	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE MO	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE MO	1	QL(30 per 30 days)
fenofibrate micronized 30 mg, 90 mg CAPSULE MO	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	1	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET MO	2	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC MO	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET MO	3	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET MO	3	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIBRICOR 105 MG, 35 MG TABLET MO	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET MO	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION MO	3	ST,QL(150 per 30 days)
fluvastatin 20 mg, 40 mg CAPSULE MO	1	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET MO	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET MO	1	
FUROSCIX 80 MG/10 ML KIT MO	3	PA
furosemide 10 mg/ml SYRINGE MO	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	1	
furosemide 20 mg, 40 mg TABLET MO	1	
furosemide 80 mg TABLET MO	1	
gemfibrozil 600 mg TABLET MO	1	QL(60 per 30 days)
GONITRO 400 MCG POWDER IN PACKET MO	3	
guanfacine 1 mg, 2 mg TABLET MO	1	
HEMANGEOL 4.28 MG/ML SOLUTION MO	3	
hydralazine 10 mg, 100 mg TABLET MO	1	
hydralazine 20 mg/ml SOLUTION MO	1	
hydralazine 25 mg, 50 mg TABLET MO	1	
hydrochlorothiazide 12.5 mg CAPSULE MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET MO	1	
hydrochlorothiazide 50 mg TABLET MO	1	
HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET MO	3	PA,QL(60 per 30 days)
ibutilide fumarate 0.1 mg/ml SOLUTION MO	1	
IMMPHENTIV 0.1 MG/ML SOLUTION MO	3	
indapamide 1.25 mg, 2.5 mg TABLET MO	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. DL	4	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR. DL	4	
INPEFA 200 MG, 400 MG TABLET MO	3	PA,QL(30 per 30 days)
INSPRA 25 MG, 50 MG TABLET MO	3	PA
irbesartan 150 mg, 300 mg, 75 mg TABLET MO	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET MO	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET MO	1	QL(30 per 30 days)
ISORDIL 40 MG TABLET DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISORDIL TITRADOSE 5 MG TABLET DL	4	PA
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET MO	1	
isosorbide mononitrate 10 mg, 20 mg TABLET MO	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. MO	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. MO	1	
isosorbide-hydralazine 20-37.5 mg TABLET MO	1	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE MO	1	
ISUPREL 0.2 MG/ML SOLUTION MO	3	
ivabradine 5 mg, 7.5 mg TABLET MO	1	PA,QL(60 per 30 days)
JUXTAPID 10 MG, 30 MG, 5 MG CAPSULE DL	4	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE DL	4	PA,QL(84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	3	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. MO	3	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION MO	3	ST,QL(300 per 30 days)
KERENDIA 10 MG, 20 MG TABLET MO	2	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg TABLET MO	1	
labetalol 5 mg/ml SOLUTION MO	1	
LABELALOL IN DEXTROSE,ISO-OSM 1 MG/ML SOLUTION MO	1	
LABELALOL IN NACL (ISO-OSMOT) 1 MG/ ML SOLUTION MO	1	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET MO	3	QL(30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION MO	3	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION MO	3	
LASIX 20 MG, 40 MG, 80 MG TABLET MO	3	
LEQVIO 284 MG/1.5 ML SYRINGE	4	PA,QL(4.5 per 365 days)
LESCOL XL 80 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION MO	3	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION MO	1	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION MO	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	3	PA
LIPOFEN 150 MG CAPSULE MO	3	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
lisinopril 30 mg TABLET MO	1	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	3	ST,QL(30 per 30 days)
LODOCO 0.5 MG TABLET MO	3	PA,QL(30 per 30 days)
LOPID 600 MG TABLET MO	3	PA,QL(60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET MO	3	
losartan 100 mg, 25 mg, 50 mg TABLET MO	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET MO	1	QL(60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET MO	3	
LOTENSIN HCT 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	3	
LOTREL 10-20 MG, 5-10 MG, 5-20 MG CAPSULE MO	3	PA,QL(60 per 30 days)
LOTREL 10-40 MG CAPSULE MO	3	PA,QL(30 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET MO	1	
LOVAZA 1 GRAM CAPSULE MO	3	PA,QL(120 per 30 days)
mannitol 10 % 10 % PARENTERAL SOLUTION MO	1	
mannitol 20 % 20 % PARENTERAL SOLUTION MO	1	
mannitol 25 % 25 % SOLUTION MO	1	
mannitol 5 % 5 % PARENTERAL SOLUTION MO	1	
matzim la 180 mg, 240 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
MAXZIDE 75-50 MG TABLET MO	3	PA
MAXZIDE-25MG 37.5-25 MG TABLET MO	3	PA
methyldopa 250 mg, 500 mg TABLET MO	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	1	
methyldopate 250 mg/5 ml SOLUTION MO	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET MO	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. MO	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET MO	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET MO	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET MO	1	
metoprolol tartrate 5 mg/5 ml SOLUTION MO	1	
metirosine 250 mg CAPSULE DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mexiletine 150 mg, 200 mg, 250 mg CAPSULE MO	1	
MICARDIS 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
MICARDIS 80 MG TABLET MO	3	PA,QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET MO	3	PA,QL(30 per 30 days)
MICARDIS HCT 80-12.5 MG TABLET MO	3	PA,QL(60 per 30 days)
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	1	
milrinone 1 mg/ml SOLUTION MO	1	BvsD
milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK MO	1	BvsD
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE MO	3	
minoxidil 10 mg, 2.5 mg TABLET MO	1	
moexipril 15 mg, 7.5 mg TABLET MO	1	
MULTAQ 400 MG TABLET MO	2	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET MO	1	
nebivolol 10 mg TABLET MO	1	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	1	QL(60 per 30 days)
NEXICLON XR 0.17 MG TABLET, ER 24 HR. DL	4	PA,QL(90 per 30 days)
NEXLETOL 180 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION MO	3	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	1	
niacin 500 mg TABLET MO	1	
niacor 500 mg TABLET MO	1	
nicardipine 20 mg, 30 mg CAPSULE MO	1	
nicardipine 25 mg/10 ml SOLUTION MO	1	
nifedipine 10 mg, 20 mg CAPSULE MO	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	1	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
nimodipine 30 mg CAPSULE MO	1	
nimodipine 60 mg/20 ml SOLUTION DL	1	QL(2838 per 28 days)
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
NITRO-BID 2 % OINTMENT MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITRO-DUR 0.1 MG/HR, 0.4 MG/HR PATCH, 24 HR. MO	3	
NITRO-DUR 0.2 MG/HR, 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR PATCH, 24 HR. DL	4	
<i>nitroglycerin</i> 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO	1	
<i>nitroglycerin</i> 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	1	
<i>nitroglycerin</i> 0.4 mg SUBLINGUAL TABLET MO	1	
<i>nitroglycerin</i> 400 mcg/spray SPRAY, NON-AEROSOL MO	1	
<i>nitroglycerin</i> 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
<i>nitroglycerin</i> in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION MO	1	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	2	
<i>norepinephrine bitartrate</i> 1 mg/ml SOLUTION MO	1	
NORLIQVA 1 MG/ML SOLUTION DL	4	ST,QL(300 per 30 days)
NORPACE 100 MG, 150 MG CAPSULE MO	3	
NORPACE CR 100 MG, 150 MG CAPSULE, ER MO	3	
NORTHERA 100 MG, 200 MG CAPSULE DL	4	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE DL	4	PA,QL(180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA
NYMALIZE 30 MG/5 ML SYRINGE DL	4	QL(630 per 28 days)
NYMALIZE 60 MG/10 ML SOLUTION DL	4	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML SYRINGE DL	4	QL(1260 per 28 days)
<i>olmesartan</i> 20 mg TABLET MO	1	QL(30 per 30 days)
<i>olmesartan</i> 40 mg TABLET MO	1	QL(30 per 30 days)
<i>olmesartan</i> 5 mg TABLET MO	1	QL(60 per 30 days)
<i>olmesartan-amlodipin-hcthiazyd</i> 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET MO	1	QL(30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i> 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET MO	1	QL(30 per 30 days)
<i>omega-3 acid ethyl esters</i> 1 gram CAPSULE MO	1	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION MO	3	
OSMITROL 15 % 15 % PARENTERAL SOLUTION MO	3	
OSMITROL 20 % 20 % PARENTERAL SOLUTION MO	3	
OSMITROL 5 % 5 % PARENTERAL SOLUTION MO	3	
PACERONE 100 MG, 400 MG TABLET MO	1	
<i>pacerone</i> 200 mg TABLET MO	1	
<i>pentoxifylline</i> 400 mg TABLET ER MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET MO	1	
phenoxybenzamine 10 mg CAPSULE DL	4	
phenylephrine hcl 10 mg/ml SOLUTION MO	1	
pindolol 10 mg, 5 mg TABLET MO	1	
pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET MO	1	ST,QL(30 per 30 days)
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR MO	3	PA,QL(2 per 28 days)
pravastatin 10 mg, 80 mg TABLET MO	1	
pravastatin 20 mg, 40 mg TABLET MO	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE MO	1	
prevalite 4 gram POWDER MO	1	
prevalite 4 gram POWDER IN PACKET MO	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION MO	1	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
propafenone 150 mg, 225 mg, 300 mg TABLET MO	1	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. MO	1	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION MO	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	1	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	1	
QBRELIS 1 MG/ML SOLUTION DL	4	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER MO	1	
QUESTRAN 4 GRAM POWDER IN PACKET MO	1	
QUESTRAN LIGHT 4 GRAM POWDER MO	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
quinidine gluconate 324 mg TABLET ER MO	1	
quinidine sulfate 200 mg, 300 mg TABLET MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	
RANEXA 1,000 MG, 500 MG TABLET, ER 12 HR. MO	3	PA,QL(120 per 30 days)
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	2	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	2	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	2	PA,QL(3 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO</i>	1	
<i>RYTHMOL SR 225 MG, 325 MG, 425 MG CAPSULE, ER 12 HR. MO</i>	3	PA
<i>simvastatin 10 mg, 20 mg, 40 mg TABLET MO</i>	1	
<i>simvastatin 5 mg, 80 mg TABLET MO</i>	1	
<i>SOAANZ 20 MG, 40 MG, 60 MG TABLET MO</i>	3	ST
<i>SODIUM EDECRIN 50 MG RECON SOLUTION MO</i>	3	
<i>sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET MO</i>	1	
<i>sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET MO</i>	1	
<i>sotalol af 120 mg, 160 mg, 80 mg TABLET MO</i>	1	
<i>SOTYLIZE 5 MG/ML SOLUTION MO</i>	3	
<i>spironolacton-hydrochlorothiaz 25-25 mg TABLET MO</i>	1	
<i>spironolactone 100 mg TABLET MO</i>	1	
<i>spironolactone 25 mg, 50 mg TABLET MO</i>	1	
<i>spironolactone 25 mg/5 ml SUSPENSION MO</i>	3	PA,QL(450 per 30 days)
<i>SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. MO</i>	3	PA,QL(30 per 30 days)
<i>taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO</i>	1	QL(60 per 30 days)
<i>taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. MO</i>	1	QL(30 per 30 days)
<i>TEKTURNA 150 MG, 300 MG TABLET MO</i>	3	PA,QL(30 per 30 days)
<i>TEKTURNA HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG TABLET MO</i>	3	ST,QL(30 per 30 days)
<i>telmisartan 20 mg, 40 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>telmisartan 80 mg TABLET MO</i>	1	QL(60 per 30 days)
<i>telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>telmisartan-hydrochlorothiazid 80-12.5 mg TABLET MO</i>	1	QL(60 per 30 days)
<i>TENORETIC 100 100-25 MG TABLET MO</i>	3	
<i>TENORETIC 50 50-25 MG TABLET MO</i>	3	PA
<i>TENORMIN 100 MG, 25 MG, 50 MG TABLET MO</i>	3	PA
<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO</i>	1	
<i>THALITONE 15 MG TABLET MO</i>	3	
<i>tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO</i>	1	QL(60 per 30 days)
<i>tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO</i>	1	QL(30 per 30 days)
<i>TIAZAC 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. MO</i>	3	QL(60 per 30 days)
<i>TIAZAC 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. MO</i>	3	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE MO	3	PA
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. MO	3	
toremide 10 mg, 100 mg, 5 mg TABLET MO	1	
toremide 20 mg TABLET MO	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET MO	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO	1	
triamterene 100 mg, 50 mg CAPSULE MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET MO	1	
TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET MO	3	PA,QL(30 per 30 days)
TRICOR 145 MG TABLET MO	3	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET MO	3	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC MO	3	PA,QL(30 per 30 days)
TRYVIO 12.5 MG TABLET MO	3	PA,QL(30 per 30 days)
valsartan 160 mg TABLET MO	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET MO	1	QL(60 per 30 days)
VALSARTAN 4 MG/ML SOLUTION DL	4	ST,QL(2400 per 30 days)
valsartan 4 mg/ml SOLUTION DL	4	ST,QL(2400 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	2	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	2	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET MO	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET DL	4	PA
vecamyl 2.5 mg TABLET DL	4	QL(300 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. MO	1	
verapamil 120 mg, 180 mg, 240 mg TABLET ER MO	1	
verapamil 120 mg, 40 mg, 80 mg TABLET MO	1	
verapamil 2.5 mg/ml SOLUTION MO	1	
verapamil 2.5 mg/ml SYRINGE MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. MO	3	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	2	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET MO	3	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
WELCHOL 625 MG TABLET MO	3	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MO	3	PA
ZETIA 10 MG TABLET MO	3	PA,QL(30 per 30 days)
ZIAC 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG TABLET MO	3	PA
ZOCOR 10 MG, 20 MG, 40 MG TABLET MO	3	PA
ZYPITAMAG 2 MG, 4 MG TABLET MO	2	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET MO	1	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET MO	1	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. MO	3	PA,QL(60 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH MO	3	QL(30 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg TABLET</i> MO	1	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. DL	4	PA,QL(60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC MO	3	QL(30 per 30 days)
<i>atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>atomoxetine 100 mg, 60 mg, 80 mg CAPSULE</i> MO	1	QL(30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET DL	4	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	4	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	4	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	4	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	4	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK DL	4	PA,QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK DL	4	PA,QL(42 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT DL	4	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT DL	4	PA,QL(1 per 28 days)
AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE MO	3	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC DL	4	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT DL	4	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	4	PA
<i>clonidine hcl 0.1 mg TABLET, ER 12 HR.</i> MO	1	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE DL	4	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE DL	4	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH MO	3	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH MO	3	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC MO	3	PA,QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC MO	3	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC MO	3	PA,QL(60 per 30 days)
<i>dalfampridine 10 mg TABLET, ER 12 HR.</i> MO	1	PA,QL(60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. MO	3	QL(30 per 30 days)
DESOXYN 5 MG TABLET DL	4	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER DL	4	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER DL	4	PA,QL(120 per 30 days)
<i>dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC</i> MO	1	QL(30 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine sulfate 10 mg CAPSULE, ER</i> MO	1	QL(180 per 30 days)
<i>dextroamphetamine sulfate 10 mg TABLET</i> MO	1	QL(180 per 30 days)
<i>dextroamphetamine sulfate 15 mg CAPSULE, ER</i> MO	1	QL(120 per 30 days)
<i>dextroamphetamine sulfate 15 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>dextroamphetamine sulfate 30 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine sulfate 5 mg CAPSULE, ER</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine sulfate 5 mg TABLET</i> MO	1	QL(150 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dextroamphetamine sulfate 5 mg/5 ml SOLUTION</i> MO	1	QL(1800 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR.</i> MO	1	QL(30 per 30 days)
<i>dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine-amphetamine 30 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC</i> MO	1	PA,QL(60 per 30 days)
<i>dimethyl fumarate 120 mg CAPSULE, DR/EC</i> MO	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	3	PA,QL(60 per 30 days)
<i>duloxetine 20 mg CAPSULE, DR/EC</i> MO	1	QL(120 per 30 days)
<i>duloxetine 30 mg CAPSULE, DR/EC</i> MO	1	QL(90 per 30 days)
<i>duloxetine 40 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>duloxetine 60 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC MO	3	QL(240 per 30 days)
<i>edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION</i> DL	4	PA
EVEKEO 10 MG, 5 MG TABLET MO	1	QL(90 per 30 days)
EVEKEO ODT 10 MG, 5 MG TABLET, DISINTEGRATING MO	3	QL(90 per 30 days)
EVEKEO ODT 15 MG, 20 MG TABLET, DISINTEGRATING MO	3	QL(60 per 30 days)
EXSERVAN 50 MG FILM DL	4	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG KIT DL	4	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG RECON SOLUTION DL	4	PA,QL(15 per 30 days)
<i>fingolimod 0.5 mg CAPSULE</i> MO	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	4	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL(60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC MO	3	QL(30 per 30 days)
<i>gabapentin 300 mg TABLET, ER 24 HR.</i> MO	1	ST,QL(30 per 30 days)
<i>gabapentin 600 mg TABLET, ER 24 HR.</i> MO	1	ST,QL(90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	4	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glatiramer 20 mg/ml SYRINGE DL	4	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE DL	4	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	4	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	4	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. MO	3	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. MO	3	ST,QL(60 per 30 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER MO	3	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	4	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	4	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE DL	4	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE MO	3	QL(30 per 30 days)
KAPVAY 0.1 MG TABLET, ER 12 HR. MO	3	QL(120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML SOLUTION DL	4	PA,QL(6 per 365 days)
lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET MO	1	PA,QL(30 per 30 days)
lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE MO	1	PA,QL(30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	3	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION MO	3	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	3	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAYZENT 0.25 MG TABLET DL	4	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET DL	4	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK DL	4	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK DL	4	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC MO	3	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC MO	3	QL(60 per 30 days)
metadate er 20 mg TABLET ER MO	1	QL(90 per 30 days)
methamphetamine 5 mg TABLET DL	4	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION MO	3	PA,QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION MO	3	PA,QL(1800 per 30 days)
methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR. MO	1	QL(30 per 30 days)
methylphenidate hcl 10 mg CHEWABLE TABLET MO	1	QL(180 per 30 days)
methylphenidate hcl 10 mg TABLET ER MO	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC MO	3	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC MO	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	1	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION MO	1	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET MO	1	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	1	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC MO	1	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION MO	1	QL(1800 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. MO	3	QL(30 per 30 days)
NUJEXTA 20-10 MG CAPSULE DL	4	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	4	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	4	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. DL	4	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR DL	4	PA,QL(1 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SYRINGE DL	4	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET DL	4	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK DL	4	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	1	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. MO	1	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	1	QL(60 per 30 days)
pregabalin 330 mg TABLET, ER 24 HR. MO	1	PA,QL(60 per 30 days)
procentra 5 mg/5 ml SOLUTION DL	4	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION DL	4	PA
QELBREE 100 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
QELBREE 150 MG, 200 MG CAPSULE, ER 24 HR. MO	3	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE MO	3	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE MO	3	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON MO	3	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION DL	4	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION DL	4	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION DL	4	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE DL	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR DL	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR DL	4	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE DL	4	PA,QL(4.2 per 28 days)
RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
RILUTEK 50 MG TABLET DL	4	
riluzole 50 mg TABLET MO	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET MO	3	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC MO	3	PA,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC MO	3	PA,QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK MO	3	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE DL	4	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	3	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	3	PA,QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING DL	4	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC DL	4	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC DL	4	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION DL	4	PA,QL(600 per 30 days)
teriflunomide 14 mg, 7 mg TABLET MO	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET MO	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET MO	1	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION DL	4	PA,QL(600 per 30 days)
TYSABRI 300 MG/15 ML SOLUTION DL	4	PA,QL(15 per 28 days)
VEOZAH 45 MG TABLET MO	3	PA,QL(30 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	4	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MO	3	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	3	PA,QL(30 per 30 days)
XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. MO	3	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET DL	4	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET DL	4	PA,QL(120 per 30 days)
zenzedi 10 mg TABLET MO	1	QL(180 per 30 days)
ZENZEDI 15 MG TABLET MO	1	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	1	QL(90 per 30 days)
ZENZEDI 30 MG TABLET MO	1	QL(60 per 30 days)
zenzedi 5 mg TABLET MO	1	QL(150 per 30 days)
ZEPOSIA 0.92 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK DL	4	PA,QL(28 per 28 days)
ZEPOSIA STARTER KIT (37-DAY) 0.23 MG-0.46 MG -0.92 MG (30) CAPSULE, DOSE PACK	4	PA,QL(37 per 37 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK DL	4	PA,QL(7 per 7 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE MO	1	
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
EVOXAC 30 MG CAPSULE MO	3	PA
KEPIVANCE 5.16 MG, 6.25 MG RECON SOLUTION DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>kourzeq 0.1 % PASTE</i> MO	1	
<i>oralone 0.1 % PASTE</i> MO	1	
<i>periogard 0.12 % MOUTHWASH</i> MO	1	
<i>pilocarpine hcl 5 mg, 7.5 mg TABLET</i> MO	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
<i>triamcinolone acetonide 0.1 % PASTE</i> MO	1	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE DL	4	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE DL	4	ST
ACANYA 1.2-2.5 % GEL WITH PUMP MO	3	QL(50 per 30 days)
<i>accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> MO	1	
<i>acitretin 10 mg, 17.5 mg, 25 mg CAPSULE</i> MO	1	PA
ACZONE 5 % GEL MO	3	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP MO	3	QL(90 per 30 days)
<i>adapalene 0.1 % CREAM</i> MO	1	QL(45 per 30 days)
<i>adapalene 0.1 % SOLUTION</i> DL	4	QL(60 per 30 days)
<i>adapalene 0.1 % SWAB</i> MO	1	QL(30 per 30 days)
<i>adapalene 0.3 % GEL</i> MO	1	QL(45 per 30 days)
<i>adapalene 0.3 % GEL WITH PUMP</i> MO	1	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP</i> MO	1	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP</i> MO	1	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE DL	4	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR DL	4	PA,QL(6 per 28 days)
AKLIEF 0.005 % CREAM MO	3	PA,QL(90 per 30 days)
ALA-CORT 1 % CREAM MO	1	QL(240 per 30 days)
ALA-SCALP 2 % LOTION MO	1	QL(236.8 per 30 days)
<i>alclometasone 0.05 % CREAM</i> MO	1	QL(240 per 30 days)
<i>alclometasone 0.05 % OINTMENT</i> MO	1	QL(240 per 30 days)
ALTABAX 1 % OINTMENT MO	3	
ALTRENO 0.05 % LOTION MO	3	PA,QL(90 per 30 days)
<i>amcinonide 0.1 % CREAM</i> MO	1	QL(120 per 30 days)
<i>amcinonide 0.1 % OINTMENT</i> DL	4	ST,QL(120 per 30 days)
<i>ammonium lactate 12 % CREAM</i> MO	1	
<i>ammonium lactate 12 % LOTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>amnesteem 10 mg, 20 mg, 40 mg CAPSULE</i> MO	1	
<i>anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> MO	1	QL(60 per 30 days)
<i>apexicon e 0.05 % CREAM</i> MO	1	QL(60 per 30 days)
<i>ARAZLO 0.045 % LOTION</i> MO	3	PA
<i>ATRALIN 0.05 % GEL</i> MO	3	PA,QL(45 per 30 days)
<i>AVITA 0.025 % CREAM</i> MO	3	PA,QL(45 per 30 days)
<i>AVITA 0.025 % GEL</i> MO	3	PA,QL(45 per 30 days)
<i>azelaic acid 15 % GEL</i> MO	1	ST,QL(50 per 30 days)
<i>AZELEX 20 % CREAM</i> MO	3	QL(50 per 30 days)
<i>BENZAMYCIN 3-5 % GEL</i> MO	3	QL(46.6 per 30 days)
<i>beser 0.05 % LOTION</i> MO	1	QL(240 per 30 days)
<i>betamethasone dipropionate 0.05 % CREAM</i> MO	1	QL(90 per 30 days)
<i>betamethasone dipropionate 0.05 % LOTION</i> MO	1	QL(120 per 30 days)
<i>betamethasone dipropionate 0.05 % OINTMENT</i> MO	1	QL(90 per 30 days)
<i>betamethasone valerate 0.1 % CREAM</i> MO	1	QL(180 per 30 days)
<i>betamethasone valerate 0.1 % LOTION</i> MO	1	QL(120 per 30 days)
<i>betamethasone valerate 0.1 % OINTMENT</i> MO	1	QL(180 per 30 days)
<i>betamethasone valerate 0.12 % FOAM</i> MO	1	QL(200 per 30 days)
<i>betamethasone, augmented 0.05 % CREAM</i> MO	1	QL(100 per 30 days)
<i>betamethasone, augmented 0.05 % GEL</i> MO	1	QL(100 per 30 days)
<i>betamethasone, augmented 0.05 % LOTION</i> MO	1	QL(120 per 30 days)
<i>betamethasone, augmented 0.05 % OINTMENT</i> MO	1	QL(100 per 30 days)
<i>brimonidine 0.33 % GEL WITH PUMP</i> MO	1	ST,QL(30 per 30 days)
<i>BRYHALI 0.01 % LOTION</i> MO	3	ST,QL(200 per 30 days)
<i>CABTREO 0.15-3.1-1.2 % GEL</i> MO	3	QL(50 per 30 days)
<i>calcipotriene 0.005 % CREAM</i> MO	1	PA,QL(120 per 30 days)
<i>calcipotriene 0.005 % FOAM</i> MO	1	ST,QL(120 per 28 days)
<i>calcipotriene 0.005 % OINTMENT</i> MO	1	QL(240 per 30 days)
<i>calcipotriene 0.005 % SOLUTION</i> MO	1	QL(60 per 30 days)
<i>calcipotriene-betamethasone 0.005-0.064 % OINTMENT</i> MO	1	PA,QL(60 per 30 days)
<i>calcipotriene-betamethasone 0.005-0.064 % SUSPENSION</i> MO	1	PA,QL(420 per 30 days)
<i>calcitriol 3 mcg/gram OINTMENT</i> MO	1	ST,QL(800 per 28 days)
<i>CAPEX 0.01 % SHAMPOO</i> MO	3	QL(840 per 30 days)
<i>CARAC 0.5 % CREAM</i> DL	4	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CENTANY 2 % OINTMENT MO	3	
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
CLEOCIN T 1 % LOTION MO	3	QL(60 per 30 days)
clindacin 1 % FOAM MO	1	QL(100 per 30 days)
clindacin etz 1 % SWAB MO	1	
clindacin p 1 % SWAB MO	1	
CLINDAGEL 1 % GEL, ONCE DAILY DL	4	PA,QL(75 per 30 days)
clindamycin phosphate 1 % FOAM MO	1	QL(100 per 30 days)
clindamycin phosphate 1 % GEL MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % GEL, ONCE DAILY MO	1	PA,QL(75 per 30 days)
clindamycin phosphate 1 % LOTION MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB MO	1	
clindamycin-benzoyl peroxide 1-5 % GEL MO	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP MO	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL MO	1	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL MO	1	QL(60 per 30 days)
clobetasol 0.05 % CREAM MO	1	QL(120 per 30 days)
clobetasol 0.05 % FOAM MO	1	QL(100 per 28 days)
clobetasol 0.05 % GEL MO	1	QL(120 per 28 days)
clobetasol 0.05 % LOTION MO	1	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT MO	1	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO MO	1	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION MO	1	QL(100 per 30 days)
clobetasol 0.05 % SPRAY, NON-AEROSOL MO	1	QL(240 per 30 days)
clobetasol-emollient 0.05 % CREAM MO	1	QL(120 per 30 days)
clobetasol-emollient 0.05 % FOAM MO	1	QL(100 per 30 days)
CLOBEX 0.05 % LOTION MO	3	ST,QL(240 per 28 days)
CLOBEX 0.05 % SHAMPOO MO	3	ST,QL(240 per 30 days)
CLOBEX 0.05 % SPRAY, NON-AEROSOL MO	3	ST,QL(240 per 30 days)
clocortolone pivalate 0.1 % CREAM MO	1	QL(180 per 30 days)
clodan 0.05 % SHAMPOO MO	1	QL(240 per 30 days)
CONDYLOX 0.5 % GEL MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORDRAN 0.025 % CREAM MO	3	ST,QL(240 per 30 days)
CORDRAN 0.05 % CREAM DL	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % LOTION DL	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % OINTMENT MO	3	ST,QL(240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE MO	3	QL(2 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
<i>croton</i> 10 % LOTION DL	4	PA,QL(454 per 30 days)
<i>dapsone</i> 5 % GEL MO	1	QL(90 per 30 days)
<i>dapsone</i> 7.5 % GEL WITH PUMP MO	1	QL(90 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL 0.01 % OIL MO	3	QL(118.28 per 30 days)
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % OIL MO	3	QL(118.28 per 30 days)
<i>desonide</i> 0.05 % CREAM MO	1	QL(240 per 30 days)
<i>desonide</i> 0.05 % GEL MO	1	QL(240 per 30 days)
<i>desonide</i> 0.05 % LOTION MO	1	QL(240 per 30 days)
<i>desonide</i> 0.05 % OINTMENT MO	1	QL(240 per 30 days)
DESOWEN 0.05 % CREAM MO	3	QL(240 per 30 days)
<i>desoximetasone</i> 0.05 % CREAM MO	1	QL(240 per 30 days)
<i>desoximetasone</i> 0.05 % GEL MO	1	QL(240 per 30 days)
<i>desoximetasone</i> 0.05 % OINTMENT MO	1	QL(240 per 30 days)
<i>desoximetasone</i> 0.25 % CREAM MO	1	QL(120 per 30 days)
<i>desoximetasone</i> 0.25 % OINTMENT MO	1	QL(120 per 30 days)
<i>desoximetasone</i> 0.25 % SPRAY, NON-AEROSOL MO	1	QL(100 per 30 days)
<i>desrx</i> 0.05 % GEL MO	1	QL(240 per 30 days)
<i>diclofenac sodium</i> 3 % GEL MO	1	PA
DIFFERIN 0.1 % CREAM MO	3	PA,QL(45 per 30 days)
DIFFERIN 0.1 % LOTION MO	3	QL(59 per 30 days)
DIFFERIN 0.3 % GEL WITH PUMP MO	3	QL(45 per 30 days)
<i>diflorasone</i> 0.05 % CREAM DL	4	QL(120 per 30 days)
<i>diflorasone</i> 0.05 % OINTMENT MO	3	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT MO	3	QL(100 per 30 days)
DOVONEX 0.005 % CREAM MO	3	PA,QL(120 per 30 days)
<i>doxepin</i> 5 % CREAM DL	4	PA,QL(45 per 30 days)
DUOBRII 0.01-0.045 % LOTION MO	3	PA,QL(200 per 28 days)
EBGLYSS PEN 250 MG/2 ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluorouracil 0.5 % CREAM DL	4	QL(60 per 30 days)
fluorouracil 2 % SOLUTION MO	1	QL(30 per 30 days)
fluorouracil 5 % CREAM MO	1	
fluorouracil 5 % SOLUTION MO	1	QL(60 per 30 days)
flurandrenolide 0.05 % CREAM MO	1	QL(240 per 30 days)
flurandrenolide 0.05 % LOTION MO	3	QL(240 per 30 days)
flurandrenolide 0.05 % OINTMENT MO	1	QL(240 per 30 days)
fluticasone propionate 0.005 % OINTMENT MO	1	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM MO	1	QL(240 per 30 days)
fluticasone propionate 0.05 % LOTION MO	1	QL(240 per 30 days)
halcinonide 0.1 % CREAM DL	4	QL(120 per 30 days)
halcinonide 0.1 % SOLUTION MO	1	QL(120 per 30 days)
halobetasol propionate 0.05 % CREAM MO	1	QL(100 per 30 days)
halobetasol propionate 0.05 % FOAM MO	3	PA,QL(100 per 30 days)
halobetasol propionate 0.05 % OINTMENT MO	1	QL(100 per 30 days)
HALOG 0.1 % CREAM DL	4	QL(120 per 30 days)
HALOG 0.1 % OINTMENT MO	3	QL(120 per 30 days)
HALOG 0.1 % SOLUTION MO	3	QL(120 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR MO	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT MO	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET MO	1	
hydrocortisone 2 % LOTION DL	4	QL(236.8 per 30 days)
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	1	QL(236 per 30 days)
hydrocortisone butyr-emollient 0.1 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % LOTION MO	1	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT MO	1	QL(180 per 30 days)
hydrocortisone butyrate 0.1 % SOLUTION MO	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % OINTMENT MO	1	QL(240 per 30 days)
HYFTOR 0.2 % GEL DL	4	PA
imiquimod 3.75 % CREAM IN PACKET MO	3	ST,QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>imiquimod 3.75 % CREAM, METERED DOSE PUMP</i> DL	4	ST,QL(15 per 30 days)
<i>imiquimod 5 % CREAM IN PACKET</i> MO	1	QL(12 per 30 days)
IMPEKLO 0.05 % LOTION IN METERED DOSE PUMP DL	4	ST,QL(136 per 28 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> MO	1	
<i>isotretinoin 25 mg, 35 mg CAPSULE</i> DL	4	
<i>ivermectin 1 % CREAM</i> MO	1	ST,QL(45 per 30 days)
KLISYRI 1 % OINTMENT IN PACKET DL	4	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM MO	3	PA,QL(100 per 30 days)
<i>lindane 1 % SHAMPOO</i> MO	1	QL(60 per 30 days)
LOCOID 0.1 % LOTION MO	3	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM MO	3	QL(240 per 30 days)
LUXIQ 0.12 % FOAM MO	3	ST,QL(200 per 30 days)
<i>mafenide acetate 50 gram PACKET</i> MO	1	
<i>malathion 0.5 % LOTION</i> MO	1	
<i>methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL</i> MO	1	
MIRVASO 0.33 % GEL WITH PUMP MO	3	ST,QL(30 per 30 days)
<i>mometasone 0.1 % CREAM</i> MO	1	QL(180 per 30 days)
<i>mometasone 0.1 % OINTMENT</i> MO	1	QL(180 per 30 days)
<i>mometasone 0.1 % SOLUTION</i> MO	1	QL(180 per 30 days)
<i>mupirocin 2 % OINTMENT</i> MO	1	
<i>mupirocin calcium 2 % CREAM</i> MO	1	ST
<i>myorisan 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> MO	1	
NATROBA 0.9 % SUSPENSION MO	3	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM MO	3	
<i>neuac 1.2 %(1 % base) -5 % GEL</i> MO	1	QL(45 per 30 days)
OLUX 0.05 % FOAM MO	3	PA,QL(100 per 28 days)
OLUX-E 0.05 % FOAM MO	3	PA,QL(100 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL MO	3	
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP MO	3	QL(50 per 30 days)
OPZELURA 1.5 % CREAM DL	4	PA,QL(240 per 28 days)
OTEZLA 20 MG, 30 MG TABLET DL	4	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	4	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	4	PA,QL(27 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OVIDE 0.5 % LOTION MO	3	PA
PANDEL 0.1 % CREAM DL	4	QL(160 per 30 days)
permethrin 5 % CREAM MO	1	
pimecrolimus 1 % CREAM MO	1	PA,QL(100 per 30 days)
podofilox 0.5 % GEL MO	1	
podofilox 0.5 % SOLUTION MO	1	QL(7 per 30 days)
prednicarbate 0.1 % CREAM MO	1	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT MO	1	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
PROTOPIC 0.03 %, 0.1 % OINTMENT MO	3	QL(200 per 30 days)
PRUDOXIN 5 % CREAM DL	4	PA,QL(45 per 30 days)
REGRANEX 0.01 % GEL DL	4	PA
RETIN-A 0.01 %, 0.025 % GEL MO	3	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM MO	3	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL DL	4	PA,QL(45 per 30 days)
RETIN-A MICRO 0.1 % GEL MO	3	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP DL	4	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP MO	3	PA,QL(50 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	3	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	1	QL(120 per 30 days)
SILVADENE 1 % CREAM MO	2	
silver sulfadiazine 1 % CREAM MO	1	
SOOLANTRA 1 % CREAM MO	3	ST,QL(45 per 30 days)
SORILUX 0.005 % FOAM DL	4	ST,QL(120 per 28 days)
spinosad 0.9 % SUSPENSION MO	3	QL(240 per 30 days)
SSD 1 % CREAM MO	1	
SULFAMYLON 50 GRAM PACKET MO	3	
SULFAMYLON 85 MG/G CREAM MO	3	
SYNALAR 0.01 % SOLUTION MO	3	QL(180 per 30 days)
TACLONEX 0.005-0.064 % OINTMENT DL	4	PA,QL(60 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION DL	4	PA,QL(420 per 30 days)
tacrolimus 0.03 %, 0.1 % OINTMENT MO	1	QL(200 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tazarotene 0.05 % CREAM MO	1	PA,QL(120 per 30 days)
tazarotene 0.05 %, 0.1 % GEL MO	1	PA,QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	1	QL(120 per 30 days)
tazarotene 0.1 % FOAM DL	4	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM MO	3	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL MO	3	PA,QL(200 per 30 days)
TEMOVATE 0.05 % OINTMENT MO	3	PA,QL(120 per 28 days)
TEXACORT 2.5 % SOLUTION MO	1	QL(240 per 30 days)
TOPICORT 0.05 % CREAM MO	1	QL(240 per 30 days)
TOPICORT 0.05 % GEL MO	1	QL(240 per 30 days)
TOPICORT 0.05 % OINTMENT MO	3	QL(240 per 30 days)
TOPICORT 0.25 % CREAM MO	1	QL(120 per 30 days)
TOPICORT 0.25 % OINTMENT MO	1	QL(120 per 30 days)
TOPICORT 0.25 % SPRAY, NON-AEROSOL MO	3	QL(100 per 30 days)
tovet emollient 0.05 % FOAM MO	1	QL(100 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL MO	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	1	PA,QL(45 per 30 days)
tretinoin microspheres 0.04 %, 0.08 %, 0.1 % GEL WITH PUMP MO	1	PA,QL(50 per 30 days)
tretinoin microspheres 0.04 %, 0.1 % GEL MO	1	PA,QL(45 per 30 days)
TWYNEO 0.1-3 % CREAM MO	3	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION MO	3	QL(120 per 30 days)
VANOS 0.1 % CREAM MO	3	QL(120 per 28 days)
VECTICAL 3 MCG/GRAM OINTMENT DL	4	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL MO	3	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM DL	4	QL(200 per 30 days)
VEREGEN 15 % OINTMENT DL	4	QL(30 per 30 days)
VTAMA 1 % CREAM DL	4	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM MO	3	PA
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
ZIANA 1.2-0.025 % GEL MO	3	PA,QL(60 per 30 days)
ZONALON 5 % CREAM MO	3	PA,QL(45 per 30 days)
ZORYVE 0.15 %, 0.3 % CREAM DL	4	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM DL	4	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP DL	4	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET MO	3	ST,QL(28 per 28 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION MO	3	BvsD
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP</i> MO	1	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> MO	1	
<i>calcium chloride 100 mg/ml (10 %) SOLUTION</i> MO	1	
<i>calcium chloride 100 mg/ml (10 %) SYRINGE</i> MO	1	
<i>calcium gluconate 100 mg/ml (10%) SOLUTION</i> MO	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE DL	4	PA
<i>carglumic acid 200 mg TABLET, DISPERSIBLE</i> DL	4	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	3	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	3	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	1	BvsD
CLINOLIPID 20 % EMULSION MO	3	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK MO	1	
CUPRIMINE 250 MG CAPSULE DL	4	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET DL	4	PA,QL(300 per 30 days)
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION MO	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE DL	4	PA
deferasirox 180 mg, 360 mg, 90 mg GRANULES IN PACKET DL	4	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET MO	1	PA
deferiprone 1,000 mg TABLET DL	4	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET DL	4	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION MO	1	BvsD
DEPEN TITRATABS 250 MG TABLET DL	4	PA
DESFERAL 500 MG RECON SOLUTION MO	3	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION MO	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION MO	1	
dextrose 25 % in water (d25w) SYRINGE MO	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION MO	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK MO	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION MO	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION MO	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) SYRINGE MO	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG -400 MG COMBO PACK MO	3	
<i>electrolyte-148 PARENTERAL SOLUTION</i> MO	1	
<i>electrolyte-48 in d5w PARENTERAL SOLUTION</i> MO	1	
<i>electrolyte-a PARENTERAL SOLUTION</i> MO	1	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE DL	4	PA
FERRIPROX 1,000 MG TABLET DL	4	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML SOLUTION DL	4	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET DL	4	PA,QL(720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE DL	4	PA,QL(300 per 30 days)
GLYCOPHOS 1 MMOL/ML SOLUTION MO	1	
INTRALIPID 20 %, 30 % EMULSION MO	3	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION MO	3	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	3	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	3	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	3	
ISOLYTE-S PARENTERAL SOLUTION MO	3	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET DL	4	PA
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	4	PA,QL(60 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION MO	3	BvsD
<i>kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION</i> MO	1	
<i>klor-con 20 meq PACKET</i> MO	1	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER MO	1	
KLOR-CON 8 8 MEQ TABLET ER MO	1	
<i>klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	1	
<i>klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET MO	3	
<i>lactated ringers PARENTERAL SOLUTION</i> MO	1	
<i>levocarnitine 100 mg/ml, 200 mg/ml SOLUTION</i> MO	1	
<i>levocarnitine 330 mg TABLET</i> MO	1	
<i>levocarnitine (with sugar) 100 mg/ml SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	2	QL(30 per 30 days)
<i>m-natal plus 27 mg iron- 1 mg TABLET MO</i>	1	
<i>magnesium sulfate 500 mg/ml (50 %) SOLUTION MO</i>	1	
<i>magnesium sulfate 500 mg/ml (50 %) SYRINGE MO</i>	1	
<i>magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK MO</i>	1	
<i>magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK MO</i>	1	
<i>magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION MO</i>	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON -1 MG CHEWABLE TABLET MO	3	
<i>neo-vital rx 27 mg iron- 1 mg TABLET MO</i>	1	
NEONATAL COMPLETE 29-1 MG TABLET MO	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION MO	3	
NUTRILIPID 20 % EMULSION MO	3	BvsD
OB COMPLETE ONE 40-10-1-300 MG CAPSULE MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30-20-1 MG TABLET MO	3	
OMEGA VEN 10 % EMULSION DL	4	BvsD
<i>penicillamine 250 mg CAPSULE DL</i>	4	PA,QL(600 per 30 days)
<i>penicillamine 250 mg TABLET DL</i>	4	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	3	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	3	
PLASMA-LYTE A PARENTERAL SOLUTION MO	3	
PLENAMINE 15 % PARENTERAL SOLUTION MO	1	BvsD
<i>pnv-dha 27 mg iron-1 mg -300 mg CAPSULE MO</i>	1	
<i>pnv-omega 28-1-300 mg CAPSULE MO</i>	1	
<i>potassium acetate 2 meq/ml SOLUTION MO</i>	1	
<i>potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO</i>	1	
<i>potassium chloride 10 meq CAPSULE, ER MO</i>	1	
<i>potassium chloride 10 meq, 20 meq TABLET ER MO</i>	1	
<i>potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS MO</i>	1	
<i>potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride 15 meq, 8 meq TABLET ER MO	1	
potassium chloride 2 meq/ml SOLUTION MO	1	
potassium chloride 20 meq PACKET MO	1	QL(240 per 30 days)
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID MO	1	
potassium chloride 8 meq CAPSULE, ER MO	1	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK MO	1	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	1	
pr natal 400 29-1-400 mg COMBO PACK MO	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	1	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK MO	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION MO	1	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	1	
PRENATABS FA 29-1 MG TABLET MO	1	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET MO	1	
prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK MO	3	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET MO	1	
prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET MO	1	
prenatal-u 106.5-1 mg CAPSULE MO	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	1	
PROSOL 20 % PARENTERAL SOLUTION MO	3	BvsD
ringer's PARENTERAL SOLUTION MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	4	PA,QL(60 per 30 days)
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET MO	1	
SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET MO	3	
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK MO	3	
SMOFLIPID 20 % EMULSION MO	3	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE MO	1	
sodium chloride 2.5 meq/ml SOLUTION MO	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION MO	1	
sodium chloride 0.9 % PARENTERAL SOLUTION MO	1	
sodium chloride 0.9 % PIGGYBACK MO	1	
sodium chloride 0.9 % SOLUTION MO	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION MO	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION MO	1	
sodium phosphate 3 mmol/ml SOLUTION MO	1	
sodium polystyrene sulfonate POWDER MO	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	1	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA MO	1	
SYPRINE 250 MG CAPSULE DL	4	PA,QL(240 per 30 days)
THAM 36 MG/ML (0.3 M) SOLUTION MO	3	
tolvaptan 15 mg, 30 mg TABLET DL	4	PA,QL(60 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
TRICARE 27 MG IRON- 1 MG TABLET MO	1	
trientine 250 mg CAPSULE DL	4	QL(240 per 30 days)
trientine 500 mg CAPSULE DL	4	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE MO	3	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
UROCID-K 10 10 MEQ (1,080 MG) TABLET ER MO	3	
UROCID-K 15 15 MEQ TABLET ER MO	3	
UROCID-K 5 5 MEQ (540 MG) TABLET ER MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION MO	3	
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	PA,QL(30 per 30 days)
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
virt-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO	1	
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET MO	3	

