

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 05/05/2026. 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 May 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](https://www.humana.com/medicaredruglist).

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

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 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 May 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](https://www.humana.com/medicaredruglist)**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Humana Formulary?

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

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

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

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

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

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

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

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

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

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

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

Transition extension

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

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

CenterWell Pharmacy™

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

Other pharmacies are available in our network.

For More Information

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

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

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 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 and HTL-Droplet are the preferred diabetic syringe and pen needle brands for the plan.

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-caff-dihydrocod 320.5-30-16 mg CAPSULE DL	1	QL(300 per 30 days)
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION DL	1	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	1	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	1	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	1	QL(180 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMEROL (PF) 100 MG/ML SYRINGE DL	3	QL(360 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE DL	3	QL(1440 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE DL	3	QL(720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE DL	3	QL(480 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. MO	1	PA,QL(60 per 30 days)
diclofenac potassium 25 mg CAPSULE MO	3	ST,QL(120 per 30 days)
diclofenac potassium 25 mg TABLET DL	4	
diclofenac potassium 50 mg POWDER IN PACKET MO	3	ST,QL(9 per 30 days)
diclofenac potassium 50 mg TABLET MO	1	
diclofenac sodium 1.5 % 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	
FELDENE 10 MG, 20 MG CAPSULE MO	3	
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/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 1 mg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. DL	1	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. DL	1	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE DL	1	BvsD,QL(360 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ibu</i> 400 mg, 600 mg, 800 mg TABLET MO	1	
<i>ibuprofen</i> 100 mg/5 ml SUSPENSION MO	1	
<i>ibuprofen</i> 300 mg TABLET DL	4	ST
<i>ibuprofen</i> 400 mg TABLET MO	1	
<i>ibuprofen</i> 600 mg, 800 mg TABLET MO	1	
<i>ibuprofen-famotidine</i> 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	
<i>indomethacin</i> 25 mg, 50 mg CAPSULE MO	1	
<i>indomethacin</i> 25 mg/5 ml SUSPENSION DL	4	
<i>indomethacin</i> 50 mg SUPPOSITORY	4	
<i>indomethacin</i> 75 mg CAPSULE, ER MO	1	
<i>indomethacin sodium</i> 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)
<i>ketoprofen</i> 200 mg CAPSULE ER PELLETS 24 HR. MO	1	
<i>ketoprofen</i> 25 mg CAPSULE	4	
<i>ketoprofen</i> 50 mg CAPSULE MO	1	ST
<i>ketoprofen</i> 75 mg CAPSULE DL	4	ST
<i>ketorolac</i> 10 mg TABLET MO	1	QL(20 per 30 days)
<i>ketorolac</i> 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION MO	1	
<i>ketorolac</i> 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE MO	1	
<i>ketorolac</i> 15.75 mg/spray SPRAY, NON-AEROSOL DL	4	PA,QL(5 per 30 days)
<i>kiprofen</i> 25 mg CAPSULE MO	1	ST
<i>levorphanol tartrate</i> 2 mg TABLET DL	4	ST,QL(240 per 30 days)
<i>levorphanol tartrate</i> 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
<i>lofena</i> 25 mg TABLET DL	4	
<i>lurbipr</i> 100 mg TABLET MO	1	
<i>lurbiro</i> 100 mg TABLET DL	4	
<i>meclofenamate</i> 100 mg, 50 mg CAPSULE MO	1	
<i>mefenamic acid</i> 250 mg CAPSULE MO	1	
<i>meloxicam</i> 15 mg TABLET MO	1	QL(30 per 30 days)
<i>meloxicam</i> 7.5 mg TABLET MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
meperidine 50 mg TABLET DL	4	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION DL	1	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION DL	1	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION DL	1	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION DL	1	QL(720 per 30 days)
methadone 10 mg TABLET DL	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION DL	1	QL(360 per 30 days)
methadone 5 mg TABLET DL	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	1	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE DL	3	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION DL	3	BvsD,QL(360 per 30 days)
mitigo (pf) 25 mg/ml SOLUTION DL	3	BvsD,QL(150 per 30 days)
morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS DL	1	ST,QL(60 per 30 days)
morphine 10 mg/5 ml SOLUTION DL	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE DL	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	1	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. DL	1	ST,QL(60 per 30 days)
morphine 15 mg, 30 mg TABLET DL	1	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER DL	1	QL(120 per 30 days)
morphine 2 mg/ml SOLUTION DL	1	BvsD,QL(1800 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine 8 mg/ml SOLUTION</i> DL	1	BvsD,QL(450 per 30 days)
<i>morphine 8 mg/ml SYRINGE</i> DL	1	BvsD,QL(450 per 30 days)
<i>morphine (pf) 0.5 mg/ml SOLUTION</i> DL	1	BvsD,QL(7200 per 30 days)
<i>morphine (pf) 1 mg/ml SOLUTION</i> DL	1	BvsD,QL(3600 per 30 days)
<i>morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN</i> DL	1	BvsD,QL(3600 per 30 days)
<i>morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION</i> DL	1	QL(540 per 30 days)
MS CONTIN 100 MG TABLET ER DL	3	PA,QL(180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER DL	3	PA,QL(120 per 30 days)
MS CONTIN 200 MG TABLET ER DL	3	PA,QL(90 per 30 days)
<i>nabumetone 500 mg, 750 mg TABLET</i> MO	1	
<i>nalbuphine 10 mg/ml SOLUTION</i> DL	1	QL(240 per 30 days)
<i>nalbuphine 20 mg/ml SOLUTION</i> DL	1	QL(120 per 30 days)
NALFON 600 MG TABLET MO	1	ST
<i>nalocet 2.5-300 mg TABLET</i> DL	4	PA,QL(360 per 30 days)
NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE MO	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
<i>naproxen 125 mg/5 ml SUSPENSION</i> MO	1	
<i>naproxen 250 mg, 375 mg TABLET</i> MO	1	
<i>naproxen 375 mg, 500 mg TABLET, DR/EC</i> MO	1	
<i>naproxen 500 mg TABLET</i> MO	1	
<i>naproxen sodium 275 mg, 550 mg TABLET</i> MO	1	
<i>naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE</i> MO	1	ST,QL(120 per 30 days)
<i>naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE</i> MO	1	ST,QL(90 per 30 days)
<i>naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE</i> MO	1	ST,QL(60 per 30 days)
<i>naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC</i> DL	4	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET DL	4	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. DL	4	ST,QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, ER 12 HR. DL	3	ST,QL(60 per 30 days)
<i>orudis 75 mg CAPSULE</i> DL	4	ST
<i>oxaprozin 600 mg TABLET</i> MO	1	
<i>oxycodone 10 mg, 5 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxycodone 10 mg, 5 mg TABLET, ORAL ONLY</i> DL	4	PA,QL(360 per 30 days)
<i>oxycodone 15 mg, 20 mg, 30 mg TABLET</i> DL	1	QL(360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>oxycodone 15 mg, 30 mg TABLET, ORAL ONLY</i> DL	4	PA,QL(180 per 30 days)
<i>oxycodone 20 mg, 40 mg TABLET, ER 12 HR.</i> DL	3	ST,QL(90 per 30 days)
<i>oxycodone 20 mg/ml CONCENTRATE</i> DL	1	QL(270 per 30 days)
<i>oxycodone 5 mg CAPSULE</i> DL	1	QL(360 per 30 days)
<i>oxycodone 5 mg/5 ml SOLUTION</i> DL	1	QL(5400 per 30 days)
<i>oxycodone 80 mg TABLET, ER 12 HR.</i> DL	3	ST,QL(120 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> DL	4	PA,QL(390 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION</i> DL	4	PA,QL(900 per 30 days)
<i>oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-300 mg TABLET</i> DL	4	PA,QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION</i> DL	1	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. DL	3	ST,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. DL	3	ST,QL(120 per 30 days)
<i>oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR.</i> DL	1	ST,QL(60 per 30 days)
<i>oxymorphone 10 mg, 5 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxymorphone 40 mg TABLET, ER 12 HR.</i> DL	4	ST,QL(60 per 30 days)
PENNSAID 2 % SOLUTION IN PACKET DL	4	PA
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP DL	4	PA,QL(224 per 28 days)
<i>pentazocine-naloxone 50-0.5 mg TABLET</i> DL	1	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET DL	4	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET DL	1	PA,QL(360 per 30 days)
<i>piroxicam 10 mg, 20 mg CAPSULE</i> MO	1	
<i>primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> DL	4	PA,QL(390 per 30 days)
<i>prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 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 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC DL	4	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	QL(30 per 30 days)
VYSCOXIA 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
CARBOCAINE WITH NEO-COBEFRIN 2 %-1:20,000 CARTRIDGE MO	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION MO	1	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION MO	3	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED 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 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION MO	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION MO	3	
PLIAGLIS 7-7 % CREAM MO	3	
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 spinal 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>naloxone 0.4 mg/ml, 1 mg/ml SYRINGE</i> MO	1	
<i>naltrexone 50 mg TABLET</i> MO	1	
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	
SUBOXONE 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG FILM MO	3	PA
<i>varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK</i> MO	1	QL(53 per 28 days)
<i>varenicline tartrate 0.5 mg, 1 mg TABLET</i> MO	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE MO	3	PA
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		
<i>acetic acid 2 % SOLUTION</i> MO	1	
<i>amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION</i> MO	1	
<i>amoxicillin 125 mg, 250 mg CHEWABLE TABLET</i> MO	1	
<i>amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>amoxicillin 250 mg CAPSULE</i> MO	1	
<i>amoxicillin 500 mg CAPSULE</i> MO	1	
<i>amoxicillin 500 mg TABLET</i> MO	1	
<i>amoxicillin 875 mg TABLET</i> MO	1	
<i>amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR.</i> MO	1	
<i>amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET</i> MO	1	
<i>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</i> MO	1	
<i>amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET</i> MO	1	
<i>amoxicillin-pot clavulanate 875-125 mg TABLET</i> MO	1	
<i>ampicillin 500 mg CAPSULE</i> MO	1	
<i>ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION</i> MO	1	
<i>ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION</i> MO	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL	4	PA,QL(235.2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	
AUGMENTIN 500-125 MG TABLET MO	3	PA
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
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	
BLUJEP 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK MO	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefdinir 300 mg CAPSULE MO	1	
cefepime 1 gram, 2 gram RECON SOLUTION MO	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ciprofloxacin hcl 500 mg TABLET</i> MO	1	
<i>ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK</i> MO	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION MO	3	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>clarithromycin 250 mg, 500 mg TABLET</i> MO	1	
<i>clarithromycin 500 mg TABLET, ER 24 HR.</i> 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	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE</i> MO	1	
<i>clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK</i> MO	1	
<i>clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK</i> MO	1	
<i>clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION</i> MO	1	
<i>clindamycin pediatric 75 mg/5 ml RECON SOLUTION</i> MO	1	
<i>clindamycin phosphate 150 mg/ml SOLUTION</i> MO	1	
<i>clindamycin phosphate 2 % CREAM</i> MO	1	
CLINDESSE 2 % CREAM, ER MO	3	
<i>colistin (colistimethate na) 150 mg RECON SOLUTION</i> MO	1	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION DL	4	
CONTEPO 6 GRAM RECON SOLUTION DL	4	
CUBICIN RF 500 MG RECON SOLUTION DL	4	
<i>dalbavancin 500 mg SOLUTION</i> DL	4	QL(4 per 28 days)
DALVANCE 500 MG SOLUTION DL	4	QL(4 per 28 days)
<i>daptomycin 350 mg RECON SOLUTION</i> MO	1	
<i>daptomycin 500 mg RECON SOLUTION</i> DL	4	
<i>daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK</i> MO	3	
<i>demeclocycline 150 mg TABLET</i> MO	1	QL(240 per 30 days)
<i>demeclocycline 300 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>dicloxacillin 250 mg, 500 mg CAPSULE</i> MO	1	
DIFICID 200 MG TABLET DL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meropenem 1 gram, 500 mg RECON SOLUTION MO	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	1	
methenamine hippurate 1 gram TABLET MO	1	
METRO I.V. 500 MG/100 ML PIGGYBACK MO	3	
METROCREAM 0.75 % CREAM MO	3	PA
METROGEL 1 % GEL MO	3	ST
METROLOTION 0.75 % LOTION MO	3	PA
metronidazole 0.75 % CREAM MO	1	
metronidazole 0.75 % LOTION MO	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL MO	1	
metronidazole 1 % GEL WITH PUMP MO	1	
metronidazole 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 1 gram/50 ml, 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUZYRA 100 MG RECON SOLUTION DL	4	
NUZYRA 150 MG TABLET DL	4	QL(30 per 14 days)
<i>ofloxacin 300 mg, 400 mg TABLET MO</i>	1	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC MO	3	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION DL	4	QL(3 per 28 days)
ORLYNVAH 500-500 MG TABLET DL	4	
<i>oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO</i>	1	
<i>oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK MO</i>	3	
<i>penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK MO</i>	3	
<i>penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO</i>	1	
<i>penicillin g sodium 5 million unit RECON SOLUTION MO</i>	1	
<i>penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION MO</i>	1	
<i>penicillin v potassium 250 mg, 500 mg TABLET MO</i>	1	
<i>pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION MO</i>	1	
<i>piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO</i>	1	
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	
<i>polymyxin b sulfate 500,000 unit RECON SOLUTION MO</i>	1	
PRIMAXIN IV 500 MG RECON SOLUTION MO	3	
PRIMSOL 50 MG/5 ML SOLUTION MO	3	
RECARBRIO 1.25 GRAM RECON SOLUTION DL	4	
<i>rosadan 0.75 % CREAM MO</i>	1	ST
<i>rosadan 0.75 % GEL MO</i>	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET DL	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION DL	4	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET DL	4	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. DL	4	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET MO	3	PA
<i>streptomycin 1 gram RECON SOLUTION DL</i>	4	
<i>sulfacetamide sodium 10 % OINTMENT MO</i>	1	
<i>sulfacetamide sodium (acne) 10 % SUSPENSION MO</i>	1	QL(118 per 30 days)
<i>sulfadiazine 500 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET MO	1	
TARGADOX 50 MG TABLET MO	1	ST,QL(180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION MO	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	4	
tetracycline 250 mg, 500 mg CAPSULE MO	1	
tetracycline 250 mg, 500 mg TABLET DL	4	
tigecycline 50 mg RECON SOLUTION 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)
VANCOGIN 125 MG CAPSULE MO	3	PA,QL(120 per 30 days)
VANCOGIN 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	3	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL MO	3	
VIBATIV 750 MG RECON SOLUTION DL	4	
VIBRAMYCIN 100 MG CAPSULE MO	3	
XACDURO 1 GRAM-1 GRAM (0.5 GRAM X 2) RECON SOLUTION	4	
XACIATO 2 % GEL MO	3	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BRIVIACT 10 MG/ML SOLUTION DL	4	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	4	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET MO	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. MO	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	1	
carbamazepine 200 mg TABLET MO	1	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	3	
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION MO	3	
clobazam 10 mg, 20 mg TABLET DL	1	PA
clobazam 2.5 mg/ml SUSPENSION DL	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE MO	3	
DIACOMIT 250 MG, 500 MG CAPSULE DL	4	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>felbamate</i> 400 mg, 600 mg TABLET MO	1	PA
<i>felbamate</i> 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)
<i>fosphenytoin</i> 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)
<i>gabapentin</i> 100 mg, 300 mg, 400 mg CAPSULE MO	1	QL(270 per 30 days)
<i>gabapentin</i> 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION MO	1	QL(2250 per 30 days)
<i>gabapentin</i> 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)
<i>lacosamide</i> 10 mg/ml SOLUTION MO	1	QL(1395 per 30 days)
<i>lacosamide</i> 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	1	QL(60 per 30 days)
<i>lacosamide</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)
roweepira 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET MO</i>	1	
<i>subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK MO</i>	1	
<i>subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO</i>	1	
<i>subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK MO</i>	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	
<i>tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO</i>	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	
<i>topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET MO</i>	1	
<i>topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. MO</i>	3	PA,QL(30 per 30 days)
<i>topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. MO</i>	1	PA,QL(30 per 30 days)
<i>topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE MO</i>	1	
<i>topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. MO</i>	3	PA,QL(60 per 30 days)
<i>topiramate 200 mg CAPSULE, ER 24 HR. MO</i>	1	PA,QL(60 per 30 days)
<i>topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. MO</i>	3	PA,QL(90 per 30 days)
<i>topiramate 25 mg CAPSULE, ER 24 HR. MO</i>	1	PA,QL(90 per 30 days)
<i>topiramate 25 mg/ml SOLUTION MO</i>	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)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
donepezil 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)
galantamine 4 mg/ml SOLUTION MO	1	QL(200 per 30 days)
LEQEMBI IQLIK 360 MG/1.8 ML 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)
NAMENDA XR 7 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
NAMENDA XR 7-14-21-28 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(28 per 28 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(28 per 28 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. MO	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE MO	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE MO	1	QL(60 per 30 days)
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 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl 150 mg TABLET, 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)
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	

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIVERT 50 MG TABLET MO	3	
ANZEMET 50 MG TABLET MO	3	BvsD,QL(4 per 28 days)
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION MO	3	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	1	BvsD
aprepitant 125 mg 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
COMPAZINE 25 MG SUPPOSITORY MO	1	
compro 25 mg SUPPOSITORY MO	1	
DICLEGIS 10-10 MG TABLET, DR/EC MO	3	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION MO	1	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC MO	1	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK MO	3	BvsD
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION MO	3	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE MO	3	BvsD,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION MO	3	PA
FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION MO	3	PA
fosaprepitant 150 mg RECON SOLUTION MO	1	PA
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP DL	4	PA,QL(9.8 per 28 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION MO	1	
granisetron hcl 1 mg TABLET MO	1	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION MO	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	BvsD,QL(120 per 30 days)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ciclopirox 0.77 % GEL</i> MO	1	QL(100 per 30 days)
<i>ciclopirox 0.77 % SUSPENSION</i> MO	1	QL(60 per 30 days)
<i>ciclopirox 1 % SHAMPOO</i> MO	1	QL(120 per 30 days)
<i>ciclopirox 8 % SOLUTION</i> MO	1	QL(13.2 per 30 days)
<i>clotrimazole 1 % CREAM</i> MO	1	
<i>clotrimazole 1 % SOLUTION</i> MO	1	
<i>clotrimazole 10 mg TROCHE</i> MO	1	
<i>clotrimazole-betamethasone 1-0.05 % CREAM</i> MO	1	QL(180 per 30 days)
<i>clotrimazole-betamethasone 1-0.05 % LOTION</i> 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 200 MG TABLET	4	PA
DIFLUCAN 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA
<i>econazole nitrate 1 % CREAM</i> MO	1	PA,QL(85 per 30 days)
<i>econazole nitrate 1 % FOAM</i> 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)
<i>fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>fluconazole 100 mg, 200 mg, 50 mg TABLET</i> MO	1	
<i>fluconazole 150 mg TABLET</i> MO	1	
<i>fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK</i> MO	1	
<i>flucytosine 250 mg, 500 mg CAPSULE</i> DL	4	
FULVICIN P/G 165 MG TABLET DL	4	
<i>griseofulvin microsize 125 mg/5 ml SUSPENSION</i> MO	1	
<i>griseofulvin microsize 500 mg TABLET</i> MO	1	
<i>griseofulvin ultramicrosize 125 mg, 250 mg TABLET</i> MO	1	
<i>griseofulvin ultramicrosize 165 mg TABLET</i> DL	4	
<i>gynazole-1 2 % CREAM</i> MO	1	
<i>itraconazole 10 mg/ml SOLUTION</i> MO	1	
<i>itraconazole 100 mg CAPSULE</i> MO	1	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 1 % GEL MO	3	ST,QL(90 per 30 days)
NAFTIN 2 % GEL MO	3	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC DL	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION DL	4	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	4	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION DL	4	PA
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nystop 100,000 unit/gram POWDER</i> MO	1	
<i>oxiconazole 1 % CREAM</i> MO	1	PA,QL(60 per 30 days)
<i>OXISTAT 1 % LOTION</i> MO	3	PA
<i>posaconazole 100 mg TABLET, DR/EC</i> DL	4	PA
<i>posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION</i> DL	4	PA,QL(840 per 28 days)
<i>posaconazole 300 mg/16.7 ml SOLUTION</i> DL	4	PA
<i>REZZAYO 200 MG RECON SOLUTION</i> DL	4	PA
<i>SPORANOX 10 MG/ML SOLUTION</i> DL	4	
<i>SPORANOX 100 MG CAPSULE</i> MO	3	PA,QL(120 per 30 days)
<i>tavaborole 5 % SOLUTION W/APPLICATOR</i> MO	1	PA,QL(10 per 30 days)
<i>terbinafine hcl 250 mg TABLET</i> MO	1	
<i>terconazole 0.4 %, 0.8 % CREAM</i> MO	1	
<i>terconazole 80 mg SUPPOSITORY</i> MO	1	
<i>TOLSURA 65 MG CAPSULE, SOLID DISPERSION</i> DL	4	PA,QL(120 per 30 days)
<i>VFEND 200 MG, 50 MG TABLET</i> MO	3	QL(120 per 30 days)
<i>VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION</i> DL	4	QL(400 per 30 days)
<i>VFEND IV 200 MG RECON SOLUTION</i> MO	3	
<i>VIVJOA 150 MG CAPSULE</i> MO	3	
<i>voriconazole 200 mg RECON SOLUTION</i> MO	1	
<i>voriconazole 200 mg, 50 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION</i> DL	4	QL(400 per 30 days)
<i>voriconazole-hpbc 200 mg RECON SOLUTION</i> MO	1	
<i>VUSION 0.25-15-81.35 % OINTMENT</i> MO	3	
<i>XOLEGEL 2 % GEL</i> MO	3	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg, 300 mg TABLET</i> MO	1	
<i>allopurinol 200 mg TABLET</i> MO	3	
<i>allopurinol sodium 500 mg RECON SOLUTION</i> MO	1	
<i>ALOPRIM 500 MG RECON SOLUTION</i> MO	3	
<i>colchicine 0.6 mg CAPSULE</i> MO	1	PA
<i>colchicine 0.6 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>COLCRYS 0.6 MG TABLET</i> MO	3	PA,QL(120 per 30 days)
<i>febuxostat 40 mg, 80 mg TABLET</i> MO	1	ST,QL(30 per 30 days)
<i>GLOPERBA 0.6 MG/5 ML SOLUTION</i> MO	3	PA,QL(300 per 30 days)
<i>MITIGARE 0.6 MG CAPSULE</i> MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>probenecid</i> 500 mg TABLET MO	1	
<i>probenecid-colchicine</i> 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)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE MO	3	PA,QL(1.5 per 28 days)
<i>almotriptan malate</i> 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)
<i>dihydroergotamine</i> 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	4	PA,QL(8 per 30 days)
<i>dihydroergotamine</i> 1 mg/ml SOLUTION DL	4	PA
<i>eletriptan</i> 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)
<i>ergotamine-caffeine</i> 1-100 mg TABLET MO	1	QL(40 per 30 days)
FROVA 2.5 MG TABLET DL	4	ST,QL(12 per 30 days)
<i>frovatriptan</i> 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)
<i>migergot</i> 2-100 mg SUPPOSITORY DL	4	QL(20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	4	QL(8 per 30 days)
<i>naratriptan</i> 1 mg, 2.5 mg TABLET MO	1	QL(9 per 30 days)
NURTEC ODT 75 MG TABLET, DISINTEGRATING DL	4	PA,QL(18 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(16 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	3	PA,QL(30 per 30 days)
RELPAX 40 MG TABLET DL	4	ST,QL(9 per 30 days)
REYVOW 100 MG TABLET MO	3	PA,QL(8 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REYVOW 50 MG TABLET MO	3	PA,QL(4 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET</i> MO	1	QL(12 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING</i> MO	1	QL(12 per 30 days)
<i>sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL</i> MO	1	QL(12 per 30 days)
<i>sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET</i> MO	1	QL(9 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE</i> MO	3	QL(6 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR</i> MO	1	QL(6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml SOLUTION</i> MO	1	QL(6 per 30 days)
<i>sumatriptan-naproxen 85-500 mg TABLET</i> 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)
<i>zolmitriptan 2.5 mg TABLET</i> MO	1	ST,QL(9 per 30 days)
<i>zolmitriptan 2.5 mg TABLET, DISINTEGRATING</i> MO	1	ST,QL(9 per 30 days)
<i>zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL</i> MO	1	ST,QL(12 per 30 days)
<i>zolmitriptan 5 mg TABLET</i> MO	1	ST,QL(6 per 30 days)
<i>zolmitriptan 5 mg TABLET, DISINTEGRATING</i> MO	1	ST,QL(6 per 30 days)
<i>zomig 2.5 mg TABLET</i> 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)
<i>zomig 5 mg TABLET</i> MO	3	ST,QL(6 per 30 days)
ANTIMYASTHENIC AGENTS		
MESTINON 60 MG TABLET DL	4	PA
MESTINON 60 MG/5 ML SYRUP DL	4	
MESTINON TIMESPAN 180 MG TABLET ER DL	4	PA
<i>pyridostigmine bromide 180 mg TABLET ER</i> MO	1	
<i>pyridostigmine bromide 30 mg, 60 mg TABLET</i> MO	1	
<i>pyridostigmine bromide 60 mg/5 ml SYRUP</i> MO	1	
REGONOL 5 MG/ML SOLUTION MO	3	
VYVGART 20 MG/ML SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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		
<i>cycloserine 250 mg CAPSULE DL</i>	4	
<i>dapsone 100 mg, 25 mg TABLET MO</i>	1	
<i>ethambutol 100 mg, 400 mg TABLET MO</i>	1	
<i>isoniazid 100 mg, 300 mg TABLET MO</i>	1	
<i>isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION MO</i>	1	
MYAMBUTOL 400 MG TABLET MO	3	
MYCOBUTIN 150 MG CAPSULE MO	3	
PRETOMANID 200 MG TABLET MO	3	QL(30 per 30 days)
PRIFTIN 150 MG TABLET MO	3	
<i>pyrazinamide 500 mg TABLET MO</i>	1	
<i>rifabutin 150 mg CAPSULE MO</i>	1	
RIFADIN 600 MG RECON SOLUTION MO	3	
<i>rifampin 150 mg, 300 mg CAPSULE MO</i>	1	
<i>rifampin 600 mg RECON SOLUTION MO</i>	1	
SIRTURO 100 MG, 20 MG TABLET DL	4	PA
TRECTOR 250 MG TABLET MO	3	
ANTINEOPLASTICS		
<i>abiraterone 250 mg TABLET DL</i>	4	PA,QL(120 per 30 days)
<i>abiraterone 500 mg TABLET DL</i>	4	PA,QL(60 per 30 days)
<i>abirtega 250 mg TABLET MO</i>	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
<i>adrucil 2.5 gram/50 ml SOLUTION MO</i>	1	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION DL	4	PA
AKEEGA 100-500 MG, 50-500 MG TABLET DL	4	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	4	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION DL	4	PA
ALIQOPA 60 MG RECON SOLUTION DL	4	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	4	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	4	PA,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	4	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION DL	4	PA
<i>anastrozole 1 mg TABLET</i> MO	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION DL	4	PA
ARIMIDEX 1 MG TABLET DL	4	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET DL	4	PA,QL(60 per 30 days)
ARRANON 5 MG/ML SOLUTION DL	4	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> DL	4	PA
ASPARLAS 750 UNIT/ML SOLUTION DL	4	PA
AUGTYRO 160 MG CAPSULE DL	4	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	4	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION DL	4	PA
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)
<i>azacitidine 100 mg RECON SOLUTION</i> DL	4	PA
BALVERSA 3 MG TABLET DL	4	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	4	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	4	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	4	PA
BELEODAQ 500 MG RECON SOLUTION DL	4	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> DL	4	PA
<i>bendamustine 25 mg/ml SOLUTION</i> DL	4	PA
BENDEKA 25 MG/ML SOLUTION DL	4	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	4	PA
<i>bexarotene 1 % GEL</i> DL	4	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> DL	4	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> MO	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	3	
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
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> MO	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION MO	3	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bortezomib 1 mg, 2.5 mg RECON SOLUTION</i> MO	3	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> MO	1	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> DL	4	PA
BORUZU 2.5 MG/ML SOLUTION DL	4	PA
BOSULIF 100 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	4	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	4	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	4	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET DL	4	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> MO	1	
BUSULFEX 60 MG/10 ML SOLUTION MO	3	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	4	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION DL	4	
CAPRELSA 100 MG TABLET DL,LA	4	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
<i>carboplatin 10 mg/ml SOLUTION</i> MO	1	
<i>carmustine 100 mg RECON SOLUTION</i> MO	1	
CASODEX 50 MG TABLET DL	4	QL(30 per 30 days)
<i>cisplatin 1 mg/ml SOLUTION</i> MO	1	
<i>cladribine 10 mg/10 ml SOLUTION</i> DL	4	BvsD
<i>clofarabine 1 mg/ml SOLUTION</i> DL	4	
CLOLAR 1 MG/ML SOLUTION DL	4	
COLUMVI 1 MG/ML SOLUTION DL	4	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	4	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	4	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	4	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	4	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET DL	4	PA,QL(63 per 28 days)
<i>cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION</i> MO	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION MO	1	BvsD
<i>cyclophosphamide 200 mg/ml SOLUTION</i> MO	1	BvsD
<i>cyclophosphamide 25 mg, 50 mg CAPSULE</i> MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyclophosphamide 25 mg, 50 mg TABLET MO	1	BvsD
cyclophosphamide 500 mg/ml SOLUTION DL	4	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	4	PA
cytarabine 20 mg/ml SOLUTION MO	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION MO	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION MO	1	
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
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
ELLENC 200 MG/100 ML, 50 MG/25 ML SOLUTION DL	4	
ELREXFIO 40 MG/ML SOLUTION DL	4	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	4	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE DL	4	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMRELIS 100 MG, 20 MG RECON SOLUTION DL	4	PA
ENHERTU 100 MG RECON SOLUTION DL	4	PA
ENSACOVE 100 MG CAPSULE DL	4	PA,QL(60 per 30 days)
ENSACOVE 25 MG CAPSULE DL	4	PA,QL(270 per 30 days)
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION</i> MO	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION DL	4	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	4	PA
<i>eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION</i> DL	4	
ERIVEDGE 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	4	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>erlotinib 100 mg, 150 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION MO	3	
<i>etoposide 20 mg/ml SOLUTION</i> MO	1	
EULEXIN 125 MG CAPSULE DL	4	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION</i> DL	4	PA
EVOMELA 50 MG RECON SOLUTION DL	4	
<i>exemestane 25 mg TABLET</i> MO	1	QL(60 per 30 days)
FARESTON 60 MG TABLET DL	4	QL(30 per 30 days)
FASLODEX 250 MG/5 ML SYRINGE DL	4	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>floxuridine 0.5 gram RECON SOLUTION</i> MO	1	BvsD
<i>fludarabine 50 mg RECON SOLUTION</i> MO	1	
<i>fludarabine 50 mg/2 ml SOLUTION</i> DL	4	
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION</i> MO	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION DL	4	PA
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)
<i>fulvestrant 250 mg/5 ml SYRINGE</i> MO	1	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION DL	4	PA
GAVRETO 100 MG CAPSULE DL,LA	4	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION DL	4	PA,QL(120 per 28 days)
<i>gefitinib 250 mg TABLET</i> DL	4	PA
<i>gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION</i> MO	1	
<i>gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION</i> MO	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET DL	4	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET DL	4	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE MO	3	PA
GLEOSTINE 100 MG CAPSULE DL	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
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	
<i>hydroxyurea 500 mg CAPSULE</i> 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	
<i>idarubicin 1 mg/ml SOLUTION</i> DL	4	
IDHIFA 100 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION MO	3	
<i>ifosfamide 1 gram, 3 gram RECON SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION</i> MO	1	
<i>imatinib 100 mg TABLET</i> MO	1	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET</i> DL	4	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	4	PA,QL(120 per 30 days)
IMBRUVICA 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
<i>irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> MO	1	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	4	PA
ITOVEBI 3 MG TABLET DL	4	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	4	PA,QL(28 per 28 days)
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)
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/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
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)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	4	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	4	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	4	PA,QL(91 per 28 days)
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)
<i>lapatinib 250 mg TABLET</i> 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)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE</i> 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)
<i>letrozole 2.5 mg TABLET</i> MO	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET MO	1	
leucovorin calcium 10 mg/ml SOLUTION MO	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION MO	1	
LEUKERAN 2 MG TABLET DL	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)
melfhalan hcl 50 mg RECON SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mercaptopurine 20 mg/ml SUSPENSION DL	4	
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ONUREG 200 MG, 300 MG TABLET DL	4	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	4	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	4	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	4	PA,QL(16 per 28 days)
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, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
paclitaxel 6 mg/ml CONCENTRATE MO	1	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	4	PA
PADCEV 20 MG RECON SOLUTION DL	4	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	4	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	4	PA
paraplatin 10 mg/ml SOLUTION MO	1	
pazopanib 200 mg TABLET DL	4	PA,QL(120 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	4	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	4	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	4	PA,QL(8 per 21 days)
<i>pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE DL</i>	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)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	4	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	4	PA
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL</i>	4	PA
PURIXAN 20 MG/ML SUSPENSION DL	4	
QINLOCK 50 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	4	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	4	PA,QL(28 per 28 days)
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)
<i>romidepsin 10 mg/2 ml RECON SOLUTION DL</i>	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)

