2026

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs or "Drug List"

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

61

Formulary 26800

This formulary was updated on 11/02/2026. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card, or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.

Humana®

Welcome to The Humana Medicare Employer Plan!

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How do I use the Formulary?
There are two ways to find your drug in the formulary:

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

Alphabetical listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 189. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

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

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

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

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

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

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

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

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

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day

emergency supply of that drug unless you have a prescription written for fewer days. (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) while you pursue a formulary exception.

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

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

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

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

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

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

Other pharmacies are available in our network.

For More Information

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

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

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 189.

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 185.

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/Embecta and HTL-Droplet products are the preferred diabetic syringe and pen needle brands for the plan.

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ibuprofen 100 mg/5 ml SUSPENSION **MO**	1	
ibuprofen 300 mg TABLET **DL**	4	ST
ibuprofen 400 mg TABLET **MO**	1	
ibuprofen 600 mg, 800 mg TABLET **MO**	1	
ibuprofen-famotidine 800-26.6 mg TABLET **MO**	1	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION **DL**	4	
INDOCIN 50 MG SUPPOSITORY	4	
indomethacin 25 mg, 50 mg CAPSULE **MO**	1	
indomethacin 25 mg/5 ml SUSPENSION **DL**	4	
indomethacin 50 mg SUPPOSITORY	4	
indomethacin 75 mg CAPSULE, ER **MO**	1	
indomethacin sodium 1 mg RECON SOLUTION **MO**	1	
INFUMORPH P/F 10 MG/ML SOLUTION **DL**	3	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION **DL**	3	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. **MO**	1	
ketoprofen 25 mg CAPSULE	4	
ketoprofen 50 mg CAPSULE **MO**	1	ST
ketoprofen 75 mg CAPSULE **DL**	4	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	
kiprofen 25 mg CAPSULE **MO**	1	ST
levorphanol tartrate 2 mg TABLET **DL**	4	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg TABLET **DL**	4	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. **MO**	3	PA,QL(30 per 30 days)
LODINE 400 MG TABLET **MO**	3	PA
lofena 25 mg TABLET **DL**	4	
lurbipr 100 mg TABLET **MO**	1	
lurbiro 100 mg TABLET **DL**	4	
meclofenamate 100 mg, 50 mg CAPSULE **MO**	1	
mefenamic acid 250 mg CAPSULE **MO**	1	
meloxicam 15 mg TABLET **MO**	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET **MO**	1	QL(60 per 30 days)
meloxicam 7.5 mg/5 ml SUSPENSION **DL**	4	QL(300 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE **MO**	3	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 (2 mg/ml) SOLUTION DL	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE DL	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	1	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. DL	1	ST,QL(60 per 30 days)
morphine 15 mg, 30 mg TABLET DL	1	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER DL	1	QL(120 per 30 days)
morphine 2 mg/ml SOLUTION DL	1	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml SYRINGE DL	1	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml, 4 mg/ml, 5 mg/ml SYRINGE DL	1	BvsD
morphine 20 mg/5 ml (4 mg/ml) SOLUTION DL	1	QL(1350 per 30 days)
morphine 200 mg TABLET ER DL	1	QL(90 per 30 days)
morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR. DL	1	ST,QL(30 per 30 days)
morphine 4 mg/ml SOLUTION DL	1	BvsD,QL(900 per 30 days)
morphine 4 mg/ml SYRINGE DL	1	BvsD,QL(900 per 30 days)
morphine 5 mg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
morphine 8 mg/ml SOLUTION DL	1	BvsD,QL(450 per 30 days)
morphine 8 mg/ml SYRINGE DL	1	BvsD,QL(450 per 30 days)

