

2025

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs or "Drug List"

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

64

Formulary 25805

This formulary was updated on 01/01/2025. 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 (5 a.m. - 9 p.m., Pacific 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](https://www.humana.com).

Humana[®]



Welcome to The Humana Medicare Employer Plan!

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

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

What is the Humana Medicare Employer formulary?

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

If you are thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. If you are a current member, call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card Monday through Friday from 8 a.m. - 9 p.m., Eastern time (5 a.m. - 9 p.m., Pacific time). Our automated phone system is available after hours, weekends, and holidays.

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What if you are affected by a Drug List change?

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

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

How do I use the Formulary?

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

Medical condition

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 188. 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 five 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 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred drugs
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

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 188.

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 183.

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	2	
FELDENE 10 MG, 20 MG CAPSULE MO	4	
fenoprofen 400 mg CAPSULE MO	2	ST
fenoprofen 600 mg TABLET MO	2	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. DL	2	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE DL	5	PA,QL(120 per 30 days)
fentanyl citrate 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg TABLET, EFFERVESCENT DL	5	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE DL	2	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION DL	2	BvsD,QL(720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET, EFFERVESCENT DL	5	PA,QL(120 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. MO	4	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET MO	2	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. DL	2	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	2	ST,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. DL	2	ST,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	2	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	2	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION DL	2	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	2	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	2	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET DL	2	QL(150 per 30 days)
HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE DL	2	BvsD
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE DL	2	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID DL	2	QL(2400 per 30 days)
hydromorphone 1 mg/ml SOLUTION DL	2	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. DL	2	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. DL	2	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	2	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	2	BvsD,QL(360 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LICART 1.3 % PATCH, 24 HR. MO	4	PA,QL(30 per 30 days)
LODINE 400 MG TABLET MO	4	PA
lofena 25 mg TABLET DL	5	
lortab elixir 10-300 mg/15 ml SOLUTION DL	2	QL(6000 per 30 days)
meclofenamate 100 mg, 50 mg CAPSULE MO	2	
mefenamic acid 250 mg CAPSULE MO	2	
meloxicam 15 mg TABLET MO	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET MO	1	QL(60 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE MO	4	QL(30 per 30 days)
meperidine 10 mg/ml CARTRIDGE DL	2	QL(3600 per 30 days)
meperidine 50 mg TABLET DL	5	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION DL	2	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION DL	2	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION DL	2	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION DL	2	QL(720 per 30 days)
methadone 10 mg TABLET DL	2	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	2	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	2	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION DL	2	QL(360 per 30 days)
methadone 5 mg TABLET DL	2	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	2	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	2	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE DL	4	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION DL	4	BvsD,QL(360 per 30 days)
mitigo (pf) 25 mg/ml SOLUTION DL	4	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	2	ST,QL(60 per 30 days)
morphine 10 mg/5 ml SOLUTION DL	2	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	2	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE DL	2	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	2	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. DL	2	ST,QL(60 per 30 days)
morphine 15 mg, 30 mg TABLET DL	2	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER DL	2	QL(120 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE</i> MO	2	ST,QL(60 per 30 days)
<i>naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC</i> DL	5	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET DL	5	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. DL	5	ST,QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, ER 12 HR. DL	4	ST,QL(60 per 30 days)
OLINVYK 1 MG/ML SOLUTION DL	5	PA
OLINVYK 30 MG/30 ML (1 MG/ML) PATIENT CONTROL ANALGESIA SOLN DL	5	PA
<i>oxaprozin 600 mg TABLET</i> MO	2	
OXAYDO 5 MG, 7.5 MG TABLET, ORAL ONLY DL	5	PA,QL(360 per 30 days)
<i>oxycodone 10 mg, 15 mg, 5 mg TABLET</i> DL	2	QL(360 per 30 days)
<i>oxycodone 10 mg, 20 mg, 40 mg TABLET, ER 12 HR.</i> DL	4	ST,QL(90 per 30 days)
<i>oxycodone 20 mg, 30 mg TABLET</i> DL	2	QL(360 per 30 days)
<i>oxycodone 20 mg/ml CONCENTRATE</i> DL	2	QL(270 per 30 days)
<i>oxycodone 5 mg CAPSULE</i> DL	2	QL(360 per 30 days)
<i>oxycodone 5 mg/5 ml SOLUTION</i> DL	2	QL(5400 per 30 days)
<i>oxycodone 80 mg TABLET, ER 12 HR.</i> DL	4	ST,QL(120 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> DL	5	PA,QL(390 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION</i> DL	5	PA,QL(900 per 30 days)
<i>oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET</i> DL	2	QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-300 mg TABLET</i> DL	2	PA,QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg TABLET</i> DL	2	QL(360 per 30 days)
<i>oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION</i> DL	2	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. DL	4	ST,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. DL	4	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	2	ST,QL(60 per 30 days)
<i>oxymorphone 10 mg, 5 mg TABLET</i> DL	2	QL(360 per 30 days)
<i>oxymorphone 40 mg TABLET, ER 12 HR.</i> DL	5	ST,QL(60 per 30 days)
PENNSAID 2 % SOLUTION IN PACKET DL	5	PA
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP DL	5	PA,QL(224 per 28 days)
<i>pentazocine-naloxone 50-0.5 mg TABLET</i> DL	2	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET DL	5	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET DL	2	PA,QL(360 per 30 days)
<i>piroxicam 10 mg, 20 mg CAPSULE</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>primlev</i> 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	5	PA,QL(390 per 30 days)
<i>prolate</i> 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	5	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION DL	5	PA,QL(900 per 30 days)
QDOLO 5 MG/ML SOLUTION DL	5	QL(2400 per 30 days)
RELAFEN DS 1,000 MG TABLET DL	5	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET DL	4	PA,QL(360 per 30 days)
ROXICODONE 30 MG TABLET DL	5	PA,QL(360 per 30 days)
ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY DL	5	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY DL	5	PA,QL(180 per 30 days)
SEGLENTIS 44-56 MG TABLET DL	4	PA,QL(120 per 30 days)
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL DL	5	PA,QL(5 per 30 days)
<i>sulindac</i> 150 mg, 200 mg TABLET MO	1	
<i>tolectin</i> 600 600 mg TABLET MO	2	
<i>tolmetin</i> 400 mg CAPSULE MO	2	
<i>tolmetin</i> 600 mg TABLET MO	2	
<i>tramadol</i> 100 mg TABLET DL	2	QL(120 per 30 days)
<i>tramadol</i> 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC DL	2	ST,QL(30 per 30 days)
<i>tramadol</i> 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	2	ST,QL(30 per 30 days)
<i>tramadol</i> 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	2	ST,QL(30 per 30 days)
<i>tramadol</i> 25 mg TABLET DL	2	QL(180 per 30 days)
<i>tramadol</i> 5 mg/ml SOLUTION DL	5	QL(2400 per 30 days)
<i>tramadol</i> 50 mg TABLET DL	2	QL(240 per 30 days)
<i>tramadol</i> 75 mg TABLET DL	2	QL(150 per 30 days)
<i>tramadol-acetaminophen</i> 37.5-325 mg TABLET DL	2	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE DL	2	QL(300 per 30 days)
VIMOVO 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC DL	5	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	4	QL(30 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	4	ST,QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE DL	5	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE MO	4	ST,QL(90 per 30 days)
ANESTHETICS		
<i>bupivacaine</i> (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO	1	
<i>bupivacaine hcl</i> 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION MO	1	