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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
<i>vinblastine 1 mg/ml SOLUTION MO</i>	1	BvsD
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION MO</i>	1	BvsD
<i>vincristine 1 mg/ml, 2 mg/2 ml SOLUTION MO</i>	1	BvsD
<i>vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION MO</i>	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 PELLETT DL	4	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT DL	4	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	4	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT DL	4	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	4	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET DL	4	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) TABLET DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XTANDI 40 MG CAPSULE DL	4	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	4	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	4	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	4	PA
YONDELIS 1 MG RECON SOLUTION DL	4	PA
YONSA 125 MG TABLET DL	4	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	4	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	3	
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	4	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	4	PA
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		
<i>albendazole 200 mg TABLET MO</i>	1	
<i>atovaquone 750 mg/5 ml SUSPENSION MO</i>	1	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO</i>	1	
<i>benznidazole 100 mg, 12.5 mg TABLET MO</i>	3	
BILTRICIDE 600 MG TABLET DL	4	PA
<i>chloroquine phosphate 250 mg, 500 mg TABLET MO</i>	1	
COARTEM 20-120 MG TABLET MO	3	QL(24 per 30 days)
DARAPRIM 25 MG TABLET DL	4	PA,QL(90 per 30 days)
EGATEN 250 MG TABLET MO	3	
<i>emverm 100 mg CHEWABLE TABLET DL</i>	4	
<i>hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO</i>	1	
<i>hydroxychloroquine 200 mg TABLET MO</i>	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL(84 per 28 days)
<i>ivermectin 3 mg, 6 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KRINTAFEL 150 MG TABLET MO	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	3	
MALARONE 250-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET MO	3	PA
<i>mefloquine 250 mg TABLET MO</i>	1	
MEPRON 750 MG/5 ML SUSPENSION DL	4	
NEBUPENT 300 MG RECON SOLUTION MO	3	BvsD
<i>nitazoxanide 500 mg TABLET DL</i>	4	
PENTAM 300 MG RECON SOLUTION MO	3	
<i>pentamidine 300 mg RECON SOLUTION MO</i>	1	
<i>pentamidine 300 mg RECON SOLUTION MO</i>	1	BvsD
PLAQUENIL 200 MG TABLET MO	3	PA
<i>praziquantel 600 mg TABLET MO</i>	1	
<i>primaquine 26.3 mg (15 mg base) TABLET MO</i>	1	
<i>pyrimethamine 25 mg TABLET DL</i>	4	QL(90 per 30 days)
<i>quinine sulfate 324 mg CAPSULE MO</i>	1	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET MO	3	
STROMEKTOL 3 MG TABLET MO	3	PA
ANTIPARKINSON AGENTS		
<i>amantadine hcl 100 mg CAPSULE MO</i>	1	
<i>amantadine hcl 100 mg TABLET MO</i>	1	
<i>amantadine hcl 50 mg/5 ml SOLUTION MO</i>	1	
APOKYN 10 MG/ML CARTRIDGE DL	4	PA,QL(84 per 28 days)
<i>apomorphine 10 mg/ml CARTRIDGE DL</i>	4	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>benztropine 0.5 mg, 1 mg, 2 mg TABLET MO</i>	1	
<i>benztropine 1 mg/ml SOLUTION MO</i>	1	
<i>bromocriptine 2.5 mg TABLET MO</i>	1	
<i>bromocriptine 5 mg CAPSULE MO</i>	1	QL(600 per 30 days)
<i>carbidopa 25 mg TABLET MO</i>	1	
<i>carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO</i>	1	
<i>carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO</i>	1	
<i>carbidopa-levodopa 23.75-95 mg, 48.75-195 mg CAPSULE, ER MO</i>	3	ST,QL(360 per 30 days)
<i>carbidopa-levodopa 25-100 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER</i> MO	1	
<i>carbidopa-levodopa 36.25-145 mg CAPSULE, ER</i> MO	3	ST,QL(270 per 30 days)
<i>carbidopa-levodopa 61.25-245 mg CAPSULE, ER</i> MO	3	ST,QL(300 per 30 days)
<i>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</i> 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)
<i>entacapone 200 mg TABLET</i> MO	1	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. DL	4	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE DL	4	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(300 per 30 days)
LODOSYN 25 MG TABLET DL	4	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. MO	3	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET DL	4	PA,QL(30 per 30 days)
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)
<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET</i> MO	1	
<i>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.</i> MO	1	ST,QL(30 per 30 days)
<i>rasagiline 0.5 mg, 1 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET</i> MO	1	
<i>ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR.</i> 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)
<i>selegiline hcl 5 mg CAPSULE</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>selegiline hcl 5 mg TABLET</i> MO	1	
SINEMET 10-100 MG, 25-100 MG TABLET MO	3	PA
TASMAR 100 MG TABLET DL	4	PA
<i>tolcapone 100 mg TABLET</i> DL	4	PA
<i>trihexyphenidyl 0.4 mg/ml ELIXIR</i> MO	1	
<i>trihexyphenidyl 2 mg, 5 mg TABLET</i> 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 ASIMTUFIG 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFIG 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)
<i>aripiprazole 1 mg/ml SOLUTION</i> MO	1	QL(750 per 30 days)
<i>aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING</i> MO	1	QL(60 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET</i> 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)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 42 days)
<i>asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET</i> MO	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	3	PA,QL(30 per 30 days)
<i>chlorpromazine 10 mg, 25 mg TABLET</i> MO	1	BvsD
<i>chlorpromazine 100 mg, 200 mg, 50 mg TABLET</i> MO	1	
<i>chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE</i> MO	1	
<i>chlorpromazine 25 mg/ml SOLUTION</i> MO	1	
<i>clozapine 100 mg TABLET</i> MO	1	QL(270 per 30 days)
<i>clozapine 100 mg TABLET, DISINTEGRATING</i> MO	1	PA,QL(270 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 2.5 MG, 5 MG TABLET MO	3	
ZYPREXA 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
acyclovir sodium 50 mg/ml SOLUTION MO	1	BvsD
adefovir 10 mg TABLET MO	1	
APTIVUS 250 MG CAPSULE DL	4	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE MO	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	1	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET DL	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	4	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	4	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	4	QL(30 per 30 days)
CABENUVA 400 MG/2 ML - 600 MG/2 ML, 600 MG/3 ML - 900 MG/3 ML SUSPENSION, ER DL	4	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION DL	4	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DENAVIR 1 % CREAM MO	3	PA
DESCOVY 120-15 MG, 200-25 MG TABLET DL	4	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC MO	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	4	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	4	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION DL	4	QL(180 per 30 days)
efavirenz 200 mg CAPSULE MO	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE MO	1	QL(480 per 30 days)
efavirenz 600 mg TABLET MO	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET MO	1	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET DL	4	QL(30 per 30 days)
emtricitabine-tenofovir disoproxil fumarate 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HARVONI 33.75-150 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET DL	4	PA,QL(28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
INTELENCE 100 MG TABLET DL	4	QL(120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	3	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	2	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	4	QL(30 per 30 days)
KALETRA 100-25 MG TABLET MO	3	QL(300 per 30 days)
KALETRA 200-50 MG TABLET MO	3	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	4	
<i>lamivudine 10 mg/ml SOLUTION</i> MO	1	QL(900 per 30 days)
<i>lamivudine 100 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>lamivudine 150 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>lamivudine 300 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>lamivudine-zidovudine 150-300 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>ledipasvir-sofosbuvir 90-400 mg TABLET</i> DL	4	PA,QL(28 per 28 days)
LIVTENCITY 200 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>lopinavir-ritonavir 100-25 mg TABLET</i> MO	1	QL(300 per 30 days)
<i>lopinavir-ritonavir 200-50 mg TABLET</i> MO	1	QL(150 per 30 days)
<i>maraviroc 150 mg TABLET</i> DL	4	QL(240 per 30 days)
<i>maraviroc 300 mg TABLET</i> 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)
<i>nevirapine 100 mg TABLET, ER 24 HR.</i> MO	1	QL(120 per 30 days)
<i>nevirapine 200 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>nevirapine 400 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>nevirapine 50 mg/5 ml SUSPENSION</i> 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
PREZISTA 100 MG/ML SUSPENSION DL	4	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	4	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	4	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	3	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	4	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	3	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	3	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
stavudine 15 mg, 20 mg CAPSULE MO	1	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE MO	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	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)
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)
VALTRESX 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOCABRIA 30 MG TABLET DL	4	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	4	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM DL	4	QL(5 per 30 days)
XOFLUZA 20 MG, 40 MG, 80 MG TABLET MO	3	
ZEPATIER 50-100 MG TABLET DL	4	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION MO	3	QL(960 per 30 days)
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)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION DL	3	PA
BUCAPSOL 10 MG, 15 MG, 7.5 MG CAPSULE DL	4	
bupirone 10 mg, 5 mg TABLET MO	1	
bupirone 15 mg, 30 mg, 7.5 mg TABLET MO	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE DL	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
clonazepam 0.5 mg, 1 mg TABLET DL	1	
clonazepam 2 mg TABLET DL	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	1	
diazepam 10 mg TABLET DL	1	QL(120 per 30 days)
diazepam 2 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	1	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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)
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 2.5 mg TABLET MO	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION MO	3	ST
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION MO	3	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION MO	3	ST
<i>glucagon emergency kit (human) 1 mg RECON SOLUTION</i> MO	3	ST
GLUCOTROL XL 10 MG, 5 MG TABLET, ER 24 HR. MO	3	
GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. DL	4	ST,QL(60 per 30 days)
GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. DL	4	ST,QL(120 per 30 days)
<i>glyburide 1.25 mg, 2.5 mg, 5 mg TABLET</i> MO	1	
<i>glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET</i> MO	1	
<i>glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> MO	1	
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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN 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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
migliitol 100 mg, 25 mg, 50 mg TABLET MO	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	2	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	3	PA,QL(30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLOG MIX 70-30 U-100 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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 50-1,000 mg, 50-500 mg TABLET MO	1	QL(60 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>anagrelide 0.5 mg, 1 mg CAPSULE</i> 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)
<i>aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR.</i> 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)
<i>cilostazol 100 mg, 50 mg TABLET</i> MO	1	
<i>clopidogrel 300 mg TABLET</i> MO	1	
<i>clopidogrel 75 mg TABLET</i> MO	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION DL	4	PA
<i>dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>dipyridamole 25 mg, 50 mg, 75 mg TABLET</i> 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)
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	
KENREAL 50 MG RECON SOLUTION DL	4	
LEUKINE 250 MCG RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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)
<i>plerixafor</i> 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)
<i>prasugrel hcl</i> 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION</i> MO	1	ST,QL(600 per 30 days)
<i>rivaroxaban 2.5 mg TABLET</i> 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)
<i>ticagrelor 60 mg, 90 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION</i> MO	1	
<i>tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION</i> MO	1	PA
<i>tranexamic acid 650 mg TABLET</i> MO	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	4	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	4	PA,QL(1.2 per 28 days)
<i>warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET</i> MO	1	
<i>warfarin 5 mg TABLET</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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-hcthiiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET MO	1	QL(30 per 30 days)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET MO	1	
BENICAR 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET MO	3	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET MO	3	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET DL	4	PA
BETAPACE AF 120 MG, 160 MG 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
EDECIN 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)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT 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) 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fenofibrate</i> 40 mg, 54 mg TABLET MO	1	QL(60 per 30 days)
<i>fenofibrate</i> 50 mg CAPSULE MO	1	QL(60 per 30 days)
<i>fenofibrate</i> micronized 130 mg, 43 mg CAPSULE MO	1	ST,QL(30 per 30 days)
<i>fenofibrate</i> micronized 134 mg, 200 mg CAPSULE MO	1	QL(30 per 30 days)
<i>fenofibrate</i> micronized 67 mg CAPSULE MO	1	QL(60 per 30 days)
<i>fenofibrate</i> nanocrystallized 145 mg TABLET MO	1	QL(30 per 30 days)
<i>fenofibrate</i> nanocrystallized 48 mg TABLET MO	1	QL(60 per 30 days)
<i>fenofibric acid</i> 105 mg, 35 mg TABLET MO	2	QL(30 per 30 days)
<i>fenofibric acid (choline)</i> 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)
<i>flecainide</i> 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)
<i>fluvastatin</i> 20 mg, 40 mg CAPSULE MO	1	ST,QL(60 per 30 days)
<i>fluvastatin</i> 80 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
<i>fosinopril</i> 10 mg, 20 mg, 40 mg TABLET MO	1	
<i>fosinopril-hydrochlorothiazide</i> 10-12.5 mg, 20-12.5 mg TABLET MO	1	
FUROSCIX 80 MG/10 ML KIT	4	PA
<i>furosemide</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	1	
<i>furosemide</i> 20 mg, 40 mg TABLET MO	1	
<i>furosemide</i> 80 mg TABLET MO	1	
<i>gemfibrozil</i> 600 mg TABLET MO	1	QL(60 per 30 days)
GONITRO 400 MCG POWDER IN PACKET MO	3	
<i>guanfacine</i> 1 mg, 2 mg TABLET MO	1	
HEMANGEOL 4.28 MG/ML SOLUTION MO	3	
HEMICLOR 12.5 MG TABLET MO	3	
<i>hydralazine</i> 10 mg, 100 mg TABLET MO	1	
<i>hydralazine</i> 20 mg/ml SOLUTION MO	1	
<i>hydralazine</i> 25 mg, 50 mg TABLET MO	1	
<i>hydrochlorothiazide</i> 12.5 mg CAPSULE MO	1	
<i>hydrochlorothiazide</i> 12.5 mg, 25 mg TABLET MO	1	
<i>hydrochlorothiazide</i> 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)
<i>ibutilide fumarate</i> 0.1 mg/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMMPHENTIV 0.1 MG/ML SOLUTION MO	3	
<i>indapamide</i> 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	
<i>irbesartan</i> 150 mg, 300 mg, 75 mg TABLET MO	1	QL(30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i> 150-12.5 mg TABLET MO	1	QL(60 per 30 days)
<i>irbesartan-hydrochlorothiazide</i> 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
<i>isosorbide dinitrate</i> 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET MO	1	
<i>isosorbide mononitrate</i> 10 mg, 20 mg TABLET MO	1	
<i>isosorbide mononitrate</i> 120 mg TABLET, ER 24 HR. MO	1	
<i>isosorbide mononitrate</i> 30 mg, 60 mg TABLET, ER 24 HR. MO	1	
<i>isosorbide-hydralazine</i> 20-37.5 mg TABLET MO	1	QL(180 per 30 days)
<i>isradipine</i> 2.5 mg, 5 mg CAPSULE MO	1	
ISUPREL 0.2 MG/ML SOLUTION MO	3	
<i>ivabradine</i> 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)
<i>labetalol</i> 100 mg, 200 mg, 300 mg, 400 mg TABLET MO	1	
<i>labetalol</i> 5 mg/ml SOLUTION MO	1	
LABELALOL IN DEXTROSE,ISO-OSM 1 MG/ML SOLUTION MO	1	
LABELALOL IN NACL (ISO-OSMOT) 1 MG/ ML SOLUTION MO	1	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET MO	3	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>lidocaine (pf) 20 mg/ml (2 %) SOLUTION</i> MO	1	
<i>lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION</i> MO	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	3	PA
LIPOFEN 150 MG CAPSULE MO	3	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL(60 per 30 days)
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET</i> MO	1	
<i>lisinopril 30 mg TABLET</i> MO	1	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg TABLET</i> MO	1	
<i>lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET</i> 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	
<i>losartan 100 mg, 25 mg, 50 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET</i> 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)
<i>lovastatin 10 mg, 20 mg, 40 mg TABLET</i> MO	1	
LOVAZA 1 GRAM CAPSULE MO	3	PA,QL(120 per 30 days)
<i>mannitol 20 % 20 % PARENTERAL SOLUTION</i> MO	1	
<i>mannitol 25 % 25 % SOLUTION</i> MO	1	
<i>matzim la 180 mg, 240 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nicardipine 20 mg, 30 mg CAPSULE</i> MO	1	
<i>nicardipine 25 mg/10 ml SOLUTION</i> MO	1	
<i>nifedipine 10 mg, 20 mg CAPSULE</i> MO	1	
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET ER</i> MO	1	
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.</i> MO	1	
<i>nimodipine 30 mg CAPSULE</i> MO	1	
<i>nimodipine 60 mg/20 ml SOLUTION</i> DL	4	QL(2838 per 28 days)
<i>nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR.</i> 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	
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR.</i> MO	1	
<i>nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET</i> MO	1	
<i>nitroglycerin 0.4 mg SUBLINGUAL TABLET</i> MO	1	
<i>nitroglycerin 2 % OINTMENT</i> MO	1	
<i>nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL</i> MO	1	
<i>nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION</i> MO	1	
<i>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</i> MO	1	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	2	
<i>norepinephrine bitartrate 1 mg/ml SOLUTION</i> 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)
<i>olmesartan 20 mg, 40 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>olmesartan 5 mg TABLET</i> MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olmesartan-amlodipin-hcthiazyd 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET MO	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	
OSMITROL 5 % 5 % 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	2	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET MO	1	QL(60 per 30 days)
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
SODIUM EDECRIN 50 MG RECON SOLUTION MO	3	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	1	
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)
taztia xt 120 mg, 180 mg, 240 mg, 300 mg, 360 mg CAPSULE, ER 24 HR. MO	1	
TEKURNA 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
torse mide 10 mg, 100 mg, 5 mg TABLET MO	1	
torse mide 20 mg TABLET MO	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET MO	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO	1	
triamterene 100 mg, 50 mg CAPSULE MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET MO	1	
TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET MO	3	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET MO	3	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC MO	3	PA,QL(30 per 30 days)
TRYNGOLZA 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil 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)
WIDAPLIK 10-1.25-0.625 MG, 20-2.5-1.25 MG, 40-5-2.5 MG TABLET MO	3	QL(30 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)
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)
AUBAGIO 14 MG, 7 MG TABLET DL	4	PA,QL(30 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dextroamphetamine sulfate 10 mg TABLET</i> MO	1	QL(180 per 30 days)
<i>dextroamphetamine sulfate 15 mg CAPSULE, ER</i> MO	1	QL(120 per 30 days)
<i>dextroamphetamine sulfate 15 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>dextroamphetamine sulfate 30 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine sulfate 5 mg CAPSULE, ER</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine sulfate 5 mg TABLET</i> MO	1	QL(150 per 30 days)
<i>dextroamphetamine sulfate 5 mg/5 ml SOLUTION</i> MO	1	QL(1800 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR.</i> MO	1	QL(30 per 30 days)
<i>dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine-amphetamine 30 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC</i> MO	1	PA,QL(60 per 30 days)
<i>dimethyl fumarate 120 mg CAPSULE, DR/EC</i> MO	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	3	PA,QL(60 per 30 days)
<i>duloxetine 20 mg CAPSULE, DR/EC</i> MO	1	QL(120 per 30 days)
<i>duloxetine 30 mg CAPSULE, DR/EC</i> MO	1	QL(90 per 30 days)
<i>duloxetine 40 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>duloxetine 60 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC MO	3	QL(240 per 30 days)
<i>edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION</i> DL	4	PA
EVEKEO 10 MG, 5 MG TABLET MO	1	QL(90 per 30 days)
EXSERVAN 50 MG FILM DL	4	PA,QL(60 per 30 days)
<i> fingolimod 0.5 mg CAPSULE</i> MO	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	4	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL(60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC MO	3	QL(30 per 30 days)
<i>gabapentin 300 mg TABLET, ER 24 HR.</i> MO	1	ST,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gabapentin 450 mg, 600 mg TABLET, ER 24 HR.</i> MO	1	ST,QL(90 per 30 days)
<i>gabapentin 750 mg, 900 mg TABLET, ER 24 HR.</i> MO	1	ST,QL(60 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	4	PA,QL(30 per 30 days)
<i>glatiramer 20 mg/ml SYRINGE</i> DL	4	PA,QL(30 per 30 days)
<i>glatiramer 40 mg/ml SYRINGE</i> DL	4	PA,QL(12 per 28 days)
<i>glatopa 20 mg/ml SYRINGE</i> DL	4	PA,QL(30 per 30 days)
<i>glatopa 40 mg/ml SYRINGE</i> 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)
<i>guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER MO	3	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	4	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	4	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE DL	4	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE MO	3	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(1.2 per 28 days)
LEMRADA 12 MG/1.2 ML SOLUTION DL	4	PA,QL(6 per 365 days)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET</i> MO	1	PA,QL(30 per 30 days)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE</i> 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 hcl 10 mg CHEWABLE TABLET MO	1	QL(180 per 30 days)
methylphenidate hcl 10 mg TABLET ER MO	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC MO	3	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC MO	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	1	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION MO	1	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET MO	1	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	1	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC MO	1	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION MO	1	QL(1800 per 30 days)
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)
NUJEXTA 20-10 MG CAPSULE DL	4	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	4	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	4	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. DL	4	QL(120 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRATTERA 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>kourzeq</i> 0.1 % PASTE MO	1	
<i>oralone</i> 0.1 % PASTE MO	1	
<i>periogard</i> 0.12 % MOUTHWASH MO	1	
<i>pilocarpine hcl</i> 5 mg, 7.5 mg TABLET MO	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
<i>triamcinolone acetonide</i> 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)
<i>accutane</i> 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
<i>acitretin</i> 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)
<i>adapalene</i> 0.1 % CREAM MO	1	QL(45 per 30 days)
<i>adapalene</i> 0.1 % SOLUTION DL	4	QL(60 per 30 days)
<i>adapalene</i> 0.1 % SWAB	4	QL(30 per 30 days)
<i>adapalene</i> 0.3 % GEL MO	1	QL(45 per 30 days)
<i>adapalene</i> 0.3 % GEL WITH PUMP MO	1	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide</i> 0.1-2.5 % GEL WITH PUMP MO	1	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide</i> 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)
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)
<i>alclometasone</i> 0.05 % CREAM MO	1	QL(240 per 30 days)
<i>alclometasone</i> 0.05 % OINTMENT MO	1	QL(240 per 30 days)
ALTABAX 1 % OINTMENT MO	3	
ALTRENO 0.05 % LOTION MO	3	PA,QL(90 per 30 days)
<i>amcinonide</i> 0.1 % CREAM	4	QL(120 per 30 days)
<i>amcinonide</i> 0.1 % OINTMENT DL	4	ST,QL(120 per 30 days)
<i>ammonium lactate</i> 12 % CREAM MO	1	
<i>ammonium lactate</i> 12 % LOTION MO	1	
<i>amnesteem</i> 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
beseer 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)
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)
CAPEX 0.01 % SHAMPOO MO	3	QL(840 per 30 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	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORDRAN 0.05 % LOTION DL	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % OINTMENT MO	3	ST,QL(240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE MO	3	QL(2 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
<i>crotan 10 % LOTION</i> DL	4	PA,QL(454 per 30 days)
<i>dapsone 5 %, 7.5 % GEL</i> MO	1	QL(90 per 30 days)
<i>dapsone 7.5 % GEL WITH PUMP</i> MO	1	QL(90 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL 0.01 % OIL MO	3	QL(118.28 per 30 days)
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % OIL MO	3	QL(118.28 per 30 days)
<i>desonide 0.05 % CREAM</i> MO	1	QL(240 per 30 days)
<i>desonide 0.05 % GEL</i> MO	1	QL(240 per 30 days)
<i>desonide 0.05 % LOTION</i> MO	1	QL(240 per 30 days)
<i>desonide 0.05 % OINTMENT</i> MO	1	QL(240 per 30 days)
<i>desoximetasone 0.05 % CREAM</i> MO	1	QL(240 per 30 days)
<i>desoximetasone 0.05 % GEL</i> MO	1	QL(240 per 30 days)
<i>desoximetasone 0.05 % OINTMENT</i> MO	1	QL(240 per 30 days)
<i>desoximetasone 0.25 % CREAM</i> MO	1	QL(120 per 30 days)
<i>desoximetasone 0.25 % OINTMENT</i> MO	1	QL(120 per 30 days)
<i>desoximetasone 0.25 % SPRAY, NON-AEROSOL</i> MO	1	QL(100 per 30 days)
<i>diclofenac sodium 3 % GEL</i> MO	1	PA
DIFFERIN 0.1 % CREAM MO	3	PA,QL(45 per 30 days)
DIFFERIN 0.1 % LOTION MO	3	QL(59 per 30 days)
DIFFERIN 0.3 % GEL WITH PUMP MO	3	QL(45 per 30 days)
<i>diflorasone 0.05 % CREAM</i> DL	4	QL(120 per 30 days)
<i>diflorasone 0.05 % OINTMENT</i> MO	3	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT MO	3	QL(100 per 30 days)
<i>doxepin 5 % CREAM</i> 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 0.1-2.5 % GEL WITH PUMP MO	3	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/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluticasone 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 % 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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
PANDEL 0.1 % CREAM DL	4	QL(160 per 30 days)
permethrin 5 % CREAM MO	1	
pimecrolimus 1 % CREAM MO	1	PA,QL(100 per 30 days)
podofilox 0.5 % GEL MO	1	
podofilox 0.5 % SOLUTION MO	1	QL(7 per 30 days)
prednicarbate 0.1 % CREAM MO	1	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT MO	1	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
PRUDOXIN 5 % CREAM DL	4	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/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPICORT 0.25 % SPRAY, NON-AEROSOL MO	3	QL(100 per 30 days)
tovet emollient 0.05 % FOAM MO	1	QL(100 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL MO	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	1	PA,QL(45 per 30 days)
tretinoin microspheres 0.04 %, 0.08 %, 0.1 % GEL WITH PUMP MO	1	PA,QL(50 per 30 days)
tretinoin microspheres 0.04 %, 0.1 % GEL MO	1	PA,QL(45 per 30 days)
TWYNEO 0.1-3 % CREAM MO	3	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION MO	3	QL(120 per 30 days)
VANOS 0.1 % CREAM MO	3	QL(120 per 28 days)
VECTICAL 3 MCG/GRAM OINTMENT DL	4	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL MO	3	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM DL	4	QL(200 per 30 days)
VEREGEN 15 % OINTMENT DL	4	QL(30 per 30 days)
VTAMA 1 % CREAM DL	4	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM MO	3	PA
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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>carglumic acid 200 mg TABLET, DISPERSIBLE</i> DL	4	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	3	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	1	BvsD
CLINOLIPID 20 % EMULSION MO	3	BvsD
<i>complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK</i> 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)
<i>d10 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> MO	1	
<i>d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> MO	1	
<i>d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION</i> MO	1	
<i>d5 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)
GLYCOPOS 1 MMOL/ML SOLUTION MO	1	
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>kionex 15 gram/60 ml SUSPENSION</i> MO	1	
<i>klor-con 20 meq PACKET</i> MO	1	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER MO	1	
<i>klor-con 10 10 meq TABLET ER</i> MO	1	
KLOR-CON 8 8 MEQ TABLET ER MO	1	
<i>klor-con 8 8 meq TABLET ER</i> MO	1	
<i>klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	1	
<i>klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET MO	3	
<i>lactated ringers PARENTERAL SOLUTION</i> MO	1	
<i>levocarnitine 100 mg/ml, 200 mg/ml SOLUTION</i> MO	1	
<i>levocarnitine 330 mg TABLET</i> MO	1	
<i>levocarnitine (with sugar) 100 mg/ml SOLUTION</i> MO	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	2	QL(30 per 30 days)
<i>m-natal plus 27 mg iron- 1 mg TABLET</i> MO	1	
<i>magnesium sulfate 500 mg/ml (50 %) SOLUTION</i> MO	1	
<i>magnesium sulfate 500 mg/ml (50 %) SYRINGE</i> MO	1	
<i>magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK</i> MO	1	
<i>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</i> MO	1	
<i>magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION</i> MO	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON -1 MG CHEWABLE TABLET MO	3	
<i>neo-vital rx 27 mg iron- 1 mg TABLET</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride-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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>tolvaptan 15 mg, 30 mg TABLET DL</i>	4	PA,QL(60 per 30 days)
<i>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</i>	4	PA,QL(56 per 28 days)
<i>tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET DL</i>	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	
<i>trientine 250 mg CAPSULE DL</i>	4	QL(240 per 30 days)
<i>trientine 500 mg CAPSULE DL</i>	4	QL(120 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg TABLET MO</i>	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE MO	3	
<i>tromethamine 36 mg/ml (0.3 m) SOLUTION MO</i>	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	
UROCIT-K 5 5 MEQ (540 MG) TABLET ER MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION MO	3	
VELTASSA 1 GRAM POWDER IN PACKET MO	3	PA,QL(240 per 30 days)
VELTASSA 16.8 GRAM, 25.2 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	
<i>wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO</i>	1	
<i>wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK MO</i>	1	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE MO</i>	1	
<i>westab plus 27 mg iron- 1 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
AEMCOLO 194 MG TABLET, DR/EC MO	3	PA,QL(12 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	
CARAFATE 100 MG/ML SUSPENSION MO	3	
chenodal 250 mg TABLET DL	4	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET MO	1	
cimetidine hcl 300 mg/5 ml SOLUTION MO	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION MO	3	ST
constulose 10 gram/15 ml SOLUTION MO	1	
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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
glycopyrrolate (pf) 0.6 mg/3 ml (0.2 mg/ml) SYRINGE MO	3	
glycopyrrolate (pf) in water 0.2 mg/ml SYRINGE MO	1	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION MO	3	ST
IBSRELA 50 MG TABLET DL	4	PA,QL(60 per 30 days)
IQIRVO 80 MG TABLET DL	4	PA,QL(30 per 30 days)
KONVOMEPE 2-84 MG/ML SUSPENSION FOR RECONSTITUTION 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)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK</i> MO	3	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK MO	3	
<i>peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION</i> MO	1	
<i>peg-electrolyte soln 420 gram RECON SOLUTION</i> MO	1	
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET</i> MO	1	ST
<i>pepcid 20 mg, 40 mg TABLET</i> MO	3	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL MO	3	ST
PREVACID 30 MG CAPSULE, DR/EC MO	3	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR MO	3	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON MO	3	
PROTONIX 20 MG, 40 MG TABLET, DR/EC MO	3	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET MO	3	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION MO	3	PA
<i>prucalopride 1 mg, 2 mg TABLET</i> MO	1	PA,QL(30 per 30 days)
PYLERA 140-125-125 MG CAPSULE MO	3	ST,QL(120 per 30 days)
<i>rabeprazole 20 mg TABLET, DR/EC</i> MO	1	QL(60 per 30 days)
<i>ranitidine hcl 150 mg, 300 mg TABLET</i> 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)
RELTONE 400 MG CAPSULE DL	4	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET MO	3	PA
ROBINUL FORTE 2 MG TABLET MO	3	PA
<i>sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION</i> MO	1	
<i>sucralfate 1 gram TABLET</i> MO	1	
<i>sucralfate 100 mg/ml SUSPENSION</i> MO	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	3	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION MO	3	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	2	
SYMPROIC 0.2 MG TABLET MO	3	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>dichlorphenamide 50 mg TABLET</i> 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
<i>glycerol phenylbutyrate 1.1 gram/ml LIQUID</i> DL	4	PA,QL(525 per 30 days)
GLYCEROL PHENYLBUTYRATE 1.1 GRAM/ML LIQUID DL	4	PA,QL(525 per 30 days)
HARLIKU 2 MG TABLET DL	4	PA
<i>javygtor 100 mg TABLET, SOLUBLE</i> DL	4	PA
<i>javygtor 100 mg, 500 mg POWDER IN PACKET</i> DL	4	PA
JOENJA 70 MG TABLET DL	4	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION DL	4	PA
KEVEYIS 50 MG TABLET DL	4	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE DL	4	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET DL	4	PA
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
<i>miglustat 100 mg CAPSULE</i> 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAGLAZYME 5 MG/5 ML SOLUTION DL	4	PA
NEXVIAZYME 100 MG RECON SOLUTION DL	4	PA
<i>nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE</i> 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	
<i>ormalvi 50 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE DL	4	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE DL	4	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE DL	4	PA,QL(90 per 30 days)
PANCREAZE 10,500-35,500- 61,500 UNIT, 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)
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
<i>sapropterin 100 mg TABLET, SOLUBLE</i> DL	4	PA
<i>sapropterin 100 mg, 500 mg POWDER IN PACKET</i> DL	4	PA
SEPHIENCE 1,000 MG, 250 MG POWDER IN PACKET DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sodium phenylbutyrate 0.94 gram/gram POWDER</i> DL	4	
<i>sodium phenylbutyrate 500 mg TABLET</i> DL	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 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)
VYNDAREL 20 MG CAPSULE DL	4	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	4	PA
<i>yargesa 100 mg CAPSULE</i> DL	4	PA,QL(90 per 30 days)