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone 20 mg/ml CONCENTRATE DL	1	QL(270 per 30 days)
oxycodone 5 mg CAPSULE DL	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION DL	1	QL(5400 per 30 days)
oxycodone 80 mg TABLET, ER 12 HR. DL	3	ST,QL(120 per 30 days)
oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	4	PA,QL(390 per 30 days)
oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION DL	4	PA,QL(900 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-300 mg TABLET DL	4	PA,QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET DL	1	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION DL	1	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. DL	3	ST,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. DL	3	ST,QL(120 per 30 days)
oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR. DL	1	ST,QL(60 per 30 days)
oxymorphone 10 mg, 5 mg TABLET DL	1	QL(360 per 30 days)
oxymorphone 40 mg TABLET, ER 12 HR. DL	4	ST,QL(60 per 30 days)
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP DL	4	PA,QL(224 per 28 days)
pentazocine-naloxone 50-0.5 mg TABLET DL	1	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET DL	4	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET DL	1	PA,QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE MO	1	
primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	4	PA,QL(390 per 30 days)
prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	4	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION DL	4	PA,QL(900 per 30 days)
QDOLO 5 MG/ML SOLUTION DL	4	QL(2400 per 30 days)
RELAFEN DS 1,000 MG TABLET DL	4	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET DL	3	PA,QL(360 per 30 days)
ROXICODONE 30 MG TABLET DL	4	PA,QL(360 per 30 days)
ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY DL	4	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY DL	4	PA,QL(180 per 30 days)
SEGLENTIS 44-56 MG TABLET DL	3	PA,QL(120 per 30 days)
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL DL	4	PA,QL(5 per 30 days)
sulindac 150 mg, 200 mg TABLET MO	1	
tapentadol 100 mg, 150 mg, 200 mg, 250 mg TABLET, ER 12 HR. DL	4	ST,QL(60 per 30 days)
tapentadol 100 mg, 50 mg, 75 mg TABLET DL	4	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tapentadol 20 mg/ml SOLUTION DL	4	PA,QL(900 per 30 days)
tapentadol 50 mg TABLET, ER 12 HR. DL	3	ST,QL(60 per 30 days)
tolectin 600 600 mg TABLET	4	
tolectin ds 400 mg CAPSULE DL	4	
tolmetin 200 mg TABLET DL	4	
tolmetin 400 mg CAPSULE	4	
tolmetin 600 mg TABLET MO	1	
tramadol 100 mg TABLET DL	1	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC DL	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	1	ST,QL(30 per 30 days)
tramadol 25 mg TABLET DL	1	QL(180 per 30 days)
tramadol 5 mg/ml SOLUTION DL	3	QL(2400 per 30 days)
tramadol 50 mg TABLET DL	1	QL(240 per 30 days)
tramadol 75 mg TABLET DL	1	QL(150 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET DL	1	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE DL	1	QL(300 per 30 days)
VIMOVO 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)
VYSCOXA 10 MG/ML SUSPENSION DL	4	ST,QL(1200 per 30 days)
XIFYRM 30 MG/ML SOLUTION MO	3	
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	3	ST,QL(60 per 30 days)
xyvona 2 mg TABLET DL	4	ST,QL(240 per 30 days)
xyvona 3 mg TABLET DL	4	ST,QL(150 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)
ZYBIC 7.5 MG/5 ML SUSPENSION DL	4	QL(300 per 30 days)
ANESTHETICS		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION MO	1	
bupivacaine liposome (pf) 1.3 % (13.3 mg/ml) SUSPENSION MO	1	
bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION MO	1	
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	1	
CARBOCAINE WITH NEO-COBEFRIN 2 % -1:20,000 CARTRIDGE **MO**	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION **MO**	1	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION **MO**	3	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION **MO**	3	
glydo 2 % JELLY IN APPLICATOR **MO**	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED **MO**	1	QL(90 per 30 days)
lidocaine 5 % OINTMENT **MO**	1	
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-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION **MO**	1	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE **MO**	1	
lidocaine-prilocaine 2.5-2.5 % CREAM **MO**	1	
lidocan iii 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
lidocan iv 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
lidocan v 5 % ADHESIVE PATCH, MEDICATED **MO**	1	PA,QL(90 per 30 days)
LIDODERM 5 % ADHESIVE PATCH, MEDICATED **MO**	3	PA,QL(90 per 30 days)
lignospan forte 2 %-1:50,000 CARTRIDGE **MO**	1	
lignospan standard 2 %-1:100,000 CARTRIDGE **MO**	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO**	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO**	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION **MO**	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	3	
marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE **MO**	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	3	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION **MO**	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION **MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION **MO**	3	
PLIAGLIS 7-7 % CREAM **MO**	3	
polocaine 1 % (10 mg/ml), 2 % SOLUTION **MO**	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION **MO**	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION **MO**	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO**	1	
sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO**	1	
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION **MO**	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION **MO**	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION **MO**	1	
vivacaine 0.5 %-1:200,000 CARTRIDGE **MO**	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED **MO**	3	PA,QL(90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC **MO**	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET **MO**	1	QL(120 per 30 days)
buprenorphine-naloxone 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg FILM **MO**	1	
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET **MO**	1	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. **MO**	1	QL(90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET **MO**	3	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET **MO**	3	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK **MO**	3	PA,QL(53 per 28 days)
disulfiram 250 mg, 500 mg TABLET **MO**	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
lofexidine 0.18 mg TABLET **DL**	4	PA,QL(224 per 365 days)
LUCEMYRA 0.18 MG TABLET **DL**	4	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION **MO**	1	
naloxone 0.4 mg/ml SOLUTION **MO**	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE **MO**	1	
naltrexone 50 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	PA
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL **MO**	3	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
REZENOPY 10 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	
SUBOXONE 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG FILM **MO**	3	PA
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK **MO**	1	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET **MO**	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON **DL**	4	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE **MO**	3	PA
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET **MO**	1	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR **MO**	2	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION **MO**	1	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION **MO**	1	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET **MO**	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
amoxicillin 250 mg CAPSULE **MO**	1	
amoxicillin 500 mg CAPSULE **MO**	1	
amoxicillin 500 mg TABLET **MO**	1	
amoxicillin 875 mg TABLET **MO**	1	
amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR. **MO**	1	
amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET **MO**	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET **MO**	1	
amoxicillin-pot clavulanate 875-125 mg TABLET **MO**	1	
ampicillin 500 mg CAPSULE **MO**	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION **MO**	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION **DL**	4	PA,QL(235.2 per 28 days)
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL**	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUGMENTIN 500-125 MG TABLET **MO**	3	PA
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION **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	
BLUJEPA 750 MG TABLET **DL**	4	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefaclor 250 mg, 500 mg CAPSULE **MO**	1	
cefaclor 500 mg TABLET, ER 12 HR. **MO**	1	
cefadroxil 1 gram TABLET **MO**	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefadroxil 500 mg CAPSULE **MO**	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION **MO**	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION **MO**	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
cefixime 400 mg TABLET **MO**	1	
cefotetan 1 gram, 2 gram RECON SOLUTION **MO**	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefpodoxime 100 mg, 200 mg TABLET **MO**	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefprozil 250 mg, 500 mg TABLET **MO**	1	
ceftaroline fosamil 400 mg, 600 mg RECON SOLUTION **DL**	4	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION **MO**	1	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	1	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefuroxime axetil 250 mg, 500 mg TABLET **MO**	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION **MO**	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cephalexin 250 mg, 500 mg TABLET **MO**	1	
cephalexin 250 mg, 750 mg CAPSULE **MO**	1	
cephalexin 500 mg CAPSULE **MO**	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION **MO**	1	
CIPRO 250 MG, 500 MG TABLET **MO**	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON **MO**	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON **MO**	1	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET **MO**	1	
ciprofloxacin hcl 500 mg TABLET **MO**	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
CONTEPO 6 GRAM RECON SOLUTION **DL**	4	
dalbavancin 500 mg SOLUTION **DL**	4	QL(4 per 28 days)
DALVANCE 500 MG SOLUTION **DL**	4	QL(4 per 28 days)
daptomycin 350 mg RECON SOLUTION **MO**	1	
daptomycin 500 mg RECON SOLUTION **DL**	4	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK **MO**	3	
demeclocycline 150 mg TABLET **MO**	1	QL(240 per 30 days)
demeclocycline 300 mg TABLET **MO**	1	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE **MO**	1	
DIFICID 200 MG TABLET **DL**	4	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	4	
DORYX 200 MG TABLET, DR/EC **MO**	3	ST,QL(30 per 30 days)
DORYX 80 MG TABLET, DR/EC **DL**	4	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC **DL**	4	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
erythromycin lactobionate 500 mg RECON SOLUTION **DL**	4	
FETROJA 1 GRAM RECON SOLUTION **DL**	4	QL(84 per 14 days)
fidaxomicin 200 mg TABLET **DL**	4	
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION **MO**	3	
FLAGYL 375 MG CAPSULE **MO**	3	QL(320 per 30 days)
fosfomycin tromethamine 3 gram PACKET **MO**	1	
FURADANTIN 25 MG/5 ML SUSPENSION **MO**	3	
gentamicin 0.1 % CREAM **MO**	1	
gentamicin 0.1 % OINTMENT **MO**	1	
gentamicin 40 mg/ml SOLUTION **MO**	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK **MO**	1	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION **MO**	1	
HUMATIN 250 MG CAPSULE **DL**	4	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION **MO**	1	
KIMYRSA 1,200 MG RECON SOLUTION **DL**	4	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
KLARON 10 % SUSPENSION **MO**	3	QL(118 per 30 days)
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION **MO**	1	
levofloxacin 250 mg, 750 mg TABLET **MO**	1	
levofloxacin 500 mg TABLET **MO**	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	1	
LINCOCIN 300 MG/ML SOLUTION **MO**	3	
lincomycin 300 mg/ml SOLUTION **MO**	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION **DL**	4	QL(1800 per 30 days)
linezolid 600 mg TABLET **MO**	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK **MO**	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION **MO**	1	
MACROBID 100 MG CAPSULE **MO**	3	
meropenem 1 gram, 500 mg RECON SOLUTION **MO**	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK **MO**	1	
methenamine hippurate 1 gram TABLET **MO**	1	
METRO I.V. 500 MG/100 ML PIGGYBACK **MO**	3	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK **MO**	3	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK **MO**	3	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION **MO**	1	
penicillin g sodium 5 million unit RECON SOLUTION **MO**	1	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION **MO**	1	
penicillin v potassium 250 mg, 500 mg TABLET **MO**	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION **MO**	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION **MO**	1	
PIPERACILLIN-TAZOBACTAM 2.25 GRAM/50 ML, 3.375 GRAM/50 ML PIGGYBACK **MO**	3	
PIPERACILLIN-TAZOBACTAM 4.5 GRAM/100 ML PIGGYBACK **DL**	4	
PIVYA 185 MG TABLET **DL**	4	
polymyxin b sulfate 500,000 unit RECON SOLUTION **MO**	1	
PRIMAXIN IV 500 MG RECON SOLUTION **MO**	3	
PRIMSOL 50 MG/5 ML SOLUTION **MO**	3	
RECARBRIO 1.25 GRAM RECON SOLUTION **DL**	4	
rosadan 0.75 % CREAM **MO**	1	ST
rosadan 0.75 % GEL **MO**	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET **DL**	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION **DL**	4	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET **DL**	4	QL(6 per 28 days)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tetracycline 250 mg, 500 mg CAPSULE **MO**	1	
tetracycline 250 mg, 500 mg TABLET **DL**	4	
tigecycline 50 mg RECON SOLUTION **MO**	1	
tinidazole 250 mg, 500 mg TABLET **MO**	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION **DL**	4	PA
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION **DL**	4	BvsD
tobramycin sulfate 1.2 gram RECON SOLUTION **DL**	4	
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION **MO**	1	
trimethoprim 100 mg TABLET **MO**	1	
TYGACIL 50 MG RECON SOLUTION **DL**	4	
TYZAVAN 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	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION **MO**	3	
VABOMERE 2 GRAM RECON SOLUTION **DL**	4	QL(84 per 14 days)
VANCOCIN 125 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
VANCOCIN 250 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION **MO**	1	
vancomycin 1.75 gram, 2 gram RECON SOLUTION **MO**	3	
vancomycin 125 mg CAPSULE **MO**	1	QL(120 per 30 days)
vancomycin 250 mg CAPSULE **MO**	1	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK **MO**	3	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL **MO**	3	
VIBATIV 750 MG RECON SOLUTION **DL**	4	
XACDURO 1 GRAM-1 GRAM (0.5 GRAM X 2) RECON SOLUTION	4	
XACIATO 2 % 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XERAVA 100 MG, 50 MG RECON SOLUTION **MO**	3	
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
ZEMDRI 50 MG/ML SOLUTION **DL**	4	
ZERBAXA 1.5 GRAM RECON SOLUTION **DL**	4	
ZEVTERA 667 MG RECON SOLUTION **DL**	4	
ZITHROMAX 1 GRAM PACKET **MO**	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
ZITHROMAX 250 MG, 500 MG TABLET **MO**	3	
ZITHROMAX 500 MG RECON SOLUTION **MO**	3	
ZITHROMAX TRI-PAK 500 MG TABLET **MO**	3	
ZITHROMAX Z-PAK 250 MG TABLET **MO**	3	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK **MO**	3	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL**	4	PA,QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK **MO**	3	
ZYVOX 600 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET **DL**	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET **DL**	4	PA,QL(60 per 30 days)
BANZEL 200 MG TABLET **DL**	4	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION **DL**	4	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET **DL**	4	PA,QL(240 per 30 days)
brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET **DL**	4	PA,QL(60 per 30 days)
brivaracetam 10 mg/ml SOLUTION **MO**	1	PA,QL(600 per 30 days)
brivaracetam 50 mg/5 ml SOLUTION **MO**	1	PA
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	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gabapentin 100 mg, 300 mg, 400 mg CAPSULE **MO**	1	QL(270 per 30 days)
gabapentin 200 mg CAPSULE **DL**	4	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION **MO**	1	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET **MO**	1	QL(180 per 30 days)
GABARONE 100 MG, 400 MG TABLET **DL**	4	QL(270 per 30 days)
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET **DL**	4	PA
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION **DL**	4	PA
KEPPRA 250 MG TABLET **MO**	3	PA
KEPPRA XR 500 MG TABLET, ER 24 HR. **DL**	4	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR. **DL**	4	PA,QL(120 per 30 days)
lacosamide 10 mg/ml SOLUTION **MO**	1	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET **MO**	1	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION **DL**	4	
LAMICTAL 100 MG TABLET **DL**	4	
LAMICTAL 150 MG, 200 MG, 25 MG TABLET **MO**	3	
LAMICTAL 25 MG TABLET, CHEWABLE DISPERSIBLE **DL**	4	
LAMICTAL 5 MG TABLET, CHEWABLE DISPERSIBLE **MO**	3	
LAMICTAL ODT 100 MG, 200 MG, 50 MG TABLET, DISINTEGRATING **DL**	4	
LAMICTAL ODT 25 MG TABLET, DISINTEGRATING **MO**	3	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK **DL**	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK **DL**	4	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK **DL**	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK **MO**	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK **MO**	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK **MO**	3	
LAMICTAL XR 100 MG, 200 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. **DL**	4	
LAMICTAL XR 25 MG TABLET, ER 24 HR. **MO**	3	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK **MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 250 mg TABLET FOR SUSPENSION **MO**	3	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET **MO**	1	
levetiracetam 500 mg TABLET FOR SUSPENSION **MO**	3	ST,QL(180 per 30 days)
levetiracetam 500 mg TABLET, ER 24 HR. **MO**	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION **MO**	1	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK **MO**	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM **DL**	4	QL(10 per 30 days)
methsuximide 300 mg CAPSULE **MO**	1	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET **DL**	4	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	3	QL(10 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE **MO**	3	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION **MO**	3	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET **DL**	4	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET **DL**	4	PA
ONFI 2.5 MG/ML SUSPENSION **DL**	4	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET **MO**	1	
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. **MO**	1	ST
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. **MO**	3	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR. **DL**	4	ST
pentobarbital sodium 50 mg/ml SOLUTION **MO**	1	
perampanel 0.5 mg/ml SUSPENSION **DL**	4	PA,QL(680 per 28 days)
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET **DL**	4	PA,QL(30 per 30 days)
perampanel 2 mg TABLET **MO**	1	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET **MO**	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET **MO**	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR **MO**	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET **MO**	1	QL(300 per 30 days)
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION **DL**	4	
PHENYTEK 200 MG, 300 MG CAPSULE **MO**	1	
phenytoin 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)
RELGAABI 200 MG CAPSULE **DL**	4	QL(270 per 30 days)
relgaabi 300 mg, 400 mg CAPSULE **DL**	4	QL(270 per 30 days)
roweepra 500 mg TABLET **MO**	1	
rufinamide 200 mg TABLET **MO**	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	4	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET **MO**	1	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET **DL**	4	PA,QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION **DL**	4	
SPRITAM 1,000 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(120 per 30 days)
SUBVENITE 10 MG/ML SUSPENSION **DL**	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK **MO**	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK **MO**	1	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK **MO**	1	
SYMPAZAN 10 MG, 20 MG FILM **DL**	4	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM **DL**	3	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION **MO**	3	
TEGRETOL 200 MG TABLET **MO**	3	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. **MO**	3	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET **MO**	1	
TOPAMAX 100 MG, 200 MG TABLET **DL**	4	
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE **DL**	4	
TOPAMAX 25 MG, 50 MG TABLET **MO**	3	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET **MO**	1	
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE **MO**	1	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(90 per 30 days)
topiramate 25 mg/ml SOLUTION **MO**	1	PA,QL(480 per 30 days)
TRILEPTAL 150 MG TABLET **MO**	3	PA
TRILEPTAL 300 MG, 600 MG TABLET **DL**	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION **DL**	4	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION **MO**	1	
valproic acid 250 mg CAPSULE **MO**	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION **MO**	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	4	QL(10 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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, 5 MG TABLET MO	3	PA
ARICEPT 23 MG TABLET MO	3	PA,QL(30 per 30 days)
donepezil 10 mg, 5 mg TABLET MO	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	
donepezil 23 mg TABLET MO	1	QL(30 per 30 days)
ergoloid 1 mg TABLET MO	1	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET MO	1	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. MO	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
galantamine 4 mg/ml SOLUTION **MO**	1	QL(200 per 30 days)
LEQEMBI IQLIK 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2) AUTO-INJECTOR **DL**	4	PA
memantine 10 mg, 5 mg TABLET **MO**	1	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. **MO**	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION **MO**	1	PA
memantine 5-10 mg TABLET, DOSE PACK **MO**	1	PA,QL(98 per 30 days)
memantine-donepezil 14-10 mg, 21-10 mg, 28-10 mg CAPSULE ER SPRINKLE 24 HR. **MO**	1	PA,QL(30 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. **MO**	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE **MO**	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE **MO**	1	QL(60 per 30 days)
ZUNVEYL 10 MG, 15 MG, 5 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET **MO**	1	
amitriptyline 25 mg TABLET **MO**	1	
amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET **DL**	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET **MO**	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE **DL**	4	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
AUVELITY 30 MG-105 MG /45 MG-105 MG tablet,IR ER biphasic,dosepack **MO**	3	ST
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC **MO**	3	ST,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. **MO**	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET **MO**	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. **MO**	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. **MO**	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
bupropion hcl 450 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
CELEXA 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA
citalopram 10 mg, 20 mg, 40 mg TABLET **MO**	1	
citalopram 10 mg/5 ml SOLUTION **MO**	1	
citalopram 30 mg CAPSULE **MO**	3	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CITALOPRAM 30 MG CAPSULE **MO**	3	QL(30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET **MO**	1	
desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. **DL**	4	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET **MO**	1	
escitalopram oxalate 15 mg CAPSULE **MO**	3	
escitalopram oxalate 5 mg/5 ml SOLUTION **MO**	1	QL(600 per 30 days)
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK **DL**	4	PA
EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR. **DL**	4	PA,QL(30 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(90 per 30 days)
fluoxetine 60 mg TABLET **MO**	1	QL(30 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC **MO**	1	QL(4 per 28 days)
fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET **MO**	1	QL(90 per 30 days)
FORFIVO XL 450 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET **MO**	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE **MO**	1	
LEXAPRO 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA
MARPLAN 10 MG TABLET **MO**	3	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING **MO**	1	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET **MO**	1	
mirtazapine 45 mg TABLET **MO**	1	
NARDIL 15 MG TABLET **MO**	3	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORPRAMIN 10 MG, 25 MG TABLET **MO**	3	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
nortriptyline 10 mg/5 ml SOLUTION **MO**	1	
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE **MO**	1	QL(30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE **DL**	4	
PARNATE 10 MG TABLET **DL**	4	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET **MO**	1	
paroxetine hcl 10 mg/5 ml SUSPENSION **MO**	1	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
paroxetine mesylate(menop.sym) 7.5 mg CAPSULE **MO**	1	QL(30 per 30 days)
PAXIL 10 MG, 20 MG, 30 MG, 40 MG TABLET **MO**	3	
PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
PAXIL CR 25 MG TABLET, ER 24 HR. **MO**	3	QL(90 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET **MO**	1	
phenelzine 15 mg TABLET **MO**	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
protriptyline 10 mg, 5 mg TABLET **MO**	1	
PROZAC 10 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
PROZAC 20 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
PROZAC 40 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
RALDESY 10 MG/ML SOLUTION **DL**	4	
REMERON 15 MG, 30 MG TABLET **MO**	3	
REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING **MO**	3	QL(30 per 30 days)
sertraline 100 mg TABLET **MO**	1	QL(60 per 30 days)
SERTRALINE 150 MG, 200 MG CAPSULE **MO**	3	QL(30 per 30 days)
sertraline 150 mg, 200 mg CAPSULE **MO**	3	QL(30 per 30 days)
sertraline 20 mg/ml CONCENTRATE **MO**	1	
sertraline 25 mg, 50 mg TABLET **MO**	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET **MO**	1	
trazodone 100 mg, 150 mg, 50 mg TABLET **MO**	1	
trazodone 25 mg, 300 mg, 75 mg TABLET **MO**	1	
trimipramine 100 mg, 25 mg, 50 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET **MO**	3	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET **MO**	1	
venlafaxine 150 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. **MO**	1	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. **MO**	1	QL(90 per 30 days)
venlafaxine 75 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
VIIBRYD 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET **MO**	1	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. **MO**	3	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. **MO**	3	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. **MO**	3	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR. **DL**	4	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE **MO**	3	PA
ZOLOFT 25 MG, 50 MG TABLET **MO**	3	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION **DL**	4	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE **DL**	4	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE **DL**	4	PA,QL(14 per 365 days)
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION **DL**	4	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION **DL**	4	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE **MO**	3	PA
ANTIVERT 25 MG CHEWABLE TABLET **MO**	3	
ANTIVERT 50 MG TABLET **MO**	3	
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION **MO**	3	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK **MO**	1	BvsD
aprepitant 125 mg CAPSULE	4	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE **MO**	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE **MO**	1	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC **MO**	3	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION **MO**	3	PA,QL(36 per 28 days)
COMPAZINE 10 MG, 5 MG TABLET **MO**	3	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
granisol 1 mg/5 ml SOLUTION **DL**	4	BvsD,QL(300 per 30 days)
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	BvsD,QL(120 per 30 days)
meclizine 12.5 mg TABLET **MO**	1	
meclizine 25 mg CHEWABLE TABLET **MO**	3	
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	
NAVITRUX 150 MG RECON SOLUTION **MO**	3	
NEREUS 85 MG CAPSULE **DL**	4	PA
ondansetron 16 mg TABLET, DISINTEGRATING **DL**	4	BvsD
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING **MO**	1	BvsD
ondansetron hcl 2 mg/ml SOLUTION **MO**	1	
ondansetron hcl 4 mg TABLET **MO**	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION **MO**	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET **MO**	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 SUPPOSITORY **MO**	1	
promethazine 12.5 mg, 25 mg, 50 mg TABLET **MO**	1	
promethazine 25 mg/ml, 50 mg/ml SOLUTION **MO**	1	
promethazine 6.25 mg/5 ml SYRUP **MO**	1	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY **MO**	1	
REGLAN 10 MG, 5 MG TABLET **MO**	3	
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 100 mg/ml SOLUTION **MO**	1	
trimethobenzamide 300 mg CAPSULE **MO**	1	BvsD
VARUBI 90 MG TABLET **MO**	3	PA
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION **MO**	3	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION **DL**	4	BvsD
amphotericin b 50 mg RECON SOLUTION **MO**	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION **DL**	4	BvsD
ANCOBON 250 MG, 500 MG CAPSULE **MO**	3	
CANCIDAS 50 MG, 70 MG RECON SOLUTION **DL**	4	PA
caspofungin 50 mg, 70 mg RECON SOLUTION **MO**	1	
ciclodan 8 % SOLUTION **MO**	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM **MO**	1	QL(90 per 30 days)
ciclopirox 0.77 % GEL **MO**	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION **MO**	1	QL(60 per 30 days)
ciclopirox 1 % SHAMPOO **MO**	1	QL(120 per 30 days)
ciclopirox 8 % SOLUTION **MO**	1	QL(13.2 per 30 days)
clotrimazole 1 % CREAM **MO**	1	
clotrimazole 1 % SOLUTION **MO**	1	
clotrimazole 10 mg TROCHE **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clotrimazole-betamethasone 1-0.05 % CREAM **MO**	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION **MO**	1	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE **DL**	4	PA
CRESEMBA 372 MG RECON SOLUTION **DL**	4	PA
DIFLUCAN 100 MG TABLET **MO**	3	PA
DIFLUCAN 40 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	4	PA
econazole nitrate 1 % CREAM **MO**	1	PA,QL(85 per 30 days)
econazole nitrate 1 % FOAM **DL**	4	
ERAXIS(WATER DILUENT) 100 MG RECON SOLUTION **MO**	3	
ERAXIS(WATER DILUENT) 50 MG RECON SOLUTION **DL**	4	
ERTACZO 2 % CREAM **DL**	4	QL(60 per 30 days)
EXELDERM 1 % CREAM	4	ST
EXELDERM 1 % SOLUTION	4	ST,QL(60 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET **MO**	1	
fluconazole 150 mg TABLET **MO**	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **MO**	1	
flucytosine 250 mg, 500 mg CAPSULE **DL**	4	
FULVICIN P/G 165 MG TABLET **DL**	4	
griseofulvin microsize 125 mg/5 ml SUSPENSION **MO**	1	
griseofulvin microsize 500 mg TABLET **MO**	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET **MO**	1	
griseofulvin ultramicrosize 165 mg TABLET **DL**	4	
gynazole-1 2 % CREAM **MO**	1	
itraconazole 10 mg/ml SOLUTION **MO**	1	
itraconazole 100 mg CAPSULE **MO**	1	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR **DL**	4	PA,QL(4 per 28 days)
ketoconazole 2 % CREAM **MO**	1	QL(60 per 30 days)
ketoconazole 2 % FOAM **MO**	1	QL(100 per 30 days)
ketoconazole 2 % SHAMPOO **MO**	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET **MO**	1	PA
ketodan 2 % FOAM **MO**	1	QL(100 per 30 days)
klayesta 100,000 unit/gram POWDER **MO**	1	
LOPROX (AS OLAMINE) 0.77 % CREAM **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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOPROX (AS OLAMINE) 0.77 % SUSPENSION **MO**	3	PA,QL(60 per 30 days)
luliconazole 1 % CREAM **MO**	1	ST,QL(60 per 28 days)
LUZU 1 % CREAM **MO**	3	ST,QL(60 per 28 days)
micafungin 100 mg, 50 mg RECON SOLUTION **MO**	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK **DL**	4	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK **DL**	4	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT **MO**	1	
miconazole-3 200 mg SUPPOSITORY **MO**	1	
MYCAMINE 100 MG, 50 MG RECON SOLUTION **DL**	4	
naftifine 1 % CREAM **MO**	1	ST,QL(90 per 30 days)
naftifine 2 % CREAM **MO**	1	ST,QL(120 per 30 days)
naftifine 2 % GEL **MO**	1	ST,QL(120 per 30 days)
NAFTIN 2 % GEL **MO**	3	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC **DL**	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION **DL**	4	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON **DL**	4	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION **DL**	4	PA
nyamyc 100,000 unit/gram POWDER **MO**	1	
nystatin 100,000 unit/gram CREAM **MO**	1	
nystatin 100,000 unit/gram OINTMENT **MO**	1	
nystatin 100,000 unit/gram POWDER **MO**	1	
nystatin 100,000 unit/ml SUSPENSION **MO**	1	
nystatin 500,000 unit TABLET **MO**	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM **MO**	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT **MO**	1	
nystop 100,000 unit/gram POWDER **MO**	1	
oxiconazole 1 % CREAM **MO**	1	PA,QL(60 per 30 days)
OXISTAT 1 % LOTION **MO**	3	PA
posaconazole 100 mg TABLET, DR/EC **DL**	4	PA
posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION **DL**	4	PA,QL(840 per 28 days)
posaconazole 300 mg/16.7 ml SOLUTION **DL**	4	PA
REZZAYO 200 MG RECON SOLUTION **DL**	4	PA
SPORANOX 10 MG/ML SOLUTION **DL**	4	
SPORANOX 100 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tavaborole 5 % SOLUTION W/APPLICATOR **MO**	1	PA,QL(10 per 30 days)
terbinafine hcl 250 mg TABLET **MO**	1	
terconazole 0.4 %, 0.8 % CREAM **MO**	1	
terconazole 80 mg SUPPOSITORY **MO**	1	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION **DL**	4	PA,QL(120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION **DL**	4	QL(400 per 30 days)
VFEND 50 MG TABLET **MO**	3	QL(120 per 30 days)
VFEND IV 200 MG RECON SOLUTION **MO**	3	
VIVJOA 150 MG CAPSULE **MO**	3	
voriconazole 10 mg/ml SOLUTION **MO**	1	
voriconazole 200 mg RECON SOLUTION **MO**	1	
voriconazole 200 mg, 50 mg TABLET **MO**	1	QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION **DL**	4	QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION **MO**	1	
VUSION 0.25-15-81.35 % OINTMENT **MO**	3	
XOLEGEL 2 % GEL **MO**	3	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET **MO**	1	
allopurinol 200 mg TABLET **MO**	3	
allopurinol sodium 500 mg RECON SOLUTION **MO**	1	
ALOPRIM 500 MG RECON SOLUTION **MO**	3	
colchicine 0.6 mg CAPSULE **MO**	1	PA
colchicine 0.6 mg TABLET **MO**	1	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET **MO**	3	PA,QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET **MO**	1	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION **MO**	3	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE **MO**	3	PA
probenecid 500 mg TABLET **MO**	1	
probenecid-colchicine 500-0.5 mg TABLET **MO**	1	
ULORIC 40 MG, 80 MG TABLET **MO**	3	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET **MO**	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR **MO**	3	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR **MO**	3	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR **MO**	3	PA,QL(1.5 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE **MO**	3	PA,QL(1.5 per 28 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET **MO**	1	ST,QL(9 per 30 days)
BREKIYA 1 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(24 per 28 days)
CAFERGOT 1-100 MG TABLET **DL**	4	QL(40 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL **DL**	4	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION **DL**	4	PA
eletriptan 20 mg, 40 mg TABLET **MO**	1	QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR **MO**	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE **MO**	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE **MO**	3	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET **DL**	4	QL(20 per 28 days)
ergotamine-caffeine 1-100 mg TABLET **MO**	1	QL(40 per 30 days)
FROVA 2.5 MG TABLET **DL**	4	ST,QL(12 per 30 days)
frovatriptan 2.5 mg TABLET **MO**	1	ST,QL(12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL(9 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR **MO**	3	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE **DL**	4	PA,QL(6 per 30 days)
MAXALT 10 MG TABLET **MO**	3	PA,QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING **MO**	3	PA,QL(12 per 30 days)
migergot 2-100 mg SUPPOSITORY **DL**	4	QL(20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL **DL**	4	QL(8 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET **MO**	1	QL(9 per 30 days)
NURTEC ODT 75 MG TABLET, DISINTEGRATING **DL**	4	PA,QL(18 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(16 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET **MO**	3	PA,QL(30 per 30 days)
RELPAX 40 MG TABLET **DL**	4	ST,QL(9 per 30 days)
REYVOW 100 MG TABLET **MO**	3	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET **MO**	3	PA,QL(4 per 30 days)
RIZAFILM 10 MG, 5 MG FILM **MO**	3	ST,QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET **MO**	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL **MO**	1	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET **MO**	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE **MO**	3	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR **MO**	1	QL(6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sumatriptan succinate 6 mg/0.5 ml SOLUTION **MO**	1	QL(6 per 30 days)
sumatriptan-naproxen 85-500 mg TABLET **MO**	1	ST,QL(18 per 30 days)
SYMBRAVO 10-20 MG TABLET **DL**	4	ST,QL(9 per 30 days)
TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	ST,QL(12 per 30 days)
TREXIMET 85-500 MG TABLET **DL**	4	ST,QL(18 per 30 days)
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL **DL**	4	PA,QL(8 per 30 days)
UBRELVY 100 MG, 50 MG TABLET **MO**	2	PA,QL(16 per 30 days)
VYEPTI 100 MG/ML SOLUTION	4	PA,QL(3 per 90 days)
ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL **DL**	4	PA,QL(8 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR **DL**	4	ST,QL(6 per 30 days)
zolmitriptan 2.5 mg TABLET **MO**	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL **MO**	1	ST,QL(12 per 30 days)
zolmitriptan 5 mg TABLET **MO**	1	ST,QL(6 per 30 days)
zolmitriptan 5 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(6 per 30 days)
zomig 2.5 mg TABLET **MO**	3	ST,QL(9 per 30 days)
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL **MO**	3	ST,QL(12 per 30 days)
zomig 5 mg TABLET **MO**	3	ST,QL(6 per 30 days)
ANTIMYASTHENIC AGENTS		
MESTINON 60 MG TABLET **DL**	4	PA
MESTINON 60 MG/5 ML SYRUP **DL**	4	
MESTINON TIMESPAN 180 MG TABLET ER **DL**	4	PA
pyridostigmine bromide 180 mg TABLET ER **MO**	1	
pyridostigmine bromide 30 mg, 60 mg TABLET **MO**	1	
pyridostigmine bromide 60 mg/5 ml SYRUP **MO**	1	
REGONOL 5 MG/ML SOLUTION **MO**	3	
VYVGART 20 MG/ML SOLUTION **DL**	4	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE **DL**	4	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION **DL**	4	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE **DL**	4	
dapsone 100 mg, 25 mg TABLET **MO**	1	
ethambutol 100 mg, 400 mg TABLET **MO**	1	
isoniazid 100 mg, 300 mg TABLET **MO**	1	
isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMPRENE 50 MG CAPSULE **DL**	4	
PRETOMANID 200 MG TABLET **MO**	3	QL(30 per 30 days)
PRIFTIN 150 MG TABLET **MO**	3	
pyrazinamide 500 mg TABLET **MO**	1	
rifabutin 150 mg CAPSULE **MO**	1	
RIFADIN 600 MG RECON SOLUTION **MO**	3	
rifampin 150 mg, 300 mg CAPSULE **MO**	1	
rifampin 600 mg RECON SOLUTION **MO**	1	
rifapentine 150 mg TABLET **MO**	1	
SIRTURO 100 MG, 20 MG TABLET **DL**	4	PA
TRECATOR 250 MG TABLET **MO**	3	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET **DL**	4	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET **DL**	4	PA,QL(60 per 30 days)
abirtega 250 mg TABLET **MO**	1	PA,QL(120 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION **DL**	4	PA
ADCETRIS 50 MG RECON SOLUTION **DL**	4	PA
ADRIAMYCIN 50 MG RECON SOLUTION **MO**	1	BvsD
adrucil 2.5 gram/50 ml SOLUTION **MO**	1	BvsD
afatinib 20 mg, 30 mg, 40 mg TABLET **DL,LA**	4	PA,QL(30 per 30 days)
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET **DL**	4	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION **DL**	4	PA
AKEEGA 100-500 MG, 50-500 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION **DL**	4	PA
ALIQOPA 60 MG RECON SOLUTION **DL**	4	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET **DL**	4	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL**	4	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION **DL**	4	PA
anastrozole 1 mg TABLET **MO**	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION **DL**	4	PA
ARIMIDEX 1 MG TABLET **DL**	4	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ARRANON 5 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION **DL**	4	PA
ASPARLAS 750 UNIT/ML SOLUTION **DL**	4	PA
AUGTYRO 160 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION **DL**	4	PA
AVGEMSI 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML) SOLUTION **DL**	4	
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK **DL**	4	PA,QL(66 per 28 days)
AXTLE 100 MG, 500 MG RECON SOLUTION **DL**	4	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION **DL**	4	PA
BALVERSA 3 MG TABLET **DL**	4	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET **DL**	4	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET **DL**	4	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION **DL**	4	PA
BELEODAQ 500 MG RECON SOLUTION **DL**	4	PA
bendamustine 100 mg, 25 mg RECON SOLUTION **DL**	4	PA
bendamustine 25 mg/ml SOLUTION **DL**	4	PA
BENDEKA 25 MG/ML SOLUTION **DL**	4	PA
BEQALZI 1 MG, 20 MG, 5 MG TABLET **DL**	4	PA,QL(60 per 30 days)
BEQALZI 80 MG TABLET **DL**	4	PA,QL(120 per 30 days)
BEQALZI STARTER PACK 1-5-20-80 MG TABLET, DOSE PACK **DL**	4	PA,QL(44 per 28 days)
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION **DL**	4	PA
bexarotene 1 % GEL **DL**	4	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE **DL**	4	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET **MO**	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION **MO**	3	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION **DL**	4	PA,QL(75 per 28 days)
BLENREP 70 MG RECON SOLUTION **DL**	4	PA
bleomycin 15 unit, 30 unit RECON SOLUTION **MO**	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION **MO**	3	PA
bortezomib 1 mg, 2.5 mg RECON SOLUTION **MO**	3	PA
bortezomib 3.5 mg RECON SOLUTION **MO**	1	PA
BORUZU 2.5 MG/ML SOLUTION **DL**	4	PA
BOSULIF 100 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
bosutinib 100 mg TABLET DL	4	PA,QL(120 per 30 days)
bosutinib 400 mg, 500 mg TABLET DL	4	PA,QL(30 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET DL	4	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
busulfan 60 mg/10 ml SOLUTION MO	1	
BUSULFEX 60 MG/10 ML SOLUTION MO	3	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	4	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION DL	4	
CAPRELSA 100 MG TABLET DL	4	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL	4	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION MO	1	
carmustine 100 mg RECON SOLUTION MO	1	
CASODEX 50 MG TABLET DL	4	QL(30 per 30 days)
CAVHANZA 60 MG, 80 MG TABLET, DISINTEGRATING DL	4	PA,QL(112 per 28 days)
cisplatin 1 mg/ml SOLUTION MO	1	
cladribine 10 mg/10 ml SOLUTION DL	4	BvsD
CLIGAVYX 250 MG/5 ML SYRINGE DL	4	PA,QL(30 per 30 days)
clofarabine 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)
COTELLIC 20 MG TABLET DL	4	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION MO	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION MO	1	BvsD
cyclophosphamide 200 mg/ml SOLUTION MO	1	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE MO	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET MO	1	BvsD
cyclophosphamide 500 mg/ml SOLUTION DL	4	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYRAMZA 10 MG/ML SOLUTION **DL**	4	PA
cytarabine 20 mg/ml SOLUTION **MO**	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION **MO**	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION **MO**	1	
dactinomycin 0.5 mg RECON SOLUTION **DL**	4	
DANYELZA 4 MG/ML SOLUTION **DL**	4	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET **DL**	4	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION **DL**	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION **DL**	4	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET **DL**	4	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET **DL**	4	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET **DL**	4	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION **DL**	4	PA
daunorubicin 5 mg/ml SOLUTION **MO**	1	
DAURISMO 100 MG TABLET **DL**	4	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET **DL**	4	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION **DL**	4	PA
DECNUPAZ 2 MG RECON SOLUTION **DL**	4	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION **MO**	1	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION **MO**	1	
DOXIL 2 MG/ML SUSPENSION **DL**	4	PA
doxorubicin 10 mg, 50 mg RECON SOLUTION **MO**	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION **MO**	1	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION **DL**	4	PA
ELAHERE 5 MG/ML SOLUTION **DL**	4	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION **DL**	4	PA
ELLENCE 200 MG/100 ML, 50 MG/25 ML SOLUTION **DL**	4	
ELREXFIO 40 MG/ML SOLUTION **DL**	4	PA
ELZONRIS 1,000 MCG/ML SOLUTION **DL**	4	PA,QL(10 per 21 days)
EMPLICITI 300 MG, 400 MG RECON SOLUTION **DL**	4	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION **DL**	4	PA
ENHERTU 100 MG RECON SOLUTION **DL**	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENSACOVE 100 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
ENSACOVE 25 MG CAPSULE **DL**	4	PA,QL(270 per 30 days)
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION **MO**	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION **DL**	4	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION **DL**	4	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION **DL**	4	
ERIVEDGE 150 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET **DL**	4	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET **DL**	4	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET **DL**	4	PA,QL(90 per 30 days)
ETCAMAH 75 MG TABLET **DL**	4	PA,QL(56 per 28 days)
ETOPOPHOS 100 MG RECON SOLUTION **MO**	3	
etoposide 20 mg/ml SOLUTION **MO**	1	
EULEXIN 125 MG CAPSULE **DL**	4	PA
EVDI 1 MG/20 ML (0.05 MG/ML) SOLUTION **DL**	4	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET **DL**	4	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION **DL**	4	PA
EVOMELA 50 MG RECON SOLUTION **DL**	4	
exemestane 25 mg TABLET **MO**	1	QL(60 per 30 days)
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)
floxuridine 0.5 gram RECON SOLUTION **MO**	1	BvsD
fludarabine 50 mg RECON SOLUTION **MO**	1	
fludarabine 50 mg/2 ml SOLUTION **DL**	4	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION **MO**	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION **DL**	4	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
FRINDOVYX 500 MG/ML SOLUTION **DL**	4	BvsD
FRUZAQLA 1 MG CAPSULE **DL**	4	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
fulvestrant 250 mg/5 ml SYRINGE **MO**	1	PA,QL(30 per 30 days)
FYARRO 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAVRETO 100 MG CAPSULE **DL,LA**	4	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION **DL**	4	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET **DL**	4	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION **MO**	1	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION **MO**	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET **DL,LA**	4	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET **DL**	4	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET **DL**	4	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE **MO**	3	PA
GLEOSTINE 100 MG CAPSULE **DL**	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION **DL**	4	PA
GOMEKLI 1 MG, 2 MG CAPSULE **DL**	4	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION **DL**	4	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION **DL**	4	
HERCEPTIN 150 MG RECON SOLUTION **DL**	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION **DL**	4	PA,QL(5 per 21 days)
HERCESSI 150 MG, 420 MG RECON SOLUTION **DL**	4	PA
HERNEXEOS 60 MG TABLET **DL**	4	PA,QL(180 per 30 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION **DL**	4	PA
HYDREA 500 MG CAPSULE **MO**	3	
hydroxyurea 500 mg CAPSULE **MO**	1	
HYRNUO 10 MG TABLET **DL**	4	PA,QL(120 per 30 days)
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET **DL**	4	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET **DL**	4	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION **DL**	4	
idarubicin 1 mg/ml SOLUTION **DL**	4	
IDHIFA 100 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION **MO**	3	
ifosfamide 1 gram, 3 gram RECON SOLUTION **MO**	1	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
imatinib 100 mg TABLET **MO**	1	PA,QL(90 per 30 days)
imatinib 400 mg TABLET **DL**	4	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
IMBRUVICA 140 MG, 280 MG TABLET **DL**	4	PA
IMBRUVICA 420 MG TABLET **DL**	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION **DL**	4	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION **DL**	4	PA
IMFINZI 50 MG/ML SOLUTION **DL**	4	PA
IMJUDO 20 MG/ML SOLUTION **DL**	4	PA
IMKELDI 80 MG/ML SOLUTION **DL**	4	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION **DL**	4	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION **DL**	4	PA,QL(8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK **DL**	4	
INLEXZO 225 MG IMPLANT **DL**	4	PA
INLURIYO 200 MG TABLET **DL**	4	PA,QL(84 per 28 days)
INLYTA 1 MG TABLET **DL**	4	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET **DL**	4	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET **DL**	4	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET **DL**	4	PA
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION **MO**	1	
ISTODAX 10 MG/2 ML RECON SOLUTION **DL**	4	PA
ITOVEBI 3 MG TABLET **DL**	4	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET **DL**	4	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION **DL**	4	
IWILFIN 192 MG TABLET **DL**	4	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION **DL**	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET **DL**	4	PA,QL(60 per 30 days)
JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET **DL**	4	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JEMPERLI 50 MG/ML SOLUTION	4	PA,QL(20 per 42 days)
JEVTANA 60 MG/1.5 ML (DILUTE10MG/ML) SOLUTION **DL**	4	PA
JIDEYTRO 100 MG TABLET **DL**	4	PA,QL(30 per 30 days)
JIDEYTRO 25 MG TABLET **DL**	4	PA,QL(90 per 30 days)
JOBEVNE 25 MG/ML SOLUTION **DL**	4	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION **DL**	4	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION **DL**	4	PA
KEYTRUDA 25 MG/ML SOLUTION **DL**	4	PA
KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML SOLUTION **DL**	4	PA
KHAPZORY 175 MG RECON SOLUTION **DL**	4	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION **DL**	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET **DL**	4	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET **DL**	4	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET **DL**	4	PA,QL(63 per 28 days)
KOMZIFTI 200 MG CAPSULE **DL**	4	PA,QL(90 per 30 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)
KOSELUGO 5 MG CAPSULE, SPRINKLE **DL**	4	PA,QL(600 per 30 days)
KOSELUGO 7.5 MG CAPSULE, SPRINKLE **DL**	4	PA,QL(360 per 30 days)
KRAZATI 200 MG TABLET **DL**	4	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION **DL**	4	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION **DL**	4	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION **DL**	4	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET **DL**	4	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET **DL**	4	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE **DL**	4	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE **DL**	4	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE **DL**	4	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET **MO**	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin calcium 10 mg/ml SOLUTION **MO**	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION **MO**	1	
LEUKERAN 2 MG TABLET **DL**	4	
levoleucovorin calcium 10 mg/ml SOLUTION **MO**	1	PA
levoleucovorin calcium 50 mg RECON SOLUTION **MO**	1	PA
LEVULAN 20 % SOLUTION **MO**	3	
LIBTAYO 50 MG/ML SOLUTION **DL**	4	PA,QL(7 per 21 days)
LIFYORLI 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) CAPSULE **DL**	4	PA
lomustine 10 mg CAPSULE **MO**	1	PA
lomustine 100 mg, 40 mg CAPSULE **DL**	4	PA
LONSURF 15-6.14 MG TABLET **DL**	4	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET **DL**	4	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION **DL**	4	PA
LORBRENA 100 MG TABLET **DL**	4	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET **DL**	4	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET **DL**	4	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET **DL**	4	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET **DL**	4	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION **DL**	4	PA
LUNSUMIO VELO 45 MG/ML, 5 MG/0.5 ML SOLUTION **DL**	4	PA
LYNOZYFIC 2 MG/ML, 20 MG/ML SOLUTION **DL**	4	PA
LYNPARZA 100 MG, 150 MG TABLET **DL**	4	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET **DL**	4	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET **DL**	4	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION **DL**	4	PA
MATULANE 50 MG CAPSULE **DL**	4	
MEKINIST 0.05 MG/ML RECON SOLUTION **DL**	4	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET **DL**	4	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET **DL**	4	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET **DL**	4	PA,QL(180 per 30 days)
melphalan hcl 50 mg RECON SOLUTION **MO**	1	
mercaptopurine 20 mg/ml SUSPENSION **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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPDIVO 100 MG/10 ML SOLUTION **DL**	4	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION **DL**	4	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION **DL**	4	PA,QL(16 per 28 days)
OPDIVO QVANTIG 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML SOLUTION **DL**	4	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION **DL**	4	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET **DL**	4	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET **DL**	4	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION **MO**	1	
oxaliplatin 100 mg/20 ml, 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
pazopanib 200 mg TABLET **DL**	4	PA,QL(120 per 30 days)
pazopanib 400 mg TABLET **DL**	4	PA,QL(60 per 30 days)
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION **DL**	4	PA
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET **DL**	4	PA,QL(28 per 28 days)
pemetrexed 100 mg, 500 mg RECON SOLUTION **DL**	4	PA
pemetrexed 25 mg/ml SOLUTION **DL**	4	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 750 mg RECON SOLUTION **DL**	4	PA
pemetrexed disodium 100 mg, 500 mg RECON SOLUTION **MO**	1	PA
pemetrexed disodium 25 mg/ml SOLUTION **DL**	4	PA
PEMRYDI RTU 10 MG/ML SOLUTION **DL**	4	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION **DL**	4	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION **DL**	4	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION **DL**	4	PA,QL(10 per 21 days)
PHYRAGO 100 MG, 50 MG, 70 MG, 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
PHYRAGO 140 MG TABLET **DL**	4	PA,QL(30 per 30 days)
PHYRAGO 20 MG TABLET **DL**	4	PA,QL(90 per 30 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET **DL**	4	PA,QL(28 per 28 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE DL	4	PA,QL(21 per 28 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL(21 per 28 days)
POTELIGEO 4 MG/ML SOLUTION DL	4	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL	4	PA
PURIXAN 20 MG/ML SUSPENSION DL	4	
QINLOCK 50 MG TABLET DL	4	PA,QL(90 per 30 days)
RASONQUE 100 MG TABLET DL	4	PA,QL(120 per 30 days)
RASONQUE 150 MG TABLET DL	4	PA,QL(60 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
RETEVMO 40 MG TABLET DL	4	PA,QL(90 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	4	PA,QL(28 per 28 days)
REVTORPYK 180 MG RECON SOLUTION DL	4	PA
REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL	4	PA
REZLIDHIA 150 MG CAPSULE DL	4	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	4	PA
RITUXAN 10 MG/ML CONCENTRATE DL	4	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION DL	4	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION DL	4	PA,QL(13.4 per 28 days)
romidepsin 10 mg/2 ml RECON SOLUTION DL	4	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	4	PA
romidepsin 5 mg/ml SOLUTION DL	4	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL	4	PA
ROZLYTREK 100 MG CAPSULE DL	4	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	4	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	4	PA
RYBREVANT 50 MG/ML SOLUTION DL	4	PA,QL(784 per 365 days)
RYBREVANT FASPRO 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML SOLUTION DL	4	PA
RYDAPT 25 MG CAPSULE DL	4	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYTELO 188 MG, 47 MG RECON SOLUTION DL	4	PA
SARCLISA 20 MG/ML SOLUTION DL	4	PA
SARCLISA ESCENA 1,400 MG/10 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	
sorafenib 200 mg TABLET DL	4	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	4	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL	4	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	4	PA,QL(28 per 28 days)
TABLOID 40 MG TABLET MO	3	
TABRECTA 150 MG, 200 MG TABLET DL	4	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	4	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	4	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	4	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	4	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL	4	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	4	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	4	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET MO	1	
TARCEVA 100 MG TABLET DL	4	PA,QL(30 per 30 days)
TARGRETIN 1 % GEL DL	4	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE DL	4	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	4	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	4	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	4	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	4	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL	4	PA
TEMODAR 100 MG RECON SOLUTION DL	4	PA,QL(27 per 30 days)
temsirolimus 25 mg/ml (dilute10mg/ml) RECON SOLUTION 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEPADINA 100 MG, 15 MG RECON SOLUTION **DL**	4	
TEPADINA 200 MG, 400 MG SOLUTION **DL**	4	
TEPMETKO 225 MG TABLET **DL**	4	PA,QL(60 per 30 days)
TEPYLUTE 10 MG/ML SOLUTION **DL**	4	
TEVIMBRA 10 MG/ML SOLUTION **DL**	4	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
THALOMID 50 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
thiotepa 100 mg RECON SOLUTION **DL**	4	
thiotepa 15 mg RECON SOLUTION **MO**	1	
TIBSOVO 250 MG TABLET **DL**	4	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION **DL**	4	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION	4	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION **MO**	1	
toremifene 60 mg TABLET **DL**	4	QL(30 per 30 days)
TORISEL 25 MG/ML (DILUTE10MG/ML) RECON SOLUTION **DL**	4	PA,QL(8 per 28 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET **DL**	4	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION **DL**	4	PA
TREANDA 100 MG, 25 MG RECON SOLUTION **DL**	4	PA
tretinoin (antineoplastic) 10 mg CAPSULE **DL**	4	
TRISENOX 2 MG/ML SOLUTION **DL**	4	PA
TRODELVY 180 MG RECON SOLUTION **DL**	4	PA
TRUQAP 160 MG, 200 MG TABLET **DL**	4	PA,QL(64 per 28 days)
TRUXIMA 10 MG/ML SOLUTION **DL**	4	PA
TUDRIQEV 10EXP6 PFU/ML, 10EXP7 PFU/ML SUSPENSION **DL**	4	PA
TUKYSA 150 MG TABLET **DL**	4	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET **DL**	4	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE **DL,LA**	4	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET **DL**	4	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION **DL**	4	PA
UNLOXCYT 300 MG/5 ML (60 MG/ML) SOLUTION **DL**	4	PA
VALCHLOR 0.016 % GEL **DL**	4	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION **DL**	4	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION **DL**	4	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET **DL**	4	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION **DL**	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK **DL**	4	PA,QL(42 per 28 days)
VEPPANU 100 MG TABLET **DL**	4	PA,QL(90 per 30 days)
VEPPANU 200 MG TABLET **DL**	4	PA,QL(30 per 30 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)
VIVIMUSTA 25 MG/ML SOLUTION **DL**	4	PA
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)
VYKOURA 10 MG/ML SOLUTION **DL**	4	
VYLOY 100 MG, 300 MG RECON SOLUTION **DL**	4	PA
VYXEOS 44-100 MG RECON SOLUTION **DL**	4	PA
XALKORI 150 MG PELLET **DL**	4	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET **DL**	4	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET **DL**	4	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET **DL**	4	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET **DL**	4	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET **DL**	4	PA,QL(16 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) TABLET **DL**	4	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET **DL**	4	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET **DL**	4	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET **DL**	4	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION **DL**	4	PA
YONDELIS 1 MG RECON SOLUTION **DL**	4	PA
YONSA 125 MG TABLET **DL**	4	PA,QL(120 per 30 days)
yulithira 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET **MO**	1	PA,QL(30 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION **DL**	4	PA
ZANOSAR 1 GRAM RECON SOLUTION **MO**	3	
ZEJULA 100 MG, 200 MG, 300 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET **DL**	4	PA,QL(240 per 30 days)
ZENBEXUS 0.75 MG, 1 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
ZEPZELCA 4 MG RECON SOLUTION **DL**	4	PA
ZIIHERA 300 MG RECON SOLUTION **DL**	4	PA
ZIRABEV 25 MG/ML SOLUTION **DL**	4	PA
ZOLINZA 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET **DL**	4	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION **DL**	4	PA
ZYNYZ 500 MG/20 ML SOLUTION **DL**	4	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET **DL**	4	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ANTIPARASITICS		
albendazole 200 mg TABLET **MO**	1	
atovaquone 750 mg/5 ml SUSPENSION **MO**	1	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET **MO**	1	
benznidazole 100 mg, 12.5 mg TABLET **MO**	3	
BILTRICIDE 600 MG TABLET **DL**	4	PA
chloroquine phosphate 250 mg, 500 mg TABLET **MO**	1	
COARTEM 20-120 MG TABLET **MO**	3	QL(24 per 30 days)
DARAPRIM 25 MG TABLET **DL**	4	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EGATEN 250 MG TABLET MO	3	
emverm 100 mg CHEWABLE TABLET DL	4	
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO	1	
hydroxychloroquine 200 mg TABLET MO	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL(84 per 28 days)
ivermectin 3 mg, 6 mg TABLET MO	1	
KRINTAFEL 150 MG TABLET MO	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	3	
MALARONE 250-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET MO	3	PA
mefloquine 250 mg TABLET MO	1	
MEPRON 750 MG/5 ML SUSPENSION DL	4	
NEBUPENT 300 MG RECON SOLUTION MO	3	BvsD
nitazoxanide 500 mg TABLET DL	4	
PENTAM 300 MG RECON SOLUTION MO	3	
pentamidine 300 mg RECON SOLUTION MO	1	
pentamidine 300 mg RECON SOLUTION MO	1	BvsD
PLAQUENIL 200 MG TABLET MO	3	PA
praziquantel 600 mg TABLET MO	1	
primaquine 26.3 mg (15 mg base) TABLET MO	1	
pyrimethamine 25 mg TABLET DL	4	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	1	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET MO	3	
STROMECTOL 3 MG TABLET MO	3	PA
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	1	
amantadine hcl 100 mg TABLET MO	1	
amantadine hcl 50 mg/5 ml SOLUTION MO	1	
APOKYN 10 MG/ML CARTRIDGE DL	4	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE DL	4	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	4	PA,QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET MO	1	
benztropine 1 mg/ml SOLUTION MO	1	
bromocriptine 2.5 mg TABLET MO	1	
bromocriptine 5 mg CAPSULE MO	1	QL(600 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa 25 mg TABLET **MO**	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING **MO**	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET **MO**	1	
carbidopa-levodopa 23.75-95 mg, 48.75-195 mg CAPSULE, ER **MO**	3	ST,QL(360 per 30 days)
carbidopa-levodopa 25-100 mg TABLET **MO**	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER **MO**	1	
carbidopa-levodopa 36.25-145 mg CAPSULE, ER **MO**	3	ST,QL(270 per 30 days)
carbidopa-levodopa 61.25-245 mg CAPSULE, ER **MO**	3	ST,QL(300 per 30 days)
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	
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)
JUVMO 10 MG TABLET **DL**	4	PA,QL(30 per 30 days)
JUVMO 15 MG, 5 MG TABLET **DL**	4	PA,QL(90 per 30 days)
JUVMO TITRATION PACK 0.25 MG (36)- 1 MG (64) TABLET, DOSE PACK	4	PA
LODOSYN 25 MG TABLET **DL**	4	PA
MIRAPEX ER 1.5 MG, 2.25 MG, 3 MG, 3.75 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. **MO**	3	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ONAPGO 4.9 MG/ ML CARTRIDGE **DL**	4	PA,QL(600 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	PA,QL(60 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET **MO**	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET **MO**	1	
ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. **MO**	1	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER **MO**	3	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER **MO**	3	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER **MO**	3	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE **MO**	1	
selegiline hcl 5 mg TABLET **MO**	1	
SINEMET 10-100 MG, 25-100 MG TABLET **MO**	3	PA
TASMAR 100 MG TABLET **DL**	4	PA
tolcapone 100 mg TABLET **DL**	4	PA
trihexyphenidyl 0.4 mg/ml ELIXIR **MO**	1	
trihexyphenidyl 2 mg, 5 mg TABLET **MO**	1	
VYALEV 12-240 MG/ML SOLUTION **DL**	4	PA
XADAGO 100 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING **DL**	4	
ANTIPSYCHOTICS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET **MO**	3	PA
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON **DL**	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP **DL**	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD **DL**	4	PA,QL(30 per 30 days)
aripiprazole 1 mg/ml SOLUTION **MO**	1	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING **MO**	1	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET **MO**	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(3.2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
BYSANTI 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	4	PA,QL(60 per 30 days)
BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **DL**	3	PA
BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK **DL**	3	PA
BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2) TABLET, DOSE PACK **DL**	3	PA
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE **DL**	3	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET **MO**	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET **MO**	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE **MO**	1	
chlorpromazine 25 mg/ml SOLUTION **MO**	1	
clozapine 100 mg TABLET **MO**	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING **MO**	1	PA
clozapine 150 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET **MO**	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET **MO**	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET **MO**	1	
CLOZARIL 100 MG TABLET **DL**	4	QL(270 per 30 days)
CLOZARIL 200 MG TABLET **DL**	4	QL(135 per 30 days)
CLOZARIL 25 MG TABLET **MO**	3	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET **DL**	4	
droperidol 2.5 mg/ml SOLUTION **MO**	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	3	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION **MO**	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
fluphenazine hcl 2.5 mg/5 ml ELIXIR **MO**	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING **MO**	1	QL(60 per 30 days)
OPIPZA 10 MG FILM **DL**	4	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM **DL**	4	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM **DL**	4	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET **MO**	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET **MO**	1	
quetiapine 100 mg TABLET **MO**	1	QL(90 per 30 days)
quetiapine 150 mg TABLET **MO**	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
quetiapine 200 mg TABLET **MO**	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET **MO**	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET **MO**	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **DL**	4	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET **MO**	3	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG, 3 MG, 4 MG TABLET **MO**	3	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION **MO**	3	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON **MO**	3	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON **DL**	4	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET **MO**	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET **MO**	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION **MO**	1	
risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON **MO**	1	QL(2 per 28 days)
risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON **DL**	4	QL(2 per 28 days)
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET **DL**	4	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. **DL**	4	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET **MO**	3	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET **MO**	3	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET **MO**	3	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. **MO**	3	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK **MO**	3	PA,QL(15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET **MO**	1	
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 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE **DL**	3	PA,QL(30 per 30 days)
WELTRUZA 318 MG, 425 MG, 531 MG SUSPENSION, ER, RECON **DL**	4	QL(1 per 28 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, 2.5 MG, 5 MG, 7.5 MG TABLET **MO**	3	
ZYPREXA 15 MG, 20 MG TABLET **DL**	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION **MO**	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION **DL**	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION **DL**	4	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG TABLET, DISINTEGRATING **MO**	3	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING **DL**	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET **MO**	1	
baclofen 10 mg/5 ml (2 mg/ml) SOLUTION **DL**	4	
baclofen 15 mg, 20 mg TABLET **MO**	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION **MO**	1	QL(480 per 30 days)
baclofen 5 mg TABLET **MO**	1	QL(90 per 30 days)
baclofen 5 mg/5 ml SOLUTION **MO**	1	
DANTRIUM 20 MG RECON SOLUTION **MO**	3	
DANTRIUM 25 MG CAPSULE **MO**	3	
dantrolene 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
dantrolene 20 mg RECON SOLUTION **MO**	1	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION **DL**	4	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET **MO**	3	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET **MO**	3	ST,QL(270 per 30 days)
ONTRALFY 2 MG/5 ML SOLUTION **DL**	4	ST
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 TABLET **MO**	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE **MO**	1	ST
tizanidine 4 mg TABLET **MO**	1	
tizanidine 8 mg CAPSULE **DL**	4	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE **MO**	3	ST
ZANAFLEX 4 MG TABLET **MO**	3	ST
ZANAFLEX 8 MG CAPSULE **DL**	4	ST
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION **MO**	1	QL(960 per 30 days)
abacavir 300 mg TABLET **MO**	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET **MO**	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE **MO**	1	
acyclovir 200 mg/5 ml (5 ml) SUSPENSION **DL**	4	
acyclovir 200 mg/5 ml SUSPENSION **MO**	1	
acyclovir 400 mg, 800 mg TABLET **MO**	1	
acyclovir 5 % CREAM **MO**	3	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT **MO**	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acyclovir sodium 50 mg/ml SOLUTION **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)
BIXLENVO 75-50 MG TABLET **DL**	4	QL(30 per 30 days)
BIXLENVO-SUNLENCA STARTER PACK 75 MG-50 MG /300 MG TABLET **DL**	4	QL(34 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER **DL**	4	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION **DL**	4	
CIMDUO 300-300 MG TABLET **DL**	4	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET **DL**	4	QL(30 per 30 days)
darunavir 600 mg TABLET **MO**	1	QL(60 per 30 days)
darunavir 800 mg TABLET **DL**	4	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
DENAVIR 1 % CREAM **MO**	3	PA
DESCOVY 120-15 MG, 200-25 MG TABLET **DL**	4	QL(30 per 30 days)
DOVATO 50-300 MG TABLET **DL**	4	QL(30 per 30 days)
EDURANT 25 MG TABLET **DL**	4	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION **DL**	4	QL(180 per 30 days)
efavirenz 600 mg TABLET **MO**	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET **MO**	1	QL(30 per 30 days)
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET **DL**	4	QL(30 per 30 days)
emtricita-rilpivirine-tenof df 200-25-300 mg TABLET **DL**	4	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE **MO**	1	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET **MO**	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION **MO**	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE **MO**	3	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET **MO**	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
etravirine 100 mg TABLET **DL**	4	QL(120 per 30 days)
etravirine 200 mg TABLET **DL**	4	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET **DL**	4	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET **MO**	1	QL(90 per 30 days)
FLUMADINE 100 MG TABLET **MO**	3	
fosamprenavir 700 mg TABLET **DL**	4	QL(120 per 30 days)
foscarnet 24 mg/ml SOLUTION **MO**	1	BvsD
FUZEON 90 MG RECON SOLUTION **DL**	4	QL(60 per 30 days)
ganciclovir sodium 50 mg/ml SOLUTION **MO**	1	BvsD
ganciclovir sodium 500 mg RECON SOLUTION **MO**	1	BvsD
GENVOYA 150-150-200-10 MG TABLET **DL**	4	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)
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)
IDVYNSO 100-0.25 MG TABLET **DL**	4	QL(30 per 30 days)
INTELENCE 100 MG TABLET **DL**	4	QL(120 per 30 days)
INTELENCE 200 MG TABLET **DL**	4	QL(60 per 30 days)
INTELENCE 25 MG TABLET **MO**	3	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET **DL**	4	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET **MO**	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET **MO**	2	QL(180 per 30 days)
ISENTRESS 400 MG TABLET **DL**	4	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET **DL**	4	QL(60 per 30 days)
JULUCA 50-25 MG TABLET **DL**	4	QL(30 per 30 days)
KALETRA 100-25 MG TABLET **MO**	3	QL(300 per 30 days)
KALETRA 200-50 MG TABLET **MO**	3	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION **DL**	4	
lamivudine 10 mg/ml SOLUTION **MO**	1	QL(900 per 30 days)
lamivudine 100 mg TABLET **MO**	1	QL(90 per 30 days)
lamivudine 150 mg TABLET **MO**	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamivudine 300 mg TABLET **MO**	1	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET **MO**	1	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET **DL**	4	PA,QL(28 per 28 days)
LIVTENCITY 200 MG TABLET **DL**	4	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET **MO**	1	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET **MO**	1	QL(150 per 30 days)
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 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 POWDER IN PACKET **MO**	3	QL(360 per 30 days)
NORVIR 100 MG TABLET **MO**	3	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET **DL**	4	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE **MO**	1	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE **MO**	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	QL(1440 per 365 days)
oseltamivir 75 mg CAPSULE **MO**	1	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK **MO**	2	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK **MO**	2	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK **MO**	2	QL(60 per 10 days)
penciclovir 1 % CREAM **MO**	1	PA
PIFELTRO 100 MG TABLET **DL**	4	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET **DL**	4	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET **DL**	4	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION **DL**	4	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET **DL**	4	PA
PREVYMIS 480 MG/24 ML SOLUTION **DL**	4	PA,QL(672 per 28 days)
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET **DL**	4	QL(30 per 30 days)
PREZCOBIX PED 600-90 MG TABLET FOR SUSPENSION **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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 75 MG TABLET **MO**	3	QL(480 per 30 days)
PREZISTA 800 MG TABLET **DL**	4	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE **MO**	3	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION **MO**	3	
RETROVIR 10 MG/ML SYRUP **MO**	3	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE **MO**	3	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE **DL**	4	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE **DL**	4	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET **MO**	3	
ribavirin 200 mg CAPSULE **MO**	1	
ribavirin 200 mg TABLET **MO**	1	
rilpivirine hcl 25 mg TABLET **DL**	4	QL(30 per 30 days)
rimantadine 100 mg TABLET **MO**	1	
ritonavir 100 mg TABLET **MO**	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. **DL**	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 300 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)
STRIBILD 150-150-200-300 MG TABLET **DL**	4	QL(30 per 30 days)
SUNLENCA 300 MG TABLET **DL**	4	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	4	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET **DL**	4	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE **MO**	3	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE **MO**	3	PA,QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(1440 per 365 days)
tenofovir disoproxil fumarate 300 mg TABLET **MO**	1	QL(30 per 30 days)
TIVICAY 50 MG TABLET **DL**	4	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION **DL**	4	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET **DL**	4	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION **MO**	3	QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	4	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET DL	4	QL(30 per 30 days)
TYBOST 150 MG TABLET MO	2	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET MO	1	
VALCYTE 450 MG TABLET DL	4	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION DL	4	PA,QL(1056 per 30 days)
valganciclovir 450 mg TABLET MO	1	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION DL	4	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET MO	3	PA
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)
XOCOVA 125 MG TABLET DL	4	QL(7 per 5 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)
zidovudine 10 mg/ml SYRUP MO	1	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	1	QL(180 per 30 days)
zidovudine 300 mg TABLET MO	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	3	QL(5 per 30 days)
ZOVIRAX 5 % CREAM MO	3	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT MO	3	PA,QL(30 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	1	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. DL	1	QL(60 per 30 days)
alprazolam 2 mg TABLET DL	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	1	
ATIVAN 0.5 MG, 1 MG TABLET DL	4	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET DL	4	PA,QL(150 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION **DL**	3	PA
BUCAPSOL 10 MG, 15 MG, 5 MG, 7.5 MG CAPSULE **DL**	4	
buspirone 10 mg, 5 mg TABLET **MO**	1	
buspirone 12.5 mg, 2.5 mg TABLET **DL**	4	
buspirone 15 mg, 30 mg, 7.5 mg TABLET **MO**	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE **DL**	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING **DL**	1	
clonazepam 0.25 mg, 2 mg TABLET **DL**	1	
clonazepam 0.5 mg, 1 mg TABLET **DL**	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET **DL**	1	
diazepam 10 mg TABLET **DL**	1	QL(120 per 30 days)
diazepam 2 mg TABLET **DL**	1	QL(90 per 30 days)
diazepam 5 mg TABLET **DL**	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION **DL**	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE **DL**	1	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION **DL**	1	
diazepam 5 mg/ml SYRINGE **DL**	1	
diazepam intensol 5 mg/ml CONCENTRATE **DL**	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
doxepin 10 mg/ml CONCENTRATE **MO**	1	
hydroxyzine hcl 10 mg, 50 mg TABLET **MO**	1	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION **MO**	1	
hydroxyzine hcl 25 mg TABLET **MO**	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET **DL**	3	PA
lorazepam 0.5 mg, 1 mg TABLET **DL**	1	QL(90 per 30 days)
lorazepam 2 mg TABLET **DL**	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE **DL**	1	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION **DL**	1	
lorazepam intensol 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. **DL**	3	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. **DL**	3	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. **DL**	3	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxazepam 10 mg, 15 mg, 30 mg CAPSULE **DL**	1	
VALIUM 10 MG TABLET **DL**	3	PA,QL(120 per 30 days)
VALIUM 2 MG, 5 MG TABLET **DL**	3	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET **DL**	3	PA,QL(120 per 30 days)
XANAX 2 MG TABLET **DL**	3	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. **DL**	3	PA,QL(60 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE **MO**	1	
lithium carbonate 300 mg TABLET **MO**	1	
lithium carbonate 300 mg, 450 mg TABLET ER **MO**	1	
lithium citrate 8 meq/5 ml SOLUTION **MO**	1	
LITHOBID 300 MG TABLET ER **MO**	3	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET **MO**	1	
ACTOPLUS MET 15-850 MG TABLET **MO**	3	PA,QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO**	3	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER **CI,DL**	4	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER **CI,DL**	4	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER **CI,MO**	3	PA,QL(90 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	3	ST
AWIQLI FLEXTOUCH 700 UNIT/ML (1.5 ML) INSULIN PEN **CI,MO**	3	PA
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR **CI,MO**	3	PA
BRYNOVIN 25 MG/ML SOLUTION **MO**	3	PA,QL(120 per 30 days)
CYCLOSET 0.8 MG TABLET **MO**	3	ST,QL(180 per 30 days)
dapagliflozin 10 mg, 5 mg TABLET **MO**	2	QL(30 per 30 days)
dapagliflozin-metformin 10-1,000 mg, 10-500 mg, 5-500 mg TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	QL(30 per 30 days)
dapagliflozin-metformin 5-1,000 mg TABLET, IR/ER 24 HR., BIPHASIC **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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dapagliflozin-saxagliptin 10-5 mg TABLET **MO**	1	PA,QL(30 per 30 days)
diazoxide 50 mg/ml SUSPENSION **DL**	4	
DUETACT 30-2 MG, 30-4 MG TABLET **MO**	3	QL(30 per 30 days)
exenatide 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml PEN INJECTOR **MO**	1	PA,QL(2.4 per 30 days)
FARXIGA 10 MG, 5 MG TABLET **MO**	2	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE **CI,MO**	2	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	2	
glimepiride 1 mg, 3 mg TABLET **MO**	1	
glimepiride 2 mg, 4 mg TABLET **MO**	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. **MO**	1	
glipizide 10 mg, 5 mg TABLET **MO**	1	
glipizide 15 mg, 2.5 mg TABLET **MO**	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	1	
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION **MO**	3	ST
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION **MO**	3	ST
glucagon emergency kit (human) 1 mg RECON SOLUTION **MO**	3	ST
GLUCOTROL XL 10 MG, 5 MG TABLET, ER 24 HR. **MO**	3	
GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. **DL**	4	ST,QL(60 per 30 days)
GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. **DL**	4	ST,QL(120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET **MO**	1	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET **MO**	1	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	1	
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 1 MG/0.2 ML SYRINGE **MO**	3	ST
GVOKE PFS 2-PACK SYRINGE 1 MG/0.2 ML SYRINGE **MO**	3	ST
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT **CI,MO**	3	ST
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	ST
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN **CI,MO**	3	ST