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lansoprazole 15 mg, 30 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>lansoprazole 15 mg, 30 mg TABLET, DISINTEGRATING DR</i> MO	1	QL(30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	2	QL(30 per 30 days)
LIVDELZI 10 MG CAPSULE DL	4	PA,QL(30 per 30 days)
LIVMARLI 19 MG/ML SOLUTION DL	4	PA,QL(60 per 30 days)
LIVMARLI 9.5 MG/ML SOLUTION DL	4	PA,QL(90 per 30 days)
LOMOTIL 2.5-0.025 MG TABLET MO	3	
<i>loperamide 2 mg CAPSULE</i> MO	1	
LOTRONEX 0.5 MG, 1 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>lubiprostone 24 mcg, 8 mcg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>methscopolamine 2.5 mg, 5 mg TABLET</i> MO	1	
<i>misoprostol 100 mcg, 200 mcg TABLET</i> MO	1	
MOTEGRITY 1 MG, 2 MG TABLET MO	3	PA,QL(30 per 30 days)
MOTOFEN 1-0.025 MG TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	2	QL(30 per 30 days)
MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET MO	3	ST
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION DL	4	PA,QL(30 per 30 days)
MYTESI 125 MG TABLET, DR/EC DL	4	PA,QL(60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE, DR/EC MO	3	PA,QL(60 per 30 days)
NEXIUM IV 40 MG RECON SOLUTION MO	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET MO	3	QL(30 per 30 days)
<i>nizatidine 150 mg, 300 mg CAPSULE</i> MO	1	
OCALIVA 10 MG, 5 MG TABLET DL	4	PA,QL(30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK MO	3	ST
<i>omeprazole 10 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>omeprazole 20 mg, 40 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET</i> DL	4	ST,QL(30 per 30 days)
<i>omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE</i> MO	1	QL(30 per 30 days)
<i>opium tincture 10 mg/ml (morphine) TINCTURE</i> MO	3	QL(180 per 30 days)
OSMOPREP 1.5 GRAM TABLET MO	3	ST
<i>pantoprazole 20 mg, 40 mg TABLET, DR/EC</i> MO	1	QL(60 per 30 days)
<i>pantoprazole 40 mg DR GRANULES IN PACKET</i> MO	1	QL(30 per 30 days)
<i>pantoprazole 40 mg RECON SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK</i> MO	3	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK MO	3	
<i>peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION</i> MO	1	
<i>peg-electrolyte soln 420 gram RECON SOLUTION</i> MO	1	
<i>peg-prep 5-210 mg-gram KIT</i> MO	1	
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET</i> MO	1	ST
<i>pepcid 20 mg, 40 mg TABLET</i> MO	3	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL MO	3	ST
PREVACID 30 MG CAPSULE, DR/EC MO	3	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR MO	3	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON MO	3	
PROTONIX 20 MG, 40 MG TABLET, DR/EC MO	3	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET MO	3	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION MO	3	PA
PYLERA 140-125-125 MG CAPSULE MO	3	ST,QL(120 per 30 days)
<i>rabeprazole 20 mg TABLET, DR/EC</i> MO	1	QL(60 per 30 days)
REBYOTA 150 ML ENEMA DL	4	PA
RELISTOR 12 MG/0.6 ML SOLUTION DL	4	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE DL	4	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET DL	4	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE DL	4	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE DL	4	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE DL	4	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET MO	3	PA
ROBINUL FORTE 2 MG TABLET MO	3	PA
<i>sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION</i> MO	1	
<i>sucralfate 1 gram TABLET</i> MO	1	
<i>sucralfate 100 mg/ml SUSPENSION</i> MO	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	3	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION MO	3	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	2	
SYMPROIC 0.2 MG TABLET MO	3	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC MO	3	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
DAYBUE 200 MG/ML SOLUTION DL	4	PA,QL(3600 per 30 days)
<i>dichlorphenamide</i> 50 mg TABLET DL	4	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID DL	4	PA
DUVYZAT 8.86 MG/ML SUSPENSION DL	4	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION DL	4	PA
ELELYSO 200 UNIT RECON SOLUTION DL	4	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION DL	4	PA
ELFABRIO 2 MG/ML SOLUTION DL	4	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION DL	4	PA,QL(240 per 30 days)
FABRAZYME 35 MG, 5 MG RECON SOLUTION DL	4	PA
GALAFOLD 123 MG CAPSULE DL	4	PA,QL(14 per 28 days)
GLASSIA 1 GRAM/50 ML (2 %) SOLUTION DL	4	PA
<i>javygtor</i> 100 mg TABLET, SOLUBLE DL	4	PA
<i>javygtor</i> 100 mg, 500 mg POWDER IN PACKET DL	4	PA
JOENJA 70 MG TABLET DL	4	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION DL	4	PA
KEVEYIS 50 MG TABLET DL	4	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE DL	4	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET DL	4	PA
LAMZEDE 10 MG RECON SOLUTION DL	4	PA
LUMIZYME 50 MG RECON SOLUTION DL	4	PA
MEPSEVII 2 MG/ML SOLUTION DL	4	PA
<i>miglustat</i> 100 mg CAPSULE DL	4	PA,QL(90 per 30 days)
MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE DL	4	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION DL	4	PA
NEXVIAZYME 100 MG RECON SOLUTION DL	4	PA
<i>nitisinone</i> 10 mg, 2 mg, 20 mg, 5 mg CAPSULE DL	4	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	4	
NULIBRY 9.5 MG RECON SOLUTION DL	4	PA
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET DL	4	PA
ONPATTRO 2 MG/ML SOLUTION DL	4	PA
OPFOLDA 65 MG CAPSULE MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	4	
ORFADIN 4 MG/ML SUSPENSION DL	4	
<i>ormalvi 50 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE DL	4	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE DL	4	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE DL	4	PA,QL(90 per 30 days)
PANCREAZE 10,500-35,500- 61,500 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC MO	3	ST
PANCREAZE 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC DL	4	ST
PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC DL	4	ST
PHEBURANE 483 MG/GRAM GRANULES DL	4	PA
POMBILITI 105 MG RECON SOLUTION DL	4	PA
PROCYSBI 25 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(120 per 30 days)
PROCYSBI 300 MG DR GRANULES IN PACKET DL	4	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(780 per 30 days)
PROCYSBI 75 MG DR GRANULES IN PACKET DL	4	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	4	PA
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	4	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	4	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID DL	4	PA,QL(525 per 30 days)
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	4	
<i>sapropterin 100 mg TABLET, SOLUBLE</i> DL	4	PA
<i>sapropterin 100 mg, 500 mg POWDER IN PACKET</i> DL	4	PA
<i>sodium phenylbutyrate 0.94 gram/gram POWDER</i> DL	4	
<i>sodium phenylbutyrate 500 mg TABLET</i> DL	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION DL	4	PA
STRENSIQ 40 MG/ML SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	4	PA
TEGSEDI 284 MG/1.5 ML SYRINGE DL	4	PA,QL(6 per 28 days)
VIJOICE 125 MG, 50 MG TABLET DL	4	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET DL	4	PA,QL(56 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIJOICE 50 MG GRANULES IN PACKET DL	4	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET DL	4	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
VPRIV 400 UNIT RECON SOLUTION DL	4	PA
VYNDAMAX 61 MG CAPSULE DL	4	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	4	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	4	PA
<i>yargesa</i> 100 mg CAPSULE DL	4	PA,QL(90 per 30 days)
ZAVESCA 100 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION DL	4	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	4	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC MO	3	
GENITOURINARY AGENTS		
<i>alfuzosin</i> 10 mg TABLET, ER 24 HR. MO	1	
<i>bethanechol chloride</i> 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	1	
CIALIS 2.5 MG, 5 MG TABLET MO	3	PA
<i>darifenacin</i> 15 mg, 7.5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	3	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
DITROPAN XL 10 MG, 5 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
<i>dutasteride</i> 0.5 mg CAPSULE MO	1	QL(30 per 30 days)
<i>dutasteride-tamsulosin</i> 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	3	QL(90 per 30 days)
<i>fesoterodine</i> 4 mg, 8 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
<i>finasteride</i> 5 mg TABLET MO	1	QL(30 per 30 days)
<i>flavoxate</i> 100 mg TABLET MO	1	
FLOMAX 0.4 MG CAPSULE MO	3	
GELNIQUE 10 % (100 MG/GRAM) GEL IN PACKET MO	3	ST,QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	3	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. MO	3	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	2	QL(300 per 30 days)
<i>oxybutynin chloride</i> 10 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
<i>oxybutynin chloride</i> 15 mg, 5 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
<i>oxybutynin chloride</i> 2.5 mg TABLET MO	1	QL(90 per 30 days)
<i>oxybutynin chloride</i> 5 mg TABLET MO	1	
<i>oxybutynin chloride</i> 5 mg/5 ml SYRUP MO	1	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY MO	3	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET MO	3	PA,QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MO	3	PA,QL(30 per 30 days)
<i>silodosin</i> 4 mg, 8 mg CAPSULE MO	1	QL(30 per 30 days)
<i>solifenacin</i> 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
<i>tadalafil</i> 2.5 mg, 5 mg TABLET MO	1	PA
<i>tamsulosin</i> 0.4 mg CAPSULE MO	1	
THIOLA 100 MG TABLET DL	4	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC DL	4	
<i>tiopronin</i> 100 mg TABLET DL	4	
<i>tiopronin</i> 100 mg, 300 mg TABLET, DR/EC DL	4	
<i>tolterodine</i> 1 mg, 2 mg TABLET MO	1	QL(60 per 30 days)
<i>tolterodine</i> 2 mg, 4 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
<i>tropium</i> 20 mg TABLET MO	1	
<i>tropium</i> 60 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. MO	3	
VESICARE 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION MO	3	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL DL	4	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR DL	4	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION DL	4	PA,QL(225 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE DL	4	PA
<i>betamethasone acet,sod phos</i> 6 mg/ml SUSPENSION MO	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTROPHIN GEL 80 UNIT/ML GEL DL	4	PA,QL(30 per 30 days)
deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET DL	4	PA
deflazacort 22.75 mg/ml SUSPENSION DL	4	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION MO	3	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK MO	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET MO	1	
dexamethasone 0.5 mg/5 ml ELIXIR MO	1	
dexamethasone 0.5 mg/5 ml SOLUTION MO	1	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK MO	1	
dexamethasone intensol 1 mg/ml DROPS MO	1	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION MO	1	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE MO	1	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION MO	1	
dexamethasone sodium phosphate 4 mg/ml SYRINGE MO	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	4	PA
EMFLAZA 22.75 MG/ML SUSPENSION DL	4	PA
fludrocortisone 0.1 mg TABLET MO	1	
HEMADY 20 MG TABLET MO	3	PA,QL(24 per 28 days)
hydrocortisone sod succinate 100 mg RECON SOLUTION MO	1	
KENALOG 0.147 MG/GRAM AEROSOL MO	3	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION MO	3	
KENALOG-80 80 MG/ML SUSPENSION MO	3	
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET MO	3	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK MO	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET MO	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK MO	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION MO	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION MO	1	
millipred 5 mg TABLET MO	1	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK MO	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING MO	3	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION MO	3	
prednisolone 15 mg/5 ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisolone 5 mg TABLET MO	1	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING MO	1	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION MO	1	
prednisone 1 mg, 2.5 mg, 5 mg TABLET MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK MO	1	
prednisone 5 mg/5 ml SOLUTION MO	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	1	BvsD
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC DL	4	PA
SOLU-CORTEF 100 MG RECON SOLUTION MO	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION MO	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION MO	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK MO	1	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT MO	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM MO	1	
triamcinolone acetonide 0.1 % CREAM MO	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL MO	1	QL(200 per 30 days)
triamcinolone acetonide 40 mg/ml SUSPENSION MO	1	
trianex 0.05 % OINTMENT MO	1	
triderm 0.1 %, 0.5 % CREAM MO	1	
tritocin 0.05 % OINTMENT MO	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	1	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK MO	1	
ZILRETTA 32 MG SUSPENSION, ER, RECON MO	3	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	3	PA
DDAVP 0.1 MG TABLET MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DDAVP 0.2 MG TABLET DL	4	PA
DDAVP 4 MCG/ML SOLUTION MO	3	PA
desmopressin 0.1 mg, 0.2 mg TABLET MO	1	
desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP MO	1	PA,QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL MO	1	PA,QL(25 per 30 days)
desmopressin 4 mcg/ml SOLUTION DL	4	
EGRIFTA SV 2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE DL	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SYRINGE DL	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE DL	4	PA
HUMATROPE 5 (15 UNIT) MG RECON SOLUTION DL	4	PA
INCRELEX 10 MG/ML SOLUTION DL	4	PA
ISTURISA 1 MG TABLET DL	4	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET DL	4	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET DL	4	PA,QL(360 per 30 days)
NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR DL	4	PA
NOCDURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING MO	3	PA,QL(30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING MO	3	PA,QL(30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	4	PA
NOVAREL 5,000 UNIT RECON SOLUTION MO	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR DL	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	4	PA
PREGNYL 10,000 UNIT RECON SOLUTION MO	3	PA
SAIZEN 5 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
SAIZEN 8.8 MG RECON SOLUTION DL	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) CARTRIDGE DL	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE DL	4	PA,QL(8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SKYTROFA 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE DL	4	PA,QL(4 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	4	PA,QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION DL	4	PA
ZOMACTON 5 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
carboprost tromethamine 250 mcg/ml SOLUTION MO	1	
carboprost tromethamine 250 mcg/ml SYRINGE MO	1	
HEMABATE 250 MCG/ML SOLUTION MO	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ACTIVELLA 1-0.5 MG TABLET MO	3	
afirmelle 0.1-20 mg-mcg TABLET MO	1	
altavera (28) 0.15-0.03 mg TABLET MO	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET MO	1	
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	1	
ANDRODERM 2 MG/24 HOUR PATCH, 24 HR. MO	3	PA,QL(90 per 30 days)
ANDRODERM 4 MG/24 HR PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)
ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) GEL IN PACKET MO	3	PA,QL(300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) GEL IN PACKET DL	4	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) GEL IN PACKET DL	4	PA,QL(150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP DL	4	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET MO	3	
ANNOVERA 0.15-0.013 MG/24 HOUR RING MO	3	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET MO	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
abra 0.1-20 mg-mcg TABLET MO	1	
abra eq 0.1-20 mg-mcg TABLET MO	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET</i> MO	1	
<i>aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET</i> MO	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION DL	4	PA
<i>aviane 0.1-20 mg-mcg TABLET</i> MO	1	
AYGESTIN 5 MG TABLET MO	1	
<i>ayuna 0.15-0.03 mg TABLET</i> MO	1	
<i>azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET</i> MO	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET MO	3	
<i>balziva (28) 0.4-35 mg-mcg TABLET</i> MO	1	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET MO	3	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE MO	3	QL(30 per 30 days)
<i>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET</i> MO	1	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET</i> MO	1	
<i>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET</i> MO	1	
<i>briellyn 0.4-35 mg-mcg TABLET</i> MO	1	
<i>camila 0.35 mg TABLET</i> MO	1	
<i>camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH</i> MO	3	QL(91 per 90 days)
<i>camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH</i> MO	1	QL(91 per 90 days)
<i>charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET</i> MO	1	
<i>chateal eq (28) 0.15-0.03 mg TABLET</i> MO	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, WEEKLY MO	3	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY MO	3	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
CRINONE 4 %, 8 % GEL MO	3	
<i>cryselle (28) 0.3-30 mg-mcg TABLET</i> MO	1	
<i>cyred 0.15-0.03 mg TABLET</i> MO	1	
<i>cyred eq 0.15-0.03 mg TABLET</i> MO	1	
<i>danazol 100 mg, 200 mg, 50 mg CAPSULE</i> MO	1	
<i>dasetta 1/35 (28) 1-35 mg-mcg TABLET</i> MO	1	
<i>dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET</i> MO	1	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH</i> MO	1	QL(91 per 90 days)
<i>deblitane 0.35 mg TABLET</i> MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPO-ESTRADIOL 5 MG/ML OIL MO	1	QL(5 per 30 days)
DEPO-PROVERA 150 MG/ML SUSPENSION MO	3	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE MO	3	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	2	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL MO	1	PA
<i>desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO</i>	1	
<i>desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET MO</i>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET MO	3	
<i>dolishale 90-20 mcg (28) TABLET MO</i>	1	
<i>dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO</i>	1	QL(8 per 28 days)
<i>drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET MO</i>	1	
<i>drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO</i>	1	
DUAVEE 0.45-20 MG TABLET MO	3	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP MO	3	QL(52 per 30 days)
<i>elinest 0.3-30 mg-mcg TABLET MO</i>	1	
<i>eluryng 0.12-0.015 mg/24 hr RING MO</i>	1	QL(1 per 28 days)
<i>emzahh 0.35 mg TABLET MO</i>	1	
ENDOMETRIN 100 MG INSERT MO	3	
<i>enilloring 0.12-0.015 mg/24 hr RING MO</i>	1	QL(1 per 28 days)
<i>enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO</i>	1	
<i>enskyce 0.15-0.03 mg TABLET MO</i>	1	
<i>errin 0.35 mg TABLET MO</i>	1	
<i>estarylla 0.25-35 mg-mcg TABLET MO</i>	1	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM MO	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	
<i>estradiol 0.01 % (0.1 mg/gram) CREAM MO</i>	1	
<i>estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO</i>	1	QL(4 per 28 days)
<i>estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO</i>	1	QL(8 per 28 days)
<i>estradiol 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET MO	1	
estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP MO	1	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	1	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	3	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	1	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL MO	3	
EVISTA 60 MG TABLET MO	3	PA,QL(30 per 30 days)
falmina (28) 0.1-20 mg-mcg TABLET MO	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING MO	3	QL(1 per 90 days)
femynor 0.25-35 mg-mcg TABLET MO	1	
finzala 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
FORTESTA 10 MG/0.5 GRAM /ACTUATION GEL IN METERED DOSE PUMP MO	3	PA,QL(120 per 30 days)
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET MO	1	
gallifrey 5 mg TABLET MO	1	
gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	1	
GENERESS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET MO	3	
hailey 1.5-30 mg-mcg TABLET MO	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
haloette 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
heather 0.35 mg TABLET MO	1	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT MO	3	PA,QL(8 per 28 days)
IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK MO	3	PA,QL(18 per 28 days)
incassia 0.35 mg TABLET MO	1	
INTRAROSA 6.5 MG INSERT MO	3	PA
isibloom 0.15-0.03 mg TABLET MO	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	1	
JATENZO 158 MG, 198 MG CAPSULE MO	3	PA,QL(120 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levora-28 0.15-0.03 mg TABLET MO	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MO	3	
lo-zumandimine (28) 3-0.02 mg TABLET MO	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	1	
lutra (28) 0.1-20 mg-mcg TABLET MO	1	
lyleq 0.35 mg TABLET MO	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	1	
marlissa (28) 0.15-0.03 mg TABLET MO	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET MO	1	
medroxyprogesterone 150 mg/ml SUSPENSION MO	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE MO	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET MO	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION MO	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	1	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY MO	3	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	1	
METHITEST 10 MG TABLET DL	4	
methyltestosterone 10 mg CAPSULE DL	4	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
mili 0.25-35 mg-mcg TABLET MO	1	
mimvey 1-0.5 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET MO	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
<i>mono-lynyah 0.25-35 mg-mcg TABLET MO</i>	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO</i>	1	
NEXPLANON 68 MG IMPLANT DL	2	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET MO	3	
<i>nikki (28) 3-0.02 mg TABLET MO</i>	1	
NORA-BE 0.35 MG TABLET MO	1	
<i>nora-be 0.35 mg TABLET MO</i>	1	
<i>norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY MO</i>	1	QL(3 per 28 days)
<i>noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO</i>	1	
<i>norethindrone (contraceptive) 0.35 mg TABLET MO</i>	1	
<i>norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET MO</i>	1	
<i>norethindrone acetate 5 mg TABLET MO</i>	1	
<i>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</i>	1	
<i>norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO</i>	1	
<i>norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO</i>	1	
<i>norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET MO</i>	1	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO</i>	1	
<i>nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO</i>	1	
<i>nortrel 1/35 (28) 1-35 mg-mcg TABLET MO</i>	1	
<i>nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO</i>	1	
NUVARING 0.12-0.015 MG/24 HR RING MO	3	QL(1 per 28 days)
<i>nylia 1/35 (28) 1-35 mg-mcg TABLET MO</i>	1	
<i>nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO</i>	1	
<i>nymyo 0.25-35 mg-mcg TABLET MO</i>	1	
<i>ocella 3-0.03 mg TABLET MO</i>	1	
OSPHENA 60 MG TABLET MO	2	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxandrolone 10 mg TABLET MO	1	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	1	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET MO	1	
pimtrex (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
portia 28 0.15-0.03 mg TABLET MO	1	
PREFEST 1 MG (15)/1 MG- 0.09 MG (15) TABLET MO	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	3	
PREMARIN 0.625 MG/GRAM CREAM MO	2	
PREMARIN 25 MG RECON SOLUTION MO	3	
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET MO	3	
PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET MO	3	
progesterone 50 mg/ml OIL MO	1	
progesterone micronized 100 mg, 200 mg CAPSULE MO	1	
PROMETRIUM 100 MG, 200 MG CAPSULE MO	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	3	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
raloxifene 60 mg TABLET MO	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	1	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET MO	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG (7) TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
sprintec (28) 0.25-35 mg-mcg TABLET MO	1	
sronyx 0.1-20 mg-mcg TABLET MO	1	
syeda 3-0.03 mg TABLET MO	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	3	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET MO	3	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP MO	3	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL MO	3	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	1	
vylibra 0.25-35 mg-mcg TABLET MO	1	
wera (28) 0.5-35 mg-mcg TABLET MO	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET MO	3	
YAZ (28) 3-0.02 MG TABLET MO	3	
yuvafem 10 mcg TABLET MO	1	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	1	
zumandimine (28) 3-0.03 mg TABLET MO	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	3	
ERMEZA 30 MCG/ML SOLUTION MO	3	PA
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
levothyroxine 100 mcg RECON SOLUTION MO	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE MO	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET MO	1	
levothyroxine 100 mcg/ml, 20 mcg/ml, 40 mcg/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET MO	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION DL	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
liothyronine 10 mcg/ml SOLUTION MO	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	1	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET MO	2	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
THYQUIDITY 20 MCG/ML SOLUTION MO	3	PA
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE MO	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION MO	3	
TRIOSTAT 10 MCG/ML SOLUTION MO	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET MO	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	3	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	3	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	3	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	3	PA
FENSOLVI 45 MG SYRINGE	4	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION DL	4	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	4	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	3	PA
lanreotide 120 mg/0.5 ml SYRINGE DL	4	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE DL	4	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE DL	4	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT MO	1	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION MO	3	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT MO	3	PA,QL(1 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	4	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT MO	3	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT MO	3	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT DL	4	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	4	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC DL	4	PA,QL(112 per 28 days)
MYFEMBREE 40-1-0.5 MG TABLET DL	4	PA,QL(28 per 28 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION MO	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	1	PA
octreotide,microspheres 20 mg, 30 mg SUSPENSION, ER, RECON DL	4	PA
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
ORILISSA 150 MG TABLET DL	4	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET DL	4	PA,QL(56 per 28 days)
RECORLEV 150 MG TABLET DL	4	PA,QL(240 per 30 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION DL	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	4	PA,QL(60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE DL	4	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	4	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	4	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	3	PA
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	4	PA,QL(1 per 168 days)
ZOLADEX 10.8 MG IMPLANT MO	3	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	3	PA,QL(1 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION DL	4	PA
AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR DL	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(4.8 per 28 days)
ARAVA 10 MG, 20 MG TABLET DL	4	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION DL	4	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
ASCENIV 10 % SOLUTION DL	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. MO	3	BvsD
ATGAM 50 MG/ML SOLUTION DL	4	PA
AVSOLA 100 MG RECON SOLUTION DL	4	PA
AZASAN 100 MG, 75 MG TABLET MO	1	BvsD
<i>azathioprine 100 mg, 50 mg, 75 mg TABLET MO</i>	1	BvsD
<i>azathioprine sodium 100 mg RECON SOLUTION MO</i>	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION AV,DL	1	
BENLYSTA 120 MG RECON SOLUTION DL	4	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	4	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION DL	4	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT DL	4	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION DL	4	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE AV,DL	1	
BIMZELX 160 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML AUTO-INJECTOR DL	4	PA,QL(2 per 28 days)
BIVIGAM 10 % SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	BvsD
CELLCEPT 250 MG CAPSULE DL	4	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CELLCEPT 500 MG TABLET DL	4	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	3	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT DL	4	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT DL	4	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION DL	4	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION DL	4	PA
COSENTYX 75 MG/0.5 ML SYRINGE DL	4	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR DL	4	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION DL	4	PA
<i>cyclosporine 100 mg, 25 mg CAPSULE MO</i>	1	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO</i>	1	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION MO</i>	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION DL	4	PA
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	4	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	4	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	4	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	4	PA,QL(8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENBREL 25 MG (1 ML) RECON SOLUTION DL	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	4	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	4	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	4	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION AV,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
ENJAYMO 50 MG/ML SOLUTION DL	4	PA
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR DL	4	PA,QL(1.36 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. MO	3	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. DL	3	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET MO</i>	1	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET DL</i>	4	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET DL</i>	4	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE DL	4	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE DL	4	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION DL	4	PA
GAMASTAN 15-18 % RANGE SOLUTION MO	3	PA
GAMIFANT 5 MG/ML SOLUTION DL	4	PA
GAMMAGARD LIQUID 10 % SOLUTION DL	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION DL	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GAMMAPLEX 10 % SOLUTION DL	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION DL	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
<i>gengraf 100 mg, 25 mg CAPSULE MO</i>	1	BvsD
<i>gengraf 100 mg/ml SOLUTION MO</i>	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HADLIMA 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR DL	4	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	4	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE AV,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE DL	4	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML SOLUTION DL	4	BvsD
HYPERTET (PF) 250 UNIT/ML SYRINGE DL	3	BvsD
HYRIMOZ 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	4	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML - 40 MG/0.4 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE</i> DL	4	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	4	PA,QL(6 per 365 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION DL	3	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION AV,DL	1	BvsD
IMURAN 50 MG TABLET MO	3	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	1	
INFLECTRA 100 MG RECON SOLUTION DL	4	PA
INFLIXIMAB 100 MG RECON SOLUTION DL	4	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION AV,DL	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE AV,DL	1	
JYLAMVO 2 MG/ML SOLUTION DL	3	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION AV,DL	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION DL	4	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR DL	4	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE DL	4	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SYRINGE DL	4	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	1	
<i>leflunomide 10 mg, 20 mg TABLET</i> MO	1	QL(30 per 30 days)
LITFULO 50 MG CAPSULE DL	4	PA,QL(28 per 28 days)
LUPKYNIS 7.9 MG CAPSULE DL	4	PA,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION AV,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION AV,DL	1	
methotrexate sodium 2.5 mg TABLET MO	1	BvsD
methotrexate sodium 25 mg/ml SOLUTION MO	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION MO	1	
methotrexate sodium (pf) 25 mg/ml SOLUTION MO	1	
MONJUVI 200 MG RECON SOLUTION DL	4	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	BvsD
mycophenolate mofetil 250 mg CAPSULE MO	1	BvsD
mycophenolate mofetil 500 mg TABLET MO	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	1	BvsD
MYFORTIC 180 MG TABLET, DR/EC MO	3	BvsD
MYFORTIC 360 MG TABLET, DR/EC DL	4	BvsD
MYHIBBIN 200 MG/ML SUSPENSION DL	4	BvsD
NEMLUVIO 30 MG PEN INJECTOR DL	4	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE MO	3	BvsD
NEORAL 100 MG/ML SOLUTION MO	3	BvsD
OCTAGAM 10 %, 5 % SOLUTION DL	4	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET DL	4	PA,QL(30 per 30 days)
OMVOH 100 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION DL	4	PA
OMVOH PEN 100 MG/ML PEN INJECTOR DL	4	PA,QL(2 per 28 days)
ORENCIA 125 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SYRINGE DL	4	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE DL	4	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PANZYGA 10 % SOLUTION DL	4	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	4	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	4	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-48MCG-62DU -10 MCG/0.5ML KIT DL	1	
PIASKY 340 MG/2 ML SOLUTION DL	4	PA
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION AV,DL	1	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
PRIVIGEN 10 % SOLUTION DL	4	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	3	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	3	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION AV,DL	1	BvsD
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET DL	4	BvsD