YUWIWEL 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)
<i>zelysia 100 mg, 500 mg POWDER IN PACKET</i> DL	4	PA
ZEMAIRA 1,000 MG RECON SOLUTION DL	4	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	4	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC MO	3	
ZOKINVY 50 MG, 75 MG CAPSULE DL	4	PA,QL(120 per 30 days)
GENITOURINARY AGENTS		
<i>alfuzosin 10 mg TABLET, ER 24 HR.</i> MO	1	
AVODART 0.5 MG CAPSULE MO	3	PA,QL(30 per 30 days)
<i>bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET</i> MO	1	
CIALIS 5 MG TABLET MO	3	PA
<i>darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR.</i> 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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)
tropium 20 mg TABLET MO	1	
tropium 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VESICARE 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION MO	3	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL DL	4	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR DL	4	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION DL	4	PA,QL(225 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE DL	4	PA
<i>betamethasone acet,sod phos 6 mg/ml SUSPENSION</i> 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)
<i>deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET</i> DL	4	PA
<i>deflazacort 22.75 mg/ml SUSPENSION</i> DL	4	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION MO	3	
<i>dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK</i> MO	1	
<i>dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml ELIXIR</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml SOLUTION</i> MO	1	
<i>dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK</i> MO	1	
<i>dexamethasone intensol 1 mg/ml DROPS</i> MO	1	
<i>dexamethasone sodium phos (pf) 10 mg/ml SOLUTION</i> MO	1	
<i>dexamethasone sodium phos (pf) 10 mg/ml SYRINGE</i> MO	1	
<i>dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION</i> MO	1	
<i>dexamethasone sodium phosphate 4 mg/ml SYRINGE</i> MO	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	4	PA
EMFLAZA 22.75 MG/ML SUSPENSION DL	4	PA
<i>fludrocortisone 0.1 mg TABLET</i> MO	1	
HEMADY 20 MG TABLET MO	3	PA,QL(24 per 28 days)
<i>hydrocortisone acetate 2.5 % CREAM W/PERINEAL APPLICATOR</i> DL	4	
<i>hydrocortisone sod succinate 100 mg RECON SOLUTION</i> MO	1	
<i>jaythari 18 mg, 30 mg, 36 mg, 6 mg TABLET</i> DL	4	PA
<i>jaythari 22.75 mg/ml SUSPENSION</i> DL	4	PA
KENALOG 0.147 MG/GRAM AEROSOL MO	3	QL(200 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>kymbee</i> 18 mg, 30 mg, 36 mg, 6 mg TABLET 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	
<i>methylprednisolone</i> 16 mg, 32 mg, 4 mg, 8 mg TABLET MO	1	BvsD
<i>methylprednisolone</i> 4 mg TABLET, DOSE PACK MO	1	
<i>methylprednisolone acetate</i> 40 mg/ml, 80 mg/ml SUSPENSION MO	1	
<i>methylprednisolone sodium succ</i> 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION MO	1	
<i>micort-hc</i> 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	
<i>millipred</i> 5 mg TABLET MO	1	BvsD
<i>millipred dp</i> 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	
<i>prednisolone</i> 15 mg/5 ml SOLUTION MO	1	
<i>prednisolone</i> 5 mg TABLET MO	1	BvsD
<i>prednisolone sodium phosphate</i> 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING MO	1	
<i>prednisolone sodium phosphate</i> 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	
<i>prednisone</i> 1 mg, 2 mg TABLET, DR/EC DL	4	PA
<i>prednisone</i> 1 mg, 2.5 mg, 50 mg TABLET MO	1	BvsD
<i>prednisone</i> 10 mg, 20 mg, 5 mg TABLET MO	1	BvsD
<i>prednisone</i> 10 mg, 5 mg TABLET, DOSE PACK MO	1	
<i>prednisone</i> 5 mg/5 ml SOLUTION MO	1	BvsD
<i>prednisone intensol</i> 5 mg/ml CONCENTRATE MO	1	BvsD
<i>pyquvi</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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
HUMATROPE 5 (15 UNIT) MG RECON SOLUTION DL	4	PA
INCRELEX 10 MG/ML SOLUTION DL	4	PA
ISTURISA 1 MG TABLET DL	4	PA,QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
<i>conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET MO</i>	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	
<i>cryselle (28) 0.3-30 mg-mcg TABLET MO</i>	1	
<i>cyred 0.15-0.03 mg TABLET MO</i>	1	
<i>cyred eq 0.15-0.03 mg TABLET MO</i>	1	
<i>danazol 100 mg, 200 mg, 50 mg CAPSULE MO</i>	1	
<i>dasetta 1/35 (28) 1-35 mg-mcg TABLET MO</i>	1	
<i>dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO</i>	1	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO</i>	1	QL(91 per 90 days)
<i>deblitane 0.35 mg TABLET MO</i>	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
<i>desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO</i>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET MO	3	
<i>dolishale 90-20 mcg (28) TABLET MO</i>	1	
<i>dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO</i>	1	QL(8 per 28 days)
<i>drospirenone-e.estradiol-lm.f.a 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET MO</i>	1	
<i>drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO</i>	1	
DJAVEE 0.45-20 MG TABLET MO	3	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP MO	3	QL(52 per 30 days)
<i>elinest 0.3-30 mg-mcg TABLET MO</i>	1	
<i>eluryng 0.12-0.015 mg/24 hr RING MO</i>	1	QL(1 per 28 days)
<i>emzahn 0.35 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	1	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
estradiol 0.25 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	
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	
FORTESTA 10 MG/0.5 GRAM /ACTUATION GEL IN METERED DOSE PUMP MO	3	PA,QL(120 per 30 days)
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET MO	1	
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	
hailey 1.5-30 mg-mcg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	1	
kalliga 0.15-0.03 mg TABLET MO	1	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	1	
kelnor 1/50 (28) 1-50 mg-mcg TABLET MO	1	
kurvelo (28) 0.15-0.03 mg TABLET MO	1	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	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	
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	
lutra (28) 0.1-20 mg-mcg TABLET MO	1	
lyleq 0.35 mg TABLET MO	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	1	
marlissa (28) 0.15-0.03 mg TABLET MO	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET MO	1	
medroxyprogesterone 150 mg/ml SUSPENSION MO	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE MO	1	QL(1 per 90 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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-lynyah 0.25-0.035 mg TABLET MO	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	3	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
pimtree (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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>simpesse</i> 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	
<i>sprintec</i> (28) 0.25-0.035 mg TABLET MO	1	
<i>sronyx</i> 0.1-20 mg-mcg TABLET MO	1	
<i>syeda</i> 3-0.03 mg TABLET MO	1	
<i>tarina</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
<i>tarina</i> fe 1-20 eq(28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
<i>tarina</i> 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)
<i>tilia</i> fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
TLANDO 112.5 MG CAPSULE MO	3	PA,QL(120 per 30 days)
<i>tri-estarylla</i> 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
<i>tri-legest</i> fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
<i>tri-linyah</i> 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
<i>tri-lo-estarylla</i> 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
<i>tri-lo-marzia</i> 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
<i>tri-lo-mili</i> 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
<i>tri-lo-sprintec</i> 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
<i>tri-mili</i> 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
<i>tri-sprintec</i> (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
<i>tri-vylibra</i> 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
<i>tri-vylibra</i> lo 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
<i>trivora</i> (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
<i>tulana</i> 0.35 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
turqoz (28) 0.3-30 mg-mcg TABLET MO	1	
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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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)		
<i>methimazole 10 mg, 5 mg TABLET</i> MO	1	
<i>propylthiouracil 50 mg TABLET</i> MO	1	
IMMUNOLOGICAL AGENTS		
ABRILADA(CF) 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ABRILADA(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ABRILADA(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ABRYSCO (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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-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-ADB 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ADALIMUMAB-ADB 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADB 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADB(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-ADB(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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>auranofin</i> 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
<i>azathioprine</i> 100 mg, 50 mg, 75 mg TABLET MO	1	BvsD
<i>azathioprine sodium</i> 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)
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)
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 SUSPENSION AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	BvsD
CELLCEPT 250 MG CAPSULE DL	4	BvsD
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
ENJAYMO 50 MG/ML SOLUTION DL	4	PA
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR DL	4	PA,QL(1.36 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. MO	3	PA
EPYSQLI 300 MG/30 ML SOLUTION DL	4	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET</i> MO	1	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET</i> DL	4	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET</i> 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
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
<i>gengraf 100 mg, 25 mg CAPSULE</i> MO	1	BvsD
<i>gengraf 100 mg/ml SOLUTION</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	4	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML - 40 MG/0.4 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE</i> DL	4	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>leflunomide 10 mg, 20 mg TABLET</i> MO	1	QL(30 per 30 days)
LEQSELVI 8 MG TABLET DL	4	PA,QL(60 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	
<i>methotrexate sodium 2.5 mg TABLET</i> MO	1	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION</i> MO	1	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION</i> MO	1	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION</i> MO	1	
MONJUVI 200 MG RECON SOLUTION DL	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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)
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)
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, 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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
RAPAMUNE 0.5 MG TABLET MO	3	BvsD
RAPAMUNE 1 MG, 2 MG TABLET DL	4	BvsD
RAPAMUNE 1 MG/ML SOLUTION DL	4	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR MO	3	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR MO	3	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR MO	3	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR MO	3	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR MO	3	PA,QL(2.4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>sajazir</i> 30 mg/3 ml SYRINGE DL	4	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	3	BvsD
SANDIMMUNE 100 MG/ML SOLUTION MO	3	BvsD
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION DL	4	PA,QL(2 per 28 days)
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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIMULECT 10 MG, 20 MG RECON SOLUTION DL	4	BvsD
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET MO	1	BvsD
<i>sirolimus</i> 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 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)
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
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE MO	1	BvsD
<i>tacrolimus</i> 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) SOLUTION DL	4	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE DL	4	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>balsalazide 750 mg CAPSULE MO</i>	1	
<i>budesonide 2 mg/actuation FOAM MO</i>	1	PA
<i>budesonide 3 mg CAPSULE, DR/EC MO</i>	1	
<i>budesonide 9 mg TABLET, DR/ER DL</i>	4	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY DL	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE DL	4	PA
CORTENEMA 100 MG/60 ML ENEMA MO	3	
CORTIFOAM 10 % (80 MG) FOAM MO	3	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) MO	3	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE DL	4	ST,QL(120 per 30 days)
<i>hydrocortisone 100 mg/60 ml ENEMA MO</i>	1	
LIALDA 1.2 GRAM TABLET, DR/EC MO	3	ST,QL(120 per 30 days)
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR. MO</i>	1	QL(120 per 30 days)
<i>mesalamine 1,000 mg SUPPOSITORY MO</i>	1	QL(30 per 30 days)
<i>mesalamine 1.2 gram TABLET, DR/EC MO</i>	1	ST,QL(120 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA MO</i>	1	QL(1800 per 30 days)
<i>mesalamine 400 mg CAPSULE (WITH DR TABLETS) MO</i>	1	ST,QL(180 per 30 days)
<i>mesalamine 500 mg CAPSULE, ER MO</i>	1	ST,QL(300 per 30 days)
<i>mesalamine 800 mg TABLET, DR/EC MO</i>	1	ST,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>sulfasalazine 500 mg TABLET</i> MO	1	
<i>sulfasalazine 500 mg TABLET, DR/EC</i> 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)
<i>alendronate 10 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>alendronate 35 mg TABLET</i> MO	1	QL(4 per 28 days)
<i>alendronate 70 mg TABLET</i> MO	1	QL(4 per 28 days)
<i>alendronate 70 mg/75 ml SOLUTION</i> MO	1	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC MO	3	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT MO	3	ST,QL(4 per 28 days)
<i>calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL</i> MO	1	QL(3.7 per 28 days)
<i>calcitonin (salmon) 200 unit/ml SOLUTION</i> DL	4	
<i>calcitriol 0.25 mcg, 0.5 mcg CAPSULE</i> MO	1	
<i>calcitriol 1 mcg/ml SOLUTION</i> MO	1	
<i>cinacalcet 30 mg, 60 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>cinacalcet 90 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE</i> MO	1	
<i>doxercalciferol 4 mcg/2 ml SOLUTION</i> MO	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE DL	4	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (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	
<i>ibandronate 150 mg TABLET</i> MO	1	QL(1 per 28 days)
<i>ibandronate 3 mg/3 ml SOLUTION</i> MO	1	PA,QL(3 per 90 days)
<i>ibandronate 3 mg/3 ml SYRINGE</i> MO	1	PA,QL(3 per 90 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
AUTOJECT 2 INJECTION DEVICE INSULIN PEN MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN MO	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE MO	1	
BD ALCOHOL SWABS PADS, MEDICATED MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD VEO INSULIN 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)
<i>bupap 50-300 mg TABLET</i> MO	1	QL(180 per 30 days)
<i>butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE</i> DL	1	QL(180 per 30 days)
<i>butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE</i> DL	1	QL(360 per 30 days)
<i>butalbital-acetaminophen 50-300 mg CAPSULE</i> MO	1	QL(180 per 30 days)
<i>butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET</i> MO	1	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE</i> MO	1	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg TABLET</i> MO	1	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg/15 ml SOLUTION</i> DL	4	QL(450 per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg CAPSULE</i> MO	1	QL(180 per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg TABLET</i> MO	1	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE DL	4	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLETT DL	4	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE DL	4	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLETT DL	4	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION MO	3	
<i>caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION</i> MO	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED MO	1	
CEQR SIMPLICITY 2 UNIT DEVICE MO	2	
CEQR 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DERMACEA 2 X 2 " BANDAGE MO	1	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE PDS,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
<i>dyclopro 0.5 % SOLUTION</i> 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	
<i>edetate calcium disodium 200 mg/ml SOLUTION</i> 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 CAPSULE MO	1	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET MO	1	QL(180 per 30 days)
FILSPARI 200 MG, 400 MG TABLET DL	4	PA,QL(30 per 30 days)
FILSUVEZ 10 % GEL DL	4	PA
<i>fioricet 50-300-40 mg CAPSULE</i> MO	1	QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE DL	3	QL(180 per 30 days)
<i>flumazenil</i> 0.1 mg/ml SOLUTION MO	1	
<i>fomepizole</i> 1 gram/ml SOLUTION MO	1	
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
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	
IV PREP WIPES PADS, MEDICATED MO	1	
JOURNAVX 50 MG TABLET MO	3	PA,QL(30 per 180 days)
KORLYM 300 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>lactated ringers</i> SOLUTION MO	1	
LITHOSTAT 250 MG TABLET MO	3	
<i>methylergonovine</i> 0.2 mg TABLET DL	4	
<i>methylergonovine</i> 0.2 mg/ml (1 ml) SOLUTION MO	1	
<i>mifepristone</i> 300 mg TABLET DL	4	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD MO	2	
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	
<i>neomycin-polymyxin b gu</i> 40 mg-200,000 unit/ml SOLUTION MO	1	
<i>nitroglycerin</i> 0.4 % (w/w) OINTMENT MO	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNIPOD 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
<i>oxytocin 10 unit/ml SOLUTION</i> MO	1	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET MO	3	PA
PALFORZIA INITIAL (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	
<i>phenazopyridine 100 mg, 200 mg TABLET</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PITOCIN 10 UNIT/ML SOLUTION MO	3	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE MO	3	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION DL	4	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PRO-COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
<i>promethazine vc 6.25-5 mg/5 ml SYRUP</i> MO	1	
<i>promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP</i> MO	1	
<i>protamine 10 mg/ml SOLUTION</i> MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PYRIDIUM 100 MG, 200 MG TABLET MO	3	
QUTENZA 8 % KIT DL	4	PA
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION MO	3	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>ribavirin 6 gram RECON SOLUTION</i> DL	4	BvsD
RIMSO-50 50 % SOLUTION DL	4	
<i>ringer's SOLUTION</i> MO	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE DL	4	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION DL	4	PA
SIKLOS 1,000 MG, 100 MG TABLET MO	3	PA
<i>sodium benzoate-sod phenylacet 10-10 % SOLUTION</i> DL	4	
<i>sodium chloride 0.9 % SOLUTION</i> MO	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA
<i>sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION</i> 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
<i>tencon 50-325 mg TABLET</i> MO	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION DL	4	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED MO	1	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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
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
<i>water for irrigation, sterile</i> 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)
XDEMVI 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
<i>zingiber</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALOMIDE 0.1 % DROPS MO	3	
ALPHAGAN P 0.1 %, 0.15 % DROPS MO	3	ST
ALREX 0.2 % DROPS, SUSPENSION MO	3	ST
<i>apraclonidine 0.5 % DROPS MO</i>	1	
<i>atropine 1 % DROPS MO</i>	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	1	
AZASITE 1 % DROPS MO	3	ST,QL(2.5 per 25 days)
<i>azelastine 0.05 % DROPS MO</i>	1	
AZOPT 1 % DROPS, SUSPENSION MO	3	ST,QL(10 per 28 days)
<i>bacitracin 500 unit/gram OINTMENT MO</i>	1	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT MO</i>	1	
<i>balanced salt SOLUTION MO</i>	1	
<i>bepotastine besilate 1.5 % DROPS MO</i>	1	ST,QL(5 per 25 days)
BEPREVE 1.5 % DROPS MO	3	ST,QL(5 per 25 days)
<i>besifloxacin 0.6 % DROPS, SUSPENSION MO</i>	3	ST
BESIVANCE 0.6 % DROPS, SUSPENSION MO	3	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
<i>betaxolol 0.5 % DROPS MO</i>	1	
BETIMOL 0.25 %, 0.5 % DROPS MO	3	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION MO	3	ST
<i>bimatoprost 0.01 %, 0.03 % DROPS MO</i>	1	QL(2.5 per 25 days)
<i>brimonidine 0.1 %, 0.15 % DROPS MO</i>	1	ST
<i>brimonidine 0.2 % DROPS MO</i>	1	
<i>brinzolamide 1 % DROPS, SUSPENSION MO</i>	1	ST,QL(10 per 28 days)
<i>bromfenac 0.07 % DROPS MO</i>	1	ST,QL(3 per 30 days)
<i>bromfenac 0.075 % DROPS MO</i>	1	ST,QL(5 per 30 days)
<i>bromfenac 0.09 % DROPS MO</i>	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
<i>carteolol 1 % DROPS MO</i>	1	
CEQUA 0.09 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
CILOXAN 0.3 % OINTMENT MO	3	
<i>ciprofloxacin hcl 0.3 % DROPS MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>cromolyn 4 % DROPS MO</i>	1	
<i>cyclosporine 0.05 % DROPPERETTE MO</i>	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)
<i>dexamethasone sodium phosphate 0.1 % DROPS MO</i>	1	
DEXTENZA 0.4 MG INSERT MO	3	QL(1 per 30 days)
<i>diclofenac sodium 0.1 % DROPS MO</i>	1	
<i>difluprednate 0.05 % DROPS MO</i>	1	ST
<i>dorzolamide 2 % DROPS MO</i>	1	
<i>dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO</i>	1	
<i>dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE MO</i>	1	QL(60 per 30 days)
DUREZOL 0.05 % DROPS MO	3	ST
DURYSTA 10 MCG IMPLANT DL	4	PA
ENSPRYNG 120 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
<i>epinastine 0.05 % DROPS MO</i>	1	QL(5 per 25 days)
<i>erythromycin 5 mg/gram (0.5 %) OINTMENT MO</i>	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
<i>fluorometholone 0.1 % DROPS, SUSPENSION MO</i>	1	
<i>flurbiprofen sodium 0.03 % DROPS MO</i>	1	
FML FORTE 0.25 % DROPS, SUSPENSION MO	3	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION MO	3	ST
<i>gatifloxacin 0.5 % DROPS MO</i>	1	QL(2.5 per 25 days)
<i>gentamicin 0.3 % DROPS MO</i>	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)
<i>ketorolac 0.4 %, 0.5 % DROPS MO</i>	1	QL(10 per 30 days)
LACRISERT 5 MG INSERT MO	3	
<i>latanoprost 0.005 % DROPS MO</i>	1	QL(5 per 25 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
MIEBO (PF) 100 % DROPS MO	3	PA,QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION MO	3	
moxifloxacin 0.5 % DROPS MO	1	
moxifloxacin 0.5 % DROPS, VISCOUS MO	1	ST
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(56 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRED FORTE 1 % DROPS, SUSPENSION MO	3	ST
PRED MILD 0.12 % DROPS, SUSPENSION MO	3	ST
<i>prednisolone acetate 1 % DROPS, SUSPENSION MO</i>	1	
<i>prednisolone sodium phosphate 1 % DROPS MO</i>	1	
PROLENSA 0.07 % DROPS MO	3	ST,QL(3 per 30 days)
<i>proparacaine 0.5 % DROPS MO</i>	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	
<i>sulfacetamide sodium 10 % DROPS MO</i>	1	
<i>sulfacetamide-prednisolone 10%-0.23 % (0.25 %) DROPS MO</i>	1	
<i>tafluprost (pf) 0.0015 % DROPPERETTE MO</i>	3	ST,QL(30 per 30 days)
<i>timolol 0.5 % DROPS MO</i>	1	
<i>timolol maleate 0.25 % DROPS MO</i>	1	
<i>timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO</i>	1	
<i>timolol maleate 0.5 % DROPS MO</i>	1	
<i>timolol maleate 0.5 % DROPS, ONCE DAILY MO</i>	1	
<i>timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE MO</i>	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	
<i>tobramycin 0.3 % DROPS MO</i>	1	
<i>tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO</i>	1	
<i>tobramycin-lotepred 0.3-0.5 % DROPS, SUSPENSION MO</i>	1	
TOBREX 0.3 % OINTMENT MO	3	
TRAVATAN Z 0.004 % DROPS MO	3	ST,QL(2.5 per 25 days)
<i>travoprost 0.004 % DROPS MO</i>	1	QL(2.5 per 25 days)
<i>trifluridine 1 % DROPS MO</i>	1	
TRYPTYR 0.003 % DROPPERETTE MO	3	PA,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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
ZYLET 0.3-0.5 % DROPS, SUSPENSION MO	3	
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION MO	3	
<i>ciprofloxacin hcl 0.2 % DROPPERETTE MO</i>	1	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO</i>	3	QL(7.5 per 30 days)
<i>ciprofloxacin-hydrocortisone 0.2-1 % DROPS, SUSPENSION MO</i>	1	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION MO	3	
DERMOTIC OIL 0.01 % DROPS MO	3	
<i>flac otic oil 0.01 % DROPS MO</i>	1	
<i>fluocinolone acetonide oil 0.01 % DROPS MO</i>	1	
<i>hydrocortisone-acetic acid 1-2 % DROPS MO</i>	1	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO</i>	1	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO</i>	1	
<i>ofloxacin 0.3 % DROPS MO</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL(60 per 30 days)
<i>acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO</i>	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 DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
ambrisentan 10 mg, 5 mg TABLET DL	4	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	1	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	2	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	3	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR MO	2	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL MO	1	ST,QL(23 per 28 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bosentan</i> 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 160-9-4.8 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)
<i>budesonide</i> 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION MO	1	BvsD
<i>carbinoxamine maleate</i> 4 mg TABLET MO	1	
<i>carbinoxamine maleate</i> 4 mg/5 ml LIQUID MO	1	
<i>carbinoxamine maleate</i> 4 mg/5 ml SUSPENSION, ER 12 HR.	4	
<i>carbinoxamine maleate</i> 6 mg TABLET DL	4	QL(120 per 30 days)
<i>carbazah</i> 4 mg/5 ml LIQUID DL	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(84 per 28 days)
<i>cetirizine</i> 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)
<i>clemastine</i> 0.5 mg/5 ml SYRUP DL	4	PA,QL(1800 per 30 days)
<i>clemastine</i> 2.68 mg TABLET MO	1	
<i>clemasz</i> 2.68 mg TABLET MO	1	
<i>clemsza</i> 2.68 mg TABLET DL	4	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	3	QL(4 per 20 days)
<i>corphena</i> 2 mg/5 ml SOLUTION DL	4	
<i>cromolyn</i> 100 mg/5 ml CONCENTRATE MO	1	
<i>cromolyn</i> 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
<i>cyproheptadine</i> 2 mg/5 ml SYRUP MO	1	
<i>cyproheptadine</i> 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)
<i>desloratadine</i> 0.5 mg/ml SOLUTION DL	4	QL(300 per 30 days)
<i>desloratadine</i> 2.5 mg, 5 mg TABLET, DISINTEGRATING MO	1	QL(30 per 30 days)
<i>desloratadine</i> 5 mg TABLET MO	1	QL(30 per 30 days)
<i>dexchlorpheniramine maleate</i> 2 mg/5 ml SOLUTION MO	1	
<i>diphen</i> 12.5 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/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIPHEN 12.5 MG/5 ML ELIXIR MO	1	
<i>diphenhydramine hcl 12.5 mg/5 ml ELIXIR</i> MO	1	
<i>diphenhydramine hcl 50 mg/ml SOLUTION</i> MO	1	
<i>diphenhydramine hcl 50 mg/ml SYRINGE</i> 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	
<i>epinephrine 0.1 mg/ml SYRINGE</i> MO	3	
<i>epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR</i> MO	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
<i>epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION</i> 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)
<i>flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL</i> MO	1	QL(50 per 30 days)
<i>fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE</i> MO	1	QL(60 per 30 days)
<i>fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV.</i> MO	3	ST,QL(1 per 30 days)
<i>fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE</i> MO	3	ST,QL(60 per 30 days)
<i>fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER</i> MO	3	ST,QL(24 per 30 days)
<i>fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER</i> MO	3	ST,QL(10.6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION</i> MO	1	QL(16 per 30 days)
<i>formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION</i> 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)
<i>hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE</i> MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE MO	3	PA,QL(30 per 30 days)
<i>ipratropium bromide 0.02 % SOLUTION</i> MO	1	BvsD
<i>ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER</i> MO	1	PA,QL(25.8 per 30 days)
<i>ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL</i> MO	1	QL(30 per 30 days)
<i>ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL</i> MO	1	QL(45 per 30 days)
<i>ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION</i> 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)
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)
<i>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</i> MO	1	BvsD
<i>levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER</i> MO	1	ST,QL(30 per 30 days)
<i>levocetirizine 2.5 mg/5 ml SOLUTION</i> MO	1	QL(300 per 30 days)
<i>levocetirizine 5 mg TABLET</i> MO	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION DL	4	PA,QL(180 per 30 days)
<i>mometasone 50 mcg/actuation SPRAY, NON-AEROSOL</i> MO	1	QL(34 per 30 days)
<i>montelukast 10 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>montelukast 4 mg GRANULES IN PACKET</i> MO	1	QL(30 per 30 days)
<i>montelukast 4 mg, 5 mg CHEWABLE TABLET</i> 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)
<i>nintedanib 100 mg, 150 mg CAPSULE</i> DL,LA	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,LA	4	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	4	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(10.6 per 30 days)
QUZYTIR 10 MG/ML SOLUTION MO	3	
QVAR REDHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(10.6 per 30 days)
QVAR REDHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(21.2 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 10 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(720 per 30 days)
REVATIO 20 MG TABLET DL	4	PA,QL(360 per 30 days)
<i>roflumilast 250 mcg TABLET MO</i>	1	QL(28 per 365 days)
<i>roflumilast 500 mcg TABLET MO</i>	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)
<i>sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION MO</i>	3	PA,QL(720 per 30 days)
<i>sildenafil (pulm.hypertension) 20 mg TABLET MO</i>	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)
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)
<i>tadalafil (pulm. hypertension) 20 mg TABLET MO</i>	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION DL	4	PA,QL(300 per 30 days)
<i>terbutaline 1 mg/ml SOLUTION MO</i>	1	
<i>terbutaline 2.5 mg, 5 mg TABLET MO</i>	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. MO	1	
<i>theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO</i>	1	
<i>theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO</i>	1	
<i>theophylline 80 mg/15 ml ELIXIR MO</i>	1	
<i>theophylline 80 mg/15 ml SOLUTION MO</i>	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION</i> 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 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)
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
<i>umeclidinium 62.5 mcg/actuation BLISTER WITH DEVICE</i> MO	3	PA,QL(30 per 30 days)
<i>umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE</i> 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 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)
VISTARIL 25 MG CAPSULE MO	3	
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	4	PA
<i>wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE</i> 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>zafirlukast</i> 10 mg, 20 mg TABLET MO	1	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.1 per 28 days)
<i>zileuton</i> 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
<i>carisoprodol</i> 250 mg TABLET MO	1	ST,QL(120 per 30 days)
<i>carisoprodol</i> 350 mg TABLET MO	1	QL(120 per 30 days)
<i>chlorzoxazone</i> 250 mg TABLET DL	4	ST,QL(360 per 30 days)
<i>chlorzoxazone</i> 375 mg, 750 mg TABLET MO	1	ST,QL(120 per 30 days)
<i>chlorzoxazone</i> 500 mg TABLET MO	1	ST
<i>cyclobenzaprine</i> 10 mg, 5 mg TABLET MO	1	
<i>cyclobenzaprine</i> 15 mg, 30 mg CAPSULE, ER 24 HR. MO	1	ST,QL(21 per 30 days)
<i>cyclobenzaprine</i> 7.5 mg TABLET MO	1	QL(90 per 30 days)
FEXMID 7.5 MG TABLET MO	1	ST,QL(90 per 30 days)
<i>metaxalone</i> 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)
<i>methocarbamol</i> 1,000 mg TABLET DL	4	PA
<i>methocarbamol</i> 100 mg/ml SOLUTION MO	1	
<i>methocarbamol</i> 500 mg, 750 mg TABLET MO	1	
<i>norgesic</i> 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)
<i>orphenadrine citrate</i> 100 mg TABLET ER MO	1	
<i>orphenadrine citrate</i> 30 mg/ml SOLUTION MO	1	ST
<i>orphenadrine-asa-caffeine</i> 25-385-30 mg TABLET DL	4	PA,QL(240 per 30 days)
<i>orphengesic forte</i> 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)
<i>tanlor</i> 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WAKIX 17.8 MG, 4.45 MG TABLET DL	4	PA,QL(60 per 30 days)
XYREM 500 MG/ML SOLUTION DL	4	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML SOLUTION DL	4	PA,QL(540 per 30 days)
<i>zaleplon 10 mg, 5 mg CAPSULE</i> MO	1	QL(30 per 30 days)
<i>zolpidem 1.75 mg, 3.5 mg SUBLINGUAL TABLET</i> MO	1	QL(30 per 30 days)
<i>zolpidem 10 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE</i> 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/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order Available		
<i>benzonatate 100 mg, 200 mg CAPSULE</i>	1	
<i>bromfed dm 2-30-10 mg/5 ml SYRUP</i>	1	
<i>brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP</i>	1	
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	
<i>hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg TABLET</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg/5 ml SOLUTION</i>	1	
<i>hydromet 5-1.5 mg/5 ml SOLUTION</i>	1	
<i>promethazine-codeine 6.25-10 mg/5 ml SYRUP</i>	1	
<i>promethazine-dm 6.25-15 mg/5 ml SOLUTION</i>	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	
<i>avanafil 100 mg, 200 mg, 50 mg TABLET</i>	1	QL(6 per 30 days)
CIALIS 10 MG, 20 MG TABLET	3	QL(6 per 30 days)
<i>sildenafil 100 mg, 25 mg, 50 mg TABLET</i>	1	QL(6 per 30 days)
STENDRA 100 MG, 200 MG, 50 MG TABLET	3	QL(6 per 30 days)
<i>tadalafil 10 mg, 20 mg TABLET</i>	1	QL(6 per 30 days)
<i>varденаfil 10 mg TABLET, DISINTEGRATING</i>	1	QL(6 per 30 days)
<i>varденаfil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET</i>	1	QL(6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Erectile Dysfunction - Mail Order Available		
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		
<i>cetrorelix 0.25 mg KIT</i>	1	
CETROTIDE 0.25 MG KIT	3	
<i>clomid 50 mg TABLET</i>	1	
<i>clomiphene citrate 50 mg TABLET</i>	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	3	
<i>fyremadel 250 mcg/0.5 ml SYRINGE</i>	1	
<i>ganirelix 250 mcg/0.5 ml SYRINGE</i>	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	
<i>milophene 50 mg TABLET</i>	1	
OVIDREL 250 MCG/0.5 ML SYRINGE	3	
Vitamins/Minerals - Mail Order Available		
<i>ascorbic acid (vitamin c) 500 mg/ml SOLUTION</i>	1	
<i>b complex 100 100-2-100-2-2 mg/ml SOLUTION</i>	1	
<i>b-complex injection 100-2-100-2-2 mg/ml SOLUTION</i>	1	
<i>cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION</i>	1	
<i>cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL</i>	1	
<i>dodex 1,000 mcg/ml SOLUTION</i>	1	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Vitamins/Minerals - Mail Order Available		
<i>folic acid 1 mg TABLET</i>	1	
<i>folic acid 5 mg/ml SOLUTION</i>	1	
<i>hydroxocobalamin 1,000 mcg/ml SOLUTION</i>	1	
INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	3	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	3	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE</i>	1	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION</i>	1	
<i>phytonadione (vitamin k1) 5 mg TABLET</i>	1	
<i>pyridoxine (vitamin b6) 100 mg/ml SOLUTION</i>	1	
<i>thiamine hcl (vitamin b1) 100 mg/ml SOLUTION</i>	1	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE</i>	1	
<i>vitamin k 1 mg/0.5 ml SOLUTION</i>	1	
<i>vitamin k1 10 mg/ml SOLUTION</i>	1	
Weight Loss - Mail Order Available		
ADIPEX-P 37.5 MG TABLET	1	
<i>benzphetamine 50 mg TABLET</i>	1	
CONTRACE 8-90 MG TABLET ER	3	QL(120 per 30 days)
<i>diethylpropion 25 mg TABLET</i>	1	
<i>diethylpropion 75 mg TABLET ER</i>	1	
<i>liraglutide (weight loss) 3 mg/0.5 ml (18 mg/3 ml) PEN INJECTOR</i>	3	
<i>lomaira 8 mg TABLET</i>	1	
<i>phendimetrazine tartrate 105 mg CAPSULE, ER</i>	3	
<i>phendimetrazine tartrate 35 mg TABLET</i>	1	