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nateglinide 120 mg, 60 mg TABLET **MO**	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 INSULN 100 UNIT/ML (70-30) SOLUTION **CI,MO**	2	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	2	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO**	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION **CI,MO**	2	
OSENI 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG TABLET **MO**	3	PA,QL(30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR **MO**	2	PA,QL(3 per 28 days)
OZEMPIC 1.5 MG, 4 MG, 9 MG TABLET **MO**	2	PA,QL(30 per 30 days)
pioglitazone 15 mg, 45 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET **MO**	1	QL(90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
PROGLYCEM 50 MG/ML SUSPENSION **DL**	4	PA
QTERN 10-5 MG, 5-5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
RIOMET 500 MG/5 ML SOLUTION **MO**	3	QL(750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET **MO**	2	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET **MO**	1	PA,QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(30 per 30 days)
SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET **MO**	3	PA,QL(60 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
ARMLUPEG 6 MG/0.6 ML SYRINGE **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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. **MO**	1	QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CABLIVI 11 MG KIT **DL**	4	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET **MO**	1	
clopidogrel 300 mg TABLET **MO**	1	
clopidogrel 75 mg TABLET **MO**	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION **DL**	4	PA
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE **MO**	1	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET **MO**	1	
DOPTELET (10 TAB PACK) 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
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)
DOPTELET SPRINKLE 10 MG CAPSULE, SPRINKLE **DL**	4	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ELIQUIS 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) TABLET FOR SUSPENSION **MO**	2	ST,QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET **MO**	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET **MO**	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK **MO**	2	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE **MO**	2	ST,QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE **MO**	1	
enoxaparin 300 mg/3 ml SOLUTION **MO**	1	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION **MO**	3	PA,QL(28 per 30 days)
eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION **MO**	1	
FILKRI 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
fondaparinux 10 mg/0.8 ml SYRINGE **DL**	4	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml SYRINGE **MO**	3	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml SYRINGE **DL**	4	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml SYRINGE **DL**	4	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE **DL**	4	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE **DL**	4	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE **DL**	4	QL(18 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE **DL**	4	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE **DL**	4	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION **DL**	4	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION **DL**	4	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE **DL**	4	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
GRANIX 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	4	PA
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION **MO**	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE **MO**	1	
heparin (porcine) 5,000 unit/ml SYRINGE **MO**	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION **MO**	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE **MO**	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET **MO**	1	
KENGREAL 50 MG RECON SOLUTION **DL**	4	
LEUKINE 250 MCG RECON SOLUTION **DL**	4	PA
LOVENOX 100 MG/ML, 120 MG/0.8 ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML SYRINGE **MO**	3	PA
LOVENOX 150 MG/ML SYRINGE **DL**	4	PA
LOVENOX 300 MG/3 ML SOLUTION **DL**	4	PA
MIRCERA 100 MCG/0.3 ML SYRINGE	4	PA,QL(1.2 per 28 days)
MIRCERA 120 MCG/0.3 ML SYRINGE **DL**	4	PA,QL(0.9 per 28 days)
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML SYRINGE	4	PA,QL(0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML SYRINGE	4	PA,QL(0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION **DL**	4	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET **DL**	4	PA
NEULASTA 4 MG/0.4 ML SOLUTION **DL**	4	PA,QL(0.8 per 28 days)
NEULASTA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
NEUPOGEN 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	4	PA
NIVESTYM 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION **DL**	4	PA
NYPOZI 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
NYVEPRIA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
PLAVIX 75 MG TABLET **MO**	3	PA,QL(30 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION **DL**	4	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE **MO**	3	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET **DL**	4	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET **DL**	4	PA,QL(60 per 30 days)
prasugrel hcl 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION **MO**	3	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION **DL**	4	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET **DL**	4	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET **DL**	4	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET **DL**	4	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET **DL**	4	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION **DL**	4	PA
RELEUKO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
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)
RHAPSIDO 25 MG TABLET **DL**	4	PA,QL(60 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION **MO**	3	
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	ST,QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET **MO**	1	QL(60 per 30 days)
ROLVEDON 13.2 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
RYZNEUTA 20 MG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET **MO**	3	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET **MO**	1	QL(60 per 30 days)
tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION **MO**	1	PA
tranexamic acid 650 mg TABLET **MO**	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET **MO**	1	
warfarin 5 mg TABLET **MO**	1	
WAYRILZ 400 MG TABLET **DL**	4	PA,QL(60 per 30 days)
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	2	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET **MO**	2	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET **MO**	2	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK **MO**	2	QL(51 per 30 days)
XOLREMDI 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
ZARXIO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE **DL**	4	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
CARDIOVASCULAR AGENTS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	
ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
acebutolol 200 mg, 400 mg CAPSULE **MO**	1	
acetazolamide 125 mg, 250 mg TABLET **MO**	1	
acetazolamide 500 mg CAPSULE, ER **MO**	1	
acetazolamide sodium 500 mg RECON SOLUTION **MO**	1	
adenosine 3 mg/ml SOLUTION **MO**	1	
adenosine 3 mg/ml SYRINGE **MO**	1	
ADRENALIN IN 0.9 % SOD CHLOR 10 MG/250 ML (40 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 5 MG/250 ML (20 MCG/ML), 8 MG/250 ML (32 MCG/ML) SOLUTION **MO**	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
aliskiren 150 mg, 300 mg TABLET **MO**	1	QL(30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **MO**	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
amiloride 5 mg TABLET **MO**	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET **MO**	1	
amiodarone 100 mg, 400 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amiodarone 150 mg/3 ml SYRINGE **MO**	1	
amiodarone 200 mg TABLET **MO**	1	
amiodarone 50 mg/ml SOLUTION **MO**	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE **MO**	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE **MO**	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET **MO**	1	QL(30 per 30 days)
ARBLI 10 MG/ML SUSPENSION **DL**	4	ST,QL(300 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET **MO**	3	QL(60 per 30 days)
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)
azilsartan medoxomil 40 mg, 80 mg TABLET **MO**	3	ST,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)
BAXFENDY 1 MG, 2 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETAPACE AF 120 MG, 160 MG TABLET **DL**	4	PA
BETAPACE AF 80 MG TABLET **MO**	3	PA
betaxolol 10 mg, 20 mg TABLET **MO**	1	
BIDIL 20-37.5 MG TABLET **MO**	3	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION **MO**	3	
bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET **MO**	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION **MO**	3	
BREVIBLOC IN NACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION **MO**	3	
bumetanide 0.25 mg/ml SOLUTION **MO**	1	
bumetanide 0.5 mg, 2 mg TABLET **MO**	1	
bumetanide 1 mg TABLET **MO**	1	
BYSTOLIC 10 MG TABLET **MO**	3	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET **MO**	3	PA,QL(30 per 30 days)
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET **MO**	1	QL(60 per 30 days)
candesartan 32 mg TABLET **MO**	1	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET **MO**	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET **MO**	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET **MO**	1	
CARDAMYST 70 MG/2 SPRAY SPRAY, NON-AEROSOL **DL**	4	PA
CARDIZEM 120 MG, 30 MG, 60 MG TABLET **MO**	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG, 300 MG CAPSULE, ER 24 HR. **DL**	4	PA
CARDIZEM CD 360 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET **MO**	3	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION **MO**	3	QL(450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR. **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET **MO**	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. **MO**	1	QL(30 per 30 days)
chlorothiazide sodium 500 mg RECON SOLUTION **MO**	1	
chlorthalidone 25 mg TABLET **MO**	1	
chlorthalidone 50 mg TABLET **MO**	1	
cholestyramine (with sugar) 4 gram POWDER **MO**	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET **MO**	1	
cholestyramine light 4 gram POWDER **MO**	1	
cholestyramine light 4 gram POWDER IN PACKET **MO**	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION **MO**	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY **MO**	1	QL(4 per 28 days)
clonidine hcl 0.05 mg, 0.2 mg, 0.3 mg TABLET **MO**	1	
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)
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)
colestipol 1 gram TABLET **MO**	1	
colestipol 5 gram GRANULES **MO**	1	QL(1000 per 30 days)
colestipol 5 gram PACKET **MO**	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET **MO**	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE ER MULTIPHASE 24 HR. **MO**	3	PA,QL(30 per 30 days)
CORLANOR 5 MG, 7.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION **MO**	3	PA,QL(560 per 28 days)
CORVERT 0.1 MG/ML SOLUTION **MO**	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	PA
DEMSER 250 MG CAPSULE **DL**	4	
DIBENZYLINE 10 MG CAPSULE **DL**	4	
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET **MO**	1	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION **MO**	1	
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem hcl 100 mg RECON SOLUTION **MO**	1	
diltiazem hcl 120 mg CAPSULE, ER 24 HR. **MO**	1	
diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	1	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. **MO**	1	
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
diltiazem hcl 360 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION **MO**	1	
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET **MO**	3	PA,QL(60 per 30 days)
DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE **MO**	1	
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) 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	
ENBUMYST 0.5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	4	PA
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET **MO**	3	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET **MO**	2	QL(240 per 30 days)
EPANED 1 MG/ML SOLUTION **DL**	4	
epineph bitart in 0.9% sod chl 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml) SOLUTION **MO**	3	
eplerenone 25 mg, 50 mg TABLET **MO**	1	
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-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET **MO**	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. **MO**	1	
fenofibrate 120 mg TABLET **MO**	1	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE **MO**	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET **MO**	1	QL(30 per 30 days)
fenofibrate 40 mg, 54 mg TABLET **MO**	1	QL(60 per 30 days)
fenofibrate 50 mg CAPSULE **MO**	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE **MO**	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE **MO**	1	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE **MO**	1	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET **MO**	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET **MO**	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET **MO**	2	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC **MO**	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET **MO**	3	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET **MO**	3	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET **MO**	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET **MO**	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION **MO**	3	ST,QL(150 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	QL(60 per 30 days)
JAVADIN 0.02 MG/ML (20 MCG/ML) SOLUTION **DL**	4	
JUXTAPID 10 MG, 2 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)
KERENDIA 40 MG TABLET **MO**	2	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET **MO**	1	
labetalol 5 mg/ml SOLUTION **MO**	1	
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	
LASIX ONYU 80 MG/2.67 ML KIT **DL**	4	PA
LEQVIO 284 MG/1.5 ML SYRINGE	4	PA,QL(4.5 per 365 days)
LEROCHOL 300 MG/1.2 ML SYRINGE **MO**	3	PA,QL(1.2 per 28 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	
LIPFENDRA 20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
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/Embecta and 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 TABLET **MO**	1	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET **MO**	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET **MO**	3	ST,QL(30 per 30 days)
LODOCO 0.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
LOPID 600 MG TABLET **MO**	3	PA,QL(60 per 30 days)
LOPRESSOR 10 MG/ML SOLUTION **MO**	3	
LOPRESSOR 100 MG, 12.5 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 20 % 20 % PARENTERAL SOLUTION **MO**	1	
mannitol 25 % 25 % SOLUTION **MO**	1	
matzim la 180 mg, 240 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
methyldopa 250 mg, 500 mg TABLET **MO**	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. **MO**	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET **MO**	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET **MO**	1	
metoprolol tartrate 12.5 mg TABLET **MO**	3	
metoprolol tartrate 37.5 mg, 75 mg TABLET **MO**	1	
metoprolol tartrate 5 mg/5 ml SOLUTION **MO**	1	
metyrosine 250 mg CAPSULE **DL**	4	
mexiletine 150 mg, 200 mg, 250 mg CAPSULE **MO**	1	
MICARDIS 20 MG, 40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
MICARDIS 80 MG TABLET **MO**	3	PA,QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MICARDIS HCT 80-12.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
midodrine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
milrinone 1 mg/ml SOLUTION **MO**	1	BvsD
milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK **MO**	1	BvsD
minoxidil 10 mg, 2.5 mg TABLET **MO**	1	
moexipril 15 mg, 7.5 mg TABLET **MO**	1	
MULTAQ 400 MG TABLET **MO**	2	QL(60 per 30 days)
MYQORZO 10 MG, 15 MG, 20 MG, 5 MG TABLET **DL**	4	PA,QL(30 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**	2	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET **MO**	2	PA,QL(30 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION **MO**	3	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. **MO**	1	
niacin 500 mg TABLET **MO**	1	
niacor 500 mg TABLET **MO**	1	
nicardipine 20 mg, 30 mg CAPSULE **MO**	1	
nicardipine 25 mg/10 ml SOLUTION **MO**	1	
nicardipine (pf) 25 mg/10 ml SOLUTION **MO**	1	
nifedipine 10 mg, 20 mg CAPSULE **MO**	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER **MO**	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. **MO**	1	
nimodipine 30 mg CAPSULE **MO**	1	
nimodipine 60 mg/20 ml SOLUTION **DL**	4	QL(2838 per 28 days)
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
NITRO-BID 2 % OINTMENT **MO**	1	
NITRO-DUR 0.1 MG/HR, 0.4 MG/HR, 0.6 MG/HR PATCH, 24 HR. **MO**	3	
NITRO-DUR 0.2 MG/HR, 0.3 MG/HR, 0.8 MG/HR PATCH, 24 HR. **DL**	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET **MO**	1	
nitroglycerin 0.4 mg SUBLINGUAL TABLET **MO**	1	
nitroglycerin 2 % OINTMENT **MO**	1	
nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL **MO**	1	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION **MO**	1	
nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION **MO**	1	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL **MO**	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET **MO**	2	
norepinephrine bitartrate 1 mg/ml SOLUTION **MO**	1	
NORLIQVA 1 MG/ML SOLUTION **MO**	3	ST,QL(300 per 30 days)
NORPACE 100 MG, 150 MG CAPSULE **MO**	3	
NORPACE CR 100 MG, 150 MG CAPSULE, ER **MO**	3	
NORTHERA 100 MG, 200 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA
NYMALIZE 30 MG/5 ML SYRINGE **DL**	4	QL(630 per 28 days)
NYMALIZE 60 MG/10 ML SOLUTION **DL**	4	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML SYRINGE **DL**	4	QL(1260 per 28 days)
olmesartan 20 mg, 40 mg TABLET **MO**	1	QL(30 per 30 days)
olmesartan 5 mg TABLET **MO**	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET **MO**	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET **MO**	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE **MO**	1	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION **MO**	3	
OSMITROL 20 % 20 % PARENTERAL SOLUTION **MO**	3	
PACERONE 100 MG, 400 MG TABLET **MO**	1	
pacerone 200 mg TABLET **MO**	1	
pentoxifylline 400 mg TABLET ER **MO**	1	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET **MO**	1	
phenoxybenzamine 10 mg CAPSULE **DL**	4	
phenylephrine hcl 0.1 mg/ml, 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR **MO**	3	PA,QL(2 per 28 days)
pravastatin 10 mg, 80 mg TABLET **MO**	1	
pravastatin 20 mg, 40 mg TABLET **MO**	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE **MO**	1	
prevalite 4 gram POWDER **MO**	1	
prevalite 4 gram POWDER IN PACKET **MO**	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION **MO**	1	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. **MO**	3	PA
propafenone 150 mg, 225 mg, 300 mg TABLET **MO**	1	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. **MO**	1	
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	
QBRELIS 1 MG/ML SOLUTION **DL**	4	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER **MO**	1	
QUESTRAN 4 GRAM POWDER IN PACKET **MO**	1	
QUESTRAN LIGHT 4 GRAM POWDER **MO**	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET **MO**	1	
quinidine gluconate 324 mg TABLET ER **MO**	1	
quinidine sulfate 200 mg, 300 mg TABLET **MO**	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE **MO**	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. **MO**	1	QL(120 per 30 days)
REDEMPLO 25 MG/0.5 ML SYRINGE **DL**	4	PA
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(6 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE **MO**	2	PA,QL(6 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET **MO**	1	QL(60 per 30 days)
SDAMLO 10 MG, 2.5 MG, 5 MG POWDER IN POD **DL**	4	ST,QL(30 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET **MO**	1	
simvastatin 5 mg, 80 mg TABLET **MO**	1	
SOAANZ 20 MG, 40 MG, 60 MG TABLET **MO**	3	ST
sotalol 120 mg, 160 mg, 240 mg, 80 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sotalol af 120 mg, 160 mg, 80 mg TABLET **MO**	1	
SOTYLIZE 5 MG/ML SOLUTION **MO**	3	
spironolacton-hydrochlorothiaz 25-25 mg TABLET **MO**	1	
spironolactone 100 mg TABLET **MO**	1	
spironolactone 25 mg, 50 mg TABLET **MO**	1	
spironolactone 25 mg/5 ml SUSPENSION **MO**	3	QL(450 per 30 days)
SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET **MO**	3	PA,QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan 80 mg TABLET **MO**	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET **MO**	1	QL(60 per 30 days)
TENORETIC 100 100-25 MG TABLET **MO**	3	
TENORETIC 50 50-25 MG TABLET **MO**	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	1	
TEZRULY 1 MG/ML SOLUTION **DL**	4	PA,QL(600 per 30 days)
THALITONE 15 MG TABLET **MO**	3	
tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	
TIAZAC 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. **MO**	3	
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE **MO**	3	PA
timolol maleate 10 mg, 20 mg, 5 mg TABLET **MO**	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. **MO**	3	
torsemide 10 mg, 100 mg, 5 mg TABLET **MO**	1	
torsemide 20 mg TABLET **MO**	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET **MO**	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	
triamterene 100 mg, 50 mg CAPSULE **MO**	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE **MO**	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET **MO**	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC **MO**	3	PA,QL(30 per 30 days)
TRYNGOLZA 50 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(0.8 per 28 days)
TRYVIO 12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
valsartan 160 mg, 320 mg TABLET **MO**	1	QL(60 per 30 days)
valsartan 4 mg/ml SOLUTION **DL**	4	ST,QL(2400 per 30 days)
VALSARTAN 4 MG/ML SOLUTION **DL**	4	ST,QL(2400 per 30 days)
valsartan 40 mg, 80 mg TABLET **MO**	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET **MO**	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE **MO**	2	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE **MO**	2	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET **MO**	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET **DL**	4	PA
vecamyl 2.5 mg TABLET **DL**	4	QL(300 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. **MO**	1	
verapamil 120 mg, 180 mg, 240 mg TABLET ER **MO**	1	
verapamil 120 mg, 40 mg, 80 mg TABLET **MO**	1	
verapamil 2.5 mg/ml SOLUTION **MO**	1	
verapamil 2.5 mg/ml SYRINGE **MO**	1	
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. **MO**	3	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET **MO**	2	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET **MO**	3	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET **MO**	3	QL(30 per 30 days)
WELCHOL 625 MG TABLET **MO**	3	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET **MO**	3	PA
ZETIA 10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ZOCOR 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA
ZYPITAMAG 2 MG, 4 MG TABLET **MO**	2	ST,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
amphetamine 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(30 per 30 days)
amphetamine sulfate 10 mg, 5 mg TABLET **MO**	1	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. **DL**	4	PA,QL(60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC **MO**	3	QL(30 per 30 days)
ARYNTA 10 MG/ML SOLUTION **DL**	4	PA,QL(210 per 30 days)
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE **MO**	1	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE **MO**	1	QL(30 per 30 days)
atomoxetine 4 mg/ml SOLUTION **DL**	4	QL(750 per 30 days)
ATONCY 4 MG/ML SOLUTION **DL**	4	QL(750 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)
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
cladribine(multiple sclerosis) 10 mg TABLET **DL**	4	PA
clonidine hcl 0.1 mg TABLET, ER 12 HR. **MO**	1	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COPAXONE 20 MG/ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE **DL**	4	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC **MO**	3	PA,QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC **MO**	3	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
dalfampridine 10 mg TABLET, ER 12 HR. **MO**	1	PA,QL(60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. **MO**	3	QL(30 per 30 days)
DESOXYN 5 MG TABLET **DL**	4	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER **DL**	4	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER **DL**	4	PA,QL(120 per 30 days)
dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC **MO**	1	QL(30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg CAPSULE, ER **MO**	1	QL(180 per 30 days)
dextroamphetamine sulfate 10 mg TABLET **MO**	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg CAPSULE, ER **MO**	1	QL(120 per 30 days)
dextroamphetamine sulfate 15 mg TABLET **MO**	1	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET **MO**	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET **MO**	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg CAPSULE, ER **MO**	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET **MO**	1	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION **MO**	1	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET **MO**	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. **MO**	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET **MO**	1	QL(60 per 30 days)
dextromethorphan-quinidine 20-10 mg CAPSULE **DL**	4	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC **MO**	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dimethyl fumarate 120 mg CAPSULE, DR/EC **MO**	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE **MO**	3	PA,QL(60 per 30 days)
duloxetine 120 mg, 80 mg, 90 mg CAPSULE, DR/EC **MO**	3	QL(30 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC **MO**	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC **MO**	1	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC **MO**	3	QL(240 per 30 days)
edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION **DL**	4	PA
EVEKEO 10 MG, 5 MG TABLET **MO**	1	QL(90 per 30 days)
fingolimod 0.5 mg CAPSULE **MO**	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET **DL**	4	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(30 per 30 days)
gabapentin 300 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
gabapentin 450 mg, 600 mg TABLET, ER 24 HR. **MO**	1	ST,QL(90 per 30 days)
gabapentin 750 mg, 900 mg TABLET, ER 24 HR. **MO**	1	ST,QL(60 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE **DL**	4	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE **DL**	4	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE **DL**	4	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE **DL**	4	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. **MO**	3	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. **MO**	3	ST,QL(60 per 30 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER **MO**	3	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK **DL**	4	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE **DL**	4	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE **MO**	3	QL(30 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)
LYNKUET 60 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE **MO**	3	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION **MO**	3	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAYZENT 0.25 MG TABLET **DL**	4	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET **DL**	4	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK **DL**	4	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK **DL**	4	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(60 per 30 days)
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 17.3 mg, 8.6 mg TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(30 per 30 days)
methylphenidate 25.9 mg TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(60 per 30 days)
methylphenidate hcl 10 mg CHEWABLE 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
milnacipran 100 mg, 12.5 mg, 25 mg, 50 mg TABLET **MO**	1	PA,QL(60 per 30 days)
milnacipran 12.5 mg (5)-25 mg(8)-50 mg(42) TABLET, DOSE PACK **MO**	1	PA,QL(55 per 28 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. **MO**	3	QL(30 per 30 days)
NUEDEXTA 20-10 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	4	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	4	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. **DL**	4	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET **DL**	4	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK **DL**	4	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE **MO**	1	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. **MO**	1	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION **MO**	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE **MO**	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE **MO**	1	QL(60 per 30 days)
pregabalin 330 mg TABLET, ER 24 HR. **MO**	1	PA,QL(60 per 30 days)
procentra 5 mg/5 ml SOLUTION **DL**	4	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION **DL**	4	PA
QELBREE 100 MG, 200 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
QELBREE 150 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
riluzole 50 mg TABLET **MO**	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC **MO**	3	PA,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC **MO**	3	PA,QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK **MO**	3	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING **DL**	4	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC **DL**	4	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC **DL**	4	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION **DL**	4	PA,QL(600 per 30 days)
teriflunomide 14 mg, 7 mg TABLET **MO**	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET **MO**	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET **MO**	1	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION **DL**	4	PA,QL(600 per 30 days)
TYRUKO 300 MG/15 ML SOLUTION **DL**	4	PA,QL(15 per 28 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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 RECON SOLUTION **DL**	4	
kourzeq 0.1 % PASTE **MO**	1	
oralone 0.1 % PASTE **MO**	1	
periogard 0.12 % MOUTHWASH **MO**	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET **MO**	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET **MO**	3	
triamcinolone acetonide 0.1 % PASTE **MO**	1	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE **DL**	4	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE **DL**	4	ST
ACANYA 1.2-2.5 % GEL WITH PUMP **MO**	3	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE **MO**	1	PA
ACZONE 5 % GEL **MO**	3	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP **MO**	3	QL(90 per 30 days)
adapalene 0.1 % CREAM **MO**	1	QL(45 per 30 days)
adapalene 0.1 % SOLUTION **DL**	4	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
adapalene 0.1 % SWAB	4	QL(30 per 30 days)
adapalene 0.3 % GEL **MO**	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP **MO**	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP **MO**	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP **MO**	1	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR **DL**	4	PA,QL(6 per 28 days)
ADQUEY 1 % OINTMENT **DL**	4	PA
AKLIEF 0.005 % CREAM **MO**	3	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)
alclometasone 0.05 % CREAM **MO**	1	QL(240 per 30 days)
alclometasone 0.05 % OINTMENT **MO**	1	QL(240 per 30 days)
ALTRENO 0.05 % LOTION **MO**	3	PA,QL(90 per 30 days)
amcinonide 0.1 % CREAM	4	QL(120 per 30 days)
amcinonide 0.1 % OINTMENT **DL**	4	ST,QL(120 per 30 days)
ammonium lactate 12 % CREAM **MO**	1	
ammonium lactate 12 % LOTION **MO**	1	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
AMZEEQ 4 % FOAM **MO**	3	PA,QL(30 per 30 days)
anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
ANZUPGO 2 % CREAM **DL**	4	PA,QL(60 per 28 days)
apexicon e 0.05 % CREAM **MO**	1	QL(60 per 30 days)
ARAZLO 0.045 % LOTION **MO**	3	PA
ATRALIN 0.05 % GEL **MO**	3	PA,QL(45 per 30 days)
attero 0.005-0.064 % SUSPENSION **MO**	1	PA,QL(420 per 30 days)
azelaic acid 15 % GEL **MO**	1	ST,QL(50 per 30 days)
AZELEX 20 % CREAM **MO**	3	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL **MO**	3	QL(46.6 per 30 days)
beser 0.05 % LOTION **MO**	1	QL(240 per 30 days)
betamethasone dipropionate 0.05 % CREAM **MO**	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION **MO**	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT **MO**	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM **MO**	1	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION **MO**	1	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone valerate 0.1 % OINTMENT **MO**	1	QL(180 per 30 days)
betamethasone valerate 0.12 % FOAM **MO**	1	QL(200 per 30 days)
betamethasone, augmented 0.05 % CREAM **MO**	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL **MO**	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION **MO**	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT **MO**	1	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP **MO**	1	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION **MO**	3	ST,QL(200 per 30 days)
CABTREO 0.15-3.1-1.2 % GEL **MO**	3	QL(50 per 30 days)
calcipotriene 0.005 % CREAM **MO**	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % FOAM **MO**	1	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT **MO**	1	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION **MO**	1	QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % OINTMENT **MO**	1	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION **MO**	1	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT **MO**	1	ST,QL(800 per 28 days)
CARAC 0.5 % CREAM **DL**	4	PA,QL(60 per 30 days)
CENTANY 2 % OINTMENT **MO**	3	
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
CLEOCIN T 1 % LOTION **MO**	3	QL(60 per 30 days)
clindacin 1 % FOAM **MO**	1	QL(100 per 30 days)
clindacin etz 1 % SWAB **MO**	1	
clindacin p 1 % SWAB **MO**	1	
CLINDAGEL 1 % GEL, ONCE DAILY **DL**	4	PA,QL(75 per 30 days)
clindamycin phosphate 1 % FOAM **MO**	1	QL(100 per 30 days)
clindamycin phosphate 1 % GEL **MO**	1	QL(60 per 30 days)
clindamycin phosphate 1 % GEL, ONCE DAILY **MO**	1	PA,QL(75 per 30 days)
clindamycin phosphate 1 % LOTION **MO**	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION **MO**	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB **MO**	1	
clindamycin-benzoyl peroxide 1-5 % GEL **MO**	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP **MO**	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL **MO**	1	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL **MO**	1	QL(60 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diclofenac sodium 3 % GEL **MO**	1	PA
diflorasone 0.05 % CREAM **DL**	4	QL(120 per 30 days)
diflorasone 0.05 % OINTMENT **MO**	3	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT **MO**	3	QL(100 per 30 days)
doxepin 5 % CREAM **DL**	4	PA,QL(45 per 30 days)
DUOBRII 0.01-0.045 % LOTION **MO**	3	PA,QL(200 per 28 days)
EBGLYSS PEN 250 MG/2 ML PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)
EBGLYSS SYRINGE 250 MG/2 ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
EFUDEX 5 % CREAM **MO**	3	PA
ELIDEL 1 % CREAM **MO**	3	PA,QL(100 per 30 days)
ELIMITE 5 % CREAM **MO**	3	
ENSTILAR 0.005-0.064 % FOAM **MO**	3	QL(120 per 30 days)
EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP **MO**	3	QL(60 per 30 days)
EPIFOAM 1-1 % FOAM **MO**	1	
EPSOLAY 5 % CREAM **MO**	3	ST,QL(30 per 30 days)
ery pads 2 % SWAB **MO**	1	QL(60 per 30 days)
ERYGEL 2 % GEL **MO**	1	QL(60 per 30 days)
erythromycin with ethanol 2 % GEL **MO**	1	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION **MO**	1	QL(120 per 30 days)
erythromycin-benzoyl peroxide 3-5 % GEL **MO**	1	QL(46.6 per 30 days)
EUCRISA 2 % OINTMENT **MO**	3	PA,QL(100 per 30 days)
EURAX 10 % CREAM **MO**	3	PA
EURAX 10 % LOTION **MO**	3	PA,QL(454 per 30 days)
evesse 0.1 % LOTION **MO**	1	QL(236 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)
fluocinolone 0.01 % OIL **MO**	1	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION **MO**	1	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM **MO**	1	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT **MO**	1	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL **MO**	1	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM **MO**	1	QL(120 per 30 days)
fluocinonide 0.05 % GEL **MO**	1	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT **MO**	1	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION **MO**	1	QL(120 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone valerate 0.2 % OINTMENT **MO**	1	QL(240 per 30 days)
HYFTOR 0.2 % GEL **DL**	4	PA
ICOTYDE 200 MG TABLET **DL**	4	PA,QL(30 per 30 days)
imiquimod 3.75 % CREAM IN PACKET **MO**	3	ST,QL(28 per 28 days)
imiquimod 3.75 % CREAM, METERED DOSE PUMP **DL**	4	ST,QL(15 per 30 days)
imiquimod 5 % CREAM IN PACKET **MO**	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
isotretinoin 25 mg, 35 mg CAPSULE **DL**	4	
ivermectin 1 % CREAM **MO**	1	ST,QL(45 per 30 days)
KLISYRI (250 MG) 1 % OINTMENT IN PACKET **DL**	4	PA,QL(5 per 30 days)
KLISYRI (350 MG) 1 % OINTMENT IN PACKET **DL**	4	PA,QL(5 per 30 days)
lexette 0.05 % FOAM **MO**	3	QL(100 per 30 days)
LEXETTE 0.05 % FOAM **MO**	3	QL(100 per 30 days)
LOCOID 0.1 % LOTION **MO**	3	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM **MO**	3	QL(240 per 30 days)
mafenide acetate 50 gram PACKET **MO**	1	
malathion 0.5 % LOTION **MO**	1	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL	4	
MIRVASO 0.33 % GEL WITH PUMP **MO**	3	ST,QL(30 per 30 days)
mometasone 0.1 % CREAM **MO**	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT **MO**	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION **MO**	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT **MO**	1	
mupirocin calcium 2 % CREAM **MO**	1	ST
NATROBA 0.9 % SUSPENSION **MO**	3	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM **MO**	3	
neuac 1.2 %(1 % base) -5 % GEL **MO**	1	QL(45 per 30 days)
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)
OTEZLA XR 75 MG TABLET, ER 24 HR. **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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA XR INITIATION 10-20-30-75 MG TABLET AND TABLET ER DOSE PACK **DL**	4	PA,QL(41 per 28 days)
OVIDE 0.5 % LOTION **MO**	3	PA
oxymetazoline 1 % CREAM **MO**	1	ST,QL(30 per 30 days)
PANDEL 0.1 % CREAM **DL**	4	QL(160 per 30 days)
pellix 0.005 % SOLUTION **MO**	1	QL(60 per 30 days)
permethrin 5 % CREAM **MO**	1	
pimecrolimus 1 % CREAM **MO**	1	PA,QL(100 per 30 days)
podofilox 0.5 % GEL **MO**	1	
podofilox 0.5 % SOLUTION **MO**	1	QL(7 per 30 days)
prednicarbate 0.1 % CREAM **MO**	1	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT **MO**	1	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
PRUDOXIN 5 % CREAM **DL**	4	PA,QL(45 per 30 days)
pruradik 10 % LOTION **DL**	4	PA,QL(454 per 30 days)
QBREXZA 2.4 % TOWELETTE **MO**	3	PA,QL(30 per 30 days)
REGRANEX 0.01 % GEL **DL**	4	PA
RETIN-A 0.01 %, 0.025 % GEL **MO**	3	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM **MO**	3	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL **DL**	4	PA,QL(45 per 30 days)
RETIN-A MICRO 0.1 % GEL **MO**	3	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP **DL**	4	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP **MO**	3	PA,QL(50 per 30 days)
RHOFADE 1 % CREAM **MO**	3	ST,QL(30 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT **MO**	3	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION **MO**	1	QL(120 per 30 days)
SILVADENE 1 % CREAM **MO**	2	
silver sulfadiazine 1 % CREAM **MO**	1	
SOFDRA 12.45 % (72 MG /ACTUATION) GEL WITH PUMP **DL**	4	PA,QL(40.2 per 30 days)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SULFAMYLON 85 MG/G CREAM **MO**	3	
SYNALAR 0.01 % SOLUTION **MO**	3	QL(180 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION **DL**	4	PA,QL(420 per 30 days)
tacrolimus 0.03 %, 0.1 % OINTMENT **MO**	1	QL(200 per 30 days)
tazarotene 0.05 % CREAM **MO**	1	PA,QL(120 per 30 days)
tazarotene 0.05 %, 0.1 % GEL **MO**	1	PA,QL(200 per 30 days)
tazarotene 0.1 % CREAM **MO**	1	QL(120 per 30 days)
tazarotene 0.1 % FOAM **DL**	4	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM **MO**	3	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL **MO**	3	PA,QL(200 per 30 days)
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 %, 0.06 %, 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)
trilitas 0.1 % GEL **DL**	4	QL(200 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)
VELTIN 1.2-0.025 % GEL **MO**	3	PA,QL(60 per 30 days)
VEREGEN 15 % OINTMENT **DL**	4	QL(30 per 30 days)
VTAMA 1 % CREAM **DL**	4	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM **MO**	3	PA
ZELSUVMI 10.3 % GEL **DL**	4	PA
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
ZIANA 1.2-0.025 % GEL **MO**	3	PA,QL(60 per 30 days)
ZILXI 1.5 % FOAM **MO**	3	PA,QL(30 per 30 days)
ZONALON 5 % CREAM **MO**	3	PA,QL(45 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZORYVE 0.05 %, 0.15 %, 0.3 % CREAM MO	3	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM MO	3	PA,QL(120 per 30 days)
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP DL	4	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET MO	3	ST,QL(28 per 28 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION MO	3	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
calcium chloride 100 mg/ml (10 %) SOLUTION MO	1	
calcium chloride 100 mg/ml (10 %) SYRINGE MO	1	
calcium gluconate 100 mg/ml (10%) SOLUTION MO	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE DL	4	PA
carglumic acid 200 mg TABLET, DISPERSIBLE DL	4	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	3	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	3	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 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 TABLET, DISPERSIBLE **MO**	1	PA
deferasirox 180 mg, 360 mg GRANULES IN PACKET **DL**	4	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET **MO**	1	PA
deferasirox 500 mg TABLET, DISPERSIBLE **DL**	4	PA
deferasirox 90 mg GRANULES IN PACKET **MO**	1	PA
deferiprone 1,000 mg TABLET **DL**	4	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET **DL**	4	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION **MO**	1	BvsD
DEPEN TITRATABS 250 MG TABLET **DL**	4	PA
DESFERAL 500 MG RECON SOLUTION **MO**	3	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION **MO**	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION **MO**	1	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION **MO**	1	
dextrose 25 % in water (d25w) SYRINGE **MO**	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION **MO**	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION **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	
electrolyte-148 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
electrolyte-48 in d5w PARENTERAL SOLUTION **MO**	1	
electrolyte-a PARENTERAL SOLUTION **MO**	1	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE **DL**	4	PA
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)
INTRALIPID 20 %, 30 % EMULSION **MO**	3	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION **MO**	3	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION **MO**	3	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO**	3	
ISOLYTE-S PARENTERAL SOLUTION **MO**	3	
JADENU 180 MG, 360 MG, 90 MG TABLET **DL**	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET **DL**	4	PA
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET **DL**	4	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION **MO**	3	BvsD
kionex 15 gram/60 ml SUSPENSION **MO**	1	
klor-con 20 meq PACKET **MO**	1	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER **MO**	1	
klor-con 10 10 meq TABLET ER **MO**	1	
KLOR-CON 8 8 MEQ TABLET ER **MO**	1	
klor-con 8 8 meq TABLET ER **MO**	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS **MO**	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS **MO**	1	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS **MO**	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET **MO**	3	
lactated ringers PARENTERAL SOLUTION **MO**	1	
levocarnitine 100 mg/ml, 200 mg/ml SOLUTION **MO**	1	
levocarnitine 330 mg TABLET **MO**	1	
levocarnitine (with sugar) 100 mg/ml SOLUTION **MO**	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET **MO**	2	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulfate 500 mg/ml (50 %) SOLUTION **MO**	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE **MO**	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK **MO**	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 3 gram/100 ml (3 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK **MO**	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION **MO**	1	
neo-vital rx 27 mg iron- 1 mg TABLET **MO**	1	
NEONATAL COMPLETE 29-1 MG TABLET **MO**	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET **MO**	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK **MO**	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION **MO**	3	
NORMOSOL-R PARENTERAL SOLUTION **MO**	3	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO**	3	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION **MO**	3	
NUTRILIPID 20 % EMULSION **MO**	3	BvsD
OB COMPLETE ONE 40-10-1-300 MG CAPSULE **MO**	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE **MO**	3	
OB COMPLETE PREMIER 30-20-1 MG TABLET **MO**	3	
OMEGAVEN 10 % EMULSION **DL**	4	BvsD
one natal rx 27 mg iron- 1 mg TABLET **MO**	1	
penicillamine 250 mg CAPSULE **DL**	4	PA,QL(600 per 30 days)
penicillamine 250 mg TABLET **DL**	4	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION **MO**	3	BvsD
PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTION **MO**	3	
PLASMA-LYTE A PARENTERAL SOLUTION **MO**	3	
PLENAMINE 15 % PARENTERAL SOLUTION **MO**	1	BvsD
pnv-dha 27 mg iron-1 mg -300 mg CAPSULE **MO**	1	
pnv-omega 28-1-300 mg CAPSULE **MO**	1	
POKONZA 10 MEQ, 15 MEQ PACKET **DL**	4	
POKONZA 10 MEQ/15 ML LIQUID **DL**	4	
potassium acetate 2 meq/ml SOLUTION **MO**	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION **MO**	1	
potassium chloride 10 meq CAPSULE, ER **MO**	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK **MO**	3	
SMOFLIPID 20 % EMULSION **MO**	3	BvsD
sodium bicarbonate 50 meq/50 ml (8.4 %) SYRINGE **MO**	1	
sodium chloride 2.5 meq/ml SOLUTION **MO**	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION **MO**	1	
sodium chloride 0.9 % PARENTERAL SOLUTION **MO**	1	
sodium chloride 0.9 % PIGGYBACK **MO**	1	
sodium chloride 0.9 % SOLUTION **MO**	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION **MO**	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION **MO**	1	
sodium phosphate 3 mmol/ml SOLUTION **MO**	1	
sodium polystyrene sulfonate 15 gram POWDER **MO**	1	
sodium polystyrene sulfonate 15 gram/60 ml SUSPENSION **MO**	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION **MO**	1	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA **MO**	1	
SYPRINE 250 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
THAM 36 MG/ML (0.3 M) SOLUTION **MO**	3	
tolvaptan 15 mg, 30 mg TABLET **DL**	4	PA,QL(60 per 30 days)
tolvaptan (polycys kidney dis) 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm) TABLET, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET **DL**	4	PA,QL(120 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION **MO**	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION **MO**	3	BvsD
TRICARE 27 MG IRON- 1 MG TABLET **MO**	1	
trientine 250 mg CAPSULE **DL**	4	QL(240 per 30 days)
trientine 500 mg CAPSULE **DL**	4	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET **MO**	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE **MO**	3	
tromethamine 36 mg/ml (0.3 m) SOLUTION **MO**	1	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION **MO**	3	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER **MO**	3	
UROCIT-K 15 15 MEQ TABLET ER **MO**	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VELTASSA 1 GRAM POWDER IN PACKET MO	3	PA,QL(240 per 30 days)
VELTASSA 16.8 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	PA,QL(30 per 30 days)
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET MO	3	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK MO	3	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE MO	3	
wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO	1	
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK MO	1	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
westab plus 27 mg iron- 1 mg TABLET MO	1	
westgel dha 31 mg iron- 1 mg-200 mg CAPSULE MO	1	
zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO	1	
zatean-pn plus 28-1-300 mg CAPSULE MO	1	
GASTROINTESTINAL AGENTS		
ACIPHEX 20 MG TABLET, DR/EC MO	3	PA,QL(60 per 30 days)
ACIPHEX SPRINKLE 10 MG CAPSULE, DR SPRINKLE DL	3	QL(60 per 30 days)
ACIPHEX SPRINKLE 5 MG CAPSULE, DR SPRINKLE DL	3	QL(30 per 30 days)
alosetron 0.5 mg, 1 mg TABLET MO	1	PA,QL(60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	3	PA,QL(60 per 30 days)
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK MO	1	ST
atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE MO	1	
BENTYL 10 MG/ML SOLUTION MO	3	
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE MO	1	ST,QL(120 per 30 days)
CARAFATE 1 GRAM TABLET MO	3	
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/175 ML SOLUTION MO	3	ST
constulose 10 gram/15 ml SOLUTION MO	1	
CTEXLI 250 MG TABLET DL	4	PA
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION MO	3	
CYTOTEC 100 MCG, 200 MCG TABLET DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DARTISLA 1.7 MG TABLET, DISINTEGRATING MO	3	ST,QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC MO	3	PA,QL(30 per 30 days)
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC MO	3	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE MO	1	
dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION MO	1	
dicyclomine 20 mg TABLET MO	1	
dicyclomine 40 mg TABLET DL	4	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	1	
diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID MO	1	
ENDARI 5 GRAM POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
enulose 10 gram/15 ml SOLUTION MO	1	
esomeprazole magnesium 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg DR GRANULES IN PACKET MO	1	QL(30 per 30 days)
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
esomeprazole sodium 40 mg RECON SOLUTION MO	1	
famotidine 10 mg/ml SOLUTION MO	1	
famotidine 20 mg, 40 mg TABLET MO	1	
FAMOTIDINE 4 MG/ML SOLUTION MO	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO	1	
famotidine (pf) 20 mg/2 ml SOLUTION MO	1	
FAMOTIDINE (PF) 4 MG/ML SOLUTION MO	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK MO	1	
GATTEX 30-VIAL 5 MG KIT DL	4	PA
GATTEX ONE-VIAL 5 MG KIT DL	4	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION MO	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	
gavilyte-n 420 gram RECON SOLUTION MO	1	
generlac 10 gram/15 ml SOLUTION MO	1	
glutamine (sickle cell) 5 gram POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
GLYCATE 1.5 MG TABLET MO	1	
glycopyrrolate 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION MO	1	
glycopyrrolate 1 mg, 2 mg TABLET MO	1	
glycopyrrolate 1.5 mg TABLET	4	
glycopyrrolate (pf) 0.4 mg/2 ml (0.2 mg/ml) SYRINGE MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glycopyrrolate (pf) 0.6 mg/3 ml (0.2 mg/ml) SYRINGE **MO**	3	
glycopyrrolate (pf) in water 0.2 mg/ml SYRINGE **MO**	1	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION **MO**	3	ST
IBSRELA 50 MG TABLET **DL**	4	PA,QL(60 per 30 days)
IQIRVO 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
KONVOMEP 2-84 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	ST,QL(600 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM PACKET **MO**	1	
lactulose 10 gram, 20 gram PACKET **DL**	4	
lactulose 10 gram/15 ml SOLUTION **MO**	1	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
lansoprazole 15 mg, 30 mg TABLET, DISINTEGRATING DR **MO**	1	QL(30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO**	2	QL(30 per 30 days)
LIVDELZI 10 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
LIVMARLI 10 MG, 15 MG, 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
LIVMARLI 19 MG/ML SOLUTION **DL**	4	PA,QL(60 per 30 days)
LIVMARLI 30 MG TABLET **DL**	4	PA,QL(30 per 30 days)
LIVMARLI 9.5 MG/ML SOLUTION **DL**	4	PA,QL(90 per 30 days)
LOMOTIL 2.5-0.025 MG TABLET **MO**	3	
loperamide 2 mg CAPSULE **MO**	1	
LOTRONEX 0.5 MG, 1 MG TABLET **DL**	4	PA,QL(60 per 30 days)
lubiprostone 24 mcg, 8 mcg CAPSULE **MO**	1	QL(60 per 30 days)
LYNAVOY 40 MG TABLET **DL**	4	PA,QL(60 per 30 days)
methscopolamine 2.5 mg, 5 mg TABLET **MO**	1	
misoprostol 100 mcg, 200 mcg TABLET **MO**	1	
MOTEGRITY 1 MG, 2 MG TABLET **MO**	3	PA,QL(30 per 30 days)
MOTOFEN 1-0.025 MG TABLET **MO**	3	
MOVANTIK 12.5 MG, 25 MG TABLET **MO**	2	QL(30 per 30 days)
MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET **MO**	3	ST
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION **DL**	4	PA,QL(30 per 30 days)
MYTESI 125 MG TABLET, DR/EC **DL**	4	PA,QL(60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET **MO**	3	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE **MO**	1	
OCALIVA 10 MG, 5 MG TABLET **DL**	4	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK **MO**	3	ST
omeprazole 10 mg CAPSULE, DR/EC **MO**	1	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC **MO**	1	
omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET **DL**	4	ST,QL(30 per 30 days)
omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE **MO**	1	QL(30 per 30 days)
opium tincture 10 mg/ml (morphine) TINCTURE **MO**	3	QL(180 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
pantoprazole 40 mg DR GRANULES IN PACKET **MO**	1	QL(30 per 30 days)
pantoprazole 40 mg RECON SOLUTION **MO**	1	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK **MO**	3	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK **MO**	3	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	1	
peg-electrolyte soln 420 gram RECON SOLUTION **MO**	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET **MO**	1	ST
pepcid 20 mg, 40 mg TABLET **MO**	3	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL **MO**	3	ST
PREVACID 30 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR **MO**	3	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON **MO**	3	
PROTONIX 20 MG, 40 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET **MO**	3	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION **MO**	3	PA
prucalopride 1 mg, 2 mg TABLET **MO**	1	PA,QL(30 per 30 days)
PYLERA 140-125-125 MG CAPSULE **MO**	3	ST,QL(120 per 30 days)
rabeprazole 20 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
ranitidine hcl 150 mg, 300 mg TABLET **MO**	1	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELTONE 400 MG CAPSULE DL	4	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET MO	3	PA
ROBINUL FORTE 2 MG TABLET MO	3	PA
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION MO	1	
sucralfate 1 gram TABLET MO	1	
sucralfate 100 mg/ml SUSPENSION MO	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	3	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION MO	3	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	2	
SYMPROIC 0.2 MG TABLET MO	3	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC MO	3	
TRULANCE 3 MG TABLET MO	3	PA,QL(30 per 30 days)
URSO 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)
URSOLIGN 150 MG CAPSULE DL	4	PA
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 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE DL	4	PA
XERMELO 250 MG TABLET DL	4	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET MO	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET DL	4	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET DL	4	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE DL	4	PA,QL(30 per 30 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5 ML SOLUTION DL	4	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 90 days)
AQVESME 100 MG TABLET DL	4	PA,QL(60 per 30 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION DL	4	PA
ATTRUBY 356 MG TABLET DL	4	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVLAYAH 150 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	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
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
DAYBUE 200 MG/ML SOLUTION DL	4	PA,QL(3600 per 30 days)
DAYBUE STIX 5,000 MG, 6,000 MG POWDER IN PACKET DL	4	PA,QL(120 per 30 days)
DAYBUE STIX 8,000 MG POWDER IN PACKET DL	4	PA,QL(60 per 30 days)
dichlorphenamide 50 mg TABLET DL	4	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID DL	4	PA
DUVYZAT 8.86 MG/ML SUSPENSION DL	4	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION DL	4	PA
ELELYSO 200 UNIT RECON SOLUTION DL	4	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION DL	4	PA
ELFABRIO 2 MG/ML SOLUTION DL	4	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION DL	4	PA,QL(240 per 30 days)
EVRYSDI 5 MG TABLET DL	4	PA,QL(30 per 30 days)
FABRAZYME 35 MG, 5 MG RECON SOLUTION DL	4	PA
GALAFOLD 123 MG CAPSULE DL	4	PA,QL(14 per 28 days)
GLASSIA 20 MG/ML (2 %) SOLUTION DL	4	PA
glycerol phenylbutyrate 1.1 gram/ml LIQUID DL	4	PA,QL(525 per 30 days)
HARLIKU 2 MG TABLET DL	4	PA
javygtor 100 mg TABLET, SOLUBLE DL	4	PA
javygtor 100 mg, 500 mg POWDER IN PACKET DL	4	PA
JOENJA 40 MG, 50 MG, 70 MG TABLET DL	4	PA,QL(60 per 30 days)
KANUMA 2 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
KYGEVVI 4 GRAM POWDER IN PACKET **DL**	4	PA
LAMZEDE 10 MG RECON SOLUTION **DL**	4	PA
LOARGYS 5 MG/ML SOLUTION **DL**	4	PA
LUMIZYME 50 MG RECON SOLUTION **DL**	4	PA
MEPSEVII 2 MG/ML SOLUTION **DL**	4	PA
miglustat 100 mg CAPSULE **DL**	4	PA,QL(90 per 30 days)
MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION **DL**	4	PA
NEXVIAZYME 100 MG RECON SOLUTION **DL**	4	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE **DL**	4	
NITYR 10 MG, 2 MG, 5 MG TABLET **DL**	4	
NULIBRY 9.5 MG RECON SOLUTION **DL**	4	PA
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET **DL**	4	PA
ONPATTRO 2 MG/ML SOLUTION **DL**	4	PA
OPFOLDA 65 MG CAPSULE **MO**	3	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE **DL**	4	
ORFADIN 4 MG/ML SUSPENSION **DL**	4	
ormalvi 50 mg TABLET **DL**	4	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE **DL**	4	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE **DL**	4	PA,QL(90 per 30 days)
PANCREAZE 10,500-35,500- 61,500 UNIT, 2,600-8,800- 15,200 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC **MO**	3	ST
PANCREAZE 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC **DL**	4	ST
PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC **DL**	4	ST
PHEBURANE 483 MG/GRAM GRANULES **DL**	4	PA
POMBILITI 105 MG RECON SOLUTION **DL**	4	PA
PROCYSBI 25 MG CAPSULE, DR SPRINKLE **DL**	4	PA,QL(120 per 30 days)
PROCYSBI 300 MG DR GRANULES IN PACKET **DL**	4	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE, DR SPRINKLE **DL**	4	PA,QL(780 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCYSBI 75 MG DR GRANULES IN PACKET DL	4	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	4	PA
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	4	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	4	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID DL	4	PA,QL(525 per 30 days)
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	4	PA
sapropterin 100 mg TABLET, SOLUBLE DL	4	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	4	PA
SEPHIENCE 1,000 MG, 250 MG POWDER IN PACKET DL	4	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	4	
sodium phenylbutyrate 500 mg TABLET DL	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	4	PA
VIJOICE 125 MG, 50 MG TABLET DL	4	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET DL	4	PA,QL(56 per 28 days)
VIJOICE 50 MG GRANULES IN PACKET DL	4	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET DL	4	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
VPRIV 400 UNIT RECON SOLUTION DL	4	PA
VYNDAMAX 61 MG CAPSULE DL	4	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	4	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)
WAINUA 45 MG/0.8 ML SYRINGE DL	4	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	4	PA
yargesa 100 mg CAPSULE DL	4	PA,QL(90 per 30 days)
YUVIWEL 1.3 MG, 2.8 MG, 5.5 MG RECON SOLUTION DL	4	PA
ZAVESCA 100 MG CAPSULE DL	4	PA,QL(90 per 30 days)
zelvysia 100 mg, 500 mg POWDER IN PACKET DL	4	PA
ZEMAIRA 1,000 MG RECON SOLUTION DL	4	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
ZOKINVY 50 MG, 75 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. **MO**	1	
AVODART 0.5 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET **MO**	1	
CIALIS 5 MG TABLET **MO**	3	PA
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET **MO**	3	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
dutasteride 0.5 mg CAPSULE **MO**	1	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. **MO**	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE **MO**	3	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
finasteride 5 mg TABLET **MO**	1	QL(30 per 30 days)
flavoxate 100 mg TABLET **MO**	1	
FLOMAX 0.4 MG CAPSULE **MO**	3	
GEMTESA 75 MG TABLET **MO**	3	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. **MO**	3	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. **MO**	2	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON **MO**	2	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET **MO**	1	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET **MO**	1	
oxybutynin chloride 5 mg/5 ml SYRUP **MO**	1	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
silodosin 4 mg, 8 mg CAPSULE **MO**	1	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
tadalafil 2.5 mg, 5 mg TABLET **MO**	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tamsulosin 0.4 mg CAPSULE **MO**	1	
THIOLA 100 MG TABLET **DL**	4	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC **DL**	4	
tiopronin 100 mg TABLET **DL**	4	
tiopronin 100 mg, 300 mg TABLET, DR/EC **DL**	4	
tolterodine 1 mg, 2 mg TABLET **MO**	1	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
trospium 20 mg TABLET **MO**	1	
trospium 60 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. **MO**	3	
venxxiva 100 mg, 300 mg TABLET, DR/EC **DL**	4	
VESICARE 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION **MO**	3	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL **DL**	4	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR **DL**	4	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION **DL**	4	PA,QL(225 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE **DL**	4	PA
betamethasone acet,sod phos 6 mg/ml SUSPENSION **MO**	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION **MO**	3	
CORTROPHIN GEL 40 UNIT/0.5 ML SYRINGE **DL**	4	PA,QL(45 per 30 days)
CORTROPHIN GEL 80 UNIT/ML GEL **DL**	4	PA,QL(30 per 30 days)
CORTROPHIN GEL 80 UNIT/ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET **DL**	4	PA
deflazacort 22.75 mg/ml SUSPENSION **DL**	4	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION **MO**	3	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK **MO**	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET **MO**	1	
dexamethasone 0.5 mg/5 ml ELIXIR **MO**	1	
dexamethasone 0.5 mg/5 ml SOLUTION **MO**	1	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK **MO**	1	
dexamethasone intensol 1 mg/ml DROPS **MO**	1	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
dexlyt 0.25 mg TABLET **DL**	4	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET **DL**	4	PA
EMFLAZA 22.75 MG/ML SUSPENSION **DL**	4	PA
fludrocortisone 0.1 mg TABLET **MO**	1	
HEMADY 20 MG TABLET **MO**	3	PA,QL(24 per 28 days)
hydrocortisone acetate 2.5 % CREAM W/PERINEAL APPLICATOR **DL**	4	