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL - Dispensing Limit • LA - Limited Access • MO - Mail Order • 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 liposome (pf) 1.3 % (13.3 mg/ml) SUSPENSION MO	2	
bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION MO	2	
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	2	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	2	
CARBOCAINE WITH NEO-COBEFRIN 2 % -1:20,000 CARTRIDGE MO	2	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION MO	2	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION MO	4	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED DL	5	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION MO	4	
glydo 2 % JELLY IN APPLICATOR MO	2	
lidocaine 5 % ADHESIVE PATCH, MEDICATED MO	2	PA,QL(90 per 30 days)
lidocaine 5 % OINTMENT MO	2	PA
lidocaine (pf) 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %) SOLUTION MO	2	
lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION MO	2	
lidocaine hcl 2 % JELLY MO	2	
lidocaine hcl 2 % JELLY IN APPLICATOR MO	2	
lidocaine viscous 2 % SOLUTION MO	2	
lidocaine-epinephrine 0.5 %-1:200,000 SOLUTION MO	1	
lidocaine-epinephrine 1 %-1:100,000, 2 %-1:100,000 SOLUTION MO	2	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE MO	2	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	2	
lidocan iii 5 % ADHESIVE PATCH, MEDICATED DL	5	PA,QL(90 per 30 days)
lidocan iv 5 % ADHESIVE PATCH, MEDICATED DL	5	PA,QL(90 per 30 days)
lidocan v 5 % ADHESIVE PATCH, MEDICATED DL	5	PA,QL(90 per 30 days)
LIDODERM 5 % ADHESIVE PATCH, MEDICATED DL	5	PA,QL(90 per 30 days)
lignospan standard 2 %-1:100,000 CARTRIDGE MO	2	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	4	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	4	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION MO	4	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	4	
marcaine-epinephrine 0.5 %-1:200,000 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
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	4	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION MO	4	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION MO	4	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION MO	4	
PLIAGLIS 7-7 % CREAM MO	4	
<i>polocaine 1 % (10 mg/ml), 2 % SOLUTION MO</i>	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION MO</i>	1	
<i>ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO</i>	2	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	2	
<i>sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO</i>	2	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	2	
<i>sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO</i>	2	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION MO</i>	2	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION MO</i>	2	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION MO	2	
<i>vivacaine 0.5 %-1:200,000 CARTRIDGE MO</i>	2	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED MO	4	PA,QL(90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate 333 mg TABLET, DR/EC MO</i>	2	
<i>buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET MO</i>	2	QL(90 per 30 days)
<i>buprenorphine-naloxone 12-3 mg FILM MO</i>	2	QL(60 per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM MO</i>	2	QL(90 per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET MO</i>	2	QL(90 per 30 days)
<i>bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO</i>	2	QL(90 per 30 days)
CHANTIX 1 MG TABLET MO	4	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	4	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK MO	4	PA,QL(53 per 28 days)
<i>disulfiram 250 mg, 500 mg TABLET MO</i>	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
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	PA,QL(2 per 30 days)
lofexidine 0.18 mg TABLET DL	5	PA,QL(224 per 365 days)
LUCEMYRA 0.18 MG TABLET DL	5	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION MO	2	
naloxone 0.4 mg/ml SOLUTION MO	2	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE MO	2	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL MO	3	QL(2 per 30 days)
naltrexone 50 mg TABLET MO	2	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	PA,QL(2 per 30 days)
NICOTROL 10 MG CARTRIDGE MO	4	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	4	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	QL(2 per 30 days)
SUBOXONE 12-3 MG FILM MO	4	PA,QL(60 per 30 days)
SUBOXONE 2-0.5 MG, 4-1 MG, 8-2 MG FILM MO	4	PA,QL(90 per 30 days)
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	2	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET MO	2	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE MO	4	PA,QL(1 per 30 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET MO	2	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET MO	2	QL(30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET MO	2	QL(60 per 30 days)
ANTIBACTERIALS		
acetic acid 2 % SOLUTION MO	2	
ACTICLATE 150 MG TABLET DL	5	ST,QL(30 per 30 days)
ACTICLATE 75 MG TABLET DL	5	ST,QL(60 per 30 days)
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	2	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin 250 mg CAPSULE MO	1	
amoxicillin 500 mg CAPSULE MO	1	
amoxicillin 500 mg TABLET MO	1	
amoxicillin 875 mg TABLET MO	1	
amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR. MO	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
amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET MO	2	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET MO	2	
amoxicillin-pot clavulanate 875-125 mg TABLET MO	2	
ampicillin 500 mg CAPSULE MO	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	2	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	2	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL	5	PA,QL(235.2 per 28 days)
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	5	
AUGMENTIN 500-125 MG TABLET MO	4	PA
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
AUGMENTIN XR 1,000-62.5 MG TABLET, ER 12 HR. MO	4	
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK MO	4	PA
avidoxy 100 mg TABLET MO	2	ST
AVYCAZ 2.5 GRAM RECON SOLUTION DL	5	
AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION MO	4	PA
azithromycin 1 gram PACKET MO	2	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
azithromycin 250 mg TABLET MO	2	
azithromycin 500 mg RECON SOLUTION MO	2	
azithromycin 500 mg, 600 mg TABLET MO	2	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	2	
bacitracin 50,000 unit RECON SOLUTION MO	1	
BACTRIM 400-80 MG TABLET MO	4	
BACTRIM DS 800-160 MG TABLET MO	4	
BAXDELA 300 MG RECON SOLUTION DL	5	QL(28 per 14 days)
BAXDELA 450 MG TABLET DL	5	QL(28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	5	PA
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	4	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefaclor 250 mg, 500 mg CAPSULE MO	2	
cefaclor 500 mg TABLET, ER 12 HR. MO	2	
cefadroxil 1 gram TABLET MO	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefadroxil 500 mg CAPSULE MO	2	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION MO	2	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	2	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK MO	2	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK MO	2	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefdinir 300 mg CAPSULE MO	2	
cefepime 1 gram, 2 gram RECON SOLUTION MO	2	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	2	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	4	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefixime 400 mg CAPSULE MO	2	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION MO	2	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	2	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	2	
cefpodoxime 100 mg, 200 mg TABLET MO	2	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefprozil 250 mg, 500 mg TABLET MO	2	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	2	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	2	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	2	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	2	
cefuroxime axetil 250 mg, 500 mg TABLET MO	2	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION 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
<i>cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	2	
<i>cephalexin 250 mg CAPSULE</i> MO	1	
<i>cephalexin 250 mg, 500 mg TABLET</i> MO	2	
<i>cephalexin 500 mg CAPSULE</i> MO	1	
<i>cephalexin 750 mg CAPSULE</i> MO	2	
<i>chloramphenicol sod succinate 1 gram RECON SOLUTION</i> MO	2	
<i>CIPRO 250 MG, 500 MG TABLET</i> MO	4	
<i>CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON</i> MO	4	
<i>ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON</i> MO	2	
<i>ciprofloxacin hcl 100 mg TABLET</i> MO	2	
<i>ciprofloxacin hcl 250 mg, 750 mg TABLET</i> MO	1	
<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	2	
<i>CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION</i> MO	4	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	2	
<i>clarithromycin 250 mg, 500 mg TABLET</i> MO	2	
<i>clarithromycin 500 mg TABLET, ER 24 HR.</i> MO	2	
<i>CLEOCIN 100 MG SUPPOSITORY</i> MO	4	
<i>CLEOCIN 150 MG/ML SOLUTION</i> MO	2	
<i>CLEOCIN 2 % CREAM</i> MO	4	PA
<i>CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE</i> MO	4	
<i>CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION</i> MO	2	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE</i> MO	2	
<i>clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK</i> MO	2	
<i>clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK</i> MO	2	
<i>clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION</i> MO	2	
<i>clindamycin pediatric 75 mg/5 ml RECON SOLUTION</i> MO	2	
<i>clindamycin phosphate 150 mg/ml SOLUTION</i> MO	2	
<i>clindamycin phosphate 2 % CREAM</i> MO	2	
<i>CLINDESSE 2 % CREAM, ER</i> MO	4	
<i>colistin (colistimethate na) 150 mg RECON SOLUTION</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION DL	5	
coremino 135 mg, 45 mg, 90 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
CUBICIN RF 500 MG RECON SOLUTION DL	5	
DALVANCE 500 MG SOLUTION DL	5	QL(4 per 28 days)
daptomycin 350 mg RECON SOLUTION MO	2	
daptomycin 500 mg RECON SOLUTION DL	5	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK MO	4	
demeclocycline 150 mg TABLET MO	2	QL(240 per 30 days)
demeclocycline 300 mg TABLET MO	2	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE MO	2	
DIFICID 200 MG TABLET DL	5	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	
DORYX 200 MG TABLET, DR/EC MO	4	ST,QL(30 per 30 days)
DORYX 50 MG TABLET, DR/EC MO	4	ST,QL(60 per 30 days)
DORYX 80 MG TABLET, DR/EC DL	5	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DR/EC MO	4	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC DL	5	ST,QL(60 per 30 days)
doxy-100 100 mg RECON SOLUTION MO	2	
doxycycline hyclate 100 mg CAPSULE MO	2	
doxycycline hyclate 100 mg RECON SOLUTION MO	2	
doxycycline hyclate 100 mg TABLET MO	2	
doxycycline hyclate 100 mg TABLET, DR/EC MO	2	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET MO	2	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC MO	2	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET MO	2	
doxycycline hyclate 200 mg TABLET, DR/EC MO	2	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE MO	2	
doxycycline hyclate 50 mg TABLET MO	2	ST,QL(180 per 30 days)
doxycycline hyclate 75 mg TABLET MO	2	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg TABLET, DR/EC DL	5	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	2	
doxycycline monohydrate 100 mg, 50 mg CAPSULE MO	2	
doxycycline monohydrate 150 mg CAPSULE MO	2	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	2	
<i>doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC</i> MO	2	ST,QL(30 per 30 days)
<i>doxycycline monohydrate 75 mg CAPSULE</i> MO	2	QL(60 per 30 days)
E.E.S. 400 400 MG TABLET MO	2	
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
EMROSI 40 MG CAPSULE, IR/ER, BIPHASIC DL	5	PA,QL(30 per 30 days)
<i>ertapenem 1 gram RECON SOLUTION</i> MO	2	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC MO	2	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	5	
ERYTHROCIN 500 MG RECON SOLUTION MO	2	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	2	
<i>erythromycin 250 mg CAPSULE, DR/EC</i> MO	2	
<i>erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC</i> MO	2	
<i>erythromycin 250 mg, 500 mg TABLET</i> MO	2	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	2	
<i>erythromycin ethylsuccinate 400 mg TABLET</i> MO	2	
<i>erythromycin lactobionate 500 mg RECON SOLUTION</i> DL	5	
FETROJA 1 GRAM RECON SOLUTION DL	5	QL(84 per 14 days)
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION MO	4	
FLAGYL 375 MG CAPSULE MO	4	QL(320 per 30 days)
<i>fosfomycin tromethamine 3 gram PACKET</i> MO	2	
FURADANTIN 25 MG/5 ML SUSPENSION MO	4	
<i>gentamicin 0.1 % CREAM</i> MO	2	
<i>gentamicin 0.1 % OINTMENT</i> MO	2	
<i>gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION</i> MO	1	
<i>gentamicin in nacl (iso-osm) 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK</i> MO	1	
<i>gentamicin in nacl (iso-osm) 100 mg/50 ml PIGGYBACK</i> MO	2	
<i>gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION</i> MO	1	
<i>gentamicin sulfate (pf) 100 mg/10 ml, 60 mg/6 ml SOLUTION</i> MO	1	
HIPREX 1 GRAM TABLET MO	4	PA
HUMATIN 250 MG CAPSULE DL	5	
<i>imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVANZ 1 GRAM RECON SOLUTION MO	4	
KIMYRSA 1,200 MG RECON SOLUTION DL	5	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	5	PA
KLARON 10 % SUSPENSION MO	4	QL(118 per 30 days)
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION MO	2	
levofloxacin 250 mg, 750 mg TABLET MO	2	
levofloxacin 500 mg TABLET MO	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	2	
LINCOCIN 300 MG/ML SOLUTION MO	4	
lincomycin 300 mg/ml SOLUTION MO	2	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	5	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	2	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	2	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	2	
MACROBID 100 MG CAPSULE MO	4	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	4	
meropenem 1 gram, 500 mg RECON SOLUTION MO	2	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	2	
methenamine hippurate 1 gram TABLET MO	2	
METRO I.V. 500 MG/100 ML PIGGYBACK MO	4	
METROCREAM 0.75 % CREAM MO	4	PA
METROGEL 1 % GEL MO	4	ST
METROLOTION 0.75 % LOTION MO	4	PA
metronidazole 0.75 % CREAM MO	2	
metronidazole 0.75 % LOTION MO	2	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL MO	2	
metronidazole 1 % GEL WITH PUMP MO	2	
metronidazole 250 mg, 500 mg TABLET MO	2	
metronidazole 375 mg CAPSULE MO	2	QL(320 per 30 days)
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	2	
MINOCIN 100 MG RECON SOLUTION DL	5	PA
minocycline 100 mg, 50 mg, 75 mg CAPSULE 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
minocycline 100 mg, 50 mg, 75 mg TABLET MO	2	
minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
mondoxyme nl 100 mg CAPSULE MO	2	
mondoxyme nl 75 mg CAPSULE MO	2	ST,QL(60 per 30 days)
MONODOX 100 MG, 50 MG CAPSULE MO	4	ST
MONODOX 75 MG CAPSULE MO	4	ST,QL(60 per 30 days)
morgidox 50 mg CAPSULE MO	2	ST
moxifloxacin 400 mg TABLET MO	2	
moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK MO	2	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK MO	2	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	2	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK DL	5	
neomycin 500 mg TABLET MO	2	
nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION DL	5	
nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE MO	2	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO	2	
NORITATE 1 % CREAM DL	5	ST,QL(60 per 30 days)
NUZYRA 100 MG RECON SOLUTION DL	5	
NUZYRA 150 MG TABLET DL	5	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET MO	2	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC MO	4	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION DL	5	QL(3 per 28 days)
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	2	
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
paromomycin 250 mg CAPSULE MO	2	
penicillin g pot in dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK MO	4	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO	2	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE MO	2	
penicillin g sodium 5 million unit RECON SOLUTION MO	2	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION MO	2	
penicillin v potassium 250 mg, 500 mg TABLET MO	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION 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
<i>piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION</i> MO	2	
<i>polymyxin b sulfate 500,000 unit RECON SOLUTION</i> MO	2	
PRIMAXIN IV 500 MG RECON SOLUTION MO	4	
PRIMSOL 50 MG/5 ML SOLUTION MO	4	
RECARBRIO 1.25 GRAM RECON SOLUTION DL	5	
<i>rosadan 0.75 % CREAM</i> MO	2	ST
<i>rosadan 0.75 % GEL</i> MO	2	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET DL	5	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION DL	5	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET DL	5	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. DL	5	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET MO	4	PA
<i>streptomycin 1 gram RECON SOLUTION</i> DL	5	
<i>sulfacetamide sodium 10 % OINTMENT</i> MO	2	
<i>sulfacetamide sodium (acne) 10 % SUSPENSION</i> MO	2	QL(118 per 30 days)
<i>sulfadiazine 500 mg TABLET</i> MO	2	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION</i> MO	2	
<i>sulfamethoxazole-trimethoprim 400-80 mg TABLET</i> MO	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION</i> MO	2	
<i>sulfamethoxazole-trimethoprim 800-160 mg TABLET</i> MO	1	
TARGADOX 50 MG TABLET MO	2	ST,QL(180 per 30 days)
<i>tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION</i> MO	2	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	5	
<i>tetracycline 250 mg, 500 mg CAPSULE</i> MO	2	
<i>tetracycline 250 mg, 500 mg TABLET</i> DL	5	
<i>tigecycline 50 mg RECON SOLUTION</i> DL	5	
<i>tinidazole 250 mg, 500 mg TABLET</i> MO	2	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	5	PA
<i>tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION</i> DL	5	PA
<i>tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION</i> DL	5	BvsD
<i>tobramycin sulfate 1.2 gram RECON SOLUTION</i> DL	5	
<i>tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION</i> MO	1	
<i>trimethoprim 100 mg TABLET</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYGACIL 50 MG RECON SOLUTION DL	5	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION MO	4	
VABOMERE 2 GRAM RECON SOLUTION DL	5	QL(84 per 14 days)
VANCOGIN 125 MG CAPSULE MO	4	PA,QL(120 per 30 days)
VANCOGIN 250 MG CAPSULE DL	5	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	2	
vancomycin 1.75 gram, 2 gram RECON SOLUTION MO	4	
vancomycin 125 mg CAPSULE MO	2	QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	2	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	4	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL MO	4	
VIBATIV 750 MG RECON SOLUTION DL	5	
VIBRAMYCIN 100 MG CAPSULE MO	4	
XACIATO 2 % GEL MO	4	
XERAVA 100 MG, 50 MG RECON SOLUTION MO	4	
ZEMDRI 50 MG/ML SOLUTION DL	5	
ZERBAXA 1.5 GRAM RECON SOLUTION DL	5	
ZITHROMAX 1 GRAM PACKET MO	4	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
ZITHROMAX 250 MG, 500 MG TABLET MO	4	
ZITHROMAX 500 MG RECON SOLUTION MO	4	
ZITHROMAX TRI-PAK 500 MG TABLET MO	4	
ZITHROMAX Z-PAK 250 MG TABLET MO	4	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK MO	4	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(1800 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DILANTIN-125 125 MG/5 ML SUSPENSION MO	4	
<i>divalproex</i> 125 mg CAPSULE, DR SPRINKLE MO	2	
<i>divalproex</i> 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	2	
<i>divalproex</i> 250 mg, 500 mg TABLET, ER 24 HR. MO	2	
EPIDIOLEX 100 MG/ML SOLUTION DL	5	PA
<i>epitol</i> 200 mg TABLET MO	2	
EPRONTIA 25 MG/ML SOLUTION MO	4	PA,QL(480 per 30 days)
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	4	PA
<i>ethosuximide</i> 250 mg CAPSULE MO	2	
<i>ethosuximide</i> 250 mg/5 ml SOLUTION MO	2	
<i>felbamate</i> 400 mg, 600 mg TABLET MO	2	
<i>felbamate</i> 600 mg/5 ml SUSPENSION MO	2	
FELBATOL 400 MG, 600 MG TABLET DL	5	PA
FELBATOL 600 MG/5 ML SUSPENSION DL	5	PA
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	5	PA,QL(360 per 30 days)
<i>fosphenytoin</i> 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION MO	2	
FYCOMPA 0.5 MG/ML SUSPENSION DL	5	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>gabapentin</i> 100 mg, 300 mg, 400 mg CAPSULE MO	2	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	2	QL(2250 per 30 days)
<i>gabapentin</i> 600 mg, 800 mg TABLET MO	2	QL(180 per 30 days)
GABITRIL 12 MG, 16 MG, 2 MG, 4 MG TABLET DL	5	PA
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET DL	5	PA
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION DL	5	PA
KEPPRA 250 MG TABLET MO	4	PA
KEPPRA XR 500 MG TABLET, ER 24 HR. DL	5	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR. DL	5	PA,QL(120 per 30 days)
<i>lacosamide</i> 10 mg/ml SOLUTION MO	2	QL(1395 per 30 days)
<i>lacosamide</i> 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	2	QL(60 per 30 days)
<i>lacosamide</i> 200 mg/20 ml SOLUTION DL	5	
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET DL	5	
LAMICTAL 25 MG, 5 MG TABLET, CHEWABLE DISPERSIBLE DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG TABLET, DISINTEGRATING DL	5	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	5	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK DL	5	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	5	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK MO	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK MO	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK MO	4	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. DL	5	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK MO	4	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK MO	4	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK MO	4	
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	2	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING MO	2	
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	2	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	2	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE MO	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET MO	2	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION MO	2	
levetiracetam 500 mg TABLET MO	2	
levetiracetam 500 mg TABLET, ER 24 HR. MO	2	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION MO	2	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. MO	2	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	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
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM DL	5	QL(10 per 30 days)
<i>methsuximide 300 mg CAPSULE MO</i>	2	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. DL	5	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET DL	5	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
NEMBUTAL SODIUM 50 MG/ML SOLUTION MO	2	
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE MO	4	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION MO	4	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET DL	5	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET DL	5	PA
ONFI 2.5 MG/ML SUSPENSION DL	5	PA
<i>oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO</i>	2	
<i>oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. DL</i>	5	ST
<i>oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO</i>	2	
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. MO	4	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR. DL	5	ST
<i>pentobarbital sodium 50 mg/ml SOLUTION MO</i>	2	
<i>phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO</i>	2	QL(90 per 30 days)
<i>phenobarbital 15 mg, 60 mg TABLET MO</i>	2	QL(120 per 30 days)
<i>phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO</i>	2	QL(1500 per 30 days)
<i>phenobarbital 30 mg TABLET MO</i>	2	QL(300 per 30 days)
<i>phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION DL</i>	5	
PHENYTEK 200 MG, 300 MG CAPSULE MO	2	
<i>phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION MO</i>	2	
<i>phenytoin 50 mg CHEWABLE TABLET MO</i>	2	
<i>phenytoin sodium 50 mg/ml SOLUTION MO</i>	2	
<i>phenytoin sodium 50 mg/ml SYRINGE MO</i>	2	
<i>phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE MO</i>	2	
<i>primidone 125 mg, 250 mg, 50 mg TABLET MO</i>	2	
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. DL	5	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(90 per 30 days)
<i>roweepra 1,000 mg, 500 mg, 750 mg TABLET MO</i>	1	
<i>roweepra xr 500 mg TABLET, ER 24 HR. MO</i>	2	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
roweepra xr 750 mg TABLET, ER 24 HR. MO	2	QL(120 per 30 days)
rufinamide 200 mg TABLET MO	2	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION MO	2	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET MO	2	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET DL	5	PA,QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION DL	5	
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	4	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	2	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK MO	2	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	2	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK MO	2	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM DL	5	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION MO	4	
TEGRETOL 200 MG TABLET MO	4	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. MO	4	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	2	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET DL	5	QL(120 per 30 days)
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE DL	5	
TOPAMAX 25 MG TABLET MO	4	QL(90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg TABLET MO	2	QL(120 per 30 days)
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. MO	2	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE MO	2	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. MO	2	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. MO	2	PA,QL(90 per 30 days)
topiramate 25 mg TABLET MO	2	QL(90 per 30 days)
TRILEPTAL 150 MG TABLET MO	4	PA
TRILEPTAL 300 MG, 600 MG TABLET DL	5	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
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION DL	5	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR. DL	5	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. DL	5	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. MO	4	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION MO	2	
valproic acid 250 mg CAPSULE MO	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION MO	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	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET DL	5	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION DL	5	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION DL	5	PA,QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET DL	5	PA,QL(60 per 30 days)
VIMPAT 200 MG/20 ML SOLUTION DL	5	PA
VIMPAT 50 MG TABLET MO	4	PA,QL(60 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	5	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	5	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	4	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	5	PA,QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE MO	4	
ZARONTIN 250 MG/5 ML SOLUTION MO	2	
ZONEGRAN 100 MG, 25 MG CAPSULE DL	5	PA
ZONISADE 100 MG/5 ML SUSPENSION MO	4	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE MO	2	
ZTALMY 50 MG/ML SUSPENSION DL	5	PA,QL(1080 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE DL	5	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. DL	5	ST,QL(30 per 30 days)
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	4	PA,QL(60 per 30 days)
<i>bupropion hcl 100 mg TABLET, SR 12 HR. MO</i>	2	QL(120 per 30 days)
<i>bupropion hcl 100 mg, 75 mg TABLET MO</i>	2	QL(180 per 30 days)
<i>bupropion hcl 150 mg TABLET, ER 24 HR. MO</i>	2	QL(90 per 30 days)
<i>bupropion hcl 150 mg TABLET, SR 12 HR. MO</i>	2	QL(90 per 30 days)
<i>bupropion hcl 200 mg TABLET, SR 12 HR. MO</i>	2	QL(60 per 30 days)
<i>bupropion hcl 300 mg TABLET, ER 24 HR. MO</i>	2	QL(60 per 30 days)
<i>bupropion hcl 450 mg TABLET, ER 24 HR. MO</i>	2	ST,QL(30 per 30 days)
CELEXA 10 MG, 40 MG TABLET MO	4	PA,QL(30 per 30 days)
CELEXA 20 MG TABLET MO	4	PA,QL(60 per 30 days)
<i>citalopram 10 mg, 40 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>citalopram 10 mg/5 ml SOLUTION MO</i>	2	
<i>citalopram 20 mg TABLET MO</i>	1	QL(60 per 30 days)
CITALOPRAM 30 MG CAPSULE MO	4	QL(30 per 30 days)
<i>clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO</i>	2	
<i>desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO</i>	2	
<i>desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. MO</i>	4	ST,QL(30 per 30 days)
<i>desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO</i>	2	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. MO	4	PA,QL(60 per 30 days)
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. MO	4	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
<i>escitalopram oxalate 10 mg TABLET MO</i>	1	QL(45 per 30 days)
<i>escitalopram oxalate 20 mg, 5 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml SOLUTION MO</i>	2	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	4	PA,QL(28 per 28 days)
<i>fluoxetine 10 mg CAPSULE MO</i>	1	QL(60 per 30 days)
<i>fluoxetine 10 mg TABLET MO</i>	2	QL(240 per 30 days)
<i>fluoxetine 20 mg CAPSULE MO</i>	1	QL(120 per 30 days)
<i>fluoxetine 20 mg TABLET MO</i>	2	QL(120 per 30 days)
<i>fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION MO</i>	2	
<i>fluoxetine 40 mg CAPSULE MO</i>	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoxetine 60 mg TABLET MO	2	QL(30 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC MO	2	QL(4 per 28 days)
fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET MO	2	QL(90 per 30 days)
FORFIVO XL 450 MG TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET MO	2	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE MO	2	
LEXAPRO 10 MG TABLET MO	4	PA,QL(45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
MARPLAN 10 MG TABLET MO	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING MO	2	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET MO	2	
mirtazapine 45 mg TABLET MO	2	
NARDIL 15 MG TABLET MO	4	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET MO	2	
NORPRAMIN 10 MG, 25 MG TABLET MO	4	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	2	
nortriptyline 10 mg/5 ml SOLUTION MO	2	
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE MO	2	QL(30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE DL	5	
PARNATE 10 MG TABLET DL	5	
paroxetine hcl 10 mg, 20 mg TABLET MO	1	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION MO	2	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. MO	2	QL(90 per 30 days)
paroxetine hcl 30 mg, 40 mg TABLET MO	1	QL(60 per 30 days)
paroxetine mesylate(menop.sym) 7.5 mg CAPSULE MO	2	QL(30 per 30 days)
PAXIL 10 MG, 20 MG TABLET MO	4	QL(30 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION MO	4	PA
PAXIL 30 MG, 40 MG TABLET MO	4	QL(60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