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

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

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

Index

A

- abacavir-lamivudine... 71
abacavir... 71
ABELCET... 42
abigale lo... 135
abigale... 135
ABILIFY ASIMTUFIG... 66
ABILIFY MAINTENANCE... 66
ABILIFY MYCITE MAINTENANCE
KIT... 66
ABILIFY MYCITE STARTER KIT... 66
ABILIFY... 66
abiraterone... 48
abirtega... 48
ABRAXANE... 48
ABRILADA(CF) PEN... 147
ABRILADA(CF)... 147
ABRYSVO (PF)... 147
ABSORICA LD... 108
ABSORICA... 108
acamprosate... 20
ACANYA... 108
acarbose... 77
ACCOLATE... 174
ACCUPRIL... 87
ACCURETIC... 87
accutane... 108
acebutolol... 88
ACETADOTE... 162
acetaminophen-caff-dihydrocod...
11
acetaminophen-codeine... 11
acetaminophen... 162
acetazolamide sodium... 88
acetazolamide... 88
acetic acid... 21, 162
acetylcysteine... 163, 174
ACIPHEX SPRINKLE... 123
ACIPHEX... 123
acitretin... 108
ACTEMRA ACTPEN... 147
ACTEMRA... 147
ACTHAR SELFJECT... 132
ACTHAR... 132
ACTHIB (PF)... 147
ACTIMMUNE... 147
ACTIVELLA... 135
ACTONEL... 161
ACTOPLUS MET... 77
ACTOS... 77
ACULAR LS... 169
ACULAR... 169
ACUVAIL (PF)... 169
acyclovir sodium... 71
acyclovir... 71
ACZONE... 108
ADACEL(TDAP
ADOLESN/ADULT)(PF)... 147
ADAKVEO... 163
ADALIMUMAB-AACF(CF) PEN
CROHNS... 148
ADALIMUMAB-AACF(CF) PEN
PS-UV... 148
ADALIMUMAB-AACF... 147, 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
ADALIMUMAB-RYVK... 148
adapalene-benzoyl peroxide... 108
adapalene... 108
ADBRY... 108
ADCETRIS... 48
ADCIRCA... 174
ADDERALL XR... 101
ADDERALL... 101
ADDYI... 185
adefovir... 71
ADEMPAS... 174
adenosine... 88
ADIPEX-P... 187
ADLARITY... 36
ADMELOG SOLOSTAR U-100
INSULIN... 78
ADMELOG U-100 INSULIN LISPRO...
78
ADRENALIN IN 0.9 % SOD CHLOR...
88
ADRENALIN... 174
ADRIAMYCIN... 48
adrucil... 48
ADSTILADRIN... 163

ADVAIR DISKUS... 174	ALDURAZYME... 127	AMBIEN... 182
ADVAIR HFA... 174	ALECENSA... 48	AMBISOME... 42
ADZENYS XR-ODT... 101	alendronate... 161	ambisentan... 175
ADZYNMA... 83	alfuzosin... 130	amcinonide... 108
AEMCOLO... 123	ALIMTA... 48	amethia... 135
AFINITOR DISPERZ... 48	ALIQOPA... 48	amethyst (28)... 135
AFINITOR... 48	aliskiren... 88	amikacin... 21
afirmelle... 135	ALKINDI SPRINKLE... 132	amiloride-hydrochlorothiazide... 88
AFREZZA... 78	allopurinol sodium... 45	amiloride... 88
AGAMREE... 132	allopurinol... 45	aminocaproic acid... 83
AGGRASTAT CONCENTRATE... 83	almotriptan malate... 46	aminophylline... 175
AGGRASTAT IN SODIUM CHLORIDE... 83	ALOMIDE... 170	AMINOSYN II 10 %... 116
AGRYLIN... 83	ALOPRIM... 45	AMINOSYN II 15 %... 116
AIMOVIG AUTOINJECTOR... 46	alosetron... 123	AMINOSYN-PF 10 %... 116
AIRDUO DIGIHALER... 174	ALPHAGAN P... 170	AMINOSYN-PF 7 % (SULFITE-FREE)... 116
AIRDUO RESPICLICK... 175	alprazolam intensol... 76	amiodarone... 88
AIRSUPRA... 175	alprazolam... 76	AMITIZA... 123
AJOVY AUTOINJECTOR... 46	ALREX... 170	amitriptyline-chlordiazepoxide... 37
AJOVY SYRINGE... 46	ALTABAX... 108	amitriptyline... 37
AKEEGA... 48	ALTACE... 88	AMJEVITA(CF) AUTOINJECTOR... 148
AKLIEF... 108	altavera (28)... 135	AMJEVITA(CF)... 148
AKYNZEO (FOSNETUPITANT)... 40	ALTOPREV... 88	amlodipine-atorvastatin... 88
AKYNZEO (NETUPITANT)... 40	ALTRENO... 108	amlodipine-benazepril... 88
ALA-CORT... 108	ALUNBRIG... 48, 49	amlodipine-olmesartan... 88
ALA-SCALP... 108	ALVAIZ... 83	amlodipine-valsartan-hcthiazyd... 88
albendazole... 63	ALVESCO... 175	amlodipine-valsartan... 88
albuterol sulfate... 175	alyacen 1/35 (28)... 135	amlodipine... 88
ALCAINE... 169	alyacen 7/7/7 (28)... 135	ammonium lactate... 108
alclometasone... 108	ALYFTREK... 175	AMMONUL... 163
ALCOHOL PADS... 163	ALYGLO... 148	amneestem... 108
ALCOHOL PREP PADS... 163	ALYMSYS... 49	amoxapine... 37
ALCOHOL SWABS... 163	alyq... 175	amoxicil-clarithromy-lansopraz... 123
ALCOHOL WIPES... 163	amantadine hcl... 64	
ALDACTONE... 88	AMBIEN CR... 183	