hydrocortisone sod succinate 100 mg RECON SOLUTION **MO**	1	
jaythari 18 mg, 30 mg, 36 mg, 6 mg TABLET **DL**	4	PA
jaythari 22.75 mg/ml SUSPENSION **DL**	4	PA
KENALOG 0.147 MG/GRAM AEROSOL **MO**	3	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION **MO**	3	
KENALOG-80 80 MG/ML SUSPENSION **MO**	3	
KHINDIVI 1 MG/ML SOLUTION **DL**	4	PA
kymbee 18 mg, 30 mg, 36 mg, 6 mg TABLET **DL**	4	PA
kymbee 22.75 mg/ml SUSPENSION **DL**	4	PA
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET **MO**	3	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK **MO**	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET **MO**	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK **MO**	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION **MO**	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION **MO**	1	
micort-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	
millipred 5 mg TABLET **MO**	1	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK **MO**	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING **MO**	3	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION **MO**	3	
prednisolone 15 mg/5 ml SOLUTION **MO**	1	
prednisolone 5 mg TABLET **MO**	1	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisolone 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 mg, 5 mg TABLET, DR/EC **DL**	4	PA
prednisone 1 mg, 2.5 mg, 50 mg TABLET **MO**	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET **MO**	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK **MO**	1	
prednisone 5 mg/5 ml SOLUTION **MO**	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE **MO**	1	BvsD
pyquvi 22.75 mg/ml SUSPENSION **DL**	4	PA
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC **DL**	4	PA
SOLU-CORTEF 100 MG RECON SOLUTION **MO**	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION **MO**	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION **MO**	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION **MO**	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK **MO**	1	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT **MO**	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION **MO**	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM **MO**	1	
triamcinolone acetonide 0.1 % CREAM **MO**	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL **MO**	1	QL(200 per 30 days)
triamcinolone acetonide 10 mg/ml, 40 mg/ml SUSPENSION **MO**	1	
trianex 0.05 % OINTMENT **MO**	1	
triderm 0.1 %, 0.5 % CREAM **MO**	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION **MO**	1	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK **MO**	1	
ZILRETTA 32 MG SUSPENSION, ER, RECON **MO**	3	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION **MO**	3	PA
DDAVP 0.1 MG TABLET **MO**	3	PA
DDAVP 0.2 MG TABLET **DL**	4	PA
DDAVP 4 MCG/ML SOLUTION **MO**	3	PA
DESMODA 0.05 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desmopressin 0.1 mg, 0.2 mg TABLET **MO**	1	
desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP **MO**	1	PA,QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL **MO**	1	PA,QL(25 per 30 days)
desmopressin 4 mcg/ml SOLUTION **DL**	4	
EGRIFTA SV 2 MG RECON SOLUTION **DL**	4	PA,QL(30 per 30 days)
EGRIFTA WR 11.6 MG KIT **DL**	4	PA,QL(1 per 28 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE **DL**	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SYRINGE **DL**	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE **DL**	4	PA
INCRELEX 10 MG/ML SOLUTION **DL**	4	PA
ISTURISA 1 MG TABLET **DL**	4	PA,QL(240 per 30 days)
ISTURISA 5 MG TABLET **DL**	4	PA,QL(360 per 30 days)
NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR **DL**	4	PA
NOCDURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING **MO**	3	QL(30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING **MO**	3	QL(30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR **DL**	4	PA
NOVAREL 5,000 UNIT RECON SOLUTION **MO**	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR **DL**	4	PA
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
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION **DL**	4	PA,QL(28 per 28 days)
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE **DL**	4	PA,QL(4 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE **DL**	4	PA,QL(8 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
carboprost tromethamine 250 mcg/ml SOLUTION **MO**	1	
carboprost tromethamine 250 mcg/ml SYRINGE **MO**	1	
HEMABATE 250 MCG/ML SOLUTION **MO**	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET **MO**	1	
abigale lo 0.5-0.1 mg TABLET **MO**	1	
ACTIVELLA 1-0.5 MG TABLET **MO**	3	
afirmelle 0.1-20 mg-mcg TABLET **MO**	1	
altavera (28) 0.15-0.03 mg TABLET **MO**	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET **MO**	1	
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP **DL**	4	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET **MO**	3	
ANNOVERA 0.15-0.013 MG/24 HOUR RING **MO**	3	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET **MO**	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET **MO**	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET **MO**	1	
aubra eq 0.1-20 mg-mcg TABLET **MO**	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION **DL**	4	PA
AVERI 0.15 MG-0.03 MG (21)/36.5 MG(7) TABLET **MO**	1	
aviane 0.1-20 mg-mcg TABLET **MO**	1	
ayuna 0.15-0.03 mg TABLET **MO**	1	
AZMIRO 200 MG/ML SYRINGE **MO**	3	PA
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET **MO**	3	
balziva (28) 0.4-35 mg-mcg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET **MO**	3	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE **MO**	3	QL(30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
briellyn 0.4-35 mg-mcg TABLET **MO**	1	
camila 0.35 mg TABLET **MO**	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
chateal eq (28) 0.15-0.03 mg TABLET **MO**	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, WEEKLY **MO**	3	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY **MO**	3	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET **MO**	1	
CRENESSITY 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
CRENESSITY 25 MG, 50 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
CRENESSITY 50 MG/ML SOLUTION **DL**	4	PA,QL(240 per 30 days)
CRINONE 4 %, 8 % GEL **MO**	3	
cryselle (28) 0.3-30 mg-mcg TABLET **MO**	1	
cyred 0.15-0.03 mg TABLET **MO**	1	
cyred eq 0.15-0.03 mg TABLET **MO**	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE **MO**	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET **MO**	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL **MO**	3	
DEPO-ESTRADIOL 5 MG/ML OIL **MO**	1	
DEPO-PROVERA 150 MG/ML SUSPENSION **MO**	3	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE **MO**	3	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE **MO**	2	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL **MO**	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET **MO**	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET **MO**	3	
dolishale 90-20 mcg (28) TABLET **MO**	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET **MO**	1	
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET **MO**	1	
DUAVEE 0.45-20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP **MO**	3	QL(52 per 30 days)
elinest 0.3-30 mg-mcg TABLET **MO**	1	
eluryng 0.12-0.015 mg/24 hr RING **MO**	1	QL(1 per 28 days)
emzahh 0.35 mg TABLET **MO**	1	
ENDOMETRIN 100 MG INSERT **MO**	3	
enilloring 0.12-0.015 mg/24 hr RING **MO**	1	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	1	
enskyce 0.15-0.03 mg TABLET **MO**	1	
errin 0.35 mg TABLET **MO**	1	
estarylla 0.25-0.035 mg TABLET **MO**	1	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM **MO**	3	PA
estradiol 0.01 % (0.1 mg/gram) CREAM **MO**	1	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY **MO**	1	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
estradiol 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET **MO**	1	
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET **MO**	1	
estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP **MO**	1	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL **MO**	1	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET **MO**	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING **MO**	3	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING **MO**	1	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL **MO**	3	
EVISTA 60 MG TABLET **MO**	3	PA,QL(30 per 30 days)
falmina (28) 0.1-20 mg-mcg TABLET **MO**	1	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING **MO**	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING **MO**	3	QL(1 per 90 days)
finzala 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET **MO**	1	
galbriela 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET **MO**	1	
gallifrey 5 mg TABLET **MO**	1	
gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
GWYN LO 220-20 MCG/24 HR PATCH, WEEKLY **MO**	2	QL(3 per 28 days)
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
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET **MO**	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET **MO**	1	
JATENZO 158 MG, 198 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
jencycla 0.35 mg TABLET **MO**	1	
jinteli 1-5 mg-mcg TABLET **MO**	1	
jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET **MO**	1	
juleber 0.15-0.03 mg TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
KYZATREX 150 MG, 200 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO**	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET **MO**	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET **MO**	1	
luizza 1-20 mg-mcg, 1.5-30 mg-mcg TABLET **MO**	1	
lutera (28) 0.1-20 mg-mcg TABLET **MO**	1	
lyleq 0.35 mg TABLET **MO**	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
lyza 0.35 mg TABLET **MO**	1	
marlissa (28) 0.15-0.03 mg TABLET **MO**	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
medroxyprogesterone 150 mg/ml SUSPENSION **MO**	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE **MO**	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET **MO**	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION **MO**	1	
meleya 0.35 mg TABLET **MO**	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO**	1	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY **MO**	3	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
METHITEST 10 MG TABLET **DL**	4	
methyltestosterone 10 mg CAPSULE **DL**	4	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
mili 0.25-0.035 mg TABLET **MO**	1	
mimvey 1-0.5 mg TABLET **MO**	1	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
minzoya 0.1 mg-0.02 mg (21)/iron (7) TABLET **MO**	1	
mono-linyah 0.25-0.035 mg TABLET **MO**	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET **MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	1	
NEXPLANON 68 MG IMPLANT **MO**	2	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET **MO**	3	
nikki (28) 3-0.02 mg TABLET **MO**	1	
NORA-BE 0.35 MG TABLET **MO**	1	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET **MO**	1	
norethindrone (contraceptive) 0.35 mg TABLET **MO**	1	
norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET **MO**	1	
norethindrone acetate 5 mg TABLET **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET **MO**	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET **MO**	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
NUVARING 0.12-0.015 MG/24 HR RING **MO**	3	QL(1 per 28 days)
nylia 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
ocella 3-0.03 mg TABLET **MO**	1	
orquidea 0.35 mg TABLET **MO**	1	
OSPHENA 60 MG TABLET **MO**	2	PA
philith 0.4-35 mg-mcg TABLET **MO**	1	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
portia 28 0.15-0.03 mg TABLET **MO**	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET **MO**	3	
PREMARIN 0.625 MG/GRAM CREAM **MO**	2	
PREMARIN 25 MG RECON SOLUTION **MO**	3	
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET **MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 INSERT **MO**	1	
progesterone micronized 100 mg, 200 mg CAPSULE **MO**	1	
PROMETRIUM 100 MG, 200 MG CAPSULE **MO**	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	
raloxifene 60 mg TABLET **MO**	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET **MO**	1	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
rosyrah 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET **MO**	3	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET **MO**	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
SLYND 4 MG (28) TABLET **MO**	3	
sprintec (28) 0.25-0.035 mg TABLET **MO**	1	
sronyx 0.1-20 mg-mcg TABLET **MO**	1	
syeda 3-0.03 mg TABLET **MO**	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE **MO**	3	
TESTIM 50 MG/5 GRAM (1 %) GEL **MO**	3	PA,QL(300 per 30 days)
testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET **MO**	1	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET **MO**	1	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET **MO**	1	PA,QL(150 per 30 days)
testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP **MO**	1	PA,QL(120 per 30 days)
testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP **MO**	1	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP **MO**	1	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP **MO**	3	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) GEL **MO**	3	PA,QL(300 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL **MO**	1	PA
testosterone enanthate 200 mg/ml OIL **MO**	1	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TLANDO 112.5 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET **MO**	1	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET **MO**	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	1	
tulana 0.35 mg TABLET **MO**	1	
turqoz (28) 0.3-30 mg-mcg TABLET **MO**	1	
TWIRLA 120-30 MCG/24 HR PATCH, WEEKLY **MO**	2	QL(3 per 28 days)
TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET **MO**	3	
tydemy 3-0.03-0.451 mg (21) (7) TABLET **MO**	1	
UNDECATREX 200 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
VAGIFEM 10 MCG TABLET **MO**	3	PA
valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET **MO**	1	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET **MO**	1	
vestura (28) 3-0.02 mg TABLET **MO**	1	
vienva 0.1-20 mg-mcg TABLET **MO**	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET **MO**	3	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP **MO**	3	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL **MO**	3	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
vyfemla (28) 0.4-35 mg-mcg TABLET **MO**	1	
vylibra 0.25-0.035 mg TABLET **MO**	1	
wera (28) 0.5-35 mg-mcg TABLET **MO**	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR **MO**	3	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET **MO**	3	
YAZ (28) 3-0.02 MG TABLET **MO**	3	
yuvafem 10 mcg TABLET **MO**	1	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET **MO**	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET **MO**	1	
zumandimine (28) 3-0.03 mg TABLET **MO**	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET **MO**	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET **MO**	3	
ERMEZA 30 MCG/ML SOLUTION **MO**	3	PA
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
levothyroxine 100 mcg RECON SOLUTION **MO**	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE **MO**	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET **MO**	1	
levothyroxine 100 mcg/ml SOLUTION	4	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET **MO**	1	
levothyroxine 20 mcg/ml, 40 mcg/ml SOLUTION **MO**	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION **DL**	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	1	
liomny 25 mcg, 5 mcg, 50 mcg TABLET **MO**	1	
liothyronine 10 mcg/ml SOLUTION **MO**	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET **MO**	1	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	2	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
THYQUIDITY 20 MCG/ML SOLUTION **MO**	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE **MO**	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION **MO**	3	PA
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
BYNFEZIA 7,000 MCG/2.8ML (2,500 MCG/ML) PEN INJECTOR **DL**	4	PA
cabergoline 0.5 mg TABLET **MO**	1	
CAMCEVI (6 MONTH) 42 MG SYRINGE **MO**	3	PA,QL(1 per 180 days)
ELIGARD 7.5 MG (1 MONTH) SYRINGE **MO**	3	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE **MO**	3	PA
ELIGARD (4 MONTH) 30 MG SYRINGE **MO**	3	PA
ELIGARD (6 MONTH) 45 MG SYRINGE **MO**	3	PA
FENSOLVI 45 MG SYRINGE	4	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION **DL**	4	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION **DL**	4	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION **MO**	3	PA
lanreotide 120 mg/0.5 ml SYRINGE **DL**	4	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE **DL**	4	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE **DL**	4	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT **MO**	1	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT	4	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT **DL**	4	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT	4	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT	4	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT **DL**	4	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	4	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC **DL**	4	PA,QL(112 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYFEMBREE 40-1-0.5 MG TABLET **DL**	4	PA,QL(28 per 28 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION **MO**	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE **MO**	1	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON **DL**	4	PA
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
ORILISSA 150 MG TABLET **DL**	4	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET **DL**	4	PA,QL(56 per 28 days)
PALSONIFY 20 MG TABLET **DL**	4	PA,QL(90 per 30 days)
PALSONIFY 30 MG TABLET **DL**	4	PA,QL(120 per 30 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)
VABRINTY (1 MONTH) 7.5 MG (1 MONTH) SYRINGE **DL**	4	PA
VABRINTY (3 MONTH) 22.5 MG SYRINGE	4	PA
VABRINTY (4 MONTH) 30 MG SYRINGE	4	PA
VABRINTY (6 MONTH) 45 MG SYRINGE	4	PA
ZOLADEX 10.8 MG IMPLANT **MO**	3	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT **MO**	3	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET **MO**	1	
propylthiouracil 50 mg TABLET **MO**	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-FKJP 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL**	4	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION **DL**	4	PA
AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE **DL**	4	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR **DL**	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(4.8 per 28 days)
ANDEMBRY AUTOINJECTOR 200 MG/1.2 ML AUTO-INJECTOR **DL**	4	PA
ARAVA 10 MG, 20 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION **DL**	4	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
ASCENIV 10 % SOLUTION **DL**	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. **MO**	3	BvsD
ATGAM 50 MG/ML SOLUTION **DL**	4	PA
auranofin 3 mg CAPSULE **DL**	4	PA
AVSOLA 100 MG RECON SOLUTION **DL**	4	PA
AVTOZMA 162 MG/0.9 ML SYRINGE **DL**	4	PA,QL(3.6 per 28 days)
AVTOZMA AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR **DL**	4	PA,QL(3.6 per 28 days)
AZASAN 100 MG, 75 MG TABLET **MO**	1	BvsD
azathioprine 100 mg, 50 mg, 75 mg TABLET **MO**	1	BvsD
azathioprine sodium 100 mg RECON SOLUTION **MO**	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
BENLYSTA 120 MG RECON SOLUTION **DL**	4	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION **DL**	4	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT **DL**	4	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION **DL**	4	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
BESREMI PEN 500 MCG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(1 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE **AV,DL**	1	
BIMZELX 160 MG/ML, 320 MG/2 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIMZELX AUTOINJECTOR 160 MG/ML, 320 MG/2 ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
BIVIGAM 10 % SOLUTION DL	4	PA
BKEMV 300 MG/30 ML SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	BvsD
CELLCEPT 250 MG CAPSULE DL	4	BvsD
CELLCEPT 500 MG TABLET DL	4	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	3	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT DL	4	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT DL	4	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION DL	4	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION DL	4	PA
COSENTYX 75 MG/0.5 ML SYRINGE DL	4	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION DL	4	PA
cyclosporine 100 mg, 25 mg CAPSULE MO	1	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO	1	BvsD
cyclosporine modified 100 mg/ml SOLUTION MO	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION DL	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DAWNZERA 80 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 200 MG/1.14 ML SYRINGE **DL**	4	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
EKTERLY 300 MG TABLET **DL**	4	PA,QL(12 per 30 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE **DL**	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION **DL**	4	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE **DL**	4	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION **AV,DL**	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE **AV,DL**	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE **AV,DL**	1	BvsD
ENJAYMO 50 MG/ML SOLUTION **DL**	4	PA
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR **DL**	4	PA,QL(1.36 per 28 days)
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. **MO**	3	PA
EPYSQLI 300 MG/30 ML SOLUTION **DL**	4	PA
everolimus (immunosuppressive) 0.25 mg TABLET **MO**	1	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET **DL**	4	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET **DL**	4	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE **DL**	4	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION **DL**	4	PA
GAMASTAN 15-18 % RANGE SOLUTION **MO**	3	PA
GAMIFANT 5 MG/ML SOLUTION **DL**	4	PA
GAMMAGARD LIQUID 10 % SOLUTION **DL**	4	PA
GAMMAGARD LIQUID ERC 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION **DL**	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION **AV,DL**	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE **AV,DL**	1	
gengraf 100 mg, 25 mg CAPSULE **MO**	1	BvsD
gengraf 100 mg/ml SOLUTION **MO**	1	BvsD
HADLIMA 40 MG/0.8 ML SYRINGE **DL**	4	PA,QL(4.8 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR **DL**	4	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION **DL**	4	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE **AV,DL**	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE **DL**	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE **AV,DL**	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION **DL**	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION **DL**	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE **DL**	4	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT **DL**	4	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
HUMIRA(CF) 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 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/Embecta and 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)
icatibant 30 mg/3 ml SYRINGE **DL**	4	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	4	PA,QL(6 per 365 days)
IMAAVY 185 MG/ML SOLUTION **DL**	4	PA
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION **DL**	3	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION **AV,DL**	1	BvsD
IMULDOSA 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
IMULDOSA 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
IMULDOSA 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
IMURAN 50 MG TABLET **MO**	3	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE **DL**	1	
INFLECTRA 100 MG RECON SOLUTION **DL**	4	PA
INFLIXIMAB 100 MG RECON SOLUTION **DL**	4	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION **AV,DL**	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE **AV,DL**	1	
JYLAMVO 2 MG/ML SOLUTION **MO**	3	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION **AV,DL**	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION **DL**	4	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR **DL**	4	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE **DL**	4	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SYRINGE **DL**	4	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE **DL**	1	
leflunomide 10 mg, 20 mg TABLET **MO**	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEQSELVI 8 MG TABLET **DL**	4	PA,QL(60 per 30 days)
LISRAYA 30 MG TABLET **DL**	4	PA,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)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION **AV,DL**	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION **AV,DL**	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT **AV,DL**	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION **AV,DL**	1	
methotrexate sodium 2.5 mg TABLET **MO**	1	BvsD
methotrexate sodium 25 mg/ml SOLUTION **MO**	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION **MO**	1	
methotrexate sodium (pf) 25 mg/ml SOLUTION **MO**	1	
MONJUVI 200 MG RECON SOLUTION **DL**	4	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE **AV,DL**	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	BvsD
mycophenolate mofetil 250 mg CAPSULE **MO**	1	BvsD
mycophenolate mofetil 500 mg TABLET **MO**	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION **MO**	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC **MO**	1	BvsD
MYFORTIC 180 MG, 360 MG TABLET, DR/EC **MO**	3	BvsD
MYHIBBIN 200 MG/ML SUSPENSION **DL**	4	BvsD
NEMLUVIO 30 MG PEN INJECTOR **DL**	4	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE **MO**	3	BvsD
NEORAL 100 MG/ML SOLUTION **MO**	3	BvsD
NIKTIMVO 10 MG/ML, 50 MG/ML SOLUTION **DL**	4	PA
OCTAGAM 10 %, 5 % SOLUTION **DL**	4	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET **DL**	4	PA,QL(30 per 30 days)
OMLYCLO 150 MG/ML, 300 MG/2 ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
OMLYCLO 75 MG/0.5 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
OMVOH 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) SYRINGE **DL**	4	PA,QL(3 per 28 days)
OMVOH 200 MG/2 ML SYRINGE	4	PA,QL(3 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION **DL**	4	PA
OMVOH PEN 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) PEN INJECTOR **DL**	4	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMVOH PEN 200 MG/2 ML PEN INJECTOR	4	PA,QL(3 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 108 MG, 132 MG, 150 MG, 72 MG, 96 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)
OTULFI 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
OTULFI 45 MG/0.5 ML SOLUTION MO	2	PA,QL(1.5 per 84 days)
OTULFI 45 MG/0.5 ML SYRINGE MO	2	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
PANZYGA 10 % SOLUTION DL	4	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	4	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	4	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT AV,DL	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT DL	1	
PIASKY 340 MG/2 ML (170 MG/ML) SOLUTION DL	4	PA
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
PRIVIGEN 10 % SOLUTION DL	4	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	3	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	3	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
PYZCHIVA 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
PYZCHIVA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
PYZCHIVA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
PYZCHIVA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
PYZCHIVA AUTOINJECTOR 45 MG/0.5 ML AUTO-INJECTOR DL	4	PA,QL(1.5 per 84 days)
PYZCHIVA AUTOINJECTOR 90 MG/ML AUTO-INJECTOR DL	4	PA,QL(3 per 84 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QIVIGY 10 % SOLUTION **DL**	4	PA
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
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
REMICADE 100 MG RECON SOLUTION **DL**	4	PA
RENFLEXIS 100 MG RECON SOLUTION **DL**	4	PA
REZUROCK 200 MG TABLET **DL**	4	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE **MO**	3	
RIDAURA 3 MG CAPSULE **DL**	4	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. **DL**	4	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION **DL**	4	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION **DL**	1	
ROTATEQ VACCINE 2 ML SOLUTION **DL**	1	
RUCONEST 2,100 UNIT RECON SOLUTION **DL**	4	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION **DL**	4	PA
sajazir 30 mg/3 ml SYRINGE **DL**	4	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE **MO**	3	BvsD
SAPHNELO 120 MG/0.8 ML SYRINGE **DL**	4	PA,QL(3.2 per 28 days)
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION **DL**	4	PA,QL(2 per 28 days)
SAPHNELO PEN 120 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(3.2 per 28 days)
SELARSDI 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
SELARSDI 45 MG/0.5 ML SOLUTION **DL**	4	PA,QL(1.5 per 84 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SELARSDI 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
SELARSDI 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL**	1	
SHINGRIX (PF) 50 MCG/0.5 ML SYRINGE **AV,DL**	1	
SILIQ 210 MG/1.5 ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
SIMLANDI(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL**	4	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR **DL**	4	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE **DL**	4	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION **DL**	4	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION **DL**	4	BvsD
sirolimus 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	BvsD
sirolimus 1 mg/ml SOLUTION **MO**	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	4	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	4	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR **DL**	4	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR **DL**	4	PA,QL(16.8 per 365 days)
SKYRIZI 55 MG/0.37 ML SYRINGE	4	PA,QL(0.74 per 84 days)
SKYRIZI 60 MG/ML SOLUTION **DL**	4	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION **DL**	4	PA
SOTYKTU 6 MG TABLET **DL**	4	PA,QL(30 per 30 days)
SPEVIGO 150 MG/ML, 300 MG/2 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
SPEVIGO 60 MG/ML SOLUTION **DL**	4	PA,QL(30 per 84 days)
STARJEMZA 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
STARJEMZA 45 MG/0.5 ML SOLUTION **DL**	4	PA,QL(1.5 per 84 days)
STARJEMZA 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
STARJEMZA 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
STELARA 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION **DL**	4	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
STEQEYMA 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STEQEYMA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
STEQEYMA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
STEQEYMA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	4	PA
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE MO	1	BvsD
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR. MO	1	BvsD
TAKHZYRO 150 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE DL	4	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE DL	4	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE AV,DL	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR DL	4	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE DL	4	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION MO	3	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE AV,DL	1	
tofacitinib 1 mg/ml SOLUTION DL	4	PA,QL(300 per 30 days)
tofacitinib 10 mg, 5 mg TABLET MO	1	PA,QL(60 per 30 days)
tofacitinib 11 mg, 22 mg TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
TREMFYA 100 MG/ML SYRINGE	4	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	4	PA,QL(4 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION DL	4	PA,QL(120 per 365 days)
TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR	4	PA,QL(3 per 84 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	4	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	4	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR DL	4	PA,QL(4 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	1	BvsD
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	
TRUTAKNA 150 MG/ML AUTO-INJECTOR 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
USTEKINUMAB 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
USTEKINUMAB 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
USTEKINUMAB-AEKN 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB-AEKN 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
USTEKINUMAB-TTWE 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
USTEKINUMAB-TTWE 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB-TTWE 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	4	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION AV,MO	1	
VELSIPITY 2 MG TABLET DL	4	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION DL	4	PA
VIMKUNYA (PF) 40 MCG/0.8 ML SYRINGE AV,DL	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC AV,MO	1	
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	4	PA,QL(180 per 30 days)
VOYXACT 400 MG/2 ML (200 MG/ML) SYRINGE DL	4	PA,QL(2 per 28 days)
WEZLANA 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
WEZLANA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
WEZLANA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
WEZLANA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
budesonide 3 mg CAPSULE, DR/EC **MO**	1	
budesonide 9 mg TABLET, DR/ER **DL**	4	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY **DL**	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE **DL**	4	PA
CORTENEMA 100 MG/60 ML ENEMA **MO**	3	
CORTIFOAM 10 % (80 MG) FOAM **MO**	3	
DIPENTUM 250 MG CAPSULE **DL**	4	ST,QL(120 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA **MO**	1	
LIALDA 1.2 GRAM TABLET, DR/EC **MO**	3	ST,QL(120 per 30 days)
mesalamine 0.375 gram CAPSULE, ER 24 HR. **MO**	1	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY **MO**	1	QL(30 per 30 days)
mesalamine 1.2 gram TABLET, DR/EC **MO**	1	ST,QL(120 per 30 days)
mesalamine 250 mg CAPSULE, ER **MO**	1	ST,QL(150 per 30 days)
mesalamine 4 gram/60 ml ENEMA **MO**	1	QL(1800 per 30 days)
mesalamine 400 mg CAPSULE (WITH DR TABLETS) **MO**	1	ST,QL(180 per 30 days)
mesalamine 500 mg CAPSULE, ER **MO**	1	ST,QL(300 per 30 days)
mesalamine 800 mg TABLET, DR/EC **MO**	1	ST,QL(180 per 30 days)
PENTASA 250 MG CAPSULE, ER **MO**	3	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER **DL**	4	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM **MO**	1	
ROWASA 4 GRAM/60 ML ENEMA **MO**	3	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA **MO**	3	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET **MO**	1	
sulfasalazine 500 mg TABLET, DR/EC **MO**	1	
TARPEYO 4 MG CAPSULE, DR/EC **DL**	4	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM **MO**	3	PA
UCERIS 9 MG TABLET, DR/ER	4	PA,QL(30 per 30 days)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET **MO**	3	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET **MO**	3	PA,QL(4 per 28 days)
alendronate 10 mg TABLET **MO**	1	QL(30 per 30 days)
alendronate 35 mg TABLET **MO**	1	QL(4 per 28 days)
alendronate 70 mg TABLET **MO**	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION **MO**	1	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC **MO**	3	PA,QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BINOSTO 70 MG TABLET, EFFERVESCENT **MO**	3	ST,QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL **MO**	1	QL(3.7 per 28 days)
calcitonin (salmon) 200 unit/ml SOLUTION **DL**	4	
calcitriol 0.25 mcg, 0.5 mcg CAPSULE **MO**	1	
calcitriol 1 mcg/ml SOLUTION **MO**	1	
cinacalcet 30 mg, 60 mg TABLET **MO**	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET **MO**	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE **MO**	1	
doxercalciferol 4 mcg/2 ml SOLUTION **MO**	1	
ENOBY 60 MG/ML SYRINGE **MO**	3	QL(1 per 180 days)
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE **DL**	4	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR **DL**	4	PA,QL(2.24 per 28 days)
FOSAMAX 70 MG TABLET **MO**	3	PA,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET **MO**	3	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION **MO**	3	
ibandronate 150 mg TABLET **MO**	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION **MO**	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE **MO**	1	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION **DL**	4	
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION **MO**	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION **MO**	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE **MO**	1	
paricalcitol 2 mcg/ml SOLUTION **MO**	1	QL(24 per 30 days)
paricalcitol 5 mcg/ml SOLUTION **MO**	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE **MO**	3	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. **DL**	4	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK **MO**	3	PA,QL(100 per 365 days)
risedronate 150 mg TABLET **MO**	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
risedronate 35 mg TABLET **MO**	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC **MO**	1	QL(4 per 28 days)
ROCALTROL 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
zoledronic acid 4 mg RECON SOLUTION **MO**	1	
zoledronic acid 4 mg/5 ml SOLUTION **MO**	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK **MO**	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK **MO**	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) SOLUTION **MO**	3	
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION **MO**	1	
acetic acid 0.25 % SOLUTION **MO**	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION **MO**	1	
ADAKVEO 10 MG/ML SOLUTION **DL**	4	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	4	PA
ALCOHOL PADS PADS, MEDICATED **MO**	1	
ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
ALCOHOL SWABS PADS, MEDICATED **MO**	1	
ALCOHOL WIPES PADS, MEDICATED **MO**	1	
AMMONUL 10-10 % SOLUTION **DL**	4	
AQNEURSA 1 GRAM GRANULES IN PACKET **DL**	4	PA,QL(112 per 28 days)
ATEBRIOZ 25 MG TABLET **DL**	4	PA,QL(120 per 30 days)
AUTOJECT 2 INJECTION DEVICE INSULIN PEN **MO**	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN **MO**	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN **MO**	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **PDS,MO**	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE **MO**	1	
BD ALCOHOL SWABS PADS, MEDICATED **MO**	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **PDS,MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE **PDS,MO**	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE **PDS,MO**	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE **PDS,MO**	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE **PDS,MO**	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE **DL**	4	
BORDERED GAUZE 2 X 2 " BANDAGE **MO**	1	
BRINSUPRI 10 MG, 25 MG TABLET **DL**	4	PA,QL(30 per 30 days)
butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE **DL**	1	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE **DL**	1	QL(360 per 30 days)
butalbital-acetaminophen 50-300 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg/15 ml SOLUTION **DL**	4	QL(450 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg TABLET **MO**	1	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE **DL**	4	PA,QL(150 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BYLVAY 200 MCG PELLET **DL**	4	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE **DL**	4	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLET **DL**	4	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION **MO**	3	
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION **MO**	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **MO**	1	
CEQUR SIMPLICITY 1 UNIT (240 UNIT), 2 UNIT (200 UNIT), 2 UNIT (240 UNIT) DEVICE **MO**	2	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS **MO**	2	
CERVIDIL 10 MG INSERT, ER **MO**	3	
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE **MO**	3	QL(60 per 30 days)
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE **DL**	3	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK **DL**	3	PA,QL(56 per 28 days)
COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION **MO**	3	
CURITY ALCOHOL SWABS PADS, MEDICATED **MO**	1	
CURITY GAUZE 2 X 2 " BANDAGE **MO**	1	
DEFITELIO 80 MG/ML SOLUTION **DL**	4	PA
DERMACEA 2 X 2 " BANDAGE **MO**	1	
dimethyl sulfoxide 50 % SOLUTION **DL**	4	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE **PDS,MO**	1	
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE **PDS,MO**	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO**	3	
dyclopro 0.5 % SOLUTION **MO**	1	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED **MO**	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
EASYLIFE ALCOHOL 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)
ENFLONSIA 105 MG/0.7 ML SYRINGE **MO**	3	
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET **DL**	4	PA
ESGIC 50-325-40 MG TABLET **MO**	1	QL(180 per 30 days)
FILSPARI 200 MG TABLET **DL**	4	PA,QL(30 per 30 days)
FILSPARI 400 MG TABLET **DL**	4	PA,QL(60 per 30 days)
FILSUVEZ 10 % GEL **DL**	4	PA
fioricet 50-300-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE **DL**	3	QL(180 per 30 days)
flumazenil 0.1 mg/ml SOLUTION **MO**	1	
fomepizole 1 gram/ml SOLUTION **MO**	1	
FORZINITY 80 MG/ML SOLUTION **DL**	4	PA,QL(15 per 30 days)
GAUZE BANDAGE 2 X 2 " BANDAGE **MO**	1	
GAUZE PAD 2 X 2 " BANDAGE **MO**	1	
GIVLAARI 189 MG/ML SOLUTION **DL**	4	PA
HEPCLUDEX 8.5 MG RECON SOLUTION **DL**	4	PA,QL(30 per 30 days)
IGALMI 120 MCG, 180 MCG FILM **MO**	3	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED **MO**	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,MO**	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
ISEMBYLD 50 MG/ML SOLUTION **DL**	4	PA
IV PREP WIPES 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JOURNAVX 50 MG TABLET **MO**	3	PA,QL(30 per 180 days)
KORLYM 300 MG TABLET **DL**	4	PA,QL(120 per 30 days)
lactated ringers SOLUTION **MO**	1	
LITHOSTAT 250 MG TABLET **MO**	3	
LUMVOA 50 MG/ML SOLUTION **DL**	4	PA
methylergonovine 0.2 mg TABLET **DL**	4	
methylergonovine 0.2 mg/ml (1 ml) SOLUTION **MO**	1	
mifepristone 300 mg TABLET **DL**	4	PA,QL(120 per 30 days)
MIMRYLO 19 MG, 28 MG, 9.5 MG RECON SOLUTION **DL**	4	PA,QL(4 per 28 days)
MIMRYLO 41 MG, 54 MG RECON SOLUTION **DL**	4	PA,QL(8 per 28 days)
MINT REFILL KIT CARTRIDGE **MO**	3	PA
MINT STARTER KIT CARTRIDGE **MO**	3	PA
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD **MO**	2	
MODD1 PATIENT WELCOME KIT KIT **MO**	3	PA
MODD1 SUPPLY KIT COMBO PACK **MO**	3	PA
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION **MO**	1	
nitroglycerin 0.4 % (w/w) OINTMENT **MO**	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN **MO**	1	
OMNIPOD 5 (LIBRE 2/3 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 (LIBRE2/3PLUS) CARTRIDGE **MO**	2	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE **MO**	2	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE **MO**	2	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE **MO**	2	
OMNIPOD GO PODS CARTRIDGE **MO**	2	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE **MO**	2	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE **MO**	2	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE **MO**	2	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE **MO**	2	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE **MO**	2	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE **MO**	2	
OXLUMO 94.5 MG/0.5 ML SOLUTION	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxytocin 10 unit/ml SOLUTION **MO**	1	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET **MO**	3	PA
PALFORZIA INITIAL (4-17 YRS) 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET **MO**	3	PA
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **PDS,MO**	1	
phenazopyridine 100 mg, 200 mg TABLET **MO**	1	
PHEXX 1.8-1-0.4 % GEL **MO**	3	QL(60 per 30 days)
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	
PIVOT INSULIN PUMP STARTER KIT KIT **MO**	3	PA
PIVOT SUPPLY KIT COMBO PACK **MO**	3	PA
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	
PRO-COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP **MO**	1	
protamine 10 mg/ml SOLUTION **MO**	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
PYRIDIUM 100 MG, 200 MG TABLET **MO**	3	
QUTENZA 8 % KIT **DL**	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RECTIV 0.4 % (W/W) OINTMENT **MO**	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION **MO**	3	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION **DL**	4	BvsD
RIMSO-50 50 % SOLUTION **DL**	4	
ringer's SOLUTION **MO**	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE **DL**	4	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION **DL**	4	PA
SIKLOS 1,000 MG, 100 MG TABLET **MO**	3	PA
sodium benzoate-sod phenylacet 10-10 % SOLUTION **DL**	4	
sodium chloride 0.9 % SOLUTION **MO**	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	PA
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION **MO**	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION **DL**	4	PA
tencon 50-325 mg TABLET **MO**	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION **DL**	4	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED **MO**	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED **MO**	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE **PDS,MO**	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE **PDS,MO**	1	
ULTRA-FINE SAFETY INSULIN SYRN 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" SYRINGE **PDS,MO**	1	
V-GO 20 DEVICE **MO**	3	PA
V-GO 30 DEVICE **MO**	3	PA
V-GO 40 DEVICE **MO**	3	PA
VANRAFIA 0.75 MG TABLET **DL**	4	PA,QL(30 per 30 days)
VIRAZOLE 6 GRAM RECON SOLUTION **DL**	4	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL **DL**	4	PA,QL(10 per 28 days)
VYKAT XR 150 MG, 25 MG, 75 MG TABLET, ER 24 HR. **DL**	4	PA
water for irrigation, sterile SOLUTION **MO**	1	
WEBCOL PADS, MEDICATED **MO**	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR **DL**	4	PA
WEGOVY 1.5 MG, 25 MG, 4 MG, 9 MG TABLET **DL**	4	PA,QL(30 per 30 days)
XDEMVY 0.25 % DROPS **MO**	3	PA,QL(10 per 42 days)
XROMI 100 MG/ML SOLUTION **DL**	4	PA
YCANTH 0.7 % SOLUTION W/APPLICATOR **DL**	4	PA
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR **DL**	4	PA
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML SOLUTION **DL**	4	PA
ZEPBOUND KWIKPEN 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML) PEN INJECTOR **DL**	3	PA,QL(2.4 per 28 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
ALCAINE 0.5 % DROPS **MO**	1	
ALOMIDE 0.1 % DROPS **MO**	3	
ALPHAGAN P 0.1 %, 0.15 % DROPS **MO**	3	ST
ALREX 0.2 % DROPS, SUSPENSION **MO**	3	ST
apraclonidine 0.5 % DROPS **MO**	1	
atropine 1 % DROPS **MO**	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE **MO**	1	
AZASITE 1 % DROPS **MO**	3	ST,QL(2.5 per 25 days)
azelastine 0.05 % DROPS **MO**	1	
AZOPT 1 % DROPS, SUSPENSION **MO**	3	ST,QL(10 per 28 days)
bacitracin 500 unit/gram OINTMENT **MO**	1	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
besifloxacin 0.6 % DROPS, SUSPENSION **MO**	3	ST
BESIVANCE 0.6 % DROPS, SUSPENSION **MO**	3	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION **MO**	3	
betaxolol 0.5 % DROPS **MO**	1	
BETIMOL 0.25 %, 0.5 % DROPS **MO**	3	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION **MO**	3	ST
bimatoprost 0.01 %, 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	
BYQLOVI 0.05 % DROPS, SUSPENSION **MO**	3	ST
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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
ENSPRYNG 120 MG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
epinastine 0.05 % DROPS **MO**	1	QL(5 per 25 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT **MO**	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION **MO**	2	QL(16.6 per 30 days)
FLAREX 0.1 % DROPS, SUSPENSION **MO**	3	ST
fluorometholone 0.1 % DROPS, SUSPENSION **MO**	1	
flurbiprofen sodium 0.03 % DROPS **MO**	1	
FML FORTE 0.25 % DROPS, SUSPENSION **MO**	3	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION **MO**	3	ST
gatifloxacin 0.5 % DROPS **MO**	1	QL(2.5 per 25 days)
gentamicin 0.3 % DROPS **MO**	1	
ILEVRO 0.3 % DROPS, SUSPENSION **MO**	2	QL(3 per 30 days)
INVELTYS 1 % DROPS, SUSPENSION **MO**	3	ST
IOPIDINE 1 % DROPPERETTE **MO**	3	
ISTALOL 0.5 % DROPS, ONCE DAILY **MO**	3	
IYUZEH (PF) 0.005 % DROPPERETTE **MO**	3	ST,QL(30 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS **MO**	1	QL(10 per 30 days)
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	
loteprednol etabonate 0.5 % DROPS, GEL **MO**	1	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MIEBO (PF) 100 % DROPS **MO**	3	QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION **MO**	3	
moxifloxacin 0.5 % DROPS **MO**	1	
moxifloxacin 0.5 % DROPS, VISCOUS **MO**	1	ST
NATACYN 5 % DROPS, SUSPENSION **MO**	3	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT **MO**	1	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT **MO**	1	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT **MO**	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT **MO**	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT **MO**	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION **MO**	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS **MO**	1	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION **MO**	1	
NEVANAC 0.1 % DROPS, SUSPENSION **MO**	3	ST
OCUFLOX 0.3 % DROPS **MO**	3	
ofloxacin 0.3 % DROPS **MO**	1	
OXERVATE 0.002 % DROPS **DL**	4	PA,QL(112 per 365 days)
PHOSPHOLINE IODIDE 0.125 % DROPS **MO**	3	
pilocarpine hcl 1 %, 1.25 %, 2 %, 4 % DROPS **MO**	1	
polycin 500-10,000 unit/gram OINTMENT **MO**	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS **MO**	1	
PRED FORTE 1 % DROPS, SUSPENSION **MO**	3	ST
PRED MILD 0.12 % DROPS, SUSPENSION **MO**	3	ST
prednisolone acetate 1 % DROPS, SUSPENSION **MO**	1	
prednisolone sodium phosphate 1 % DROPS **MO**	1	
PROLENSA 0.07 % DROPS **MO**	3	ST,QL(3 per 30 days)
proparacaine 0.5 % DROPS **MO**	1	
RESTASIS 0.05 % DROPPERETTE **MO**	3	PA,QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS **MO**	3	PA,QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS **MO**	2	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS **MO**	2	ST
SIMBRINZA 1-0.2 % DROPS, SUSPENSION **MO**	3	
sulfacetamide sodium 10 % DROPS **MO**	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tafluprost (pf) 0.0015 % DROPPERETTE **MO**	3	ST,QL(30 per 30 days)
timolol 0.5 % DROPS **MO**	1	
timolol maleate 0.25 % DROPS **MO**	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION **MO**	1	
timolol maleate 0.5 % DROPS **MO**	1	
timolol maleate 0.5 % DROPS, ONCE DAILY **MO**	1	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE **MO**	1	
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE **MO**	3	ST
TOBRADEX 0.3-0.1 % OINTMENT **MO**	3	
TOBRADEX ST 0.3-0.05 % DROPS, SUSPENSION **MO**	3	
tobramycin 0.3 % DROPS **MO**	1	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION **MO**	1	
tobramycin-lotepred 0.3-0.5 % DROPS, SUSPENSION **MO**	1	
TOBREX 0.3 % OINTMENT **MO**	3	
TRAVATAN Z 0.004 % DROPS **MO**	3	ST,QL(2.5 per 25 days)
travoprost 0.004 % DROPS **MO**	1	QL(2.5 per 25 days)
trifluridine 1 % DROPS **MO**	1	
TRYPTYR 0.003 % DROPPERETTE **MO**	3	QL(60 per 30 days)
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL **MO**	3	PA,QL(8.4 per 30 days)
VERKAZIA 0.1 % DROPPERETTE **DL**	4	PA,QL(120 per 30 days)
VEVYE 0.1 % DROPS **MO**	3	PA,QL(2 per 30 days)
VIGAMOX 0.5 % DROPS **MO**	3	PA
VUITY 1.25 % DROPS **MO**	3	
VYZULTA 0.024 % DROPS **MO**	3	QL(2.5 per 25 days)
XALATAN 0.005 % DROPS **MO**	3	PA,QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION **MO**	3	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE **MO**	3	PA,QL(60 per 30 days)
ZERVIATE 0.24 % DROPPERETTE **MO**	3	ST,QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE **MO**	3	ST,QL(30 per 30 days)
ZOLYMBUS 0.01 % DROPPERETTE, GEL **MO**	3	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION **MO**	3	
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION **MO**	3	
ciprofloxacin hcl 0.2 % DROPPERETTE **MO**	1	
ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION **MO**	3	QL(7.5 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciprofloxacin-hydrocortisone 0.2-1 % DROPS, SUSPENSION **MO**	1	
CLOTIC 1 % DROPPERETTE **DL**	4	QL(56 per 28 days)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION **MO**	3	
DERMOTIC OIL 0.01 % DROPS **MO**	3	
flac otic oil 0.01 % DROPS **MO**	1	
fluocinolone acetonide oil 0.01 % DROPS **MO**	1	
hydrocortisone-acetic acid 1-2 % DROPS **MO**	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION **MO**	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION **MO**	1	
ofloxacin 0.3 % DROPS **MO**	1	
XTORO 0.3 % DROPS, SUSPENSION **MO**	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET **MO**	3	PA,QL(60 per 30 days)
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION **MO**	1	BvsD
ADCIRCA 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET **DL**	4	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION **MO**	3	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE **MO**	3	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER **MO**	2	QL(12 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER **MO**	2	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 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 90 mcg/actuation HFA AEROSOL INHALER **MO**	1	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(18.3 per 28 days)
ALYFTREK 10-50-125 MG TABLET **DL**	4	PA,QL(56 per 28 days)
ALYFTREK 4-20-50 MG TABLET **DL**	4	PA,QL(84 per 28 days)
alyq 20 mg TABLET **MO**	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL **MO**	1	ST,QL(23 per 28 days)
beclomethasone dipropionate 40 mcg/actuation AEROSOL **MO**	1	ST,QL(8.7 per 30 days)
beclomethasone dipropionate 80 mcg/actuation AEROSOL **MO**	1	ST,QL(17.4 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER **MO**	3	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET **DL**	4	PA,QL(60 per 30 days)
bosentan 32 mg TABLET FOR SUSPENSION **DL**	4	PA,QL(120 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE **MO**	2	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACTUATION HFA AEROSOL INHALER **MO**	2	QL(10.7 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 4 mg/5 ml SUSPENSION, ER 12 HR.	4	
carbinoxamine maleate 6 mg TABLET **DL**	4	QL(120 per 30 days)
carbzah 4 mg/5 ml LIQUID **DL**	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION **DL**	4	PA,QL(84 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cetirizine 1 mg/ml SOLUTION **MO**	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION **DL**	4	PA
CLARINEX 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP **DL**	4	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET **MO**	1	
clemasz 2.68 mg TABLET **MO**	1	
clemsza 2.68 mg TABLET **DL**	4	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST **MO**	3	QL(4 per 20 days)
corphena 2 mg/5 ml SOLUTION **DL**	4	
cromolyn 100 mg/5 ml CONCENTRATE **MO**	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD
cyproheptadine 2 mg/5 ml SYRUP **MO**	1	
cyproheptadine 4 mg TABLET **MO**	1	
DALIRESP 250 MCG TABLET **MO**	3	PA,QL(28 per 365 days)
DALIRESP 500 MCG TABLET **MO**	3	PA,QL(30 per 30 days)
desloratadine 0.5 mg/ml SOLUTION **DL**	4	QL(300 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	QL(30 per 30 days)
desloratadine 5 mg TABLET **MO**	1	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION **MO**	1	
diphen 12.5 mg/5 ml ELIXIR **MO**	1	
DIPHEN 12.5 MG/5 ML ELIXIR **MO**	1	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR **MO**	1	
diphenhydramine hcl 50 mg/ml SOLUTION **MO**	1	
diphenhydramine hcl 50 mg/ml SYRINGE **MO**	1	
DOPRAM 20 MG/ML SOLUTION **MO**	3	
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 0.1 mg/ml SYRINGE **MO**	3	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
EXDENSUR 100 MG/ML SYRINGE **DL**	4	PA,QL(1 per 180 days)
FASENRA 10 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE **DL**	4	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL **MO**	1	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE **MO**	1	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 30 days)
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE **MO**	3	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER **MO**	3	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER **MO**	3	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION **MO**	1	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD,QL(120 per 30 days)
GASTROCROM 100 MG/5 ML CONCENTRATE **MO**	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET **MO**	3	PA,QL(30 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE **MO**	3	PA,QL(30 per 30 days)
ipratropium bromide 0.02 % SOLUTION **MO**	1	BvsD
ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER **MO**	1	PA,QL(25.8 per 30 days)
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
JASCAYD 18 MG, 9 MG TABLET **DL**	4	PA,QL(60 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KARBINAL ER 4 MG/5 ML SUSPENSION, ER 12 HR.	4	
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)
macitentan 10 mg TABLET **DL**	4	PA,QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL **MO**	1	QL(34 per 30 days)
montelukast 10 mg TABLET **MO**	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET **MO**	1	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET **MO**	1	QL(30 per 30 days)
NEFFY 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	4	PA,QL(4 per 30 days)
nintedanib 100 mg, 150 mg CAPSULE **DL**	4	PA,QL(60 per 30 days)
NUCALA 100 MG RECON SOLUTION **DL**	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE **DL**	4	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET **MO**	3	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION **DL**	4	PA,QL(150 per 30 days)
olopatadine 0.6 % SPRAY, NON-AEROSOL **MO**	1	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL **MO**	3	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET **DL**	4	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER **DL**	4	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER **DL**	4	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER **DL**	4	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER **DL**	4	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER **DL**	4	PA,QL(150 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION **DL**	4	BvsD,QL(120 per 30 days)
pirfenidone 267 mg CAPSULE **DL**	4	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET **DL**	4	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET **DL**	4	PA,QL(90 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(2 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION **MO**	3	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION **DL**	4	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(10.6 per 30 days)
QUZYTTIR 10 MG/ML SOLUTION **MO**	3	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED **MO**	3	ST,QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED **MO**	3	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET **MO**	3	PA,QL(30 per 30 days)
REMODULIN 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION **DL**	4	PA
REVATIO 20 MG TABLET **DL**	4	PA,QL(360 per 30 days)
riociguat 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 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 **MO**	3	PA,QL(720 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET **MO**	1	PA,QL(360 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST **MO**	2	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE **MO**	2	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST **MO**	2	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST **MO**	2	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER **MO**	2	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
tadalafil (pulm. hypertension) 20 mg TABLET **MO**	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION **DL**	4	PA,QL(300 per 30 days)
terbutaline 1 mg/ml SOLUTION **MO**	1	
terbutaline 2.5 mg, 5 mg TABLET **MO**	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. **MO**	1	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. **MO**	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. **MO**	1	
theophylline 80 mg/15 ml ELIXIR **MO**	1	
theophylline 80 mg/15 ml SOLUTION **MO**	1	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE **DL**	4	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET **DL**	4	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION **DL**	4	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE **MO**	2	QL(60 per 30 days)
treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION **DL**	4	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL **DL**	4	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION **DL**	4	PA
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 32-64 MCG, 48-64 MCG, 48-80 MCG CARTRIDGE WITH INHALER **DL**	4	PA,QL(224 per 28 days)
TYVASO DPI 80 MCG CARTRIDGE WITH INHALER **DL**	4	PA,QL(112 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
umeclidinium 62.5 mcg/actuation BLISTER WITH DEVICE MO	3	PA,QL(30 per 30 days)
umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION DL	4	PA
UPTRAVI 100 MCG, 150 MCG TABLET DL	4	PA,QL(60 per 30 days)
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	4	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(36 per 30 days)
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	4	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED MO	3	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
YUTREPIA 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG CAPSULE, W/INHALATION DEVICE DL	4	PA
zafirlukast 10 mg, 20 mg TABLET MO	1	QL(60 per 30 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE DL	4	QL(120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. DL	4	ST,QL(21 per 30 days)
ATMEKSI 750 MG/5 ML SUSPENSION DL	4	PA
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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
metaxalone 400 mg, 800 mg TABLET **MO**	1	ST,QL(120 per 30 days)
METAXALONE 640 MG TABLET **DL**	4	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET **DL**	4	PA
methocarbamol 100 mg/ml SOLUTION **MO**	1	
methocarbamol 500 mg, 750 mg TABLET **MO**	1	
norgesic 25-385-30 mg TABLET **DL**	4	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET **DL**	4	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER **MO**	1	
orphenadrine citrate 30 mg/ml SOLUTION **MO**	1	ST
orphenadrine-asa-caffeine 25-385-30 mg TABLET **DL**	4	PA,QL(240 per 30 days)
orphengesic forte 50-770-60 mg TABLET **DL**	4	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION **DL**	4	
SOMA 250 MG, 350 MG TABLET **DL**	4	ST,QL(120 per 30 days)
tanlor 1,000 mg TABLET **DL**	4	PA
TONMYA 2.8 MG SUBLINGUAL TABLET **DL**	4	PA,QL(60 per 30 days)
SLEEP DISORDER AGENTS		
AMBIEN 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE **MO**	3	PA,QL(30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg TABLET **MO**	1	PA,QL(30 per 30 days)
armodafinil 50 mg TABLET **MO**	1	PA,QL(60 per 30 days)
BELSOMRA 10 MG TABLET **MO**	2	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET **MO**	2	QL(30 per 30 days)
BELSOMRA 5 MG TABLET **MO**	2	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
doxepin 3 mg, 6 mg TABLET **MO**	1	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET **MO**	3	
EDLUAR 5 MG SUBLINGUAL TABLET **MO**	3	QL(30 per 30 days)
estazolam 1 mg, 2 mg TABLET **DL**	1	QL(30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET **MO**	1	QL(30 per 30 days)
flurazepam 15 mg CAPSULE **DL**	1	QL(60 per 30 days)
flurazepam 30 mg CAPSULE **DL**	1	QL(30 per 30 days)
HALCION 0.25 MG TABLET **DL**	3	PA,QL(30 per 30 days)
HETLIOZ 20 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)