PAXIL CR 25 MG TABLET, ER 24 HR. MO	4	QL(90 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEXEVA 10 MG, 20 MG TABLET MO	4	QL(30 per 30 days)
PEXEVA 30 MG TABLET MO	4	QL(60 per 30 days)
<i>phenelzine 15 mg TABLET MO</i>	2	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR. MO	4	PA,QL(30 per 30 days)
<i>protriptyline 10 mg, 5 mg TABLET MO</i>	2	
PROZAC 10 MG, 40 MG CAPSULE DL	5	PA,QL(60 per 30 days)
PROZAC 20 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REMERON 15 MG, 30 MG TABLET MO	4	
REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
<i>sertraline 100 mg TABLET MO</i>	1	QL(60 per 30 days)
SERTRALINE 150 MG, 200 MG CAPSULE MO	4	QL(30 per 30 days)
<i>sertraline 20 mg/ml CONCENTRATE MO</i>	2	
<i>sertraline 25 mg, 50 mg TABLET MO</i>	1	QL(90 per 30 days)
SYMBYAX 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG CAPSULE MO	4	PA,QL(30 per 30 days)
<i>tranylcypromine 10 mg TABLET MO</i>	2	
<i>trazodone 100 mg, 150 mg, 50 mg TABLET MO</i>	1	
<i>trazodone 300 mg TABLET MO</i>	2	
<i>trimipramine 100 mg, 25 mg, 50 mg CAPSULE MO</i>	2	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL(30 per 30 days)
<i>venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET MO</i>	2	
<i>venlafaxine 150 mg CAPSULE, ER 24 HR. MO</i>	2	QL(60 per 30 days)
<i>venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR. MO</i>	2	QL(30 per 30 days)
<i>venlafaxine 37.5 mg CAPSULE, ER 24 HR. MO</i>	2	QL(90 per 30 days)
<i>venlafaxine 75 mg CAPSULE, ER 24 HR. MO</i>	2	QL(90 per 30 days)
<i>venlafaxine 75 mg TABLET, ER 24 HR. MO</i>	2	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK MO	4	PA,QL(30 per 30 days)
VIIBRYD 10 MG, 20 MG, 40 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>vilazodone 10 mg, 20 mg, 40 mg TABLET MO</i>	2	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. MO	4	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. MO	4	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. MO	4	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOLOFT 100 MG TABLET MO	4	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE MO	4	PA
ZOLOFT 25 MG, 50 MG TABLET MO	4	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION DL	5	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE DL	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	5	PA,QL(14 per 365 days)
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION DL	5	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION DL	5	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE MO	4	PA
ANTIVERT 25 MG CHEWABLE TABLET MO	4	
ANTIVERT 50 MG TABLET MO	4	
ANZEMET 50 MG TABLET MO	4	BvsD,QL(4 per 28 days)
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION MO	4	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	2	BvsD
aprepitant 125 mg, 40 mg CAPSULE MO	2	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE MO	2	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC MO	4	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION MO	4	PA,QL(36 per 28 days)
COMPAZINE 10 MG, 5 MG TABLET MO	4	BvsD
COMPAZINE 25 MG SUPPOSITORY MO	2	
compro 25 mg SUPPOSITORY MO	2	
DICLEGIS 10-10 MG TABLET, DR/EC MO	4	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION MO	2	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC MO	2	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	2	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK MO	4	BvsD
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION MO	4	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE MO	4	BvsD,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION MO	4	PA
FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION MO	4	PA
fosaprepitant 150 mg RECON SOLUTION MO	2	PA
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP DL	5	PA,QL(9.8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION MO	2	
granisetron hcl 1 mg TABLET MO	2	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION MO	2	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	5	BvsD,QL(120 per 30 days)
meclizine 12.5 mg TABLET MO	2	
meclizine 25 mg TABLET MO	2	
meclizine 50 mg TABLET MO	4	
metoclopramide hcl 10 mg, 5 mg TABLET MO	1	
metoclopramide hcl 5 mg/5 ml SOLUTION MO	2	
metoclopramide hcl 5 mg/ml SOLUTION MO	1	
metoclopramide hcl 5 mg/ml SYRINGE MO	1	
ondansetron 16 mg TABLET, DISINTEGRATING DL	5	BvsD
ondansetron 4 mg TABLET, DISINTEGRATING MO	2	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING MO	2	BvsD
ondansetron hcl 2 mg/ml SOLUTION MO	2	
ondansetron hcl 4 mg TABLET MO	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION MO	2	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET MO	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	2	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	2	
PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION MO	2	
prochlorperazine 25 mg SUPPOSITORY MO	2	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	2	
prochlorperazine maleate 10 mg, 5 mg TABLET MO	2	BvsD
promethazine 12.5 mg, 25 mg, 50 mg SUPPOSITORY MO	2	
promethazine 12.5 mg, 50 mg TABLET MO	2	
promethazine 25 mg TABLET MO	2	
promethazine 25 mg/ml, 50 mg/ml SOLUTION MO	2	
promethazine 6.25 mg/5 ml SYRUP MO	2	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY MO	2	
REGLAN 10 MG, 5 MG TABLET MO	4	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	5	PA,QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	2	QL(10 per 30 days)
TIGAN 100 MG/ML SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY MO	4	QL(10 per 30 days)
<i>trimethobenzamide 300 mg CAPSULE</i> MO	2	BvsD
VARUBI 90 MG TABLET MO	4	PA
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	4	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION DL	5	BvsD
<i>amphotericin b 50 mg RECON SOLUTION</i> MO	2	BvsD
<i>amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION</i> DL	5	BvsD
ANCOBON 250 MG, 500 MG CAPSULE MO	4	
CANCIDAS 50 MG, 70 MG RECON SOLUTION DL	5	PA
<i>caspofungin 50 mg, 70 mg RECON SOLUTION</i> MO	2	
<i>ciclodan 8 % SOLUTION</i> MO	2	QL(13.2 per 30 days)
<i>ciclopirox 0.77 % CREAM</i> MO	2	QL(90 per 30 days)
<i>ciclopirox 0.77 % GEL</i> MO	2	QL(100 per 30 days)
<i>ciclopirox 0.77 % SUSPENSION</i> MO	2	QL(60 per 30 days)
<i>ciclopirox 1 % SHAMPOO</i> MO	2	QL(120 per 30 days)
<i>ciclopirox 8 % SOLUTION</i> MO	2	QL(13.2 per 30 days)
<i>clotrimazole 1 % CREAM</i> MO	2	
<i>clotrimazole 1 % SOLUTION</i> MO	2	
<i>clotrimazole 10 mg TROCHE</i> MO	2	
<i>clotrimazole-betamethasone 1-0.05 % CREAM</i> MO	2	QL(180 per 30 days)
<i>clotrimazole-betamethasone 1-0.05 % LOTION</i> MO	2	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE DL	5	PA
CRESEMBA 372 MG RECON SOLUTION DL	5	PA
DIFLUCAN 10 MG/ML, 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	PA
DIFLUCAN 100 MG, 150 MG, 200 MG TABLET MO	4	PA
<i>econazole 1 % CREAM</i> MO	2	PA,QL(85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG RECON SOLUTION DL	5	
ERTACZO 2 % CREAM DL	5	QL(60 per 30 days)
EXTINA 2 % FOAM MO	4	QL(100 per 30 days)
<i>fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION</i> MO	2	
<i>fluconazole 100 mg, 200 mg, 50 mg TABLET</i> MO	2	
<i>fluconazole 150 mg TABLET</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	2	
flucytosine 250 mg, 500 mg CAPSULE DL	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	2	
griseofulvin microsize 500 mg TABLET MO	2	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	2	
gynazole-1 2 % CREAM MO	2	
itraconazole 10 mg/ml SOLUTION DL	5	
itraconazole 100 mg CAPSULE MO	2	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR DL	5	PA,QL(4 per 28 days)
KERYDIN 5 % SOLUTION W/APPLICATOR MO	4	PA,QL(10 per 30 days)
ketoconazole 2 % CREAM MO	2	QL(60 per 30 days)
ketoconazole 2 % FOAM MO	2	QL(100 per 30 days)
ketoconazole 2 % SHAMPOO MO	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	2	PA
ketodan 2 % FOAM MO	2	QL(100 per 30 days)
klayesta 100,000 unit/gram POWDER MO	2	PA
LOPROX 1 % SHAMPOO MO	4	PA,QL(120 per 30 days)
LOPROX (AS OLAMINE) 0.77 % CREAM MO	4	PA,QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION MO	4	PA,QL(60 per 30 days)
luliconazole 1 % CREAM MO	2	ST,QL(60 per 28 days)
LUZU 1 % CREAM MO	4	ST,QL(60 per 28 days)
MENTAX 1 % CREAM MO	4	QL(30 per 30 days)
micafungin 100 mg, 50 mg RECON SOLUTION MO	2	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK DL	5	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK DL	5	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT MO	2	
miconazole-3 200 mg SUPPOSITORY MO	2	
MYCAMINE 100 MG, 50 MG RECON SOLUTION DL	5	
naftifine 1 % CREAM MO	2	ST,QL(90 per 30 days)
naftifine 2 % CREAM MO	2	ST,QL(120 per 30 days)
naftifine 2 % GEL MO	2	ST,QL(120 per 30 days)
NAFTIN 1 % GEL MO	4	ST,QL(90 per 30 days)
NAFTIN 2 % GEL MO	4	ST,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOXAFIL 100 MG TABLET, DR/EC DL	5	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION DL	5	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	5	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION DL	5	PA
<i>nyamyc 100,000 unit/gram POWDER</i> MO	2	PA
<i>nystatin 100,000 unit/gram CREAM</i> MO	2	
<i>nystatin 100,000 unit/gram OINTMENT</i> MO	2	
<i>nystatin 100,000 unit/gram POWDER</i> MO	2	PA
<i>nystatin 100,000 unit/ml SUSPENSION</i> MO	2	
<i>nystatin 500,000 unit TABLET</i> MO	2	
<i>nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM</i> MO	2	
<i>nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT</i> MO	2	
<i>nystop 100,000 unit/gram POWDER</i> MO	2	PA
<i>oxiconazole 1 % CREAM</i> MO	2	PA,QL(60 per 30 days)
OXISTAT 1 % CREAM MO	4	QL(60 per 30 days)
OXISTAT 1 % LOTION MO	4	PA
<i>posaconazole 100 mg TABLET, DR/EC</i> DL	5	PA
<i>posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION</i> DL	5	PA,QL(840 per 28 days)
<i>posaconazole 300 mg/16.7 ml SOLUTION</i> DL	5	PA
REZZAYO 200 MG RECON SOLUTION DL	5	PA
SPORANOX 10 MG/ML SOLUTION DL	5	
SPORANOX 100 MG CAPSULE MO	4	PA,QL(120 per 30 days)
<i>tavaborole 5 % SOLUTION W/APPLICATOR</i> MO	2	PA,QL(10 per 30 days)
<i>terbinafine hcl 250 mg TABLET</i> MO	1	
<i>terconazole 0.4 %, 0.8 % CREAM</i> MO	2	
<i>terconazole 80 mg SUPPOSITORY</i> MO	2	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION DL	5	PA,QL(120 per 30 days)
VFEND 200 MG, 50 MG TABLET MO	4	PA,QL(120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(400 per 30 days)
VFEND IV 200 MG RECON SOLUTION MO	4	PA
VIVJOA 150 MG CAPSULE MO	4	PA
<i>voriconazole 200 mg RECON SOLUTION</i> MO	2	PA
<i>voriconazole 200 mg, 50 mg TABLET</i> MO	2	PA,QL(120 per 30 days)
<i>voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION</i> DL	5	PA,QL(400 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
VUSION 0.25-15-81.35 % OINTMENT MO	4	
XOLEGEL 2 % GEL MO	4	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	1	
allopurinol 200 mg TABLET MO	4	
allopurinol sodium 500 mg RECON SOLUTION MO	2	
ALOPRIM 500 MG RECON SOLUTION MO	4	
colchicine 0.6 mg CAPSULE MO	2	PA
colchicine 0.6 mg TABLET MO	2	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET MO	4	PA,QL(120 per 30 days)
DUZALLO 200-200 MG, 200-300 MG TABLET MO	4	PA,QL(30 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	2	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION MO	4	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	4	PA
probenecid 500 mg TABLET MO	2	
probenecid-colchicine 500-0.5 mg TABLET MO	2	
ULORIC 40 MG, 80 MG TABLET MO	4	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET MO	4	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	4	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	4	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR MO	4	PA,QL(1.5 per 28 days)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE MO	4	PA,QL(1.5 per 28 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET MO	2	ST,QL(9 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION DL	5	PA
eletriptan 20 mg, 40 mg TABLET MO	2	ST,QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	4	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	5	QL(20 per 28 days)
ergotamine-caffeine 1-100 mg TABLET MO	2	QL(40 per 30 days)
FROVA 2.5 MG TABLET DL	5	ST,QL(12 per 30 days)
frovatriptan 2.5 mg TABLET MO	2	ST,QL(12 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
IMITREX 100 MG TABLET DL	5	PA,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	PA,QL(12 per 30 days)
IMITREX 25 MG, 50 MG TABLET MO	4	PA,QL(9 per 30 days)
IMITREX 6 MG/0.5 ML SOLUTION DL	5	PA,QL(6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR MO	4	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE DL	5	PA,QL(6 per 30 days)
MAXALT 10 MG TABLET MO	4	PA,QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING MO	4	PA,QL(12 per 30 days)
<i>migergot 2-100 mg SUPPOSITORY</i> DL	5	QL(20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	5	QL(8 per 30 days)
<i>naratriptan 1 mg, 2.5 mg TABLET</i> MO	2	QL(9 per 30 days)
NURTEC ODT 75 MG TABLET, DISINTEGRATING DL	5	PA,QL(18 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(16 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)
RELPAX 20 MG, 40 MG TABLET DL	5	ST,QL(9 per 30 days)
REYVOW 100 MG TABLET MO	4	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET MO	4	PA,QL(4 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET</i> MO	2	QL(12 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING</i> MO	2	QL(12 per 30 days)
<i>sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL</i> MO	2	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	4	QL(6 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR</i> MO	2	QL(6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml SOLUTION</i> MO	2	QL(6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml SYRINGE</i> MO	2	QL(6 per 30 days)
<i>sumatriptan-naproxen 85-500 mg TABLET</i> MO	2	ST,QL(18 per 30 days)
TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	ST,QL(12 per 30 days)
TREXIMET 85-500 MG TABLET DL	5	ST,QL(18 per 30 days)
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
UBRELVY 100 MG, 50 MG TABLET MO	3	PA,QL(16 per 30 days)
VYEPTI 100 MG/ML SOLUTION MO	4	PA,QL(3 per 90 days)
ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR DL	5	ST,QL(6 per 30 days)
<i>zolmitriptan 2.5 mg TABLET</i> MO	2	ST,QL(9 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zolmitriptan 2.5 mg TABLET, DISINTEGRATING MO	2	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL MO	2	ST,QL(12 per 30 days)
zolmitriptan 5 mg TABLET MO	2	ST,QL(6 per 30 days)
zolmitriptan 5 mg TABLET, DISINTEGRATING MO	2	ST,QL(6 per 30 days)
ZOMIG 2.5 MG TABLET MO	4	ST,QL(9 per 30 days)
zomig 2.5 mg TABLET MO	4	ST,QL(9 per 30 days)
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL MO	4	ST,QL(12 per 30 days)
zomig 5 mg TABLET MO	4	ST,QL(6 per 30 days)
ZOMIG 5 MG TABLET MO	4	ST,QL(6 per 30 days)
ANTIMYASTHENIC AGENTS		
MESTINON 60 MG TABLET DL	5	PA
MESTINON 60 MG/5 ML SYRUP DL	5	
MESTINON TIMESPAN 180 MG TABLET ER DL	5	PA
pyridostigmine bromide 180 mg TABLET ER MO	2	
pyridostigmine bromide 30 mg, 60 mg TABLET MO	2	
pyridostigmine bromide 60 mg/5 ml SYRUP MO	2	
REGONOL 5 MG/ML SOLUTION MO	4	
VYVGART 20 MG/ML SOLUTION DL	5	PA
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION DL	5	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE DL	5	
dapsone 100 mg, 25 mg TABLET MO	2	
ethambutol 100 mg, 400 mg TABLET MO	2	
isoniazid 100 mg, 300 mg TABLET MO	1	
isoniazid 100 mg/ml SOLUTION MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	2	
MYAMBUTOL 400 MG TABLET MO	4	
MYCOBUTIN 150 MG CAPSULE MO	4	
PRETOMANID 200 MG TABLET MO	4	PA,QL(30 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
pyrazinamide 500 mg TABLET MO	2	
rifabutin 150 mg CAPSULE MO	2	
RIFADIN 600 MG RECON SOLUTION MO	4	
rifampin 150 mg, 300 mg CAPSULE 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
<i>rifampin 600 mg RECON SOLUTION</i> MO	2	
SIRTURO 100 MG, 20 MG TABLET DL	5	PA
TRECTOR 250 MG TABLET MO	4	
ANTINEOPLASTICS		
<i>abiraterone 250 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
<i>abiraterone 500 mg TABLET</i> DL	5	PA,QL(60 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION DL	5	PA
ADCETRIS 50 MG RECON SOLUTION DL	5	PA
ADRIAMYCIN 50 MG RECON SOLUTION MO	2	BvsD
<i>adrucil 2.5 gram/50 ml SOLUTION</i> MO	2	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	5	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION DL	5	PA
AKEEGA 100-500 MG, 50-500 MG TABLET DL	5	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	5	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION DL	5	PA
ALIQOPA 60 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	5	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION DL	5	PA
<i>anastrozole 1 mg TABLET</i> MO	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION DL	5	PA
ARIMIDEX 1 MG TABLET DL	5	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET DL	5	PA,QL(60 per 30 days)
ARRANON 250 MG/50 ML SOLUTION DL	5	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> DL	5	PA
ASPARLAS 750 UNIT/ML SOLUTION DL	5	PA
AUGTYRO 160 MG CAPSULE DL	5	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	5	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION DL	5	PA
AXTLE 100 MG, 500 MG RECON SOLUTION DL	5	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> DL	5	PA
BALVERSA 3 MG TABLET DL	5	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BALVERSA 4 MG TABLET DL	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	5	PA
BELEODAQ 500 MG RECON SOLUTION DL	5	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> DL	5	PA
<i>bendamustine 25 mg/ml SOLUTION</i> DL	5	PA
BENDEKA 25 MG/ML SOLUTION DL	5	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	5	PA
<i>bexarotene 1 % GEL</i> DL	5	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> DL	5	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> MO	2	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	4	
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> MO	2	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION DL	5	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> DL	5	PA
BORUZU 2.5 MG/ML SOLUTION DL	5	PA
BOSULIF 100 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	5	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> MO	2	
BUSULFEX 60 MG/10 ML SOLUTION MO	4	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	5	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION DL	5	
CAPRELSA 100 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
<i>carboplatin 10 mg/ml SOLUTION</i> MO	2	
<i>carmustine 100 mg RECON SOLUTION</i> MO	2	
CASODEX 50 MG TABLET DL	5	QL(30 per 30 days)
<i>cisplatin 1 mg/ml SOLUTION</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cladribine 10 mg/10 ml SOLUTION</i> DL	5	BvsD
<i>clofarabine 1 mg/ml SOLUTION</i> DL	5	
CLOLAR 1 MG/ML SOLUTION DL	5	
COLUMVI 1 MG/ML SOLUTION DL	5	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	5	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION DL	5	
COTELLIC 20 MG TABLET DL	5	PA,QL(63 per 28 days)
<i>cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION</i> MO	2	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION MO	2	BvsD
<i>cyclophosphamide 200 mg/ml SOLUTION</i> MO	2	BvsD
<i>cyclophosphamide 25 mg, 50 mg CAPSULE</i> MO	2	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET</i> MO	2	BvsD
<i>cyclophosphamide 500 mg/ml SOLUTION</i>	5	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	5	PA
<i>cytarabine 20 mg/ml SOLUTION</i> MO	1	BvsD
<i>cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION</i> MO	1	BvsD
<i>dacarbazine 100 mg, 200 mg RECON SOLUTION</i> MO	2	
DACOGEN 50 MG RECON SOLUTION DL	5	PA
<i>dactinomycin 0.5 mg RECON SOLUTION</i> DL	5	
DANYELZA 4 MG/ML SOLUTION DL	5	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET DL	5	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION DL	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA
<i>dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET</i> DL	5	PA,QL(60 per 30 days)
<i>dasatinib 140 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
<i>dasatinib 20 mg TABLET</i> DL	5	PA,QL(90 per 30 days)
<i>daunorubicin 5 mg/ml SOLUTION</i> MO	1	
DAURISMO 100 MG TABLET DL	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>decitabine 50 mg RECON SOLUTION</i> DL	5	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>dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION</i> MO	2	
<i>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</i> MO	2	
DOCIVYX 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) SOLUTION DL	5	
DOXIL 2 MG/ML SUSPENSION DL	5	PA
<i>doxorubicin 10 mg, 50 mg RECON SOLUTION</i> MO	2	BvsD
<i>doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION</i> MO	2	BvsD
<i>doxorubicin, peg-liposomal 2 mg/ml SUSPENSION</i> DL	5	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION DL	5	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML SOLUTION DL	5	
ELREXFIO 40 MG/ML SOLUTION DL	5	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	5	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE DL	5	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	5	PA
ENHERTU 100 MG RECON SOLUTION DL	5	PA
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION</i> MO	2	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION DL	5	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	5	PA
<i>eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION</i> DL	5	
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>erlotinib 100 mg, 150 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET</i> DL	5	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION MO	4	
<i>etoposide 20 mg/ml SOLUTION</i> MO	2	
EULEXIN 125 MG CAPSULE DL	5	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
<i>everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION</i> DL	5	PA
EVOMELA 50 MG RECON SOLUTION DL	5	
<i>exemestane 25 mg TABLET</i> MO	2	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
FARESTON 60 MG TABLET DL	5	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FASLODEX 250 MG/5 ML SYRINGE DL	5	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET MO	4	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	2	
<i>fludarabine 50 mg/2 ml SOLUTION</i> DL	5	
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION</i> MO	2	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION DL	5	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	5	PA,QL(21 per 28 days)
<i>fulvestrant 250 mg/5 ml SYRINGE</i> MO	2	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION DL	5	PA
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION DL	5	PA
GAVRETO 100 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION DL	5	PA,QL(120 per 28 days)
<i>gefitinib 250 mg TABLET</i> DL	5	PA
<i>gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION</i> MO	2	
<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	2	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET DL	5	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET DL	5	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE MO	4	PA
GLEOSTINE 100 MG CAPSULE DL	5	PA
GLEOSTINE 40 MG CAPSULE	5	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION DL	5	
HERCEPTIN 150 MG RECON SOLUTION DL	5	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION DL	5	PA,QL(5 per 21 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION DL	5	PA
HYCANTIN 4 MG RECON SOLUTION DL	5	
HYDREA 500 MG CAPSULE MO	4	
<i>hydroxyurea 500 mg CAPSULE</i> MO	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	5	PA,QL(21 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	5	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION DL	5	
<i>idarubicin 1 mg/ml SOLUTION</i> DL	5	
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION MO	4	
<i>ifosfamide 1 gram, 3 gram RECON SOLUTION</i> MO	2	
<i>ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION</i> MO	2	
<i>imatinib 100 mg TABLET</i> DL	5	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET</i> DL	5	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET DL	5	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	5	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION DL	5	PA
IMFINZI 50 MG/ML SOLUTION DL	5	PA
IMJUDO 20 MG/ML SOLUTION DL	5	PA
IMKELDI 80 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL	5	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	5	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	5	
INLYTA 1 MG TABLET DL	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET DL	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	5	PA
<i>irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> MO	2	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	5	PA
ITOVEBI 3 MG TABLET DL	5	PA,QL(56 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ITOVEBI 9 MG TABLET DL	5	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET DL	5	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	5	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	5	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	5	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	5	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	5	PA
KEYTRUDA 25 MG/ML SOLUTION DL	5	PA
KHAPZORY 175 MG, 300 MG RECON SOLUTION DL	5	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	5	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	5	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	5	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	5	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET DL	5	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	5	PA,QL(12 per 28 days)
<i>lapatinib</i> 250 mg TABLET DL	5	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	5	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>lenalidomide</i> 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL	5	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL(60 per 30 days)
<i>letrozole</i> 2.5 mg TABLET MO	1	QL(30 per 30 days)
<i>leucovorin calcium</i> 10 mg, 15 mg, 25 mg, 5 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>leucovorin calcium 10 mg/ml SOLUTION</i> MO	2	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION</i> MO	2	
<i>levoleucovorin calcium 10 mg/ml SOLUTION</i> MO	2	PA
<i>levoleucovorin calcium 50 mg RECON SOLUTION</i> MO	2	PA
LEVULAN 20 % SOLUTION MO	4	
LIBTAYO 50 MG/ML SOLUTION DL	5	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET DL	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET DL	5	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION DL	5	PA
LORBRENA 100 MG TABLET DL	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	5	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET DL	5	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET DL	5	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION DL	5	PA
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET DL	5	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	5	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION DL	5	PA
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>melphalan 2 mg TABLET</i> MO	2	BvsD
<i>melphalan hcl 50 mg RECON SOLUTION</i> MO	1	
<i>mercaptopurine 50 mg TABLET</i> MO	2	
<i>mesna 100 mg/ml SOLUTION</i> MO	2	
MESNEX 100 MG/ML SOLUTION DL	5	
MESNEX 400 MG TABLET DL	5	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION</i> DL	5	
<i>mitoxantrone 2 mg/ml CONCENTRATE</i> MO	2	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MVASI 25 MG/ML SOLUTION DL	5	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	5	PA
<i>nelarabine 250 mg/50 ml SOLUTION DL</i>	5	
NERLYNX 40 MG TABLET DL	5	PA,QL(180 per 30 days)
NEXAVAR 200 MG TABLET DL	5	PA,QL(120 per 30 days)
NILANDRON 150 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>nilutamide 150 mg TABLET DL</i>	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION DL	5	
NUBEQA 300 MG TABLET DL	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
OGIVRI 150 MG, 420 MG RECON SOLUTION DL	5	PA
OGSIVEO 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	5	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	5	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	5	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	5	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION DL	5	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	5	PA
ONTRUZANT 150 MG, 420 MG RECON SOLUTION DL	5	PA
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	5	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	5	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	5	PA,QL(16 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	5	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET DL	5	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	5	PA,QL(90 per 30 days)
<i>oxaliplatin 100 mg, 50 mg RECON SOLUTION MO</i>	2	
<i>oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO</i>	2	
<i>paclitaxel 6 mg/ml CONCENTRATE MO</i>	2	
<i>paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL</i>	5	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
PADCEV 20 MG RECON SOLUTION DL	5	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	5	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	5	PA
<i>paraplatin 10 mg/ml SOLUTION</i> MO	2	
<i>pazopanib 200 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION DL	5	PA
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(28 per 28 days)
<i>pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION</i> DL	5	PA
<i>pemetrexed 25 mg/ml SOLUTION</i> DL	5	PA,QL(120 per 21 days)
<i>pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION</i> DL	5	PA
<i>pemetrexed disodium 25 mg/ml SOLUTION</i> DL	5	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	5	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	5	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION DL	5	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION DL	5	PA,QL(10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	5	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	5	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	5	PA,QL(100 per 21 days)
POTELIGE 4 MG/ML SOLUTION DL	5	PA
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION</i> DL	5	PA
PURIXAN 20 MG/ML SUSPENSION DL	5	
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG TABLET DL	5	PA
REZLIDHIA 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	5	PA
RITUXAN 10 MG/ML CONCENTRATE DL	5	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
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION DL	5	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION DL	5	PA,QL(13.4 per 28 days)
<i>romidepsin 10 mg/2 ml RECON SOLUTION</i> DL	5	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	5	PA
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	5	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	5	PA
RYBREVANT 50 MG/ML SOLUTION DL	5	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	5	PA
RYTELO 188 MG, 47 MG RECON SOLUTION DL	5	PA
SARCLISA 20 MG/ML SOLUTION DL	5	PA
SCEMBLIX 100 MG TABLET DL	5	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET DL	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	5	
<i>sorafenib 200 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	5	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE</i> DL	5	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	5	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	5	PA
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL	5	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL(90 per 30 days)