RAPAMUNE 1 MG/ML SOLUTION DL	4	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR MO	3	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR MO	3	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR MO	3	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR MO	3	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR MO	3	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR MO	3	PA,QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE MO	3	PA,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SYRINGE MO	3	PA,QL(2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REDITREX (PF) 15 MG/0.6 ML SYRINGE MO	3	PA,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SYRINGE MO	3	PA,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SYRINGE MO	3	PA,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SYRINGE MO	3	PA,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SYRINGE MO	3	PA,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SYRINGE MO	3	PA,QL(1.2 per 28 days)
REMICADE 100 MG RECON SOLUTION DL	4	PA
RENFLEXIS 100 MG RECON SOLUTION DL	4	PA
REZUROCK 200 MG TABLET DL	4	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	3	
RIDAURA 3 MG CAPSULE DL	4	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	4	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	4	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
RUCONEST 2,100 UNIT RECON SOLUTION DL	4	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION DL	4	PA
<i>sajazir 30 mg/3 ml SYRINGE</i> DL	4	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	3	BvsD
SANDIMMUNE 100 MG/ML SOLUTION MO	3	BvsD
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION DL	4	PA,QL(2 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
SILIQ 210 MG/1.5 ML SYRINGE DL	4	PA,QL(6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR DL	4	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE DL	4	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR DL	4	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION DL	4	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION DL	4	BvsD
<i>sirolimus 0.5 mg, 1 mg, 2 mg TABLET</i> MO	1	BvsD
<i>sirolimus 1 mg/ml SOLUTION</i> MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SKYRIZI 150 MG/ML PEN INJECTOR	4	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	4	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	4	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	4	PA,QL(16.8 per 365 days)
SKYRIZI 60 MG/ML SOLUTION DL	4	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION DL	4	PA
SOTYKTU 6 MG TABLET DL	4	PA,QL(30 per 30 days)
SPEVIGO 150 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
SPEVIGO 60 MG/ML SOLUTION DL	4	PA,QL(30 per 84 days)
STELARA 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	4	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE</i> MO	1	BvsD
<i>tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR.</i> MO	1	BvsD
TAKHZYRO 150 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SOLUTION DL	4	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE DL	4	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE DL	4	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE AV,DL	1	
TETANUS,DIPHThERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION DL	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR DL	4	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE DL	4	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION MO	3	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE AV,DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREMFYA 100 MG/ML AUTO-INJECTOR	4	PA,QL(3 per 84 days)
TREMFYA 100 MG/ML SYRINGE	4	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	4	PA,QL(2 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION DL	4	PA,QL(120 per 365 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	4	PA,QL(2 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	1	BvsD
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE AV,DL	1	
TYENNE 162 MG/0.9 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR DL	4	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE AV,DL	1	
ULTOMIRIS 100 MG/ML SOLUTION	4	PA
UPLIZNA 10 MG/ML SOLUTION DL	4	PA,QL(120 per 365 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	4	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION AV,MO	1	
VELSIPITY 2 MG TABLET DL	4	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION DL	4	PA
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	4	PA,QL(180 per 30 days)
XATMEP 2.5 MG/ML SOLUTION MO	3	PA
XELJANZ 1 MG/ML SOLUTION DL	4	PA,QL(300 per 30 days)
XELJANZ 10 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
XOLAIR 150 MG RECON SOLUTION DL	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	4	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	4	PA,QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	4	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
YUFLYMA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
ZILBRYSQ 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML SYRINGE DL	4	PA
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET DL	4	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	4	BvsD,QL(120 per 30 days)
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT DL	4	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. MO	3	ST,QL(120 per 30 days)
ASACOL HD 800 MG TABLET, DR/EC MO	3	ST,QL(180 per 30 days)
AZULFIDINE 500 MG TABLET MO	3	
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC MO	3	
<i>balsalazide 750 mg CAPSULE</i> MO	1	
<i>budesonide 2 mg/actuation FOAM</i> MO	1	PA
<i>budesonide 3 mg CAPSULE, DR/EC</i> MO	1	
<i>budesonide 9 mg TABLET, DR/ER</i> DL	4	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY DL	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE DL	4	PA
CORTENEMA 100 MG/60 ML ENEMA MO	3	
CORTIFOAM 10 % (80 MG) FOAM MO	3	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) MO	3	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE DL	4	ST,QL(120 per 30 days)
<i>hydrocortisone 100 mg/60 ml ENEMA</i> MO	1	
LIALDA 1.2 GRAM TABLET, DR/EC MO	3	ST,QL(120 per 30 days)
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR.</i> MO	1	QL(120 per 30 days)
<i>mesalamine 1,000 mg SUPPOSITORY</i> MO	1	QL(30 per 30 days)
<i>mesalamine 1.2 gram TABLET, DR/EC</i> MO	1	ST,QL(120 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA</i> MO	1	QL(1800 per 30 days)
<i>mesalamine 400 mg CAPSULE (WITH DR TABLETS)</i> MO	1	ST,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mesalamine 500 mg CAPSULE, ER MO	1	ST,QL(300 per 30 days)
mesalamine 800 mg TABLET, DR/EC MO	1	ST,QL(180 per 30 days)
ORTIKOS 6 MG, 9 MG CAPSULE, ER DL	4	PA,QL(30 per 30 days)
PENTASA 250 MG CAPSULE, ER MO	3	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER DL	4	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM MO	1	
ROWASA 4 GRAM/60 ML ENEMA MO	3	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET MO	1	
sulfasalazine 500 mg TABLET, DR/EC MO	1	
TARPEYO 4 MG CAPSULE, DR/EC DL	4	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM MO	3	PA
UCERIS 9 MG TABLET, DR/ER MO	3	PA,QL(30 per 30 days)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET MO	3	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET MO	3	PA,QL(4 per 28 days)
alendronate 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
alendronate 35 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION MO	1	QL(300 per 28 days)
AELVIA 35 MG TABLET, DR/EC MO	3	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT MO	3	ST,QL(4 per 28 days)
BONIVA 150 MG TABLET MO	3	PA,QL(1 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO	1	QL(3.7 per 28 days)
calcitonin (salmon) 200 unit/ml SOLUTION DL	4	
calcitriol 0.25 mcg, 0.5 mcg CAPSULE MO	1	
calcitriol 1 mcg/ml SOLUTION MO	1	
cinacalcet 30 mg, 60 mg TABLET MO	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET MO	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE MO	1	
doxercalciferol 4 mcg/2 ml SOLUTION MO	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE DL	4	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
FOSAMAX 70 MG TABLET MO	3	PA,QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET MO	3	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION MO	3	
<i>ibandronate</i> 150 mg TABLET MO	1	QL(1 per 28 days)
<i>ibandronate</i> 3 mg/3 ml SOLUTION MO	1	PA,QL(3 per 90 days)
<i>ibandronate</i> 3 mg/3 ml SYRINGE MO	1	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION DL	4	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE DL,LA	4	PA,QL(2 per 28 days)
<i>pamidronate</i> 30 mg/10 ml (3 mg/ml) SOLUTION MO	1	QL(30 per 21 days)
<i>pamidronate</i> 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION MO	1	QL(10 per 21 days)
<i>paricalcitol</i> 1 mcg, 2 mcg, 4 mcg CAPSULE MO	1	
<i>paricalcitol</i> 2 mcg/ml SOLUTION MO	1	QL(24 per 30 days)
<i>paricalcitol</i> 5 mcg/ml SOLUTION MO	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE MO	3	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. DL	4	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK MO	3	PA,QL(100 per 365 days)
<i>risedronate</i> 150 mg TABLET MO	1	QL(1 per 30 days)
<i>risedronate</i> 30 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
<i>risedronate</i> 35 mg TABLET MO	1	QL(4 per 28 days)
<i>risedronate</i> 35 mg TABLET, DR/EC MO	1	QL(4 per 28 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE MO	3	
ROCALTROL 1 MCG/ML SOLUTION MO	3	
SENSIPAR 30 MG TABLET MO	3	QL(60 per 30 days)
SENSIPAR 60 MG TABLET DL	4	QL(60 per 30 days)
SENSIPAR 90 MG TABLET DL	4	QL(120 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	4	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	4	PA,QL(1.7 per 28 days)
YORVIPATH 168 MCG/0.56 ML PEN INJECTOR DL	4	PA,QL(1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN INJECTOR DL	4	PA,QL(1.96 per 28 days)
YORVIPATH 420 MCG/1.4 ML PEN INJECTOR DL	4	PA,QL(2.8 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE MO	3	
ZEMPLAR 2 MCG/ML SOLUTION DL	4	QL(24 per 30 days)
ZEMPLAR 5 MCG/ML SOLUTION DL	4	QL(48 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO	1	QL(300 per 21 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zoledronic acid 4 mg RECON SOLUTION MO	1	
zoledronic acid 4 mg/5 ml SOLUTION MO	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK MO	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) SOLUTION MO	3	
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION MO	1	
acetic acid 0.25 % SOLUTION MO	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION MO	1	
ADAKVEO 10 MG/ML SOLUTION DL	4	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	4	PA
ALCOHOL PADS PADS, MEDICATED MO	1	
ALCOHOL PREP PADS PADS, MEDICATED MO	1	
ALCOHOL SWABS PADS, MEDICATED MO	1	
ALCOHOL WIPES PADS, MEDICATED MO	1	
ALLZITAL 25-325 MG TABLET MO	1	QL(360 per 30 days)
AMMONUL 10-10 % SOLUTION DL	4	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE MO	1	
BD ALCOHOL SWABS PADS, MEDICATED MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEQUR SIMPLICITY INSERTER MISCELLANEOUS MO	2	
CERVIDIL 10 MG INSERT, ER MO	3	
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE MO	3	ST,QL(60 per 30 days)
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE DL	4	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK DL	4	PA,QL(56 per 28 days)
COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION MO	3	
CURITY ALCOHOL SWABS PADS, MEDICATED MO	1	
CURITY GAUZE 2 X 2 " BANDAGE MO	1	
DEFITELIO 80 MG/ML SOLUTION DL	4	PA
DERMACEA 2 X 2 " BANDAGE MO	1	
DROPLET INSULIN SYR(HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE PDS,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED MO	1	
edetate calcium disodium 200 mg/ml SOLUTION DL	4	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION DL	4	ST,QL(43.2 per 30 days)
EMPAVELI 1,080 MG/20 ML SOLUTION DL	4	PA,QL(160 per 28 days)
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET DL	4	PA
ESGIC 50-325-40 MG CAPSULE MO	1	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET MO	1	QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FILSPARI 200 MG, 400 MG TABLET DL	4	PA,QL(30 per 30 days)
FILSUVEZ 10 % GEL DL	4	PA
<i>fioricet</i> 50-300-40 mg CAPSULE MO	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE DL	3	QL(180 per 30 days)
<i>flumazenil</i> 0.1 mg/ml SOLUTION MO	1	
<i>fomepizole</i> 1 gram/ml SOLUTION MO	1	
GAUZE BANDAGE 2 X 2 " BANDAGE MO	1	
GAUZE PAD 2 X 2 " BANDAGE MO	1	
GIVLAARI 189 MG/ML SOLUTION DL	4	PA
IGALMI 120 MCG, 180 MCG FILM MO	3	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
IV PREP WIPES PADS, MEDICATED MO	1	
KORLYM 300 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>lactated ringers</i> SOLUTION MO	1	
LITHOSTAT 250 MG TABLET MO	3	
<i>methylergonovine</i> 0.2 mg TABLET DL	4	
<i>methylergonovine</i> 0.2 mg/ml (1 ml) SOLUTION MO	1	
<i>mifepristone</i> 300 mg TABLET DL	4	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD MO	2	
<i>neomycin-polymyxin b gu</i> 40 mg-200,000 unit/ml SOLUTION MO	1	
<i>nitroglycerin</i> 0.4 % (w/w) OINTMENT MO	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE MO	2	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	2	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	2	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	2	
OMNIPOD GO PODS CARTRIDGE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE MO	2	
OXLUMO 94.5 MG/0.5 ML SOLUTION	4	PA
<i>oxytocin 10 unit/ml SOLUTION</i> MO	1	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET MO	3	PA
PALFORZIA INITIAL DOSE 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE MO	3	PA
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET MO	3	PA
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE PDS,MO	1	
<i>phenazopyridine 100 mg, 200 mg TABLET</i> MO	1	
PHEXXI 1.8-1-0.4 % GEL MO	3	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION MO	1	
PITOCIN 10 UNIT/ML SOLUTION MO	3	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE MO	3	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION DL	4	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>promethazine vc 6.25-5 mg/5 ml SYRUP</i> MO	1	
<i>promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP</i> MO	1	
<i>protamine 10 mg/ml SOLUTION</i> MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PYRIDIUM 100 MG, 200 MG TABLET MO	3	
QUTENZA 8 % KIT DL	4	PA
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION MO	3	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>ribavirin 6 gram RECON SOLUTION</i> DL	4	BvsD
RIMSO-50 50 % SOLUTION DL	4	
<i>ringer's SOLUTION</i> MO	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE DL	4	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION DL	4	PA
SIKLOS 1,000 MG, 100 MG TABLET MO	3	PA
<i>sodium benzoate-sod phenylacet 10-10 % SOLUTION</i> DL	4	
<i>sodium chloride 0.9 % SOLUTION</i> MO	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION DL	4	PA
<i>tencon 50-325 mg TABLET</i> MO	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION DL	4	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED MO	1	
V-GO 20 DEVICE MO	3	PA
V-GO 30 DEVICE MO	3	PA
V-GO 40 DEVICE MO	3	PA
VIRAZOLE 6 GRAM RECON SOLUTION DL	4	BvsD
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL DL	4	PA,QL(10 per 28 days)
<i>water for irrigation, sterile SOLUTION</i> MO	1	
WEBCOL PADS, MEDICATED MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR DL	4	PA
XDEMVI 0.25 % DROPS MO	3	PA,QL(10 per 42 days)
YCANTH 0.7 % SOLUTION W/APPLICATOR DL	4	PA
ZEBUTAL 50-325-40 MG CAPSULE MO	1	QL(180 per 30 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT DL	4	PA
zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET MO	1	
ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION MO	3	
OPHTHALMIC AGENTS		
ACULAR 0.5 % DROPS MO	3	ST,QL(10 per 30 days)
ACULAR LS 0.4 % DROPS MO	3	ST,QL(10 per 30 days)
ACUVAIL (PF) 0.45 % DROPPERETTE MO	3	ST
ak-poly-bac 500-10,000 unit/gram OINTMENT MO	1	
ALCAINE 0.5 % DROPS MO	1	
ALOCRI 2 % DROPS MO	3	
ALOMIDE 0.1 % DROPS MO	3	
ALPHAGAN P 0.1 %, 0.15 % DROPS MO	3	ST
ALREX 0.2 % DROPS, SUSPENSION MO	3	ST
apraclonidine 0.5 % DROPS MO	1	
atropine 1 % DROPS MO	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	1	
AZASITE 1 % DROPS MO	3	ST,QL(2.5 per 25 days)
azelastine 0.05 % DROPS MO	1	
AZOPT 1 % DROPS, SUSPENSION MO	3	ST,QL(10 per 28 days)
bacitracin 500 unit/gram OINTMENT MO	1	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT MO	1	
balanced salt SOLUTION MO	1	
bepotastine besilate 1.5 % DROPS MO	1	ST,QL(5 per 25 days)
BEPREVE 1.5 % DROPS MO	3	ST,QL(5 per 25 days)
BESIVANCE 0.6 % DROPS, SUSPENSION MO	3	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
betaxolol 0.5 % DROPS MO	1	
BETIMOL 0.25 %, 0.5 % DROPS MO	3	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION MO	3	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bimatoprost 0.03 % DROPS MO	1	QL(2.5 per 25 days)
brimonidine 0.1 %, 0.15 % DROPS MO	1	ST
brimonidine 0.2 % DROPS MO	1	
brinzolamide 1 % DROPS, SUSPENSION MO	1	ST,QL(10 per 28 days)
bromfenac 0.07 % DROPS MO	1	ST,QL(3 per 30 days)
bromfenac 0.075 % DROPS MO	1	ST,QL(5 per 30 days)
bromfenac 0.09 % DROPS MO	1	QL(1.7 per 30 days)
BROMSITE 0.075 % DROPS MO	3	ST,QL(5 per 30 days)
BSS SOLUTION MO	3	
BSS PLUS SOLUTION MO	3	
carteolol 1 % DROPS MO	1	
CEQUA 0.09 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
CILOXAN 0.3 % OINTMENT MO	3	
ciprofloxacin hcl 0.3 % DROPS MO	1	
COMBIGAN 0.2-0.5 % DROPS MO	2	QL(5 per 25 days)
COSOPT 22.3-6.8 MG/ML DROPS MO	3	ST
COSOPT (PF) 2-0.5 % DROPPERETTE MO	3	ST,QL(60 per 30 days)
cromolyn 4 % DROPS MO	1	
cyclosporine 0.05 % DROPPERETTE MO	1	QL(60 per 30 days)
CYSTADROPS 0.37 % DROPS DL	4	PA,QL(20 per 28 days)
CYSTARAN 0.44 % DROPS DL	4	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS MO	1	
DEXTENZA 0.4 MG INSERT MO	3	QL(1 per 30 days)
diclofenac sodium 0.1 % DROPS MO	1	
difluprednate 0.05 % DROPS MO	1	ST
dorzolamide 2 % DROPS MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO	1	
dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE MO	1	QL(60 per 30 days)
DUREZOL 0.05 % DROPS MO	3	ST
DURYSTA 10 MCG IMPLANT DL	4	PA
ENSPRYNG 120 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
epinastine 0.05 % DROPS MO	1	ST,QL(5 per 25 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT MO	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	2	QL(16.6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluorometholone 0.1 % DROPS, SUSPENSION MO	1	
flurbiprofen sodium 0.03 % DROPS MO	1	
FML FORTE 0.25 % DROPS, SUSPENSION MO	3	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION MO	3	ST
gatifloxacin 0.5 % DROPS MO	1	QL(2.5 per 25 days)
gentak 0.3 % (3 mg/gram) OINTMENT MO	1	
gentamicin 0.3 % DROPS MO	1	
ILEVRO 0.3 % DROPS, SUSPENSION MO	2	QL(3 per 30 days)
INVELTYS 1 % DROPS, SUSPENSION MO	3	ST
IOPIDINE 1 % DROPPERETTE MO	3	
ISTALOL 0.5 % DROPS, ONCE DAILY MO	3	
IYUZEH (PF) 0.005 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS MO	1	QL(10 per 30 days)
LACRISERT 5 MG INSERT MO	3	
latanoprost 0.005 % DROPS MO	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS MO	1	
levofloxacin 0.5 %, 1.5 % DROPS MO	1	
LOTEMAX 0.5 % DROPS, GEL MO	3	ST
LOTEMAX 0.5 % DROPS, SUSPENSION MO	3	ST
LOTEMAX 0.5 % OINTMENT MO	3	ST
LOTEMAX SM 0.38 % DROPS, GEL MO	3	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION MO	1	ST
loteprednol etabonate 0.5 % DROPS, GEL MO	1	ST
LUMIGAN 0.01 % DROPS MO	2	QL(2.5 per 25 days)
MAXIDEX 0.1 % DROPS, SUSPENSION MO	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % OINTMENT MO	3	
MAXITROL 3.5MG/ML-10,000 UNIT/ML-0.1 % DROPS, SUSPENSION MO	1	
methazolamide 25 mg, 50 mg TABLET MO	1	
MIEBO (PF) 100 % DROPS MO	3	PA,QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION MO	3	
moxifloxacin 0.5 % DROPS MO	1	
moxifloxacin 0.5 % DROPS, VISCOUS MO	1	ST
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	1	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	1	
NEVANAC 0.1 % DROPS, SUSPENSION MO	3	ST
OCUFLOX 0.3 % DROPS MO	3	
ofloxacin 0.3 % DROPS MO	1	
olopatadine 0.1 %, 0.2 % DROPS MO	1	
OXERVATE 0.002 % DROPS DL	4	PA,QL(112 per 365 days)
PHOSPHOLINE IODIDE 0.125 % DROPS MO	3	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	1	
polycin 500-10,000 unit/gram OINTMENT MO	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	1	
PRED FORTE 1 % DROPS, SUSPENSION MO	3	ST
PRED MILD 0.12 % DROPS, SUSPENSION MO	3	ST
PRED-G 0.3-1 % DROPS, SUSPENSION MO	3	
prednisolone acetate 1 % DROPS, SUSPENSION MO	1	
prednisolone sodium phosphate 1 % DROPS MO	1	
PROLENSA 0.07 % DROPS MO	3	ST,QL(3 per 30 days)
proparacaine 0.5 % DROPS MO	1	
RESTASIS 0.05 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	3	PA,QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	2	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	2	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	3	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS MO	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS MO	1	
tafluprost (pf) 0.0015 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
timolol maleate 0.25 % DROPS MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	1	
timolol maleate 0.5 % DROPS MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>timolol maleate 0.5 % DROPS, ONCE DAILY</i> MO	1	
<i>timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE</i> MO	1	
TIMOPTIC 0.25 %, 0.5 % DROPS MO	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE MO	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % GEL FORMING SOLUTION MO	3	PA
TOBRADEX 0.3-0.1 % DROPS, SUSPENSION MO	3	
TOBRADEX 0.3-0.1 % OINTMENT MO	3	
<i>tobramycin 0.3 % DROPS</i> MO	1	
<i>tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION</i> MO	1	
TOBREX 0.3 % OINTMENT MO	3	
TRAVATAN Z 0.004 % DROPS MO	3	ST,QL(2.5 per 25 days)
<i>travoprost 0.004 % DROPS</i> MO	1	QL(2.5 per 25 days)
<i>trifluridine 1 % DROPS</i> MO	1	
TRUSOPT 2 % DROPS MO	3	
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL MO	3	PA,QL(8.4 per 30 days)
VEVYE 0.1 % DROPS MO	3	PA,QL(2 per 30 days)
VIGAMOX 0.5 % DROPS MO	3	PA
VUITY 1.25 % DROPS MO	3	
VYZULTA 0.024 % DROPS MO	3	QL(2.5 per 25 days)
XALATAN 0.005 % DROPS MO	3	PA,QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION MO	3	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION MO	3	
ZYMAXID 0.5 % DROPS MO	3	ST,QL(2.5 per 25 days)
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION MO	3	
CIPRODEX 0.3-0.1 % DROPS, SUSPENSION MO	3	QL(7.5 per 30 days)
<i>ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION</i> MO	3	QL(7.5 per 30 days)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION MO	3	
DERMOTIC OIL 0.01 % DROPS MO	3	
<i>flac otic oil 0.01 % DROPS</i> MO	1	
<i>fluocinolone acetonide oil 0.01 % DROPS</i> MO	1	
<i>hydrocortisone-acetic acid 1-2 % DROPS</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO	1	
ofloxacin 0.3 % DROPS MO	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL(60 per 30 days)
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	1	BvsD
ADCIRCA 20 MG TABLET DL	4	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL,LA	4	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION MO	3	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(12 per 30 days)
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER DL	4	PA,QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION MO	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	1	
albuterol sulfate 2 mg/5 ml SYRUP MO	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION MO	1	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. MO	1	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	1	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(18.3 per 28 days)
alyq 20 mg TABLET MO	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET DL	4	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	1	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/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	2	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	3	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR MO	2	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL MO	1	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL MO	3	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER MO	3	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET DL	4	PA,QL(60 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION DL	4	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION MO	1	BvsD
carbinoxamine maleate 4 mg TABLET MO	1	
carbinoxamine maleate 4 mg/5 ml LIQUID MO	1	
carbinoxamine maleate 6 mg TABLET DL	4	QL(120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION DL	4	PA
CLARINEX 5 MG TABLET MO	3	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP DL	4	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET MO	1	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	3	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
cyproheptadine 2 mg/5 ml SYRUP MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyproheptadine 4 mg TABLET MO	1	
DALIRESP 250 MCG TABLET MO	3	PA,QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	3	PA,QL(30 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING MO	1	ST,QL(30 per 30 days)
desloratadine 5 mg TABLET MO	1	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION MO	1	PA
DIPHEN 12.5 MG/5 ML ELIXIR MO	1	
diphen 12.5 mg/5 ml ELIXIR MO	1	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR MO	1	
diphenhydramine hcl 50 mg/ml SOLUTION MO	1	
diphenhydramine hcl 50 mg/ml SYRINGE MO	1	
DOPRAM 20 MG/ML SOLUTION MO	3	
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	PA,QL(1 per 30 days)
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR MO	1	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR MO	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION DL	4	PA
ESBRIET 267 MG CAPSULE DL	4	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL(90 per 30 days)
FASENRA 10 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE DL	4	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	4	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	1	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. MO	2	QL(1 per 30 days)
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE MO	3	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER MO	3	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER MO	3	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION MO	1	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
formoterol fumarate-nebulizer 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
GASTROCROM 100 MG/5 ML CONCENTRATE MO	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE MO	3	PA,QL(30 per 30 days)
ipratropium bromide 0.02 % SOLUTION MO	1	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL MO	1	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET DL	4	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET DL	4	PA,QL(60 per 30 days)
LETAIRIS 10 MG, 5 MG TABLET DL	4	PA,QL(30 per 30 days)
levalbuterol hcl 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER MO	1	ST,QL(30 per 30 days)
levocetirizine 2.5 mg/5 ml SOLUTION MO	1	QL(300 per 30 days)
levocetirizine 5 mg TABLET MO	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION DL	4	PA,QL(180 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(60 per 365 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL MO	1	QL(34 per 30 days)
montelukast 10 mg TABLET MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	1	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET MO	1	QL(30 per 30 days)
NEFFY 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	PA,QL(4 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUCALA 100 MG RECON SOLUTION DL	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	4	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	4	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	4	PA,QL(60 per 30 days)
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION DL	4	PA,QL(150 per 30 days)
<i>olopatadine 0.6 % SPRAY, NON-AEROSOL</i> MO	1	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL MO	3	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET DL	4	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET DL	4	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER DL	4	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER DL	4	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER DL	4	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER DL	4	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER DL	4	PA,QL(150 per 30 days)
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK DL	4	PA,QL(168 per 28 days)
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK DL	4	PA,QL(336 per 28 days)
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK DL	4	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	4	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	4	PA,QL(112 per 28 days)
PATANASE 0.6 % SPRAY, NON-AEROSOL MO	3	ST,QL(30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION DL	4	BvsD,QL(120 per 30 days)
<i>pirfenidone 267 mg CAPSULE</i> DL	4	PA,QL(270 per 30 days)
<i>pirfenidone 267 mg TABLET</i> DL	4	PA,QL(270 per 30 days)
<i>pirfenidone 534 mg, 801 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PROVENTIL HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(36 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	4	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(10.6 per 30 days)
QUZYTIR 10 MG/ML SOLUTION MO	3	
QVAR REDHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(10.6 per 30 days)
QVAR REDHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION DL	4	PA
REVATIO 10 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET DL	4	PA,QL(90 per 30 days)
roflumilast 250 mcg TABLET MO	1	QL(28 per 365 days)
roflumilast 500 mcg TABLET MO	1	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION MO	1	
RYVENT 6 MG TABLET MO	1	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	1	PA,QL(90 per 30 days)
SINGULAIR 10 MG TABLET MO	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET MO	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	3	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	2	QL(4 per 28 days)
SPIRIVA WITH HANDHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	2	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	2	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	2	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
tadalafil (pulm. hypertension) 20 mg TABLET MO	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION DL	4	PA,QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
terbutaline 1 mg/ml SOLUTION MO	1	
terbutaline 2.5 mg, 5 mg TABLET MO	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. MO	1	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	1	
theophylline 80 mg/15 ml ELIXIR MO	1	
theophylline 80 mg/15 ml SOLUTION MO	1	
theophylline in dextrose 5 % 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml PARENTERAL SOLUTION MO	1	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	4	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION DL	4	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION DL	4	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	4	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO DPI 16 MCG (112)- 32 MCG (84) CARTRIDGE WITH INHALER DL	4	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER DL	4	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER DL	4	PA,QL(252 per 28 days)
TYVASO DPI 32-48 MCG CARTRIDGE WITH INHALER DL	4	PA,QL(224 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION DL	4	PA
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	4	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	3	
WINREVAIR 4.5 MG, 60 MG KIT DL	4	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED MO	3	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
zafirlukast 10 mg, 20 mg TABLET MO	1	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.1 per 28 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE DL	4	ST,QL(120 per 30 days)
ZYFLO 600 MG TABLET DL	4	ST,QL(120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. DL	4	ST,QL(21 per 30 days)
carisoprodol 250 mg TABLET MO	1	ST,QL(120 per 30 days)
carisoprodol 350 mg TABLET MO	1	QL(120 per 30 days)
chlorzoxazone 250 mg TABLET DL	4	ST,QL(360 per 30 days)
chlorzoxazone 375 mg, 750 mg TABLET MO	1	ST,QL(120 per 30 days)
chlorzoxazone 500 mg TABLET MO	1	ST
cyclobenzaprine 10 mg, 5 mg TABLET MO	1	
cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR. MO	1	ST,QL(21 per 30 days)
cyclobenzaprine 7.5 mg TABLET MO	1	QL(90 per 30 days)
FEXMID 7.5 MG TABLET MO	1	ST,QL(90 per 30 days)
LORZONE 375 MG TABLET MO	1	ST,QL(120 per 30 days)
LORZONE 750 MG TABLET DL	4	ST,QL(120 per 30 days)
metaxalone 400 mg, 800 mg TABLET MO	1	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET DL	4	PA
methocarbamol 100 mg/ml SOLUTION MO	1	
methocarbamol 500 mg, 750 mg TABLET MO	1	
norgesic 25-385-30 mg TABLET DL	4	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET DL	4	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>orphenadrine citrate 30 mg/ml SOLUTION</i> MO	1	ST
<i>orphenadrine-asa-caffeine 25-385-30 mg TABLET</i> DL	4	PA,QL(240 per 30 days)
<i>orphenadrine-asa-caffeine 50-770-60 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
<i>orphengesic forte 50-770-60 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION DL	4	
SOMA 250 MG, 350 MG TABLET DL	4	ST,QL(120 per 30 days)
<i>tanlor 1,000 mg TABLET</i> DL	4	PA
SLEEP DISORDER AGENTS		
AMBIEN 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE MO	3	PA,QL(30 per 30 days)
<i>armodafinil 150 mg, 200 mg, 250 mg TABLET</i> MO	1	PA,QL(30 per 30 days)
<i>armodafinil 50 mg TABLET</i> MO	1	PA,QL(60 per 30 days)
BELSOMRA 10 MG TABLET MO	2	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	2	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	2	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>doxepin 3 mg, 6 mg TABLET</i> MO	1	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET MO	3	
EDLUAR 5 MG SUBLINGUAL TABLET MO	3	QL(30 per 30 days)
<i>estazolam 1 mg, 2 mg TABLET</i> DL	1	QL(30 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>flurazepam 15 mg CAPSULE</i> DL	1	QL(60 per 30 days)
<i>flurazepam 30 mg CAPSULE</i> DL	1	QL(30 per 30 days)
HALCION 0.25 MG TABLET DL	3	PA,QL(30 per 30 days)
HETLIOZ 20 MG CAPSULE DL	4	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION DL	4	PA,QL(158 per 30 days)
LUMRYZ 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM ER GRANULES, PACKET DL	4	PA,QL(30 per 30 days)
LUMRYZ STARTER PACK 4.5-6-7.5 GRAM GRANULES ER PACKET, DOSE PACK DL	4	PA,QL(28 per 28 days)
<i>modafinil 100 mg, 200 mg TABLET</i> MO	1	PA,QL(60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET DL	4	PA,QL(30 per 30 days)
NUVIGIL 50 MG TABLET DL	4	PA,QL(60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET DL	4	PA,QL(60 per 30 days)
QUVIVIQ 25 MG, 50 MG TABLET MO	3	ST,QL(30 per 30 days)
<i>ramelteon 8 mg TABLET</i> MO	1	ST,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ROZEREM 8 MG TABLET MO	3	ST,QL(30 per 30 days)
SILENOR 3 MG, 6 MG TABLET MO	3	QL(30 per 30 days)
<i>sodium oxybate</i> 500 mg/ml SOLUTION DL	4	PA,QL(540 per 30 days)
SUNOSI 150 MG, 75 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>tasimelteon</i> 20 mg CAPSULE DL	4	PA,QL(30 per 30 days)
<i>temazepam</i> 15 mg, 30 mg CAPSULE DL	1	QL(30 per 30 days)
<i>temazepam</i> 22.5 mg, 7.5 mg CAPSULE DL	1	QL(30 per 30 days)
<i>triazolam</i> 0.125 mg, 0.25 mg TABLET DL	1	QL(30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET DL	4	PA,QL(60 per 30 days)
XYREM 500 MG/ML SOLUTION DL	4	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML SOLUTION DL	4	PA,QL(540 per 30 days)
<i>zaleplon</i> 10 mg, 5 mg CAPSULE MO	1	QL(30 per 30 days)
<i>zolpidem</i> 1.75 mg, 3.5 mg SUBLINGUAL TABLET MO	1	QL(30 per 30 days)
<i>zolpidem</i> 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
<i>zolpidem</i> 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE MO	1	QL(30 per 30 days)
ZOLPIDEM 7.5 MG CAPSULE MO	3	QL(30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL MO	3	QL(23.1 per 365 days)