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

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

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

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/Embecta and 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		
benzonatate 100 mg, 150 mg, 200 mg CAPSULE	1	
bromfed dm 2-30-10 mg/5 ml SYRUP	1	
brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP	1	
HYCODAN 5-1.5 MG/5 ML (5 ML) SOLUTION	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SOLUTION	1	
hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.	1	
hydrocodone-homatropine 5-1.5 mg TABLET	1	
hydrocodone-homatropine 5-1.5 mg/5 ml SOLUTION	1	
hydromet 5-1.5 mg/5 ml SOLUTION	1	
promethazine-codeine 6.25-10 mg/5 ml SYRUP	1	
promethazine-dm 6.25-15 mg/5 ml SOLUTION	1	
RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.	3	
TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.	3	
Erectile Dysfunction - Mail Order Available		
ADDYI 100 MG TABLET	3	
avanafil 100 mg, 200 mg, 50 mg TABLET	1	QL(6 per 30 days)
CIALIS 10 MG, 20 MG TABLET	3	QL(6 per 30 days)
sildenafil 100 mg, 25 mg, 50 mg TABLET	1	QL(6 per 30 days)
STENDRA 100 MG, 200 MG, 50 MG TABLET	3	QL(6 per 30 days)
tadalafil 10 mg, 20 mg TABLET	1	QL(6 per 30 days)
vardenafil 10 mg TABLET, DISINTEGRATING	1	QL(6 per 30 days)
vardenafil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET	1	QL(6 per 30 days)

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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Erectile Dysfunction - Mail Order Available		
VIAGRA 100 MG, 25 MG, 50 MG TABLET	3	QL(6 per 30 days)
VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	3	
Fertility - Mail Order Available		
cetrorelix 0.25 mg KIT	1	
CETROTIDE 0.25 MG KIT	3	
clomid 50 mg TABLET	1	
clomiphene citrate 50 mg TABLET	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	3	
fyremadel 250 mcg/0.5 ml SYRINGE	1	
ganirelix 250 mcg/0.5 ml SYRINGE	3	
GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION	3	
GONAL-F RFF 75 UNIT RECON SOLUTION	3	
GONAL-F RFF REDI-JECT 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML PEN INJECTOR	3	
MENOPUR 75 UNIT RECON SOLUTION	3	
milophene 50 mg TABLET	1	
OVIDREL 250 MCG/0.5 ML SYRINGE	3	
Vitamins/Minerals - Mail Order Available		
ascorbic acid (vitamin c) 500 mg/ml SOLUTION	1	
b complex 100 100-2-100-2-2 mg/ml SOLUTION	1	
b-complex injection 100-2-100-2-2 mg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	1	
dodex 1,000 mcg/ml SOLUTION	1	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Vitamins/Minerals - Mail Order Available		
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	
mvi, adult no.4 with vit k 3,300 unit- 150 mcg/10 ml SOLUTION	1	
mvi, pedi no.1 with vit k 80 mg-400 unit- 200 mcg/5 ml SOLUTION	1	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	3	
phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE	1	
phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION	1	
phytonadione (vitamin k1) 5 mg TABLET	1	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION	1	
thiamine hcl (vitamin b1) 100 mg/ml SOLUTION	1	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	
vitamin k 1 mg/0.5 ml SOLUTION	1	
vitamin k1 10 mg/ml SOLUTION	1	
Weight Loss - Mail Order Available		
ADIPEX-P 37.5 MG TABLET	1	
benzphetamine 50 mg TABLET	1	
CONTRAVE 8-90 MG TABLET ER	3	QL(120 per 30 days)
diethylpropion 25 mg TABLET	1	
diethylpropion 75 mg TABLET ER	1	
liraglutide (weight loss) 3 mg/0.5 ml (18 mg/3 ml) PEN INJECTOR	3	
lomaira 8 mg TABLET	1	
phendimetrazine tartrate 105 mg CAPSULE, ER	3	
phendimetrazine tartrate 35 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Weight Loss - Mail Order Available		
phentermine 15 mg, 30 mg, 37.5 mg CAPSULE	1	
phentermine 37.5 mg, 8 mg TABLET	1	
phentermine-topiramate 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg CAPSULE ER MULTIPHASE 24 HR.	1	QL(30 per 30 days)
PLENITY 0.75 GRAM CAPSULE	3	
PLENITY (WELCOME KIT) 0.75 GRAM CAPSULE	3	
QSYMIA 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG CAPSULE ER MULTIPHASE 24 HR.	3	QL(30 per 30 days)
SAXENDA 3 MG/0.5 ML (18 MG/3 ML) PEN INJECTOR	3	
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR	4	PA
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML SOLUTION	4	PA
ZEPBOUND KWIKPEN 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML) PEN INJECTOR	3	PA,QL(2.4 per 28 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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

Index

A

abacavir-lamivudine... 71
abacavir... 71
ABELCET... 42
abigale lo... 136
abigale... 136
ABILIFY ASIMTUFII... 66
ABILIFY MAINTENA... 66
ABILIFY MYCITE MAINTENANCE KIT... 66
ABILIFY MYCITE STARTER KIT... 66
ABILIFY... 66
abiraterone... 48
abirtega... 48
ABRAXANE... 48
ABRILADA(CF) PEN... 148
ABRILADA(CF)... 148
ABRYSVO (PF)... 148
ABSORICA LD... 108
ABSORICA... 108
acamprosate... 20
ACANYA... 108
acarbose... 78
ACCOLATE... 175
ACCUPRIL... 88
ACCURETIC... 88
accutane... 108
acebutolol... 88
ACETADOTE... 163
acetaminophen-caff-dihydrocod... 11
acetaminophen-codeine... 11
acetaminophen... 163
acetazolamide sodium... 88
acetazolamide... 88
acetic acid... 21, 163
acetylcysteine... 163, 175
ACIPHEX SPRINKLE... 123
ACIPHEX... 123
acitretin... 108
ACTEMRA ACTPEN... 148
ACTEMRA... 148
ACTHAR SELFJECT... 132
ACTHAR... 132
ACTHIB (PF)... 148
ACTIMMUNE... 148
ACTIVELLA... 136
ACTONEL... 161
ACTOPLUS MET... 78
ACTOS... 78
ACULAR LS... 170
ACULAR... 170
ACUVAIL (PF)... 170
acyclovir sodium... 72
acyclovir... 71
ACZONE... 108
ADACEL(TDAP ADOLESN/ADULT)(PF)... 148
ADAKVEO... 163
ADALIMUMAB-AACF(CF) PEN CROHNS... 148
ADALIMUMAB-AACF(CF) PEN PS-UV... 148
ADALIMUMAB-AACF... 148
ADALIMUMAB-AATY(CF) AI CROHNS... 148
ADALIMUMAB-AATY... 148
ADALIMUMAB-ADAZ... 148
ADALIMUMAB-ADBM(CF) PEN CROHNS... 148
ADALIMUMAB-ADBM(CF) PEN PS-UV... 148
ADALIMUMAB-ADBM... 148
ADALIMUMAB-BWWD... 148
ADALIMUMAB-FKJP... 148, 149
ADALIMUMAB-RYVK... 149
adapalene-benzoyl peroxide... 109
adapalene... 108, 109
ADBRY... 109
ADCETRIS... 48
ADCIRCA... 175
ADDERALL XR... 102
ADDERALL... 102
ADDYI... 185
adefovir... 72
ADEMPAS... 175
adenosine... 88
ADIPEX-P... 187
ADLARITY... 36
ADMELOG SOLOSTAR U-100 INSULIN... 78
ADMELOG U-100 INSULIN LISPRO... 78
ADQUEY... 109
ADRENALIN IN 0.9 % SOD CHLOR... 88
ADRENALIN... 175
ADRIAMYCIN... 48
adrucil... 48
ADSTILADRIN... 163
ADVAIR DISKUS... 175
ADVAIR HFA... 175
ADZENYS XR-ODT... 102
ADZYNMA... 84
afatinib... 48
AFINITOR DISPERZ... 48
AFINITOR... 48
afirmelle... 136
AFREZZA... 78
AGAMREE... 132
AGGRASTAT CONCENTRATE... 84
AGGRASTAT IN SODIUM CHLORIDE... 84
AGRYLIN... 84
AIMOVIG AUTOINJECTOR... 45
AIRDUO RESPICLICK... 175
AIRSUPRA... 175
AJOVY AUTOINJECTOR... 45
AJOVY SYRINGE... 46
AKEEGA... 48
AKLIEF... 109
AKYNZEO (FOSNETUPITANT)... 40
AKYNZEO (NETUPITANT)... 40