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL - Dispensing Limit • LA - Limited Access • MO - Mail Order • 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>tamoxifen 10 mg, 20 mg TABLET</i> MO	2	
TARCEVA 100 MG, 150 MG TABLET DL	5	PA,QL(30 per 30 days)
TARCEVA 25 MG TABLET DL	5	PA,QL(90 per 30 days)
TARGRETIN 1 % GEL DL	5	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE DL	5	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	5	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	5	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL	5	PA
TEMODAR 100 MG RECON SOLUTION DL	5	PA,QL(27 per 30 days)
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION</i> DL	5	PA,QL(8 per 28 days)
TEPADINA 100 MG, 15 MG RECON SOLUTION DL	5	
TEPMETKO 225 MG TABLET DL	5	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION DL	5	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
<i>thiotepa 100 mg RECON SOLUTION</i> DL	5	
<i>thiotepa 15 mg RECON SOLUTION</i> MO	1	
TIBSOVO 250 MG TABLET DL	5	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION DL	5	PA,QL(5 per 21 days)
<i>toposar 20 mg/ml SOLUTION</i> MO	2	
<i>topotecan 4 mg RECON SOLUTION</i> MO	2	
<i>topotecan 4 mg/4 ml (1 mg/ml) SOLUTION</i> MO	2	
<i>toremifene 60 mg TABLET</i> DL	5	QL(30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST) RECON SOLUTION DL	5	PA,QL(8 per 28 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION DL	5	PA
TRAZIMERA 420 MG RECON SOLUTION DL	5	PA
TREANDA 100 MG, 25 MG RECON SOLUTION DL	5	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> DL	5	
TRISENOX 2 MG/ML SOLUTION DL	5	PA
TRODELVY 180 MG RECON SOLUTION DL	5	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
TRUQAP 160 MG, 200 MG TABLET DL	5	PA,QL(64 per 28 days)
TRUXIMA 10 MG/ML SOLUTION DL	5	PA
TUKYSA 150 MG TABLET DL	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	5	PA,QL(300 per 30 days)
TURALIO 125 MG, 200 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET DL	5	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	5	PA
VALCHLOR 0.016 % GEL DL	5	PA,QL(60 per 28 days)
<i>valrubicin 40 mg/ml SOLUTION</i> DL	5	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	5	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	5	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	5	PA
VEGZELMA 25 MG/ML SOLUTION DL	5	PA
VELCADE 3.5 MG RECON SOLUTION DL	5	PA
VENCLEXTA 10 MG TABLET MO	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET MO	3	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	5	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
VIDAZA 100 MG RECON SOLUTION DL	5	PA
<i>vinblastine 1 mg/ml SOLUTION</i> MO	2	BvsD
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION</i> MO	2	BvsD
<i>vincristine 1 mg/ml, 2 mg/2 ml SOLUTION</i> MO	2	BvsD
<i>vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION</i> MO	2	
VITRAKVI 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	5	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	5	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET DL	5	PA,QL(120 per 30 days)
VYLOY 100 MG RECON SOLUTION DL	5	PA
VYXEOS 44-100 MG RECON SOLUTION DL	5	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
XALKORI 150 MG PELLETT DL	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT DL	5	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT DL	5	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	5	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	5	PA
YONDELIS 1 MG RECON SOLUTION DL	5	PA
YONSA 125 MG TABLET DL	5	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	5	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	4	
ZEJULA 100 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	5	PA
ZIIHERA 300 MG RECON SOLUTION DL	5	PA
ZIRABEV 25 MG/ML SOLUTION DL	5	PA
ZOLINZA 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION DL	5	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	5	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET DL	5	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET DL	5	PA,QL(60 per 30 days)
ANTIPARASITICS		
<i>albendazole 200 mg TABLET MO</i>	2	
<i>atovaquone 750 mg/5 ml SUSPENSION MO</i>	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
<i>atovaquone-proguanil</i> 250-100 mg, 62.5-25 mg TABLET MO	2	
BILTRICIDE 600 MG TABLET DL	5	PA
<i>chloroquine phosphate</i> 250 mg, 500 mg TABLET MO	2	
COARTEM 20-120 MG TABLET MO	4	QL(24 per 30 days)
DARAPRIM 25 MG TABLET DL	5	PA,QL(90 per 30 days)
EGATEN 250 MG TABLET MO	4	
<i>emverm</i> 100 mg CHEWABLE TABLET DL	5	
<i>hydroxychloroquine</i> 100 mg, 300 mg, 400 mg TABLET MO	2	
<i>hydroxychloroquine</i> 200 mg TABLET MO	2	
IMPAVIDO 50 MG CAPSULE DL	5	QL(84 per 28 days)
<i>ivermectin</i> 3 mg TABLET MO	2	
KRINTAFEL 150 MG TABLET MO	4	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	4	
MALARONE 250-100 MG TABLET MO	4	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET MO	4	PA
<i>mefloquine</i> 250 mg TABLET MO	2	
MEPRON 750 MG/5 ML SUSPENSION DL	5	
NEBUPENT 300 MG RECON SOLUTION MO	4	BvsD
<i>nitazoxanide</i> 500 mg TABLET DL	5	
PENTAM 300 MG RECON SOLUTION MO	4	
<i>pentamidine</i> 300 mg RECON SOLUTION MO	2	
<i>pentamidine</i> 300 mg RECON SOLUTION MO	2	BvsD
PLAQUENIL 200 MG TABLET MO	4	PA
<i>praziquantel</i> 600 mg TABLET MO	2	
<i>primaquine</i> 26.3 mg (15 mg base) TABLET MO	2	
<i>pyrimethamine</i> 25 mg TABLET DL	5	QL(90 per 30 days)
QUALAQUIN 324 MG CAPSULE MO	4	PA,QL(42 per 7 days)
<i>quinine sulfate</i> 324 mg CAPSULE MO	2	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET MO	4	
STROMEKTOL 3 MG TABLET MO	4	PA
ANTIPARKINSON AGENTS		
<i>amantadine hcl</i> 100 mg CAPSULE MO	2	
<i>amantadine hcl</i> 100 mg TABLET MO	2	
<i>amantadine hcl</i> 50 mg/5 ml SOLUTION 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
APOKYN 10 MG/ML CARTRIDGE DL	5	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE DL	5	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	5	PA,QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET MO	2	
benztropine 1 mg/ml SOLUTION MO	2	
bromocriptine 2.5 mg TABLET MO	2	
bromocriptine 5 mg CAPSULE MO	2	QL(600 per 30 days)
carbidopa 25 mg TABLET MO	2	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	2	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	2	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET MO	2	
COMTAN 200 MG TABLET MO	4	PA,QL(300 per 30 days)
CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC MO	4	ST,QL(180 per 30 days)
DHIVY 25-100 MG TABLET MO	4	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION DL	5	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET MO	2	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR. DL	5	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. DL	5	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE DL	5	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	5	PA,QL(300 per 30 days)
LODOSYN 25 MG TABLET DL	5	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	4	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	4	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET DL	5	PA,QL(30 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE MO	4	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC MO	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
PARLODEL 2.5 MG TABLET MO	4	PA
PARLODEL 5 MG CAPSULE MO	4	PA,QL(600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET MO	2	
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET MO	2	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	2	
ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. MO	2	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER MO	4	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	4	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	4	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE MO	2	
selegiline hcl 5 mg TABLET MO	2	
SINEMET 10-100 MG, 25-100 MG TABLET MO	4	PA
STALEVO 100 25-100-200 MG TABLET DL	5	PA
STALEVO 125 31.25-125-200 MG TABLET DL	5	PA
STALEVO 150 37.5-150-200 MG TABLET DL	5	PA
STALEVO 200 50-200-200 MG TABLET DL	5	PA
STALEVO 50 12.5-50-200 MG TABLET DL	5	PA
STALEVO 75 18.75-75-200 MG TABLET DL	5	PA
TASMAR 100 MG TABLET DL	5	PA
tolcapone 100 mg TABLET DL	5	PA
trihexyphenidyl 0.4 mg/ml ELIXIR MO	2	
trihexyphenidyl 2 mg, 5 mg TABLET MO	2	
VYALEV 12-240 MG/ML SOLUTION DL	5	PA
XADAGO 100 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING DL	5	
ANTIPSYCHOTICS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET MO	4	PA
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	5	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	5	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	5	QL(1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP DL	5	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY MYCITE MAINTENANCE KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP DL	5	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG TABLET W/SENSOR AND STRIP, POD DL	5	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD DL	5	PA,QL(30 per 30 days)
<i>aripiprazole 1 mg/ml SOLUTION</i> MO	2	QL(750 per 30 days)
<i>aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING</i> MO	2	QL(60 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET</i> MO	2	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	5	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	5	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	5	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 42 days)
<i>asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET</i> MO	2	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	5	PA,QL(30 per 30 days)
<i>chlorpromazine 10 mg, 25 mg TABLET</i> MO	2	BvsD
<i>chlorpromazine 100 mg, 200 mg, 50 mg TABLET</i> MO	2	
<i>chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE</i> MO	2	
<i>chlorpromazine 25 mg/ml SOLUTION</i> MO	2	
<i>clozapine 100 mg TABLET</i> MO	2	QL(270 per 30 days)
<i>clozapine 100 mg TABLET, DISINTEGRATING</i> MO	2	PA,QL(270 per 30 days)
<i>clozapine 12.5 mg TABLET, DISINTEGRATING</i> MO	2	PA
<i>clozapine 150 mg TABLET, DISINTEGRATING</i> MO	2	PA,QL(180 per 30 days)
<i>clozapine 200 mg TABLET</i> MO	2	QL(135 per 30 days)
<i>clozapine 200 mg TABLET, DISINTEGRATING</i> MO	2	PA,QL(135 per 30 days)
<i>clozapine 25 mg TABLET</i> MO	2	QL(1080 per 30 days)
<i>clozapine 25 mg TABLET, DISINTEGRATING</i> MO	2	PA,QL(1080 per 30 days)
<i>clozapine 50 mg TABLET</i> MO	2	
CLOZARIL 100 MG TABLET DL	5	QL(270 per 30 days)
CLOZARIL 200 MG TABLET DL	5	QL(135 per 30 days)
CLOZARIL 25 MG TABLET DL	5	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET DL	5	
<i>droperidol 2.5 mg/ml SOLUTION</i> MO	2	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fluphenazine decanoate 25 mg/ml SOLUTION</i> MO	2	
<i>fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET</i> MO	2	
<i>fluphenazine hcl 2.5 mg/5 ml ELIXIR</i> MO	2	
<i>fluphenazine hcl 2.5 mg/ml SOLUTION</i> MO	2	
<i>fluphenazine hcl 5 mg/ml CONCENTRATE</i> MO	2	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE DL	5	PA
GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION MO	4	PA
HALDOL DECANOATE 100 MG/ML, 50 MG/ML SOLUTION MO	4	PA
<i>haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET</i> MO	2	
<i>haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION</i> MO	2	
<i>haloperidol lactate 2 mg/ml CONCENTRATE</i> MO	2	
<i>haloperidol lactate 5 mg/ml SOLUTION</i> MO	2	
<i>haloperidol lactate 5 mg/ml SYRINGE</i> MO	2	
INVEGA 1.5 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
INVEGA 3 MG, 9 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
INVEGA 6 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	5	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	5	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	5	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	5	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	5	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	5	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	5	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	5	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE</i> MO	2	
<i>lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>lurasidone 80 mg TABLET</i> MO	2	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>molindone 10 mg TABLET</i> MO	2	PA,QL(240 per 30 days)
<i>molindone 25 mg TABLET</i> MO	2	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
molindone 5 mg TABLET MO	2	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION MO	2	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	2	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING MO	2	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING MO	2	QL(60 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO	2	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE DL	5	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET MO	2	
quetiapine 100 mg TABLET MO	2	QL(90 per 30 days)
quetiapine 150 mg TABLET MO	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. MO	2	QL(90 per 30 days)
quetiapine 200 mg TABLET MO	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET MO	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET MO	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. MO	2	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	5	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET MO	4	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG TABLET MO	4	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION DL	5	
RISPERDAL 3 MG, 4 MG TABLET DL	5	QL(60 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON MO	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON DL	5	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	2	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	2	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION MO	2	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET MO	4	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET MO	4	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET MO	4	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. MO	4	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. MO	4	PA,QL(30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. MO	4	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. MO	4	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK MO	4	PA,QL(15 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET MO</i>	2	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO</i>	2	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET MO</i>	2	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.28 per 28 days)
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	5	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	5	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	5	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION DL	5	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK MO	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	5	PA,QL(30 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO</i>	2	
<i>ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO</i>	2	
ZYPREXA 10 MG RECON SOLUTION MO	4	
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET DL	5	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG TABLET, DISINTEGRATING DL	5	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING DL	5	QL(60 per 30 days)
ZYPREXA ZYDIS 5 MG TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET MO	1	
baclofen 10 mg/5 ml (2 mg/ml), 5 mg/5 ml SOLUTION DL	5	
baclofen 15 mg TABLET MO	2	
baclofen 20 mg TABLET MO	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION DL	5	QL(480 per 30 days)
baclofen 5 mg TABLET MO	1	QL(90 per 30 days)
DANTRIUM 20 MG RECON SOLUTION MO	4	
DANTRIUM 25 MG CAPSULE MO	4	
dantrolene 100 mg, 25 mg, 50 mg CAPSULE MO	2	
dantrolene 20 mg RECON SOLUTION MO	2	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION DL	5	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET MO	4	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET MO	4	ST,QL(270 per 30 days)
OZOBAX 5 MG/5 ML SOLUTION DL	5	
OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION DL	5	
revonto 20 mg RECON SOLUTION MO	2	
tizanidine 2 mg, 4 mg TABLET MO	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE MO	2	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE MO	4	ST
ZANAFLEX 4 MG TABLET MO	4	ST
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION MO	2	QL(960 per 30 days)
abacavir 300 mg TABLET MO	2	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	2	QL(30 per 30 days)
acyclovir 200 mg CAPSULE MO	1	
acyclovir 200 mg/5 ml SUSPENSION MO	2	
acyclovir 400 mg, 800 mg TABLET MO	1	
acyclovir 5 % CREAM MO	4	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT MO	2	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION MO	2	BvsD
adefovir 10 mg TABLET MO	2	
APTIVUS 250 MG CAPSULE DL	5	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE 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
<i>atazanavir 300 mg CAPSULE</i> MO	2	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET DL	5	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	5	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	5	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	5	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER DL	5	QL(50 per 365 days)
<i>cidofovir 75 mg/ml SOLUTION</i> DL	5	
CIMDUO 300-300 MG TABLET DL	5	QL(30 per 30 days)
COMBIVIR 150-300 MG TABLET DL	5	QL(60 per 30 days)
COMPLERA 200-25-300 MG TABLET DL	5	QL(30 per 30 days)
<i>darunavir 600 mg TABLET</i> DL	5	QL(60 per 30 days)
<i>darunavir 800 mg TABLET</i> DL	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	5	QL(30 per 30 days)
DENAVIR 1 % CREAM MO	4	PA
DESCOVY 120-15 MG, 200-25 MG TABLET DL	5	QL(30 per 30 days)
<i>didanosine 250 mg, 400 mg CAPSULE, DR/EC</i> MO	2	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	5	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	5	QL(30 per 30 days)
<i>efavirenz 200 mg CAPSULE</i> MO	2	QL(120 per 30 days)
<i>efavirenz 50 mg CAPSULE</i> MO	2	QL(480 per 30 days)
<i>efavirenz 600 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET</i> DL	5	QL(30 per 30 days)
<i>emtricitabine 200 mg CAPSULE</i> MO	2	QL(30 per 30 days)
<i>emtricitabine-tenofov (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET</i> MO	2	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	4	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	4	QL(30 per 30 days)
<i>entecavir 0.5 mg, 1 mg TABLET</i> MO	2	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	5	PA,QL(28 per 28 days)
EPIVIR 10 MG/ML SOLUTION MO	4	QL(900 per 30 days)
EPIVIR 150 MG TABLET MO	4	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIVIR 300 MG TABLET MO	4	QL(30 per 30 days)
EPIVIR HBV 100 MG TABLET MO	4	QL(90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION MO	4	
EPZICOM 600-300 MG TABLET DL	5	QL(30 per 30 days)
<i>etravirine 100 mg TABLET DL</i>	5	QL(120 per 30 days)
<i>etravirine 200 mg TABLET DL</i>	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET DL	5	QL(30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg TABLET MO</i>	2	QL(90 per 30 days)
FLUMADINE 100 MG TABLET MO	4	
<i>fosamprenavir 700 mg TABLET DL</i>	5	QL(120 per 30 days)
<i>foscarnet 24 mg/ml SOLUTION MO</i>	2	BvsD
FUZEON 90 MG RECON SOLUTION DL	5	QL(60 per 30 days)
<i>ganciclovir sodium 50 mg/ml SOLUTION MO</i>	2	BvsD
<i>ganciclovir sodium 500 mg RECON SOLUTION MO</i>	2	BvsD
GENVOYA 150-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET DL	5	PA,QL(28 per 28 days)
HEPSERA 10 MG TABLET DL	5	
INTELENCE 100 MG TABLET DL	5	QL(120 per 30 days)
INTELENCE 200 MG TABLET DL	5	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	4	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	3	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	5	QL(30 per 30 days)
KALETRA 100-25 MG TABLET MO	4	QL(300 per 30 days)
KALETRA 200-50 MG TABLET MO	4	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	5	
<i>lamivudine 10 mg/ml SOLUTION MO</i>	2	QL(900 per 30 days)
<i>lamivudine 100 mg TABLET MO</i>	2	QL(90 per 30 days)
<i>lamivudine 150 mg TABLET MO</i>	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
lamivudine 300 mg TABLET MO	2	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	2	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET DL	5	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION MO	4	QL(1575 per 28 days)
LEXIVA 700 MG TABLET DL	5	QL(120 per 30 days)
LIVTENCITY 200 MG TABLET DL	5	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET MO	2	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	2	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	2	
maraviroc 150 mg TABLET DL	5	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	5	QL(120 per 30 days)
MAVYRET 100-40 MG TABLET DL	5	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET DL	5	PA,QL(150 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	2	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	2	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE MO	4	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	4	QL(360 per 30 days)
NORVIR 100 MG TABLET MO	4	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION MO	4	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	2	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE MO	2	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	2	QL(1440 per 365 days)
PAXLOVID 150-100 MG TABLET, DOSE PACK \$0,MO	3	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK \$0,MO	3	QL(60 per 10 days)
penciclovir 1 % CREAM MO	2	PA
PIFELTRO 100 MG TABLET DL	5	QL(60 per 30 days)
PREVYMIS 240 MG TABLET DL	5	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION DL	5	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET DL	5	PA
PREVYMIS 480 MG/24 ML SOLUTION DL	5	PA,QL(672 per 28 days)
PREZCOBIX 800-150 MG-MG TABLET DL	5	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 100 MG/ML SUSPENSION DL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	5	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	5	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	5	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	4	
RETROVIR 10 MG/ML SYRUP MO	4	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE MO	4	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE DL	5	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE DL	5	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET MO	4	
<i>ribavirin 200 mg CAPSULE MO</i>	2	
<i>ribavirin 200 mg TABLET MO</i>	2	
<i>rimantadine 100 mg TABLET MO</i>	2	
<i>ritonavir 100 mg TABLET MO</i>	2	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	5	QL(60 per 30 days)
SELZENTRY 150 MG TABLET DL	5	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	5	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL(240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	5	QL(120 per 30 days)
SOVALDI 150 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET DL	5	PA,QL(28 per 28 days)
<i>stavudine 15 mg, 20 mg CAPSULE MO</i>	2	QL(120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE MO</i>	2	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SUSTIVA 200 MG CAPSULE DL	5	QL(120 per 30 days)
SUSTIVA 50 MG CAPSULE DL	5	QL(480 per 30 days)
SYMFI 600-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	5	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAMIFLU 30 MG CAPSULE MO	4	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	4	PA,QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1440 per 365 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET</i> MO	2	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	4	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO	4	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	5	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	5	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET DL	5	QL(30 per 30 days)
TYBOST 150 MG TABLET MO	3	QL(30 per 30 days)
<i>valacyclovir 1 gram, 500 mg TABLET</i> MO	2	
VALCYTE 450 MG TABLET DL	5	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION DL	5	PA,QL(1056 per 30 days)
<i>valganciclovir 450 mg TABLET</i> MO	2	QL(120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION</i> DL	5	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET MO	4	PA
VEMLIDY 25 MG TABLET DL	5	QL(30 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	5	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM DL	5	QL(5 per 30 days)
XOFLUZA 20 MG, 40 MG, 80 MG TABLET MO	4	
ZEPATIER 50-100 MG TABLET DL	5	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION MO	4	QL(960 per 30 days)
ZIAGEN 300 MG TABLET MO	4	QL(60 per 30 days)
<i>zidovudine 10 mg/ml SYRUP</i> MO	2	QL(1680 per 28 days)
<i>zidovudine 100 mg CAPSULE</i> MO	2	QL(180 per 30 days)
<i>zidovudine 300 mg TABLET</i> 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
ZIRGAN 0.15 % GEL MO	4	QL(5 per 30 days)
ZOVIRAX 200 MG/5 ML SUSPENSION MO	4	PA
ZOVIRAX 5 % CREAM MO	4	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT MO	4	PA,QL(30 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	2	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	2	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. DL	2	QL(60 per 30 days)
alprazolam 2 mg TABLET DL	2	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	2	
ATIVAN 0.5 MG, 1 MG TABLET DL	5	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET DL	5	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION DL	4	PA
bupirone 10 mg, 5 mg TABLET MO	1	
bupirone 15 mg, 30 mg, 7.5 mg TABLET MO	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE DL	2	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	2	
clonazepam 0.5 mg, 1 mg TABLET DL	2	
clonazepam 2 mg TABLET DL	2	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	2	
diazepam 10 mg TABLET DL	2	QL(120 per 30 days)
diazepam 2 mg TABLET DL	2	QL(90 per 30 days)
diazepam 5 mg TABLET DL	2	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	2	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	2	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION DL	2	
diazepam 5 mg/ml SYRINGE DL	2	
diazepam intensol 5 mg/ml CONCENTRATE DL	2	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	2	
doxepin 10 mg/ml CONCENTRATE MO	2	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	2	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION MO	2	
hydroxyzine hcl 25 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET DL	4	PA
lorazepam 0.5 mg, 1 mg TABLET DL	2	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	2	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE DL	2	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION DL	2	
lorazepam intensol 2 mg/ml CONCENTRATE DL	2	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. DL	5	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. DL	5	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. DL	5	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET MO	2	
oxazepam 10 mg, 15 mg, 30 mg CAPSULE DL	2	
TRANXENE T-TAB 7.5 MG TABLET DL	4	PA
VALIUM 5 MG TABLET DL	4	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET DL	4	PA,QL(120 per 30 days)
XANAX 2 MG TABLET DL	4	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. DL	4	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	2	
lithium citrate 8 meq/5 ml SOLUTION MO	2	
LITHOBID 300 MG TABLET ER MO	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET MO	1	
ACTOPLUS MET 15-850 MG TABLET MO	4	PA,QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET MO	4	PA,QL(30 per 30 days)
ADLYXIN 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML PEN INJECTOR MO	4	PA,QL(6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	4	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	4	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER CI,DL	5	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	5	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER CI,MO	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
AMARYL 1 MG, 2 MG, 4 MG TABLET MO	4	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	4	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	4	ST
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	ST
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR CI,MO	4	PA
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR MO	4	PA,QL(3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML PEN INJECTOR MO	4	PA,QL(2.4 per 30 days)
CYCLOSET 0.8 MG TABLET MO	4	ST,QL(180 per 30 days)
<i>diazoxide 50 mg/ml SUSPENSION</i> DL	5	
DUETACT 30-2 MG, 30-4 MG TABLET MO	4	QL(30 per 30 days)
<i>exenatide 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml PEN INJECTOR</i> MO	2	PA,QL(2.4 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MO	4	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE CI,MO	3	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
<i>glimepiride 1 mg TABLET</i> MO	1	
<i>glimepiride 2 mg, 4 mg TABLET</i> MO	1	
<i>glimepiride 3 mg TABLET</i> MO	2	
<i>glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.</i> MO	1	
<i>glipizide 10 mg, 5 mg TABLET</i> MO	1	
<i>glipizide 2.5 mg TABLET</i> MO	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> MO	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION MO	4	ST
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION MO	4	ST
<i>glucagon emergency kit (human) 1 mg RECON SOLUTION</i> MO	4	ST
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION MO	4	ST
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET, ER 24 HR. MO	4	
GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. DL	5	ST,QL(60 per 30 days)
GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. DL	5	ST,QL(120 per 30 days)
<i>glyburide 1.25 mg, 2.5 mg, 5 mg TABLET</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET MO	2	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	2	
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET MO	4	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	3	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION MO	4	ST
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	4	ST
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	4	ST
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	4	ST
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	4	ST
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	3	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION CI,MO	3	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN CI,MO	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN CI,MO	3	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION CI,MO	3	
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	4	ST
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	3	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	3	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	3	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION CI,MO	3	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION CI,DL	5	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI,DL	5	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) SOLUTION CI,MO	3	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE CI,MO	3	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION CI,MO	3	