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

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

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order Available		
<i>benzonatate 100 mg, 150 mg, 200 mg CAPSULE</i>	1	
<i>bromfed dm 2-30-10 mg/5 ml SYRUP</i>	1	
<i>brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP</i>	1	
<i>HYCODAN 5-1.5 MG/5 ML (5 ML) SYRUP</i>	1	
<i>HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET</i>	1	
<i>HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SYRUP</i>	1	
<i>hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg TABLET</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml) SYRUP</i>	1	
<i>hydromet 5-1.5 mg/5 ml SYRUP</i>	1	
<i>OBREDON 2.5-200 MG/5 ML SOLUTION</i>	3	
<i>promethazine vc-codeine 6.25-5-10 mg/5 ml SYRUP</i>	1	
<i>promethazine-codeine 6.25-10 mg/5 ml SYRUP</i>	1	
<i>promethazine-dm 6.25-15 mg/5 ml SYRUP</i>	1	
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5 ml SYRUP</i>	1	
<i>RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.</i>	3	
<i>TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.</i>	3	
<i>TUZISTRA XR 14.7-2.8 MG/5 ML SUSPENSION, ER 12 HR.</i>	3	
Erectile Dysfunction - Mail Order Available		
<i>ADDYI 100 MG TABLET</i>	3	
<i>avanafil 100 mg, 200 mg, 50 mg TABLET</i>	1	QL(6 per 30 days)
<i>CIALIS 10 MG, 20 MG TABLET</i>	3	QL(6 per 30 days)
<i>sildenafil 100 mg, 25 mg, 50 mg TABLET</i>	1	QL(6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Erectile Dysfunction - Mail Order Available		
STENDRA 100 MG, 200 MG, 50 MG TABLET	3	QL(6 per 30 days)
tadalafil 10 mg, 20 mg TABLET	1	QL(6 per 30 days)
vardenafil 10 mg TABLET, DISINTEGRATING	1	QL(6 per 30 days)
vardenafil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET	1	QL(6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET	3	QL(6 per 30 days)
VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	3	
Vitamins/Minerals - Mail Order Available		
ascorbic acid (vitamin c) 500 mg/ml SOLUTION	1	
b complex 100 100-2-100-2-2 mg/ml SOLUTION	1	
b-complex injection 100-2-100-2-2 mg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	1	
dodex 1,000 mcg/ml SOLUTION	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE	3	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 mg TABLET	1	
folic acid 5 mg/ml SOLUTION	1	
hydroxocobalamin 1,000 mcg/ml SOLUTION	1	
INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	3	
MEPHYTON 5 MG TABLET	3	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	3	
phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE	1	
phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION	1	
phytonadione (vitamin k1) 5 mg TABLET	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Vitamins/Minerals - Mail Order Available		
<i>pyridoxine (vitamin b6) 100 mg/ml SOLUTION</i>	1	
<i>thiamine hcl (vitamin b1) 100 mg/ml SOLUTION</i>	1	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE</i>	1	
<i>vitamin k 1 mg/0.5 ml SOLUTION</i>	1	
<i>vitamin k1 10 mg/ml SOLUTION</i>	1	