ALA-CORT... 109
ALA-SCALP... 109
albendazole... 63
albuterol sulfate... 175
ALCAINE... 170
alclometasone... 109
ALCOHOL PADS... 163
ALCOHOL PREP PADS... 163
ALCOHOL SWABS... 163
ALCOHOL WIPES... 163
ALDACTONE... 88
ALDURAZYME... 127
ALECENSA... 48
alendronate... 161
alfuzosin... 131
ALIMTA... 48
ALIQOPA... 48
aliskiren... 88
ALKINDI SPRINKLE... 132
allopurinol sodium... 45
allopurinol... 45
almotriptan malate... 46
ALOMIDE... 170
ALOPRIM... 45
alosetron... 123
ALPHAGAN P... 170
alprazolam intensol... 76
alprazolam... 76
ALREX... 170
ALTACE... 88
altavera (28)... 136
ALTOPREV... 88
ALTRENO... 109
ALUNBRIG... 48
ALVAIZ... 84
ALVESCO... 175
alyacen 1/35 (28)... 136
alyacen 7/7/7 (28)... 136
ALYFTREK... 175
ALYGLO... 149
ALYMSYS... 48
alyq... 175
amantadine hcl... 64
AMBIEN CR... 183
AMBIEN... 183
AMBISOME... 42
ambrisentan... 176
amcinonide... 109
amethia... 136
amethyst (28)... 136
amikacin... 21
amiloride-hydrochlorothiazide... 88
amiloride... 88
aminocaproic acid... 84
aminophylline... 176
AMINOSYN II 10 %... 117
AMINOSYN II 15 %... 117
AMINOSYN-PF 10 %... 117
AMINOSYN-PF 7 % (SULFITE-FREE)... 117
amiodarone... 88, 89
AMITIZA... 123
amitriptyline-chlordiazepoxide... 37
amitriptyline... 37
AMJEVITA(CF) AUTOINJECTOR... 149
AMJEVITA(CF)... 149
amlodipine-atorvastatin... 89
amlodipine-benazepril... 89
amlodipine-olmesartan... 89
amlodipine-valsartan-hcthiazid... 89
amlodipine-valsartan... 89
amlodipine... 89
ammonium lactate... 109
AMMONUL... 163
amnesteem... 109
amoxapine... 37
amoxicil-clarithromy-lansopraz... 123
amoxicillin-pot clavulanate... 21
amoxicillin... 21
amphetamine sulfate... 102
amphetamine... 102
amphotericin b liposome... 42
amphotericin b... 42
ampicillin sodium... 21
ampicillin-sulbactam... 21
ampicillin... 21
AMPYRA... 102
AMRIX... 182
AMVUTTRA... 127
AMZEEQ... 109
ANAFRANIL... 37
anagrelide... 84
anastrozole... 48
ANCOBON... 42
ANDEMBRY AUTOINJECTOR... 149
ANDROGEL... 136
ANGELIQ... 136
ANKTIVA... 48
ANNOVERA... 136
ANORO ELLIPTA... 176
ANTIVERT... 40
anusol-hc... 109
ANZUPGO... 109
APADAZ... 11
apexicon e... 109
APIDRA SOLOSTAR U-100 INSULIN... 78
APIDRA U-100 INSULIN... 78
APLENZIN... 37
APOKYN... 64
apomorphine... 64
APONVIE... 40
apraclonidine... 170
aprepitant... 40
apri... 136
APRISO... 160
APTENSIO XR... 102
APTIOM... 30
APTIVUS... 72
AQNEURSA... 163
AQVESME... 127
ARALAST NP... 127
aranelle (28)... 136
ARANESP (IN POLYSORBATE)... 84
ARAVA... 149
ARAZLO... 109
ARBLI... 89

ARCALYST... 149
AREXVY (PF)... 149
arformoterol... 176
ARICEPT... 36
ARIKAYCE... 21
ARIMIDEX... 48
aripiprazole... 66
ARISTADA INITIO... 67
ARISTADA... 66
ARIXTRA... 84
ARMLUPEG... 84
armodafinil... 183
ARMOUR THYROID... 145
ARNUITY ELLIPTA... 176
AROMASIN... 48
ARRANON... 48
arsenic trioxide... 49
ARTHROTEC 50... 11
ARTHROTEC 75... 11
ARYNTA... 102
ASCENIV... 149
ascomp with codeine... 11
ascorbic acid (vitamin c)... 186
asenapine maleate... 67
ashlyna... 136
ASMANEX HFA... 176
ASMANEX TWISTHALER... 176
ASPARLAS... 49
aspirin-dipyridamole... 85
ASPRUZYO SPRINKLE... 89
ASTAGRAF XL... 149
ATACAND HCT... 89
ATACAND... 89
atazanavir... 72
ATEBRIOZ... 163
ATELVIA... 161
atenolol-chlorthalidone... 89
atenolol... 89
ATGAM... 149
ATIVAN... 76, 77
ATMEKSI... 182
atomoxetine... 102
ATONCY... 102
ATORVALIQ... 89
atorvastatin... 89
atovaquone-proguanil... 63
atovaquone... 63
ATRALIN... 109
ATRIPLA... 72
ATROPINE SULFATE (PF)... 170
atropine... 123, 170
ATROVENT HFA... 176
attero... 109
ATTRUBY... 127
AUBAGIO... 102
aubra eq... 136
aubra... 136
AUGMENTIN ES-600... 22
AUGMENTIN... 21, 22
AUGTYRO... 49
auranofin... 149
aurovela 1.5/30 (21)... 136
aurovela 1/20 (21)... 136
aurovela 24 fe... 136
aurovela fe 1-20 (28)... 136
aurovela fe 1.5/30 (28)... 136
AUSTEDO XR TITRATION KT(WK1-4)... 102
AUSTEDO XR... 102
AUSTEDO... 102
AUTOJECT 2 INJECTION DEVICE... 163
AUTOPEN 1 TO 21 UNITS... 163
AUTOPEN 2 TO 42 UNITS... 163
AUTOSHIELD DUO PEN NEEDLE... 163
AUVELITY... 37
AUVI-Q... 176
AVALIDE... 89
avanafil... 185
AVAPRO... 89
AVASTIN... 49
AVEED... 136
AVELOX IN NACL (ISO-OSMOTIC)... 22
AVERI... 136
AVGEMSI... 49
aviane... 136
avidoxy... 22
AVLAYAH... 128
AVMAPKI-FAKZYNJA... 49
AVODART... 131
AVONEX... 102
AVSOLA... 149
AVTOZMA AUTOINJECTOR... 149
AVTOZMA... 149
AVYCAZ... 22
AWIQLI FLEXTOUCH... 78
AXTLE... 49
ayuna... 136
AYVAKIT... 49
azacitidine... 49
AZACTAM... 22
AZASAN... 149
AZASITE... 170
azathioprine sodium... 149
azathioprine... 149
azelaic acid... 109
azelastine-fluticasone... 176
azelastine... 170, 176
AZELEX... 109
AZILECT... 64
azilsartan medoxomil... 89
azithromycin... 22
AZMIRO... 136
AZOPT... 170
AZOR... 89
AZSTARYS... 102
aztreonam... 22
AZULFIDINE EN-TABS... 160
AZULFIDINE... 160
azurette (28)... 136

B

b complex 100... 186
b-complex injection... 186
bacitracin-polymyxin b... 170
bacitracin... 22, 170
baclofen... 71
BACTRIM DS... 22

BACTRIM... 22
BAFIERTAM... 102
bal-care dha... 117
BALCOLTRA... 136
balsalazide... 160
BALVERSA... 49
balziva (28)... 136
BAND-AID GAUZE PADS... 163
BANZEL... 30
BAQSIMI... 78
BARACLUDE... 72
BASAGLAR KWIKPEN U-100 INSULIN... 78
BASAGLAR TEMPO PEN(U-100)INSLN... 78
BAVENCIO... 49
BAXDELA... 22
BAXFENDY... 89
BCG VACCINE, LIVE (PF)... 149
BD ALCOHOL SWABS... 163
BD AUTOSHIELD DUO PEN NEEDLE... 163
BD ECLIPSE LUER-LOK... 164
BD INSULIN SYRINGE (HALF UNIT)... 164
BD INSULIN SYRINGE MICRO-FINE... 164
BD INSULIN SYRINGE U-500... 164
BD INSULIN SYRINGE ULTRA-FINE... 164
BD INSULIN SYRINGE... 164
BD LO-DOSE MICRO-FINE IV... 164
BD NANO 2ND GEN PEN NEEDLE... 164
BD SAFETYGLIDE INSULIN SYRINGE... 164
BD SAFETYGLIDE SYRINGE... 164
BD ULTRA-FINE MICRO PEN NEEDLE... 164
BD ULTRA-FINE MINI PEN NEEDLE... 164
BD ULTRA-FINE NANO PEN NEEDLE... 164
BD ULTRA-FINE ORIG PEN NEEDLE... 164
BD ULTRA-FINE SHORT PEN NEEDLE... 164
BD VEO INSULIN SYR (HALF UNIT)... 164
BD VEO INSULIN SYRINGE UF... 164
beclomethasone dipropionate... 176
BELBUCA... 11
BELEODAQ... 49
BELSOMRA... 183
benazepril-hydrochlorothiazide... 89
benazepril... 89
bendamustine... 49
BENDEKA... 49
BENICAR HCT... 89
BENICAR... 89
BENLYSTA... 149
BENTYL... 123
BENZAMYCIN... 109
benzhydrocodone-acetaminophen... 11
benznidazole... 63
benzonatate... 185
benzphetamine... 187
benztropine... 64
bepotastine besilate... 171
BEPREVE... 171
BEQALZI STARTER PACK... 49
BEQALZI... 49
BERINERT... 149
beser... 109
besifloxacin... 171
BESIVANCE... 171
BESPONSA... 49
BESREMI PEN... 149
BESREMI... 149
BETADINE OPHTHALMIC PREP... 171
betaine... 128
betamethasone acet,sod phos... 132
betamethasone dipropionate... 109
betamethasone valerate... 109, 110
betamethasone, augmented... 110
BETAPACE AF... 90
BETAPACE... 89
BETASERON... 102
betaxolol... 90, 171
bethanechol chloride... 131
BETHKIS... 22
BETIMOL... 171
BETOPTIC S... 171
BEVESPI AEROSPHERE... 176
bexarotene... 49
BEXSERO... 149
BEYAZ... 137
BEYFORTUS... 164
bicalutamide... 49
BICILLIN C-R... 22
BICILLIN L-A... 22
BICNU... 49
BIDIL... 90
BIJUVA... 137
BIKTARVY... 72
BILTRICIDE... 63
bimatoprost... 171
BIMZELX AUTOINJECTOR... 150
BIMZELX... 149
BINOSTO... 162
BIORPHEN... 90
bismuth subcit k-metronidz-tcn... 123
bisoprolol fumarate... 90
bisoprolol-hydrochlorothiazide... 90
BIVIGAM... 150
BIXLENVO-SUNLENCA STARTER PACK... 72
BIXLENVO... 72
BIZENGRI... 49
BKEMV... 150
BLENREP... 49
bleomycin... 49
blisovi 24 fe... 137
blisovi fe 1.5/30 (28)... 137
blisovi fe 1/20 (28)... 137

BLUJEPA... 22
BONJESTA... 40
BOOSTRIX TDAP... 150
BORDERED GAUZE... 164
BORTEZOMIB... 49
BORUZU... 49
bosentan... 176
BOSULIF... 49, 50
bosutinib... 50
BRAFTOVI... 50
BREKIYA... 46
BREO ELLIPTA... 176
BREVIBLOC IN NACL (ISO-OSM)... 90
BREVIBLOC... 90
BREZTRI AEROSPHERE... 176
briellyn... 137
BRILINTA... 85
brimonidine... 110, 171
BRINSUPRI... 164
brinzolamide... 171
BRIUMVI... 102
brivaracetam... 30
BRIVIACT... 30
bromfed dm... 185
bromfenac... 171
bromocriptine... 64
brompheniramine-pseudoeph-dm... 185
BROMSITE... 171
BRONCHITOL... 176
BROVANA... 176
BRUKINSA... 50
BRYHALI... 110
BRYNOVIN... 78
BSS PLUS... 171
BSS... 171
BUCAPSOL... 77
budesonide... 160, 161, 176
bumetanide... 90
BUPHENYL... 128
bupivacaine (pf)... 18
bupivacaine hcl... 18
bupivacaine liposome (pf)... 18
bupivacaine-dextrose-water(pf)... 18
bupivacaine-epinephrine (pf)... 19
bupivacaine-epinephrine... 18
buprenorphine hcl... 11, 20
buprenorphine-naloxone... 20
buprenorphine... 11
bupropion hcl (smoking deter)... 20
bupropion hcl... 37
buspirone... 77
busulfan... 50
BUSULFEX... 50
butalbital-acetaminop-caf-cod... 164
butalbital-acetaminophen-caff... 164
butalbital-acetaminophen... 164
butalbital-aspirin-caffeine... 164
butorphanol... 11
BUTRANS... 11
BYLVAY... 164, 165
BYNFEZIA... 146
BYQLOVI... 171
BYSANTI TITRATION PACK A... 67
BYSANTI TITRATION PACK B... 67
BYSANTI TITRATION PACK C... 67
BYSANTI... 67
BYSTOLIC... 90

C

c-nate dha... 117
CABENUVA... 72
cabergoline... 146
CABLIVI... 85
CABOMETYX... 50
CABTREO... 110
CADUET... 90
CAFCIT... 165
CAFERGOT... 46
caffeine citrate... 165
calcipotriene-betamethasone... 110
calcipotriene... 110
calcitonin (salmon)... 162
calcitriol... 110, 162
calcium chloride... 117
calcium gluconate... 117
CALDOLOR... 11
CALQUENCE (ACALABRUTINIB MAL)... 50
CAMBIA... 11
CAMCEVI (6 MONTH)... 146
camila... 137
CAMPTOSAR... 50
camrese lo... 137
camrese... 137
CAMZYOS... 90
CANASA... 161
CANCIDAS... 42
candesartan-hydrochlorothiazid... 90
candesartan... 90
CAPLYTA... 67
CAPRELSA... 50
captopril-hydrochlorothiazide... 90
captopril... 90
CARAC... 110
CARAFATE... 123
CARBAGLU... 117
carbamazepine... 30
CARBATROL... 31
carbidopa-levodopa-entacapone... 65
carbidopa-levodopa... 65
carbidopa... 65
carbinoxamine maleate... 176
CARBOCAINE WITH NEO-COBEFRIN... 19
carboplatin... 50
carboprost tromethamine... 136
carbzah... 176
CARDAMYST... 90
CARDIZEM CD... 90
CARDIZEM LA... 90
CARDIZEM... 90
CARDURA XL... 90
CARDURA... 90

CARETOUCH ALCOHOL PREP PAD... 165
carglumic acid... 117
carisoprodol... 182
carmustine... 50
CARNITOR (SUGAR-FREE)... 117
CARNITOR... 117
CAROSPIR... 90
carteolol... 171
cartia xt... 90
carvedilol phosphate... 91
carvedilol... 91
CASODEX... 50
caspofungin... 42
CAVHANZA... 50
CAYSTON... 176
cefaclor... 22
cefadroxil... 22
cefazolin in dextrose (iso-os)... 22, 23
cefazolin... 22
cefdinir... 23
cefepime in dextrose 5 %... 23
cefepime in dextrose,iso-osm... 23
cefepime... 23
cefixime... 23
cefotetan... 23
cefoxitin in dextrose, iso-osm... 23
cefoxitin... 23
cefpodoxime... 23
cefprozil... 23
ceftaroline fosamil... 23
ceftazidime... 23
ceftriaxone in dextrose,iso-os... 23
ceftriaxone... 23
cefuroxime axetil... 23
cefuroxime sodium... 23
CELEBREX... 11
celecoxib... 11
CELESTONE SOLUSPAN... 132
CELEXA... 37
CELLCEPT INTRAVENOUS... 150
CELLCEPT... 150
CELONTIN... 31
CENTANY... 110
cephalexin... 23
CEQUA... 171
CEQUR SIMPLICITY INSERTER... 165
CEQUR SIMPLICITY... 165
CERDELGA... 128
CEREBYX... 31
CEREZYME... 128
CERVIDIL... 165
cetirizine... 177
cetrorelix... 186
CETROTIDE... 186
cevimeline... 108
CHANTIX CONTINUING MONTH BOX... 20
CHANTIX STARTING MONTH BOX... 20
CHANTIX... 20
charlotte 24 fe... 137
chateal eq (28)... 137
CHEMET... 117
chenodal... 123
chloramphenicol sod succinate... 23
chlordiazepoxide hcl... 77
chlorhexidine gluconate... 108
chloroprocaine (pf)... 19
chloroquine phosphate... 63
chlorothiazide sodium... 91
chlorpromazine... 67
chlorthalidone... 91
chlorzoxazone... 182
CHOLBAM... 128
cholestyramine (with sugar)... 91
cholestyramine light... 91
CHORIONIC GONADOTROPIN, HUMAN... 134
CIALIS... 131, 185
CIBINQO... 150
ciclodan... 42
ciclopirox... 42
cidofovir... 72
cilostazol... 85
CILOXAN... 171
CIMDUO... 72
cimetidine hcl... 123
cimetidine... 123
CIMZIA POWDER FOR RECONST... 150
CIMZIA STARTER KIT... 150
CIMZIA... 150
cinacalcet... 162
CINQAIR... 177
CINRYZE... 150
CINVANTI... 40
CIPRO HC... 174
CIPRO... 23
ciprofloxacin hcl... 23, 171, 174
ciprofloxacin in 5 % dextrose... 23
ciprofloxacin-dexamethasone... 174
ciprofloxacin-hydrocortisone... 175
ciprofloxacin... 23
cisplatin... 50
citalopram... 37, 38
CITRANATAL B-CALM (FE GLUC)... 117
cladribine(multiple sclerosis)... 102
cladribine... 50
claravis... 110
CLARINEX-D 12 HOUR... 165
CLARINEX... 177
clarithromycin... 24
clemastine... 177
clemasz... 177
clemsza... 177
CLENPIQ... 123
CLEOCIN HCL... 24
CLEOCIN PEDIATRIC... 24
CLEOCIN T... 110
CLEOCIN... 24
CLEVIPREX... 91
CLIGAVYX... 50
CLIMARA PRO... 137
CLIMARA... 137
clindacin etz... 110

clindacin p... 110
clindacin... 110
CLINDAGEL... 110
clindamycin hcl... 24
clindamycin in 0.9 % sod chlor... 24
clindamycin in 5 % dextrose... 24
clindamycin palmitate hcl... 24
clindamycin pediatric... 24
clindamycin phosphate... 24, 110
clindamycin-benzoyl peroxide... 110
clindamycin-tretinoin... 110
CLINDESSE... 24
CLINIMIX 4.25%/D10W SULF FREE... 117
CLINIMIX 4.25%/D5W SULFIT FREE... 117
CLINIMIX 5%-D20W(SULFITE-FREE)... 117
CLINIMIX 5%/D15W SULFITE FREE... 117
CLINIMIX 6%-D5W (SULFITE-FREE)... 117
CLINIMIX 8%-D10W(SULFITE-FREE)... 117
CLINIMIX 8%-D14W(SULFITE-FREE)... 117
CLINIMIX E 2.75%/D5W SULF FREE... 117
CLINIMIX E 4.25%/D10W SUL FREE... 117
CLINIMIX E 4.25%/D5W SULF FREE... 117
CLINIMIX E 5%/D15W SULFIT FREE... 117
CLINIMIX E 5%/D20W SULFIT FREE... 117
CLINIMIX E 8%-D10W SULFITEFREE... 117
CLINIMIX E 8%-D14W SULFITEFREE... 118
CLINISOL SF 15 %... 118
CLINOLIPID... 118
clobazam... 31
clobetasol-emollient... 111
clobetasol... 111
clocortolone pivalate... 111
clodan... 111
clofarabine... 50
clomid... 186
clomiphene citrate... 186
clomipramine... 38
clonazepam... 77
clonidine hcl... 91, 102
clonidine... 91
clopidogrel... 85
clorazepate dipotassium... 77
CLOROTEKAL (PF)... 19
CLOTIC... 175
clotrimazole-betamethasone... 43
clotrimazole... 42
clozapine... 67
CLOZARIL... 67
COARTEM... 63
COBENFY STARTER PACK... 165
COBENFY... 165
codeine sulfate... 11
codeine-butalbital-asa-caff... 11
COLAZAL... 161
colchicine... 45
COLCRYS... 45
colesevelam... 91
COLESTID... 91
colestipol... 91
colistin (colistimethate na)... 24
COLUMVI... 50
COLY-MYCIN M PARENTERAL... 24
COMBIGAN... 171
COMBIPATCH... 137
COMBIVENT RESPIMAT... 177
COMBOGESIC IV... 165
COMETRIQ... 50
COMPAZINE... 40, 41
COMPLERA... 72
complete natal dha... 118
compro... 41
CONCERTA... 102
CONDYLOX... 111
conjugated estrogens... 137
constulose... 123
CONTEPO... 24
CONTRAVE... 187
CONZIP... 11
COPAXONE... 103
COPIKTRA... 50
CORDRAN TAPE LARGE ROLL... 111
CORDRAN... 111
COREG CR... 91
COREG... 91
CORLANOR... 91
corphena... 177
CORTEF... 111
CORTENEMA... 161
CORTIFOAM... 161
CORTISPORIN-TC... 175
CORTROPHIN GEL... 132
CORVERT... 91
COSENTYX (2 SYRINGES)... 150
COSENTYX PEN (2 PENS)... 150
COSENTYX PEN... 150
COSENTYX UNOREADY PEN... 150
COSENTYX... 150
COSOPT (PF)... 171
COSOPT... 171
COTELLIC... 50
COTEMPLA XR-ODT... 103
COZAAR... 91
CRENESSITY... 137
CREON... 128
CRESEMBA... 43
CRESTOR... 91
CREXONT... 65
CRINONE... 137
cromolyn... 171, 177
crotan... 111
cryselle (28)... 137
CRYSVITA... 128
CTEXLI... 123
CUPRIMINE... 118
CURITY ALCOHOL SWABS... 165
CURITY GAUZE... 165

CUTAQUIG... 150
CUVPOSA... 123
CUVRIOR... 118
cyanocobalamin (vitamin b-12)... 186
cyclobenzaprine... 182, 183
cyclophosphamide... 50
cycloserine... 47
CYCLOSET... 78
cyclosporine modified... 150
cyclosporine... 150, 171
CYKLOKAPRON... 85
CYLTEZO(CF) PEN CROHN'S-UC-HS... 150
CYLTEZO(CF) PEN PSORIASIS-UV... 150
CYLTEZO(CF) PEN... 150
CYLTEZO(CF)... 150
CYMBALTA... 103
cyproheptadine... 177
CYRAMZA... 51
cyred eq... 137
cyred... 137
CYSTADANE... 128
CYSTADROPS... 171
CYSTAGON... 128
CYSTARAN... 171
cytarabine (pf)... 51
cytarabine... 51
CYTOGAM... 150
CYTOMEL... 145
CYTOTEC... 123

D

d10 %-0.45 % sodium chloride... 118
d2.5 %-0.45 % sodium chloride... 118
d5 % and 0.9 % sodium chloride... 118
d5 %-0.45 % sodium chloride... 118
dabigatran etexilate... 85
dacarbazine... 51
dactinomycin... 51
dalbavancin... 24
dalfampridine... 103
DALIRESP... 177
DALVANCE... 24
danazol... 137
DANTRIUM... 71
dantrolene... 71
DANYELZA... 51
DANZITEN... 51
dapagliflozin-metformin... 78
dapagliflozin-saxagliptin... 79
dapagliflozin... 78
dapsone... 47, 111
DAPTACEL (DTAP PEDIATRIC) (PF)... 150
daptomycin in 0.9 % sod chlor... 24
daptomycin... 24
DARAPRIM... 63
darifenacin... 131
DARTISLA... 124
darunavir... 72
DARZALEX FASPRO... 51
DARZALEX... 51
dasatinib... 51
dasetta 1/35 (28)... 137
dasetta 7/7/7 (28)... 137
DATROWAY... 51
daunorubicin... 51
DAURISMO... 51
DAWNZERA... 150
DAYBUE STIX... 128
DAYBUE... 128
DAYPRO... 11
daysee... 137
DAYTRANA... 103
DAYVIGO... 183
DDAVP... 134
deblitane... 137
decitabine... 51
DECNUPAZ... 51
deferasirox... 118
deferiprone... 118
deferoxamine... 118
DEFITELIO... 165
deflazacort... 132
DELESTROGEN... 137
DELSTRIGO... 72
demeclocycline... 24
DEMEROL (PF)... 11, 12
DEMEROL... 11
DEMSER... 91
DENAVIR... 72
DENGVAXIA (PF)... 151
DEPAKOTE ER... 31
DEPAKOTE SPRINKLES... 31
DEPAKOTE... 31
DEPEN TITRATABS... 118
DEPO-ESTRADIOL... 137
DEPO-MEDROL... 132
DEPO-PROVERA... 137
DEPO-SUBQ PROVERA 104... 137
DEPO-TESTOSTERONE... 137
DERMA-SMOOTHE/FS BODY OIL... 111
DERMA-SMOOTHE/FS SCALP OIL... 111
DERMACEA... 165
dermacinrx lidocan... 19
DERMOTIC OIL... 175
DESCOVY... 72
DESFERAL... 118
desipramine... 38
desloratadine... 177
DESMODA... 134
desmopressin... 135
desog-e.estradiol/e.estradiol... 138
desogestrel-ethinyl estradiol... 138
desonide... 111
desoximetasone... 111
DESOXYN... 103
desvenlafaxine succinate... 38
desvenlafaxine... 38
DETROL LA... 131
DETROL... 131
dexabliss... 132
dexamethasone intensol... 132

dexamethasone sodium phos (pf)... 132, 133
dexamethasone sodium phosphate... 133, 171
dexamethasone... 132
dexchlorpheniramine maleate... 177
DEXEDRINE SPANSULE... 103
DEXILANT... 124
dexlansoprazole... 124
dexlyt... 133
dexmethylphenidate... 103
dexrazoxane hcl... 51
DEXTENZA... 171
dextroamphetamine sulfate... 103
dextroamphetamine-amphetamine... 103
dextromethorphan-quinidine... 103
dextrose 10 % and 0.2 % nacl... 118
dextrose 10 % in water (d10w)... 118
dextrose 20 % in water (d20w)... 118
dextrose 25 % in water (d25w)... 118
dextrose 30 % in water (d30w)... 118
dextrose 40 % in water (d40w)... 118
dextrose 5 % in water (d5w)... 118
dextrose 5 %-lactated ringers... 118
dextrose 5%-0.2 % sod chloride... 118
dextrose 5%-0.3 % sod.chloride... 118
dextrose 50 % in water (d50w)... 118
dextrose 70 % in water (d70w)... 118
DHIVY... 65
DIACOMIT... 31
diazepam intensol... 77
diazepam... 31, 77
diazoxide... 79
DIBENZYLINE... 91
dichlorphenamide... 128
DICLEGIS... 41
diclofenac epolamine... 12
diclofenac potassium... 12
diclofenac sodium... 12, 112, 171
diclofenac-misoprostol... 12
dicloxacillin... 24
dicyclomine... 124
diethylpropion... 187
DIFICID... 24
diflorasone... 112
DIFLUCAN... 43
diflunisal... 12
difluprednate... 171
digoxin... 91
dihydroergotamine... 46
DILANTIN EXTENDED... 31
DILANTIN INFATABS... 31
DILANTIN-125... 31
DILANTIN... 31
DILAUDID... 12
dilt-xr... 91
diltiazem hcl... 92
dimenhydrinate... 41
dimethyl fumarate... 103, 104
dimethyl sulfoxide... 165
DIOVAN HCT... 92
DIOVAN... 92
DIPENTUM... 161
diphen... 177
diphenhydramine hcl... 177
diphenoxylate-atropine... 124
DIPROLENE (AUGMENTED)... 112
dipyridamole... 85
disopyramide phosphate... 92
disulfiram... 20
DIURIL... 92
divalproex... 31
DIVIGEL... 138
dobutamine in d5w... 92
dobutamine... 92
docetaxel... 51
dodex... 186
dofetilide... 92
DOJOLVI... 128
dolishale... 138
dolobid... 12
donepezil... 36
dopamine in 5 % dextrose... 92
dopamine... 92
DOPRAM... 177
DOPTELET (10 TAB PACK)... 85
DOPTELET (15 TAB PACK)... 85
DOPTELET (30 TAB PACK)... 85
DOPTELET SPRINKLE... 85
DORYX MPC... 24
DORYX... 24
dorzolamide-timolol (pf)... 172
dorzolamide-timolol... 172
dorzolamide... 171
dotti... 138
DOVATO... 72
doxazosin... 92
doxepin... 77, 112, 183
doxercalciferol... 162
DOXIL... 51
doxorubicin, peg-liposomal... 51
doxorubicin... 51
doxy-100... 25
doxycycline hyclate... 25
doxycycline monohydrate... 25
doxylamine-pyridoxine (vit b6)... 41
DRIZALMA SPRINKLE... 104
dronabinol... 41
droperidol... 67
DROPLET INSULIN SYR(HALF UNIT)... 165
DROPLET INSULIN SYRINGE... 165
DROPLET MICRON PEN NEEDLE... 165
DROPLET PEN NEEDLE... 165
DROPSAFE ALCOHOL PREP PADS... 166
DROPSAFE PEN NEEDLE... 166
drospirenone-e.estradiol-lm.fa... 138

drospirenone-ethinyl estradiol... 138
DROXIA... 166
droxidopa... 92
DUAKLIR PRESSAIR... 177
DUAVEE... 138
DUETACT... 79
DUEXIS... 12
DULERA... 177
duloxetine... 104
DUOBRII... 112
DUOPA... 65
DUPIXENT PEN... 151
DUPIXENT SYRINGE... 151
DURAMORPH (PF)... 12
DUREZOL... 172
DURYSTA... 172
dutasteride-tamsulosin... 131
dutasteride... 131
DUVYZAT... 128
DYANAVEL XR... 104
dyclopro... 166
DYMISTA... 177
DYRENIUM... 92

E

E.E.S. 400... 25
E.E.S. GRANULES... 25
EASY COMFORT ALCOHOL PAD... 166
EASY TOUCH ALCOHOL PREP PADS... 166
EASYLIFE ALCOHOL PADS... 166
EBGLYSS PEN... 112
EBGLYSS SYRINGE... 112
ec-naproxen... 12
econazole nitrate... 43
edaravone... 104
EDARBI... 92
EDARBYCLOR... 92
EDECRIN... 92
edetate calcium disodium... 166
EDLUAR... 183
EDURANT PED... 72
EDURANT... 72
efavirenz-emtricitabin-tenofov... 72
efavirenz-lamivu-tenofov disop... 72
efavirenz... 72
EFFEXOR XR... 38
EFFIENT... 85
EFUDEX... 112
EGATEN... 64
EGRIFTA SV... 135
EGRIFTA WR... 135
EKTERLY... 151
ELAHERE... 51
ELAPRASE... 128
electrolyte-148... 118
electrolyte-48 in d5w... 119
electrolyte-a... 119
ELELYSO... 128
ELEPSIA XR... 31
ELESTRIN... 138
eletriptan... 46
ELEVIDYS... 128
ELFABRIO... 128
ELIDEL... 112
ELIGARD (3 MONTH)... 146
ELIGARD (4 MONTH)... 146
ELIGARD (6 MONTH)... 146
ELIGARD... 146
ELIMITE... 112
elinest... 138
ELIQUIS DVT-PE TREAT 30D START... 85
ELIQUIS SPRINKLE... 85
ELIQUIS... 85
ELITEK... 51
ELIXOPHYLLIN... 177
ELLENCE... 51
ELMIRON... 131
ELREXFIO... 51
eluryng... 138
ELYXYB... 166
ELZONRIS... 51
EMBLAVEO... 25
EMEND (FOSAPREPITANT)... 41
EMEND... 41
EMFLAZA... 133
EMGALITY PEN... 46
EMGALITY SYRINGE... 46
EMPAVELI... 166
EMPLICITI... 51
EMRELIS... 51
EMROSI... 25
EMSAM... 38
emtricita-rilpivirine-tenof df... 72
emtricitabine-tenofovir (tdf)... 72
emtricitabine... 72
EMTRIVA... 72
emverm... 64
emzahh... 138
enalapril maleate... 92
enalapril-hydrochlorothiazide... 92
enalaprilat... 92
ENBREL MINI... 151
ENBREL SURECLICK... 151
ENBREL... 151
ENBUMYST... 92
ENDARI... 124
ENDOCET... 12
ENDOMETRIN... 138
ENFLONSIA... 166
ENGERIX-B (PF)... 151
ENGERIX-B PEDIATRIC (PF)... 151
ENHERTU... 51
enilloring... 138
ENJAYMO... 151
ENOBY... 162
enoxaparin... 85
enpresse... 138
ENSACOVE... 52
enskyce... 138
ENSPRYNG... 172
ENSTILAR... 112
entacapone... 65
entecavir... 72
ENTRESTO SPRINKLE... 93
ENTRESTO... 92
ENTYVIO PEN... 151
ENTYVIO... 151

enulose... 124
ENVARSUS XR... 151
EOHILIA... 166
EPANED... 93
EPCLUSA... 72, 73
EPIDIOLEX... 31
EPIDUO FORTE... 112
EPIFOAM... 112
epinastine... 172
epineph bitart in 0.9% sod chl... 93
epinephrine... 177
EPIPEN 2-PAK... 178
EPIPEN JR 2-PAK... 178
EPIPEN JR... 178
EPIPEN... 177
epirubicin... 52
epitol... 31
EPIVIR... 73
EPKINLY... 52
eplerenone... 93
EPOGEN... 85
epoprostenol... 178
EPRONTIA... 31
EPSOLAY... 112
eptifibatide... 85
EPYSQLI... 151
EQUETRO... 31
ERAXIS(WATER DILUENT)... 43
ERBITUX... 52
ergocalciferol (vitamin d2)... 186
ergoloid... 36
ERGOMAR... 46
ergotamine-caffeine... 46
eribulin... 52
ERIVEDGE... 52
ERLEADA... 52
erlotinib... 52
ERMEZA... 145
errin... 138
ERTACZO... 43
ertapenem... 25
ery pads... 112
ERY-TAB... 25
ERYGEL... 112
ERYPED 200... 25
ERYPED 400... 25
ERYTHROCIN (AS STEARATE)... 25
ERYTHROCIN... 25
erythromycin ethylsuccinate... 25
erythromycin lactobionate... 26
erythromycin with ethanol... 112
erythromycin-benzoyl peroxide... 112
erythromycin... 25, 172
ESBRIET... 178
escitalopram oxalate... 38
ESGIC... 166
eslicarbazepine... 31
esmolol in nacl (iso-osm)... 93
esmolol... 93
esomeprazole magnesium... 124
esomeprazole sodium... 124
estarylla... 138
estazolam... 183
ESTRACE... 138
estradiol valerate... 138
estradiol-norethindrone acet... 138
estradiol... 138
ESTRING... 138
eszopiclone... 183
ETCAMAH... 52
ethacrynate sodium... 93
ethacrynic acid... 93
ethambutol... 47
ethosuximide... 31
ethynodiol diac-eth estradiol... 138
etodolac... 12
etonogestrel-ethinyl estradiol... 139
ETOPOPHOS... 52
etoposide... 52
etravirine... 73
EUCRISA... 112
EULEXIN... 52
EURAX... 112
EVAMIST... 139
EVDI... 52
EVEKEO... 104
EVENITY... 162
everolimus (antineoplastic)... 52
everolimus (immunosuppressive)... 151
evesse... 112
EVISTA... 139
EVKEEZA... 93
EVOMELA... 52
EVOTAZ... 73
EVOXAC... 108
EVRYSDI... 128
EXDENSUR... 178
EXELDERM... 43
EXELON PATCH... 36
exemestane... 52
exenatide... 79
EXFORGE HCT... 93
EXFORGE... 93
EXJADE... 119
EXPAREL (PF)... 19
EXXUA... 38
EYSUVIS... 172
EZALLOR SPRINKLE... 93
ezetimibe-simvastatin... 93
ezetimibe... 93

F

FABHALTA... 151
FABIOR... 112
FABRAZYME... 128
falmina (28)... 139
famciclovir... 73
famotidine (pf)-nacl (iso-os)... 124
famotidine (pf)... 124
famotidine... 124
FANAPT TITRATION PACK A... 67
FANAPT TITRATION PACK B... 67
FANAPT TITRATION PACK C... 67
FANAPT... 67
FARESTON... 52
FARXIGA... 79
FASENRA PEN... 178
FASENRA... 178