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • 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 DEGLUDEC 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION CI,MO	4	PA
INSULIN GLARGINE 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
INSULIN GLARGINE 100 UNIT/ML SOLUTION CI,MO	4	PA
INSULIN GLARGINE U-300 CONC 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION CI,MO	4	PA
INSULIN LISPRO 100 UNIT/ML INSULIN PEN CI,MO	3	
INSULIN LISPRO 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	3	
INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	3	
INSULIN LISPRO PROTAMIN-LISPRO 100 UNIT/ML (75-25) INSULIN PEN CI,MO	3	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET MO	3	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	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET MO	3	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET MO	3	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET MO	3	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
KAZANO 12.5-1,000 MG, 12.5-500 MG TABLET MO	4	PA,QL(60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
LEVEMIR FLEXTOUCH U100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	4	PA
<i>liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR</i> MO	4	PA,QL(9 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	3	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	4	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
metformin 1,000 mg TABLET, ER 24 HR. MO	4	ST,QL(60 per 30 days)
metformin 1,000 mg TABLET, GAST. RETENTION 24 HR. DL	5	ST,QL(60 per 30 days)
metformin 1,000 mg, 500 mg TABLET MO	1	
metformin 500 mg TABLET, ER 24 HR. MO	4	ST,QL(150 per 30 days)
metformin 500 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
metformin 500 mg TABLET, GAST. RETENTION 24 HR. DL	5	ST,QL(120 per 30 days)
metformin 500 mg/5 ml SOLUTION MO	2	QL(750 per 30 days)
metformin 625 mg TABLET DL	5	ST,QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
metformin 850 mg TABLET MO	1	
migliitol 100 mg, 25 mg, 50 mg TABLET MO	2	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET MO	2	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	4	PA,QL(30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	3	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	3	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION CI,MO	3	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION CI,MO	3	
OSENI 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG TABLET MO	4	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	3	PA,QL(3 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR MO	3	PA,QL(1.5 per 28 days)
pioglitazone 15 mg, 45 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET MO	2	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET MO	2	QL(90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG TABLET MO	4	
PROGLYCEM 50 MG/ML SUSPENSION DL	5	PA
QTERN 10-5 MG, 5-5 MG TABLET MO	4	PA,QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET MO	2	
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
RIOMET 500 MG/5 ML SOLUTION MO	4	QL(750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	3	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE MO	2	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE MO	2	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	4	PA,QL(60 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION CI,MO	4	PA
sitagliptin 100 mg, 25 mg, 50 mg TABLET MO	4	PA,QL(30 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET MO	4	PA,QL(60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	3	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
STEGLUJAN 15-100 MG, 5-100 MG TABLET MO	4	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR DL	5	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR DL	5	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	3	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRADJENTA 5 MG TABLET MO	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	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	3	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	3	PA,QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	4	PA,QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	4	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	4	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	QL(60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN CI,MO	4	PA,QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	3	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	3	
ZITUVIMET 50-1,000 MG, 50-500 MG TABLET MO	4	PA,QL(60 per 30 days)
ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	4	PA,QL(30 per 30 days)
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	4	PA,QL(60 per 30 days)
ZITUVIO 100 MG, 25 MG, 50 MG TABLET MO	4	PA,QL(30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT DL	5	PA
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE MO	4	
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION MO	4	
AGRYLIN 0.5 MG CAPSULE MO	4	PA
ALVAIZ 18 MG, 9 MG TABLET DL	5	PA,QL(30 per 30 days)
ALVAIZ 36 MG, 54 MG TABLET DL	5	PA,QL(60 per 30 days)
aminocaproic acid 1,000 mg TABLET DL	5	
aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION MO	2	
aminocaproic acid 500 mg TABLET MO	2	
anagrelide 0.5 mg, 1 mg CAPSULE MO	2	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE MO	4	PA,QL(1.6 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
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION DL	5	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE DL	5	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE DL	5	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE MO	4	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION MO	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE DL	5	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE DL	5	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE MO	4	PA,QL(1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE DL	5	PA,QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE DL	5	PA,QL(15 per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE DL	5	PA,QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE DL	5	PA,QL(18 per 30 days)
<i>aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR.</i> MO	2	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	3	QL(60 per 30 days)
CABLIVI 11 MG KIT DL	5	PA,QL(30 per 30 days)
<i>cilostazol 100 mg, 50 mg TABLET</i> MO	2	
<i>clopidogrel 300 mg TABLET</i> MO	2	
<i>clopidogrel 75 mg TABLET</i> MO	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION DL	5	PA
<i>dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE</i> MO	2	QL(60 per 30 days)
<i>dipyridamole 25 mg, 50 mg, 75 mg TABLET</i> MO	2	
DOPTELET (10 TAB PACK) 20 MG TABLET DL	5	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET DL	5	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET DL	5	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	3	QL(74 per 30 days)
<i>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</i> MO	2	
<i>enoxaparin 300 mg/3 ml SOLUTION</i> MO	2	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 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
EPOGEN 20,000 UNIT/2 ML SOLUTION MO	4	PA,QL(28 per 30 days)
<i>eptifibatide</i> 0.75 mg/ml, 2 mg/ml SOLUTION MO	2	
<i>fondaparinux</i> 10 mg/0.8 ml SYRINGE DL	5	QL(24 per 30 days)
<i>fondaparinux</i> 2.5 mg/0.5 ml SYRINGE DL	5	QL(15 per 30 days)
<i>fondaparinux</i> 5 mg/0.4 ml SYRINGE DL	5	QL(12 per 30 days)
<i>fondaparinux</i> 7.5 mg/0.6 ml SYRINGE DL	5	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE DL	5	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE DL	5	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE DL	5	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE DL	5	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	5	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION DL	5	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION DL	5	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE DL	5	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 28 days)
GRANIX 300 MCG/ML SOLUTION DL	5	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SOLUTION DL	5	PA,QL(22.4 per 28 days)
<i>heparin (porcine)</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION MO	2	
<i>heparin (porcine)</i> 5,000 unit/ml (1 ml) CARTRIDGE MO	2	
<i>heparin (porcine)</i> 5,000 unit/ml SYRINGE MO	2	
<i>heparin, porcine (pf)</i> 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	2	
<i>heparin, porcine (pf)</i> 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	2	
<i>jantoven</i> 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	5	
LEUKINE 250 MCG RECON SOLUTION DL	5	PA
LOVENOX 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML SYRINGE DL	5	PA
LOVENOX 300 MG/3 ML SOLUTION DL	5	PA
LYSTEDA 650 MG TABLET MO	4	QL(30 per 5 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION DL	5	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET DL	5	PA
NEULASTA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	5	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML SOLUTION DL	5	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML SOLUTION DL	5	PA,QL(22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION DL	5	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION DL	5	PA,QL(22.4 per 30 days)
NYPOZI 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
NYPOZI 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
NYVEPRIA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
PLAVIX 75 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION</i> DL	5	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	4	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET DL	5	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET DL	5	PA,QL(60 per 30 days)
<i>prasugrel 10 mg, 5 mg TABLET</i> MO	2	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION MO	4	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION DL	5	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL,LA	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL,LA	5	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET DL,LA	5	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION DL	5	PA
RELEUKO 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
RELEUKO 300 MCG/ML SOLUTION DL	5	PA,QL(14 per 30 days)
RELEUKO 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 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
RELEUKO 480 MCG/1.6 ML SOLUTION DL	5	PA,QL(22.4 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION DL	5	PA,QL(14 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION MO	4	
ROLVEDON 13.2 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION MO</i>	2	
<i>tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION MO</i>	2	PA
<i>tranexamic acid 650 mg TABLET MO</i>	2	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	5	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	5	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 MO</i>	1	
<i>warfarin 5 mg TABLET MO</i>	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	3	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	3	QL(51 per 30 days)
XOLREMDI 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
CARDIOVASCULAR AGENTS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	4	
ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	4	
<i>acebutolol 200 mg, 400 mg CAPSULE MO</i>	1	
<i>acetazolamide 125 mg, 250 mg TABLET MO</i>	2	
<i>acetazolamide 500 mg CAPSULE, ER MO</i>	2	
<i>acetazolamide sodium 500 mg RECON SOLUTION MO</i>	1	
<i>adenosine 3 mg/ml SOLUTION 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
adenosine 3 mg/ml SYRINGE MO	1	
ADRENALIN 4 MG/250 ML (16 MCG/ML) SOLUTION MO	4	
ALDACTAZIDE 25-25 MG TABLET MO	4	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MO	4	
aliskiren 150 mg, 300 mg TABLET MO	2	QL(30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MO	4	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. DL	5	ST,QL(30 per 30 days)
amiloride 5 mg TABLET MO	2	
amiloride-hydrochlorothiazide 5-50 mg TABLET MO	1	
amiodarone 100 mg, 400 mg TABLET MO	2	
amiodarone 150 mg/3 ml SYRINGE MO	2	
amiodarone 200 mg TABLET MO	2	
amiodarone 50 mg/ml SOLUTION MO	2	
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	2	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	2	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET MO	2	QL(30 per 30 days)
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	2	QL(30 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET MO	4	QL(60 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET MO	4	PA,QL(60 per 30 days)
ATACAND 32 MG TABLET MO	4	PA,QL(30 per 30 days)
ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET MO	4	PA,QL(30 per 30 days)
atenolol 100 mg TABLET MO	1	
atenolol 25 mg, 50 mg TABLET MO	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET MO	1	
ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION MO	4	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	4	PA,QL(60 per 30 days)
AVALIDE 300-12.5 MG TABLET MO	4	PA,QL(30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET MO	4	PA,QL(30 per 30 days)
AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET MO	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
<i>benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET</i> MO	1	
<i>benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET</i> MO	2	
BENICAR 20 MG, 40 MG TABLET MO	4	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET MO	4	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET MO	4	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET DL	5	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET DL	5	PA
<i>betaxolol 10 mg, 20 mg TABLET</i> MO	2	
BIDIL 20-37.5 MG TABLET MO	4	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION MO	4	
<i>bisoprolol fumarate 10 mg, 5 mg TABLET</i> MO	2	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET</i> MO	1	
<i>bretylum tosylate 50 mg/ml SOLUTION</i> MO	2	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION MO	4	
BREVIBLOC IN NAACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION MO	4	
<i>bumetanide 0.25 mg/ml SOLUTION</i> MO	2	
<i>bumetanide 0.5 mg, 2 mg TABLET</i> MO	2	
<i>bumetanide 1 mg TABLET</i> MO	2	
BYSTOLIC 10 MG TABLET MO	4	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET MO	4	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	4	PA,QL(30 per 30 days)
CALAN SR 120 MG, 240 MG TABLET ER MO	4	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
<i>candesartan 16 mg, 4 mg, 8 mg TABLET</i> MO	2	QL(60 per 30 days)
<i>candesartan 32 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET</i> MO	2	
<i>captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET</i> MO	2	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MO	4	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARDIZEM CD 300 MG, 360 MG CAPSULE, ER 24 HR. DL	5	PA,QL(30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MO	4	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION MO	4	PA,QL(450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
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	2	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	2	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	2	
cholestyramine light 4 gram POWDER MO	2	
cholestyramine light 4 gram POWDER IN PACKET MO	2	
cholestyramine-aspartame 4 gram POWDER IN PACKET MO	2	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION MO	4	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	2	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET MO	1	
clonidine hcl 0.17 mg TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
clonidine hcl 0.2 mg, 0.3 mg TABLET MO	1	
colesevelam 3.75 gram POWDER IN PACKET MO	2	QL(30 per 30 days)
colesevelam 625 mg TABLET MO	2	QL(180 per 30 days)
COLESTID 1 GRAM TABLET MO	4	
COLESTID 5 GRAM GRANULES MO	4	QL(1000 per 30 days)
COLESTID 5 GRAM PACKET MO	4	
COLESTID FLAVORED 5 GRAM GRANULES MO	4	QL(1000 per 30 days)
COLESTID FLAVORED 7.5 GRAM PACKET MO	4	
colestipol 1 gram TABLET MO	2	
colestipol 5 gram GRANULES MO	2	QL(1000 per 30 days)
colestipol 5 gram PACKET 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
CORGARD 20 MG, 40 MG, 80 MG TABLET MO	4	PA
CORLANOR 5 MG, 7.5 MG TABLET MO	4	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION MO	4	PA,QL(560 per 28 days)
CORLOPAM 10 MG/ML SOLUTION MO	4	
CORVERT 0.1 MG/ML SOLUTION MO	4	
COZAAR 100 MG, 25 MG, 50 MG TABLET MO	4	PA,QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	4	PA
DEMSER 250 MG CAPSULE DL	5	
DIBENZYLIN 10 MG CAPSULE DL	5	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	2	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	2	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET MO	2	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION MO	2	
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION MO	2	
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET MO	2	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. MO	2	
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION MO	2	
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET MO	4	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	4	PA,QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE MO	2	
DIURIL 250 MG/5 ML SUSPENSION MO	4	
dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION MO	2	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	2	BvsD
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	2	
dopamine 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml) SOLUTION MO	2	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	2	BvsD
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET MO	2	
droxidopa 100 mg, 200 mg CAPSULE MO	2	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE MO	2	PA,QL(180 per 30 days)
DYRENIUM 100 MG, 50 MG CAPSULE MO	4	
EDARBI 40 MG, 80 MG TABLET MO	4	ST,QL(30 per 30 days)
EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET MO	4	ST,QL(30 per 30 days)
EDECIN 25 MG TABLET DL	5	QL(480 per 30 days)
enalapril maleate 1 mg/ml SOLUTION MO	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET MO	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET MO	1	
enalaprilat 1.25 mg/ml SOLUTION MO	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET MO	3	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT MO	3	QL(240 per 30 days)
EPANED 1 MG/ML SOLUTION DL	5	
eplerenone 25 mg, 50 mg TABLET MO	2	PA
eprosartan 600 mg TABLET MO	2	QL(60 per 30 days)
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION MO	2	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION MO	2	
ethacrynate sodium 50 mg RECON SOLUTION MO	2	
ethacrynic acid 25 mg TABLET MO	2	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION DL	5	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET MO	4	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	4	PA,QL(30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE MO	4	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET MO	1	QL(30 per 30 days)
ezetimibe-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	2	ST,QL(30 per 30 days)
ezetimibe-rosuvastatin 10-5 mg TABLET MO	4	ST,QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	2	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
fenofibrate 120 mg TABLET MO	2	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fenofibrate</i> 150 mg CAPSULE MO	2	QL(30 per 30 days)
<i>fenofibrate</i> 160 mg TABLET MO	2	QL(30 per 30 days)
<i>fenofibrate</i> 40 mg, 54 mg TABLET MO	2	QL(60 per 30 days)
<i>fenofibrate</i> 50 mg CAPSULE MO	2	QL(60 per 30 days)
<i>fenofibrate</i> micronized 130 mg, 43 mg CAPSULE MO	2	ST,QL(30 per 30 days)
<i>fenofibrate</i> micronized 134 mg, 200 mg CAPSULE MO	2	QL(30 per 30 days)
<i>fenofibrate</i> micronized 67 mg CAPSULE MO	2	QL(60 per 30 days)
<i>fenofibrate</i> micronized 90 mg CAPSULE MO	4	QL(30 per 30 days)
<i>fenofibrate</i> nanocrystallized 145 mg TABLET MO	2	QL(30 per 30 days)
<i>fenofibrate</i> nanocrystallized 48 mg TABLET MO	2	QL(60 per 30 days)
<i>fenofibric acid</i> 105 mg, 35 mg TABLET MO	3	QL(30 per 30 days)
<i>fenofibric acid (choline)</i> 135 mg, 45 mg CAPSULE, DR/EC MO	2	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET MO	4	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET MO	4	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET MO	4	QL(30 per 30 days)
<i>flecainide</i> 100 mg, 150 mg, 50 mg TABLET MO	2	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION MO	4	ST,QL(150 per 30 days)
<i>fluvastatin</i> 20 mg, 40 mg CAPSULE MO	2	ST,QL(60 per 30 days)
<i>fluvastatin</i> 80 mg TABLET, ER 24 HR. MO	2	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 MO	4	PA
<i>furosemide</i> 10 mg/ml SYRINGE MO	2	
<i>furosemide</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	2	
<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	4	
<i>guanfacine</i> 1 mg, 2 mg TABLET MO	2	
HEMANGEOL 4.28 MG/ML SOLUTION MO	4	
<i>hydralazine</i> 10 mg, 100 mg TABLET MO	2	
<i>hydralazine</i> 20 mg/ml SOLUTION MO	2	
<i>hydralazine</i> 25 mg TABLET MO	2	
<i>hydralazine</i> 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
hydrochlorothiazide 12.5 mg CAPSULE MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET MO	1	
hydrochlorothiazide 50 mg TABLET MO	1	
HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET MO	4	PA,QL(60 per 30 days)
ibutilide fumarate 0.1 mg/ml SOLUTION MO	1	
IMMPHENTIV 0.1 MG/ML SOLUTION MO	4	
indapamide 1.25 mg, 2.5 mg TABLET MO	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. DL	5	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR. DL	5	
INPEFA 200 MG, 400 MG TABLET MO	4	PA,QL(30 per 30 days)
INSPRA 25 MG, 50 MG TABLET MO	4	PA
irbesartan 150 mg, 300 mg, 75 mg TABLET MO	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET MO	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET MO	1	QL(30 per 30 days)
ISORDIL 40 MG TABLET DL	5	
ISORDIL TITRADOSE 5 MG TABLET DL	5	PA
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET MO	2	
isosorbide mononitrate 10 mg, 20 mg TABLET MO	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. MO	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. MO	1	
isosorbide-hydralazine 20-37.5 mg TABLET MO	2	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE MO	2	
ISUPREL 0.2 MG/ML SOLUTION MO	4	
ivabradine 5 mg, 7.5 mg TABLET MO	2	PA,QL(60 per 30 days)
JUXTAPID 10 MG, 30 MG, 5 MG CAPSULE DL	5	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE DL	5	PA,QL(84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	4	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. MO	4	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION MO	4	ST,QL(300 per 30 days)
KERENDIA 10 MG, 20 MG TABLET MO	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET MO	2	
labetalol 5 mg/ml SOLUTION MO	2	
LABETALOL IN DEXTROSE,ISO-OSM 1 MG/ML SOLUTION 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
LABELALOL IN NACL (ISO-OSMOT) 1 MG/ ML SOLUTION MO	2	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET MO	4	QL(30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION MO	4	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION MO	4	
LASIX 20 MG, 40 MG, 80 MG TABLET MO	4	
LEQVIO 284 MG/1.5 ML SYRINGE	5	PA,QL(4.5 per 365 days)
LESCOL XL 80 MG TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION MO	4	
<i>lidocaine (pf) 20 mg/ml (2 %) SOLUTION MO</i>	2	
<i>lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION MO</i>	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	4	PA
LIPOFEN 150 MG CAPSULE MO	4	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	4	QL(60 per 30 days)
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET MO</i>	1	
<i>lisinopril 30 mg TABLET MO</i>	1	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO</i>	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	4	ST,QL(30 per 30 days)
LODOCO 0.5 MG TABLET MO	4	PA,QL(30 per 30 days)
LOPID 600 MG TABLET MO	4	PA,QL(60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET MO	4	
<i>losartan 100 mg, 25 mg, 50 mg TABLET MO</i>	1	QL(60 per 30 days)
<i>losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET MO</i>	1	QL(60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET MO	4	
LOTENSIN HCT 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	4	
LOTREL 10-20 MG, 5-10 MG, 5-20 MG CAPSULE MO	4	PA,QL(60 per 30 days)
LOTREL 10-40 MG CAPSULE MO	4	PA,QL(30 per 30 days)
<i>lovastatin 10 mg, 20 mg, 40 mg TABLET MO</i>	1	
LOVAZA 1 GRAM CAPSULE MO	4	PA,QL(120 per 30 days)
<i>mannitol 10 % 10 % PARENTERAL SOLUTION MO</i>	1	
<i>mannitol 20 % 20 % PARENTERAL SOLUTION MO</i>	1	
<i>mannitol 25 % 25 % SOLUTION MO</i>	2	
<i>mannitol 5 % 5 % PARENTERAL SOLUTION 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
matzim la 180 mg, 240 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
MAXZIDE 75-50 MG TABLET MO	4	PA
MAXZIDE-25MG 37.5-25 MG TABLET MO	4	PA
methyldopa 250 mg, 500 mg TABLET MO	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	2	
methyldopate 250 mg/5 ml SOLUTION MO	2	
metolazone 10 mg, 2.5 mg, 5 mg TABLET MO	2	
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	2	
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	2	
metyrosine 250 mg CAPSULE DL	5	
mexiletine 150 mg, 200 mg, 250 mg CAPSULE MO	2	
MICARDIS 20 MG, 40 MG TABLET MO	4	PA,QL(30 per 30 days)
MICARDIS 80 MG TABLET MO	4	PA,QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET MO	4	PA,QL(30 per 30 days)