amoxicillin-pot clavulanate... 21	APONVIE... 41	ARTHROTEC 75... 11
amoxicillin... 21	apraclonidine... 170	ARYNTA... 101
amphetamine sulfate... 101	aprepitant... 41	ASCENIV... 149
amphetamine... 101	apri... 136	ascomp with codeine... 11
amphotericin b liposome... 42	APRISO... 160	ascorbic acid (vitamin c)... 186
amphotericin b... 42	APTENSIO XR... 101	asenapine maleate... 66
ampicillin sodium... 21	APTIOM... 30	ashlyna... 136
ampicillin-sulbactam... 21	APTIVUS... 71	ASMANEX HFA... 175
ampicillin... 21	AQNEURSA... 163	ASMANEX TWISTHALER... 175
AMPYRA... 101	AQVESME... 127	ASPARLAS... 49
AMRIX... 182	ARALAST NP... 127	aspirin-dipyridamole... 84
AMVUTTRA... 127	aranelle (28)... 136	ASPRUZYO SPRINKLE... 88
AMZEEQ... 109	ARANESP (IN POLYSORBATE)... 84	ASTAGRAF XL... 149
ANAFRANIL... 37	ARAVA... 148	ATACAND HCT... 88
anagrelide... 84	ARAZLO... 109	ATACAND... 88
anastrozole... 49	ARBLI... 88	atazanavir... 71
ANCOBON... 42	ARCALYST... 148	ATELVIA... 161
ANDEMBRY AUTOINJECTOR... 148	AREXVY (PF)... 149	atenolol-chlorthalidone... 88
ANDROGEL... 136	arformoterol... 175	atenolol... 88
ANGELIQ... 136	ARICEPT... 36	ATGAM... 149
ANKTIVA... 49	ARIKAYCE... 21	ATIVAN... 76
ANNOVERA... 136	ARIMIDEX... 49	ATMEKSI... 182
ANORO ELLIPTA... 175	aripiprazole... 66	atomoxetine... 101
ANTIVERT... 40, 41	ARISTADA INITIO... 66	ATORVALIQ... 89
anusol-hc... 109	ARISTADA... 66	atorvastatin... 89
ANZEMET... 41	ARIXTRA... 84	atovaquone-proguanil... 63
ANZUPGO... 109	armodafinil... 183	atovaquone... 63
APADAZ... 11	ARMONAIR DIGIHALER... 175	ATRALIN... 109
apexicon e... 109	ARMOUR THYROID... 144	ATRIPLA... 71
APIDRA SOLOSTAR U-100	ARNUITY ELLIPTA... 175	ATROPINE SULFATE (PF)... 170
INSULIN... 78	AROMASIN... 49	atropine... 123, 170
APIDRA U-100 INSULIN... 78	ARRANON... 49	ATROVENT HFA... 175
APLENZIN... 37	arsenic trioxide... 49	ATTRUBY... 127
APOKYN... 64	ARTHROTEC 50... 11	AUBAGIO... 101
apomorphine... 64		

aubra eq... 136	AVMAPKI-FAKZYNJA... 49	bacitracin... 22, 170
aubra... 136	AVODART... 130	baclofen... 70
AUGMENTIN ES-600... 22	AVONEX... 102	BACTRIM DS... 22
AUGMENTIN... 22	AVSOLA... 149	BACTRIM... 22
AUGTYRO... 49	AVTOZMA AUTOINJECTOR... 149	BAFIERTAM... 102
auranofin... 149	AVTOZMA... 149	bal-care dha... 116
aurovela 1.5/30 (21)... 136	AVYCAZ... 22	balanced salt... 170
aurovela 1/20 (21)... 136	AXTLE... 49	BALCOLTRA... 136
aurovela 24 fe... 136	ayuna... 136	balsalazide... 160
aurovela fe 1-20 (28)... 136	AYVAKIT... 49	BALVERSA... 49
aurovela fe 1.5/30 (28)... 136	azacitidine... 49	balziva (28)... 136
AUSTEDO XR TITRATION KT(WK1-4)... 102	AZACTAM... 22	BAND-AID GAUZE PADS... 163
AUSTEDO XR... 102	AZASAN... 149	BANZEL... 30
AUSTEDO... 102	AZASITE... 170	BAQSIMI... 78
AUTOJECT 2 INJECTION DEVICE... 163	azathioprine sodium... 149	BARACLUDE... 71
AUTOPEN 1 TO 21 UNITS... 163	azathioprine... 149	BASAGLAR KWIKPEN U-100 INSULIN... 78
AUTOPEN 2 TO 42 UNITS... 163	azelaic acid... 109	BASAGLAR TEMPO PEN(U-100)INSLN... 78
AUTOSHIELD DUO PEN NEEDLE... 163	azelastine-fluticasone... 175	BAVENCIO... 49
AUVELITY... 37	azelastine... 170, 175	BAXDELA... 22
AUVI-Q... 175	AZELEX... 109	BCG VACCINE, LIVE (PF)... 149
AVALIDE... 89	AZILECT... 64	BD ALCOHOL SWABS... 163
avanafil... 185	azilsartan medoxomil... 89	BD AUTOSHIELD DUO PEN NEEDLE... 163
AVAPRO... 89	azithromycin... 22	BD ECLIPSE LUER-LOK... 163
AVASTIN... 49	AZMIRO... 136	BD INSULIN SYRINGE (HALF UNIT)... 163
AVEED... 136	AZOPT... 170	BD INSULIN SYRINGE MICRO-FINE... 163
AVELOX IN NACL (ISO-OSMOTIC)... 22	AZOR... 89	BD INSULIN SYRINGE U-500... 163
AVERI... 136	AZSTARYS... 102	BD INSULIN SYRINGE ULTRA-FINE... 163
AVGEMSI... 49	aztreonam... 22	BD INSULIN SYRINGE... 163
aviane... 136	AZULFIDINE EN-TABS... 160	BD LO-DOSE MICRO-FINE IV... 163
avidoxy... 22	AZULFIDINE... 160	
AVLAYAH... 127	azurette (28)... 136	
	B	
	b complex 100... 186	
	b-complex injection... 186	
	bacitracin-polymyxin b... 170	

BD NANO 2ND GEN PEN NEEDLE... 163	benzphetamine... 187	BIJUVA... 136
BD SAFETYGLIDE INSULIN SYRINGE... 163	benztropine... 64	BIKTARVY... 71
BD SAFETYGLIDE SYRINGE... 163	bepotastine besilate... 170	BILTRICIDE... 63
BD ULTRA-FINE MICRO PEN NEEDLE... 163	BEPREVE... 170	bimatoprost... 170
BD ULTRA-FINE MINI PEN NEEDLE... 163	BERINERT... 149	BIMZELX AUTOINJECTOR... 149
BD ULTRA-FINE NANO PEN NEEDLE... 163	besser... 109	BIMZELX... 149
BD ULTRA-FINE ORIG PEN NEEDLE... 163	besifloxacin... 170	BINOSTO... 161
BD ULTRA-FINE SHORT PEN NEEDLE... 163	BESIVANCE... 170	BIORPHEN... 89
BD VEO INSULIN SYR (HALF UNIT)... 164	BESPONSA... 49	bismuth subcit k-metronidz-tcn... 123
BD VEO INSULIN SYRINGE UF... 164	BESREMI... 149	bisoprolol fumarate... 89
beclomethasone dipropionate... 175	BETADINE OPHTHALMIC PREP... 170	bisoprolol-hydrochlorothiazide... 89
BELBUCA... 11	betaine... 127	BIVIGAM... 149
BELEODAQ... 49	betamethasone acet,sod phos... 132	BIZENGRI... 49
BELSOMRA... 183	betamethasone dipropionate... 109	BKEMV... 149
benazepril-hydrochlorothiazide... 89	betamethasone valerate... 109	BLENREP... 49
benazepril... 89	betamethasone, augmented... 109	bleomycin... 49
bendamustine... 49	BETAPACE AF... 89	blisovi 24 fe... 136
BENDEKA... 49	BETAPACE... 89	blisovi fe 1.5/30 (28)... 136
BENICAR HCT... 89	BETASERON... 102	blisovi fe 1/20 (28)... 136
BENICAR... 89	betaxolol... 89, 170	BLUJEP... 22
BENLYSTA... 149	bethanechol chloride... 130	BONJESTA... 41
BENTYL... 123	BETHKIS... 22	BOOSTRIX TDAP... 149
BENZAMYCIN... 109	BETIMOL... 170	BORDERED GAUZE... 164
benzhydrocodone-acetaminophen... 11	BETOPTIC S... 170	BORTEZOMIB... 49, 50
benznidazole... 63	BEVESPI AEROSPHERE... 175	BORUZU... 50
benzonatate... 185	bexarotene... 49	bosentan... 175, 176
	BEXSERO... 149	BOSULIF... 50
	BEYAZ... 136	BRAFTOVI... 50
	BEYFORTUS... 164	BREKIYA... 46
	bicalutamide... 49	BREO ELLIPTA... 176
	BICILLIN C-R... 22	BREVIBLOC IN NACL (ISO-OSM)... 89
	BICILLIN L-A... 22	BREVIBLOC... 89
	BICNU... 49	BREZTRI AEROSPHERE... 176
	BIDIL... 89	briellyn... 136

CARDIZEM CD... 90	ceftazidime... 23	chlordiazepoxide hcl... 76
CARDIZEM LA... 90	ceftriaxone in dextrose,iso-os... 23	chlorhexidine gluconate... 107
CARDIZEM... 90	ceftriaxone... 23	chlorprocaine (pf)... 19
CARDURA XL... 90	cefuroxime axetil... 23	chloroquine phosphate... 63
CARDURA... 90	cefuroxime sodium... 23	chlorothiazide sodium... 90
CARETOUCH ALCOHOL PREP PAD... 164	CELEBREX... 11	chlorpromazine... 66
carglumic acid... 117	celecoxib... 11	chlorthalidone... 90
carisoprodol... 182	CELESTONE SOLUSPAN... 132	chlorzoxazone... 182
carmustine... 50	CELEXA... 38	CHOLBAM... 127
CARNITOR (SUGAR-FREE)... 117	CELLCEPT INTRAVENOUS... 149	cholestyramine (with sugar)... 90
CARNITOR... 117	CELLCEPT... 149	cholestyramine light... 90
CAROSPIR... 90	CELONTIN... 31	CHORIONIC GONADOTROPIN, HUMAN... 134
carteolol... 170	CENTANY... 109	CIALIS... 130, 185
cartia xt... 90	cephalexin... 23	CIBINQO... 149
carvedilol phosphate... 90	CEQUA... 170	ciclodan... 42
carvedilol... 90	CEQUR SIMPLICITY INSERTER... 164	ciclopirox... 42, 43
CASODEX... 50	CEQUR SIMPLICITY... 164	cidofovir... 71
casprofungin... 42	CERDELGA... 127	cilostazol... 84
CAYSTON... 176	CEREBYX... 31	CILOXAN... 170
cefaclor... 22	CEREZYME... 127	CIMDUO... 71
cefadroxil... 22	CERVIDIL... 164	cimetidine hcl... 123
cefazolin in dextrose (iso-os)... 23	cetirizine... 176	cimetidine... 123
cefazolin... 22	cetorelix... 186	CIMZIA POWDER FOR RECONST... 149
cefdinir... 23	CETROTIDE... 186	CIMZIA STARTER KIT... 149
cefepime in dextrose 5 %... 23	cevimeline... 107	CIMZIA... 149
cefepime in dextrose,iso-osm... 23	CHANTIX CONTINUING MONTH BOX... 20	cinacalcet... 161
cefepime... 23	CHANTIX STARTING MONTH BOX... 20	CINQAIR... 176
cefixime... 23	CHANTIX... 20	CINRYZE... 150
cefotetan... 23	charlotte 24 fe... 136	CINVANTI... 41
cefoxitin in dextrose, iso-osm... 23	chateal eq (28)... 136	CIPRO HC... 174
cefoxitin... 23	CHEMET... 117	CIPRO... 23
cefpodoxime... 23	chenodal... 123	ciprofloxacin hcl... 23, 24, 170, 174
cefprozil... 23	chloramphenicol sod succinate... 23	ciprofloxacin in 5 % dextrose... 24
ceftaroline fosamil... 23		

ciprofloxacin-dexamethasone... 174	clindamycin phosphate... 24, 110	clobetasol... 110
ciprofloxacin-hydrocortisone... 174	clindamycin-benzoyl peroxide... 110	CLOBEX... 110
ciprofloxacin... 23	clindamycin-tretinoin... 110	clocortolone pivalate... 110
cisplatin... 50	CLINDESSE... 24	clodan... 110
citalopram... 38	CLINIMIX 4.25%/D10W SULF FREE... 117	clofarabine... 50
CITRANATAL B-CALM (FE GLUC)... 117	CLINIMIX 4.25%/D5W SULFIT FREE... 117	CLOLAR... 50
cladribine(multiple sclerosis)... 102	CLINIMIX 5%-D20W(SULFITE-FREE)... 117	clomid... 186
cladribine... 50	CLINIMIX 5%/D15W SULFITE FREE... 117	clomiphene citrate... 186
CLAFORAN... 24	CLINIMIX 6%-D5W (SULFITE-FREE)... 117	clomipramine... 38
claravis... 109	CLINIMIX 8%-D10W(SULFITE-FREE)... 117	clonazepam... 76
CLARINEX-D 12 HOUR... 164	CLINIMIX 8%-D14W(SULFITE-FREE)... 117	clonidine hcl... 90, 102
CLARINEX... 176	CLINIMIX E 2.75%/D5W SULF FREE... 117	clonidine... 90
clarithromycin... 24	CLINIMIX E 4.25%/D10W SUL FREE... 117	clopidogrel... 84
clemastine... 176	CLINIMIX E 4.25%/D5W SULF FREE... 117	clorazepate dipotassium... 76
clemasz... 176	CLINIMIX E 5%/D15W SULFIT FREE... 117	CLOTOTEKAL (PF)... 19
clemsza... 176	CLINIMIX E 5%/D20W SULFIT FREE... 117	clotrimazole-betamethasone... 43
CLENPIQ... 123	CLINIMIX E 8%-D10W SULFITEFREE... 117	clotrimazole... 43
CLEOCIN HCL... 24	CLINIMIX E 8%-D14W SULFITEFREE... 117	clozapine... 66, 67
CLEOCIN PEDIATRIC... 24	CLINISOL SF 15 %... 117	CLOZARIL... 67
CLEOCIN T... 110	CLINOLIPID... 117	COARTEM... 63
CLEOCIN... 24	clobazam... 31	COBENFY STARTER PACK... 164
CLEVIPREX... 90	clobetasol-emollient... 110	COBENFY... 164
CLIMARA PRO... 136		codeine sulfate... 11
CLIMARA... 136		codeine-butalbital-asa-caff... 11
clindacin etz... 110		COLAZAL... 160
clindacin p... 110		colchicine... 45
clindacin... 110		COLCRYS... 45
CLINDAGEL... 110		colesevelam... 90
clindamycin hcl... 24		COLESTID... 90
clindamycin in 0.9 % sod chlor... 24		colestipol... 90, 91
clindamycin in 5 % dextrose... 24		colistin (colistimethate na)... 24
clindamycin palmitate hcl... 24		COLUMVI... 50
clindamycin pediatric... 24		COLY-MYCIN M PARENTERAL... 24
		COMBIGAN... 171

COMBIPATCH... 137	COSOPT... 171	CYLTEZO(CF) PEN... 150
COMBIVENT RESPIMAT... 176	COTELLIC... 50	CYLTEZO(CF)... 150
COMBOGESIC IV... 164	COTEMPLA XR-ODT... 102	CYMBALTA... 102
COMETRIQ... 50	COZAAR... 91	cyproheptadine... 176
COMPAZINE... 41	CRENESSITY... 137	CYRAMZA... 51
COMPLERA... 71	CREON... 127	cyred eq... 137
complete natal dha... 117	CRESEMBA... 43	cyred... 137
compro... 41	CRESTOR... 91	CYSTADANE... 128
CONCERTA... 102	CREXONT... 65	CYSTADROPS... 171
CONDYLOX... 110	CRINONE... 137	CYSTAGON... 128
conjugated estrogens... 137	cromolyn... 171, 176	CYSTARAN... 171
constulose... 123	crotan... 111	cytarabine (pf)... 51
CONTEPO... 24	cryselle (28)... 137	cytarabine... 51
CONTRAVE... 187	CRYSVITA... 127, 128	CYTOGAM... 150
CONZIP... 11	CTEXLI... 123	CYTOMEL... 144
COPAXONE... 102	CUBICIN RF... 24	CYTOTEC... 123
COPIKTRA... 50	CUPRIMINE... 117	D
CORDRAN TAPE LARGE ROLL... 111	CURITY ALCOHOL SWABS... 164	d10 %-0.45 % sodium chloride... 117
CORDRAN... 110, 111	CURITY GAUZE... 164	d2.5 %-0.45 % sodium chloride... 117
COREG CR... 91	CUTAQUIG... 150	d5 % and 0.9 % sodium chloride... 117
COREG... 91	CUVPOSA... 123	d5 %-0.45 % sodium chloride... 117
CORLANOR... 91	CUVRIOR... 117	dabigatran etexilate... 84
corphena... 176	cyanocobalamin (vitamin b-12)... 186	dacarbazine... 51
CORTEF... 111	cyclobenzaprine... 182	dactinomycin... 51
CORTENEMA... 160	cyclophosphamide... 50, 51	dalbavancin... 24
CORTIFOAM... 160	cycloserine... 48	dalfampridine... 102
CORTISPORIN-TC... 174	CYCLOSET... 78	DALIRESP... 176
CORTROPHIN GEL... 132	cyclosporine modified... 150	DALVANCE... 24
CORVERT... 91	cyclosporine... 150, 171	danazol... 137
COSENTYX (2 SYRINGES)... 150	CYKLOKAPRON... 84	DANTRIUM... 70
COSENTYX PEN (2 PENS)... 150	CYLTEZO(CF) PEN CROHN'S-UC-HS... 150	dantrolene... 70
COSENTYX PEN... 150	CYLTEZO(CF) PEN PSORIASIS-UV... 150	DANYELZA... 51
COSENTYX UNOREADY PEN... 150		
COSENTYX... 150		
COSOPT (PF)... 171		

DANZITEN... 51	deflazacort... 132	DESOXYN... 102
dapagliflozin-metformin... 78	DELESTROGEN... 137	desvenlafaxine succinate... 38
dapagliflozin-saxagliptin... 78	DELSTRIGO... 71	desvenlafaxine... 38
dapagliflozin... 78	DELZICOL... 160	DETROL LA... 130
dapsone... 48, 111	demeclocycline... 24	DETROL... 130
DAPTACEL (DTAP PEDIATRIC) (PF)... 150	DEMEROL (PF)... 12	dexabliss... 132
daptomycin in 0.9 % sod chlor... 24	DEMEROL... 11	dexamethasone intensol... 132
daptomycin... 24	DEMSEER... 91	dexamethasone sodium phos (pf)... 132
DARAPRIM... 63	DENAVIR... 72	dexamethasone sodium phosphate... 132, 171
darifenacin... 130	DENG VAXIA (PF)... 150	dexamethasone... 132
DARTISLA... 123	DEPAKOTE ER... 31	dexchlorpheniramine maleate... 176
darunavir... 71	DEPAKOTE SPRINKLES... 31	DEXEDRINE SPANSULE... 102
DARZALEX FASPRO... 51	DEPAKOTE... 31	DEXILANT... 123
DARZALEX... 51	DEPEN TITRATABS... 118	dexlansoprazole... 123
dasatinib... 51	DEPO-ESTRADIOL... 137	dexmethylphenidate... 102
dasetta 1/35 (28)... 137	DEPO-MEDROL... 132	dexrazoxane hcl... 51
dasetta 7/7/7 (28)... 137	DEPO-PROVERA... 137	DEXTENZA... 171
DATROWAY... 51	DEPO-SUBQ PROVERA 104... 137	dextroamphetamine sulfate... 102, 103
daunorubicin... 51	DEPO-TESTOSTERONE... 137	dextroamphetamine-amphetamine... 103
DAURISMO... 51	DERMA-SMOOTH/FS BODY OIL... 111	dextrose 10 % and 0.2 % nacl... 118
DAWNZERA... 150	DERMA-SMOOTH/FS SCALP OIL... 111	dextrose 10 % in water (d10w)... 118
DAYBUE STIX... 128	DERMACEA... 165	dextrose 20 % in water (d20w)... 118
DAYBUE... 128	dermacinrx lidocan... 19	dextrose 25 % in water (d25w)... 118
DAYPRO... 11	DERMOTIC OIL... 174	dextrose 30 % in water (d30w)... 118
daysee... 137	DESCOVY... 72	dextrose 40 % in water (d40w)... 118
DAYTRANA... 102	DESFERAL... 118	dextrose 5 % in water (d5w)... 118
DAYVIGO... 183	desipramine... 38	
DDAVP... 134	desloratadine... 176	
deblitane... 137	DESMODA... 134	
decitabine... 51	desmopressin... 134	
deferasirox... 117	desog-e.estradiol/e.estradiol... 137	
deferiprone... 118	desonide... 111	
deferoxamine... 118	desoximetasone... 111	
DEFITELIO... 164		

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, 76, 77
diazoxide... 78
DIBENZYLINE... 91
dichlorphenamide... 128
DICLEGIS... 41
diclofenac epolamine... 12
diclofenac potassium... 12
diclofenac sodium... 12, 111, 171
diclofenac-misoprostol... 12
dicloxacillin... 24
dicyclomine... 123
didanosine... 72
diethylpropion... 187
DIFFERIN... 111
DIFICID... 24, 25
diflorasone... 111
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... 91
dimenhydrinate... 41
dimethyl fumarate... 103
DIOVAN HCT... 91
DIOVAN... 91
DIPENTUM... 160
diphen... 176, 177
diphenhydramine hcl... 177
diphenoxylate-atropine... 123
DIPROLENE (AUGMENTED)... 111
dipyridamole... 84
disopyramide phosphate... 91
disulfiram... 20
DIURIL... 91
divalproex... 31
DIVIGEL... 137
dobutamine in d5w... 91
dobutamine... 91
docetaxel... 51
dodex... 186
dofetilide... 91
DOJOLVI... 128
dolishale... 137
dolobid... 12
donepezil... 36, 37
dopamine in 5 % dextrose... 92
dopamine... 91
DOPRAM... 177
DOPTELET (10 TAB PACK)... 84
DOPTELET (15 TAB PACK)... 84
DOPTELET (30 TAB PACK)... 84
DOPTELET SPRINKLE... 84
DORYX MPC... 25
DORYX... 25
dorzolamide-timolol (pf)... 171
dorzolamide-timolol... 171
dorzolamide... 171
dotti... 137
DOVATO... 72
doxazosin... 92
doxepin... 77, 111, 183
doxercalciferol... 161
DOXIL... 51
doxorubicin, peg-liposomal... 51
doxorubicin... 51
doxy-100... 25
doxycycline hyclate... 25
doxycycline monohydrate... 25
doxylamine-pyridoxine (vit b6)... 41
DRIZALMA SPRINKLE... 103
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... 165
DROPSAFE PEN NEEDLE... 165
drospirenone-e.estradiol-lm.fa... 137
drospirenone-ethinyl estradiol... 137
DROXIA... 165

droxidopa... 92	EDECRIN... 92	ELIQUIS DVT-PE TREAT 30D START... 84
DUAKLIR PRESSAIR... 177	edetate calcium disodium... 165	ELIQUIS SPRINKLE... 85
DUAVEE... 137	EDLUAR... 183	ELIQUIS... 84
DUETACT... 78	EDURANT PED... 72	ELITEK... 51
DUEXIS... 12	EDURANT... 72	ELIXOPHYLLIN... 177
DULERA... 177	efavirenz-emtricitabin-tenofov... 72	ELLENCE... 51
duloxetine... 103	efavirenz-lamivu-tenofov disop... 72	ELMIRON... 131
DUOBRII... 111	efavirenz... 72	ELREXFIO... 51
DUOPA... 65	EFFEXOR XR... 38	eluryng... 137
DUPIXENT PEN... 150	EFFIENT... 84	ELYXYB... 165
DUPIXENT SYRINGE... 150	EFUDEX... 111	ELZONRIS... 51
DURAMORPH (PF)... 12	EGATEN... 63	EMBLAVEO... 25
DUREZOL... 171	EGRIFTA SV... 134	EMCYT... 51
DURYSTA... 171	EGRIFTA WR... 134	EMEND (FOSAPREPITANT)... 41
dutasteride-tamsulosin... 131	EKTERLY... 150	EMEND... 41
dutasteride... 131	ELAHERE... 51	EMFLAZA... 132
DUVYZAT... 128	ELAPRASE... 128	EMGALITY PEN... 46
DYANAVEL XR... 103	electrolyte-148... 118	EMGALITY SYRINGE... 46
dyclopro... 165	electrolyte-48 in d5w... 118	EMPAVELI... 165
DYMISTA... 177	electrolyte-a... 118	EMPLICITI... 51
DYRENIUM... 92	ELELYSO... 128	EMRELIS... 52
E	ELEPSIA XR... 31	EMROSI... 25
E.E.S. 400... 25	ELESTRIN... 137	EMSAM... 38
E.E.S. GRANULES... 25	eletriptan... 46	emtricitabine-tenofov df... 72
EASY COMFORT ALCOHOL PAD... 165	ELEVIDYS... 128	emtricitabine-tenofov (tdf)... 72
EASY TOUCH ALCOHOL PREP PADS... 165	ELFABRIO... 128	emtricitabine... 72
EASYLIFE ALCOHOL PADS... 165	ELIDEL... 111	EMTRIVA... 72
EBGLYSS PEN... 111	ELIGARD (3 MONTH)... 145	emverm... 63
EBGLYSS SYRINGE... 111	ELIGARD (4 MONTH)... 145	emzahh... 137
ec-naproxen... 12	ELIGARD (6 MONTH)... 146	enalapril maleate... 92
econazole nitrate... 43	ELIGARD... 145	enalapril-hydrochlorothiazide... 92
edaravone... 103	ELIMITE... 111	enalaprilat... 92
EDARBI... 92	elinest... 137	ENBREL MINI... 150
EDARBYCLOR... 92		ENBREL SURECLICK... 150

ENBREL... 150	EPIPEN 2-PAK... 177	ERYPED 400... 25
ENBUMYST... 92	EPIPEN JR 2-PAK... 177	ERYTHROCIN (AS STEARATE)... 25
ENDARI... 123	EPIPEN JR... 177	ERYTHROCIN... 25
ENDOCET... 12	EPIPEN... 177	erythromycin ethylsuccinate... 26
ENDOMETRIN... 138	epirubicin... 52	erythromycin lactobionate... 26
ENFLONZIA... 165	epitol... 31	erythromycin with ethanol... 112
ENGERIX-B (PF)... 150	EPIVIR... 72	erythromycin-benzoyl peroxide... 112
ENGERIX-B PEDIATRIC (PF)... 151	EPKINLY... 52	erythromycin... 25, 26, 171
ENHERTU... 52	eplerenone... 92	ESBRIET... 177
enilloring... 138	EPOGEN... 85	escitalopram oxalate... 38
ENJAYMO... 151	epoprostenol... 177	ESGIC... 165
enoxaparin... 85	EPRONTIA... 31	eslicarbazepine... 31
enpresse... 138	EPSOLAY... 112	esmolol in nacl (iso-osm)... 92
ENSACOVE... 52	eptifibatide... 85	esmolol... 92
enskyce... 138	EPYSQLI... 151	esomeprazole magnesium... 124
ENSPRYNG... 171	EQUETRO... 31	esomeprazole sodium... 124
ENSTILAR... 111	ERAXIS(WATER DILUENT)... 43	estarylla... 138
entacapone... 65	ERBITUX... 52	estazolam... 183
entecavir... 72	ergocalciferol (vitamin d2)... 186	ESTRACE... 138
ENTRESTO SPRINKLE... 92	ergoloid... 37	estradiol valerate... 138
ENTRESTO... 92	ERGOMAR... 46	estradiol-norethindrone acet... 138
ENTYVIO PEN... 151	ergotamine-caffeine... 46	estradiol... 138
ENTYVIO... 151	eribulin... 52	ESTRING... 138
enulose... 124	ERIVEDGE... 52	eszopiclone... 183
ENVARUSUS XR... 151	ERLEADA... 52	ethacrynate sodium... 92
EOHILIA... 165	erlotinib... 52	ethacrynic acid... 92
EPANED... 92	ERMEZA... 145	ethambutol... 48
EPCLUSA... 72	errin... 138	ethosuximide... 31
EPIDIOLEX... 31	ERTACZO... 43	ethynodiol diac-eth estradiol... 138
EPIDUO FORTE... 112	ertapenem... 25	etodolac... 12
EPIDUO... 111	ery pads... 112	etonogestrel-ethinyl estradiol... 138
EPIFOAM... 112	ERY-TAB... 25	ETOPOPHOS... 52
epinastine... 171	ERYGEL... 112	etoposide... 52
epineph bitart in 0.9% sod chl... 92	ERYPED 200... 25	etravirine... 72
epinephrine... 177		