FASLODEX... 52
febuxostat... 45
feirza... 139
felbamate... 31
FELBATOL... 31
felodipine... 93
FEMARA... 52
FEMLYV... 139
FEMRING... 139
fenofibrate micronized... 93
fenofibrate nanocrystallized... 93
fenofibrate... 93
fenofibric acid (choline)... 93
fenofibric acid... 93
FENOGLIDE... 93
fenoprofen... 12
fenopron... 12
FENSOLVI... 146
fentanyl... 13
FERRIPROX (2 TIMES A DAY)... 119
FERRIPROX... 119
fesoterodine... 131
FETROJA... 26
FETZIMA... 38
FEXMID... 183
FIASP FLEXTOUCH U-100 INSULIN... 79
FIASP PENFILL U-100 INSULIN... 79
FIASP U-100 INSULIN... 79
FIBRICOR... 93
fidaxomicin... 26
FILKRI... 85
FILSPARI... 166
FILSUVEZ... 166
FINACEA... 112
finasteride... 131
fingolimod... 104
FINTEPLA... 31
finzala... 139
FIORICET WITH CODEINE... 166
fioricet... 166
FIRAZYR... 151
FIRDAPSE... 104
FIRMAGON KIT W DILUENT SYRINGE... 146
FIRMAGON... 146
FIRVANQ... 26
flac otic oil... 175
FLAGYL... 26
FLAREX... 172
flavoxate... 131
FLEBOGAMMA DIF... 151
flecainide... 93
FLECTOR... 13
FLEQSUVY... 71
FLOLIPID... 93
FLOMAX... 131
floxuridine... 52
fluconazole in nacl (iso-osm)... 43
fluconazole... 43
flucytosine... 43
fludarabine... 52
fludrocortisone... 133
FLUMADINE... 73
flumazenil... 166
flunisolide... 178
fluocinolone acetonide oil... 175
fluocinolone and shower cap... 112
fluocinolone... 112
fluocinonide-e... 113
fluocinonide-emollient... 113
fluocinonide... 112, 113
fluorometholone... 172
FLUOROPLEX... 113
fluorouracil... 52, 113
fluoxetine... 38
fluphenazine decanoate... 67
fluphenazine hcl... 67, 68
flurandrenolide... 113
flurazepam... 183
flurbiprofen sodium... 172
flurbiprofen... 13
fluticasone propion-salmeterol... 178
fluticasone propionate... 113, 178
fluvastatin... 94
fluvoxamine... 38
FML FORTE... 172
FML LIQUIFILM... 172
FOCALIN XR... 104
FOCALIN... 104
FOCINVEZ... 41
folic acid... 186, 187
FOLLISTIM AQ... 186
FOLOTYN... 52
fomepizole... 166
fondaparinux... 85
FORFIVO XL... 38
formoterol fumarate... 178
FORTEO... 162
FORZINITY... 166
FOSAMAX PLUS D... 162
FOSAMAX... 162
fosamprenavir... 73
fosaprepitant... 41
foscarnet... 73
fosfomycin tromethamine... 26
fosinopril-hydrochlorothiazide... 94
fosinopril... 94
fosphenytoin... 31
FOTIVDA... 52
FRAGMIN... 85, 86
FRINDOVYX... 52
FROVA... 46
frovatriptan... 46
FRUZAQLA... 52
FULPHILA... 86
fulvestrant... 52
FULVICIN P/G... 43
FURADANTIN... 26
FUROSCIX READYFLOW... 94
FUROSCIX... 94
furosemide... 94
FUZEON... 73
FYARRO... 52
fyavolv... 139
FYCOMPA... 31
FYLNETRA... 86
fyremadel... 186

G
gabapentin... 32, 104
GABARONE... 32
GALAFOLD... 128
galantamine... 36, 37
galbriela... 139
gallifrey... 139
GAMASTAN... 151
GAMIFANT... 151
GAMMAGARD LIQUID ERC... 151
GAMMAGARD LIQUID... 151
GAMMAGARD S-D (IGA < 1 MCG/ML)... 151
GAMMAKED... 151
GAMMAPLEX (WITH SORBITOL)... 151
GAMMAPLEX... 151
GAMUNEX-C... 151, 152
ganciclovir sodium... 73
ganirelix... 186
GARDASIL 9 (PF)... 152
GASTROCROM... 178
gatifloxacin... 172
GATTEX 30-VIAL... 124
GATTEX ONE-VIAL... 124
GAUZE BANDAGE... 166
GAUZE PAD... 166
gavilyte-c... 124
gavilyte-g... 124
gavilyte-n... 124
GAVRETO... 53
GAZYVA... 53
gefitinib... 53
gemcitabine... 53
gemfibrozil... 94
gemmily... 139
GEMTESA... 131
generlac... 124
gengraf... 152
GENOTROPIN MINIQUICK... 135
GENOTROPIN... 135
gentamicin in nacl (iso-osm)... 26
gentamicin sulfate (ped) (pf)... 26
gentamicin... 26, 172
GENVOYA... 73
GEODON... 68
GILENYA... 104
GILOTRIF... 53
GIMOTI... 41
GIVLAARI... 166
GLASSIA... 128
glatiramer... 104
glatopa... 104
GLEEVEC... 53
GLEOSTINE... 53
glimepiride... 79
glipizide-metformin... 79
glipizide... 79
GLOPERBA... 45
GLUCAGON (HCL) EMERGENCY KIT... 79
GLUCAGON EMERGENCY KIT (HUMAN)... 79
GLUCOTROL XL... 79
GLUMETZA... 79
glutamine (sickle cell)... 124
glyburide micronized... 79
glyburide-metformin... 79
glyburide... 79
GLYCATE... 124
glycerol phenylbutyrate... 128
glycopyrrolate (pf) in water... 125
glycopyrrolate (pf)... 124, 125
glycopyrrolate... 124
glydo... 19
GLYXAMBI... 79
GOCOVRI... 65
GOLYTELY... 125
GOMEKLI... 53
GONAL-F RFF REDI-JECT... 186
GONAL-F RFF... 186
GONAL-F... 186
GONITRO... 94
GRAFAPEX... 53
GRALISE... 104
granisetron (pf)... 41
granisetron hcl... 41
granisol... 41
GRANIX... 86
GRASTEK... 178
griseofulvin microsize... 43
griseofulvin ultramicrosize... 43
guanfacine... 94, 104
GVOKE HYPOPEN 1-PACK... 79
GVOKE HYPOPEN 2-PACK... 79
GVOKE PFS 1-PACK SYRINGE... 79
GVOKE PFS 2-PACK SYRINGE... 79
GVOKE... 79
GWYN LO... 139
gynazole-1... 43

H
HADLIMA PUSHTOUCH... 152
HADLIMA(CF) PUSHTOUCH... 152
HADLIMA(CF)... 152
HADLIMA... 152
HAEGARDA... 152
hailey 24 fe... 139
hailey fe 1.5/30 (28)... 139
hailey fe 1/20 (28)... 139
hailey... 139
HALAVEN... 53
halcinonide... 113
HALCION... 183
HALDOL DECANOATE... 68
halobetasol propionate... 113
haloette... 139
HALOG... 113
haloperidol decanoate... 68
haloperidol lactate... 68
haloperidol... 68
HARLIKU... 128
HARVONI... 73
HAVRIX (PF)... 152
heather... 139
HECTOROL... 162
HEMABATE... 136
HEMADY... 133
HEMANGEOL... 94
HEMICLOR... 94

heparin (porcine)... 86
heparin, porcine (pf)... 86
HEPCLUDEX... 166
HEPLISAV-B (PF)... 152
HERCEPTIN HYLECTA... 53
HERCEPTIN... 53
HERCESSI... 53
HERNEXEOS... 53
HERZUMA... 53
HETLIOZ LQ... 184
HETLIOZ... 183
HIBERIX (PF)... 152
HIZENTRA... 152
HORIZANT... 104
HULIO(CF) PEN... 152
HULIO(CF)... 152
HUMALOG JUNIOR KWIKPEN U-100... 79
HUMALOG KWIKPEN INSULIN... 79
HUMALOG MIX 50-50 KWIKPEN... 79
HUMALOG MIX 75-25 KWIKPEN... 80
HUMALOG MIX 75-25(U-100)INSULN... 80
HUMALOG TEMPO PEN(U-100)INSULN... 80
HUMALOG U-100 INSULIN... 80
HUMATIN... 26
HUMATROPE... 135
HUMIRA PEN... 152
HUMIRA(CF) PEN CROHNS-UC-HS... 152
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 152
HUMIRA(CF) PEN... 152
HUMIRA(CF)... 152
HUMIRA... 152
HUMULIN 70/30 U-100 INSULIN... 80
HUMULIN 70/30 U-100 KWIKPEN... 80
HUMULIN N NPH INSULIN KWIKPEN... 80
HUMULIN N NPH U-100 INSULIN... 80
HUMULIN R REGULAR U-100 INSULN... 80
HUMULIN R U-500 (CONC) KWIKPEN... 80
HYCODAN (WITH HOMATROPINE)... 185
HYCODAN... 185
hydralazine... 94
HYDREA... 53
hydrochlorothiazide... 94
hydrocodone bitartrate... 13
hydrocodone-acetaminophen... 13
hydrocodone-chlorpheniramine... 185
hydrocodone-homatropine... 185
hydrocodone-ibuprofen... 13
hydrocortisone acetate... 133
hydrocortisone butyrate... 113
hydrocortisone sod succinate... 133
hydrocortisone valerate... 113, 114
hydrocortisone-acetic acid... 175
hydrocortisone... 113, 161
hydromet... 185
hydromorphone (pf)... 13
HYDROMORPHONE... 13
hydroxocobalamin... 187
hydroxychloroquine... 64
hydroxyurea... 53
hydroxyzine hcl... 77
hydroxyzine pamoate... 178
HYFTOR... 114
HYPERRAB (PF)... 152
HYPERTET (PF)... 152
HYRIMOZ PEN CROHN'S-UC STARTER... 152
HYRIMOZ PEN PSORIASIS STARTER... 153
HYRIMOZ PEN... 152
HYRIMOZ(CF) PEDI CROHN STARTER... 153
HYRIMOZ(CF) PEN... 153
HYRIMOZ(CF)... 153
HYRIMOZ... 152
HYRNUO... 53
HYSINGLA ER... 13
HYZAAR... 94

I

ibandronate... 162
IBRANCE... 53
IBSRELA... 125
IBTROZI... 53
ibu... 13
ibuprofen-famotidine... 14
ibuprofen... 14
ibutilide fumarate... 94
icatibant... 153
iclevia... 139
ICLUSIG... 53
ICOTYDE... 114
IDACIO(CF) PEN CROHN-UC STARTR... 153
IDACIO(CF) PEN PSORIASIS START... 153
IDACIO(CF) PEN... 153
IDACIO(CF)... 153
IDAMYCIN PFS... 53
idarubicin... 53
IDHIFA... 53
IDVYNSO... 73
IFEX... 53
ifosfamide... 53
IGALMI... 166
ILEVRO... 172
ILUMYA... 153
IMAAVY... 153
imatinib... 54
IMBRUVICA... 54
IMDELLTRA... 54
IMFINZI... 54
imipenem-cilastatin... 26
imipramine hcl... 38
imipramine pamoate... 38
imiquimod... 114
IMITREX STATDOSE PEN... 46
IMITREX STATDOSE REFILL... 46
IMITREX... 46

IMJUDO... 54
IMKELDI... 54
IMLYGIC... 54
IMMPHENTIV... 94
IMOGAM RABIES-HT (PF)... 153
IMOVAX RABIES VACCINE (PF)... 153
IMPAVIDO... 64
IMULDOSA... 153
IMURAN... 153
IMVEXXY MAINTENANCE PACK... 139
IMVEXXY STARTER PACK... 139
INBRIJA... 65
incassia... 139
INCONTROL ALCOHOL PADS... 166
INCRELEX... 135
INCRUSE ELLIPTA... 178
indapamide... 94
INDERAL LA... 94
INDOCIN... 14
indomethacin sodium... 14
indomethacin... 14
INFANRIX (DTAP) (PF)... 153
INFLECTRA... 153
INFLIXIMAB... 153
INFUGEM... 54
INFUMORPH P/F... 14
INFUVITE ADULT... 187
INFUVITE PEDIATRIC... 187
INGREZZA INITIATION PK(TARDIV)... 104
INGREZZA SPRINKLE... 104
INGREZZA... 104
INLEXZO... 54
INLURIYO... 54
INLYTA... 54
INNOPRAN XL... 94
INPEFA... 94
INQOVI... 54
INREBIC... 54
INSPRA... 94
INSULIN ASP PRT-INSULIN ASPART... 80
INSULIN ASPART U-100... 80
INSULIN DEGLUDEC... 80
INSULIN GLARGINE U-300 CONC... 80
INSULIN GLARGINE-YFGN... 80
INSULIN LISPRO PROTAMIN-LISPRO... 80
INSULIN LISPRO... 80
INSULIN SYRINGE MICROFINE... 166
INSULIN SYRINGE-NEEDLE U-100... 166
INSULIN U-500 SYRINGE-NEEDLE... 166
INTELENCE... 73
INTRALIPID... 119
INTRAROSA... 139
introvale... 139
INTUNIV ER... 104
INVEGA HAFYERA... 68
INVEGA SUSTENNA... 68
INVEGA TRINZA... 68
INVEGA... 68
INVELTYS... 172
INVOKAMET XR... 80
INVOKAMET... 80
INVOKANA... 80
INZIRQO... 94
IONOSOL-MB IN D5W... 119
IOPIDINE... 172
IPOL... 153
ipratropium bromide... 178
ipratropium-albuterol... 178
IQIRVO... 125
irbesartan-hydrochlorothiazide... 94
irbesartan... 94
IRESSA... 54
irinotecan... 54
ISEMBYLD... 166
ISENTRESS HD... 73
ISENTRESS... 73
isibloom... 139
ISOLYTE S PH 7.4... 119
ISOLYTE-P IN 5 % DEXTROSE... 119
ISOLYTE-S... 119
isoniazid... 47
ISORDIL TITRADOSE... 94
ISORDIL... 94
isosorbide dinitrate... 94
isosorbide mononitrate... 95
isosorbide-hydralazine... 95
isotretinoin... 114
isradipine... 95
ISTALOL... 172
ISTODAX... 54
ISTURISA... 135
ISUPREL... 95
ITOVEBI... 54
itraconazole... 43
IV PREP WIPES... 166
ivabradine... 95
ivermectin... 64, 114
IVRA... 54
IWILFIN... 54
IXEMPRA... 54
IXIARO (PF)... 153
IYUZEH (PF)... 172

J

JADENU SPRINKLE... 119
JADENU... 119
jaimiess... 139
JAKAFI XR... 54
JAKAFI... 54
JALYN... 131
jantoven... 86
JANUMET XR... 80, 81
JANUMET... 80
JANUVIA... 81
JARDIANCE... 81
JASCAYD... 178
jasmiel (28)... 139
JATENZO... 139
JAVADIN... 95
javygtor... 128
JAYPIRCA... 54
jaythari... 133
JEMPERLI... 55
jencycla... 139

JENTADUETO XR... 81
JENTADUETO... 81
JEVTANA... 55
JIDEYTRO... 55
jinteli... 139
JOBEVNE... 55
JOENJA... 128
jolessa... 139
JORNAY PM... 105
JOURNAVX... 167
joyeaux... 139
JUBLIA... 43
juleber... 139
JULUCA... 73
junel 1.5/30 (21)... 140
junel 1/20 (21)... 140
junel fe 1.5/30 (28)... 140
junel fe 1/20 (28)... 140
junel fe 24... 140
JUVMO TITRATION PACK... 65
JUVMO... 65
JUXTAPID... 95
JYLAMVO... 153
JYNARQUE... 119
JYNNEOS (PF)... 153

K

KABIVEN... 119
KADCYLA... 55
kaitlib fe... 140
KALETRA... 73
kalliga... 140
KALYDECO... 178
KANJINTI... 55
KANUMA... 128
KAPSPARGO SPRINKLE... 95
KARBINAL ER... 179
kariva (28)... 140
KATERZIA... 95
KAZANO... 81
KEDRAB (PF)... 153
kelnor 1/35 (28)... 140
kelnor 1/50 (28)... 140
KENALOG-80... 133
KENALOG... 133
KENGREAL... 86
KEPIVANCE... 108
KEPPRA XR... 32
KEPPRA... 32
KERENDIA... 95
KESIMPTA PEN... 105
ketoconazole... 43
ketodan... 43
ketoprofen... 14
ketorolac... 14, 172
KEVEYIS... 129
KEVZARA... 153
KEYTRUDA QLEX... 55
KEYTRUDA... 55
KHAPZORY... 55
KHINDIVI... 133
KIMMTRAK... 55
KIMYRSA... 26
KINERET... 153
KINRIX (PF)... 153
kionex... 119
kiprofen... 14
KIRSTY PEN... 81
KIRSTY... 81
KISQALI... 55
KITABIS PAK... 26
KLARON... 26
klayesta... 43
KLISYRI (250 MG)... 114
KLISYRI (350 MG)... 114
KLONOPIN... 77
KLOR-CON 10... 119
KLOR-CON 8... 119
klor-con m10... 119
KLOR-CON M15... 119
klor-con m20... 119
klor-con... 119
KLOXXADO... 20
KOMZIFTI... 55
KONVOMEP... 125
KORLYM... 167
KOSELUGO... 55
KOSHER PRENATAL PLUS IRON... 119
kourzeq... 108
KRAZATI... 55
KRINTAFEL... 64
KRISTALOSE... 125
kurvelo (28)... 140
KUVAN... 129
KYGEVVI... 129
kymbee... 133
KYPROLIS... 55
KYZATREX... 140

L

l norgest/e.estradiol-e.estrad... 140
labetalol... 95
lacosamide... 32
lactated ringers... 119, 167
lactulose... 125
LAMICTAL ODT STARTER (BLUE)... 32
LAMICTAL ODT STARTER (GREEN)... 32
LAMICTAL ODT STARTER (ORANGE)... 32
LAMICTAL ODT... 32
LAMICTAL STARTER (BLUE) KIT... 32
LAMICTAL STARTER (GREEN) KIT... 32
LAMICTAL STARTER (ORANGE) KIT... 32
LAMICTAL XR STARTER (BLUE)... 32
LAMICTAL XR STARTER (GREEN)... 33
LAMICTAL XR STARTER (ORANGE)... 33
LAMICTAL XR... 32
LAMICTAL... 32
lamivudine-zidovudine... 74
lamivudine... 73, 74
lamotrigine... 33
LAMPIT... 64
LAMPRENE... 48
LAMZEDE... 129
LANOXIN PEDIATRIC... 95
LANOXIN... 95
lanreotide... 146

lansoprazole... 125
LANTUS SOLOSTAR U-100 INSULIN... 81
LANTUS U-100 INSULIN... 81
lapatinib... 55
larin 1.5/30 (21)... 140
larin 1/20 (21)... 140
larin 24 fe... 140
larin fe 1.5/30 (28)... 140
larin fe 1/20 (28)... 140
LASIX ONYU... 95
LASIX... 95
latanoprost... 172
LATUDA... 68
LAYOLIS FE... 140
LAZCLUZE... 55
ledipasvir-sofosbuvir... 74
leena 28... 140
leflunomide... 153
LEMTRADA... 105
lenalidomide... 55
LENVIMA... 55
LEQEMBI IQLIK... 37
LEQSELVI... 154
LEQVIO... 95
LEROCHOL... 95
LESCOL XL... 95
lessina... 140
LETAIRIS... 179
letrozole... 55
leucovorin calcium... 55, 56
LEUKERAN... 56
LEUKINE... 86
leuprolide acetate (3 month)... 146
leuprolide... 146
levalbuterol hcl... 179
levalbuterol tartrate... 179
levetiracetam in nacl (iso-os)... 33
levetiracetam... 33
LEVO-T... 145
levobunolol... 172
levocarnitine (with sugar)... 119
levocarnitine... 119
levocetirizine... 179
levofloxacin in d5w... 26
levofloxacin... 26, 172
levoleucovorin calcium... 56
levonest (28)... 140
levonorg-eth estrad triphasic... 140
levonorgest-eth.estradiol-iron... 140
levonorgestrel-ethinyl estrad... 140
LEVOPHED (BITARTRATE)... 95
levora-28... 140
levorphanol tartrate... 14
levothyroxine... 145
LEVOXYL... 145
LEVULAN... 56
LEXAPRO... 38
lexette... 114
LIALDA... 161
LIBERVANT... 33
LIBTAYO... 56
LICART... 14
lidocaine (pf)... 19, 95
lidocaine hcl... 19
lidocaine in 5 % dextrose (pf)... 95
lidocaine-epinephrine bit... 19
lidocaine-epinephrine... 19
lidocaine-prilocaine... 19
lidocaine... 19
lidocan iii... 19
lidocan iv... 19
lidocan v... 19
LIDODERM... 19
LIFYORLI... 56
lignospan forte... 19
lignospan standard... 19
linagliptin-metformin... 81
LINCOCIN... 26
lincomycin... 26
linezolid in dextrose 5%... 26
linezolid-0.9% sodium chloride... 26
linezolid... 26
LINZESS... 125
liomny... 145
liothyronine... 145
LIPFENDRA... 95
LIPITOR... 95
LIPOFEN... 95
LIQREV... 179
liraglutide (weight loss)... 187
liraglutide... 81
lisdexamfetamine... 105
lisinopril-hydrochlorothiazide... 96
lisinopril... 96
LISRAYA... 154
LITFULO... 154
lithium carbonate... 78
lithium citrate... 78
LITHOBID... 78
LITHOSTAT... 167
LIVALO... 96
LIVDELZI... 125
LIVMARLI... 125
LIVTENCITY... 74
LO LOESTRIN FE... 140
lo-zumandimine (28)... 140
LOARGYS... 129
LOCOID LIPOCREAM... 114
LOCOID... 114
LODINE... 14
LODOCO... 96
LODOSYN... 65
LOESTRIN 1.5/30 (21)... 140
LOESTRIN 1/20 (21)... 140
LOESTRIN FE 1.5/30 (28-DAY)... 140
LOESTRIN FE 1/20 (28-DAY)... 141
lofena... 14
lofexidine... 20
lojaimiess... 141
LOKELMA... 119
lomaira... 187
LOMOTIL... 125
lomustine... 56
LONSURF... 56
loperamide... 125
LOPID... 96
lopinavir-ritonavir... 74
LOPRESSOR... 96

LOPROX (AS OLAMINE)... 43, 44
LOQTORZI... 56
lorazepam intensol... 77
lorazepam... 77
LORBRENA... 56
LOREEV XR... 77
loryna (28)... 141
losartan-hydrochlorothiazide... 96
losartan... 96
LOTEMAX SM... 172
LOTEMAX... 172
LOTENSIN HCT... 96
LOTENSIN... 96
loteprednol etabonate... 172
LOTREL... 96
LOTRONEX... 125
lovastatin... 96
LOVAZA... 96
LOVENOX... 86
low-ogestrel (28)... 141
loxapine succinate... 68
lubiprostone... 125
LUCEMYRA... 20
luizza... 141
luliconazole... 44
LUMAKRAS... 56
LUMIGAN... 172
LUMIZYME... 129
LUMRYZ STARTER PACK... 184
LUMRYZ... 184
LUMVOA... 167
LUNESTA... 184
LUNSUMIO VELO... 56
LUNSUMIO... 56
LUPKYNIS... 154
LUPRON DEPOT (3 MONTH)... 146
LUPRON DEPOT (4 MONTH)... 146
LUPRON DEPOT (6 MONTH)... 146
LUPRON DEPOT-PED (3 MONTH)... 146
LUPRON DEPOT-PED... 146
LUPRON DEPOT... 146
lurasidone... 68
lurbipr... 14
lurbiro... 14
lutera (28)... 141
LUTRATE DEPOT (3 MONTH)... 146
LUZU... 44
LYBALVI... 68
lyleq... 141
lyllana... 141
LYNAVOY... 125
LYNKUET... 105
LYNOZYFIC... 56
LYNPARZA... 56
LYRICA CR... 105
LYRICA... 105
LYSODREN... 56
LYTGOBI... 56
LYUMJEV KWIKPEN U-100 INSULIN... 81
LYUMJEV KWIKPEN U-200 INSULIN... 81
LYUMJEV TEMPO PEN(U-100)INSULN... 81
LYUMJEV U-100 INSULIN... 81
LYVISPAH... 71
lyza... 141

M

M-M-R II (PF)... 154
m-natal plus... 119
macitentan... 179
MACROBID... 26
mafenide acetate... 114
magnesium sulfate in d5w... 120
magnesium sulfate in water... 120
magnesium sulfate... 120
MALARONE PEDIATRIC... 64
MALARONE... 64
malathion... 114
mannitol 20 %... 96
mannitol 25 %... 96
maraviroc... 74
MARCAINE (PF)... 19
MARCAINE SPINAL (PF)... 19
MARCAINE-EPINEPHRINE (PF)... 19
MARCAINE-EPINEPHRINE... 19
MARCAINE... 19
MARGENZA... 56
MARINOL... 41
marlissa (28)... 141
MARPLAN... 38
MATULANE... 56
matzim la... 96
MAVENCLAD (10 TABLET PACK)... 105
MAVENCLAD (4 TABLET PACK)... 105
MAVENCLAD (5 TABLET PACK)... 105
MAVENCLAD (6 TABLET PACK)... 105
MAVENCLAD (7 TABLET PACK)... 105
MAVENCLAD (8 TABLET PACK)... 105
MAVENCLAD (9 TABLET PACK)... 105
MAVYRET... 74
MAXALT-MLT... 46
MAXALT... 46
MAXIDEX... 172
MAXITROL... 172
MAYZENT STARTER(FOR 1MG MAINT)... 105
MAYZENT STARTER(FOR 2MG MAINT)... 105
MAYZENT... 105
meclizine... 41
meclofenamate... 14
MEDROL (PAK)... 133
MEDROL... 133
medroxyprogesterone... 141
mefenamic acid... 14
mefloquine... 64
megestrol... 141
MEKINIST... 56
MEKTOVI... 56
meleya... 141
meloxicam submicronized... 14
meloxicam... 14
melphalan hcl... 56
memantine-donepezil... 37
memantine... 37
MENEST... 141

MENOPUR... 186
MENOSTAR... 141
MENQUADFI (PF)... 154
MENVEO A-C-Y-W-135-DIP (PF)... 154
meperidine (pf)... 15
meperidine... 15
meprobamate... 77
MEPRON... 64
MEPSEVII... 129
mercaptopurine... 56, 57
MERILOG SOLOSTAR... 81
MERILOG... 81
meropenem-0.9% sodium chloride... 26
meropenem... 26
merzee... 141
mesalamine... 161
mesna... 57
MESNEX... 57
MESTINON TIMESPAN... 47
MESTINON... 47
METADATE CD... 105
metaxalone... 183
metformin... 81
methadone intensol... 15
methadone... 15
METHADOSE... 15
methamphetamine... 105
methazolamide... 172
methenamine hippurate... 26
methimazole... 147
METHITEST... 141
methocarbamol... 183
methotrexate sodium (pf)... 154
methotrexate sodium... 154
methoxsalen... 114
methscopolamine... 125
methsuximide... 33
methyldopa... 96
methylergonovine... 167
METHYLIN... 105
methylphenidate hcl... 105, 106
methylphenidate... 105
methylprednisolone acetate... 133
methylprednisolone sodium succ... 133
methylprednisolone... 133
methyltestosterone... 141
metoclopramide hcl... 41
metolazone... 96
metoprolol succinate... 96
metoprolol ta-hydrochlorothiaz... 96
metoprolol tartrate... 96
METRO I.V.... 26
metronidazole in nacl (iso-os)... 27
metronidazole... 27
metyrosine... 96
mexiletine... 96
MIACALCIN... 162
mibelas 24 fe... 141
MICAFUNGIN IN 0.9 % SODIUM CHL... 44
micafungin... 44
MICARDIS HCT... 96, 97
MICARDIS... 96
miconazole nitrate-zinc ox-pet... 44
miconazole-3... 44
micort-hc... 133
microgestin 1.5/30 (21)... 141
microgestin 1/20 (21)... 141
microgestin fe 1.5/30 (28)... 141
microgestin fe 1/20 (28)... 141
midodrine... 97
MIEBO (PF)... 173
mifepristone... 167
migergot... 46
miglitol... 81
miglustat... 129
MIGRANAL... 46
mili... 141
millipred dp... 133
millipred... 133
milnacipran... 106
milophene... 186
milrinone in 5 % dextrose... 97
milrinone... 97
MIMRYLO... 167
mimvey... 141
MINIVELLE... 141
MINOCIN... 27
minocycline... 27
minoxidil... 97
MINT REFILL KIT... 167
MINT STARTER KIT... 167
minzoya... 141
MIOSTAT... 173
MIPLYFFA... 129
MIRAPEX ER... 65
MIRCERA... 86
MIRENA... 167
mirtazapine... 38
MIRVASO... 114
misoprostol... 125
MITIGARE... 45
mitigo (pf)... 15
mitomycin... 57
mitoxantrone... 57
modafinil... 184
MODD1 PATIENT WELCOME KIT... 167
MODD1 SUPPLY KIT... 167
MODEYSO... 57
moexipril... 97
molindone... 68
mometasone... 114, 179
mondoxyne nl... 27
MONJUVI... 154
mono-linyah... 141
montelukast... 179
morgidox... 27
morphine (pf)... 16
morphine concentrate... 16
morphine... 15
MOTEGRITY... 125
MOTOFEN... 125
MOTPOLY XR... 33
MOUNJARO... 81

MOVANTIK... 125
MOVIPREP... 125
moxifloxacin-sod.ace,sul-water... 27
moxifloxacin-sod.chloride(iso)... 27
moxifloxacin... 27, 173
MOZOBIL... 86
MRESVIA (PF)... 154
MS CONTIN... 16
MULPLETA... 86
MULTAQ... 97
mupirocin calcium... 114
mupirocin... 114
MUTAMYCIN... 57
MVASI... 57
mvi, adult no.4 with vit k... 187
mvi, pedi no.1 with vit k... 187
MYALEPT... 125
MYCAMINE... 44
MYCAPSSA... 146
mycophenolate mofetil (hcl)... 154
mycophenolate mofetil... 154
mycophenolate sodium... 154
MYDAYIS... 106
MYFEMBREE... 147
MYFORTIC... 154
MYHIBBIN... 154
MYLOTARG... 57
MYQORZO... 97
MYRBETRIQ... 131
MYSOLINE... 33
MYTESI... 125

N

nabumetone... 16
nadolol... 97
nafcillin in dextrose iso-osm... 27
nafcillin... 27
naftifine... 44
NAFTIN... 44
NAGLAZYME... 129
nalbuphine... 16
NALFON... 16
nalmefene... 20
nalocet... 16
naloxone... 20
naltrexone... 20
NAMZARIC... 37
NANO 2ND GEN PEN NEEDLE... 167
NANO PEN NEEDLE... 167
NAPRELAN CR... 16
NAPROSYN... 16
naproxen sodium... 16
naproxen-esomeprazole... 16
naproxen... 16
naratriptan... 46
NARCAN... 21
NARDIL... 38
NAROPIN (PF)... 19
NASCOBAL... 187
NATACYN... 173
NATAZIA... 141
nateglinide... 82
NATROBA... 114
NAVITRUX... 41
NAYZILAM... 33
nebivolol... 97
NEBUPENT... 64
necon 0.5/35 (28)... 142
nefazodone... 38
NEFFY... 179
nelarabine... 57
NEMLUVIO... 154
neo-polycin hc... 173
neo-polycin... 173
NEO-SYNALAR... 114
neo-vital rx... 120
neomycin-bacitracin-poly-hc... 173
neomycin-bacitracin-polymyxin... 173
neomycin-polymyxin b gu... 167
neomycin-polymyxin b-dexameth... 173
neomycin-polymyxin-gramicidin... 173
neomycin-polymyxin-hc... 173, 175
neomycin... 27
NEONATAL COMPLETE... 120
NEONATAL PLUS VITAMIN... 120
NEONATAL-DHA... 120
NEORAL... 154
NEREUS... 41
NERLYNX... 57
NESACAINE-MPF... 20
NESACAINE... 19
NESINA... 82
neuac... 114
NEULASTA ONPRO... 86
NEULASTA... 86
NEUPOGEN... 86
NEUPRO... 65
NEURONTIN... 33
NEVANAC... 173
nevirapine... 74
NEXAVAR... 57
NEXICLON XR... 97
NEXIUM PACKET... 125
NEXIUM... 125
NEXLETOL... 97
NEXLIZET... 97
NEXPLANON... 142
NEXTERONE... 97
NEXTSTELLIS... 142
NEXVIAZYME... 129
NGENLA... 135
niacin... 97
niacor... 97
nicardipine (pf)... 97
nicardipine... 97
NICOTROL NS... 21
nifedipine... 97
nikki (28)... 142
NIKTIMVO... 154
NILANDRON... 57
nilotinib d-tartrate... 57
nilotinib hcl... 57
nilutamide... 57
nimodipine... 97
NINLARO... 57
nintedanib... 179

NIPENT... 57
nisoldipine... 97
nitazoxanide... 64
nitisinone... 129
NITRO-BID... 97
NITRO-DUR... 97
nitrofurantoin macrocrystal... 27
nitrofurantoin monohyd/m-cryst... 27
nitrofurantoin... 27
nitroglycerin in 5 % dextrose... 98
nitroglycerin... 97, 98, 167
NITROLINGUAL... 98
NITROSTAT... 98
NITYR... 129
NIVESTYM... 86, 87
nizatidine... 125
NOCDURNA (MEN)... 135
NOCDURNA (WOMEN)... 135
NORA-BE... 142
NORDITROPIN FLEXPRO... 135
norelgestromin-ethin.estradiol... 142
norepinephrine bitartrate... 98
noreth-ethinyl estradiol-iron... 142
norethindrone (contraceptive)... 142
norethindrone ac-eth estradiol... 142
norethindrone acetate... 142
norethindrone-e.estradiol-iron... 142
NORGESIC FORTE... 183
norgesic... 183
norgestimate-ethinyl estradiol... 142
NORITATE... 27
NORLIQVA... 98
NORMOSOL-M IN 5 % DEXTROSE... 120
NORMOSOL-R IN 5 % DEXTROSE... 120
NORMOSOL-R PH 7.4... 120
NORMOSOL-R... 120
NORPACE CR... 98
NORPACE... 98
NORPRAMIN... 39
NORTHERA... 98
nortrel 0.5/35 (28)... 142
nortrel 1/35 (21)... 142
nortrel 1/35 (28)... 142
nortrel 7/7/7 (28)... 142
nortriptyline... 39
NORVASC... 98
NORVIR... 74
NOURIANZ... 65
NOVAREL... 135
NOVOLIN 70-30 FLEXPEN U-100... 82
NOVOLIN 70/30 U-100 INSULIN... 82
NOVOLIN N FLEXPEN... 82
NOVOLIN N NPH U-100 INSULIN... 82
NOVOLIN R FLEXPEN... 82
NOVOLIN R REGULAR U100 INSULIN... 82
NOVOLOG FLEXPEN U-100 INSULIN... 82
NOVOLOG MIX 70-30 U-100 INSULN... 82
NOVOLOG MIX 70-30FLEXPEN U-100... 82
NOVOLOG PENFILL U-100 INSULIN... 82
NOVOLOG U-100 INSULIN ASPART... 82
NOVOPEN ECHO... 167
NOXAFIL... 44
np thyroid... 145
NUBEQA... 57
NUCALA... 179
NUCYNTA ER... 16
NUCYNTA... 16
NUEDEXTA... 106
NULIBRY... 129
NUPLAZID... 68
NURTEC ODT... 46
NUTRILIPID... 120
NUTROPIN AQ NUSPIN... 135
NUVARING... 142
NUVESSA... 27
NUVIGIL... 184
NUZOLVENCE... 27
NUZYRA... 27
nyamyc... 44
nylia 1/35 (28)... 142
nylia 7/7/7 (28)... 142
NYMALIZE... 98
NYPOZI... 87
nystatin-triamcinolone... 44
nystatin... 44
nystop... 44
NYVEPRIA... 87

O

OB COMPLETE ONE... 120
OB COMPLETE PETITE... 120
OB COMPLETE PREMIER... 120
OCALIVA... 125
ocella... 142
OCREVUS ZUNOVO... 106
OCREVUS... 106
OCTAGAM... 154
octreotide acetate... 147
octreotide,microspheres... 147
OCUFLOX... 173
ODACTRA... 179
ODEFSEY... 74
ODOMZO... 57
OFEV... 179
ofloxacin... 27, 173, 175
OGIVRI... 57
OGSIVEO... 57
OHTUVAYRE... 179
OJEMDA... 57
OJJAARA... 57
olanzapine-fluoxetine... 39
olanzapine... 68, 69
olmesartan-amlodipin-hcthiazid... 98

olmesartan-hydrochlorothiazide... 98
olmesartan... 98
olopatadine... 179
OLPRUVA... 129
OLUMIANT... 154
OMECLAMOX-PAK... 126
omega-3 acid ethyl esters... 98
OMEGAVEN... 120
omeprazole-sodium bicarbonate... 126
omeprazole... 126
OMLYCLO... 154
OMNARIS... 179
OMNIPOD 5 (LIBRE 2/3 PLUS)... 167
OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 167
OMNIPOD 5 G6-G7 PODS (GEN 5)... 167
OMNIPOD 5 INTRO (LIBRE2/3PLUS)... 167
OMNIPOD CLASSIC PODS (GEN 3)... 167
OMNIPOD DASH INTRO KIT (GEN 4)... 167
OMNIPOD DASH PODS (GEN 4)... 167
OMNIPOD GO PODS 10 UNITS/DAY... 167
OMNIPOD GO PODS 15 UNITS/DAY... 167
OMNIPOD GO PODS 20 UNITS/DAY... 167
OMNIPOD GO PODS 25 UNITS/DAY... 167
OMNIPOD GO PODS 30 UNITS/DAY... 167
OMNIPOD GO PODS 40 UNITS/DAY... 167
OMNIPOD GO PODS... 167
OMNITROPE... 135
OMVOH PEN... 154, 155
OMVOH... 154
ONAPGO... 65
ONCASPAR... 57
ondansetron hcl (pf)... 41, 42
ondansetron hcl... 41
ondansetron... 41
one natal rx... 120
ONEXTON... 114
ONFI... 33
ONGENTYS... 65
ONIVYDE... 57
ONPATTRO... 129
ONTRALFY... 71
ONTRUZANT... 57
ONUREG... 57
ONYDA XR... 106
ONZETRA XSAIL... 46
OPDIVO QVANTIG... 58
OPDIVO... 58
OPDUALAG... 58
OPFOLDA... 129
OPIPZA... 69
opium tincture... 126
OPSUMIT... 179
OPSYNVI... 179
OPVEE... 21
OPZELURA... 114
ORACEA... 27
oralone... 108
ORAPRED ODT... 133
ORBACTIV... 27
ORENCIA CLICKJECT... 155
ORENCIA... 155
ORENITRAM MONTH 1 TITRATION KT... 179
ORENITRAM MONTH 2 TITRATION KT... 179
ORENITRAM MONTH 3 TITRATION KT... 180
ORENITRAM... 179
ORFADIN... 129
ORGOVYX... 58
ORIAHNN... 147
ORILISSA... 147
ORKAMBI... 180
ORLADEYO... 155
ORLYNVAH... 27
ormalvi... 129
orphenadrine citrate... 183
orphenadrine-asa-caffeine... 183
orphengesic forte... 183
orquidea... 142
ORSERDU... 58
orudis... 16
oseltamivir... 74
OSENI... 82
OSMITROL 10 %... 98
OSMITROL 20 %... 98
OSMOLEX ER... 65
OSPHENA... 142
OTEZLA STARTER... 114
OTEZLA XR INITIATION... 115
OTEZLA XR... 114
OTEZLA... 114
OTREXUP (PF)... 155
OTULFI... 155
OVIDE... 115
OVIDREL... 186
oxacillin in dextrose(iso-osm)... 28
oxacillin... 27
oxaliplatin... 58
oxaprozin... 16
oxazepam... 78
oxcarbazepine... 33
OXERVATE... 173
oxiconazole... 44
OXISTAT... 44
OXLUMO... 167
OXTELLAR XR... 34
oxybutynin chloride... 131
oxycodone-acetaminophen... 17
oxycodone... 16, 17
OXYCONTIN... 17
oxymetazoline... 115
oxymorphone... 17
oxytocin... 168
OXYTROL... 131
OZEMPIC... 82
OZOBAX DS... 71