MICARDIS HCT 80-12.5 MG TABLET MO	4	PA,QL(60 per 30 days)
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	2	
milrinone 1 mg/ml SOLUTION MO	2	BvsD
milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK MO	2	BvsD
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE MO	4	
minoxidil 10 mg, 2.5 mg TABLET MO	2	
moexipril 15 mg, 7.5 mg TABLET MO	1	
MULTAQ 400 MG TABLET MO	3	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET MO	2	
nebivolol 10 mg TABLET MO	2	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	2	QL(60 per 30 days)
NEXICLON XR 0.17 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
NEXLETOL 180 MG TABLET MO	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
NEXLIZET 180-10 MG TABLET MO	4	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	4	
<i>niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO</i>	2	
<i>niacin 500 mg TABLET MO</i>	2	
<i>niacor 500 mg TABLET MO</i>	2	
<i>nicardipine 20 mg, 30 mg CAPSULE MO</i>	2	
<i>nicardipine 25 mg/10 ml SOLUTION MO</i>	2	
<i>nifedipine 10 mg, 20 mg CAPSULE MO</i>	2	
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO</i>	2	QL(60 per 30 days)
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO</i>	2	QL(60 per 30 days)
<i>nimodipine 30 mg CAPSULE MO</i>	2	
<i>nimodipine 60 mg/20 ml SOLUTION DL</i>	2	QL(2838 per 28 days)
<i>nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. MO</i>	2	QL(30 per 30 days)
<i>nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. MO</i>	2	QL(60 per 30 days)
NITRO-BID 2 % OINTMENT MO	2	
NITRO-DUR 0.1 MG/HR, 0.4 MG/HR PATCH, 24 HR. MO	4	
NITRO-DUR 0.2 MG/HR, 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR PATCH, 24 HR. DL	5	
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO</i>	2	
<i>nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO</i>	2	
<i>nitroglycerin 0.4 mg SUBLINGUAL TABLET MO</i>	2	
<i>nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL MO</i>	2	
<i>nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION MO</i>	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 MO</i>	2	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL MO	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
<i>norepinephrine bitartrate 1 mg/ml SOLUTION MO</i>	1	
NORLIQVA 1 MG/ML SOLUTION DL	5	ST,QL(300 per 30 days)
NORPACE 100 MG, 150 MG CAPSULE MO	4	
NORPACE CR 100 MG, 150 MG CAPSULE, ER MO	4	
NORTHERA 100 MG, 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE DL	5	PA,QL(180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET MO	4	PA
NYMALIZE 30 MG/5 ML SYRINGE DL	5	QL(630 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
NYMALIZE 60 MG/10 ML SOLUTION DL	5	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML SYRINGE DL	5	QL(1260 per 28 days)
olmesartan 20 mg TABLET MO	1	QL(30 per 30 days)
olmesartan 40 mg TABLET MO	1	QL(30 per 30 days)
olmesartan 5 mg TABLET MO	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazyd 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET MO	2	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	2	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION MO	4	
OSMITROL 15 % 15 % PARENTERAL SOLUTION MO	4	
OSMITROL 20 % 20 % PARENTERAL SOLUTION MO	4	
OSMITROL 5 % 5 % PARENTERAL SOLUTION MO	4	
PACERONE 100 MG, 400 MG TABLET MO	2	
pacerone 200 mg TABLET MO	2	
pentoxifylline 400 mg TABLET ER MO	2	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET MO	2	
phenoxybenzamine 10 mg CAPSULE DL	5	
phenylephrine hcl 10 mg/ml SOLUTION MO	2	
pindolol 10 mg, 5 mg TABLET MO	2	
pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET MO	2	ST,QL(30 per 30 days)
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR MO	4	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	2	
prevalite 4 gram POWDER MO	2	
prevalite 4 gram POWDER IN PACKET MO	2	
procainamide 100 mg/ml, 500 mg/ml SOLUTION MO	1	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. MO	4	PA,QL(60 per 30 days)
propafenone 150 mg, 225 mg, 300 mg TABLET MO	2	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. MO	2	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION MO	2	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	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
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	2	
QBRELIS 1 MG/ML SOLUTION DL	5	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER MO	2	
QUESTRAN 4 GRAM POWDER IN PACKET MO	2	
QUESTRAN LIGHT 4 GRAM POWDER MO	2	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
quinidine gluconate 324 mg TABLET ER MO	2	
quinidine sulfate 200 mg, 300 mg TABLET MO	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	
RANEXA 1,000 MG, 500 MG TABLET, ER 12 HR. MO	4	PA,QL(120 per 30 days)
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	2	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	3	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	3	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
RYTHMOL SR 225 MG, 325 MG, 425 MG CAPSULE, ER 12 HR. MO	4	PA
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	4	ST
SODIUM EDECRIN 50 MG RECON SOLUTION MO	4	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET MO	2	
SOTYLIZE 5 MG/ML SOLUTION MO	4	
spironolacton-hydrochlorothiaz 25-25 mg TABLET MO	2	
spironolactone 100 mg TABLET MO	1	
spironolactone 25 mg, 50 mg TABLET MO	1	
spironolactone 25 mg/5 ml SUSPENSION MO	4	PA,QL(450 per 30 days)
SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. MO	4	PA,QL(30 per 30 days)
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET MO	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
TEKTURNA HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG TABLET MO	4	ST,QL(30 per 30 days)
<i>telmisartan 20 mg, 40 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>telmisartan 80 mg TABLET MO</i>	1	QL(60 per 30 days)
<i>telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET MO</i>	2	QL(30 per 30 days)
<i>telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET MO</i>	2	QL(30 per 30 days)
<i>telmisartan-hydrochlorothiazid 80-12.5 mg TABLET MO</i>	2	QL(60 per 30 days)
TENORETIC 100 100-25 MG TABLET MO	4	
TENORETIC 50 50-25 MG TABLET MO	4	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET MO	4	PA
<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO</i>	1	
THALITONE 15 MG TABLET MO	4	
<i>tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO</i>	2	QL(60 per 30 days)
<i>tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO</i>	2	QL(30 per 30 days)
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. MO	4	QL(60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. MO	4	QL(30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE MO	4	PA
<i>timolol maleate 10 mg, 20 mg, 5 mg TABLET MO</i>	2	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. MO	4	
<i>torse mide 10 mg, 100 mg, 5 mg TABLET MO</i>	2	
<i>torse mide 20 mg TABLET MO</i>	2	
<i>trandolapril 1 mg, 2 mg, 4 mg TABLET MO</i>	1	
<i>trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO</i>	2	
<i>triamterene 100 mg, 50 mg CAPSULE MO</i>	2	
<i>triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE MO</i>	1	
<i>triamterene-hydrochlorothiazid 37.5-25 mg TABLET MO</i>	1	
<i>triamterene-hydrochlorothiazid 75-50 mg TABLET MO</i>	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	4	PA,QL(30 per 30 days)
TRICOR 145 MG TABLET MO	4	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET MO	4	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC MO	4	PA,QL(30 per 30 days)
TRYVIO 12.5 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>valsartan 160 mg TABLET MO</i>	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valsartan 320 mg, 40 mg, 80 mg TABLET MO	1	QL(60 per 30 days)
VALSARTAN 4 MG/ML SOLUTION DL	5	ST,QL(2400 per 30 days)
valsartan 4 mg/ml SOLUTION DL	5	ST,QL(2400 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET MO	4	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET DL	5	PA
vecamyl 2.5 mg TABLET DL	5	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	2	
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	4	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET MO	4	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET MO	4	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET MO	4	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET MO	4	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET MO	4	QL(30 per 30 days)
WELCHOL 625 MG TABLET MO	4	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	4	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MO	4	PA
ZETIA 10 MG TABLET MO	4	PA,QL(30 per 30 days)
ZIAC 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG TABLET MO	4	PA
ZOCOR 10 MG, 20 MG, 40 MG TABLET MO	4	PA
ZYPITAMAG 2 MG, 4 MG TABLET MO	3	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	2	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET MO	2	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. MO	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
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	4	QL(30 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg TABLET MO</i>	2	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. DL	5	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	4	QL(30 per 30 days)
<i>atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO</i>	2	QL(60 per 30 days)
<i>atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO</i>	2	QL(30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET DL	5	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	5	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK DL	5	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK DL	5	PA,QL(42 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT DL	5	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT DL	5	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	4	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT DL	5	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	5	PA
<i>clonidine hcl 0.1 mg TABLET, ER 12 HR. MO</i>	2	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. MO	4	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. MO	4	PA,QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE DL	5	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE DL	5	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH MO	4	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH MO	4	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC MO	4	PA,QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC MO	4	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC MO	4	PA,QL(60 per 30 days)
<i>dalfampridine 10 mg TABLET, ER 12 HR. MO</i>	2	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
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. MO	4	QL(30 per 30 days)
DESOXYN 5 MG TABLET DL	5	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER DL	5	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER DL	5	PA,QL(120 per 30 days)
dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC MO	2	QL(30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	2	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg CAPSULE, ER MO	2	QL(180 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	2	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg CAPSULE, ER MO	2	QL(120 per 30 days)
dextroamphetamine sulfate 15 mg TABLET MO	2	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET MO	2	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET MO	2	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg CAPSULE, ER MO	2	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	2	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION MO	2	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	2	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. MO	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	2	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC MO	2	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC MO	2	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	4	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC MO	2	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC MO	2	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC MO	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
edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION DL	5	PA
EVEKEO 10 MG, 5 MG TABLET MO	2	QL(90 per 30 days)
EVEKEO ODT 10 MG, 5 MG TABLET, DISINTEGRATING MO	4	QL(90 per 30 days)
EVEKEO ODT 15 MG, 20 MG TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
EXSERVAN 50 MG FILM DL	5	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG KIT DL	5	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG RECON SOLUTION DL	5	PA,QL(15 per 30 days)
fingolimod 0.5 mg CAPSULE MO	2	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	5	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MO	4	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	4	QL(30 per 30 days)
gabapentin 300 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
gabapentin 600 mg TABLET, ER 24 HR. MO	2	ST,QL(90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. MO	4	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. MO	4	ST,QL(60 per 30 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER MO	4	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	5	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	5	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE DL	5	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE MO	4	QL(30 per 30 days)
KAPVAY 0.1 MG TABLET, ER 12 HR. MO	4	QL(120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML SOLUTION DL	5	PA,QL(6 per 365 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET</i> MO	2	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	2	PA,QL(30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	4	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION MO	4	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	4	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. MO	4	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. MO	4	PA,QL(60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET DL	5	PA
MAYZENT 0.25 MG TABLET DL	5	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK DL	5	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK DL	5	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC MO	4	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC MO	4	QL(60 per 30 days)
<i>metadate er 20 mg TABLET ER</i> MO	2	QL(90 per 30 days)
<i>methamphetamine 5 mg TABLET</i> DL	5	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION MO	4	PA,QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION MO	4	PA,QL(1800 per 30 days)
<i>methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR.</i> MO	2	QL(30 per 30 days)
<i>methylphenidate hcl 10 mg CHEWABLE TABLET</i> MO	2	QL(180 per 30 days)
<i>methylphenidate hcl 10 mg TABLET ER</i> MO	2	QL(180 per 30 days)
<i>methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC</i> MO	4	QL(30 per 30 days)
<i>methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC</i> MO	2	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	2	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION MO	2	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET MO	2	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	2	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC MO	2	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION MO	2	QL(1800 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. MO	4	QL(30 per 30 days)
NUJEXTA 20-10 MG CAPSULE DL	5	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	5	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	5	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. DL	5	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML - 94 MCG/0.5 ML PEN INJECTOR DL	5	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML - 94 MCG/0.5 ML SYRINGE DL	5	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET DL	5	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK DL	5	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	2	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. MO	2	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	2	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	2	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	2	QL(60 per 30 days)
pregabalin 330 mg TABLET, ER 24 HR. MO	2	PA,QL(60 per 30 days)
procentra 5 mg/5 ml SOLUTION DL	5	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION DL	5	PA
QELBREE 100 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
QELBREE 150 MG, 200 MG CAPSULE, ER 24 HR. MO	4	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE MO	4	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE MO	4	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON MO	4	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION DL	5	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION DL	5	PA,QL(70 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
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION DL	5	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE DL	5	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR DL	5	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR DL	5	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE DL	5	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	4	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
RILUTEK 50 MG TABLET DL	5	
<i>riluzole 50 mg TABLET MO</i>	2	
RITALIN 10 MG, 20 MG, 5 MG TABLET MO	4	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC MO	4	PA,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC MO	4	PA,QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MO	4	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK MO	4	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE DL	5	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	4	PA,QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	4	PA,QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING DL	5	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC DL	5	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC DL	5	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION DL	5	PA,QL(600 per 30 days)
<i>teriflunomide 14 mg, 7 mg TABLET MO</i>	2	PA,QL(30 per 30 days)
<i>tetrabenazine 12.5 mg TABLET MO</i>	2	PA,QL(240 per 30 days)
<i>tetrabenazine 25 mg TABLET MO</i>	2	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION DL	5	PA,QL(600 per 30 days)
TYSABRI 300 MG/15 ML SOLUTION DL	5	PA,QL(15 per 28 days)
VEOZAH 45 MG TABLET MO	4	PA,QL(30 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MO	4	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	4	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	4	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET DL	5	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET DL	5	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zenzedi 10 mg TABLET MO	2	QL(180 per 30 days)
ZENZEDI 15 MG TABLET MO	2	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	2	QL(90 per 30 days)
ZENZEDI 30 MG TABLET MO	2	QL(60 per 30 days)
zenzedi 5 mg TABLET MO	2	QL(150 per 30 days)
ZEPOSIA 0.92 MG CAPSULE DL	5	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	5	PA,QL(28 per 28 days)
ZEPOSIA STARTER KIT (37-DAY) 0.23 MG-0.46 MG -0.92 MG (30) CAPSULE, DOSE PACK	5	PA,QL(37 per 37 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK DL	5	PA,QL(7 per 7 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE MO	2	
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
EVOXAC 30 MG CAPSULE MO	4	PA
KEPIVANCE 5.16 MG, 6.25 MG RECON SOLUTION DL	5	
kourzeq 0.1 % PASTE MO	2	
oralone 0.1 % PASTE MO	2	
periogard 0.12 % MOUTHWASH MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	2	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	4	
triamcinolone acetonide 0.1 % PASTE MO	2	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE DL	5	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE DL	5	ST
ACANYA 1.2-2.5 % GEL WITH PUMP MO	4	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE MO	2	PA
ACZONE 5 % GEL MO	4	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP MO	4	QL(90 per 30 days)
adapalene 0.1 % CREAM MO	2	QL(45 per 30 days)
adapalene 0.1 % SOLUTION DL	5	QL(60 per 30 days)
adapalene 0.1 % SWAB MO	2	QL(30 per 30 days)
adapalene 0.3 % GEL MO	2	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
<i>adapalene 0.3 % GEL WITH PUMP</i> MO	2	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP</i> MO	2	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP</i> MO	2	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE DL	5	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR DL	5	PA,QL(6 per 28 days)
AKLIEF 0.005 % CREAM MO	4	PA,QL(90 per 30 days)
ALA-CORT 1 % CREAM MO	2	QL(240 per 30 days)
ALA-SCALP 2 % LOTION MO	2	QL(236.8 per 30 days)
<i>alclometasone 0.05 % CREAM</i> MO	2	QL(240 per 30 days)
<i>alclometasone 0.05 % OINTMENT</i> MO	2	QL(240 per 30 days)
ALTABAX 1 % OINTMENT MO	4	
ALTRENO 0.05 % LOTION MO	4	PA,QL(90 per 30 days)
<i>amcinonide 0.1 % CREAM</i> MO	2	QL(120 per 30 days)
<i>amcinonide 0.1 % OINTMENT</i> DL	5	ST,QL(120 per 30 days)
<i>ammonium lactate 12 % CREAM</i> MO	2	
<i>ammonium lactate 12 % LOTION</i> MO	2	
<i>amnestem 10 mg, 20 mg, 40 mg CAPSULE</i> MO	2	
<i>anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> MO	2	QL(60 per 30 days)
<i>apexicon e 0.05 % CREAM</i> MO	2	QL(60 per 30 days)
ARAZLO 0.045 % LOTION MO	4	PA
ATRALIN 0.05 % GEL MO	4	PA,QL(45 per 30 days)
AVITA 0.025 % CREAM MO	4	PA,QL(45 per 30 days)
AVITA 0.025 % GEL MO	4	PA,QL(45 per 30 days)
<i>azelaic acid 15 % GEL</i> MO	2	ST,QL(50 per 30 days)
AZELEX 20 % CREAM MO	4	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL MO	4	QL(46.6 per 30 days)
<i>beseer 0.05 % LOTION</i> MO	2	QL(240 per 30 days)
<i>betamethasone dipropionate 0.05 % CREAM</i> MO	2	QL(90 per 30 days)
<i>betamethasone dipropionate 0.05 % LOTION</i> MO	2	QL(120 per 30 days)
<i>betamethasone dipropionate 0.05 % OINTMENT</i> MO	2	QL(90 per 30 days)
<i>betamethasone valerate 0.1 % CREAM</i> MO	2	QL(180 per 30 days)
<i>betamethasone valerate 0.1 % LOTION</i> MO	2	QL(120 per 30 days)
<i>betamethasone valerate 0.1 % OINTMENT</i> MO	2	QL(180 per 30 days)
<i>betamethasone valerate 0.12 % FOAM</i> MO	2	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
betamethasone, augmented 0.05 % CREAM MO	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	2	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	2	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP MO	2	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION MO	4	ST,QL(200 per 30 days)
CABTREO 0.15-3.1-1.2 % GEL MO	4	QL(50 per 30 days)
calcipotriene 0.005 % CREAM MO	2	PA,QL(120 per 30 days)
calcipotriene 0.005 % FOAM MO	2	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT MO	2	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION MO	2	QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % OINTMENT MO	2	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION MO	2	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT MO	2	ST,QL(800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	4	QL(840 per 30 days)
CARAC 0.5 % CREAM DL	5	PA,QL(60 per 30 days)
CENTANY 2 % OINTMENT MO	4	
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	
CLEOCIN T 1 % LOTION MO	4	QL(60 per 30 days)
clindacin 1 % FOAM MO	2	QL(100 per 30 days)
clindacin etz 1 % SWAB MO	2	
clindacin p 1 % SWAB MO	2	
CLINDAGEL 1 % GEL, ONCE DAILY DL	5	PA,QL(75 per 30 days)
clindamycin phosphate 1 % FOAM MO	2	QL(100 per 30 days)
clindamycin phosphate 1 % GEL MO	2	QL(60 per 30 days)
clindamycin phosphate 1 % GEL, ONCE DAILY MO	2	PA,QL(75 per 30 days)
clindamycin phosphate 1 % LOTION MO	2	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	2	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB MO	2	
clindamycin-benzoyl peroxide 1-5 % GEL MO	2	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP MO	2	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL MO	2	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL 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
<i>clobetasol 0.05 % CREAM</i> MO	2	QL(120 per 30 days)
<i>clobetasol 0.05 % FOAM</i> MO	2	QL(100 per 28 days)
<i>clobetasol 0.05 % GEL</i> MO	2	QL(120 per 28 days)
<i>clobetasol 0.05 % LOTION</i> MO	2	QL(240 per 28 days)
<i>clobetasol 0.05 % OINTMENT</i> MO	2	QL(120 per 28 days)
<i>clobetasol 0.05 % SHAMPOO</i> MO	2	QL(240 per 30 days)
<i>clobetasol 0.05 % SOLUTION</i> MO	2	QL(100 per 30 days)
<i>clobetasol 0.05 % SPRAY, NON-AEROSOL</i> MO	2	QL(240 per 30 days)
<i>clobetasol-emollient 0.05 % CREAM</i> MO	2	QL(120 per 30 days)
<i>clobetasol-emollient 0.05 % FOAM</i> MO	2	QL(100 per 30 days)
<i>CLOBEX 0.05 % LOTION</i> MO	4	ST,QL(240 per 28 days)
<i>CLOBEX 0.05 % SHAMPOO</i> MO	4	ST,QL(240 per 30 days)
<i>CLOBEX 0.05 % SPRAY, NON-AEROSOL</i> MO	4	ST,QL(240 per 30 days)
<i>clocortolone pivalate 0.1 % CREAM</i> MO	2	QL(180 per 30 days)
<i>clodan 0.05 % SHAMPOO</i> MO	2	QL(240 per 30 days)
<i>CONDYLOX 0.5 % GEL</i> MO	4	
<i>CORDRAN 0.025 % CREAM</i> MO	4	ST,QL(240 per 30 days)
<i>CORDRAN 0.05 % CREAM</i> DL	5	ST,QL(240 per 30 days)
<i>CORDRAN 0.05 % LOTION</i> DL	5	ST,QL(240 per 30 days)
<i>CORDRAN 0.05 % OINTMENT</i> MO	4	ST,QL(240 per 30 days)
<i>CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE</i> MO	4	QL(2 per 30 days)
<i>CORTEF 10 MG, 20 MG, 5 MG TABLET</i> MO	4	
<i>crotan 10 % LOTION</i> DL	5	PA,QL(454 per 30 days)
<i>dapsone 5 % GEL</i> MO	2	QL(90 per 30 days)
<i>dapsone 7.5 % GEL WITH PUMP</i> MO	2	QL(90 per 30 days)