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

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

Index

A

- abacavir... 70
- abacavir-lamivudine... 70
- ABELCET... 42
- ABILIFY ASIMTUFI... 65
- ABILIFY MAINTENA... 65
- ABILIFY MYCITE MAINTENANCE KIT... 65
- ABILIFY MYCITE STARTER KIT... 65
- ABILIFY... 65
- abiraterone... 48
- ABRAXANE... 48
- ABRILADA(CF) PEN... 147
- ABRILADA(CF)... 147
- ABRYSVO (PF)... 147
- ABSORICA LD... 108
- ABSORICA... 108
- acamprosate... 20
- ACANYA... 108
- acarbose... 77
- ACCOLATE... 172
- ACCUPRIL... 87
- ACCURETIC... 87
- accutane... 108
- acebutolol... 87
- ACETADOTE... 161
- acetaminophen... 161
- acetaminophen-caff-dihydrocod... 11
- acetaminophen-codeine... 11
- acetazolamide sodium... 87
- acetazolamide... 87
- acetic acid... 21, 161
- acetylcysteine... 161, 172
- acitretin... 108
- ACTEMRA ACTPEN... 147
- ACTEMRA... 147
- ACTHAR SELFJECT... 131
- ACTHAR... 131
- ACTHIB (PF)... 147
- ACTICLATE... 21
- ACTIMMUNE... 147
- ACTIQ... 11
- ACTIVELLA... 135
- ACTONEL... 159
- ACTOPLUS MET... 77
- ACTOS... 77
- ACULAR LS... 167
- ACULAR... 167
- ACUVAIL (PF)... 167
- acyclovir sodium... 70
- acyclovir... 70
- ACZONE... 108
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 147
- ADAKVEO... 161
- ADALIMUMAB-AACF... 147
- ADALIMUMAB-AACF(CF) PEN CROHNS... 147
- ADALIMUMAB-AACF(CF) PEN PS-UV... 147
- ADALIMUMAB-AATY... 147
- ADALIMUMAB-ADAZ... 147
- ADALIMUMAB-ADBM... 147
- ADALIMUMAB-ADBM(CF) PEN CROHNS... 147
- ADALIMUMAB-ADBM(CF) PEN PS-UV... 147
- ADALIMUMAB-FKJP... 147
- ADALIMUMAB-RYVK... 147, 148
- adapalene... 108
- adapalene-benzoyl peroxide... 108
- ADBRY... 108
- ADCETRIS... 49
- ADCIRCA... 172
- ADDERALL XR... 101
- ADDERALL... 101
- ADDYI... 182
- adefovir... 70
- ADEMPAS... 172
- adenosine... 87

ADLARITY... 36	AJOVY SYRINGE... 46	ALLZITAL... 161
ADLYXIN... 77	ak-poly-bac... 167	almotriptan malate... 46
ADMELOG SOLOSTAR U-100 INSULIN... 77	AKEEGA... 49	ALOCRI... 167
ADMELOG U-100 INSULIN LISPRO... 77	AKLIEF... 108	ALOMIDE... 167
ADRENALIN... 87, 172	AKYNZEO (FOSNETUPITANT)... 41	ALOPRIM... 46
ADRIAMYCIN... 49	AKYNZEO (NETUPITANT)... 41	alose tron... 123
adrucil... 49	ALA-CORT... 108	ALPHAGAN P... 167
ADSTILADRIN... 161	ALA-SCALP... 108	alprazolam intensol... 76
ADVAIR DISKUS... 172	albendazole... 62	alprazolam... 75, 76
ADVAIR HFA... 172	albuterol sulfate... 172	ALREX... 167
ADZENYS XR-ODT... 101	ALCAINE... 167	ALTABAX... 108
ADZYNMA... 83	alclometasone... 108	ALTACE... 87
AEMCOLO... 123	ALCOHOL PADS... 161	altavera (28)... 135
AFINITOR DISPERZ... 49	ALCOHOL PREP PADS... 161	ALTOPREV... 87
AFINITOR... 49	ALCOHOL SWABS... 161	ALTRENO... 108
afirmelle... 135	ALCOHOL WIPES... 161	ALUNBRIG... 49
AFREZZA... 77	ALDACTAZIDE... 87	ALVAIZ... 83
AGAMREE... 131	ALDACTONE... 87	ALVESCO... 172
AGGRASTAT CONCENTRATE... 83	ALDURAZYME... 127	alyacen 1/35 (28)... 135
AGGRASTAT IN SODIUM CHLORIDE... 83	ALECENSA... 49	alyacen 7/7/7 (28)... 135
AGRYLIN... 83	alendronate... 159	ALYGLO... 148
AIMOVIG AUTOINJECTOR... 46	alfuzosin... 130	ALYMSYS... 49
AIRDUO DIGIHALER... 172	ALIMTA... 49	alyq... 172
AIRDUO RESPICLICK... 172	ALIQOPA... 49	amabelz... 135
AIRSUPRA... 172	aliskiren... 87	amantadine hcl... 63
AJOVY AUTOINJECTOR... 46	ALKINDI SPRINKLE... 131	AMARYL... 77
	allopurinol sodium... 45	AMBIEN CR... 180
	allopurinol... 45	AMBIEN... 180

AMBISOME... 43	amlodipine... 87	ANDRODERM... 135
ambrisentan... 172	amlodipine-atorvastatin... 88	ANDROGEL... 135
amcinonide... 108	amlodipine-benazepril... 88	ANGELIQ... 135
amethia... 135	amlodipine-olmesartan... 88	ANKTIVA... 49
amethyst (28)... 135	amlodipine-valsartan... 88	ANNOVERA... 135
amikacin... 21	amlodipine-valsartan-hcthiazyd... 88	ANORO ELLIPTA... 172
amiloride... 87	ammonium lactate... 108	ANTIVERT... 41
amiloride-hydrochlorothiazide... 87	AMMONUL... 161	anusol-hc... 109
aminocaproic acid... 83	amnesteem... 109	ANZEMET... 41
aminophylline... 172	amoxapine... 37	APADAZ... 11
AMINOSYN II 10 %... 117	amoxicil-clarithromy-lansopraz... 123	apexicon e... 109
AMINOSYN II 7 %... 117	amoxicillin... 21	APIDRA SOLOSTAR U-100 INSULIN... 77
AMINOSYN II 8.5 %... 117	amoxicillin-pot clavulanate... 21, 22	APIDRA U-100 INSULIN... 77
AMINOSYN II 8.5 %-ELECTROLYTES... 117	amphetamine sulfate... 101	APLENZIN... 37
AMINOSYN M 3.5 %... 117	amphotericin b liposome... 43	APOKYN... 63
AMINOSYN 10 %... 117	amphotericin b... 43	apomorphine... 63
AMINOSYN 7 % WITH ELECTROLYTES... 117	ampicillin sodium... 22	APONVIE... 41
AMINOSYN 8.5 %... 117	ampicillin... 22	apraclonidine... 167
AMINOSYN 8.5 %-ELECTROLYTES... 117	ampicillin-sulbactam... 22	aprepitant... 41
AMINOSYN-RF 5.2 %... 117	AMPYRA... 101	apri... 135
amiodarone... 87	AMRIX... 179	APRISO... 158
AMITIZA... 123	AMVUTTRA... 127	APTENSIO XR... 101
amitriptyline... 37	ANAFRANIL... 37	APTIOM... 30, 31
amitriptyline-chlordiazepoxide... 37	anagrelide... 83	APTIVUS... 70
AMJEVITA(CF) AUTOINJECTOR... 148	anastrozole... 49	ARALAST NP... 127
AMJEVITA(CF)... 148	ANCOBON... 43	aranelle (28)... 135
		ARANESP (IN POLYSORBATE)... 83

ARAVA... 148	ASMANEX TWISTHALER... 173	AUGMENTIN... 22
ARAZLO... 109	ASPARLAS... 49	AUGTYRO... 49
ARCALYST... 148	aspirin-dipyridamole... 84	aurovela fe 1.5/30 (28)... 136
AREXVY (PF)... 148	ASPRUZYO SPRINKLE... 88	aurovela fe 1-20 (28)... 136
arformoterol... 172	ASTAGRAF XL... 148	aurovela 1.5/30 (21)... 135
ARICEPT... 36	ATACAND HCT... 88	aurovela 1/20 (21)... 135
ARIKAYCE... 22	ATACAND... 88	aurovela 24 fe... 135
ARIMIDEX... 49	atazanavir... 70	AUSTEDO XR TITRATION KT(WK1-4)... 101, 102
aripiprazole... 65	ATELVIA... 159	AUSTEDO XR... 101
ARISTADA INITIO... 66	atenolol... 88	AUSTEDO... 101
ARISTADA... 66	atenolol-chlorthalidone... 88	AUTOJECT 2 INJECTION DEVICE... 161
ARIXTRA... 83, 84	ATGAM... 148	AUTOPEN 1 TO 21 UNITS... 161
armodafinil... 180	ATIVAN... 76	AUTOPEN 2 TO 42 UNITS... 161
ARMONAIR DIGIHALER... 172	atomoxetine... 101	AUVELITY... 37
ARMOUR THYROID... 144	ATORVALIQ... 88	AUVI-Q... 173
ARNUITY ELLIPTA... 173	atorvastatin... 88	AVALIDE... 88
AROMASIN... 49	atovaquone... 62	avanafil... 182
ARRANON... 49	atovaquone-proguanil... 62	AVAPRO... 88
arsenic trioxide... 49	ATRALIN... 109	AVASTIN... 49
ARTHROTEC 50... 11	ATRIPLA... 70	AVEED... 136
ARTHROTEC 75... 11	ATROPINE SULFATE (PF)... 167	AVELOX IN NACL (ISO-OSMOTIC)... 22
ASACOL HD... 158	atropine... 123, 167	aviane... 136
ASCENIV... 148	ATROVENT HFA... 173	avidoxy... 22
ascomp with codeine... 11	AUBAGIO... 101	AVITA... 109
ascorbic acid (vitamin c)... 183	aubra eq... 135	AVONEX... 102
asenapine maleate... 66	aubra... 135	AVSOLA... 148
ashlyna... 135	AUGMENTIN ES-600... 22	
ASMANEX HFA... 173	AUGMENTIN XR... 22	

AVYCAZ... 22	baclofen... 69	BD INSULIN SYRINGE U-500... 161
AYGESTIN... 136	BACTRIM DS... 22	BD INSULIN SYRINGE ULTRA-FINE... 161
ayuna... 136	BACTRIM... 22	BD INSULIN SYRINGE... 161
AYVAKIT... 49	BAFIERTAM... 102	BD LO-DOSE MICRO-FINE IV... 161
azacitidine... 49	bal-care dha... 117	BD NANO 2ND GEN PEN NEEDLE... 162
AZACTAM... 22	balanced salt... 167	BD SAFETYGLIDE INSULIN SYRINGE... 162
AZASAN... 148	BALCOLTRA... 136	BD SAFETYGLIDE SYRINGE... 162
AZASITE... 167	balsalazide... 158	BD SAFETYGLIDE SYRINGE... 162
azathioprine sodium... 148	BALVERSA... 49	BD ULTRA-FINE MICRO PEN NEEDLE... 162
azathioprine... 148	balziva (28)... 136	BD ULTRA-FINE MINI PEN NEEDLE... 162
azelaic acid... 109	BAND-AID GAUZE PADS... 161	BD ULTRA-FINE NANO PEN NEEDLE... 162
azelastine... 167, 173	BANZEL... 31	BD ULTRA-FINE ORIG PEN NEEDLE... 162
azelastine-fluticasone... 173	BAQSIMI... 77	BD ULTRA-FINE SHORT PEN NEEDLE... 162
AZELEX... 109	BARACLUDE... 70	BD VEO INSULIN SYR (HALF UNIT)... 162
AZILECT... 63	BASAGLAR KWIKPEN U-100 INSULIN... 77	BD VEO INSULIN SYRINGE UF... 162
azithromycin... 22	BASAGLAR TEMPO PEN(U-100)INSLN... 77	BECONASE AQ... 173
AZOPT... 167	BAVENCIO... 49	BELBUCA... 11
AZOR... 88	BAXDELA... 22	BELEODAQ... 49
AZSTARYS... 102	BCG VACCINE, LIVE (PF)... 148	BELSOMRA... 180
aztreonam... 22	BD ALCOHOL SWABS... 161	benazepril... 88
AZULFIDINE EN-TABS... 158	BD AUTOSHIELD DUO PEN NEEDLE... 161	benazepril-hydrochlorothiazide... 88
AZULFIDINE... 158	BD ECLIPSE LUER-LOK... 161	bendamustine... 49
azurette (28)... 136	BD INSULIN SYRINGE (HALF UNIT)... 161	
B	BD INSULIN SYRINGE MICRO-FINE... 161	
b complex 100... 183		
b-complex injection... 183		
bacitracin... 22, 167		
bacitracin-polymyxin b... 167		

BENDEKA... 49	bethanechol chloride... 130	blisovi fe 1.5/30 (28)... 136
BENICAR HCT... 88	BETHKIS... 22	blisovi fe 1/20 (28)... 136
BENICAR... 88	BETIMOL... 167	blisovi 24 fe... 136
BENLYSTA... 148	BETOPTIC S... 167	BONIVA... 159
BENTYL... 123	BEVESPI AEROSPHERE... 173	BONJESTA... 41
BENZAMYCIN... 109	bexarotene... 50	BOOSTRIX TDAP... 148
benzhydrocodone-acetaminophen... 11	BEXSERO... 148	BORDERED GAUZE... 162
benzonatate... 182	BEYAZ... 136	BORTEZOMIB... 50
benztropine... 63	BEYFORTUS... 162	bosentan... 173
bepotastine besilate... 167	bicalutamide... 50	BOSULIF... 50
BEPREVE... 167	BICILLIN C-R... 22	BRAFTOVI... 50
BERINERT... 148	BICILLIN L-A... 22	BREO ELLIPTA... 173
beser... 109	BICNU... 50	bretylium tosylate... 88
BESIVANCE... 167	BIDIL... 88	BREVIBLOC IN NACL (ISO-OSM)... 89
BESPONSA... 49	BIJUVA... 136	BREVIBLOC... 89
BESREMI... 148	BIKTARVY... 70	BREZTRI AEROSPHERE... 173
BETADINE OPHTHALMIC PREP... 167	BILTRICIDE... 62	briellyn... 136
betaine... 127	bimatoprost... 168	BRILINTA... 84
betamethasone acet,sod phos... 131	BIMZELX AUTOINJECTOR... 148	brimonidine... 109, 168
betamethasone dipropionate... 109	BIMZELX... 148	brinzolamide... 168
betamethasone valerate... 109	BINOSTO... 159	BRIUMVI... 102
betamethasone, augmented... 109	BIORPHEN... 88	BRIVIACT... 31
BETAPACE AF... 88	bismuth subcit k-metronidz-tcn... 123	bromfed dm... 182
BETAPACE... 88	bisoprolol fumarate... 88	bromfenac... 168
BETASERON... 102	bisoprolol-hydrochlorothiazide... 88	bromocriptine... 63
betaxolol... 88, 167	BIVIGAM... 148	brompheniramine-pseudoeph-dm... 182
	bleomycin... 50	BROMSITE... 168

BRONCHITOL... 173	butalbital-acetaminop-caf-cod... 162	calcium disodium versenate... 162
BROVANA... 173	butalbital-acetaminophen... 162	calcium gluconate... 117
BRUKINSA... 50	butalbital-acetaminophen-caff... 162	CALDOLOR... 11
BRYHALI... 109	butalbital-aspirin-caffeine... 162	CALQUENCE (ACALABRUTINIB MAL)... 50
BSS PLUS... 168	butorphanol... 11	CALQUENCE... 50
BSS... 168	BUTRANS... 11	CAMBIA... 11
budesonide... 158, 173	BYDUREON BCISE... 78	camila... 136
bumetanide... 89	BYETTA... 78	CAMPTOSAR... 50
bupap... 162	BYLVAY... 162	camrese lo... 136
BUPHENYL... 127	BYSTOLIC... 89	camrese... 136
bupivacaine (pf)... 18		CAMZYOS... 89
bupivacaine hcl... 18	C	CANASA... 158
bupivacaine liposome (pf)... 18	c-nate dha... 117	CANCIDAS... 43
bupivacaine-dextrose-water(pf)... 18	CABENUVA... 70	candesartan... 89
bupivacaine-epinephrine (pf)... 19	cabergoline... 145	candesartan-hydrochlorothiazid... 89
bupivacaine-epinephrine... 19	CABLIVI... 84	CAPEX... 109
BUPRENEX... 11	CABOMETYX... 50	CAPLYTA... 66
buprenorphine hcl... 11, 20	CABTREO... 109	CAPRELSA... 50
buprenorphine... 11	CADUET... 89	captopril... 89
buprenorphine-naloxone... 20	CAFCIT... 162	captopril-hydrochlorothiazide... 89
bupropion hcl (smoking deter)... 20	caffeine citrate... 162	CARAC... 109
bupropion hcl... 37, 38	CALAN SR... 89	CARAFATE... 123
bupirone... 76	calcipotriene... 109	CARBAGLU... 117
busulfan... 50	calcipotriene-betamethasone... 109	carbamazepine... 31
BUSULFEX... 50	calcitonin (salmon)... 159	CARBATROL... 31
butalbital compound w/codeine... 11	calcitriol... 109, 159	carbidopa... 63
	calcium chloride... 117	

carbidopa-levodopa... 64	cefadroxil... 23	CEQUA... 168
carbidopa-levodopa-entacapone... 64	cefazolin in dextrose (iso-os)... 23	CEQR SIMPLICITY INSERTER... 163
carbinoxamine maleate... 173	cefazolin... 23	CEQR SIMPLICITY... 162
CARBOCAINE WITH NEO-COBEFRIN... 19	cefdinir... 23	CERDELGA... 127
carboplatin... 50	cefepime in dextrose 5 %... 23	CEREBYX... 31
carboprost tromethamine... 135	cefepime in dextrose,iso-osm... 23	CEREZYME... 127
CARDIZEM CD... 89	cefepime... 23	CERVIDIL... 163
CARDIZEM LA... 89	cefixime... 23	cetirizine... 173
CARDIZEM... 89	cefotetan... 23	cevimeline... 107
CARDURA XL... 89	cefoxitin in dextrose, iso-osm... 23	CHANTIX CONTINUING MONTH BOX... 20
CARDURA... 89	cefoxitin... 23	CHANTIX STARTING MONTH BOX... 20
CARETOUCH ALCOHOL PREP PAD... 162	cefpodoxime... 23	CHANTIX... 20
carglumic acid... 117	cefprozil... 23	charlotte 24 fe... 136
carisoprodol... 179	ceftazidime in d5w... 23	chateal eq (28)... 136
carmustine... 50	ceftazidime... 23	CHEMET... 117
CARNITOR (SUGAR-FREE)... 117	ceftriaxone in dextrose,iso-os... 23	CHENODAL... 123
CARNITOR... 117	ceftriaxone... 23	chloramphenicol sod succinate... 24
CAROSPIR... 89	cefuroxime axetil... 23	chlordiazepoxide hcl... 76
carteolol... 168	cefuroxime sodium... 23	chlorhexidine gluconate... 107
cartia xt... 89	CELEBREX... 11	chloroprocaine (pf)... 19
carvedilol phosphate... 89	celecoxib... 11	chloroquine phosphate... 62
carvedilol... 89	CELESTONE SOLUSPAN... 131	chlorothiazide sodium... 89
CASODEX... 50	CELEXA... 38	chlorpromazine... 66
caspofungin... 43	CELLCEPT INTRAVENOUS... 149	chlorthalidone... 89
CAYSTON... 173	CELLCEPT... 148, 149	chlorzoxazone... 179
cefaclor... 23	CELONTIN... 31	CHOLBAM... 127
	CENTANY... 110	
	cephalexin... 23, 24	

cholestyramine (with sugar)... 90	ciprofloxacin... 24	clindamycin in 5 % dextrose... 24
cholestyramine light... 90	ciprofloxacin-dexamethasone... 171	clindamycin palmitate hcl... 24
cholestyramine-aspartame... 90	cisplatin... 50	clindamycin pediatric... 24
CHORIONIC GONADOTROPIN, HUMAN... 133	citalopram... 38	clindamycin phosphate... 24, 110
CIALIS... 130, 182	CITRANATAL B-CALM (FE GLUC)... 117	clindamycin-benzoyl peroxide... 110
CIBINQO... 149	cladribine... 50	clindamycin-tretinoin... 110
ciclodan... 43	CLAFORAN... 24	CLINDESSE... 24
ciclopirox... 43	claravis... 110	CLINIMIX E 2.75%/D5W SULF FREE... 117
cidofovir... 70	CLARINEX... 173	CLINIMIX E 4.25%/D10W SULF FREE... 118
cilostazol... 84	CLARINEX-D 12 HOUR... 163	CLINIMIX E 4.25%/D5W SULF FREE... 118
CILOXAN... 168	clarithromycin... 24	CLINIMIX E 5%/D15W SULFIT FREE... 118
CIMDUO... 71	clemastine... 173	CLINIMIX E 5%/D20W SULFIT FREE... 118
cimetidine hcl... 123	CLENPIQ... 123	CLINIMIX E 8%-D10W SULFITEFREE... 118
cimetidine... 123	CLEOCIN HCL... 24	CLINIMIX E 8%-D14W SULFITEFREE... 118
CIMZIA POWDER FOR RECONST... 149	CLEOCIN PEDIATRIC... 24	CLINIMIX 4.25%/D10W SULF FREE... 117
CIMZIA STARTER KIT... 149	CLEOCIN T... 110	CLINIMIX 4.25%/D5W SULFIT FREE... 117
CIMZIA... 149	CLEOCIN... 24	CLINIMIX 5%-D20W(SULFITE-FREE)... 117
cinacalcet... 159	CLEVIPREX... 90	CLINIMIX 5%/D15W SULFITE FREE... 117
CINQAIR... 173	CLIMARA PRO... 136	CLINIMIX 6%-D5W (SULFITE-FREE)... 117
CINRYZE... 149	CLIMARA... 136	
CINVANTI... 41	clindacin etz... 110	
CIPRO HC... 171	clindacin p... 110	
CIPRO... 24	clindacin... 110	
CIPRODEX... 171	CLINDAGEL... 110	
ciprofloxacin hcl... 24, 168	clindamycin hcl... 24	
ciprofloxacin in 5 % dextrose... 24	clindamycin in 0.9 % sod chlor... 24	

CLINIMIX 8%-D10W(SULFITE-FREE)... 117	codeine sulfate... 11	COPIKTRA... 50
CLINIMIX 8%-D14W(SULFITE-FREE)... 117	codeine-butalbital-asa-caff... 12	CORDRAN TAPE LARGE ROLL... 111
CLINISOL SF 15 %... 118	COLAZAL... 158	CORDRAN... 111
CLINOLIPID... 118	colchicine... 46	coremino... 24
clobazam... 31	COLCRYS... 46	CORGARD... 90
clobetasol... 110	colesevelam... 90	CORLANOR... 90
clobetasol-emollient... 110	COLESTID FLAVORED... 90	CORLOPAM... 90
CLOBEX... 110	COLESTID... 90	CORTEF... 111
clocortolone pivalate... 110	colestipol... 90	CORTENEMA... 158
clodan... 110	colistin (colistimethate na)... 24	CORTIFOAM... 158
clofarabine... 50	COLUMVI... 50	CORTISPORIN-TC... 171
CLOLAR... 50	COLY-MYCIN M PARENTERAL... 24	CORTROPHIN GEL... 132
clomipramine... 38	COMBIGAN... 168	CORVERT... 90
clonazepam... 76	COMBIPATCH... 136	COSENTYX (2 SYRINGES)... 149
clonidine hcl... 90, 102	COMBIVENT RESPIMAT... 173	COSENTYX PEN (2 PENS)... 149
clonidine... 90	COMBIVIR... 71	COSENTYX PEN... 149
clopidogrel... 84	COMBOGESIC IV... 163	COSENTYX UNOREADY PEN... 149
clorazepate dipotassium... 76	COMETRIQ... 50	COSENTYX... 149
CLOROTEKAL (PF)... 19	COMPAZINE... 41	COSMEGEN... 50
clotrimazole... 43	COMPLERA... 71	COSOPT (PF)... 168
clotrimazole-betamethasone... 43	complete natal dha... 118	COSOPT... 168
clozapine... 66	compro... 41	COTELLIC... 51
CLOZARIL... 66	COMTAN... 64	COTEMPLA XR-ODT... 102
COARTEM... 62	CONCERTA... 102	COZAAR... 90
COBENFY STARTER PACK... 163	CONDYLOX... 110	CREON... 127
COBENFY... 163	constulose... 123	CRESEMBA... 43
	CONZIP... 12	CRESTOR... 90
	COPAXONE... 102	CREXONT... 64

CRINONE... 136	CYRAMZA... 51	daptomycin... 25
cromolyn... 168, 173	cyred eq... 136	DARAPRIM... 62
crotan... 111	cyred... 136	darifenacin... 130
cryselle (28)... 136	CYSTADANE... 127	DARTISLA... 123
CRYSVITA... 127	CYSTADROPS... 168	darunavir... 71
CUBICIN RF... 24	CYSTAGON... 128	DARZALEX FASPRO... 51
CUPRIMINE... 118	CYSTARAN... 168	DARZALEX... 51
CURITY ALCOHOL SWABS... 163	cytarabine (pf)... 51	dasatinib... 51
CURITY GAUZE... 163	cytarabine... 51	dasetta 1/35 (28)... 136
CUTAQUIG... 149	CYTOGAM... 149	dasetta 7/7/7 (28)... 136
CUVPOSA... 123	CYTOMEL... 144	daunorubicin... 51
CUVRIOR... 118	CYTOTEC... 123	DAURISMO... 51
cyanocobalamin (vitamin b-12)... 183	D	DAYBUE... 128
cyclobenzaprine... 179	dabigatran etexilate... 84	DAYPRO... 12
cyclophosphamide... 51	dacarbazine... 51	daysee... 136
cycloserine... 48	DACOGEN... 51	DAYTRANA... 102
CYCLOSET... 78	dactinomycin... 51	DAYVIGO... 180
cyclosporine modified... 149	dalfampridine... 102	DDAVP... 133, 134
cyclosporine... 149, 168	DALIRESP... 174	deblitane... 136
CYKLOKAPRON... 84	DALVANCE... 24	decitabine... 51
CYLTEZO(CF) PEN CROHN'S-UC-HS... 149	danazol... 136	deferasirox... 118
CYLTEZO(CF) PEN PSORIASIS-UV... 149	DANTRIUM... 69, 70	deferiprone... 118
CYLTEZO(CF) PEN... 149	dantrolene... 70	deferoxamine... 118
CYLTEZO(CF)... 149	DANYELZA... 51	DEFITELIO... 163
CYMBALTA... 102	dapsone... 48, 111	deflazacort... 132
cyproheptadine... 173, 174	DAPTACEL (DTAP PEDIATRIC) (PF)... 149	DELESTROGEN... 136
	daptomycin in 0.9 % sod chlor... 25	DELSTRIGO... 71
		DELZICOL... 158

demeclocycline... 25	desogestrel-ethinyl estradiol... 137	dextrose 10 % and 0.2 % nacl... 118
DEMEROL (PF)... 12	desonide... 111	dextrose 10 % in water (d10w)... 118
DEMEROL... 12	DESOWEN... 111	dextrose 25 % in water (d25w)... 118
DEMSE... 90	desoximetasone... 111	dextrose 5 % in water (d5w)... 118
DENAVIR... 71	DESOPYN... 102	dextrose 5 %-lactated ringers... 118
DENGAXIA (PF)... 149	desrx... 111	dextrose 5%-0.2 % sod chloride... 118
DEPAKOTE ER... 31	desvenlafaxine succinate... 38	dextrose 5%-0.3 % sod.chloride... 118
DEPAKOTE SPRINKLES... 31	desvenlafaxine... 38	dextrose 50 % in water (d50w)... 118
DEPAKOTE... 31	DETROL LA... 130	dextrose 70 % in water (d70w)... 118
DEPEN TITRATABS... 118	DETROL... 130	DHIVY... 64
DEPO-ESTRADIOL... 137	dexabliss... 132	DIACOMIT... 31
DEPO-MEDROL... 132	dexamethasone intensol... 132	DIASTAT ACUDIAL... 31
DEPO-PROVERA... 137	dexamethasone sodium phos (pf)... 132	DIASTAT... 31
DEPO-SUBQ PROVERA 104... 137	dexamethasone sodium phosphate... 132, 168	diazepam intensol... 76
DEPO-TESTOSTERONE... 137	dexamethasone... 132	diazepam... 31, 76
DERMA-SMOOTH/FS BODY OIL... 111	dexchlorpheniramine maleate... 174	diazoxide... 78
DERMA-SMOOTH/FS SCALP OIL... 111	DEXEDRINE SPANSULE... 102	DIBENZYLINE... 90
DERMACEA... 163	DEXILANT... 123	dichlorphenamide... 128
dermacinrx lidocan... 19	dexlansoprazole... 123	DICLEGIS... 41
DERMOTIC OIL... 171	dexmethylphenidate... 102	diclofenac epolamine... 12
DESCOVY... 71	dexrazoxane hcl... 51	diclofenac potassium... 12
DEFERAL... 118	DEXTENZA... 168	diclofenac sodium... 12, 111, 168
desipramine... 38	dextroamphetamine sulfate... 102, 103	diclofenac-misoprostol... 12
desloratadine... 174	dextroamphetamine-amphetamine... 103	
desmopressin... 134		
desog-e.estradiol/e.estradiol... 137		