OZOBAX... 71

P

PACERONE... 98
paclitaxel protein-bound... 58
paclitaxel... 58
PADCEV... 58
PALFORZIA (LEVEL 1)... 168
PALFORZIA (LEVEL 10)... 168
PALFORZIA (LEVEL 11 UP-DOSE)... 168
PALFORZIA (LEVEL 2)... 168
PALFORZIA (LEVEL 3)... 168
PALFORZIA (LEVEL 4)... 168
PALFORZIA (LEVEL 5)... 168
PALFORZIA (LEVEL 6)... 168
PALFORZIA (LEVEL 7)... 168
PALFORZIA (LEVEL 8)... 168
PALFORZIA (LEVEL 9)... 168
PALFORZIA INITIAL (4-17 YRS)... 168
PALFORZIA LEVEL 11 MAINTENANCE... 168
paliperidone... 69
PALSONIFY... 147
PALYNZIQ... 129
PAMELOR... 39
pamidronate... 162
PANCREAZE... 129
PANDEL... 115
PANRETIN... 58
pantoprazole in 0.9% sod chlor... 126
pantoprazole... 126
PANZYGA... 155
paricalcitol... 162
PARNATE... 39
paroxetine hcl... 39
paroxetine mesylate(menop.sym)... 39
PAXIL CR... 39
PAXIL... 39
PAXLOVID... 74
pazopanib... 58
PEDIAPRED... 133
PEDIARIX (PF)... 155
PEDMARK... 58
PEDVAX HIB (PF)... 155
peg 3350-electrolytes... 126
peg-electrolyte soln... 126
peg3350-sod sul-nacl-kcl-asb-c... 126
PEGASYS... 155
pellix... 115
PEMAZYRE... 58
pemetrexed disodium... 58
pemetrexed... 58
PEMRYDI RTU... 58
PEN NEEDLE, DIABETIC... 168
PENBRAYA (PF)... 155
penciclovir... 74
penicillamine... 120
penicillin g pot in dextrose... 28
penicillin g potassium... 28
penicillin g sodium... 28
penicillin v potassium... 28
PENMENVY MEN A-B-C-W-Y (PF)... 155
PENNSAID... 17
PENTACEL (PF)... 155
PENTAM... 64
pentamidine... 64
PENTASA... 161
pentazocine-naloxone... 17
pentobarbital sodium... 34
pentoxifylline... 98
pepcid... 126
perampanel... 34
PERCOCET... 17
PERFOROMIST... 180
PERIKABIVEN... 120
perindopril erbumine... 98
periogard... 108
PERJETA... 58
permethrin... 115
perphenazine-amitriptyline... 39
perphenazine... 69
PERSERIS... 69
PERTZYE... 129
pfizerpen-g... 28
PHEBURANE... 129
phenazopyridine... 168
phendimetrazine tartrate... 187
phenelzine... 39
PHENERGAN... 42
phenobarbital sodium... 34
phenobarbital... 34
phenoxybenzamine... 98
phentermine-topiramate... 188
phentermine... 188
phenylephrine hcl... 98
PHENYTEK... 34
phenytoin sodium extended... 34
phenytoin sodium... 34
phenytoin... 34
PHESGO... 58
PHEXX... 168
PHEXXI... 168
philith... 142
PHOSPHOLINE IODIDE... 173
PHYRAGO... 58
PHYSIOLYTE... 168
PHYSIOSOL IRRIGATION... 168
phytonadione (vitamin k1)... 187
PIASKY... 155
PIFELTRO... 74
pilocarpine hcl... 108, 173
pimecrolimus... 115
pimozide... 69
pimtrea (28)... 142
pindolol... 98
pioglitazone-glimepiride... 82
pioglitazone-metformin... 82
pioglitazone... 82
piperacillin-tazobactam... 28
PIQRAY... 58
pirfenidone... 180
piroxicam... 17
pitavastatin calcium... 98
PITOCIN... 168

PIVOT INSULIN PUMP STARTER KIT... 168
PIVOT SUPPLY KIT... 168
PIVYA... 28
PLAQUENIL... 64
PLASMA-LYTE 148 PH 7.4... 120
PLASMA-LYTE A... 120
PLAVIX... 87
PLEGRIDY... 106
PLENAMINE... 120
PLENITY (WELCOME KIT)... 188
PLENITY... 188
PLENVU... 126
plerixafor... 87
PLIAGLIS... 20
pnv-dha... 120
pnv-omega... 120
podofilox... 115
POKONZA... 120
POLIVY... 59
polocaine-mpf... 20
polocaine... 20
polycin... 173
polymyxin b sulf-trimethoprim... 173
polymyxin b sulfate... 28
pomalidomide... 59
POMALYST... 59
POMBILITI... 129
PONVORY 14-DAY STARTER PACK... 106
PONVORY... 106
portia 28... 142
posaconazole... 44
potassium acetate... 120
potassium chlorid-d5-0.45%nacl... 120
potassium chloride in 0.9%nacl... 121
potassium chloride in 5 % dex... 121
potassium chloride in lr-d5... 121
potassium chloride in water... 121
potassium chloride-0.45 % nacl... 121
potassium chloride-d5-0.2%nacl... 121
potassium chloride-d5-0.9%nacl... 121
potassium chloride... 120, 121
potassium citrate... 121
POTELIGEO... 59
pr natal 400 ec... 121
pr natal 400... 121
pr natal 430 ec... 121
pr natal 430... 121
PRADAXA... 87
pralatrexate... 59
PRALUENT PEN... 99
pramipexole... 65, 66
prasugrel hcl... 87
pravastatin... 99
praziquantel... 64
prazosin... 99
PRECOSE... 82
PRED FORTE... 173
PRED MILD... 173
prednicarbate... 115
prednisolone acetate... 173
prednisolone sodium phosphate... 133, 134, 173
prednisolone... 133
prednisone intensol... 134
prednisone... 134
pregabalin... 106
PREGNYL... 135
PREMARIN... 142
PREMASOL 10 %... 121
PREMPHASE... 142
PREMPRO... 143
PRENATA... 121
PRENATABS FA... 121
prenatal plus (calcium carb)... 121
prenatal plus dha... 121
prenatal plus vitamin-mineral... 121
prenatal vitamin plus low iron... 121
prenatal-u... 121
PRENATE ELITE... 121
PRETOMANID... 48
PREVACID SOLUTAB... 126
PREVACID... 126
prevalite... 99
PREVDUO... 168
PREVYMIS... 74
PREZCOBIX PED... 74
PREZCOBIX... 74
PREZISTA... 74, 75
PRIALT... 168
PRIFTIN... 48
PRILOSEC... 126
primaquine... 64
PRIMAXIN IV... 28
primidone... 34
primlev... 17
PRIMSOL... 28
PRIORIX (PF)... 155
PRISTIQ... 39
PRIVIGEN... 155
PRO COMFORT ALCOHOL PADS... 168
PRO-COMFORT ALCOHOL PADS... 168
PROAIR RESPICLICK... 180
probenecid-colchicine... 45
probenecid... 45
procainamide... 99
PROCARDIA XL... 99
procentra... 106
prochlorperazine edisylate... 42
prochlorperazine maleate... 42
prochlorperazine... 42
PROCRIT... 87
procto-med hc... 115
PROCTOFOAM HC... 161
proctosol hc... 115
proctozone-hc... 115
PROCYSBI... 129, 130
progesterone micronized... 143
progesterone... 143
PROGLYCEM... 82
PROGRAF... 155

PROLASTIN-C... 130
prolate... 17
PROLENSA... 173
PROLIA... 162
PROMACTA... 87
promethazine-codeine... 185
promethazine-dm... 185
promethazine-phenylephrine... 168
promethazine... 42
promethegan... 42
PROMETRIUM... 143
propafenone... 99
proparacaine... 173
propranolol... 99
propylthiouracil... 147
PROQUAD (PF)... 155
PROSCAR... 131
PROSOL 20 %... 121
protamine... 168
PROTONIX... 126
protriptyline... 39
PROVERA... 143
PROVIGIL... 184
PROZAC... 39
prucalopride... 126
PRUDOXIN... 115
pruradik... 115
PULMICORT FLEXHALER... 180
PULMICORT... 180
PULMOZYME... 180
PURE COMFORT ALCOHOL PADS... 168
PURIXAN... 59
PYLERA... 126
pyquvi... 134
pyrazinamide... 48
PYRIDIUM... 168
pyridostigmine bromide... 47
pyridoxine (vitamin b6)... 187
pyrimethamine... 64
PYRUKYND... 130
PYZCHIVA AUTOINJECTOR... 155
PYZCHIVA... 155

Q

QALSODY... 106
QBRELIS... 99
QBREXZA... 115
QDOLO... 17
QELBREE... 106
QINLOCK... 59
QIVIGY... 156
QNASL... 180
QSYMIA... 188
QTERN... 82
QUADRACEL (PF)... 156
QUDEXY XR... 34
QUESTRAN LIGHT... 99
QUESTRAN... 99
quetiapine... 69
QUILLICHEW ER... 107
QUILLIVANT XR... 107
quinapril-hydrochlorothiazide... 99
quinapril... 99
quinidine gluconate... 99
quinidine sulfate... 99
quinine sulfate... 64
QULIPTA... 46
QUTENZA... 168
QUVIVIQ... 184
QUZYTTIR... 180
QVAR REDIHALER... 180

R

RABAVERT (PF)... 156
rabeprazole... 126
RADICAVA ORS STARTER KIT SUSP... 107
RADICAVA ORS... 107
RADICAVA... 107
RAGWITEK... 180
RALDESY... 39
raloxifene... 143
ramelteon... 184
ramipril... 99
ranitidine hcl... 126
ranolazine... 99
RAPAFLO... 131
rasagiline... 66
RASONQUE... 59
RASUVO (PF)... 156
RAVICTI... 130
RAYALDEE... 162
RAYOS... 134
REBIF (WITH ALBUMIN)... 107
REBIF REBIDOSE... 107
REBIF TITRATION PACK... 107
REBLOZYL... 87
REBYOTA... 126
RECARBRIO... 28
RECLAST... 162
reclipsen (28)... 143
RECOMBIVAX HB (PF)... 156
RECORLEV... 147
RECTIV... 169
REDEMPLO... 99
REGLAN... 42
REGONOL... 47
REGRANEX... 115
RELAFEN DS... 17
RELENZA DISKHALER... 75
RELEUKO... 87
RELEXXII... 107
RELGAABI... 34
RELISTOR... 126
RELPAX... 46
RELTONE... 126, 127
REMERON SOLTAB... 39
REMERON... 39
REMICADE... 156
REMODULIN... 180
RENACIDIN... 169
RENFLEXIS... 156
repaglinide... 82
REPATHA PUSHTRONEX... 99
REPATHA SURECLICK... 99
REPATHA SYRINGE... 99
RESPA-AR... 185
RESTASIS MULTIDOSE... 173
RESTASIS... 173
RESTORIL... 184

RETACRIT... 87
RETEVMO... 59
RETIN-A MICRO PUMP... 115
RETIN-A MICRO... 115
RETIN-A... 115
RETROVIR... 75
REVATIO... 180
REVCOVI... 130
REVLIMID... 59
revonto... 71
REVTORPYK... 59
REVUFORJ... 59
REXTOVY... 21
REXULTI... 69
REYATAZ... 75
REYVOW... 46
REZDIFFRA... 169
REZENOPY... 21
REZLIDHIA... 59
REZUROCK... 156
REZVOGLAR KWIKPEN... 82
REZZAYO... 44
RHAPSIDO... 87
RHOFADE... 115
RHOPHYLAC... 156
RHOPRESSA... 173
RIABNI... 59
RIASTAP... 87
ribavirin... 75, 169
RIDAURA... 156
rifabutin... 48
RIFADIN... 48
rifampin... 48
rifapentine... 48
rilpivirine hcl... 75
riluzole... 107
rimantadine... 75
RIMSO-50... 169
ringer's... 121, 169
RINVOQ LQ... 156
RINVOQ... 156
riociguat... 180
RIOMET... 82
risedronate... 162
RISPERDAL CONSTA... 69
RISPERDAL... 69
risperidone microspheres... 69
risperidone... 69
RITALIN LA... 107
RITALIN... 107
ritonavir... 75
RITUXAN HYCELA... 59
RITUXAN... 59
rivaroxaban... 87
rivastigmine tartrate... 37
rivastigmine... 37
rivelsa... 143
RIVFLOZA... 169
RIZAFILM... 46
rizatriptan... 46
ROBAXIN... 183
ROBINUL FORTE... 127
ROBINUL... 127
ROCALTROL... 162
ROCKLATAN... 173
roflumilast... 180
ROLVEDON... 87
romidepsin... 59
ROMVIMZA... 59
ropinirole... 66
ropivacaine (pf)... 20
rosadan... 28
rosuvastatin... 99
rosyrah... 143
ROTARIX... 156
ROTATEQ VACCINE... 156
ROWASA... 161
roweepra... 34
ROXICODONE... 17
ROXYBOND... 17
ROZEREM... 184
ROZLYTREK... 59
RUBRACA... 59
RUCONEST... 156
rufinamide... 34
RUKOBIA... 75
RUXIENCE... 59
RYALTRIS... 180
RYBELSUS... 82
RYBREVANT FASPRO... 59
RYBREVANT... 59
RYCLORA... 180
RYDAPT... 59
RYLAZE... 59
RYSTIGGO... 156
RYTARY... 66
RYTELO... 60
RYVENT... 180
RYZNEUTA... 87

S

SABRIL... 34
sacubitril-valsartan... 99
SAFYRAL... 143
sajazir... 156
SALAGEN (PILOCARPINE)... 108
SAMSCA... 121
SANCUSO... 42
SANDIMMUNE... 156
SANDOSTATIN LAR DEPOT... 147
SANDOSTATIN... 147
SANTYL... 115
SAPHNELO PEN... 156
SAPHNELO... 156
SAPHRIS... 69
sapropterin... 130
SARCLISA ESCENA... 60
SARCLISA... 60
SAVAYSA... 87
SAVELLA... 107
saxagliptin-metformin... 82
saxagliptin... 82
SAXENDA... 188
SCEMBLIX... 60
scopolamine base... 42
SDAMLO... 99
se-natal 19 chewable... 121
SECUADO... 70
SEGLENTIS... 17
SEGLUROMET... 82

SELARSDI... 156, 157
SELECT-OB (FOLIC ACID)... 122
SELECT-OB + DHA... 122
SELECT-OB... 121
selegiline hcl... 66
selenium sulfide... 115
SELZENTRY... 75
SEMGLEE(INSULIN GLARG-YFGN)PEN... 82
SEMGLEE(INSULIN GLARGINE-YFGN)... 83
SENSIPAR... 162
sensorcaine-epinephrine... 20
SENSORCAINE-MPF... 20
sensorcaine-mpf/epinephrine... 20
SENSORCAINE... 20
SEPHIENCE... 130
SEREVENT DISKUS... 180
SEROQUEL XR... 70
SEROQUEL... 70
SEROSTIM... 135
sertraline... 39
setlakin... 143
SEYSARA... 28
SEZABY... 34
SFROWASA... 161
sharobel... 143
SHINGRIX (PF)... 157
SIGNIFOR LAR... 147
SIGNIFOR... 147
SIKLOS... 169
sildenafil (pulm.hypertension)... 180
sildenafil... 185
SILENOR... 184
SILIQ... 157
silodosin... 131
SILVADENE... 115
silver sulfadiazine... 115
SIMBRINZA... 173
SIMLANDI(CF) AUTOINJECTOR... 157
SIMLANDI(CF)... 157
simliya (28)... 143
simpesse... 143
SIMPONI ARIA... 157
SIMPONI... 157
SIMULECT... 157
simvastatin... 99
SINEMET... 66
SINGULAIR... 180
sirolimus... 157
SIRTURO... 48
sitagliptin phos-metformin... 83
sitagliptin phosphate... 83
sitagliptin-metformin... 83
sitagliptin... 83
SIVEXTRO... 28
SKYCLARYS... 107
SKYRIZI... 157
SKYTROFA... 135
SLYND... 143
SMOFLIPID... 122
SOAANZ... 99
sodium benzoate-sod phenylacet... 169
sodium bicarbonate... 122
sodium chloride 0.45 %... 122
sodium chloride 0.9 %... 122
sodium chloride 3 % hypertonic... 122
sodium chloride 5 % hypertonic... 122
sodium chloride... 122, 169
sodium oxybate... 184
sodium phenylbutyrate... 130
sodium phosphate... 122
sodium polystyrene sulfonate... 122
sodium,potassium,mag sulfates... 127
SOFDRA... 115
SOGROYA... 135
SOHONOS... 169
solifenacin... 131
SOLIQUA 100/33... 83
SOLIRIS... 157
SOLOSEC... 28
SOLTAMOX... 60
SOLU-CORTEF ACT-O-VIAL (PF)... 134
SOLU-CORTEF... 134
SOLU-MEDROL (PF)... 134
SOLU-MEDROL... 134
SOMA... 183
SOMATULINE DEPOT... 147
SOMAVERT... 147
SOOLANTRA... 115
sorafenib... 60
sorbitol-mannitol... 169
SORILUX... 115
sotalol af... 100
sotalol... 99
SOTYKTU... 157
SOTYLIZE... 100
SOVALDI... 75
SOVUNA... 64
SPEVIGO... 157
spinosad... 115
SPIRIVA RESPIMAT... 181
SPIRIVA WITH HANDIHALER... 181
spironolacton-hydrochlorothiaz... 100
spironolactone... 100
SPORANOX... 44
sprintec (28)... 143
SPRITAM... 34
SPRIX... 17
SPRYCEL... 60
SPS (WITH SORBITOL)... 122
sronyx... 143
SSD... 115
STARJEMZA... 157
STEGLATRO... 83
STEGLUJAN... 83
STELARA... 157
STENDRA... 185
STEQEYMA... 157, 158
STIMUFEND... 87
STIOLTO RESPIMAT... 181
STIVARGA... 60
STRATTERA... 107
STRENSIQ... 130

streptomycin... 28
STRIBILD... 75
STRIVERDI RESPIMAT... 181
STROMECTOL... 64
SUBOXONE... 21
subvenite starter (blue) kit... 35
subvenite starter (green) kit... 35
subvenite starter (orange) kit... 35
SUBVENITE... 34, 35
SUCRAID... 130
sucralfate... 127
SUFLAVE... 127
SULAR... 100
sulfacetamide sodium (acne)... 28
sulfacetamide sodium... 28, 173
sulfacetamide-prednisolone... 173
sulfadiazine... 28
sulfamethoxazole-trimethoprim... 28
SULFAMYLON... 116
sulfasalazine... 161
sulindac... 17
sumatriptan succinate... 46, 47
sumatriptan-naproxen... 47
sumatriptan... 46
sunitinib malate... 60
SUNLENCA... 75
SUNOSI... 184
SUPREP BOWEL PREP KIT... 127
SURE COMFORT ALCOHOL PREP PADS... 169
SURE-PREP ALCOHOL PREP PADS... 169
SUTAB... 127
SUTENT... 60
syeda... 143
SYLVANT... 158
SYMBICORT... 181
SYMBRAVO... 47
SYMDEKO... 181
SYMFI LO... 75
SYMFI... 75
SYMLINPEN 120... 83
SYMLINPEN 60... 83
SYMPAZAN... 35
SYMPROIC... 127
SYMTUZA... 75
SYNAGIS... 169
SYNALAR... 116
SYNAREL... 147
SYNJARDY XR... 83
SYNJARDY... 83
SYNTHROID... 145
SYPRINE... 122

T

TABLOID... 60
TABRECTA... 60
TACLONEX... 116
tacrolimus... 116, 158
tadalafil (pulm. hypertension)... 181
tadalafil... 131, 185
TADLIQ... 181
TAFINLAR... 60
tafluprost (pf)... 174
TAGRISSO... 60
TAKHZYRO... 158
TALICIA... 127
TALTZ AUTOINJECTOR (2 PACK)... 158
TALTZ AUTOINJECTOR (3 PACK)... 158
TALTZ AUTOINJECTOR... 158
TALTZ SYRINGE... 158
TALVEY... 60
TALZENNA... 60
TAMIFLU... 75
tamoxifen... 60
tamsulosin... 132
tanlor... 183
tapentadol... 17, 18
taperdex... 134
TARCEVA... 60
TARGADOX... 28
TARGRETIN... 60
tarina 24 fe... 143
tarina fe 1-20 eq (28)... 143
tarina fe 1/20 (28)... 143
TARPEYO... 161
TASCENSO ODT... 107
TASIGNA... 60
tasimelteon... 184
TASMAR... 66
tavaborole... 45
TAVALISSE... 87
TAVNEOS... 158
TAYTULLA... 143
tazarotene... 116
tazicef... 28
TAZORAC... 116
TAZVERIK... 60
TDVAX... 158
TECENTRIQ HYBREZA... 60
TECENTRIQ... 60
TECFIDERA... 107
TECVAYLI... 60
TEFLARO... 28
TEGLUTIK... 107
TEGRETOL XR... 35
TEGRETOL... 35
TEKTURNA... 100
telmisartan-amlodipine... 100
telmisartan-hydrochlorothiazid... 100
telmisartan... 100
temazepam... 184
TEMODAR... 60
temsirolimus... 60
tencon... 169
TENIVAC (PF)... 158
tenofovir disoproxil fumarate... 75
TENORETIC 100... 100
TENORETIC 50... 100
TENORMIN... 100
TEPADINA... 61
TEPEZZA... 169
TEPMETKO... 61
TEPYLUTE... 61
terazosin... 100
terbinafine hcl... 45

terbutaline... 181
terconazole... 45
teriflunomide... 107
TESTIM... 143
testosterone cypionate... 143
testosterone enanthate... 143
testosterone... 143
tetrabenazine... 107
tetracycline... 29
TEVIMBRA... 61
TEXACORT... 116
TEZRULY... 100
TEZSPIRE... 158
THALITONE... 100
THALOMID... 61
THAM... 122
THEO-24... 181
theophylline... 181
thiamine hcl (vitamin b1)... 187
THIOLA EC... 132
THIOLA... 132
thioridazine... 70
thiotepa... 61
thiothixene... 70
THYMOGLOBULIN... 158
THYQUIDITY... 145
tiadylt er... 100
tiagabine... 35
TIAZAC... 100
TIBSOVO... 61
ticagrelor... 87
TICOVAC... 158
TIGAN... 42
tigecycline... 29
TIGLUTIK... 107
TIKOSYN... 100
tilia fe... 143
timolol maleate (pf)... 174
timolol maleate... 100, 174
timolol... 174
TIMOPTIC OCUDOSE (PF)... 174
tinidazole... 29
tiopronin... 132
tirofiban-0.9% sodium chloride... 87
TIROSINT-SOL... 146
TIROSINT... 146
TIVDAK... 61
TIVICAY PD... 75
TIVICAY... 75
tizanidine... 71
TLANDO... 144
TOBI PODHALER... 181
TOBI... 29
TOBRADEX ST... 174
TOBRADEX... 174
tobramycin in 0.225 % nacl... 29
tobramycin sulfate... 29
tobramycin-dexamethasone... 174
tobramycin-lotepred... 174
tobramycin... 29, 174
TOBREX... 174
tofacitinib... 158
tolcapone... 66
tolectin 600... 18
tolectin ds... 18
tolmetin... 18
TOLSURA... 45
tolterodine... 132
tolvaptan (polycys kidney dis)... 122
tolvaptan... 122
TONMYA... 183
TOPAMAX... 35
TOPICORT... 116
topiramate... 35
topotecan... 61
TOPROL XL... 100
toremifene... 61
TORISEL... 61
torpenz... 61
torsemide... 100
TOSYMRA... 47
TOUJEO MAX U-300 SOLOSTAR... 83
TOUJEO SOLOSTAR U-300 INSULIN... 83
tovet emollient... 116
TOVIAZ... 132
TPN ELECTROLYTES... 122
TRACLEER... 181
TRADJENTA... 83
tramadol-acetaminophen... 18
tramadol... 18
trandolapril-verapamil... 100
trandolapril... 100
tranexamic acid... 88
TRANSDERM-SCOP... 42
tranylcypromine... 39
TRAVASOL 10 %... 122
TRAVATAN Z... 174
travoprost... 174
TRAZIMERA... 61
trazodone... 39
TREANDA... 61
TRECATOR... 48
TRELEGY ELLIPTA... 181
TRELSTAR... 147
TREMFYA ONE-PRESS... 158
TREMFYA PEN INDUCTION PK(2PEN)... 158
TREMFYA PEN... 158
TREMFYA... 158
treprostinil sodium... 181
TRESIBA FLEXTOUCH U-100... 83
TRESIBA FLEXTOUCH U-200... 83
TRESIBA U-100 INSULIN... 83
tretinoin (antineoplastic)... 61
tretinoin microspheres... 116
tretinoin... 116
TREXALL... 158
TREXIMET... 47
TREZIX... 18
tri-estarylla... 144
tri-legest fe... 144
tri-linyah... 144
tri-lo-estarylla... 144
tri-lo-marzia... 144
tri-lo-mili... 144
tri-lo-sprintec... 144
tri-mili... 144
tri-sprintec (28)... 144

tri-vylibra lo... 144
tri-vylibra... 144
triamcinolone acetonide... 108, 134
triamterene-hydrochlorothiazid... 100
triamterene... 100
trianex... 134
triazolam... 184
TRIBENZOR... 101
TRICARE... 122
triderm... 134
trientine... 122
trifluoperazine... 70
trifluridine... 174
trihexyphenidyl... 66
TRIJARDY XR... 83
TRIKAFTA... 181
TRILEPTAL... 35
TRILIPIX... 101
trilitas... 116
trimethobenzamide... 42
trimethoprim... 29
trimipramine... 39
trinatal rx 1... 122
TRINTELLIX... 40
TRIPTODUR... 147
TRISENOX... 61
TRISTART DHA... 122
TRIUMEQ PD... 75
TRIUMEQ... 75
trivora (28)... 144
TRODELVY... 61
TROGARZO... 76
TROKENDI XR... 35
tromethamine... 122
TROPHAMINE 10 %... 122
trospium... 132
TRUDHESA... 47
TRUE COMFORT ALCOHOL PADS... 169
TRUE COMFORT PRO ALCOHOL PADS... 169
TRULANCE... 127
TRULICITY... 83
TRUMENBA... 158
TRUQAP... 61
TRUTAKNA... 158
TRUVADA... 76
TRUXIMA... 61
TRYNGOLZA... 101
TRYPTYR... 174
TRYVIO... 101
TUDORZA PRESSAIR... 181
TUDRIQEV... 61
TUKYSA... 61
tulana... 144
TURALIO... 61
turqoz (28)... 144
TUXARIN ER... 185
TWINRIX (PF)... 159
TWIRLA... 144
TWYNEO... 116
TYBLUME... 144
TYBOST... 76
tydemy... 144
TYENNE AUTOINJECTOR... 159
TYENNE... 159
TYGACIL... 29
TYKERB... 61
TYMLOS... 163
TYPHIM VI... 159
TYRUKO... 107
TYRVAYA... 174
TYSABRI... 107
TYVASO DPI... 181
TYVASO INSTITUTIONAL START KIT... 182
TYVASO REFILL KIT... 182
TYVASO STARTER KIT... 182
TYVASO... 181
TYZAVAN... 29

U

UBRELVY... 47
UCERIS... 161
UDENYCA AUTOINJECTOR... 88
UDENYCA ONBODY... 88
UDENYCA... 88
ULORIC... 45
ULTILET ALCOHOL SWAB... 169
ULTOMIRIS... 159
ULTRA-FINE INS SYR (HALF UNIT)... 169
ULTRA-FINE INSULIN SYRINGE... 169
ULTRA-FINE PEN NEEDLE... 169
ULTRA-FINE SAFETY INSULIN SYRN... 169
ULTRAVATE... 116
umeclidinium-vilanterol... 182
umeclidinium... 182
UNASYN... 29
UNDECATREX... 144
UNITHROID... 146
UNITUXIN... 61
UNLOXCYT... 61
UPLIZNA... 159
UPTRAVI... 182
UROCIT-K 10... 122
UROCIT-K 15... 122
UROXATRAL... 132
URSO FORTE... 127
ursodiol... 127
URSOLIGN... 127
USTEKINUMAB-AEKN... 159
USTEKINUMAB-TTWE... 159
USTEKINUMAB... 159
UZEDY... 70

V

V-GO 20... 169
V-GO 30... 169
V-GO 40... 169
VABOMERE... 29
VABRINTY (1 MONTH)... 147
VABRINTY (3 MONTH)... 147
VABRINTY (4 MONTH)... 147
VABRINTY (6 MONTH)... 147
VAGIFEM... 144
valacyclovir... 76
VALCHLOR... 61
VALCYTE... 76

valganciclovir... 76
VALIUM... 78
valproate sodium... 35
valproic acid (as sodium salt)... 35
valproic acid... 35
valrubicin... 61
valsartan-hydrochlorothiazide... 101
valsartan... 101
VALSTAR... 61
VALTOCO... 35
VALTREX... 76
valtya... 144
VANCOCIN... 29
vancomycin in 0.9 % sodium chl... 29
vancomycin in dextrose 5 %... 29
vancomycin-diluent combo no.1... 29
vancomycin... 29
VANDAZOLE... 29
VANFLYTA... 61
VANOS... 116
VANRAFIA... 169
VAPRISOL IN 5 % DEXTROSE... 122
VAQTA (PF)... 159
vardenafil... 185
varenicline tartrate... 21
VARIVAX (PF)... 159
VARIZIG... 159
VARUBI... 42
VASCEPA... 101
VASERETIC... 101
VASOTEC... 101
VAXCHORA VACCINE... 159
vecamyl... 101
VECTIBIX... 61
VEGZELMA... 62
VELCADE... 62
VELETRI... 182
velivet triphasic regimen (28)... 144
VELSIPITY... 159
VELTASSA... 123
VELTIN... 116
VEMLIDY... 76
VENCLEXTA STARTING PACK... 62
VENCLEXTA... 62
VENLAFAXINE BESYLATE... 40
venlafaxine... 40
VENTAVIS... 182
VENTOLIN HFA... 182
venxxiva... 132
VEOPOZ... 159
VEOZAH... 107
VEPPANU... 62
verapamil... 101
VEREGEN... 116
VERELAN PM... 101
VERIPRED 20... 134
VERKAZIA... 174
VERQUVO... 101
VERSACLOZ... 70
VERZENIO... 62
VESICARE LS... 132
VESICARE... 132
vestura (28)... 144
VEVYE... 174
VFEND IV... 45
VFEND... 45
VIAGRA... 186
VIBATIV... 29
VIBERZI... 127
VICTOZA 2-PAK... 83
VICTOZA 3-PAK... 83
VIDAZA... 62
vienva... 144
vigabatrin... 36
vigadrone... 36
VIGAFYDE... 36
VIGAMOX... 174
vigpoder... 36
VIIBRYD... 40
VIJOICE... 130
vilazodone... 40
VIMKUNYA (PF)... 159
VIMOVO... 18
VIMPAT... 36
vinblastine... 62
vincasar pfs... 62
vincristine... 62
vinorelbine... 62
VIOKACE... 130
viorele (28)... 144
VIRACEPT... 76
VIRAZOLE... 169
VIREAD... 76
VITAFOL FE PLUS... 123
VITAFOL GUMMIES... 123
VITAFOL ULTRA... 123
VITAFOL-OB+DHA... 123
VITAFOL-OB... 123
VITAFOL-ONE... 123
VITAMEDMD ONE RX... 123
vitamin d2... 187
vitamin k... 187
vitamin k1... 187
VITRAKVI... 62
vivacaine... 20
VIVELLE-DOT... 144
VIVIMUSTA... 62
VIVITROL... 21
VIVJOA... 45
VIVLODEX... 18
VIVOTIF... 159
VIZIMPRO... 62
VOCABRIA... 76
VOGELXO... 144
volnea (28)... 144
VONJO... 62
VOQUEZNA DUAL PAK... 127
VOQUEZNA TRIPLE PAK... 127
VOQUEZNA... 127
VORANIGO... 62
voriconazole-hpbcd... 45
voriconazole... 45
VOSEVI... 76
VOTRIENT... 62
VOWST... 127
VOXZOGO... 130

VOYDEYA... 159
VOYXACT... 159
VPRIV... 130
VRAYLAR... 70
VTAMA... 116
VUITY... 174
VUMERITY... 107
VUSION... 45
VYALEV... 66
VYEPTI... 47
vyfemla (28)... 144
VYJUVEK... 170
VYKAT XR... 170
VYKOURA... 62
VYLEESI... 186
vylibra... 144
VYLOY... 62
VYNDAMAX... 130
VYNDAQEL... 130
VYSCOXA... 18
VYTORIN 10-10... 101
VYTORIN 10-20... 101
VYTORIN 10-40... 101
VYTORIN 10-80... 101
VYVANSE... 107
VYVGART HYTRULO... 47
VYVGART... 47
VYXEOS... 62
VYZULTA... 174

W

WAINUA... 130
WAKIX... 184
warfarin... 88
water for irrigation, sterile... 170
WAYRILZ... 88
WEBCOL... 170
WEGOVY... 170
WELCHOL... 101
WELIREG... 130
WELLBUTRIN SR... 40
WELLBUTRIN XL... 40
WELTRUZA... 70
wera (28)... 144
wescap-pn dha... 123
wesnatal dha complete... 123
wesnate dha... 123
westab plus... 123
westgel dha... 123
WEZLANA... 159
WINLEVI... 116
WINREVAIR... 182
wixela inhub... 182
wymzya fe... 144

X

XACDURO... 29
XACIATO... 29
XADAGO... 66
XALATAN... 174
XALKORI... 62
XANAX XR... 78
XANAX... 78
xarah fe... 145
XARELTO DVT-PE TREAT 30D START... 88
XARELTO... 88
XATMEP... 160
XCOPRI MAINTENANCE PACK... 36
XCOPRI TITRATION PACK... 36
XCOPRI... 36
XDEMVY... 170
XELJANZ XR... 160
XELJANZ... 160
XELPROS... 174
xelria fe... 145
XELSTRYM... 108
XEMBIFY... 160
XENAZINE... 108
XENPOZYME... 130
XERAVA... 30
XERESE... 76
XERMELO... 127
XGEVA... 163
XHANCE... 182
XIFAXAN... 127
XIFYRM... 18
XIGDUO XR... 83
XIIDRA... 174
XIMINO... 30
XOCOVA... 76
XOFLUZA... 76
XOLAIR... 160
XOLEGEL... 45
XOLREMDI... 88
XOPENEX HFA... 182
XOSPATA... 62
XPOVIO... 62, 63
XROMI... 170
XTAMPZA ER... 18
XTANDI... 63
XTORO... 175
xulane... 145
XULTOPHY 100/3.6... 84
XYOSTED... 145
XYREM... 184
xyvona... 18
XYWAV... 184

Y

yargesa... 130
YASMIN (28)... 145
YAZ (28)... 145
YCANTH... 170
YERVOY... 63
YESINTEK... 160
YF-VAX (PF)... 160
YIMMUGO... 160
YONDELIS... 63
YONSA... 63
YORVIPATH... 163
YUFLYMA(CF) AI CROHN'S-UC-HS... 160
YUFLYMA(CF) AUTOINJECTOR... 160
YUFLYMA(CF)... 160
yulithira... 63
YUPELRI... 182
YUSIMRY(CF) PEN... 160
YUTREPIA... 182
yuvafem... 145
YUVIWEL... 130

Z

zafemy... 145
zafirlukast... 182
zaleplon... 184
ZALTRAP... 63
ZANAFLEX... 71
ZANOSAR... 63
zarah... 145
ZARONTIN... 36
ZARXIO... 88
zatean-pn dha... 123
zatean-pn plus... 123
ZAVESCA... 130
ZAVZPRET... 47
ZCORT... 134
ZEGALOGUE AUTOINJECTOR... 84
ZEGALOGUE SYRINGE... 84
ZEGERID... 127
ZEJULA... 63
ZELAPAR... 66
ZELBORAF... 63
ZELSUVMI... 116
zelvysia... 130
ZEMAIRA... 130
ZEMBRACE SYMTOUCH... 47
ZEMDRI... 30
ZEMPLAR... 163
zenatane... 116
ZENBEXUS... 63
ZENPEP... 131
zenzedi... 108
ZEPATIER... 76
ZEPBOUND KWIKPEN... 170, 188
ZEPBOUND... 170, 188
ZEPOSIA STARTER KIT (28-DAY)... 108
ZEPOSIA STARTER PACK (7-DAY)... 108
ZEPOSIA... 108
ZEPZELCA... 63
ZERBAXA... 30
ZERVIATE... 174
ZESTORETIC... 101
ZESTRIL... 101
ZETIA... 101
ZEVALIN (Y-90)... 170
ZEVTERA... 30
ZIAGEN... 76
ZIANA... 116
zidovudine... 76
ZIEXTENZO... 88
ZIIHERA... 63
ZILBRYSQ... 160
zileuton... 182
ZILRETTA... 134
ZILXI... 116
ZIMHI... 21
zingiber... 170
ZIOPTAN (PF)... 174
ziprasidone hcl... 70
ziprasidone mesylate... 70
ZIPSOR... 18
ZIRABEV... 63
ZIRGAN... 76
ZITHROMAX TRI-PAK... 30
ZITHROMAX Z-PAK... 30
ZITHROMAX... 30
ZITUVIMET XR... 84
ZITUVIMET... 84
ZITUVIO... 84
ZOCOR... 101
ZOKINVY... 131
ZOLADEX... 147
zoledronic ac-mannitol-0.9nacl... 163
zoledronic acid-mannitol-water... 163
zoledronic acid... 163
ZOLINZA... 63
zolmitriptan... 47
ZOLOFT... 40
zolpidem... 184
ZOLYMBUS... 174
ZOMACTON... 135
zomig... 47
ZONALON... 116
ZONEGRAN... 36
ZONISADE... 36
zonisamide... 36
ZORTRESS... 160
ZORVOLEX... 18
ZORYVE... 117
ZOSYN IN DEXTROSE (ISO-OSM)... 30
zovia 1-35 (28)... 145
ZOVIRAX... 76
ZTALMY... 36
ZTLIDO... 20
ZUBSOLV... 21
ZULRESSO... 40
zumandimine (28)... 145
ZUNVEYL... 37
ZURNAI... 21
ZURZUVAE... 40
ZYBIC... 18
ZYCLARA... 117
ZYDELIG... 63
ZYKADIA... 63
ZYLET... 174
ZYLOPRIM... 45
ZYMFENTRA... 160
ZYNLONTA... 63
ZYNRELEF... 170
ZYNYZ... 63
ZYPITAMAG... 101
ZYPREXA RELPREVV... 70
ZYPREXA ZYDIS... 70
ZYPREXA... 70
ZYTIGA... 63
ZYVOX... 30

Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GHHNOA2025HUM_0425

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Bǎsɔ́ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, Hwòdǒ-fɔńɔ-ńnyɔ,́ kè nyɔ-bɔǔn-po-kà bě bé nyuɛɛ se wídí péè-péè dò kɔ̀ **877-320-1235 (TTY: 711)** dá.

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

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

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

Notes

Notes

Notes

This formulary was updated on 11/02/2026. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.