EUCRISA... 112	famciclovir... 72	fesoterodine... 131
EULEXIN... 52	famotidine (pf)-nacl (iso-os)... 124	FETROJA... 26
EURAX... 112	famotidine (pf)... 124	FETZIMA... 38
EVAMIST... 138	famotidine... 124	FEXMID... 182
EVEKEO... 103	FANAPT TITRATION PACK A... 67	FIASP FLEXTOUCH U-100 INSULIN... 78
EVENITY... 161	FANAPT TITRATION PACK B... 67	FIASP PENFILL U-100 INSULIN... 78
everolimus (antineoplastic)... 52	FANAPT TITRATION PACK C... 67	FIASP U-100 INSULIN... 78
everolimus (immunosuppressive)... 151	FANAPT... 67	FIBRICOR... 93
EVISTA... 138	FARESTON... 52	fidaxomicin... 26
EVKEEZA... 92	FARXIGA... 78	FILSPARI... 165
EVOMELA... 12	FASENRA PEN... 177	FILSUVEZ... 165
EVOTAZ... 72	FASENRA... 177	FINACEA... 112
EVOXAC... 107	FASLODEX... 52	finasteride... 131
EVRYSDI... 128	febuxostat... 45	fingolimod... 103
EXDENSUR... 177	feirza... 138	FINTEPLA... 32
EXELDERM... 43	felbamate... 32	finzala... 138
EXELON PATCH... 37	FELBATOL... 32	FIORICET WITH CODEINE... 166
exemestane... 52	FELDENE... 12	fioricet... 165
exenatide... 78	felodipine... 92	FIRAZYR... 151
EXFORGE HCT... 92	FEMARA... 52	FIRDAPSE... 103
EXFORGE... 92	FEMLYV... 138	FIRMAGON KIT W DILUENT SYRINGE... 146
EXJADE... 118	FEMRING... 138	FIRMAGON... 146
EXPAREL (PF)... 19	fenofibrate micronized... 93	FIRVANQ... 26
EXSERVAN... 103	fenofibrate nanocrystallized... 93	flac otic oil... 174
EXXUA... 38	fenofibrate... 92, 93	FLAGYL... 26
EYSUVIS... 171	fenofibric acid (choline)... 93	FLAREX... 171
EZALLOR SPRINKLE... 92	fenofibric acid... 93	flavoxate... 131
ezetimibe-simvastatin... 92	FENOGLIDE... 93	FLEBOGAMMA DIF... 151
ezetimibe... 92	fenoprofen... 12	flecainide... 93
F	fenopron... 12	FLECTOR... 13
FABHALTA... 151	FENSOLVI... 146	FLEQSUVY... 70
FABIOR... 112	fenentanyl... 13	FLOLIPID... 93
FABRAZYME... 128	FERRIPROX (2 TIMES A DAY)... 118	FLOMAX... 131
falmina (28)... 138	FERRIPROX... 118	

floxuridine... 52	FOCINVEZ... 41	FYARRO... 53
fluconazole in nacl (iso-osm)... 43	folic acid... 187	fyavolv... 138
fluconazole... 43	FOLLISTIM AQ... 186	FYCOMPA... 32
flucytosine... 43	FOLOTYN... 52	FYLNETRA... 85
fludarabine... 52	fomepizole... 166	fyremadel... 186
fludrocortisone... 132	fondaparinux... 85	G
FLUMADINE... 72	FORFIVO XL... 38	gabapentin... 32, 103, 104
flumazenil... 166	formoterol fumarate... 178	GABARONE... 32
flunisolide... 177	FORTEO... 161	GALAFOLD... 128
fluocinolone acetonide oil... 174	FORTESTA... 138	galantamine... 37
fluocinolone and shower cap... 112	FORZINITY... 166	galbriela... 138
fluocinolone... 112	FOSAMAX PLUS D... 161	gallifrey... 138
fluocinonide-e... 112	FOSAMAX... 161	GAMASTAN... 151
fluocinonide-emollient... 112	fosamprenavir... 72	GAMIFANT... 151
fluocinonide... 112	fosaprepitant... 41	GAMMAGARD LIQUID ERC... 151
fluorometholone... 171	foscarnet... 72	GAMMAGARD LIQUID... 151
FLUOROPLEX... 112	fosfomycin tromethamine... 26	GAMMAGARD S-D (IGA < 1 MCG/ML)... 151
fluorouracil... 52, 112	fosinopril-hydrochlorothiazide... 93	GAMMAKED... 151
fluoxetine... 38	fosinopril... 93	GAMMAPLEX (WITH SORBITOL)... 151
fluphenazine decanoate... 67	fosphenytoin... 32	GAMMAPLEX... 151
fluphenazine hcl... 67	FOTIVDA... 52	GAMUNEX-C... 151
flurandrenolide... 112	FRAGMIN... 85	ganciclovir sodium... 72
flurazepam... 183	FRINDOVYX... 52	ganirelix... 186
flurbiprofen sodium... 171	FROVA... 46	GARDASIL 9 (PF)... 151
flurbiprofen... 13	frovatriptan... 46	GASTROCROM... 178
fluticasone propion-salmeterol... 177	FRUZAQLA... 52	gatifloxacin... 171
fluticasone propionate... 112, 113, 177, 178	FULPHILA... 85	GATTEX 30-VIAL... 124
fluvastatin... 93	fulvestrant... 52	GATTEX ONE-VIAL... 124
fluvoxamine... 38	FULVICIN P/G... 43	GAUZE BANDAGE... 166
FML FORTE... 171	FURADANTIN... 26	GAUZE PAD... 166
FML LIQUIFILM... 171	FUROSCIX... 93	gavilyte-c... 124
FOCALIN XR... 103	furosemide... 93	gavilyte-g... 124
FOCALIN... 103	FUSILEV... 52	gavilyte-n... 124
	FUZEON... 72	

GAVRETO... 53	GLUMETZA... 79	gynazole-1... 43
GAZYVA... 53	glutamine (sickle cell)... 124	H
gefitinib... 53	glyburide micronized... 79	HADLIMA PUSHTOUCH... 151
gemcitabine... 53	glyburide-metformin... 79	HADLIMA(CF) PUSHTOUCH... 151
gemfibrozil... 93	glyburide... 79	HADLIMA(CF)... 151
gemmily... 138	GLYCAT... 124	HADLIMA... 151
GEMTESA... 131	glycerol phenylbutyrate... 128	HAEGARDA... 151
generlac... 124	GLYCOPHOS... 118	hailey 24 fe... 139
gengraf... 151	glycopyrrolate (pf) in water... 124	hailey fe 1.5/30 (28)... 139
GENOTROPIN MINIQUICK... 134	glycopyrrolate (pf)... 124	hailey fe 1/20 (28)... 139
GENOTROPIN... 134	glycopyrrolate... 124	hailey... 138
gentamicin in nacl (iso-osm)... 26	glydo... 19	HALAVEN... 53
gentamicin sulfate (ped) (pf)... 26	GLYXAMBI... 79	halcinonide... 113
gentamicin... 26, 171	GOCOVRI... 65	HALCION... 183
GENVOYA... 72	GOLYTELY... 124	HALDOL DECANOATE... 67
GEODON... 67	GOMEKLI... 53	halobetasol propionate... 113
GILENYA... 104	GONAL-F RFF REDI-JECT... 186	haloette... 139
GILOTRIF... 53	GONAL-F RFF... 186	HALOG... 113
GIMOTI... 41	GONAL-F... 186	haloperidol decanoate... 67
GIVLAARI... 166	GONITRO... 93	haloperidol lactate... 67
GLASSIA... 128	GRAFAPEX... 53	haloperidol... 67
glatiramer... 104	GRALISE... 104	HARLIKU... 128
glatopa... 104	granisetron (pf)... 41	HARVONI... 73
GLEEVEC... 53	granisetron hcl... 41	HAVRIX (PF)... 151, 152
GLEOSTINE... 53	GRANIX... 85	heather... 139
glimepiride... 78	GRASTEK... 178	HECTOROL... 161
glipizide-metformin... 78	griseofulvin microsize... 43	HEMABATE... 135
glipizide... 78	griseofulvin ultramicrosize... 43	HEMADY... 132
GLOPERBA... 45	guanfacine... 93, 104	HEMANGEOL... 93
GLUCAGEN HYPOKIT... 78	GVOKE HYPOPEN 1-PACK... 79	HEMICLOR... 93
GLUCAGON (HCL) EMERGENCY KIT... 78	GVOKE HYPOPEN 2-PACK... 79	heparin (porcine)... 85
GLUCAGON EMERGENCY KIT (HUMAN)... 79	GVOKE PFS 1-PACK SYRINGE... 79	heparin, porcine (pf)... 85
GLUCOTROL XL... 79	GVOKE PFS 2-PACK SYRINGE... 79	HEPLISAV-B (PF)... 152
	GVOKE... 79	HEPSERA... 73
		HERCEPTIN HYLECTA... 53

HERCEPTIN... 53	HUMULIN N NPH INSULIN KWIKPEN... 79	HYPERRAB (PF)... 152
HERCESSI... 53		HYPERTET (PF)... 152
HERNEXEOS... 53	HUMULIN N NPH U-100 INSULIN... 79	HYRIMOZ PEN CROHN'S-UC STARTER... 152
HERZUMA... 53		HYRIMOZ PEN PSORIASIS STARTER... 152
HETLIOZ LQ... 183	HUMULIN R REGULAR U-100 INSULN... 79	HYRIMOZ PEN... 152
HETLIOZ... 183		HYRIMOZ(CF) PEDI CROHN STARTER... 152
HIBERIX (PF)... 152	HUMULIN R U-500 (CONC) KWIKPEN... 79	HYRIMOZ(CF) PEN... 152
HIZENTRA... 152		HYRIMOZ(CF)... 152
HORIZANT... 104	HYCODAN (WITH HOMATROPINE)... 185	HYRIMOZ... 152
HULIO(CF) PEN... 152	HYCODAN... 185	HYRNUO... 53
HULIO(CF)... 152	hydralazine... 93	HYSINGLA ER... 13
HUMALOG JUNIOR KWIKPEN U-100... 79	HYDREA... 53	HYZAAR... 93
HUMALOG KWIKPEN INSULIN... 79	hydrochlorothiazide... 93	I
HUMALOG MIX 50-50 KWIKPEN... 79	hydrocodone bitartrate... 13	ibandronate... 161
HUMALOG MIX 75-25 KWIKPEN... 79	hydrocodone-acetaminophen... 13	IBRANCE... 53
HUMALOG MIX 75-25(U-100)INSULN... 79	hydrocodone-chlorpheniramine... 185	IBSRELA... 124
HUMALOG TEMPO PEN(U-100)INSULN... 79	hydrocodone-homatropine... 185	IBTROZI... 53
HUMALOG U-100 INSULIN... 79	hydrocodone-ibuprofen... 13	ibu... 14
HUMATIN... 26	hydrocortisone acetate... 132	ibuprofen-famotidine... 14
HUMATROPE... 134	hydrocortisone butyrate... 113	ibuprofen... 14
HUMIRA PEN... 152	hydrocortisone sod succinate... 132	ibutilide fumarate... 93
HUMIRA(CF) PEN CROHNS-UC-HS... 152	hydrocortisone valerate... 113	icatibant... 152
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 152	hydrocortisone-acetic acid... 174	iclevia... 139
HUMIRA(CF) PEN... 152	hydrocortisone... 113, 160	ICLUSIG... 53
HUMIRA(CF)... 152	hydromet... 185	ICOTYDE... 113
HUMIRA... 152	hydromorphone (pf)... 13	IDACIO(CF) PEN CROHN-UC STARTR... 153
HUMULIN 70/30 U-100 INSULIN... 79	HYDROMORPHONE... 13	IDACIO(CF) PEN PSORIASIS START... 153
HUMULIN 70/30 U-100 KWIKPEN... 79	hydroxocobalamin... 187	IDACIO(CF) PEN... 152
	hydroxychloroquine... 63	IDACIO(CF)... 152
	hydroxyurea... 53	IDAMYCIN PFS... 53
	hydroxyzine hcl... 77	
	hydroxyzine pamoate... 178	
	HYFTOR... 113	

idarubicin... 53	indapamide... 94	INSULIN SYRINGE-NEEDLE U-100... 166
IDHIFA... 53	INDERAL LA... 94	INSULIN U-500 SYRINGE-NEEDLE... 166
IFEX... 53	INDOCIN... 14	INTELENCE... 73
ifosfamide... 53, 54	indomethacin sodium... 14	INTRALIPID... 118
IGALMI... 166	indomethacin... 14	INTRAROSA... 139
ILEVRO... 171	INFANRIX (DTAP) (PF)... 153	introvale... 139
ILUMYA... 153	INFLECTRA... 153	INTUNIVER... 104
IMAAVY... 153	INFLIXIMAB... 153	INVEGA HAFYERA... 67
imatinib... 54	INFUGEM... 54	INVEGA SUSTENNA... 68
IMBRUVICA... 54	INFUMORPH P/F... 14	INVEGA TRINZA... 68
IMDELLTRA... 54	INFUVITE ADULT... 187	INVEGA... 67
IMFINZI... 54	INFUVITE PEDIATRIC... 187	INVELTYS... 171
imipenem-cilastatin... 26	INGREZZA INITIATION PK(TARDIV)... 104	INVOKAMET XR... 80
imipramine hcl... 38	INGREZZA SPRINKLE... 104	INVOKAMET... 80
imipramine pamoate... 39	INGREZZA... 104	INVOKANA... 80
imiquimod... 113	INLEXZO... 54	INZIRQO... 94
IMITREX STATDOSE PEN... 46	INLURIYO... 54	IONOSOL-MB IN D5W... 118
IMITREX STATDOSE REFILL... 46	INLYTA... 54	IOPIDINE... 171
IMITREX... 46	INNOPRAN XL... 94	IPOL... 153
IMJUDO... 54	INPEFA... 94	ipratropium bromide... 178
IMKELDI... 54	INQOVI... 54	ipratropium-albuterol... 178
IMLYGIC... 54	INREBIC... 54	IQIRVO... 124
IMMPHENTIV... 94	INSPRA... 94	irbesartan-hydrochlorothiazide... 94
IMOGAM RABIES-HT (PF)... 153	INSULIN ASP PRT-INSULIN ASPART... 79	irbesartan... 94
IMOVAX RABIES VACCINE (PF)... 153	INSULIN ASPART U-100... 79, 80	IRESSA... 54
IMPAVIDO... 63	INSULIN DEGLUDEC... 80	irinotecan... 54
IMULDOSA... 153	INSULIN GLARGINE U-300 CONC... 80	ISENTRESS HD... 73
IMURAN... 153	INSULIN GLARGINE-YFGN... 80	ISENTRESS... 73
IMVEXXY MAINTENANCE PACK... 139	INSULIN LISPRO PROTAMIN-LISPRO... 80	isibloom... 139
IMVEXXY STARTER PACK... 139	INSULIN LISPRO... 80	ISOLYTE S PH 7.4... 118
INBRIJA... 65	INSULIN SYRINGE MICROFINE... 166	ISOLYTE-P IN 5 % DEXTROSE... 118
incassia... 139		ISOLYTE-S... 118
INCONTROL ALCOHOL PADS... 166		isoniazid... 48
INCRELEX... 134		
INCRUSE ELLIPTA... 178		

ISORDIL TITRADOSE... 94	JAVADIN... 94	KANJINTI... 55
ISORDIL... 94	javygtor... 128	KANUMA... 128
isosorbide dinitrate... 94	JAYPIRCA... 54	KAPSPARGO SPRINKLE... 94
isosorbide mononitrate... 94	jaythari... 132	KARBINAL ER... 178
isosorbide-hydralazine... 94	JEMPERLI... 55	kariva (28)... 139
isotretinoin... 113	jencycla... 139	KATERZIA... 94
isradipine... 94	JENTADUETO XR... 80	KAZANO... 80
ISTALOL... 171	JENTADUETO... 80	KEDRAB (PF)... 153
ISTODAX... 54	JEVTANA... 55	kelnor 1/35 (28)... 139
ISTURISA... 134, 135	jinteli... 139	kelnor 1/50 (28)... 139
ISUPREL... 94	JOBEVNE... 55	KENALOG-80... 133
ITOVEBI... 54	JOENJA... 128	KENALOG... 132, 133
itraconazole... 43	jolessa... 139	KENGREAL... 85
IV PREP WIPES... 166	JORNAY PM... 104	KEPIVANCE... 107
ivabradine... 94	JOURNAVX... 166	KEPPRA XR... 32
ivermectin... 63, 113	joyeaux... 139	KEPPRA... 32
IVRA... 54	JUBLIA... 44	KERENDIA... 94
IWILFIN... 54	juleber... 139	KESIMPTA PEN... 104
IXEMPRA... 54	JULUCA... 73	ketoconazole... 44
IXIARO (PF)... 153	junel 1.5/30 (21)... 139	ketodan... 44
IYUZEH (PF)... 171	junel 1/20 (21)... 139	ketoprofen... 14
J	junel fe 1.5/30 (28)... 139	ketorolac... 14, 171
JADENU SPRINKLE... 118	junel fe 1/20 (28)... 139	KEVEYIS... 128
JADENU... 118	junel fe 24... 139	KEVZARA... 153
jaimiess... 139	JUXTAPID... 94	KEYTRUDA QLEX... 55
JAKAFI... 54	JYLAMVO... 153	KEYTRUDA... 55
JALYN... 131	JYNARQUE... 119	KHAPZORY... 55
jantoven... 85	JYNNEOS (PF)... 153	KHINDIVI... 133
JANUMET XR... 80	K	KIMMTRAK... 55
JANUMET... 80	KABIVEN... 119	KIMYRSA... 26
JANUVIA... 80	KADCYLA... 55	KINERET... 153
JARDIANCE... 80	kaitlib fe... 139	KINRIX (PF)... 153
JASCAYD... 178	KALETRA... 73	kionex... 119
jasmiel (28)... 139	kalliga... 139	kiprofen... 14
JATENZO... 139	KALYDECO... 178	

KIRSTY PEN... 80	LABELALOL IN	LANTUS SOLOSTAR U-100
KIRSTY... 80	DEXTROSE,ISO-OSM... 94	INSULIN... 80
KISQALI FEMARA CO-PACK... 55	LABELALOL IN NACL (ISO-OSMOT)... 94	LANTUS U-100 INSULIN... 80
KISQALI... 55	labetalol... 94	lapatinib... 55
KITABIS PAK... 26	lacosamide... 32	larin 1.5/30 (21)... 140
KLARON... 26	LACRISERT... 171	larin 1/20 (21)... 140
klayesta... 44	lactated ringers... 119, 166	larin 24 fe... 140
KLISYRI (250 MG)... 113	lactulose... 124	larin fe 1.5/30 (28)... 140
KLISYRI (350 MG)... 113	LAMICTAL ODT STARTER (BLUE)... 32	larin fe 1/20 (28)... 140
KLONOPIN... 77	LAMICTAL ODT STARTER (GREEN)... 32	LASIX ONYU... 95
KLOR-CON 10... 119	LAMICTAL ODT STARTER (ORANGE)... 32	LASIX... 95
KLOR-CON 8... 119	LAMICTAL ODT STARTER (ORANGE)... 32	latanoprost... 171
klor-con m10... 119	LAMICTAL ODT... 32	LATUDA... 68
KLOR-CON M15... 119	LAMICTAL STARTER (BLUE) KIT... 32	LAYOLIS FE... 140
klor-con m20... 119	LAMICTAL STARTER (GREEN) KIT... 32	LAZCLUZE... 55
klor-con... 119	LAMICTAL STARTER (ORANGE) KIT... 33	ledipasvir-sofosbuvir... 73
KLOXXADO... 20	LAMICTAL XR STARTER (BLUE)... 33	leena 28... 140
KOMZIFTI... 55	LAMICTAL XR STARTER (GREEN)... 33	leflunomide... 153
KONVOMEK... 124	LAMICTAL XR STARTER (ORANGE)... 33	LEMTRADA... 104
KORLYM... 166	LAMICTAL XR... 33	lenalidomide... 55
KOSELUGO... 55	LAMICTAL... 32	LENVIMA... 55
KOSHER PRENATAL PLUS IRON... 119	lamivudine-zidovudine... 73	LEQEMBI IQLIK... 37
kourzeq... 108	lamivudine... 73	LEQSELVI... 153
KRAZATI... 55	lamotrigine... 33	LEQVIO... 95
KRINTAFEL... 64	LAMPIT... 64	LEROCHOL... 95
KRISTALOSE... 124	LAMZEDE... 128	LESCOL XL... 95
kurvelo (28)... 139	LANOXIN PEDIATRIC... 95	lessina... 140
KUVAN... 128	LANOXIN... 94, 95	LETAIRIS... 178
KYGEVVI... 128	lanreotide... 146	letrozole... 55
kymbee... 133	lansoprazole... 124, 125	leucovorin calcium... 56
KYPROLIS... 55		LEUKERAN... 56
		LEUKINE... 85
L		leuprolide acetate (3 month)... 146
l norgest/e.estradiol-e.estradiol... 139		leuprolide... 146
		levabuterol hcl... 178

levalbuterol tartrate... 178	lidocan iv... 19	LOCOID LIPOCREAM... 114
levetiracetam in nacl (iso-os)... 33	lidocan v... 19	LOCOID... 113
levetiracetam... 33	LIDODERM... 19	LODINE... 14
LEVO-T... 145	LIFYORLI... 56	LODOCO... 95
levobunolol... 172	lignospan standard... 19	LODOSYN... 65
levocarnitine (with sugar)... 119	linagliptin-metformin... 80	LOESTRIN 1.5/30 (21)... 140
levocarnitine... 119	LINCOCIN... 26	LOESTRIN 1/20 (21)... 140
levocetirizine... 178	lincomycin... 26	LOESTRIN FE 1.5/30 (28-DAY)... 140
levofloxacin in d5w... 26	linezolid in dextrose 5%... 26	LOESTRIN FE 1/20 (28-DAY)... 140
levofloxacin... 26, 172	linezolid-0.9% sodium chloride... 26	lofena... 14
levoleucovorin calcium... 56	linezolid... 26	lofexidine... 20
levonest (28)... 140	LINZESS... 125	lojaimiess... 140
levonorg-eth estrad triphasic... 140	liomny... 145	LOKELMA... 119
levonorgest-eth.estradiol-iron... 140	liothyronine... 145	lomaira... 187
levonorgestrel-ethinyl estrad... 140	LIPITOR... 95	LOMOTIL... 125
LEVOPHED (BITARTRATE)... 95	LIPOFEN... 95	lomustine... 56
levora-28... 140	LIQREV... 178	LONSURF... 56
levorphanol tartrate... 14	liraglutide (weight loss)... 187	loperamide... 125
levothyroxine... 145	liraglutide... 80	LOPID... 95
LEVOXYL... 145	lisdexamphetamine... 104	lopinavir-ritonavir... 73
LEVULAN... 56	lisinopril-hydrochlorothiazide... 95	LOPRESSOR... 95
LEXAPRO... 39	lisinopril... 95	LOPROX (AS OLAMINE)... 44
lexette... 113	LITFULO... 153	LOQTORZI... 56
LIALDA... 160	lithium carbonate... 77	lorazepam intensol... 77
LIBERVANT... 33	lithium citrate... 77	lorazepam... 77
LIBTAYO... 56	LITHOBID... 77	LORBRENA... 56
LICART... 14	LITHOSTAT... 166	LOREEV XR... 77
lidocaine (pf)... 19, 95	LIVALO... 95	loryna (28)... 140
lidocaine hcl... 19	LIVDELZI... 125	losartan-hydrochlorothiazide... 95
lidocaine in 5 % dextrose (pf)... 95	LIVMARLI... 125	losartan... 95
lidocaine-epinephrine bit... 19	LIVTENCITY... 73	LOTEMAX SM... 172
lidocaine-epinephrine... 19	LO LOESTRIN FE... 140	LOTEMAX... 172
lidocaine-prilocaine... 19	lo-zumandimine (28)... 140	LOTENSIN HCT... 95
lidocaine... 19	LOARGYS... 128	LOTENSIN... 95
lidocan iii... 19		

loteprednol etabonate... 172	lyleq... 140	MARCAINE-EPINEPHRINE (PF)... 19
LOTREL... 95	lyllana... 140	MARCAINE-EPINEPHRINE... 19
LOTRONEX... 125	LYNKUET... 104	MARCAINE... 19
lovastatin... 95	LYNOZYFIC... 56	MARGENZA... 56
LOVAZA... 95	LYNPARZA... 56	MARINOL... 41
LOVENOX... 86	LYRICA CR... 104	marlissa (28)... 140
low-ogestrel (28)... 140	LYRICA... 104	MARPLAN... 39
loxapine succinate... 68	LYSODREN... 56	MATULANE... 56
lubiprostone... 125	LYTGOBI... 56	matzim la... 95, 96
LUCEMYRA... 20	LYUMJEV KWIKPEN U-100	MAVENCLAD (10 TABLET PACK)... 104
luizza... 140	INSULIN... 80	MAVENCLAD (4 TABLET PACK)... 104
luliconazole... 44	LYUMJEV KWIKPEN U-200	MAVENCLAD (5 TABLET PACK)... 104
LUMAKRAS... 56	INSULIN... 80	MAVENCLAD (6 TABLET PACK)... 104
LUMIGAN... 172	LYUMJEV TEMPO	MAVENCLAD (7 TABLET PACK)... 104
LUMIZYME... 128	PEN(U-100)INSULN... 81	MAVENCLAD (8 TABLET PACK)... 105
LUMRYZ STARTER PACK... 183	LYUMJEV U-100 INSULIN... 81	MAVENCLAD (9 TABLET PACK)... 105
LUMRYZ... 183	LYVISPAH... 70	MAVYRET... 73
LUNESTA... 183	lyza... 140	MAXALT-MLT... 46
LUNSUMIO VELO... 56		MAXALT... 46
LUNSUMIO... 56	M	MAXIDEX... 172
LUPKYNIS... 153	M-M-R II (PF)... 153	MAXITROL... 172
LUPRON DEPOT (3 MONTH)... 146	m-natal plus... 119	MAYZENT STARTER(FOR 1MG MAINT)... 105
LUPRON DEPOT (4 MONTH)... 146	MACROBID... 26	MAYZENT STARTER(FOR 2MG MAINT)... 105
LUPRON DEPOT (6 MONTH)... 146	MACRODANTIN... 26	MAYZENT... 105
LUPRON DEPOT-PED (3 MONTH)... 146	mafenide acetate... 114	meclizine... 41
LUPRON DEPOT-PED... 146	magnesium sulfate in d5w... 119	meclofenamate... 14
LUPRON DEPOT... 146	magnesium sulfate in water... 119	MEDROL (PAK)... 133
lurasidone... 68	magnesium sulfate... 119	MEDROL... 133
lurbipr... 14	MALARONE PEDIATRIC... 64	medroxyprogesterone... 140
lurbiro... 14	MALARONE... 64	mefenamic acid... 14
luter (28)... 140	malathion... 114	mefloquine... 64
LUTRATE DEPOT (3 MONTH)... 146	mannitol 20 %... 95	megestrol... 141
LUZU... 44	mannitol 25 %... 95	
LYBALVI... 68	maraviroc... 73	
	MARCAINE (PF)... 19	
	MARCAINE SPINAL (PF)... 19	