dicloxacillin... 25	DIPROLENE (AUGMENTED)... 111	dorzolamide-timolol (pf)... 168
dicyclomine... 123, 124	dipyridamole... 84	dorzolamide-timolol... 168
didanosine... 71	disopyramide phosphate... 91	dotti... 137
DIFFERIN... 111	disulfiram... 20	DOVATO... 71
DIFICID... 25	DITROPAN XL... 130	DOVONEX... 111
diflorasone... 111	DIURIL... 91	doxazosin... 91
DIFLUCAN... 43	divalproex... 31	doxepin... 76, 111, 180
diflunisal... 12	DIVIGEL... 137	doxercalciferol... 159
difluprednate... 168	dobutamine in d5w... 91	DOXIL... 51
digitek... 90	dobutamine... 91	doxorubicin... 51
digox... 90	DOCEFREZ... 51	doxorubicin, peg-liposomal... 52
digoxin... 90	docetaxel... 51	doxy-100... 25
dihydroergotamine... 46	DOCIVYX... 51	doxycycline hyclate... 25
DILANTIN EXTENDED... 31	dodex... 183	doxycycline monohydrate... 25
DILANTIN INFATABS... 31	dofetilide... 91	doxylamine-pyridoxine (vit b6)... 41
DILANTIN... 31	DOJOLVI... 128	DRISDOL... 183
DILANTIN-125... 31	dolishale... 137	DRIZALMA SPRINKLE... 103
DILAUDID... 12	dolobid... 12	dronabinol... 41
dilt-xr... 91	donepezil... 36, 37	droperidol... 66
diltiazem hcl... 91	dopamine in 5 % dextrose... 91	DROPLET INSULIN SYR(HALF UNIT)... 163
dimenhydrinate... 41	dopamine... 91	DROPLET INSULIN SYRINGE... 163
dimethyl fumarate... 103	DOPRAM... 174	DROPLET MICRON PEN NEEDLE... 163
DIOVAN HCT... 91	DOPTELET (10 TAB PACK)... 84	DROPLET PEN NEEDLE... 163
DIOVAN... 91	DOPTELET (15 TAB PACK)... 84	DROPSAFE ALCOHOL PREP PADS... 163
DIPENTUM... 158	DOPTELET (30 TAB PACK)... 84	DROPSAFE PEN NEEDLE... 163
DIPHEN... 174	DORYX MPC... 25	
diphenhydramine hcl... 174	DORYX... 25	
diphenoxylate-atropine... 124	dorzolamide... 168	

drosiprenone-e.estradiol-lm.fa... 137	d2.5 %-0.45 % sodium chloride... 118	EGATEN... 62
drosiprenone-ethinyl estradiol... 137	d5 % and 0.9 % sodium chloride... 118	EGRIFTA SV... 134
DROXIA... 163	d5 %-0.45 % sodium chloride... 118	ELAPRASE... 128
droxidopa... 91		electrolyte-a... 119
DUAKLIR PRESSAIR... 174	E	electrolyte-148... 119
DUAVEE... 137	E.E.S. GRANULES... 26	electrolyte-48 in d5w... 119
DUET DHA WITH OMEGA-3... 119	E.E.S. 400... 25	ELELYSO... 128
DUETACT... 78	EASY COMFORT ALCOHOL PAD... 163	ELESTRIN... 137
DUEXIS... 12	EASY TOUCH ALCOHOL PREP PADS... 163	eletriptan... 46
DULERA... 174	EBGLYSS PEN... 111	ELEVIDYS... 128
duloxetine... 103	EBGLYSS SYRINGE... 112	ELFABRIO... 128
DUOBRII... 111	ec-naproxen... 12	ELIDEL... 112
DUOPA... 64	econazole... 43	ELIGARD (3 MONTH)... 145
DUPIXENT PEN... 149	edaravone... 103	ELIGARD (4 MONTH)... 145
DUPIXENT SYRINGE... 149	EDARBI... 91	ELIGARD (6 MONTH)... 145
DURAMORPH (PF)... 12	EDARBYCLOR... 91	ELIGARD... 145
DUREZOL... 168	EDECRIN... 91	ELIMITE... 112
DURYSTA... 168	edetate calcium disodium... 163	elinest... 137
dutasteride... 130	EDLUAR... 180	ELIQUIS DVT-PE TREAT 30D START... 84
dutasteride-tamsulosin... 130	EDURANT... 71	ELIQUIS... 84
DUVYZAT... 128	efavirenz... 71	ELITEK... 52
DUZALLO... 46	efavirenz-emtricitabin-tenofov... 71	ELIXOPHYLLIN... 174
DYANAVEL XR... 103	efavirenz-lamivu-tenofov disop... 71	ELLENCE... 52
DYMISTA... 174	EFFEXOR XR... 38	ELMIRON... 130
DYRENIUM... 91	EFFIENT... 84	ELREXFIO... 52
d10 %-0.45 % sodium chloride... 118	EFUDEX... 112	eluryng... 137
		ELYXYB... 163

ELZONRIS... 52	ENJAYMO... 150	epitol... 32
EMCYT... 52	enoxaparin... 84	EPIVIR HBV... 71
EMEND (FOSAPREPITANT)... 41	enpresse... 137	EPIVIR... 71
EMEND... 41	enskyce... 137	EPKINLY... 52
EMFLAZA... 132	ENSPRYNG... 168	eplerenone... 92
EMGALITY PEN... 46	ENSTILAR... 112	EPOGEN... 84
EMGALITY SYRINGE... 46	entacapone... 64	epoprostenol... 174
EMPAVELI... 163	entecavir... 71	EPRONTIA... 32
EMPLICITI... 52	ENTRESTO SPRINKLE... 92	eprosartan... 92
EMSAM... 38	ENTRESTO... 92	EPSOLAY... 112
emtricitabine... 71	ENTYVIO PEN... 150	eptifibatide... 84
emtricitabine-tenofovir (tdf)... 71	ENTYVIO... 150	EPZICOM... 71
EMTRIVA... 71	enulose... 124	EQUETRO... 32
emverm... 62	ENVARUSUS XR... 150	ERAXIS(WATER DILUENT)... 43
emzahh... 137	EOHILIA... 163	ERBITUX... 52
enalapril maleate... 91	EPANED... 92	ergocalciferol (vitamin d2)... 183
enalapril-hydrochlorothiazide... 91	EPCLUSA... 71	ergoloid... 37
enalaprilat... 91	EPIDIOLEX... 31	ERGOMAR... 46
ENBREL MINI... 150	EPIDUO FORTE... 112	ergotamine-caffeine... 46
ENBREL SURECLICK... 150	EPIDUO... 112	eribulin... 52
ENBREL... 150	EPIFOAM... 112	ERIVEDGE... 52
ENDARI... 124	epinastine... 168	ERLEADA... 52
endocet... 12	epinephrine... 174	erlotinib... 52
ENDOMETRIN... 137	EPIPEN JR 2-PAK... 174	ERMEZA... 144
ENGERIX-B (PF)... 150	EPIPEN JR... 174	errin... 137
ENGERIX-B PEDIATRIC (PF)... 150	EPIPEN 2-PAK... 174	ERTACZO... 43
ENHERTU... 52	EPIPEN... 174	ertapenem... 26
enilloring... 137	epirubicin... 52	ery pads... 112

ERY-TAB... 26	ethacrynic acid... 92	exemestane... 52
ERYGEL... 112	ethambutol... 48	EXFORGE HCT... 92
ERYPED 200... 26	ethosuximide... 32	EXFORGE... 92
ERYPED 400... 26	ethynodiol diac-eth estradiol... 138	EXJADE... 119
ERYTHROCIN (AS STEARATE)... 26	etodolac... 12	EXKIVITY... 52
ERYTHROCIN... 26	etonogestrel-ethinyl estradiol... 138	EXPAREL (PF)... 19
erythromycin ethylsuccinate... 26	ETOPOPHOS... 52	EXSERVAN... 103
erythromycin lactobionate... 26	etoposide... 52	EXTAVIA... 103
erythromycin with ethanol... 112	etravirine... 71	EXTINA... 43
erythromycin... 26, 168	EUCRISA... 112	EYSUVIS... 168
erythromycin-benzoyl peroxide... 112	EULEXIN... 52	EZALLOR SPRINKLE... 92
ESBRIET... 174	EURAX... 112	ezetimibe... 92
escitalopram oxalate... 38	EUTHYROX... 144	ezetimibe-atorvastatin... 92
ESGIC... 163	EVAMIST... 138	ezetimibe-rosuvastatin... 92
esmolol in nacl (iso-osm)... 92	EVEKEO ODT... 103	ezetimibe-simvastatin... 92
esmolol... 92	EVEKEO... 103	F
esomeprazole magnesium... 124	EVENTY... 159	FABHALTA... 150
esomeprazole sodium... 124	everolimus (antineoplastic)... 52	FABIOR... 112
estarylla... 137	everolimus (immunosuppressive)... 150	FABRAZYME... 128
estazolam... 180	EVISTA... 138	falmina (28)... 138
ESTRACE... 137	EVKEEZA... 92	famciclovir... 72
estradiol valerate... 138	EVOCLIN... 112	famotidine (pf)... 124
estradiol... 137, 138	EVOMELA... 52	famotidine (pf)-nacl (iso-os)... 124
estradiol-norethindrone acet... 138	EVOTAZ... 71	famotidine... 124
ESTRING... 138	EVOXAC... 107	FANAPT... 66
eszopiclone... 180	EVRYSDI... 128	FARESTON... 52
ethacrynate sodium... 92	EXELON PATCH... 37	FARXIGA... 78
		FASENRA PEN... 174

FASENRA... 174	FEXMID... 179	FLOLIPID... 93
FASLODEX... 52	FIASP FLEXTOUCH U-100 INSULIN... 78	FLOMAX... 130
febuxostat... 46	FIASP PENFILL U-100 INSULIN... 78	floxuridine... 52
felbamate... 32	FIASP U-100 INSULIN... 78	fluconazole in nacl (iso-osm)... 43
FELBATOL... 32	FIBRICOR... 93	fluconazole... 43
FELDENE... 13	FILSPARI... 164	flucytosine... 43
felodipine... 92	FILSUVEZ... 164	fludarabine... 52
FEMARA... 52	FINACEA... 112	fludrocortisone... 132
FEMLYV... 138	finasteride... 130	FLUMADINE... 72
FEMRING... 138	fingolimod... 103	flumazenil... 164
femynor... 138	FINTEPLA... 32	flunisolide... 174
fenofibrate micronized... 92	finzala... 138	fluocinolone acetonide oil... 171
fenofibrate nanocrystallized... 92	FIORICET WITH CODEINE... 164	fluocinolone and shower cap... 112
fenofibrate... 92	fioricet... 164	fluocinolone... 112
fenofibric acid (choline)... 92	FIRAZYR... 150	fluocinonide... 112
fenofibric acid... 92	FIRDAPSE... 103	fluocinonide-e... 112
FENOGLIDE... 92	FIRMAGON KIT W DILUENT SYRINGE... 145	fluocinonide-emollient... 112
fenoprofen... 13	FIRMAGON... 145	fluorometholone... 169
FENSOLVI... 145	FIRVANQ... 26	FLUOROPLEX... 112
fentanyl citrate (pf)... 13	flac otic oil... 171	fluorouracil... 52, 113
fentanyl citrate... 13	FLAGYL... 26	fluoxetine... 38
fentanyl... 13	flavoxate... 130	fluphenazine decanoate... 66
FENTORA... 13	FLEBOGAMMA DIF... 150	fluphenazine hcl... 66
FERRIPROX (2 TIMES A DAY)... 119	flecainide... 93	flurandrenolide... 113
FERRIPROX... 119	FLECTOR... 13	flurazepam... 180
fesoterodine... 130	FLEQSUVY... 70	flurbiprofen sodium... 169
FETROJA... 26		flurbiprofen... 13
FETZIMA... 38		

fluticasone propion-salmeterol... 174, 175	fosphenytoin... 32	GAMMAKED... 150
fluticasone propionate... 113, 175	FOTIVDA... 53	GAMMAPLEX (WITH SORBITOL)... 150
fluvastatin... 93	FRAGMIN... 84, 85	GAMMAPLEX... 150
fluvoxamine... 38	FROVA... 46	GAMUNEX-C... 150
FML FORTE... 169	frovatriptan... 46	ganciclovir sodium... 72
FML LIQUIFILM... 169	FRUZAQLA... 53	GARDASIL 9 (PF)... 150
FOCALIN XR... 103	FULPHILA... 85	GASTROCROM... 175
FOCALIN... 103	fulvestrant... 53	gatifloxacin... 169
FOCINVEZ... 41	FURADANTIN... 26	GATTEX ONE-VIAL... 124
folic acid... 183	FUROSCIX... 93	GATTEX 30-VIAL... 124
FOLOTYN... 52	furosemide... 93	GAUZE BANDAGE... 164
fomepizole... 164	FUSILEV... 53	GAUZE PAD... 164
fondaparinux... 84	FUZEON... 72	gavilyte-c... 124
FORFIVO XL... 38	FYARRO... 53	gavilyte-g... 124
formoterol fumarate... 175	fyavolv... 138	gavilyte-n... 124
formoterol fumarate-nebulizer... 175	FYCOMPA... 32	GAVRETO... 53
	FYLNETRA... 85	GAZYVA... 53
	G	gefitinib... 53
FORTEO... 159	gabapentin... 32, 103	GELNIQUE... 130
FORTESTA... 138	GABITRIL... 32	gemcitabine... 53
FOSAMAX PLUS D... 160	GALAFOLD... 128	gemfibrozil... 93
FOSAMAX... 159	galantamine... 37	gemmily... 138
fosamprenavir... 72	gallifrey... 138	GEMTESA... 130
fosaprepitant... 41	GAMASTAN... 150	GENERESS FE... 138
foscarnet... 72	GAMIFANT... 150	generlac... 124
fosfomycin tromethamine... 26	GAMMAGARD LIQUID... 150	gengraf... 150
fosinopril... 93	GAMMAGARD S-D (IGA < 1 MCG/ML)... 150	GENOTROPIN MINIQUICK... 134
fosinopril-hydrochlorothiazide... 93		

GENOTROPIN... 134	glutamine (sickle cell)... 124	gynazole-1... 44
gentak... 169	glyburide micronized... 78	H
gentamicin in nacl (iso-osm)... 26	glyburide... 78	HADLIMA PUSHTOUCH... 151
gentamicin sulfate (ped) (pf)... 26	glyburide-metformin... 78	HADLIMA... 151
gentamicin sulfate (pf)... 26	GLYCAT... 124	HADLIMA(CF) PUSHTOUCH... 151
gentamicin... 26, 169	GLYCOPHOS... 119	HADLIMA(CF)... 151
GENVOYA... 72	glycopyrrolate (pf) in water... 124	HAEGARDA... 151
GEODON... 66	glycopyrrolate (pf)... 124	hailey fe 1.5/30 (28)... 138
GILENYA... 103	glycopyrrolate... 124	hailey fe 1/20 (28)... 138
GILOTRIF... 53	glydo... 19	hailey 24 fe... 138
GIMOTI... 41	GLYNASE... 78	hailey... 138
GIVLAARI... 164	GLYXAMBI... 78	HALAVEN... 53
GLASSIA... 128	GOCOVRI... 64	halcinonide... 113
glatiramer... 104	GOLYTELY... 124	HALCION... 180
glatopa... 104	GONITRO... 93	HALDOL DECANOATE... 67
GLEEVEC... 53	GRALISE... 104	halobetasol propionate... 113
GLEOSTINE... 53	granisetron (pf)... 41	haloette... 138
glimepiride... 78	granisetron hcl... 41	HALOG... 113
glipizide... 78	GRANIX... 85	haloperidol decanoate... 67
glipizide-metformin... 78	GRASTEK... 175	haloperidol lactate... 67
GLOPERBA... 46	griseofulvin microsize... 43	haloperidol... 67
GLUCAGEN HYPOKIT... 78	griseofulvin ultramicrosize... 43	HARVONI... 72
GLUCAGON (HCL) EMERGENCY KIT... 78	guanfacine... 93, 104	HAVRIX (PF)... 151
GLUCAGON EMERGENCY KIT (HUMAN)... 78	GVOKE HYPOPEN 1-PACK... 78	heather... 138
GLUCOTROL XL... 78	GVOKE HYPOPEN 2-PACK... 78	HECTOROL... 160
GLUMETZA... 78	GVOKE PFS 1-PACK SYRINGE... 78	HEMABATE... 135
	GVOKE PFS 2-PACK SYRINGE... 78	HEMADY... 132
	GVOKE... 78	HEMANGEOL... 93

HYPERTET (PF)... 151	IDACIO(CF)... 152	IMVEXXY MAINTENANCE PACK... 138
HYRIMOZ PEN CROHN'S-UC STARTER... 151	IDAMYCIN PFS... 53	IMVEXXY STARTER PACK... 138
HYRIMOZ PEN PSORIASIS STARTER... 152	idarubicin... 53	INBRIJA... 64
HYRIMOZ PEN... 151	IDHIFA... 53	incassia... 138
HYRIMOZ... 151	IFEX... 53	INCONTROL ALCOHOL PADS... 164
HYRIMOZ(CF) PEDI CROHN STARTER... 152	ifosfamide... 53, 54	INCRELEX... 134
HYRIMOZ(CF) PEN... 152	IGALMI... 164	INCRUSE ELLIPTA... 175
HYRIMOZ(CF)... 152	ILEVRO... 169	indapamide... 93
HYSINGLA ER... 14	ILUMYA... 152	INDERAL LA... 93
HYZAAR... 93	imatinib... 54	INDOCIN... 14
I	IMBRUVICA... 54	indomethacin sodium... 14
ibandronate... 160	IMDELLTRA... 54	indomethacin... 14
IBRANCE... 53	IMFINZI... 54	INFANRIX (DTAP) (PF)... 152
IBSRELA... 124	imipenem-cilastatin... 26	INFLECTRA... 152
ibu... 14	imipramine hcl... 39	INFLIXIMAB... 152
ibuprofen... 14	imipramine pamoate... 39	INFUGEM... 54
ibuprofen-famotidine... 14	imiquimod... 113, 114	INFUMORPH P/F... 14
ibutilide fumarate... 93	IMITREX STATDOSE PEN... 46	INFUVITE ADULT... 183
icatibant... 152	IMITREX STATDOSE REFILL... 46	INFUVITE PEDIATRIC... 183
iclevia... 138	IMITREX... 46	INGREZZA INITIATION PK(TARDIV)... 104
ICLUSIG... 53	IMJUDO... 54	INGREZZA SPRINKLE... 104
IDACIO(CF) PEN CROHN-UC STARTR... 152	IMLYGIC... 54	INGREZZA... 104
IDACIO(CF) PEN PSORIASIS START... 152	IMMPHENTIV... 93	INLYTA... 54
IDACIO(CF) PEN... 152	IMOGAM RABIES-HT (PF)... 152	INNOPRAN XL... 93
	IMOVAX RABIES VACCINE (PF)... 152	INPEFA... 93
	IMPAVIDO... 63	INQOVI... 54
	IMPEKLO... 114	INREBIC... 54
	IMURAN... 152	

INSPRA... 93	IONOSOL-B IN D5W... 119	ISUPREL... 94
INSULIN ASP PRT-INSULIN ASPART... 79	IONOSOL-MB IN D5W... 119	ITOVEBI... 54
INSULIN ASPART U-100... 79	IOPIDINE... 169	itraconazole... 44
INSULIN DEGLUDEC... 79	IPOL... 152	IV PREP WIPES... 164
INSULIN GLARGINE U-300 CONC... 79	ipratropium bromide... 175	ivabradine... 94
INSULIN GLARGINE... 79	ipratropium-albuterol... 175	ivermectin... 63, 114
INSULIN GLARGINE-YFGN... 79	IQIRVO... 124	IWILFIN... 54
INSULIN LISPRO PROTAMIN-LISPRO... 80	irbesartan... 93	IXCHIQ (PF)... 152
INSULIN LISPRO... 79, 80	irbesartan-hydrochlorothiazide... 93	IXEMPRA... 54
INSULIN SYRINGE MICROFINE... 164	IRESSA... 54	IXIARO (PF)... 152
INSULIN SYRINGE... 164	irinotecan... 54	IYUZEH (PF)... 169
INSULIN SYRINGE-NEEDLE U-100... 164	ISENTRESS HD... 72	J
INTELENCE... 72	ISENTRESS... 72	JADENU SPRINKLE... 119
INTRALIPID... 119	isibloom... 138	JADENU... 119
INTRAROSA... 138	ISOLYTE S PH 7.4... 119	jaimiess... 138
INTUNIVER... 104	ISOLYTE-P IN 5 % DEXTROSE... 119	JAKAFI... 54
INVANZ... 26	ISOLYTE-S... 119	JALYN... 131
INVEGA HAFYERA... 67	isoniazid... 48	jantoven... 85
INVEGA SUSTENNA... 67	ISORDIL TITRADOSE... 94	JANUMET XR... 80
INVEGA TRINZA... 67	ISORDIL... 93	JANUMET... 80
INVEGA... 67	isosorbide dinitrate... 94	JANUVIA... 80
INVELTYS... 169	isosorbide mononitrate... 94	JARDIANCE... 80
INVOKAMET XR... 80	isosorbide-hydralazine... 94	jasmiel (28)... 138
INVOKAMET... 80	isotretinoin... 114	JATENZO... 138, 139
INVOKANA... 80	isradipine... 94	javygtor... 128
	ISTALOL... 169	JAYPIRCA... 54
	ISTODAX... 54	JEMPERLI... 54
	ISTURISA... 134	jencycla... 139

JENTADUETO XR... 80	KANUMA... 128	KINERET... 152
JENTADUETO... 80	KAPSPARGO SPRINKLE... 94	KINRIX (PF)... 152
J EVTANA... 54	KAPVAY... 104	kionex (with sorbitol)... 119
jinteli... 139	kariva (28)... 139	kiprofen... 14
JOENJA... 128	KATERZIA... 94	KISQALI FEMARA CO-PACK... 55
jolessa... 139	KAZANO... 80	KISQALI... 55
JORNAY PM... 104	KEDRAB (PF)... 152	KITABIS PAK... 26
joyeaux... 139	kelnor 1/35 (28)... 139	KLARON... 26
JUBLIA... 44	kelnor 1/50 (28)... 139	klayesta... 44
juleber... 139	KENALOG... 132	KLISYRI... 114
JULUCA... 72	KENALOG-80... 132	KLONOPIN... 76
junel fe 1.5/30 (28)... 139	KENGREAL... 85	klor-con m10... 119
junel fe 1/20 (28)... 139	KEPIVANCE... 107	KLOR-CON M15... 119
junel fe 24... 139	KEPPRA XR... 32	klor-con m20... 119
junel 1.5/30 (21)... 139	KEPPRA... 32	KLOR-CON 10... 119
junel 1/20 (21)... 139	KERENDIA... 94	KLOR-CON 8... 119
JUXTAPID... 94	KERYDIN... 44	klor-con... 119
JYLAMVO... 152	KESIMPTA PEN... 104	KLOXXADO... 20
JYNARQUE... 119	ketoconazole... 44	KONVOMEF... 124
JYNNEOS (PF)... 152	ketodan... 44	KORLYM... 164
K	ketoprofen... 14	KOSELUGO... 55
KABIVEN... 119	ketorolac... 14, 169	KOSHER PRENATAL PLUS IRON... 119
KADCYLA... 54	KEVEYIS... 128	kourzeq... 108
kaitlib fe... 139	KEVZARA... 152	KRAZATI... 55
KALETRA... 72	KEYTRUDA... 55	KRINTAFEL... 63
kalliga... 139	KHAPZORY... 55	KRISTALOSE... 124
KALYDECO... 175	KIMMTRAK... 55	kurvelo (28)... 139
KANJINTI... 55	KIMYRSA... 26	

KUVAN... 128	lamivudine... 72	LENVIMA... 55
KYPROLIS... 55	lamivudine-zidovudine... 72	LEQVIO... 94
L	lamotrigine... 33	LESCOL XL... 94
l norgest/e.estradiol-e.estrad... 139	LAMPIT... 63	lessina... 139
LABETALOL IN DEXTROSE,ISO-OSM... 94	LAMZEDE... 128	LETAIRIS... 175
LABETALOL IN NACL (ISO-OSMOT)... 94	LANOXIN PEDIATRIC... 94	letrozole... 55
labetalol... 94	LANOXIN... 94	leucovorin calcium... 55
lacosamide... 32	lanreotide... 145	LEUKINE... 85
LACRISERT... 169	lansoprazole... 125	leuprolide (3 month)... 145
lactated ringers... 119, 164	LANTUS SOLOSTAR U-100 INSULIN... 80	leuprolide... 145
lactulose... 124	LANTUS U-100 INSULIN... 80	levalbuterol hcl... 175
LAMICTAL ODT STARTER (BLUE)... 32	lapatinib... 55	levalbuterol tartrate... 175
LAMICTAL ODT STARTER (GREEN)... 32	larin fe 1.5/30 (28)... 139	LEVEMIR FLEXPEN... 80
LAMICTAL ODT STARTER (ORANGE)... 33	larin fe 1/20 (28)... 139	LEVEMIR FLEXTOUCH U100 INSULIN... 80
LAMICTAL ODT... 32	larin 1.5/30 (21)... 139	LEVEMIR U-100 INSULIN... 80
LAMICTAL STARTER (BLUE) KIT... 33	larin 1/20 (21)... 139	levetiracetam in nacl (iso-os)... 33
LAMICTAL STARTER (GREEN) KIT... 33	larin 24 fe... 139	levetiracetam... 33
LAMICTAL STARTER (ORANGE) KIT... 33	LASIX... 94	LEVO-T... 144
LAMICTAL XR STARTER (BLUE)... 33	latanoprost... 169	levobunolol... 169
LAMICTAL XR STARTER (GREEN)... 33	LATUDA... 67	levocarnitine (with sugar)... 119
LAMICTAL XR STARTER (ORANGE)... 33	LAYOLIS FE... 139	levocarnitine... 119
LAMICTAL XR... 33	LAZCLUZE... 55	levocetirizine... 175
LAMICTAL... 32	ledipasvir-sofosbuvir... 72	levofloxacin in d5w... 27
	leena 28... 139	levofloxacin... 26, 27, 169
	leflunomide... 152	levoleucovorin calcium... 55
	LEMTRADA... 104	levonest (28)... 139
	lenalidomide... 55	levonorg-eth estrad triphasic... 139

levonorgest-eth.estradiol-iron... 139	LINCOCIN... 27	LODINE... 15
levonorgestrel-ethinyl estrad... 139	lincomycin... 27	LODOCO... 95
LEVOPHED (BITARTRATE)... 94	lindane... 114	LODOSYN... 64
levora-28... 140	linezolid in dextrose 5%... 27	LOESTRIN FE 1.5/30 (28-DAY)... 140
levorphanol tartrate... 14	linezolid... 27	LOESTRIN FE 1/20 (28-DAY)... 140
levothyroxine... 144, 145	linezolid-0.9% sodium chloride... 27	LOESTRIN 1.5/30 (21)... 140
LEVOXYL... 145	LINZESS... 125	LOESTRIN 1/20 (21)... 140
LEVULAN... 55	liothyronine... 145	lofena... 15
LEXAPRO... 39	LIPITOR... 94	lofexidine... 20
LEXETTE... 114	LIPOFEN... 94	lojaimiess... 140
LEXIVA... 72	LIQREV... 175	LOKELMA... 120
LIALDA... 158	liraglutide... 80	LOMOTIL... 125
LIBERVANT... 33	lisdexamfetamine... 104	LONHALA MAGNAIR REFILL... 175
LIBTAYO... 55	lisinopril... 95	LONHALA MAGNAIR STARTER... 175
LICART... 14	lisinopril-hydrochlorothiazide... 95	LONSURF... 55, 56
lidocaine (pf)... 19, 94	LITFULO... 152	loperamide... 125
lidocaine hcl... 19	lithium carbonate... 77	LOPID... 95
lidocaine in 5 % dextrose (pf)... 94	lithium citrate... 77	lopinavir-ritonavir... 72, 73
lidocaine viscous... 19	LITHOBID... 77	LOPRESSOR... 95
lidocaine... 19	LITHOSTAT... 164	LOPROX (AS OLAMINE)... 44
lidocaine-epinephrine bit... 19	LIVALO... 95	LOPROX... 44
lidocaine-epinephrine... 19	LIVDELZI... 125	LOQTORZI... 56
lidocaine-prilocaine... 19	LIVMARLI... 125	lorazepam intensol... 76
lidocan iii... 19	LIVTENCITY... 72	lorazepam... 76
lidocan iv... 19	LO LOESTRIN FE... 140	LORBRENA... 56
lidocan v... 19	lo-zumandimine (28)... 140	LOREEV XR... 77
LIDODERM... 19	LOCOID LIPOCREAM... 114	lortab elixir... 15
lignospan standard... 19	LOCOID... 114	loryna (28)... 140