<i>DERMA-SMOOTHIE/FS BODY OIL 0.01 % OIL</i> MO	4	QL(118.28 per 30 days)
<i>DERMA-SMOOTHIE/FS SCALP OIL 0.01 % OIL</i> MO	4	QL(118.28 per 30 days)
<i>desonide 0.05 % CREAM</i> MO	2	QL(240 per 30 days)
<i>desonide 0.05 % GEL</i> MO	2	QL(240 per 30 days)
<i>desonide 0.05 % LOTION</i> MO	2	QL(240 per 30 days)
<i>desonide 0.05 % OINTMENT</i> MO	2	QL(240 per 30 days)
<i>DESOWEN 0.05 % CREAM</i> MO	4	QL(240 per 30 days)
<i>desoximetasone 0.05 % CREAM</i> MO	2	QL(240 per 30 days)
<i>desoximetasone 0.05 % GEL</i> MO	2	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
<i>desoximetasone 0.05 % OINTMENT</i> MO	2	QL(240 per 30 days)
<i>desoximetasone 0.25 % CREAM</i> MO	2	QL(120 per 30 days)
<i>desoximetasone 0.25 % OINTMENT</i> MO	2	QL(120 per 30 days)
<i>desoximetasone 0.25 % SPRAY, NON-AEROSOL</i> MO	2	QL(100 per 30 days)
<i>desrx 0.05 % GEL</i> MO	2	QL(240 per 30 days)
<i>diclofenac sodium 3 % GEL</i> MO	2	PA
DIFFERIN 0.1 % CREAM MO	4	PA,QL(45 per 30 days)
DIFFERIN 0.1 % LOTION MO	4	QL(59 per 30 days)
DIFFERIN 0.3 % GEL WITH PUMP MO	4	QL(45 per 30 days)
<i>diflorasone 0.05 % CREAM</i> DL	5	QL(120 per 30 days)
<i>diflorasone 0.05 % OINTMENT</i> MO	4	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT MO	4	QL(100 per 30 days)
DOVONEX 0.005 % CREAM MO	4	PA,QL(120 per 30 days)
<i>doxepin 5 % CREAM</i> DL	5	PA,QL(45 per 30 days)
DUOBRII 0.01-0.045 % LOTION MO	4	PA,QL(200 per 28 days)
EBGLYSS PEN 250 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
EBGLYSS SYRINGE 250 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
EFUDEX 5 % CREAM MO	4	PA
ELIDEL 1 % CREAM MO	4	PA,QL(100 per 30 days)
ELIMITE 5 % CREAM MO	4	
ENSTILAR 0.005-0.064 % FOAM MO	4	QL(120 per 30 days)
EPIDUO 0.1-2.5 % GEL WITH PUMP MO	4	QL(45 per 30 days)
EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP MO	4	QL(60 per 30 days)
EPIFOAM 1-1 % FOAM MO	2	
EPSOLAY 5 % CREAM MO	4	ST,QL(30 per 30 days)
<i>ery pads 2 % SWAB</i> MO	2	QL(60 per 30 days)
ERYGEL 2 % GEL MO	2	QL(60 per 30 days)
<i>erythromycin with ethanol 2 % GEL</i> MO	2	QL(60 per 30 days)
<i>erythromycin with ethanol 2 % SOLUTION</i> MO	2	QL(120 per 30 days)
<i>erythromycin-benzoyl peroxide 3-5 % GEL</i> MO	2	QL(46.6 per 30 days)
EUCRISA 2 % OINTMENT MO	4	PA,QL(100 per 30 days)
EURAX 10 % CREAM MO	4	PA
EURAX 10 % LOTION MO	4	PA,QL(454 per 30 days)
EVOCLIN 1 % FOAM MO	4	PA,QL(100 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FABIOR 0.1 % FOAM MO	4	PA,QL(100 per 30 days)
FINACEA 15 % FOAM MO	4	ST,QL(50 per 30 days)
FINACEA 15 % GEL MO	4	ST,QL(50 per 30 days)
fluocinolone 0.01 % OIL MO	2	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION MO	2	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM MO	2	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT MO	2	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL MO	2	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM MO	2	QL(120 per 30 days)
fluocinonide 0.05 % GEL MO	2	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT MO	2	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION MO	2	QL(120 per 30 days)
fluocinonide 0.1 % CREAM MO	2	QL(120 per 28 days)
fluocinonide-e 0.05 % CREAM MO	2	QL(120 per 30 days)
fluocinonide-emollient 0.05 % CREAM MO	2	QL(120 per 30 days)
FLUOROPLEX 1 % CREAM DL	5	
fluorouracil 0.5 % CREAM DL	5	QL(60 per 30 days)
fluorouracil 2 % SOLUTION MO	2	QL(30 per 30 days)
fluorouracil 5 % CREAM MO	2	
fluorouracil 5 % SOLUTION MO	2	QL(60 per 30 days)
flurandrenolide 0.05 % CREAM MO	2	QL(240 per 30 days)
flurandrenolide 0.05 % LOTION MO	4	QL(240 per 30 days)
flurandrenolide 0.05 % OINTMENT MO	2	QL(240 per 30 days)
fluticasone propionate 0.005 % OINTMENT MO	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM MO	2	QL(240 per 30 days)
fluticasone propionate 0.05 % LOTION MO	2	QL(240 per 30 days)
halcinonide 0.1 % CREAM DL	5	QL(120 per 30 days)
halcinonide 0.1 % SOLUTION MO	2	QL(120 per 30 days)
halobetasol propionate 0.05 % CREAM MO	2	QL(100 per 30 days)
halobetasol propionate 0.05 % FOAM MO	4	PA,QL(100 per 30 days)
halobetasol propionate 0.05 % OINTMENT MO	2	QL(100 per 30 days)
HALOG 0.1 % CREAM DL	5	QL(120 per 30 days)
HALOG 0.1 % OINTMENT MO	4	QL(120 per 30 days)
HALOG 0.1 % SOLUTION MO	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
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR MO	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT MO	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET MO	2	
hydrocortisone 2 % LOTION DL	5	QL(236.8 per 30 days)
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	2	QL(236 per 30 days)
hydrocortisone 2.5 % SOLUTION DL	5	QL(240 per 30 days)
hydrocortisone butyr-emollient 0.1 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % LOTION MO	2	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT MO	2	QL(180 per 30 days)
hydrocortisone butyrate 0.1 % SOLUTION MO	2	QL(240 per 30 days)
hydrocortisone valerate 0.2 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone valerate 0.2 % OINTMENT MO	2	QL(240 per 30 days)
HYFTOR 0.2 % GEL DL	5	PA
imiquimod 3.75 % CREAM IN PACKET MO	4	ST,QL(28 per 28 days)
imiquimod 3.75 % CREAM, METERED DOSE PUMP DL	5	ST,QL(15 per 30 days)
imiquimod 5 % CREAM IN PACKET MO	2	QL(12 per 30 days)
IMPEKLO 0.05 % LOTION IN METERED DOSE PUMP DL	5	ST,QL(136 per 28 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	
isotretinoin 25 mg, 35 mg CAPSULE DL	5	
ivermectin 1 % CREAM MO	2	ST,QL(45 per 30 days)
KLISYRI 1 % OINTMENT IN PACKET DL	5	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM MO	4	PA,QL(100 per 30 days)
lindane 1 % SHAMPOO MO	2	QL(60 per 30 days)
LOCOID 0.1 % LOTION MO	4	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM MO	4	QL(240 per 30 days)
LUXIQ 0.12 % FOAM MO	4	ST,QL(200 per 30 days)
mafenide acetate 50 gram PACKET MO	2	
malathion 0.5 % LOTION MO	2	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL MO	2	
MIRVASO 0.33 % GEL WITH PUMP MO	4	ST,QL(30 per 30 days)
mometasone 0.1 % CREAM MO	2	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
mometasone 0.1 % OINTMENT MO	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION MO	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT MO	1	
mupirocin calcium 2 % CREAM MO	2	ST
myorisan 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	
NATROBA 0.9 % SUSPENSION MO	4	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM MO	4	
neuac 1.2 %(1 % base) -5 % GEL MO	2	QL(45 per 30 days)
OLUX 0.05 % FOAM MO	4	PA,QL(100 per 28 days)
OLUX-E 0.05 % FOAM MO	4	PA,QL(100 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL MO	4	
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP MO	4	QL(50 per 30 days)
OPZELURA 1.5 % CREAM DL	5	PA,QL(240 per 28 days)
OTEZLA 20 MG, 30 MG TABLET DL	5	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	5	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	5	PA,QL(27 per 30 days)
OVIDE 0.5 % LOTION MO	4	PA
PANDEL 0.1 % CREAM DL	5	QL(160 per 30 days)
permethrin 5 % CREAM MO	2	
pimecrolimus 1 % CREAM MO	2	PA,QL(100 per 30 days)
podofilox 0.5 % GEL MO	2	
podofilox 0.5 % SOLUTION MO	2	QL(7 per 30 days)
prednicarbate 0.1 % CREAM MO	2	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT MO	2	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
PROTOPIC 0.03 %, 0.1 % OINTMENT MO	4	QL(200 per 30 days)
PRUDOXIN 5 % CREAM DL	5	PA,QL(45 per 30 days)
REGANEX 0.01 % GEL DL	5	PA
RETIN-A 0.01 %, 0.025 % GEL MO	4	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM MO	4	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL DL	5	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
RETIN-A MICRO 0.1 % GEL MO	4	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP DL	5	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP MO	4	PA,QL(50 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	4	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	1	QL(120 per 30 days)
SILVADENE 1 % CREAM MO	3	
silver sulfadiazine 1 % CREAM MO	2	
SOOLANTRA 1 % CREAM MO	4	ST,QL(45 per 30 days)
SORILUX 0.005 % FOAM DL	5	ST,QL(120 per 28 days)
spinosad 0.9 % SUSPENSION MO	4	QL(240 per 30 days)
SSD 1 % CREAM MO	1	
SULFAMYLON 50 GRAM PACKET MO	4	
SULFAMYLON 85 MG/G CREAM MO	4	
SYNALAR 0.01 % SOLUTION MO	4	QL(180 per 30 days)
TACLONEX 0.005-0.064 % OINTMENT DL	5	PA,QL(60 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION DL	5	PA,QL(420 per 30 days)
tacrolimus 0.03 %, 0.1 % OINTMENT MO	2	QL(200 per 30 days)
tazarotene 0.05 % CREAM MO	2	PA,QL(120 per 30 days)
tazarotene 0.05 %, 0.1 % GEL MO	2	PA,QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	2	QL(120 per 30 days)
tazarotene 0.1 % FOAM DL	5	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM MO	4	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL MO	4	PA,QL(200 per 30 days)
TEMOVATE 0.05 % OINTMENT MO	4	PA,QL(120 per 28 days)
TEXACORT 2.5 % SOLUTION MO	2	QL(240 per 30 days)
TOPICORT 0.05 % CREAM MO	2	QL(240 per 30 days)
TOPICORT 0.05 % GEL MO	2	QL(240 per 30 days)
TOPICORT 0.05 % OINTMENT MO	4	QL(240 per 30 days)
TOPICORT 0.25 % CREAM MO	2	QL(120 per 30 days)
TOPICORT 0.25 % OINTMENT MO	2	QL(120 per 30 days)
TOPICORT 0.25 % SPRAY, NON-AEROSOL MO	4	QL(100 per 30 days)
tovet emollient 0.05 % FOAM MO	2	QL(100 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL MO	2	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	2	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
<i>tretinoin microspheres 0.04 %, 0.08 %, 0.1 % GEL WITH PUMP</i> MO	2	PA,QL(50 per 30 days)
<i>tretinoin microspheres 0.04 %, 0.1 % GEL</i> MO	2	PA,QL(45 per 30 days)
TWYNEO 0.1-3 % CREAM MO	4	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION MO	4	QL(120 per 30 days)
VANOS 0.1 % CREAM MO	4	QL(120 per 28 days)
VECTICAL 3 MCG/GRAM OINTMENT DL	5	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL MO	4	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM DL	5	QL(200 per 30 days)
VEREGEN 15 % OINTMENT DL	5	QL(30 per 30 days)
VTAMA 1 % CREAM DL	5	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM MO	4	PA
<i>zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> MO	2	
ZIANA 1.2-0.025 % GEL MO	4	PA,QL(60 per 30 days)
ZONALON 5 % CREAM MO	4	PA,QL(45 per 30 days)
ZORYVE 0.15 %, 0.3 % CREAM DL	5	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM DL	5	PA,QL(120 per 30 days)
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP DL	5	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET MO	4	ST,QL(28 per 28 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION MO	4	BvsD
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP</i> MO	2	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> MO	2	
<i>calcium chloride 100 mg/ml (10 %) SOLUTION</i> MO	1	
<i>calcium chloride 100 mg/ml (10 %) SYRINGE</i> MO	1	
<i>calcium gluconate 100 mg/ml (10%) SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARBAGLU 200 MG TABLET, DISPERSIBLE DL	5	PA
<i>carglumic acid 200 mg TABLET, DISPERSIBLE DL</i>	5	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	4	
CARNITOR 330 MG TABLET MO	4	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	4	
CHEMET 100 MG CAPSULE DL	5	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	4	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	2	BvsD
CLINOLIPID 20 % EMULSION MO	4	BvsD
<i>complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK MO</i>	2	
CUPRIMINE 250 MG CAPSULE DL	5	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET DL	5	PA,QL(300 per 30 days)
<i>d10 %-0.45 % sodium chloride PARENTERAL SOLUTION MO</i>	1	
<i>d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO</i>	1	
<i>d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION MO</i>	2	
<i>d5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO</i>	2	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE DL	5	PA
deferasirox 180 mg, 360 mg, 90 mg GRANULES IN PACKET DL	5	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET MO	2	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
deferiprone 1,000 mg TABLET DL	5	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET DL	5	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION MO	2	BvsD
DEPEN TITRATABS 250 MG TABLET DL	5	PA
DESFERAL 500 MG RECON SOLUTION MO	4	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION MO	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION MO	1	
dextrose 25 % in water (d25w) SYRINGE MO	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION MO	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK MO	2	
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	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION MO	2	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG -400 MG COMBO PACK MO	4	
electrolyte-148 PARENTERAL SOLUTION MO	2	
electrolyte-48 in d5w PARENTERAL SOLUTION MO	1	
electrolyte-a PARENTERAL SOLUTION MO	2	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE DL	5	PA
FERRIPROX 1,000 MG TABLET DL	5	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML SOLUTION DL	5	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET DL	5	PA,QL(720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE DL	5	PA,QL(300 per 30 days)
GLYCOPHOS 1 MMOL/ML SOLUTION MO	1	
INTRALIPID 20 %, 30 % EMULSION MO	4	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION MO	4	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	4	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE-S PARENTERAL SOLUTION MO	4	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	5	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET DL	5	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	5	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	5	PA,QL(60 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION MO	4	BvsD
<i>kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION</i> MO	2	
<i>klor-con 20 meq PACKET</i> MO	2	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER MO	2	
KLOR-CON 8 8 MEQ TABLET ER MO	2	
<i>klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	2	
<i>klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	2	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET MO	4	
<i>lactated ringers PARENTERAL SOLUTION</i> MO	1	
levocarnitine 100 mg/ml, 200 mg/ml SOLUTION MO	2	
levocarnitine 330 mg TABLET MO	2	
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	2	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
<i>m-natal plus 27 mg iron- 1 mg TABLET</i> MO	2	
magnesium sulfate 500 mg/ml (50 %) SOLUTION MO	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE MO	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK MO	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK MO	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION MO	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON -1 MG CHEWABLE TABLET MO	4	
<i>neo-vital rx 27 mg iron- 1 mg TABLET</i> MO	2	
NEONATAL COMPLETE 29-1 MG TABLET MO	2	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	2	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	2	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION MO	4	
NUTRILIPID 20 % EMULSION MO	4	BvsD
OB COMPLETE ONE 40-10-1-300 MG CAPSULE MO	4	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OB COMPLETE PREMIER 30-20-1 MG TABLET MO	4	
OMEGAVEN 10 % EMULSION DL	5	BvsD
penicillamine 250 mg CAPSULE DL	5	PA,QL(600 per 30 days)
penicillamine 250 mg TABLET DL	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	4	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	4	
PLASMA-LYTE A PARENTERAL SOLUTION MO	4	
PLENAMINE 15 % PARENTERAL SOLUTION MO	2	BvsD
prn-dha 27 mg iron-1 mg -300 mg CAPSULE MO	2	
prn-omega 28-1-300 mg CAPSULE MO	2	
potassium acetate 2 meq/ml SOLUTION MO	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chlorid-d5-0.45%nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride 10 meq CAPSULE, ER MO	2	
potassium chloride 10 meq, 20 meq TABLET ER MO	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
potassium chloride 15 meq, 8 meq TABLET ER MO	2	
potassium chloride 2 meq/ml SOLUTION MO	2	
potassium chloride 20 meq PACKET MO	2	QL(240 per 30 days)
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID MO	2	
potassium chloride 8 meq CAPSULE, ER MO	2	
potassium chloride in 0.9%nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride in 0.9%nacl 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK MO	2	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	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
<i>pr natal 400 29-1-400 mg COMBO PACK</i> MO	2	
<i>pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP</i> MO	2	
<i>pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK</i> MO	2	
<i>pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP</i> MO	2	
PREMASOL 10 % 10 % PARENTERAL SOLUTION MO	2	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	2	
PRENATABS FA 29-1 MG TABLET MO	2	
<i>prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET</i> MO	2	
<i>prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK</i> MO	4	
<i>prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET</i> MO	2	
<i>prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET</i> MO	2	
<i>prenatal-u 106.5-1 mg CAPSULE</i> MO	2	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	2	
PROSOL 20 % PARENTERAL SOLUTION MO	4	BvsD
<i>ringer's PARENTERAL SOLUTION</i> MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET</i> MO	2	
SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET MO	4	
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET MO	4	
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK MO	4	
SMOFLIPID 20 % EMULSION MO	4	BvsD
<i>sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE</i> MO	2	
<i>sodium chloride 2.5 meq/ml SOLUTION</i> MO	2	
<i>sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION</i> MO	2	
<i>sodium chloride 0.9 % PARENTERAL SOLUTION</i> MO	2	
<i>sodium chloride 0.9 % PIGGYBACK</i> MO	2	
<i>sodium chloride 0.9 % SOLUTION</i> MO	2	
<i>sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION</i> MO	1	
<i>sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION</i> MO	1	
<i>sodium phosphate 3 mmol/ml SOLUTION</i> MO	1	
<i>sodium polystyrene sulfonate POWDER</i> MO	2	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	2	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA MO	2	
SYPRINE 250 MG CAPSULE DL	5	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
THAM 36 MG/ML (0.3 M) SOLUTION MO	4	
<i>tolvaptan 15 mg, 30 mg TABLET</i> DL	5	PA,QL(60 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	4	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
TRICARE 27 MG IRON- 1 MG TABLET MO	2	
<i>trientine 250 mg CAPSULE</i> DL	5	QL(240 per 30 days)
<i>trientine 500 mg CAPSULE</i> DL	5	QL(120 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg TABLET</i> MO	2	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE MO	4	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER MO	4	
UROCIT-K 15 15 MEQ TABLET ER MO	4	
UROCIT-K 5 5 MEQ (540 MG) TABLET ER MO	4	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION MO	4	
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	4	PA,QL(30 per 30 days)
<i>virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> MO	2	
<i>virt-pn dha 27 mg iron-1 mg -300 mg CAPSULE</i> MO	2	
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE MO	4	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET MO	4	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE MO	4	
VITAFOL-OB 65-1 MG TABLET MO	4	
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK MO	4	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE MO	4	
VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE MO	4	
<i>wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE</i> MO	2	
<i>wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK</i> MO	2	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE</i> MO	2	
<i>westab plus 27 mg iron- 1 mg TABLET</i> MO	2	
<i>westgel dha 31 mg iron- 1 mg-200 mg CAPSULE</i> MO	2	
<i>zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE</i> MO	2	
<i>zatean-pn plus 28-1-300 mg CAPSULE</i> MO	2	
GASTROINTESTINAL AGENTS		
AEMCOLO 194 MG TABLET, DR/EC MO	4	PA,QL(12 per 30 days)
<i>alose tron 0.5 mg, 1 mg TABLET</i> MO	2	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
AMITIZA 24 MCG, 8 MCG CAPSULE MO	4	PA,QL(60 per 30 days)
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK MO	2	ST
atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE MO	2	
BENTYL 10 MG/ML SOLUTION MO	4	
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE MO	2	ST,QL(120 per 30 days)
CARAFATE 1 GRAM TABLET MO	4	
CARAFATE 100 MG/ML SUSPENSION MO	4	
CHENODAL 250 MG TABLET DL	5	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET MO	2	
cimetidine hcl 300 mg/5 ml SOLUTION MO	2	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION MO	4	ST
constulose 10 gram/15 ml SOLUTION MO	2	
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION MO	4	
CYTOTEC 100 MCG, 200 MCG TABLET DL	5	
DARTISLA 1.7 MG TABLET, DISINTEGRATING MO	4	ST,QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC MO	4	PA,QL(30 per 30 days)
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC MO	4	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE MO	2	
dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION MO	2	
dicyclomine 20 mg TABLET MO	2	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	2	
diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID MO	2	
ENDARI 5 GRAM POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
enulose 10 gram/15 ml SOLUTION MO	2	
esomeprazole magnesium 10 mg, 20 mg, 40 mg DR GRANULES IN PACKET MO	2	QL(30 per 30 days)
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
esomeprazole sodium 20 mg, 40 mg RECON SOLUTION MO	2	
famotidine 10 mg/ml SOLUTION MO	2	
famotidine 20 mg, 40 mg TABLET MO	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO	2	
famotidine (pf) 20 mg/2 ml SOLUTION MO	2	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GATTEX 30-VIAL 5 MG KIT DL	5	PA
GATTEX ONE-VIAL 5 MG KIT DL	5	PA
<i>gavilyte-c</i> 240-22.72-6.72 -5.84 gram RECON SOLUTION MO	2	
<i>gavilyte-g</i> 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	2	
<i>gavilyte-n</i> 420 gram RECON SOLUTION MO	2	
<i>generlac</i> 10 gram/15 ml SOLUTION MO	2	
<i>glutamine (sickle cell)</i> 5 gram POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
GLYCATE 1.5 MG TABLET MO	2	
<i>glycopyrrolate</i> 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION MO	2	
<i>glycopyrrolate</i> 1 mg, 1.5 mg, 2 mg TABLET MO	2	
<i>glycopyrrolate (pf)</i> 0.6 mg/3 ml (0.2 mg/ml) SYRINGE MO	4	
<i>glycopyrrolate (pf) in water</i> 0.2 mg/ml SYRINGE MO	2	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION MO	4	ST
IBSRELA 50 MG TABLET DL	5	PA,QL(60 per 30 days)
IQIRVO 80 MG TABLET DL	5	PA,QL(30 per 30 days)
KONVOMEPE 2-84 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	ST,QL(600 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM PACKET MO	2	
<i>lactulose</i> 10 gram PACKET DL	5	
<i>lactulose</i> 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION MO	2	
<i>lansoprazole</i> 15 mg, 30 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
<i>lansoprazole</i> 15 mg, 30 mg TABLET, DISINTEGRATING DR MO	2	QL(30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL(30 per 30 days)
LIVDELZI 10 MG CAPSULE DL	5	PA,QL(30 per 30 days)
LIVMARLI 19 MG/ML SOLUTION DL	5	PA,QL(60 per 30 days)
LIVMARLI 9.5 MG/ML SOLUTION DL	5	PA,QL(90 per 30 days)
LOMOTIL 2.5-0.025 MG TABLET MO	4	
<i>loperamide</i> 2 mg CAPSULE MO	2	
LOTRONEX 0.5 MG, 1 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>lubiprostone</i> 24 mcg, 8 mcg CAPSULE MO	2	QL(60 per 30 days)
<i>methscopolamine</i> 2.5 mg, 5 mg TABLET MO	2	
<i>misoprostol</i> 100 mcg, 200 mcg TABLET MO	2	
MOTEGRITY 1 MG, 2 MG TABLET MO	4	PA,QL(30 per 30 days)
MOTOFEN 1-0.025 MG TABLET MO	4	
MOVANTIK 12.5 MG, 25 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
MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET MO	4	ST
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION DL	5	PA,QL(30 per 30 days)
MYTESI 125 MG TABLET, DR/EC DL	5	PA,QL(60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE, DR/EC MO	4	PA,QL(60 per 30 days)
NEXIUM IV 40 MG RECON SOLUTION MO	4	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET MO	4	QL(30 per 30 days)
<i>nizatidine 150 mg, 300 mg CAPSULE</i> MO	1	
OICALIVA 10 MG, 5 MG TABLET DL	5	PA,QL(30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK MO	4	ST
<i>omeprazole 10 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>omeprazole 20 mg, 40 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET</i> DL	5	ST,QL(30 per 30 days)
<i>omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE</i> MO	2	QL(30 per 30 days)
<i>opium tincture 10 mg/ml (morphine) TINCTURE</i> MO	4	QL(180 per 30 days)
OSMOPREP 1.5 GRAM TABLET MO	4	ST
<i>pantoprazole 20 mg, 40 mg TABLET, DR/EC</i> MO	1	QL(60 per 30 days)
<i>pantoprazole 40 mg DR GRANULES IN PACKET</i> MO	2	QL(30 per 30 days)
<i>pantoprazole 40 mg RECON SOLUTION</i> MO	2	
<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	4	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK MO	4	
<i>peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION</i> MO	2	
<i>peg-electrolyte soln 420 gram RECON SOLUTION</i> MO	2	
<i>peg-prep 5-210 mg-gram KIT</i> MO	2	
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET</i> MO	2	ST
<i>pepcid 20 mg, 40 mg TABLET</i> MO	4	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL MO	4	ST