MEKINIST... 56	methadone... 15	metyrosine... 96
MEKTOVI... 56	METHADOSE... 15	mexiletine... 96
meleya... 141	methamphetamine... 105	MIACALCIN... 162
meloxicam submicronized... 15	methazolamide... 172	mibelas 24 fe... 141
meloxicam... 14, 15	methenamine hippurate... 27	MICAFUNGIN IN 0.9 % SODIUM CHL... 44
melphalan hcl... 56	methimazole... 147	micafungin... 44
memantine-donepezil... 37	METHITEST... 141	MICARDIS HCT... 96
memantine... 37	methocarbamol... 182	MICARDIS... 96
MENEST... 141	methotrexate sodium (pf)... 153	miconazole nitrate-zinc ox-pet... 44
MENOPUR... 186	methotrexate sodium... 153	miconazole-3... 44
MENOSTAR... 141	methoxsalen... 114	micort-hc... 133
MENQUADFI (PF)... 153	methscopolamine... 125	microgestin 1.5/30 (21)... 141
MENVEO A-C-Y-W-135-DIP (PF)... 153	methsuximide... 33	microgestin 1/20 (21)... 141
meperidine (pf)... 15	methyldopa... 96	microgestin fe 1.5/30 (28)... 141
meperidine... 15	methylergonovine... 166	microgestin fe 1/20 (28)... 141
meprobamate... 77	METHYLIN... 105	midodrine... 96
MEPRON... 64	methylphenidate hcl... 105	MIEBO (PF)... 172
MEPSEVII... 128	methylphenidate... 105	mifepristone... 166
mercaptapurine... 57	methylprednisolone acetate... 133	migergot... 46
MERILOG SOLOSTAR... 81	methylprednisolone sodium succ... 133	miglitol... 81
MERILOG... 81	methylprednisolone... 133	miglustat... 128
meropenem-0.9% sodium chloride... 27	methyltestosterone... 141	MIGRANAL... 46
meropenem... 27	metoclopramide hcl... 41	mili... 141
merzee... 141	metolazone... 96	millipred dp... 133
mesalamine... 160	metoprolol succinate... 96	millipred... 133
mesna... 57	metoprolol ta-hydrochlorothiaz... 96	milnacipran... 105
MESNEX... 57	metoprolol tartrate... 96	milophene... 186
MESTINON TIMESPAN... 47	METRO I.V.... 27	milrinone in 5 % dextrose... 96
MESTINON... 47	METROCREAM... 27	milrinone... 96
METADATE CD... 105	METROGEL... 27	mimvey... 141
metaxalone... 182	METROLOTION... 27	MINIVELLE... 141
metformin... 81	metronidazole in nacl (iso-os)... 27	MINOCIN... 27
methadone intensol... 15	metronidazole... 27	minocycline... 27
		minoxidil... 96

minzoya... 141	moxifloxacin-sod.ace,sul-water... 27	naftifine... 44
MIOSTAT... 172		NAFTIN... 44
MIPLYFFA... 128	moxifloxacin-sod.chloride(iso)... 27	NAGLAZYME... 129
MIRAPEX ER... 65	moxifloxacin... 27, 172	nalbuphine... 16
MIRCERA... 86	MOZOBIL... 86	NALFON... 16
MIRENA... 166	MRESVIA (PF)... 154	nalmefene... 20
mirtazapine... 39	MS CONTIN... 16	nalocet... 16
MIRVASO... 114	MULPLETA... 86	naloxone... 20, 21
misoprostol... 125	MULTAQ... 96	naltrexone... 21
MITIGARE... 45	mupirocin calcium... 114	NAMENDA XR... 37
mitigo (pf)... 15	mupirocin... 114	NAMZARIC... 37
mitomycin... 57	MUTAMYCIN... 57	NANO 2ND GEN PEN NEEDLE... 166
mitoxantrone... 57	MVASI... 57	NANO PEN NEEDLE... 166
modafinil... 183	MYALEPT... 125	NAPRELAN CR... 16
MODD1 PATIENT WELCOME KIT... 166	MYAMBUTOL... 48	NAPROSYN... 16
MODD1 SUPPLY KIT... 166	MYCAMINE... 44	naproxen sodium... 16
MODEYSO... 57	MYCAPSSA... 146	naproxen-esomeprazole... 16
moexipril... 96	MYCOBUTIN... 48	naproxen... 16
molindone... 68	mycophenolate mofetil (hcl)... 154	naratriptan... 46
mometasone... 114, 178	mycophenolate mofetil... 154	NARCAN... 21
mondoxylene nl... 27	mycophenolate sodium... 154	NARDIL... 39
MONJUVI... 153	MYDAYIS... 105	NAROPIN (PF)... 19
mono-lynyah... 141	MYFEMBREE... 146	NASCOBAL... 187
montelukast... 178	MYFORTIC... 154	NATACHEW (FE BIS-GLYCINATE)... 119
morgidox... 27	MYHIBBIN... 154	NATACYN... 172
morphine (pf)... 16	MYLOTARG... 57	NATAZIA... 141
morphine concentrate... 16	MYQORZO... 96	nateglinide... 81
morphine... 15, 16	MYRBETRIQ... 131	NATROBA... 114
MOTEGRITY... 125	MYSOLINE... 33	NAYZILAM... 33
MOTOFEN... 125	MYTESI... 125	nebivolol... 96
MOTPOLY XR... 33		NEBUPENT... 64
MOUNJARO... 81	N	necon 0.5/35 (28)... 141
MOVANTIK... 125	nabumetone... 16	nefazodone... 39
MOVIPREP... 125	nadolol... 96	NEFFY... 178
	nafcillin in dextrose iso-osm... 27	
	nafcillin... 27	

nelarabine... 57
NEMLUVIO... 154
neo-polycin hc... 172
neo-polycin... 172
NEO-SYNALAR... 114
neo-vital rx... 119
neomycin-bacitracin-poly-hc... 172
neomycin-bacitracin-polymyxin...
172
neomycin-polymyxin b gu... 166
neomycin-polymyxin b-dexameth...
172
neomycin-polymyxin-gramicidin...
172
neomycin-polymyxin-hc... 172, 174
neomycin... 27
NEONATAL COMPLETE... 119
NEONATAL PLUS VITAMIN... 119
NEONATAL-DHA... 119
NEORAL... 154
NEREUS... 42
NERLYNX... 57
NESACAINE-MPF... 20
NESACAINE... 20
NESINA... 81
neuac... 114
NEULASTA ONPRO... 86
NEULASTA... 86
NEUPOGEN... 86
NEUPRO... 65
NEURONTIN... 33, 34
NEVANAC... 172
nevirapine... 73
NEXAVAR... 57
NEXICLON XR... 96
NEXIUM PACKET... 125
NEXIUM... 125
NEXLETOL... 96
NEXLIZET... 96
NEXPLANON... 141
NEXTERONE... 96
NEXTSTELLIS... 141
NEXVIAZYME... 129
NGENLA... 135
niacin... 96
niacor... 96
nicardipine... 97
NICOTROL NS... 21
nifedipine... 97
nikki (28)... 141
NIKTIMVO... 154
NILANDRON... 57
nilotinib d-tartrate... 57
nilotinib hcl... 57
nilutamide... 57
nimodipine... 97
NINLARO... 57
nintedanib... 178
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... 97
nitroglycerin... 97, 166
NITROLINGUAL... 97
NITROSTAT... 97
NITYR... 129
NIVESTYM... 86
nizatidine... 125
NOCDURNA (MEN)... 135
NOCDURNA (WOMEN)... 135
NORA-BE... 141
NORDITROPIN FLEXP... 135
norelgestromin-ethin.estradiol...
141
norepinephrine bitartrate... 97
noreth-ethinyl estradiol-iron... 141
norethindrone (contraceptive)... 141
norethindrone ac-eth estradiol...
141
norethindrone acetate... 141
norethindrone-e.estradiol-iron...
141, 142
NORGESIC FORTE... 182
norgesic... 182
norgestimate-ethinyl estradiol...
142
NORITATE... 27
NORLIQVA... 97
NORMOSOL-M IN 5 % DEXTROSE...
119
NORMOSOL-R IN 5 % DEXTROSE...
119
NORMOSOL-R PH 7.4... 120
NORMOSOL-R... 119
NORPACE CR... 97
NORPACE... 97
NORPRAMIN... 39
NORTHERA... 97

nortrel 0.5/35 (28)... 142	NUDEXTA... 105	ofloxacin... 28, 172, 174
nortrel 1/35 (21)... 142	NULIBRY... 129	OGIVRI... 57
nortrel 1/35 (28)... 142	NUPLAZID... 68	OGSIVEO... 57
nortrel 7/7/7 (28)... 142	NURTEC ODT... 46	OHTUVAYRE... 179
nortriptyline... 39	NUTRILIPID... 120	OJEMDA... 57
NORVASC... 97	NUTROPIN AQ NUSPIN... 135	OJJAARA... 57
NORVIR... 73	NUVARING... 142	olanzapine-fluoxetine... 39
NOURIANZ... 65	NUVESSA... 27	olanzapine... 68
NOVAREL... 135	NUVIGIL... 183	olmesartan-amlodipin-hcthiazid... 98
NOVOLIN 70-30 FLEXPEN U-100... 81	NUZYRA... 28	olmesartan-hydrochlorothiazide... 98
NOVOLIN 70/30 U-100 INSULIN... 81	nyamyc... 44	olmesartan... 97
NOVOLIN N FLEXPEN... 81	nylia 1/35 (28)... 142	olopatadine... 179
NOVOLIN N NPH U-100 INSULIN... 81	nylia 7/7/7 (28)... 142	OLPRUVA... 129
NOVOLIN R FLEXPEN... 81	NYMALIZE... 97	OLUMIANT... 154
NOVOLIN R REGULAR U100 INSULIN... 81	NYPOZI... 86	OMECLAMOX-PAK... 125
NOVOLOG FLEXPEN U-100 INSULIN... 81	nystatin-triamcinolone... 44	omega-3 acid ethyl esters... 98
NOVOLOG MIX 70-30 U-100 INSULIN... 81	nystatin... 44	OMEGAVEN... 120
NOVOLOG MIX 70-30FLEXPEN U-100... 81	nystop... 45	omeprazole-sodium bicarbonate... 125
NOVOLOG PENFILL U-100 INSULIN... 81	NYVEPRIA... 86	omeprazole... 125
NOVOLOG U-100 INSULIN ASPART... 81		OMNARIS... 179
NOVOPEN ECHO... 166	O	OMNIPOD 5 (G6/LIBRE 2 PLUS)... 166
NOXAFIL... 44	OB COMPLETE ONE... 120	OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 166
np thyroid... 145	OB COMPLETE PETITE... 120	OMNIPOD 5 G6-G7 PODS (GEN 5)... 166
NUBEQA... 57	OB COMPLETE PREMIER... 120	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)... 166
NUCALA... 178	OCALIVA... 125	OMNIPOD CLASSIC PODS (GEN 3)... 167
NUCYNTA ER... 16	ocella... 142	OMNIPOD DASH INTRO KIT (GEN 4)... 167
NUCYNTA... 16	OCREVUS ZUNOVO... 105	
	OCREVUS... 105	
	OCTAGAM... 154	
	octreotide acetate... 146	
	octreotide,microspheres... 146	
	OCUFLOX... 172	
	ODACTRA... 178	
	ODEFSEY... 74	
	ODOMZO... 57	
	OFEV... 178	

OMNIPOD DASH PODS (GEN 4)... 167	OPDUALAG... 58	oseltamivir... 74
OMNIPOD GO PODS 10 UNITS/DAY... 167	OPFOLDA... 129	OSENI... 81
OMNIPOD GO PODS 15 UNITS/DAY... 167	OPIPZA... 68	OSMITROL 10 %... 98
OMNIPOD GO PODS 20 UNITS/DAY... 167	opium tincture... 125	OSMITROL 20 %... 98
OMNIPOD GO PODS 25 UNITS/DAY... 167	OPSUMIT... 179	OSMITROL 5 %... 98
OMNIPOD GO PODS 30 UNITS/DAY... 167	OPSYNVI... 179	OSMOLEX ER... 65
OMNIPOD GO PODS 40 UNITS/DAY... 167	OPVEE... 21	OSPHENA... 142
OMNIPOD GO PODS... 167	OPZELURA... 114	OTEZLA STARTER... 114
OMNITROPE... 135	ORACEA... 28	OTEZLA XR INITIATION... 114
OMVOH PEN... 154	oralone... 108	OTEZLA XR... 114
OMVOH... 154	ORAPRED ODT... 133	OTEZLA... 114
ONAPGO... 65	ORBACTIV... 28	OTREXUP (PF)... 154
ONCASPAR... 57	ORENCIA CLICKJECT... 154	OTULFI... 154
ondansetron hcl (pf)... 42	ORENCIA... 154	OVIDE... 114
ondansetron hcl... 42	ORENITRAM MONTH 1 TITRATION KT... 179	OVIDREL... 186
ondansetron... 42	ORENITRAM MONTH 2 TITRATION KT... 179	oxacillin in dextrose(iso-osm)... 28
one natal rx... 120	ORENITRAM MONTH 3 TITRATION KT... 179	oxacillin... 28
ONEXTON... 114	ORENITRAM... 179	oxaliplatin... 58
ONFI... 34	ORFADIN... 129	oxaprozin... 16
ONGENTYS... 65	ORGOVYX... 58	oxazepam... 77
ONIVYDE... 57	ORIAHNN... 146	oxcarbazepine... 34
ONPATTRO... 129	ORILISSA... 146	OXERVATE... 172
ONTRALFY... 70	ORKAMBI... 179	oxiconazole... 45
ONTRUZANT... 57	ORLADEYO... 154	OXISTAT... 45
ONUREG... 58	ORLYNVAH... 28	OXLUMO... 167
ONYDA XR... 105	ormalvi... 129	OXTELLAR XR... 34
ONZETRA XSAIL... 46	orphenadrine citrate... 182	oxybutynin chloride... 131
OPDIVO QVANTIG... 58	orphenadrine-asa-caffeine... 182	oxycodone-acetaminophen... 17
OPDIVO... 58	orphengestic forte... 182	oxycodone... 16, 17
	orquidea... 142	OXYCONTIN... 17
	ORSERDU... 58	oxymorphone... 17
	orudis... 16	oxytocin... 167
		OXYTROL... 131
		OZEMPIC... 81, 82

OZOBAX DS... 70
OZOBAX... 70

P

PACERONE... 98
paclitaxel protein-bound... 58
paclitaxel... 58
PADCEV... 58
PALFORZIA (LEVEL 1)... 167
PALFORZIA (LEVEL 10)... 167
PALFORZIA (LEVEL 11 UP-DOSE)... 167
PALFORZIA (LEVEL 2)... 167
PALFORZIA (LEVEL 3)... 167
PALFORZIA (LEVEL 4)... 167
PALFORZIA (LEVEL 5)... 167
PALFORZIA (LEVEL 6)... 167
PALFORZIA (LEVEL 7)... 167
PALFORZIA (LEVEL 8)... 167
PALFORZIA (LEVEL 9)... 167
PALFORZIA INITIAL (4-17 YRS)... 167
PALFORZIA LEVEL 11 MAINTENANCE... 167
paliperidone... 68
PALSONIFY... 146
PALYNZIQ... 129
PAMELOR... 39
pamidronate... 162
PANCREAZE... 129
PANDEL... 114
PANRETIN... 58
pantoprazole in 0.9% sod chlor... 126
pantoprazole... 125
PANZYGA... 154

paraplatin... 58
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)... 154
PEDMARK... 58
PEDVAX HIB (PF)... 155
peg 3350-electrolytes... 126
peg-electrolyte soln... 126
peg3350-sod sul-nacl-kcl-asb-c... 126
PEGASYS... 155
PEMAZYRE... 58
pemetrexed disodium... 58
pemetrexed... 58
PEMRYDI RTU... 58
PEN NEEDLE, DIABETIC... 167
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... 179
PERIKABIVEN... 120
perindopril erbumine... 98
periogard... 108
PERJETA... 58
permethrin... 114
perphenazine-amitriptyline... 39
perphenazine... 68
PERSERIS... 68
PERTZYE... 129
pfizerpen-g... 28
PHEBURANE... 129
phenazopyridine... 167
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	plerixafor... 86	potassium chloride-d5-0.9%nacl... 121
PHESGO... 58	PLIAGLIS... 20	potassium chloride... 120
PHEXX... 167	pnv-dha... 120	potassium citrate... 121
PHEXXI... 167	pnv-omega... 120	POTELIGEO... 59
philith... 142	podofilox... 114	pr natal 400 ec... 121
PHOSPHOLINE IODIDE... 172	POKONZA... 120	pr natal 400... 121
PHYRAGO... 58	POLIVY... 59	pr natal 430 ec... 121
PHYSIOLYTE... 167	polocaine-mpf... 20	pr natal 430... 121
PHYSIOSOL IRRIGATION... 167	polocaine... 20	PRADAXA... 86
phytonadione (vitamin k1)... 187	polycin... 172	pralatrexate... 59
PIASKY... 155	polymyxin b sulf-trimethoprim... 172	PRALUENT PEN... 98
PIFELTRO... 74	polymyxin b sulfate... 28	pramipexole... 65
pilocarpine hcl... 108, 172	pomalidomide... 59	prasugrel hcl... 86
pimecrolimus... 114	POMALYST... 59	pravastatin... 98
pimozide... 68	POMBILITI... 129	praziquantel... 64
pimtrea (28)... 142	PONVORY 14-DAY STARTER PACK... 106	prazosin... 98
pindolol... 98	PONVORY... 106	PRECOSE... 82
pioglitazone-glimepiride... 82	portia 28... 142	PRED FORTE... 173
pioglitazone-metformin... 82	PORTRAZZA... 59	PRED MILD... 173
pioglitazone... 82	posaconazole... 45	prednicarbate... 114
piperacillin-tazobactam... 28	potassium acetate... 120	prednisolone acetate... 173
PIQRAY... 58, 59	potassium chlorid-d5-0.45%nacl... 120	prednisolone sodium phosphate... 133, 173
pirfenidone... 179	potassium chloride in 0.9%nacl... 120	prednisolone... 133
piroxicam... 17	potassium chloride in 5 % dex... 120	prednisone intensol... 133
pitavastatin calcium... 98	potassium chloride in lr-d5... 120	prednisone... 133
PITOCIN... 168	potassium chloride in water... 120	pregabalin... 106
PLAQUENIL... 64	potassium chloride-0.45 % nacl... 120	PREGNYL... 135
PLASMA-LYTE 148 PH 7.4... 120	potassium chloride-d5-0.2%nacl... 121	PREMARIN... 142
PLASMA-LYTE A... 120		PREMASOL 10 %... 121
PLAVIX... 86		PREMPHASE... 142
PLEGRIDY... 106		PREMPRO... 142
PLENAMINE... 120		PRENATA... 121
PLENITY (WELCOME KIT)... 188		PRENATABS FA... 121
PLENITY... 188		
PLENVU... 126		

prenatal plus (calcium carb)... 121	prochlorperazine edisylate... 42	protriptyline... 39
prenatal plus dha... 121	prochlorperazine maleate... 42	PROVERA... 142
prenatal plus vitamin-mineral... 121	prochlorperazine... 42	PROVIGIL... 183
prenatal vitamin plus low iron... 121	PROCRIT... 86	PROZAC... 39
prenatal-u... 121	procto-med hc... 114	prucalopride... 126
PRENATE ELITE... 121	PROCTOFOAM HC... 161	PRUDOXIN... 114
PRETOMANID... 48	proctosol hc... 114	pruradik... 115
PREVACID SOLUTAB... 126	proctozone-hc... 114	PULMICORT FLEXHALER... 179
PREVACID... 126	PROCYSBI... 129	PULMICORT... 179
prevalite... 98	progesterone micronized... 142	PULMOZYME... 179
PREVDUO... 168	progesterone... 142	PURE COMFORT ALCOHOL PADS... 168
PREVYMIS... 74	PROGLYCEM... 82	PURIXAN... 59
PREZCOBIX... 74	PROGRAF... 155	PYLERA... 126
PREZISTA... 74	PROLASTIN-C... 129	pyquvi... 133
PRIALT... 168	prolate... 17	pyrazinamide... 48
PRIFTIN... 48	PROLENSA... 173	PYRIDIDIUM... 168
PRILOSEC... 126	PROLIA... 162	pyridostigmine bromide... 47
primaquine... 64	PROMACTA... 86	pyridoxine (vitamin b6)... 187
PRIMAXIN IV... 28	promethazine vc... 168	pyrimethamine... 64
primidone... 34	promethazine-codeine... 185	PYRUKYND... 129
primlev... 17	promethazine-dm... 185	PYZCHIVA AUTOINJECTOR... 155
PRIMSOL... 28	promethazine-phenylephrine... 168	PYZCHIVA... 155
PRIORIX (PF)... 155	promethazine... 42	Q
PRISTIQ... 39	promethegan... 42	QALSODY... 106
PRIVIGEN... 155	PROMETRIUM... 142	QBRELIS... 98
PRO COMFORT ALCOHOL PADS... 168	propafenone... 98	QBREXZA... 115
PRO-COMFORT ALCOHOL PADS... 168	proparacaine... 173	QDOLO... 17
PROAIR DIGIHALER... 179	propranolol... 98	QELBREE... 106
PROAIR RESPICLICK... 179	propylthiouracil... 147	QINLOCK... 59
probenecid-colchicine... 46	PROQUAD (PF)... 155	QIVIGY... 155
probenecid... 46	PROSCAR... 131	QNASL... 179
procainamide... 98	PROSOL 20 %... 121	QSYMIA... 188
PROCARDIA XL... 98	protamine... 168	QTERN... 82
procentra... 106	PROTONIX... 126	QUADRACEL (PF)... 155

QUDEXY XR... 34
 QUESTRAN LIGHT... 98
 QUESTRAN... 98
 quetiapine... 68, 69
 QUILLICHEW ER... 106
 QUILLIVANT XR... 106
 quinapril-hydrochlorothiazide... 98
 quinapril... 98
 quinidine gluconate... 99
 quinidine sulfate... 99
 quinine sulfate... 64
 QULIPTA... 46
 QUTENZA... 168
 QUVIVIQ... 183
 QUZYTIR... 179
 QVAR REDIHALER... 179
R
 RABAVERT (PF)... 155
 rabeprazole... 126
 RADICAVA ORS STARTER KIT SUSP...
 106
 RADICAVA ORS... 106
 RADICAVA... 106
 RAGWITEK... 180
 RALDESY... 39
 raloxifene... 142
 ramelteon... 183
 ramipril... 99
 ranitidine hcl... 126
 ranolazine... 99
 RAPAFLO... 131
 RAPAMUNE... 155
 rasagiline... 65
 RASUVO (PF)... 155, 156
 RAVICTI... 129
 RAYALDEE... 162
 RAYOS... 133
 REBIF (WITH ALBUMIN)... 106
 REBIF REBIDOSE... 106
 REBIF TITRATION PACK... 106
 REBLOZYL... 86
 REBYOTA... 126
 RECARBRIO... 28
 RECLAST... 162
 reclusen (28)... 142
 RECOMBIVAX HB (PF)... 156
 RECORLEV... 146
 RECTIV... 168
 REDEMPLO... 99
 REGLAN... 42
 REGONOL... 47
 REGRANEX... 115
 RELAFEN DS... 17
 RELENZA DISKHALER... 74
 RELEUKO... 87
 RELEXII... 106
 RELGAABI... 34
 RELISTOR... 126
 RELPAX... 46
 RELTONE... 126
 REMERON SOLTAB... 39
 REMERON... 39
 REMICADE... 156
 REMODULIN... 180
 RENACIDIN... 168
 RENFLEXIS... 156
 repaglinide... 82
 REPATHA PUSHTRONEX... 99
 REPATHA SURECLICK... 99
 REPATHA SYRINGE... 99
 RESPA-AR... 185
 RESTASIS MULTIDOSE... 173
 RESTASIS... 173
 RESTORIL... 183
 RETACRIT... 87
 RETEVMO... 59
 RETIN-A MICRO PUMP... 115
 RETIN-A MICRO... 115
 RETIN-A... 115
 RETROVIR... 74
 REVATIO... 180
 REVCovi... 129
 REVLIMID... 59
 revonto... 71
 REVUFORJ... 59
 REXTOVY... 21
 REXULTI... 69
 REYATAZ... 74
 REYVOW... 46, 47
 REZDIFFRA... 168
 REZLIDHIA... 59
 REZUROCK... 156
 REZVOGLAR KWIKPEN... 82
 REZZAYO... 45
 RHAPSIDO... 87
 RHOFADE... 115
 RHOPHYLAC... 156
 RHOPRESSA... 173
 RIABNI... 59
 RIASTAP... 87
 ribavirin... 74, 168
 RIDAURA... 156
 rifabutin... 48