LORZONE... 179	LUPRON DEPOT... 145, 146	MACROBID... 27
losartan... 95	LUPRON DEPOT-PED (3 MONTH)... 146	MACRODANTIN... 27
losartan-hydrochlorothiazide... 95	LUPRON DEPOT-PED... 146	mafenide acetate... 114
LOTEMAX SM... 169	lurasidone... 67	magnesium sulfate in d5w... 120
LOTEMAX... 169	lutera (28)... 140	magnesium sulfate in water... 120
LOTENSIN HCT... 95	LUXIQ... 114	magnesium sulfate... 120
LOTENSIN... 95	LUZU... 44	MALARONE PEDIATRIC... 63
loteprednol etabonate... 169	LYBALVI... 67	MALARONE... 63
LOTREL... 95	lyleq... 140	malathion... 114
LOTRONEX... 125	lyllana... 140	mannitol 10 %... 95
lovastatin... 95	LYNPARZA... 56	mannitol 20 %... 95
LOVAZA... 95	LYRICA CR... 104	mannitol 25 %... 95
LOVENOX... 85	LYRICA... 104	mannitol 5 %... 95
low-ogestrel (28)... 140	LYSODREN... 56	maraviroc... 73
loxapine succinate... 67	LYSTEDA... 85	MARCAINE (PF)... 19
lubiprostone... 125	LYTGOBI... 56	MARCAINE SPINAL (PF)... 19
LUCEMYRA... 21	LYUMJEV KWIKPEN U-100 INSULIN... 80	MARCAINE... 19
luliconazole... 44	LYUMJEV KWIKPEN U-200 INSULIN... 80	MARCAINE-EPINEPHRINE (PF)... 19
LUMAKRAS... 56	LYUMJEV TEMPO PEN(U-100)INSULN... 80	MARCAINE-EPINEPHRINE... 19
LUMIGAN... 169	LYUMJEV U-100 INSULIN... 80	MARGENZA... 56
LUMIZYME... 128	LYVISPAH... 70	MARINOL... 41
LUMRYZ STARTER PACK... 180	lyza... 140	marlissa (28)... 140
LUMRYZ... 180		MARPLAN... 39
LUNSUMIO... 56		MATULANE... 56
LUPKYNIS... 152		matzim la... 95
LUPRON DEPOT (3 MONTH)... 146		MAVENCLAD (10 TABLET PACK)... 104
LUPRON DEPOT (4 MONTH)... 146		MAVENCLAD (4 TABLET PACK)... 104
LUPRON DEPOT (6 MONTH)... 146		

M

MAVENCLAD (5 TABLET PACK)... 104	meloxicam... 15	metadate er... 105
MAVENCLAD (6 TABLET PACK)... 104	melphalan hcl... 56	metaxalone... 179
MAVENCLAD (7 TABLET PACK)... 104	melphalan... 56	metformin... 80, 81
MAVENCLAD (8 TABLET PACK)... 104	memantine... 37	methadone intensol... 15
MAVENCLAD (9 TABLET PACK)... 104	MENACTRA (PF)... 153	methadone... 15
MAVYRET... 73	MENEST... 140	METHADOSE... 15
MAXALT... 47	MENOSTAR... 140	methamphetamine... 105
MAXALT-MLT... 47	MENQUADFI (PF)... 153	methazolamide... 169
MAXIDEX... 169	MENTAX... 44	methenamine hippurate... 27
MAXITROL... 169	MENVEO A-C-Y-W-135-DIP (PF)... 153	methimazole... 147
MAXZIDE... 95	meperidine (pf)... 15	METHITEST... 140
MAXZIDE-25MG... 95	meperidine... 15	methocarbamol... 179
MAYZENT STARTER(FOR 1MG MAINT)... 105	MEPHYTON... 183	methotrexate sodium (pf)... 153
MAYZENT STARTER(FOR 2MG MAINT)... 105	meprobamate... 77	methotrexate sodium... 153
MAYZENT... 105	MEPRON... 63	methoxsalen... 114
meclizine... 42	MEPSEVII... 128	methscopolamine... 125
meclofenamate... 15	mercaptopurine... 56	methsuximide... 33
MEDROL (PAK)... 132	meropenem... 27	methyldopa... 95
MEDROL... 132	meropenem-0.9% sodium chloride... 27	methyldopa-hydrochlorothiazide... 95
medroxyprogesterone... 140	merzee... 140	methyldopate... 95
mefenamic acid... 15	mesalamine... 158, 159	methylergonovine... 164
mefloquine... 63	mesna... 56	METHYLIN... 105
megestrol... 140	MESNEX... 56	methylphenidate hcl... 105
MEKINIST... 56	MESTINON TIMESPAN... 48	methylphenidate... 105
MEKTOVI... 56	MESTINON... 48	methylprednisolone acetate... 132
meloxicam submicronized... 15	METADATE CD... 105	methylprednisolone sodium succ... 132

methylprednisolone... 132	microgestin 1/20 (21)... 140	MITIGARE... 46
methyltestosterone... 140	microgestin 24 fe... 140	mitigo (pf)... 15
metoclopramide hcl... 42	midodrine... 96	mitomycin... 56
metolazone... 95	MIEBO (PF)... 169	mitoxantrone... 56
metoprolol succinate... 95	mifepristone... 164	modafinil... 180
metoprolol ta-hydrochlorothiaz... 95	migergot... 47	moexipril... 96
metoprolol tartrate... 95	miglitol... 81	molindone... 67
METRO I.V.... 27	miglustat... 128	mometasone... 114, 175
METROCREAM... 27	MIGRANAL... 47	mondoxyne nl... 27
METROGEL... 27	mili... 140	MONJUVI... 153
METROLOTION... 27	millipred dp... 132	mono-lynyah... 141
metronidazole in nacl (iso-os)... 27	millipred... 132	MONODOX... 28
metronidazole... 27	milrinone in 5 % dextrose... 96	montelukast... 175
metyrosine... 95	milrinone... 96	MONUROL... 28
mexiletine... 96	mimvey... 140	morgidox... 28
MIACALCIN... 160	MINASTRIN 24 FE... 141	morphine (pf)... 16
mibelas 24 fe... 140	MINIPRESS... 96	morphine concentrate... 16
MICAFUNGIN IN 0.9 % SODIUM CHL... 44	MINIVELLE... 141	morphine... 15, 16
micafungin... 44	MINOCIN... 27	MOTEGRITY... 125
MICARDIS HCT... 96	minocycline... 27	MOTOFEN... 125
MICARDIS... 96	minoxidil... 96	MOTPOLY XR... 33
miconazole nitrate-zinc ox-pet... 44	MIOSTAT... 169	MOUNJARO... 81
miconazole-3... 44	MIPLYFFA... 128	MOVANTIK... 125
microgestin fe 1.5/30 (28)... 140	MIRAPEX ER... 64	MOVIPREP... 125
microgestin fe 1/20 (28)... 140	MIRENA... 164	moxifloxacin... 28, 169
microgestin 1.5/30 (21)... 140	mirtazapine... 39	moxifloxacin-sod.ace,sul-water... 28
	MIRVASO... 114	moxifloxacin-sod.chloride(iso)... 28
	misoprostol... 125	

MOZOBIL... 85	nadolol... 96	NATAZIA... 141
MRESVIA (PF)... 153	nafcillin in dextrose iso-osm... 28	nateglinide... 81
MS CONTIN... 16	nafcillin... 28	NATPARA... 160
MULPLETA... 85	naftifine... 44	NATROBA... 114
MULTAQ... 96	NAFTIN... 44	NAYZILAM... 34
mupirocin calcium... 114	NAGLAZYME... 128	nebivolol... 96
mupirocin... 114	nalbuphine... 16	NEBUPENT... 63
MUTAMYCIN... 56	NALFON... 16	necon 0.5/35 (28)... 141
MVASI... 56	nalmefene... 21	nefazodone... 39
MYALEPT... 125	nalocet... 16	NEFFY... 175
MYAMBUTOL... 48	naloxone... 21	nelarabine... 56
MYCAMINE... 44	naltrexone... 21	NEMBUTAL SODIUM... 34
MYCAPSSA... 146	NAMENDA TITRATION PAK... 37	NEMLUVIO... 153
MYCOBUTIN... 48	NAMENDA XR... 37	neo-polycin hc... 169
mycophenolate mofetil (hcl)... 153	NAMENDA... 37	neo-polycin... 169
mycophenolate mofetil... 153	NAMZARIC... 37	NEO-SYNALAR... 114
mycophenolate sodium... 153	NAPRELAN CR... 16	neo-vital rx... 120
MYDAYIS... 105	NAPROSYN... 16	neomycin... 28
MYFEMBREE... 146	naproxen sodium... 16	neomycin-bacitracin-poly-hc... 170
MYFORTIC... 153	naproxen... 16	neomycin-bacitracin-polymyxin... 170
MYHIBBIN... 153	naproxen-esomeprazole... 17	neomycin-polymyxin b gu... 164
MYLOTARG... 56	naratriptan... 47	neomycin-polymyxin b-dexameth... 170
myorisan... 114	NARCAN... 21	neomycin-polymyxin-gramicidin... 170
MYRBETRIQ... 131	NARDIL... 39	neomycin-polymyxin-hc... 170, 172
MYSOLINE... 33	NAROPIN (PF)... 20	NEONATAL COMPLETE... 120
MYTESI... 125	NASCOBAL... 183	NEONATAL PLUS VITAMIN... 120
N	NATACHEW (FE BIS-GLYCINATE)... 120	
nabumetone... 16		

NEONATAL-DHA... 120	nicardipine... 96	NORA-BE... 141
NEORAL... 153	NICOTROL NS... 21	NORDITROPIN FLEXPRO... 134
NERLYNX... 56	NICOTROL... 21	norelgestromin-ethin.estradiol... 141
NESACAINE... 20	nifedipine... 96	norepinephrine bitartrate... 97
NESACAINE-MPF... 20	nikki (28)... 141	noreth-ethinyl estradiol-iron... 141
NESINA... 81	NILANDRON... 56	norethindrone (contraceptive)... 141
neuac... 114	nilutamide... 56	norethindrone ac-eth estradiol... 141
NEULASTA ONPRO... 85	nimodipine... 96	norethindrone acetate... 141
NEULASTA... 85	NINLARO... 57	norethindrone-e.estradiol-iron... 141
NEUPOGEN... 85	NIPENT... 57	NORGESIC FORTE... 179
NEUPRO... 64	nisoldipine... 96	norgesic... 179
NEURONTIN... 34	nitazoxanide... 63	norgestimate-ethinyl estradiol... 141
NEVANAC... 170	nitisinone... 128	NORITATE... 28
nevirapine... 73	NITRO-BID... 96	NORLIQVA... 97
NEXAVAR... 56	NITRO-DUR... 97	NORMOSOL-M IN 5 % DEXTROSE... 120
NEXICLON XR... 96	nitrofurantoin macrocrystal... 28	NORPACE CR... 97
NEXIUM IV... 125	nitrofurantoin monohyd/m-cryst... 28	NORPACE... 97
NEXIUM PACKET... 125	nitrofurantoin... 28	NORPRAMIN... 39
NEXIUM... 125	nitroglycerin in 5 % dextrose... 97	NORTHERA... 97
NEXLETOL... 96	nitroglycerin... 97, 164	nortrel 0.5/35 (28)... 141
NEXLIZET... 96	NITROLINGUAL... 97	nortrel 1/35 (21)... 141
NEXPLANON... 141	NITROSTAT... 97	nortrel 1/35 (28)... 141
NEXTERONE... 96	NITYR... 128	nortrel 7/7/7 (28)... 141
NEXTSTELLIS... 141	NIVESTYM... 85	nortriptyline... 39
NEXVIAZYME... 128	nizatidine... 125	
NGENLA... 134	NOCDURNA (MEN)... 134	
niacin... 96	NOCDURNA (WOMEN)... 134	
niacor... 96		

NORVASC... 97	NUCYNTA... 17	OCTAGAM... 153
NORVIR... 73	NUEDEXTA... 105	octreotide acetate... 146
NOURIANZ... 64	NULIBRY... 128	octreotide,microspheres... 146
NOVAREL... 134	NUPLAZID... 67	OCUFLOX... 170
NOVOLIN N FLEXPEN... 81	NURTEC ODT... 47	ODACTRA... 176
NOVOLIN N NPH U-100 INSULIN... 81	NUTRILIPID... 120	ODEFSEY... 73
NOVOLIN R FLEXPEN... 81	NUTROPIN AQ NUSPIN... 134	ODOMZO... 57
NOVOLIN R REGULAR U100 INSULIN... 81	NUVARING... 141	OFEV... 176
NOVOLIN 70-30 FLEXPEN U-100... 81	NUVIGIL... 180	ofloxacin... 28, 170, 172
NOVOLIN 70/30 U-100 INSULIN... 81	NUZYRA... 28	OGIVRI... 57
NOVOLOG FLEXPEN U-100 INSULIN... 81	nyamyc... 44	OGSIVEO... 57
NOVOLOG MIX 70-30 U-100 INSULN... 81	nylia 1/35 (28)... 141	OHTUVAYRE... 176
NOVOLOG MIX 70-30FLEXPEN U-100... 81	nylia 7/7/7 (28)... 141	OJEMDA... 57
NOVOLOG PENFILL U-100 INSULIN... 81	NYMALIZE... 97	OJJAARA... 57
NOVOLOG MIX 70-30 U-100 INSULN... 81	nymyo... 141	olanzapine... 67
NOVOLOG MIX 70-30FLEXPEN U-100... 81	nystatin... 44, 45	olanzapine-fluoxetine... 39
NOVOLOG PENFILL U-100 INSULIN... 81	nystatin-triamcinolone... 45	OLINVYK... 17
NOVOLOG U-100 INSULIN ASPART... 81	nystop... 45	olmesartan... 97
NOVOPEN ECHO... 164	NYVEPRIA... 86	olmesartan-amlodipin-hcthiazyd... 97
NOXAFIL... 44	O	olmesartan-hydrochlorothiazide... 97
np thyroid... 145	OB COMPLETE ONE... 120	olopatadine... 170, 176
NUBEQA... 57	OB COMPLETE PETITE... 120	OLPRUVA... 128
NUCALA... 176	OB COMPLETE PREMIER... 120	OLUMIANT... 153
NUCYNTA ER... 17	OBREDON... 182	OLUX... 114
	OCALIVA... 125	OLUX-E... 114
	ocella... 141	OMECLAMOX-PAK... 125
	OCREVUS ZUNOVO... 105	
	OCREVUS... 105	

omega-3 acid ethyl esters... 97	OMNIPOD 5	ORAPRED ODT... 132
OMEGAVEN... 120	INTRO(G6/LIBRE2PLUS)... 164	ORBACTIV... 28
omeprazole... 125	OMNITROPE... 134	ORENCIA CLICKJECT... 153
omeprazole-sodium bicarbonate... 125	OMVOH PEN... 153	ORENCIA... 153
OMNARIS... 176	OMVOH... 153	ORENITRAM MONTH 1 TITRATION KT... 176
OMNIPOD CLASSIC PODS (GEN 3)... 164	ONCASPAR... 57	ORENITRAM MONTH 2 TITRATION KT... 176
OMNIPOD DASH INTRO KIT (GEN 4)... 164	ondansetron hcl (pf)... 42	ORENITRAM MONTH 3 TITRATION KT... 176
OMNIPOD DASH PODS (GEN 4)... 164	ondansetron hcl... 42	ORENITRAM... 176
OMNIPOD GO PODS 10 UNITS/DAY... 165	ondansetron... 42	ORFADIN... 129
OMNIPOD GO PODS 15 UNITS/DAY... 165	ONEXTON... 114	ORGOVYX... 57
OMNIPOD GO PODS 20 UNITS/DAY... 165	ONFI... 34	ORIAHNN... 146
OMNIPOD GO PODS 25 UNITS/DAY... 165	ONGENTYS... 64	ORILISSA... 146
OMNIPOD GO PODS 30 UNITS/DAY... 165	ONIVYDE... 57	ORKAMBI... 176
OMNIPOD GO PODS 40 UNITS/DAY... 165	ONPATTRO... 128	ORLADEYO... 153
OMNIPOD GO PODS... 164	ONTRUZANT... 57	ormalvi... 129
OMNIPOD 5 (G6/LIBRE 2 PLUS)... 164	ONUREG... 57	orphenadrine citrate... 179, 180
OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 164	ONYDA XR... 105	orphenadrine-asa-caffeine... 180
OMNIPOD 5 G6-G7 PODS (GEN 5)... 164	ONZETRA XSAIL... 47	orphengesic forte... 180
	OPDIVO... 57	ORSERDU... 57
	OPDUALAG... 57	ORTIKOS... 159
	OPFOLDA... 128	oseltamivir... 73
	opium tincture... 125	OSENI... 81
	OPSUMIT... 176	OSMITROL 10 %... 97
	OPSYNVI... 176	OSMITROL 15 %... 97
	OPVEE... 21	OSMITROL 20 %... 97
	OPZELURA... 114	OSMITROL 5 %... 97
	ORACEA... 28	
	oralone... 108	

OSMOLEX ER... 64	OZOBAX DS... 70	PANRETIN... 57
OSMOPREP... 125	OZOBAX... 70	pantoprazole in 0.9% sod chlor... 126
OSPHENA... 141	P	pantoprazole... 125
OTEZLA STARTER... 114	PACERONE... 97	PANZYGA... 154
OTEZLA... 114	paclitaxel protein-bound... 57	paraplatin... 57
OTREXUP (PF)... 153	paclitaxel... 57	paricalcitol... 160
OVIDE... 115	PADCEV... 57	PARLODEL... 64
oxacillin in dextrose(iso-osm)... 28	PALFORZIA (LEVEL 1)... 165	PARNATE... 39
oxacillin... 28	PALFORZIA (LEVEL 10)... 165	paromomycin... 28
oxaliplatin... 57	PALFORZIA (LEVEL 11 UP-DOSE)... 165	paroxetine hcl... 39
oxandrolone... 142	PALFORZIA (LEVEL 2)... 165	paroxetine mesylate(menop.sym)... 39
oxaprozin... 17	PALFORZIA (LEVEL 3)... 165	PATANASE... 176
OXAYDO... 17	PALFORZIA (LEVEL 4)... 165	PAXIL CR... 39
oxazepam... 77	PALFORZIA (LEVEL 5)... 165	PAXIL... 39
oxcarbazepine... 34	PALFORZIA (LEVEL 6)... 165	PAXLOVID... 73
OXERVATE... 170	PALFORZIA (LEVEL 7)... 165	pazopanib... 57
oxiconazole... 45	PALFORZIA (LEVEL 8)... 165	PEDIAPRED... 132
OXISTAT... 45	PALFORZIA (LEVEL 9)... 165	PEDIARIX (PF)... 154
OXLUMO... 165	PALFORZIA INITIAL DOSE... 165	PEDMARK... 57
OXTELLAR XR... 34	PALFORZIA LEVEL 11 MAINTENANCE... 165	PEDVAX HIB (PF)... 154
oxybutynin chloride... 131	paliperidone... 68	peg 3350-electrolytes... 126
oxycodone... 17	PALYNZIQ... 129	peg-electrolyte soln... 126
oxycodone-acetaminophen... 17	PAMELOR... 39	peg-prep... 126
OXYCONTIN... 17	pamidronate... 160	PEGASYS... 154
oxymorphone... 17	PANCREAZE... 129	peg3350-sod sul-nacl-kcl-asb-c... 126
oxytocin... 165	PANDEL... 115	PEMAZYRE... 57
OXYTROL... 131		
OZEMPIC... 81		

pemetrexed disodium... 58	perphenazine... 68	pimecrolimus... 115
pemetrexed... 58	perphenazine-amitriptyline... 39	pimozide... 68
PEMRYDI RTU... 58	PERSERIS... 68	pimtrea (28)... 142
PEN NEEDLE, DIABETIC... 165	PERTZYE... 129	pindolol... 98
PENBRAYA (PF)... 154	PEXEVA... 39	pioglitazone... 81
penciclovir... 73	pfizerpen-g... 28	pioglitazone-glimepiride... 81
penicillamine... 120	PHEBURANE... 129	pioglitazone-metformin... 81
penicillin g pot in dextrose... 28	phenazopyridine... 165	piperacillin-tazobactam... 28
penicillin g potassium... 28	phenelzine... 39	PIQRAY... 58
penicillin g procaine... 28	PHENERGAN... 42	pirfenidone... 176
penicillin g sodium... 28	phenobarbital sodium... 34	piroxicam... 17
penicillin v potassium... 28	phenobarbital... 34	pitavastatin calcium... 98
PENNSAID... 17	phenoxybenzamine... 98	PITOCIN... 165
PENTACEL (PF)... 154	phenylephrine hcl... 98	PLAQUENIL... 63
PENTAM... 63	PHENYTEK... 34	PLASMA-LYTE A... 120
pentamidine... 63	phenytoin sodium extended... 34	PLASMA-LYTE 148... 120
PENTASA... 159	phenytoin sodium... 34	PLAVIX... 86
pentazocine-naloxone... 17	phenytoin... 34	PLEGRIDY... 105, 106
pentobarbital sodium... 34	PHESGO... 58	PLENAMINE... 120
pentoxifylline... 97	PHEXXI... 165	PLENVU... 126
pepcid... 126	philith... 142	plerixafor... 86
PERCOCET... 17	PHOSPHOLINE IODIDE... 170	PLIAGLIS... 20
PERFOROMIST... 176	PHYSIOLYTE... 165	pnv-dha... 120
PERIKABIVEN... 120	PHYSIOSOL IRRIGATION... 165	pnv-omega... 120
perindopril erbumine... 98	phytonadione (vitamin k1)... 183	podofilox... 115
periogard... 108	PIASKY... 154	POLIVY... 58
PERJETA... 58	PIFELTRO... 73	polocaine... 20
permethrin... 115	pilocarpine hcl... 108, 170	polocaine-mpf... 20

polycin... 170	POTELIGEO... 58	PREMARIN... 142
polymyxin b sulf-trimethoprim... 170	pr natal 400 ec... 121	PREMASOL 10 %... 121
polymyxin b sulfate... 28	pr natal 400... 121	PREMPHASE... 142
POMALYST... 58	pr natal 430 ec... 121	PREMPRO... 142
POMBILITI... 129	pr natal 430... 121	PRENATA... 121
PONVORY 14-DAY STARTER PACK... 106	PRADAXA... 86	PRENATABS FA... 121
PONVORY... 106	pralatrexate... 58	prenatal plus (calcium carb)... 121
portia 28... 142	PRALUENT PEN... 98	prenatal plus dha... 121
PORTRAZZA... 58	pramipexole... 64	prenatal plus vitamin-mineral... 121
posaconazole... 45	prasugrel... 86	prenatal vitamin plus low iron... 121
potassium acetate... 120	pravastatin... 98	prenatal-u... 121
potassium chlorid-d5-0.45%nacl... 120	praziquantel... 63	PRENATE ELITE... 121
potassium chloride in lr-d5... 121	prazosin... 98	PRETOMANID... 48
potassium chloride in water... 121	PRECOSE... 81	PREVACID SOLUTAB... 126
potassium chloride in 0.9%nacl... 121	PRED FORTE... 170	PREVACID... 126
potassium chloride in 5 % dex... 121	PRED MILD... 170	prevalite... 98
potassium chloride... 120, 121	PRED-G... 170	PREVDUO... 165
potassium chloride-d5-0.2%nacl... 121	prednicarbate... 115	PREVYMIS... 73
potassium chloride-d5-0.3%nacl... 121	prednisolone acetate... 170	PREZCOBIX... 73
potassium chloride-d5-0.9%nacl... 121	prednisolone sodium phosphate... 133, 170	PREZISTA... 73
potassium chloride-0.45 % nacl... 121	prednisolone... 132, 133	PRIALT... 165
potassium citrate... 121	prednisone intensol... 133	PRIFTIN... 48
	prednisone... 133	PRILOSEC... 126
	PREFEST... 142	primaquine... 63
	pregabalin... 106	PRIMAXIN IV... 28
	PREGNYL... 134	primidone... 34
	PREHEVBRIO (PF)... 154	primlev... 17
		PRIMSOL... 28

PRIORIX (PF)... 154	PROMACTA... 86	PULMICORT FLEXHALER... 177
PRISTIQ... 39	promethazine vc... 166	PULMICORT... 177
PRIVIGEN... 154	promethazine vc-codeine... 182	PULMOZYME... 177
PRO COMFORT ALCOHOL PADS... 165	promethazine... 42	PURE COMFORT ALCOHOL PADS... 166
PROAIR DIGIHALER... 176	promethazine-codeine... 182	PURIXAN... 58
PROAIR RESPICLICK... 176	promethazine-dm... 182	PYLERA... 126
probenecid... 46	promethazine-phenyleph-codeine... 182	pyrazinamide... 48
probenecid-colchicine... 46	promethazine-phenylephrine... 166	PYRIDIDIUM... 166
procainamide... 98	promethegan... 42	pyridostigmine bromide... 48
PROCARDIA XL... 98	PROMETRIUM... 142	pyridoxine (vitamin b6)... 184
procentra... 106	propafenone... 98	pyrimethamine... 63
prochlorperazine edisylate... 42	proparacaine... 170	PYRUKYND... 129
prochlorperazine maleate... 42	propranolol... 98	Q
prochlorperazine... 42	propranolol-hydrochlorothiazid... 98	QALSODY... 106
PROCRIT... 86	propylthiouracil... 147	QBRELIS... 98
procto-med hc... 115	PROQUAD (PF)... 154	QDOLO... 18
PROCTOFOAM HC... 159	PROSCAR... 131	QELBREE... 106
proctosol hc... 115	PROSOL 20 %... 121	QINLOCK... 58
proctozone-hc... 115	protamine... 166	QNASL... 177
PROCYSBI... 129	PROTONIX... 126	QTERN... 81
progesterone micronized... 142	PROTOPIC... 115	QUADRACEL (PF)... 154
progesterone... 142	protriptyline... 39	QUALAQUIN... 63
PROGLYCEM... 81	PROVENTIL HFA... 176	QUARTETTE... 142
PROGRAF... 154	PROVERA... 142	QUDEXY XR... 34
PROLASTIN-C... 129	PROVIGIL... 180	QUESTRAN LIGHT... 98
prolate... 18	PROZAC... 40	QUESTRAN... 98
PROLENSA... 170	PRUDOXIN... 115	quetiapine... 68
PROLIA... 160		