RIFADIN... 48	ROMVIMZA... 59	sajazir... 156
rifampin... 48	ropinirole... 65	SALAGEN (PILOCARPINE)... 108
rilpivirine hcl... 74	ropivacaine (pf)... 20	SAMSCA... 121
RILUTEK... 106	rosadan... 28	SANCUSO... 42
riluzole... 106	rosuvastatin... 99	SANDIMMUNE... 156
rimantadine... 74	rosyrah... 142	SANDOSTATIN LAR DEPOT... 146
RIMSO-50... 168	ROTARIX... 156	SANDOSTATIN... 146
ringer's... 121, 168	ROTATEQ VACCINE... 156	SANTYL... 115
RINVOQ LQ... 156	ROWASA... 161	SAPHNELO... 156
RINVOQ... 156	roweepra... 34	SAPHRIS... 69
RIOMET... 82	ROXICODONE... 17	sapropterin... 129
risedronate... 162	ROXYBOND... 17	SARCLISA... 60
RISPERDAL CONSTA... 69	ROZEREM... 183	SAVAYSA... 87
RISPERDAL... 69	ROZLYTREK... 59	SAVELLA... 106
risperidone microspheres... 69	RUBRACA... 59	saxagliptin-metformin... 82
risperidone... 69	RUCONEST... 156	saxagliptin... 82
RITALIN LA... 106	rufinamide... 34	SAXENDA... 188
RITALIN... 106	RUKOBIA... 74	SCSEMBLIX... 60
ritonavir... 74	RUXIENCE... 59	scopolamine base... 42
RITUXAN HYCELA... 59	RYALTRIS... 180	SDAMLO... 99
RITUXAN... 59	RYBELSUS... 82	se-natal 19 chewable... 121
rivaroxaban... 87	RYBREVAANT FASPRO... 59	SECUADO... 69
rivastigmine tartrate... 37	RYBREVAANT... 59	SEGLENTIS... 17
rivastigmine... 37	RYCLORA... 180	SEGLUROMET... 82
rivelsa... 142	RYDAPT... 59	SELARSDI... 156
RIVFLOZA... 168	RYLAZE... 60	SELECT-OB (FOLIC ACID)... 121
rizatriptan... 47	RYSTIGGO... 156	SELECT-OB + DHA... 121
ROBAXIN... 182	RYTARY... 65	SELECT-OB... 121
ROBINUL FORTE... 126	RYTELO... 60	selegiline hcl... 65, 66
ROBINUL... 126	RYVENT... 180	selenium sulfide... 115
ROCALTROL... 162	RYZNEUTA... 87	SELZENTRY... 74, 75
ROCKLATAN... 173		SEMGLEE(INSULIN
roflumilast... 180		GLARG-YFGN)PEN... 82
ROLVEDON... 87		SEMGLEE(INSULIN
romidepsin... 59		GLARGINE-YFGN)... 82
	S	
	SABRIL... 34	
	sacubitril-valsartan... 99	
	SAFYRAL... 142	

SENSIPAR... 162	SIMPONI... 156	SOGROYA... 135
sensorcaine-epinephrine... 20	SIMULECT... 157	SOHONOS... 168
sensorcaine-mpf spinal... 20	simvastatin... 99	solifenacin... 131
SENSORCAINE-MPF... 20	SINEMET... 66	SOLQUA 100/33... 82
sensorcaine-mpf/epinephrine... 20	SINGULAIR... 180	SOLIRIS... 157
SENSORCAINE... 20	sirolimus... 157	SOLODYN... 28
SEPHIENCE... 129	SIRTURO... 48	SOLOSEC... 28
SEREVENT DISKUS... 180	sitagliptin phos-metformin... 82	SOLTAMOX... 60
SEROQUEL XR... 69	sitagliptin-metformin... 82	SOLU-CORTEF ACT-O-VIAL (PF)... 133
SEROQUEL... 69	sitagliptin... 82	SOLU-CORTEF... 133
SEROSTIM... 135	SIVEXTRO... 28	SOLU-MEDROL (PF)... 134
sertraline... 40	SKYCLARYS... 106	SOLU-MEDROL... 133
setlakin... 142	SKYRIZI... 157	SOMA... 182
SEYSARA... 28	SKYTROFA... 135	SOMATULINE DEPOT... 147
SEZABY... 35	SLYND... 143	SOMAVERT... 147
SFROWASA... 161	SMOFLIPID... 121	SOOLANTRA... 115
sharobel... 142	SOAANZ... 99	sorafenib... 60
SHINGRIX (PF)... 156	sodium benzoate-sod phenylacet... 168	sorbitol-mannitol... 168
SIGNIFOR LAR... 147	sodium bicarbonate... 121	SORILUX... 115
SIGNIFOR... 147	sodium chloride 0.45 %... 121	sotalol af... 99
SIKLOS... 168	sodium chloride 0.9 %... 121	sotalol... 99
sildenafil (pulm.hypertension)... 180	sodium chloride 3 % hypertonic... 121	SOTYKTU... 157
sildenafil... 185	sodium chloride 5 % hypertonic... 121	SOTYLIZE... 99
SILENOR... 183	sodium chloride... 121, 168	SOVALDI... 75
SILIQ... 156	SODIUM EDECIN... 99	SOVUNA... 64
silodosin... 131	sodium oxybate... 183	SPEVIGO... 157
SILVADENE... 115	sodium phenylbutyrate... 130	spinosad... 115
silver sulfadiazine... 115	sodium phosphate... 121	SPIRIVA RESPIMAT... 180
SIMBRINZA... 173	sodium polystyrene sulfonate... 121	SPIRIVA WITH HANDIHALER... 180
SIMLANDI(CF) AUTOINJECTOR... 156	sodium,potassium,mag sulfates... 126	spironolacton-hydrochlorothiaz... 99
SIMLANDI(CF)... 156	SOFDRA... 115	spironolactone... 99
simliya (28)... 142		SPORANOX... 45
simpesse... 143		sprintec (28)... 143
SIMPONI ARIA... 156		

SPRITAM... 35
 SPRIX... 18
 SPRYCEL... 60
 SPS (WITH SORBITOL)... 122
 sronyx... 143
 SSD... 115
 STARJEMZA... 157
 stavudine... 75
 STEGLATRO... 82
 STEGLUJAN... 82
 STELARA... 157
 STENDRA... 185
 STEQEYMA... 157
 STIMUFEND... 87
 STIOLTO RESPIMAT... 180
 STIVARGA... 60
 STRATTERA... 107
 STRENSIQ... 130
 streptomycin... 28
 STRIBILD... 75
 STRIVERDI RESPIMAT... 180
 STROMECTOL... 64
 SUBOXONE... 21
 subvenite starter (blue) kit... 35
 subvenite starter (green) kit... 35
 subvenite starter (orange) kit... 35
 SUBVENITE... 35
 SUCRAID... 130
 sucralfate... 126
 SUFLAVE... 126
 SULAR... 99
 sulfacetamide sodium (acne)... 28
 sulfacetamide sodium... 28, 173
 sulfacetamide-prednisolone... 173
 sulfadiazine... 28
 sulfamethoxazole-trimethoprim... 29
 SULFAMYLON... 115
 sulfasalazine... 161
 sulindac... 18
 sumatriptan succinate... 47
 sumatriptan-naproxen... 47
 sumatriptan... 47
 sunitinib malate... 60
 SUNLENCA... 75
 SUNOSI... 183
 SUPREP BOWEL PREP KIT... 126
 SURE COMFORT ALCOHOL PREP PADS... 168
 SURE-PREP ALCOHOL PREP PADS... 168
 SUTAB... 126
 SUTENT... 60
 syeda... 143
 SYLVANT... 157
 SYMBICORT... 180
 SYMBRAVO... 47
 SYMDEKO... 180
 SYMFI LO... 75
 SYMFI... 75
 SYMLINPEN 120... 82
 SYMLINPEN 60... 82
 SYMPAZAN... 35
 SYMPROIC... 126
 SYMTUZA... 75
 SYNAGIS... 168
 SYNALAR... 115
 SYNAREL... 147
 SYNJARDY XR... 82
 SYNJARDY... 82
 SYNTHROID... 145
 SYPRINE... 122

T

TABLOID... 60
 TABRECTA... 60
 TACLONEX... 115
 tacrolimus... 115, 157
 tadalafil (pulm. hypertension)... 180
 tadalafil... 131, 185
 TADLIQ... 180
 TAFINLAR... 60
 tafluprost (pf)... 173
 TAGRISSO... 60
 TAKHZYRO... 157
 TALICIA... 127
 TALTZ AUTOINJECTOR (2 PACK)... 157
 TALTZ AUTOINJECTOR (3 PACK)... 157
 TALTZ AUTOINJECTOR... 157
 TALTZ SYRINGE... 157, 158
 TALVEY... 60
 TALZENNA... 60
 TAMIFLU... 75
 tamoxifen... 60
 tamsulosin... 131
 tanlor... 182
 tapentadol... 18
 taperdex... 134
 TARCEVA... 60
 TARGADOX... 29
 TARGRETIN... 60
 tarina 24 fe... 143
 tarina fe 1-20 eq (28)... 143
 tarina fe 1/20 (28)... 143

TARPEYO... 161	TENORMIN... 99	tiagabine... 35
TASCENSO ODT... 107	TEPADINA... 61	TIAZAC... 100
TASIGNA... 60	TEPEZZA... 168	TIBSOVO... 61
tasimelteon... 183	TEPMETKO... 61	ticagrelor... 87
TASMAR... 66	TEPYLUTE... 61	TICOVAC... 158
tavaborole... 45	terazosin... 99	TIGAN... 42
TAVALISSE... 87	terbinafine hcl... 45	tigecycline... 29
TAVNEOS... 158	terbutaline... 180	TIGLUTIK... 107
TAYTULLA... 143	terconazole... 45	TIKOSYN... 100
tazarotene... 115	teriflunomide... 107	tilia fe... 143
tazicef... 29	TESTIM... 143	timolol maleate (pf)... 173
TAZORAC... 115	testosterone cypionate... 143	timolol maleate... 100, 173
taztia xt... 99	testosterone enanthate... 143	timolol... 173
TAZVERIK... 60	testosterone... 143	TIMOPTIC OCUDOSE (PF)... 173
TDVAX... 158	tetrabenazine... 107	tinidazole... 29
TECENTRIQ HYBREZA... 60	tetracycline... 29	tiopronin... 131
TECENTRIQ... 60	TEVIMBRA... 61	tirofiban-0.9% sodium chloride... 87
TECFIDERA... 107	TEXACORT... 115	TIROSINT-SOL... 145
TECVAYLI... 60	TEZRULY... 99	TIROSINT... 145
TEFLARO... 29	TEZSPIRE... 158	TIVDAK... 61
TEGLUTIK... 107	THALITONE... 100	TIVICAY PD... 75
TEGRETOL XR... 35	THALOMID... 61	TIVICAY... 75
TEGRETOL... 35	THAM... 122	tizanidine... 71
TEKTURNA... 99	THEO-24... 180	TLANDO... 143
telmisartan-amlodipine... 99	theophylline... 180	TOBI PODHALER... 180
telmisartan-hydrochlorothiazid... 99	thiamine hcl (vitamin b1)... 187	TOBI... 29
telmisartan... 99	THIOLA EC... 131	TOBRADEX ST... 173
temazepam... 183	THIOLA... 131	TOBRADEX... 173
TEMODAR... 60	thioridazine... 69	tobramycin in 0.225 % nacl... 29
temsirolimus... 61	thiotepa... 61	tobramycin sulfate... 29
tencon... 168	thiothixene... 69	tobramycin-dexamethasone... 173
TENIVAC (PF)... 158	THYMOGLOBULIN... 158	tobramycin-lotepred... 173
tenofovir disoproxil fumarate... 75	THYQUIDITY... 145	tobramycin... 29, 173
TENORETIC 100... 99	tiadylt er... 100	TOBREX... 173
TENORETIC 50... 99		

tolcapone... 66	TRAVATAN Z... 173	triamterene-hydrochlorothiazid... 100
tolectin 600... 18	travoprost... 173	triamterene... 100
tolectin ds... 18	TRAZIMERA... 61	trianex... 134
tolmetin... 18	trazodone... 40	triazolam... 183
TOLSURA... 45	TREANDA... 61	TRIBENZOR... 100
tolterodine... 131	TRECATOR... 48	TRICARE... 122
tolvaptan (polycys kidney dis)... 122	TRELEGY ELLIPTA... 181	TRICOR... 100
tolvaptan... 122	TRELSTAR... 147	triderm... 134
TONMYA... 182	TREMFYA ONE-PRESS... 158	trientine... 122
TOPAMAX... 35	TREMFYA PEN INDUCTION PK(2PEN)... 158	trifluoperazine... 69
TOPICORT... 115, 116	TREMFYA PEN... 158	trifluridine... 173
topiramate... 35	TREMFYA... 158	trihexyphenidyl... 66
topotecan... 61	treprostinil sodium... 181	TRIJARDY XR... 83
TOPROL XL... 100	TRESIBA FLEXTOUCH U-100... 83	TRIKAFTA... 181
toremifene... 61	TRESIBA FLEXTOUCH U-200... 83	TRILEPTAL... 35
TORISEL... 61	TRESIBA U-100 INSULIN... 83	TRILIPIX... 100
torpenz... 61	tretinoin (antineoplastic)... 61	trimethobenzamide... 42
torseamide... 100	tretinoin microspheres... 116	trimethoprim... 29
TOSYMRA... 47	tretinoin... 116	trimipramine... 40
TOUJEO MAX U-300 SOLOSTAR... 83	TREXALL... 158	trinatal rx 1... 122
TOUJEO SOLOSTAR U-300 INSULIN... 83	TREXIMET... 47	TRINTELLIX... 40
tovet emollient... 116	TREZIX... 18	TRIPTODUR... 147
TOVIAZ... 131	tri-estarylla... 143	TRISENOX... 61
TPN ELECTROLYTES... 122	tri-legest fe... 143	TRISTART DHA... 122
TRACLEER... 180, 181	tri-linyah... 143	TRIUMEQ PD... 75
TRADJENTA... 83	tri-lo-estarylla... 143	TRIUMEQ... 75
tramadol-acetaminophen... 18	tri-lo-marzia... 143	trivora (28)... 143
tramadol... 18	tri-lo-mili... 143	TRODELVY... 61
trandolapril-verapamil... 100	tri-lo-sprintec... 143	TROGARZO... 75
trandolapril... 100	tri-mili... 143	TROKENDI XR... 35
tranexamic acid... 87	tri-sprintec (28)... 143	tromethamine... 122
TRANSDERM-SCOP... 42	tri-vylibra lo... 143	TROPHAMINE 10 %... 122
tranylcypromine... 40	tri-vylibra... 143	trosipium... 131
TRAVASOL 10 %... 122	triamcinolone acetonide... 108, 134	TRUDHESA... 47

TRUE COMFORT ALCOHOL PADS... 168	TYVASO INSTITUTIONAL START KIT... 181	USTEKINUMAB-AEKN... 158
TRUE COMFORT PRO ALCOHOL PADS... 168	TYVASO REFILL KIT... 181	USTEKINUMAB-TTWE... 158
TRULANCE... 127	TYVASO STARTER KIT... 181	USTEKINUMAB... 158
TRULICITY... 83	TYVASO... 181	UZEDY... 69, 70
TRUMENBA... 158	TYZAVAN... 29	V
TRUQAP... 61	U	V-GO 20... 169
TRUVADA... 75	UBRELVY... 47	V-GO 30... 169
TRUXIMA... 61	UCERIS... 161	V-GO 40... 169
TRYNGOLZA... 100	UDENYCA AUTOINJECTOR... 87	VABOMERE... 29
TRYPTYR... 173	UDENYCA ONBODY... 87	VABRINTY (1 MONTH)... 147
TRYVIO... 100	UDENYCA... 87	VABRINTY (3 MONTH)... 147
TUDORZA PRESSAIR... 181	ULORIC... 46	VABRINTY (4 MONTH)... 147
TUKYSA... 61	ULTILET ALCOHOL SWAB... 168	VABRINTY (6 MONTH)... 147
tulana... 143	ULTOMIRIS... 158	VAGIFEM... 144
TURALIO... 61	ULTRA-FINE INS SYR (HALF UNIT)... 168	valacyclovir... 75
turqoz (28)... 144	ULTRA-FINE INSULIN SYRINGE... 169	VALCHLOR... 61
TUXARIN ER... 185	ULTRA-FINE PEN NEEDLE... 169	VALCYTE... 75
TWINRIX (PF)... 158	ULTRAVATE... 116	valganciclovir... 75
TWYNEO... 116	umeclidinium-vilanterol... 181	VALIUM... 77
TYBLUME... 144	umeclidinium... 181	valproate sodium... 36
TYBOST... 75	UNASYN... 29	valproic acid (as sodium salt)... 36
tydemy... 144	UNDECATREX... 144	valproic acid... 36
TYENNE AUTOINJECTOR... 158	UNITHROID... 145	valrubicin... 61
TYENNE... 158	UNITUXIN... 61	valsartan-hydrochlorothiazide... 100
TYGACIL... 29	UPLIZNA... 158	valsartan... 100
TYKERB... 61	UPTRAVI... 181	VALSTAR... 61
TYMLOS... 162	UROCIT-K 10... 122	VALTOCO... 36
TYPHIM VI... 158	UROCIT-K 15... 122	VALTRES... 75
TYRUKO... 107	UROCIT-K 5... 122	valtya... 144
TYRVAYA... 173	UROXATRAL... 131	VANCOGIN... 29
TYSABRI... 107	URSO FORTE... 127	vancomycin in 0.9 % sodium chl... 29
TYVASO DPI... 181	ursodiol... 127	vancomycin in dextrose 5 %... 29

vancomycin-diluent combo no.1... 30	venxxiva... 131	VIMKUNYA... 159
vancomycin... 29	VEOPOZ... 159	VIMOVO... 18
VANDAZOLE... 30	VEOZAH... 107	VIMPAT... 36
VANFLYTA... 61	verapamil... 100, 101	vinblastine... 62
VANOS... 116	VERDESO... 116	vincasar pfs... 62
VANRAFIA... 169	VEREGEN... 116	vincristine... 62
VAPRISOL IN 5 % DEXTROSE... 122	VERELAN PM... 101	vinorelbine... 62
VAQTA (PF)... 159	VERIPRED 20... 134	VIOKACE... 130
vardenafil... 185	VERKAZIA... 173	viorele (28)... 144
varenicline tartrate... 21	VERQUVO... 101	VIRACEPT... 75
VARIVAX (PF)... 159	VERSACLOZ... 70	VIRAZOLE... 169
VARIZIG... 159	VERZENIO... 62	VIREAD... 75
VARUBI... 42	VESICARE LS... 132	VISTARIL... 181
VASCEPA... 100	VESICARE... 132	VITAFOL FE PLUS... 122
VASERETIC... 100	vestura (28)... 144	VITAFOL GUMMIES... 122
VASOTEC... 100	VEVYE... 173	VITAFOL ULTRA... 122
VAXCHORA VACCINE... 159	VFEND IV... 45	VITAFOL-OB+DHA... 122
vecamyl... 100	VFEND... 45	VITAFOL-OB... 122
VECTIBIX... 61	VIAGRA... 186	VITAFOL-ONE... 122
VECTICAL... 116	VIBATIV... 30	VITAMEDMD ONE RX... 122
VEGZELMA... 61	VIBERZI... 127	vitamin d2... 187
VELCADE... 62	VIBRAMYCIN... 30	vitamin k... 187
VELETRI... 181	VICTOZA 2-PAK... 83	vitamin k1... 187
velivet triphasic regimen (28)... 144	VICTOZA 3-PAK... 83	VITRAKVI... 62
VELSIPITY... 159	VIDAZA... 62	vivacaine... 20
VELTASSA... 122	vienva... 144	VIVELLE-DOT... 144
VELTIN... 116	vigabatrin... 36	VIVIMUSTA... 62
VEMLIDY... 75	vigadrone... 36	VIVITROL... 21
VENCLEXTA STARTING PACK... 62	VIGAFYDE... 36	VIVJOA... 45
VENCLEXTA... 62	VIGAMOX... 173	VIVLODEX... 18
VENLAFAXINE BESYLATE... 40	vigpoder... 36	VIVOTIF... 159
venlafaxine... 40	VIIBRYD... 40	VIZIMPRO... 62
VENTAVIS... 181	VIJOICE... 130	VOCABRIA... 76
VENTOLIN HFA... 181	vilazodone... 40	VOGELXO... 144

volnea (28)... 144	VYTORIN 10-80... 101	XALKORI... 62
VONJO... 62	VYVANSE... 107	XANAX XR... 77
VOQUEZNA DUAL PAK... 127	VYVGART HYTRULO... 48	XANAX... 77
VOQUEZNA TRIPLE PAK... 127	VYVGART... 47	xarah fe... 144
VOQUEZNA... 127	VYXEOS... 62	XARELTO DVT-PE TREAT 30D
VORANIGO... 62	VYZULTA... 174	START... 87
voriconazole-hpbc... 45		XARELTO... 87
voriconazole... 45	W	XATMEP... 159
VOSEVI... 76	WAINUA... 130	XCOPRI MAINTENANCE PACK... 36
VOTRIENT... 62	WAKIX... 184	XCOPRI TITRATION PACK... 36
VOWST... 127	warfarin... 87	XCOPRI... 36
VOXZOGO... 130	water for irrigation, sterile... 169	XDEMZY... 169
VOYDEYA... 159	WAYRILZ... 87	XELJANZ XR... 159
VOYXACT... 159	WEBCOL... 169	XELJANZ... 159
VPRIV... 130	WEGOVY... 169	XELPROS... 174
VRAYLAR... 70	WELCHOL... 101	xelria fe... 144
VTAMA... 116	WELIREG... 130	XELSTRYM... 107
VUITY... 174	WELLBUTRIN SR... 40	XEMBIFY... 159
VUMERITY... 107	WELLBUTRIN XL... 40	XENAZINE... 107
VUSION... 45	wera (28)... 144	XENPOZYME... 130
VYALEV... 66	wescap-pn dha... 122	XERAVA... 30
VYEPTI... 47	wesnate dha... 122	XERESE... 76
vyfemla (28)... 144	westab plus... 122	XERMELO... 127
VYJUVEK... 169	westgel dha... 123	XGEVA... 162
VYKAT XR... 169	WEZLANA... 159	XHANCE... 181
VYKOURA... 62	WIDAPLIK... 101	XIFAXAN... 127
VYLEESI... 186	WINLEVI... 116	XIFYRM... 18
vylibra... 144	WINREVAIR... 181	XIGDUO XR... 83
VYLOY... 62	wixela inhub... 181	XIIDRA... 174
VYNDAMAX... 130	wymzya fe... 144	XIMINO... 30
VYNDAQEL... 130		XOFLUZA... 76
VYSCOX... 18	X	XOLAIR... 159
VYTORIN 10-10... 101	XACDURO... 30	XOLEGEL... 45
VYTORIN 10-20... 101	XACIATO... 30	XOLREMDI... 87
VYTORIN 10-40... 101	XADAGO... 66	XOPENEX HFA... 181
	XALATAN... 174	

XOSPATA... 62	zaleplon... 184	ZEPZELCA... 63
XPOVIO... 62	ZALTRAP... 63	ZERBAXA... 30
XROMI... 169	ZANAFLEX... 71	ZERVIATE... 174
XTAMPZA ER... 18	ZANOSAR... 63	ZESTORETIC... 101
XTANDI... 63	zarah... 144	ZESTRIL... 101
xulane... 144	ZARONTIN... 36	ZETIA... 101
XULTOPHY 100/3.6... 83	ZARXIO... 87	ZETONNA... 182
XYOSTED... 144	zatean-pn dha... 123	ZEVALIN (Y-90)... 169
XYREM... 184	zatean-pn plus... 123	ZEVTERA... 30
xyvona... 18	ZAVESCA... 130	ZIAGEN... 76
XYWAV... 184	ZAVZPRET... 47	ZIANA... 116
Y	ZCORT... 134	zidovudine... 76
yargesa... 130	ZEGALOGUE AUTOINJECTOR... 83	ZIEXTENZO... 87
YASMIN (28)... 144	ZEGALOGUE SYRINGE... 83	ZIIHERA... 63
YAZ (28)... 144	ZEGERID... 127	ZILBRYSQ... 160
YCANTH... 169	ZEJULA... 63	zileuton... 182
YERVOY... 63	ZELAPAR... 66	ZILRETTA... 134
YESINTEK... 159	ZELBORAF... 63	ZILXI... 116
YF-VAX (PF)... 159	ZELSUVMI... 116	ZIMHI... 21
YIMMUGO... 160	zelvysia... 130	zingiber... 169
YONDELIS... 63	ZEMAIRA... 130	ZIOPTAN (PF)... 174
YONSA... 63	ZEMBRACE SYMTOUCH... 47	ziprasidone hcl... 70
YORVIPATH... 162	ZEMDRI... 30	ziprasidone mesylate... 70
YUFLYMA(CF) AI CROHN'S-UC-HS... 160	ZEMPLAR... 162	ZIPSOR... 18
YUFLYMA(CF) AUTOINJECTOR... 160	zenatane... 116	ZIRABEV... 63
YUFLYMA(CF)... 160	ZENPEP... 130	ZIRGAN... 76
YUPELRI... 182	zenzedi... 107	ZITHROMAX TRI-PAK... 30
YUSIMRY(CF) PEN... 160	ZEPATIER... 76	ZITHROMAX Z-PAK... 30
YUTREPIA... 182	ZEPBOUND KWIKPEN... 169, 188	ZITHROMAX... 30
yuvafem... 144	ZEPBOUND... 169, 188	ZITUVIMET XR... 83
YUVIWEL... 130	ZEPOSIA STARTER KIT (28-DAY)... 107	ZITUVIMET... 83
Z	ZEPOSIA STARTER PACK (7-DAY)... 107	ZITUVIO... 83
zafemy... 144	ZEPOSIA... 107	ZOCOR... 101
zafirlukast... 182		ZOKINVY... 130

ZOLADEX... 147	ZYMFENTRA... 160
zoledronic ac-mannitol-0.9nacl... 162	ZYNLONTA... 63
zoledronic acid-mannitol-water... 162	ZYNRELEF... 169
zoledronic acid... 162	ZYNYZ... 63
ZOLINZA... 63	ZYPITAMAG... 101
zolmitriptan... 47	ZYPREXA RELPREV... 70
ZOLOFT... 40	ZYPREXA ZYDIS... 70
zolpidem... 184	ZYPREXA... 70
ZOMACTON... 135	ZYTIGA... 63
zomig... 47	ZYVOX... 30
ZONALON... 116	
ZONEGRAN... 36	
ZONISADE... 36	
zonisamide... 36	
ZORTRESS... 160	
ZORVOLEX... 18	
ZORYVE... 116	
ZOSYN IN DEXTROSE (ISO-OSM)... 30	
zovia 1-35 (28)... 144	
ZOVIRAX... 76	
ZTALMY... 36	
ZTLIDO... 20	
ZUBSOLV... 21	
ZULRESSO... 40	
zumandimine (28)... 144	
ZUNVEYL... 37	
ZURNAL... 21	
ZURZUVAE... 40	
ZYCLARA... 116	
ZYDELIG... 63	
ZYKADIA... 63	
ZYLET... 174	
ZYLOPRIM... 46	

Notice of Availability - Auxiliary Aids and Services Notice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GHHNOA2025HUM_0425

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



This formulary was updated on 05/05/2026. 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**.

GRP061PDG2680026C_v1