QUILLICHEW ER... 106	RASUVO (PF)... 154	REMERON... 40
QUILLIVANT XR... 106	RAVICTI... 129	REMICADE... 155
quinapril... 98	RAYALDEE... 160	REMODULIN... 177
quinapril-hydrochlorothiazide... 98	RAYOS... 133	RENACIDIN... 166
quinidine gluconate... 98	RAZADYNE ER... 37	RENFLEXIS... 155
quinidine sulfate... 98	REBIF (WITH ALBUMIN)... 106	repaglinide... 81
quinine sulfate... 63	REBIF REBIDOSE... 106	REPATHA PUSHTRONEX... 98
QULIPTA... 47	REBIF TITRATION PACK... 106	REPATHA SURECLICK... 98
QUTENZA... 166	REBLOZYL... 86	REPATHA SYRINGE... 98
QUVIVIQ... 180	REBYOTA... 126	RESPA-AR... 182
QUZYTIR... 177	RECARBRIO... 29	RESTASIS MULTIDOSE... 170
QVAR REDIHALER... 177	RECLAST... 160	RESTASIS... 170
R	reclipsen (28)... 142	RESTORIL... 181
RABAVERT (PF)... 154	RECOMBIVAX HB (PF)... 154	RETACRIT... 86
rabeprazole... 126	RECORLEV... 146	RETEVMO... 58
RADICAVA ORS STARTER KIT SUSP... 106	RECTIV... 166	RETIN-A MICRO PUMP... 115
RADICAVA ORS... 106	REDITREX (PF)... 154, 155	RETIN-A MICRO... 115
RADICAVA... 106	REGLAN... 42	RETIN-A... 115
RAGWITEK... 177	REGONOL... 48	RETROVIR... 73, 74
raloxifene... 142	REGRANEX... 115	REVATIO... 177
ramelteon... 180	RELAFEN DS... 18	REVCOVI... 129
ramipril... 98	RELENZA DISKHALER... 73	revonto... 70
RANEXA... 98	RELEUKO... 86	REXULTI... 68
ranolazine... 98	RELEXII... 106	REYATAZ... 74
RAPAFLO... 131	RELISTOR... 126	REYVOW... 47
RAPAMUNE... 154	RELPAK... 47	REZDIFFRA... 166
rasagiline... 64	RELTONE... 126	REZLIDHIA... 58
	REMERON SOLTAB... 40	REZUROCK... 155

REZVOGLAR KWIKPEN... 81	rivastigmine tartrate... 37	rufinamide... 34
REZZAYO... 45	rivastigmine... 37	RUKOBIA... 74
RHOPHYLAC... 155	rivelsa... 142	RUXIENCE... 59
RHOPRESSA... 170	RIVFLOZA... 166	RYALTRIS... 177
RIABNI... 58	rizatriptan... 47	RYBELSUS... 82
RIASTAP... 86	ROBAXIN... 180	RYBREVANT... 59
ribavirin... 74, 166	ROBINUL FORTE... 126	RYCLORA... 177
RIDAURA... 155	ROBINUL... 126	RYDAPT... 59
rifabutin... 48	ROCALTROL... 160	RYLAZE... 59
RIFADIN... 48	ROCKLATAN... 170	RYSTIGGO... 155
rifampin... 48	roflumilast... 177	RYTARY... 65
RILUTEK... 106	ROLVEDON... 86	RYTELO... 59
riluzole... 106	romidepsin... 58	RYTHMOL SR... 99
rimantadine... 74	ropinirole... 64	RYVENT... 177
RIMSO-50... 166	ropivacaine (pf)... 20	S
ringer's... 121, 166	rosadan... 29	SABRIL... 35
RINVOQ LQ... 155	rosuvastatin... 99	SAFYRAL... 142
RINVOQ... 155	ROTARIX... 155	SAIZEN SAIZENPREP... 134
RIOMET... 81	ROTATEQ VACCINE... 155	SAIZEN... 134
risedronate... 160	ROWASA... 159	sajazir... 155
RISPERDAL CONSTA... 68	roweeptra xr... 34	SALAGEN (PILOCARPINE)... 108
RISPERDAL... 68	roweeptra... 34	SAMSCA... 121
risperidone... 68	ROXICODONE... 18	SANCUSO... 42
RITALIN LA... 106	ROXYBOND... 18	SANDIMMUNE... 155
RITALIN... 106	ROZEREM... 181	SANDOSTATIN LAR DEPOT... 146
ritonavir... 74	ROZLYTREK... 58	SANDOSTATIN... 146
RITUXAN HYCELA... 58	RUBRACA... 58	SANTYL... 115
RITUXAN... 58	RUCONEST... 155	SAPHNELO... 155

SAPHRIS... 68	SENSORCAINE-MPF... 20	SIMPONI ARIA... 155
sapropterin... 129	sensorcaine-mpf/epinephrine... 20	SIMPONI... 155
SARCLISA... 59	SEREVENT DISKUS... 177	SIMULECT... 155
SAVAYSA... 86	SEROQUEL XR... 68, 69	simvastatin... 99
SAVELLA... 106	SEROQUEL... 68	SINEMET... 65
saxagliptin... 82	SEROSTIM... 134	SINGULAIR... 177
saxagliptin-metformin... 82	sertraline... 40	sirolimus... 155
SCEMBLIX... 59	setlakin... 142	SIRTURO... 48
scopolamine base... 42	SEYSARA... 29	sitagliptin... 82
se-natal 19 chewable... 121	SEZABY... 35	sitagliptin-metformin... 82
SEASONIQUE... 142	SFROWASA... 159	SIVEXTRO... 29
SECUADO... 68	sharobel... 142	SKYCLARYS... 106
SEGLENTIS... 18	SHINGRIX (PF)... 155	SKYRIZI... 156
SEGLUROMET... 82	SIGNIFOR LAR... 146	SKYTROFA... 134, 135
SELECT-OB (FOLIC ACID)... 121	SIGNIFOR... 146	SMOFLIPID... 122
SELECT-OB + DHA... 122	SIKLOS... 166	SOAAZ... 99
SELECT-OB... 121	sildenafil (pulm.hypertension)... 177	sodium benzoate-sod phenylacet... 166
selegiline hcl... 65	sildenafil... 182	sodium bicarbonate... 122
selenium sulfide... 115	SILENOR... 181	sodium chloride 0.45 %... 122
SELZENTRY... 74	SILIQ... 155	sodium chloride 0.9 %... 122
SEMGLEE(INSULIN GLARG-YFGN)PEN... 82	silodosin... 131	sodium chloride 3 % hypertonic... 122
SEMGLEE(INSULIN GLARGINE-YFGN)... 82	SILVADENE... 115	sodium chloride 5 % hypertonic... 122
SENSIPAR... 160	silver sulfadiazine... 115	sodium chloride... 122, 166
SENSORCAINE... 20	SIMBRINZA... 170	SODIUM EDECRIN... 99
sensorcaine-epinephrine... 20	SIMLANDI(CF) AUTOINJECTOR... 155	sodium oxybate... 181
sensorcaine-mpf spinal... 20	simliya (28)... 142	sodium phenylbutyrate... 129
	simpesse... 142	

sodium phosphate... 122	SOVALDI... 74	STIMUFEND... 86
sodium polystyrene sulfonate... 122	SOVUNA... 63	STIOLTO RESPIMAT... 177
sodium,potassium,mag sulfates... 126	SPEVIGO... 156	STIVARGA... 59
SOGROYA... 135	spinosad... 115	STRATTERA... 106, 107
SOHONOS... 166	SPIRIVA RESPIMAT... 177	STRENSIQ... 129
solifenacin... 131	SPIRIVA WITH HANDIHALER... 177	streptomycin... 29
SOLQUA 100/33... 82	spironolacton-hydrochlorothiaz... 99	STRIBILD... 74
SOLIRIS... 156	spironolactone... 99	STRIVERDI RESPIMAT... 177
SOLODYN... 29	SPORANOX... 45	STROMECTOL... 63
SOLOSEC... 29	sprintec (28)... 142	SUBOXONE... 21
SOLTAMOX... 59	SPRITAM... 35	subvenite starter (blue) kit... 35
SOLU-CORTEF ACT-O-VIAL (PF)... 133	SPRIX... 18	subvenite starter (green) kit... 35
SOLU-CORTEF... 133	SPRYCEL... 59	subvenite starter (orange) kit... 35
SOLU-MEDROL (PF)... 133	SPS (WITH SORBITOL)... 122	subvenite... 35
SOLU-MEDROL... 133	sronyx... 142	SUCRAID... 129
SOMA... 180	SSD... 115	sucralfate... 126
SOMATULINE DEPOT... 146	STALEVO 100... 65	SUFLAVE... 126
SOMAVERT... 146	STALEVO 125... 65	SULAR... 99
SOOLANTRA... 115	STALEVO 150... 65	sulfacetamide sodium (acne)... 29
sorafenib... 59	STALEVO 200... 65	sulfacetamide sodium... 29, 170
SORILUX... 115	STALEVO 50... 65	sulfacetamide-prednisolone... 170
sorine... 99	STALEVO 75... 65	sulfadiazine... 29
sotalol af... 99	stavudine... 74	sulfamethoxazole-trimethoprim... 29
sotalol... 99	STEGLATRO... 82	SULFAMYLON... 115
SOTYKTU... 156	STEGLUJAN... 82	sulfasalazine... 159
SOTYLIZE... 99	STELARA... 156	sulindac... 18
	STENDRA... 183	sumatriptan succinate... 47

sumatriptan... 47	SYNJARDY XR... 82	tanlor... 180
sumatriptan-naproxen... 47	SYNJARDY... 82	taperdex... 133
sunitinib malate... 59	SYNRIBO... 59	TARCEVA... 59
SUNLENCA... 74	SYNTHROID... 145	TARGADOX... 29
SUNOSI... 181	SYPRINE... 122	TARGRETIN... 59
SUPREP BOWEL PREP KIT... 126	T	tarina fe 1-20 eq (28)... 142
SURE COMFORT ALCOHOL PREP PADS... 166	TABRECTA... 59	tarina fe 1/20 (28)... 142
SURE-PREP ALCOHOL PREP PADS... 166	TACLONEX... 115	tarina 24 fe... 142
SUSTIVA... 74	tacrolimus... 115, 156	TARPEYO... 159
SUTAB... 126	tadalafil (pulm. hypertension)... 177	TASCENSO ODT... 107
SUTENT... 59	tadalafil... 131, 183	TASIGNA... 59
syeda... 142	TADLIQ... 177	tasimelteon... 181
SYLVANT... 156	TAFINLAR... 59	TASMAR... 65
SYMBICORT... 177	tafluprost (pf)... 170	tavaborole... 45
SYMBYAX... 40	TAGRISSO... 59	TAVALISSE... 86
SYMDEKO... 177	TAKHZYRO... 156	TAVNEOS... 156
SYMFI LO... 74	TALICIA... 126	taysofy... 142
SYMFI... 74	TALTZ AUTOINJECTOR (2 PACK)... 156	TAYTULLA... 142
SYMLINPEN 120... 82	TALTZ AUTOINJECTOR (3 PACK)... 156	tazarotene... 116
SYMLINPEN 60... 82	TALTZ AUTOINJECTOR... 156	tazicef... 29
SYMPAZAN... 35	TALTZ SYRINGE... 156	TAZORAC... 116
SYMPROIC... 126	TALVEY... 59	taztia xt... 99
SYMTUZA... 74	TALZENNA... 59	TAZVERIK... 59
SYNAGIS... 166	TAMIFLU... 74	TDVAX... 156
SYNALAR... 115	tamoxifen... 59	TECENTRIQ HYBREZA... 60
SYNAREL... 146	tamsulosin... 131	TECENTRIQ... 59, 60
		TECFIDERA... 107
		TECVAYLI... 60

TEFLARO... 29	TESTIM... 143	TIBSOVO... 60
TEGLUTIK... 107	testosterone cypionate... 143	TICOVAC... 156
TEGRETOL XR... 35	testosterone enanthate... 143	TIGAN... 42
TEGRETOL... 35	testosterone... 143	tigecycline... 29
TEGSEDI... 129	TETANUS,DIPHTHERIA TOX PED(PF)... 156	TIGLUTIK... 107
TEKTURNA HCT... 99	tetrabenazine... 107	TIKOSYN... 100
TEKTURNA... 99	tetracycline... 29	tilia fe... 143
telmisartan... 99	TEVIMBRA... 60	timolol maleate (pf)... 171
telmisartan-amlodipine... 99	TEXACORT... 116	timolol maleate... 100, 170, 171
telmisartan-hydrochlorothiazid... 99	TEZSPIRE... 156	TIMOPTIC OCUDOSE (PF)... 171
temazepam... 181	THALITONE... 99	TIMOPTIC... 171
TEMODAR... 60	THALOMID... 60	TIMOPTIC-XE... 171
TEMOVATE... 116	THAM... 122	tinidazole... 29
temsirolimus... 60	THEO-24... 178	tiopronin... 131
tencon... 166	theophylline in dextrose 5 %... 178	tirofiban-0.9% sodium chloride... 86
TENIVAC (PF)... 156	theophylline... 178	TIROSINT... 145
tenofovir disoproxil fumarate... 74	thiamine hcl (vitamin b1)... 184	TIROSINT-SOL... 145
TENORETIC 100... 99	THIOLA EC... 131	TIVDAK... 60
TENORETIC 50... 99	THIOLA... 131	TIVICAY PD... 74
TENORMIN... 99	thioridazine... 69	TIVICAY... 74
TEPADINA... 60	thiotepa... 60	tizanidine... 70
TEPEZZA... 166	thiothixene... 69	TLANDO... 143
TEPMETKO... 60	THYMOGLOBULIN... 156	TOBI PODHALER... 178
terazosin... 99	THYQUIDITY... 145	TOBI... 29
terbinafine hcl... 45	tiadylt er... 99	TOBRADEX... 171
terbutaline... 178	tiagabine... 35	tobramycin in 0.225 % nacl... 29
terconazole... 45	TIAZAC... 99	tobramycin sulfate... 29
teriflunomide... 107		tobramycin... 29, 171

tobramycin-dexamethasone... 171	tramadol-acetaminophen... 18	tri-estarylla... 143
TOBREX... 171	trandolapril... 100	tri-legest fe... 143
tolcapone... 65	trandolapril-verapamil... 100	tri-linyah... 143
tolectin 600... 18	tranexamic acid... 86	tri-lo-estarylla... 143
tolmetin... 18	TRANSDERM-SCOP... 42	tri-lo-marzia... 143
TOLSURA... 45	TRANXENE T-TAB... 77	tri-lo-mili... 143
tolterodine... 131	tranylcypromine... 40	tri-lo-sprintec... 143
tolvaptan... 122	TRAVASOL 10 %... 122	tri-mili... 143
TOPAMAX... 35	TRAVATAN Z... 171	tri-nymyo... 143
TOPICORT... 116	travoprost... 171	tri-sprintec (28)... 143
topiramate... 35	TRAZIMERA... 60	tri-vylibra lo... 143
toposar... 60	trazodone... 40	tri-vylibra... 143
topotecan... 60	TREANDA... 60	triamcinolone acetonide... 108, 133
TOPROL XL... 100	TRECATOR... 48	triamterene... 100
toremifene... 60	TRELEGY ELLIPTA... 178	triamterene-hydrochlorothiazid... 100
TORISEL... 60	TRELSTAR... 146	trianex... 133
torpenz... 60	TREMFYA PEN... 157	triazolam... 181
torse mide... 100	TREMFYA... 157	TRIBENZOR... 100
TOSYMRA... 47	treprostinil sodium... 178	TRICARE... 122
TOUJEO MAX U-300 SOLOSTAR... 82	TRESIBA FLEXTOUCH U-100... 82	TRICOR... 100
TOUJEO SOLOSTAR U-300 INSULIN... 82	TRESIBA FLEXTOUCH U-200... 82	triderm... 133
tovet emollient... 116	TRESIBA U-100 INSULIN... 82	trientine... 122
TOVIAZ... 131	tretinoin (antineoplastic)... 60	trifluoperazine... 69
TPN ELECTROLYTES... 122	tretinoin microspheres... 116	trifluridine... 171
TRACLEER... 178	tretinoin... 116	trihexyphenidyl... 65
TRADJENTA... 82	TREXALL... 157	TRIJARDY XR... 82
tramadol... 18	TREXIMET... 47	TRIKAFTA... 178
	TREZIX... 18	

TRILEPTAL... 35	TRUMENBA... 157	TYVASO REFILL KIT... 178
TRILIPIX... 100	TRUQAP... 60	TYVASO STARTER KIT... 178
trimethobenzamide... 42	TRUSOPT... 171	TYVASO... 178
trimethoprim... 29	TRUVADA... 75	U
trimipramine... 40	TRUXIMA... 60	UBRELVY... 47
trinatal rx 1... 122	TRYVIO... 100	UCERIS... 159
TRINTELLIX... 40	TUDORZA PRESSAIR... 178	UDENYCA AUTOINJECTOR... 86
TRIOSTAT... 145	TUKYSA... 60	UDENYCA ONBODY... 87
TRIPTODUR... 146	tulana... 143	UDENYCA... 86
TRISENOX... 60	TURALIO... 60	ULORIC... 46
TRISTART DHA... 122	turqoz (28)... 143	ULTILET ALCOHOL SWAB... 166
tritocin... 133	TUXARIN ER... 182	ULTOMIRIS... 157
TRIUMEQ PD... 75	TUZISTRA XR... 182	ULTRAVATE... 116
TRIUMEQ... 75	TWINRIX (PF)... 157	UNASYN... 29
trivora (28)... 143	TWYNEO... 116	UNDECATREX... 143
TRIZIVIR... 75	TYBOST... 75	UNITHROID... 145
TRODELVY... 60	tydemy... 143	UNITUXIN... 60
TROGARZO... 75	TYENNE AUTOINJECTOR... 157	UPLIZNA... 157
TROKENDI XR... 35, 36	TYENNE... 157	UPTRAVI... 178
TROPHAMINE 10 %... 122	TYGACIL... 29	UROCIT-K 10... 122
trospium... 131	TYKERB... 60	UROCIT-K 15... 122
TRUDHESA... 47	TYMLOS... 160	UROCIT-K 5... 122
TRUE COMFORT ALCOHOL PADS... 166	TYPHIM VI... 157	UROXATRAL... 131
TRUE COMFORT PRO ALCOHOL PADS... 166	TYRVAYA... 171	URSO FORTE... 127
TRULANCE... 127	TYSABRI... 107	URSO 250... 127
TRULICITY... 82	TYVASO DPI... 178	ursodiol... 127
	TYVASO INSTITUTIONAL START KIT... 178	UZEDY... 69
		V

V-GO 20... 166	VANOS... 116	VENTOLIN HFA... 179
V-GO 30... 166	VAPRISOL IN 5 % DEXTROSE... 122	VEOPOZ... 157
V-GO 40... 166	VAQTA (PF)... 157	VEOZAH... 107
VABOMERE... 29	vardenafil... 183	verapamil... 100
VAGIFEM... 143	varenicline... 21	VERDESO... 116
valacyclovir... 75	VARIVAX (PF)... 157	VEREGEN... 116
VALCHLOR... 60	VARIZIG... 157	VERELAN PM... 101
VALCYTE... 75	VARUBI... 42	VERIPRED 20... 133
valganciclovir... 75	VASCEPA... 100	VERQUOVO... 101
VALIUM... 77	VASERETIC... 100	VERSACLOZ... 69
valproate sodium... 36	VASOTEC... 100	VERZENIO... 61
valproic acid (as sodium salt)... 36	VAXCHORA VACCINE... 157	VESICARE LS... 131
valproic acid... 36	vecamyl... 100	VESICARE... 131
valrubicin... 61	VECTIBIX... 61	vestura (28)... 143
valsartan... 100	VECTICAL... 116	VEVYE... 171
valsartan-hydrochlorothiazide... 100	VEGZELMA... 61	VFEND IV... 45
VALSTAR... 61	VELCADE... 61	VFEND... 45
VALTOCO... 36	VELETRI... 178	VIAGRA... 183
VALTRES... 75	velivet triphasic regimen (28)... 143	VIBATIV... 30
VANCOCIN... 29	VELSIPITY... 157	VIBERZI... 127
vancomycin in dextrose 5 %... 30	VELTASSA... 122	VIBRAMYCIN (CALCIUM)... 30
vancomycin in 0.9 % sodium chl... 30	VELTIN... 116	VIBRAMYCIN... 30
vancomycin... 30	VEMLIDY... 75	VICTOZA 2-PAK... 82
vancomycin-diluent combo no.1... 30	VENCLEXTA STARTING PACK... 61	VICTOZA 3-PAK... 82
VANDAZOLE... 30	VENCLEXTA... 61	VIDAZA... 61
VANFLYTA... 61	VENLAFAXINE BESYLATE... 40	vienva... 143
	venlafaxine... 40	vigabatrin... 36
	VENTAVIS... 179	vigadrone... 36

VIGAFYDE... 36	vitamin k... 184	VUSION... 45
VIGAMOX... 171	vitamin k1... 184	VYALEV... 65
vigpoder... 36	VITRAKVI... 61	VYEPTI... 47
VIIBRYD... 40	vivacaine... 20	vyfemla (28)... 144
VIJOICE... 129, 130	VIVELLE-DOT... 144	VYJUVEK... 166
vilazodone... 40	VIVITROL... 21	VYLEESI... 183
VIMOVO... 18	VIVJOA... 45	vylibra... 144
VIMPAT... 36	VIVLODEX... 18	VYLOY... 61
vinblastine... 61	VIZIMPRO... 61	VYNDAMAX... 130
vincasar pfs... 61	VOCABRIA... 75	VYNDAQEL... 130
vincristine... 61	VOGELXO... 144	VYTORIN 10-10... 101
vinorelbine... 61	volnea (28)... 144	VYTORIN 10-20... 101
VIOKACE... 130	VONJO... 61	VYTORIN 10-40... 101
viorele (28)... 144	VOQUEZNA DUAL PAK... 127	VYTORIN 10-80... 101
VIRACEPT... 75	VOQUEZNA TRIPLE PAK... 127	VYVANSE... 107
VIRAZOLE... 166	VOQUEZNA... 127	VYVGART HYTRULO... 48
VIREAD... 75	VORANIGO... 61	VYVGART... 48
virt-nate dha... 122	voriconazole... 45	VYXEOS... 61
virt-pn dha... 122	VOSEVI... 75	VYZULTA... 171
VISTARIL... 179	VOTRIENT... 61	W
VITAFOL FE PLUS... 122	VOWST... 127	WAINUA... 130
VITAFOL GUMMIES... 122	VOXZOGO... 130	WAKIX... 181
VITAFOL ULTRA... 123	VOYDEYA... 157	warfarin... 87
VITAFOL-OB... 123	VPRIV... 130	water for irrigation, sterile... 166
VITAFOL-OB+DHA... 123	VRAYLAR... 69	WEBCOL... 166
VITAFOL-ONE... 123	VTAMA... 116	WEGOVY... 167
VITAMEDMD ONE RX... 123	VUITY... 171	WELCHOL... 101
vitamin d2... 184	VUMERITY... 107	WELIREG... 130

WELLBUTRIN SR... 40
WELLBUTRIN XL... 40
wera (28)... 144
wescap-pn dha... 123
wesnatal dha complete... 123
wesnate dha... 123
westab plus... 123
westgel dha... 123
WINLEVI... 116
WINREVAIR... 179
wixela inhub... 179
wymzya fe... 144

X

XACIATO... 30
XADAGO... 65
XALATAN... 171
XALKORI... 61
XANAX XR... 77
XANAX... 77
XARELTO DVT-PE TREAT 30D
START... 87
XARELTO... 87
XATMEP... 157
XCOPRI MAINTENANCE PACK... 36
XCOPRI TITRATION PACK... 36
XCOPRI... 36
XDEMZY... 167
XELJANZ XR... 157

XELJANZ... 157
XELPROS... 171
XELSTRYM... 107
XEMBIFY... 157
XENAZINE... 107
XENPOZYME... 130
XERAVA... 30
XERESE... 75
XERMELO... 127
XGEVA... 160
XHANCE... 179
XIFAXAN... 127
XIGDUO XR... 83
XIIDRA... 171
XOFLUZA... 75
XOLAIR... 157, 158
XOLEGEL... 45
XOLREMDI... 87
XOPENEX HFA... 179
XOSPATA... 61
XPOVIO... 61, 62
XTAMPZA ER... 18
XTANDI... 62
xulane... 144
XULTOPHY 100/3.6... 83
XYOSTED... 144
XYREM... 181
XYWAV... 181

Y

yargesa... 130
YASMIN (28)... 144
YAZ (28)... 144
YCANTH... 167
YERVOY... 62
YF-VAX (PF)... 158
YONDELIS... 62
YONSA... 62
YORVIPATH... 160
YUFLYMA(CF) AI CROHN'S-UC-HS...
158
YUFLYMA(CF) AUTOINJECTOR... 158
YUFLYMA(CF)... 158
YUPELRI... 179
YUSIMRY(CF) PEN... 158
yuvafer... 144

Z

zafemy... 144
zafirlukast... 179
zaleplon... 181
ZALTRAP... 62
ZANAFLEX... 70
ZANOSAR... 62
zarah... 144
ZARONTIN... 36
ZARXIO... 87
zatean-pn dha... 123

zatean-pn plus... 123	ZESTRIL... 101	ZOLADEX... 146
ZAVESCA... 130	ZETIA... 101	zoledronic ac-mannitol-0.9nacl... 160
ZAVZPRET... 47	ZETONNA... 179	zoledronic acid... 161
ZCORT... 133	ZEVALIN (Y-90)... 167	zoledronic acid-mannitol-water... 161
ZEBUTAL... 167	ZIAC... 101	ZOLINZA... 62
ZEGALOGUE AUTOINJECTOR... 83	ZIAGEN... 75	zolmitriptan... 47
ZEGALOGUE SYRINGE... 83	ZIANA... 116	ZOLOFT... 40
ZEGERID... 127	zidovudine... 75	zolpidem... 181
ZEJULA... 62	ZIEXTENZO... 87	ZOLPIMIST... 181
ZELAPAR... 65	ZILBRYSQ... 158	ZOMACTON... 135
ZELBORAF... 62	zileuton... 179	ZOMIG... 47, 48
ZEMAIRA... 130	ZILRETTA... 133	ZONALON... 116
ZEMBRACE SYMTOUCH... 47	ZIMHI... 21	ZONEGRAN... 36
ZEMDRI... 30	zingiber... 167	ZONISADE... 36
ZEMPLAR... 160	ZINPLAVA... 127	zonisamide... 36
zenatane... 116	ZIOPTAN (PF)... 171	ZORTRESS... 158
ZENPEP... 130	ziprasidone hcl... 69	ZORVOLEX... 18
zenzedi... 107	ziprasidone mesylate... 69	ZORYVE... 116
ZEPATIER... 75	ZIPSOR... 18	ZOSYN IN DEXTROSE (ISO-OSM)... 30
ZEPOSIA STARTER KIT (28-DAY)... 107	ZIRABEV... 62	zovia 1-35 (28)... 144
ZEPOSIA STARTER KIT (37-DAY)... 107	ZIRGAN... 75	ZOVIRAX... 75
ZEPOSIA STARTER PACK (7-DAY)... 107	ZITHROMAX TRI-PAK... 30	ZTALMY... 36
ZEPOSIA... 107	ZITHROMAX Z-PAK... 30	ZTLIDO... 20
ZEPZELCA... 62	ZITHROMAX... 30	ZUBSOLV... 21
ZERBAXA... 30	ZITUVIMET XR... 83	ZULRESSO... 40
ZESTORETIC... 101	ZITUVIMET... 83	zumandimine (28)... 144
	ZITUVIO... 83	
	ZOCOR... 101	

ZURZUVAE... 41
ZYCLARA... 117
ZYDELIG... 62
ZYFLO... 179
ZYKADIA... 62
ZYLET... 171
ZYLOPRIM... 46
ZYMAXID... 171
ZYMFENTRA... 158
ZYNLONTA... 62
ZYNRELEF... 167
ZYNYZ... 62
ZYPITAMAG... 101
ZYPREXA RELPREV... 69
ZYPREXA ZYDIS... 69
ZYPREXA... 69
ZYTIGA... 62
ZYVOX... 30

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



This formulary was updated on 11/20/2024. For more recent information or other questions, please contact the Humana Medicare Employer Plan with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.

Humana[®]

Humana.com