PREVACID 30 MG CAPSULE, DR/EC MO	4	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR MO	4	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON MO	4	
PROTONIX 20 MG, 40 MG TABLET, DR/EC MO	4	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET MO	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROTONIX 40 MG RECON SOLUTION MO	4	PA
PYLERA 140-125-125 MG CAPSULE MO	4	ST,QL(120 per 30 days)
<i>rabeprazole 20 mg TABLET, DR/EC</i> MO	2	QL(60 per 30 days)
REBYOTA 150 ML ENEMA DL	5	PA
RELISTOR 12 MG/0.6 ML SOLUTION DL	5	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE DL	5	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET DL	5	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE DL	5	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE DL	5	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE DL	5	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET MO	4	PA
ROBINUL FORTE 2 MG TABLET MO	4	PA
<i>sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION</i> MO	2	
<i>sucralfate 1 gram TABLET</i> MO	2	
<i>sucralfate 100 mg/ml SUSPENSION</i> MO	2	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	4	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION MO	4	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	3	
SYMPROIC 0.2 MG TABLET MO	4	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC MO	4	
TRULANCE 3 MG TABLET MO	4	PA,QL(30 per 30 days)
URSO 250 250 MG TABLET MO	4	PA
URSO FORTE 500 MG TABLET MO	4	PA
<i>ursodiol 200 mg CAPSULE</i> DL	5	PA,QL(150 per 30 days)
<i>ursodiol 250 mg, 500 mg TABLET</i> MO	2	
<i>ursodiol 300 mg CAPSULE</i> MO	2	
<i>ursodiol 400 mg CAPSULE</i> DL	5	PA,QL(60 per 30 days)
VIBERZI 100 MG, 75 MG TABLET DL	5	PA,QL(60 per 30 days)
VOQUEZNA 10 MG TABLET MO	4	PA,QL(30 per 30 days)
VOQUEZNA 20 MG TABLET MO	4	PA,QL(60 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK MO	4	ST,QL(112 per 30 days)
VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK MO	4	ST,QL(112 per 30 days)
VOWST CAPSULE DL	5	PA
XERMELO 250 MG TABLET DL	5	PA,QL(84 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XIFAXAN 200 MG TABLET MO	4	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET DL	5	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE DL	5	PA,QL(30 per 30 days)
ZINPLAVA 25 MG/ML SOLUTION DL	5	PA
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5 ML SOLUTION DL	5	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 90 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION DL	5	PA
ATTRUBY 356 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>betaine 1 gram/scoop POWDER</i> DL	5	
BUPHENYL 0.94 GRAM/GRAM POWDER DL	5	PA
BUPHENYL 500 MG TABLET DL	5	PA
CERDELGA 84 MG CAPSULE DL	5	PA
CEREZYME 400 UNIT RECON SOLUTION DL	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	5	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC MO	3	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION DL	5	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION DL	5	PA,QL(6 per 28 days)
CYSTADANE 1 GRAM/SCOOP POWDER DL	5	PA
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
DAYBUE 200 MG/ML SOLUTION DL	5	PA,QL(3600 per 30 days)
<i>dichlorphenamide 50 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID DL	5	PA
DUVYZAT 8.86 MG/ML SUSPENSION DL	5	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION DL	5	PA
ELELYSO 200 UNIT RECON SOLUTION DL	5	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION DL	5	PA
ELFABRIO 2 MG/ML SOLUTION DL	5	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION DL	5	PA,QL(240 per 30 days)
FABRAZYME 35 MG, 5 MG RECON SOLUTION DL	5	PA
GALAFOLD 123 MG CAPSULE DL	5	PA,QL(14 per 28 days)
GLASSIA 1 GRAM/50 ML (2 %) SOLUTION DL	5	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>javvgtor 100 mg TABLET, SOLUBLE</i> DL	5	PA
<i>javvgtor 100 mg, 500 mg POWDER IN PACKET</i> DL	5	PA
JOENJA 70 MG TABLET DL	5	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION DL	5	PA
KEVEYIS 50 MG TABLET DL	5	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE DL	5	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET DL	5	PA
LAMZEDE 10 MG RECON SOLUTION DL	5	PA
LUMIZYME 50 MG RECON SOLUTION DL	5	PA
MEPSEVII 2 MG/ML SOLUTION DL	5	PA
<i>miglustat 100 mg CAPSULE</i> DL	5	PA,QL(90 per 30 days)
MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE DL	5	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION DL	5	PA
NEXVIAZYME 100 MG RECON SOLUTION DL	5	PA
<i>nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE</i> DL	5	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	5	
NULIBRY 9.5 MG RECON SOLUTION DL	5	PA
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET DL	5	PA
ONPATTRO 2 MG/ML SOLUTION DL	5	PA
OPFOLDA 65 MG CAPSULE MO	4	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	5	
ORFADIN 4 MG/ML SUSPENSION DL	5	
<i>ormalvi 50 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE DL	5	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE DL	5	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE DL	5	PA,QL(90 per 30 days)
PANCREAZE 10,500-35,500- 61,500 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC MO	4	ST
PANCREAZE 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC DL	5	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	5	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
PHEBURANE 483 MG/GRAM GRANULES DL	5	PA
POMBILITI 105 MG RECON SOLUTION DL	5	PA
PROCYSBI 25 MG CAPSULE, DR SPRINKLE DL	5	PA,QL(120 per 30 days)
PROCYSBI 300 MG DR GRANULES IN PACKET DL	5	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE, DR SPRINKLE DL	5	PA,QL(780 per 30 days)
PROCYSBI 75 MG DR GRANULES IN PACKET DL	5	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	5	PA
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	5	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID DL	5	PA,QL(525 per 30 days)
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	5	
sapropterin 100 mg TABLET, SOLUBLE DL	5	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	5	
sodium phenylbutyrate 500 mg TABLET DL	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION DL	5	PA
STRENSIQ 40 MG/ML SOLUTION DL	5	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	5	PA
TEGSEDI 284 MG/1.5 ML SYRINGE DL	5	PA,QL(6 per 28 days)
VIJOICE 125 MG, 50 MG TABLET DL	5	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET DL	5	PA,QL(56 per 28 days)
VIJOICE 50 MG GRANULES IN PACKET DL	5	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET DL	5	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
VPRIV 400 UNIT RECON SOLUTION DL	5	PA
VYNDAMAX 61 MG CAPSULE DL	5	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	5	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	5	PA
yargesa 100 mg CAPSULE DL	5	PA,QL(90 per 30 days)
ZAVESCA 100 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION DL	5	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
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	5	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC MO	4	
GENITOURINARY AGENTS		
<i>alfuzosin 10 mg TABLET, ER 24 HR. MO</i>	1	
<i>bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO</i>	2	
CIALIS 2.5 MG, 5 MG TABLET MO	4	PA
<i>darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. MO</i>	2	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	4	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
DITROPAN XL 10 MG, 5 MG TABLET, ER 24 HR. MO	4	PA,QL(60 per 30 days)
<i>dutasteride 0.5 mg CAPSULE MO</i>	2	QL(30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO</i>	2	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL(90 per 30 days)
<i>fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. MO</i>	2	QL(30 per 30 days)
<i>finasteride 5 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>flavoxate 100 mg TABLET MO</i>	2	
FLOMAX 0.4 MG CAPSULE MO	4	
GELNIQUE 10 % (100 MG/GRAM) GEL IN PACKET MO	4	ST,QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	4	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. MO	4	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	3	QL(300 per 30 days)
<i>oxybutynin chloride 10 mg TABLET, ER 24 HR. MO</i>	1	QL(60 per 30 days)
<i>oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. MO</i>	1	QL(60 per 30 days)
<i>oxybutynin chloride 2.5 mg TABLET MO</i>	2	QL(90 per 30 days)
<i>oxybutynin chloride 5 mg TABLET MO</i>	2	
<i>oxybutynin chloride 5 mg/5 ml SYRUP MO</i>	2	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY MO	4	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET MO	4	PA,QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MO	4	PA,QL(30 per 30 days)
<i>silodosin 4 mg, 8 mg CAPSULE MO</i>	2	QL(30 per 30 days)
<i>solifenacin 10 mg, 5 mg TABLET MO</i>	2	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tadalafil 2.5 mg, 5 mg TABLET MO	2	PA
tamsulosin 0.4 mg CAPSULE MO	2	
THIOLA 100 MG TABLET DL	5	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC DL	5	
tiopronin 100 mg TABLET DL	5	
tiopronin 100 mg, 300 mg TABLET, DR/EC DL	5	
tolterodine 1 mg, 2 mg TABLET MO	2	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. MO	4	PA,QL(30 per 30 days)
tropium 20 mg TABLET MO	2	
tropium 60 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. MO	4	
VESICARE 10 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION MO	4	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL DL	5	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR DL	5	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION DL	5	PA,QL(225 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE DL	5	PA
betamethasone acet,sod phos 6 mg/ml SUSPENSION MO	2	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION MO	4	
CORTROPHIN GEL 80 UNIT/ML GEL DL	5	PA,QL(30 per 30 days)
deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET DL	5	PA
deflazacort 22.75 mg/ml SUSPENSION DL	5	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION MO	4	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK MO	2	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET MO	2	
dexamethasone 0.5 mg/5 ml ELIXIR MO	2	
dexamethasone 0.5 mg/5 ml SOLUTION MO	2	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK MO	2	
dexamethasone intensol 1 mg/ml DROPS MO	2	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION MO	2	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE 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
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION MO	2	
dexamethasone sodium phosphate 4 mg/ml SYRINGE MO	2	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	5	PA
EMFLAZA 22.75 MG/ML SUSPENSION DL	5	PA
fludrocortisone 0.1 mg TABLET MO	2	
HEMADY 20 MG TABLET MO	4	PA,QL(24 per 28 days)
hydrocortisone sod succinate 100 mg RECON SOLUTION MO	2	
KENALOG 0.147 MG/GRAM AEROSOL MO	4	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION MO	4	
KENALOG-80 80 MG/ML SUSPENSION MO	4	
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET MO	4	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK MO	4	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET MO	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK MO	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION MO	2	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION MO	2	
millipred 5 mg TABLET MO	2	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK MO	2	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING MO	4	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION MO	4	
prednisolone 15 mg/5 ml SOLUTION MO	2	
prednisolone 5 mg TABLET MO	2	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING MO	2	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION MO	2	
prednisone 1 mg, 2.5 mg, 50 mg TABLET MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK MO	2	
prednisone 5 mg/5 ml SOLUTION MO	2	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	2	BvsD
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC DL	5	PA
SOLU-CORTEF 100 MG RECON SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION MO	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION MO	4	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK MO	2	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT MO	2	
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM MO	2	
triamcinolone acetonide 0.1 % CREAM MO	2	
triamcinolone acetonide 0.147 mg/gram AEROSOL MO	2	QL(200 per 30 days)
triamcinolone acetonide 40 mg/ml SUSPENSION MO	2	
trianex 0.05 % OINTMENT MO	2	
triderm 0.1 %, 0.5 % CREAM MO	2	
tritocin 0.05 % OINTMENT MO	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	2	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK MO	2	
ZILRETTA 32 MG SUSPENSION, ER, RECON MO	4	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	4	PA
DDAVP 0.1 MG TABLET MO	4	PA
DDAVP 0.2 MG TABLET DL	5	PA
DDAVP 4 MCG/ML SOLUTION MO	4	PA
desmopressin 0.1 mg, 0.2 mg TABLET MO	2	
desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP MO	2	PA,QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL MO	2	PA,QL(25 per 30 days)
desmopressin 4 mcg/ml SOLUTION DL	5	
EGRIFTA SV 2 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE DL	5	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	5	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE DL	5	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
HUMATROPE 5 (15 UNIT) MG RECON SOLUTION DL	5	PA
INCRELEX 10 MG/ML SOLUTION DL	5	PA
ISTURISA 1 MG TABLET DL	5	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET DL	5	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET DL	5	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	5	PA
NOCDURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING MO	4	PA,QL(30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING MO	4	PA,QL(30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	5	PA
NOVAREL 5,000 UNIT RECON SOLUTION MO	4	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	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	5	PA
PREGNYL 10,000 UNIT RECON SOLUTION MO	4	PA
SAIZEN 5 MG RECON SOLUTION DL	5	PA,QL(28 per 28 days)
SAIZEN 8.8 MG RECON SOLUTION DL	5	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) CARTRIDGE DL	5	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION DL	5	PA,QL(28 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE DL	5	PA,QL(8 per 28 days)
SKYTROFA 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE DL	5	PA,QL(4 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	5	PA,QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION DL	5	PA
ZOMACTON 5 MG RECON SOLUTION DL	5	PA,QL(28 per 28 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
<i>carboprost tromethamine 250 mcg/ml SOLUTION</i> MO	2	
<i>carboprost tromethamine 250 mcg/ml SYRINGE</i> MO	2	
HEMABATE 250 MCG/ML SOLUTION MO	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ACTIVELLA 1-0.5 MG TABLET MO	4	
<i>afirmelle 0.1-20 mg-mcg TABLET</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>altavera</i> (28) 0.15-0.03 mg TABLET MO	2	
<i>alyacen</i> 1/35 (28) 1-35 mg-mcg TABLET MO	2	
<i>alyacen</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
<i>amabelz</i> 0.5-0.1 mg, 1-0.5 mg TABLET MO	2	
<i>amethia</i> 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
<i>amethyst</i> (28) 90-20 mcg (28) TABLET MO	2	
ANDRODERM 2 MG/24 HOUR PATCH, 24 HR. MO	4	PA,QL(90 per 30 days)
ANDRODERM 4 MG/24 HR PATCH, 24 HR. MO	4	PA,QL(30 per 30 days)
ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) GEL IN PACKET MO	4	PA,QL(300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) GEL IN PACKET DL	5	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) GEL IN PACKET DL	5	PA,QL(150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP DL	5	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET MO	4	
ANNOVERA 0.15-0.013 MG/24 HOUR RING MO	4	QL(1 per 365 days)
<i>apri</i> 0.15-0.03 mg TABLET MO	2	
<i>aranelle</i> (28) 0.5/1/0.5-35 mg-mcg TABLET MO	2	
<i>ashlyna</i> 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
<i>abra</i> 0.1-20 mg-mcg TABLET MO	2	
<i>abra eq</i> 0.1-20 mg-mcg TABLET MO	2	
<i>aurovela</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
<i>aurovela</i> 1/20 (21) 1-20 mg-mcg TABLET MO	2	
<i>aurovela</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
<i>aurovela fe</i> 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
<i>aurovela fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION DL	5	PA
<i>aviane</i> 0.1-20 mg-mcg TABLET MO	2	
AYGESTIN 5 MG TABLET MO	2	
<i>ayuna</i> 0.15-0.03 mg TABLET MO	2	
AZMIRO 200 MG/ML SYRINGE MO	4	PA
<i>azurette</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET MO	4	
<i>balziva</i> (28) 0.4-35 mg-mcg TABLET MO	2	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET MO	4	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE MO	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO</i>	2	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO</i>	2	
<i>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO</i>	2	
<i>briellyn 0.4-35 mg-mcg TABLET MO</i>	2	
<i>camila 0.35 mg TABLET MO</i>	2	
<i>camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO</i>	4	QL(91 per 90 days)
<i>camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO</i>	2	QL(91 per 90 days)
<i>charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO</i>	2	
<i>chateal eq (28) 0.15-0.03 mg TABLET MO</i>	2	
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	4	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY MO	4	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
CRINONE 4 %, 8 % GEL MO	4	
<i>cryselle (28) 0.3-30 mg-mcg TABLET MO</i>	2	
<i>cyred 0.15-0.03 mg TABLET MO</i>	2	
<i>cyred eq 0.15-0.03 mg TABLET MO</i>	2	
<i>danazol 100 mg, 200 mg, 50 mg CAPSULE MO</i>	2	
<i>dasetta 1/35 (28) 1-35 mg-mcg TABLET MO</i>	2	
<i>dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO</i>	2	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO</i>	2	QL(91 per 90 days)
<i>deblitane 0.35 mg TABLET MO</i>	2	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL MO	4	
DEPO-ESTRADIOL 5 MG/ML OIL MO	2	QL(5 per 30 days)
DEPO-PROVERA 150 MG/ML SUSPENSION MO	4	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE MO	4	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	3	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL MO	2	PA
<i>desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO</i>	2	
<i>desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET MO</i>	2	
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	4	
<i>dolishale 90-20 mcg (28) TABLET MO</i>	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
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	2	QL(8 per 28 days)
drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET MO	2	
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	2	
DUAVEE 0.45-20 MG TABLET MO	4	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTION GEL IN METERED DOSE PUMP MO	4	QL(52 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	2	
eluryng 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
emzahh 0.35 mg TABLET MO	2	
ENDOMETRIN 100 MG INSERT MO	4	
enilloring 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
enskyce 0.15-0.03 mg TABLET MO	2	
errin 0.35 mg TABLET MO	2	
estarylla 0.25-35 mg-mcg TABLET MO	2	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM MO	4	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	2	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	2	
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	2	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	2	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	2	
estradiol 0.5 mg, 1 mg, 2 mg TABLET MO	1	
estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP MO	2	
estradiol 10 mcg TABLET MO	2	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	2	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	2	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	2	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL MO	4	
EVISTA 60 MG TABLET MO	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
<i>falmina</i> (28) 0.1-20 mg-mcg TABLET MO	2	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	4	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING MO	4	QL(1 per 90 days)
<i>femynor</i> 0.25-35 mg-mcg TABLET MO	2	
<i>finzala</i> 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	2	
FORTESTA 10 MG/0.5 GRAM /ACTUATION GEL IN METERED DOSE PUMP MO	4	PA,QL(120 per 30 days)
<i>fyavolv</i> 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET MO	2	
<i>gallifrey</i> 5 mg TABLET MO	2	
<i>gemmily</i> 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	2	
<i>hailey</i> 1.5-30 mg-mcg TABLET MO	2	
<i>hailey</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
<i>hailey</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
<i>hailey</i> fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
<i>haloette</i> 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
<i>heather</i> 0.35 mg TABLET MO	2	
<i>iclevia</i> 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT MO	4	PA,QL(8 per 28 days)
IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK MO	4	PA,QL(18 per 28 days)
<i>incassia</i> 0.35 mg TABLET MO	2	
INTRAROSA 6.5 MG INSERT MO	4	PA
<i>isibloom</i> 0.15-0.03 mg TABLET MO	2	
<i>jaimiess</i> 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
<i>jasmiel</i> (28) 3-0.02 mg TABLET MO	2	
JATENZO 158 MG, 198 MG CAPSULE MO	4	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE MO	4	PA,QL(60 per 30 days)
<i>jencycla</i> 0.35 mg TABLET MO	2	
<i>jinteli</i> 1-5 mg-mcg TABLET MO	2	
<i>jolessa</i> 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
<i>joyeaux</i> 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	2	
<i>juleber</i> 0.15-0.03 mg TABLET MO	2	
<i>junel</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
<i>junel</i> 1/20 (21) 1-20 mg-mcg TABLET MO	2	
<i>junel</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
<i>junel</i> fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	2	
kalliga 0.15-0.03 mg TABLET MO	2	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	2	
kelnor 1/50 (28) 1-50 mg-mcg TABLET MO	2	
kurvelo (28) 0.15-0.03 mg TABLET MO	2	
l norgest/e.estradiol-e.estradiol 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	2	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	2	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
LAYOLIS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET MO	4	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	2	
lessina 0.1-20 mg-mcg TABLET MO	2	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
levonorgest-eth.estradiol-iron 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	4	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET MO	2	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET MO	2	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MO	4	
lo-zumandimine (28) 3-0.02 mg TABLET MO	2	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	2	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	2	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	2	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	2	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	2	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lutera (28) 0.1-20 mg-mcg TABLET MO	2	
lyleq 0.35 mg TABLET MO	2	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	2	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	2	
marlissa (28) 0.15-0.03 mg TABLET MO	2	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET MO	2	
medroxyprogesterone 150 mg/ml SUSPENSION MO	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE MO	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET MO	2	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION MO	2	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	2	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY MO	4	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	2	
METHITEST 10 MG TABLET DL	5	
methyltestosterone 10 mg CAPSULE DL	5	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	2	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	2	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
mili 0.25-35 mg-mcg TABLET MO	2	
mimvey 1-0.5 mg TABLET MO	2	
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET MO	4	
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	4	QL(8 per 28 days)
minzoya 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	2	
mono-lynyah 0.25-35 mg-mcg TABLET MO	2	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	2	
NEXPLANON 68 MG IMPLANT DL	3	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET MO	4	
nikki (28) 3-0.02 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORA-BE 0.35 MG TABLET MO	2	
nora-be 0.35 mg TABLET MO	2	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY MO	2	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	2	
norethindrone (contraceptive) 0.35 mg TABLET MO	2	
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	2	
norethindrone acetate 5 mg TABLET MO	2	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	2	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	2	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET MO	2	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	2	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	2	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	2	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
NUVARING 0.12-0.015 MG/24 HR RING MO	4	QL(1 per 28 days)
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	2	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
nymyo 0.25-35 mg-mcg TABLET MO	2	
ocella 3-0.03 mg TABLET MO	2	
OSPHENA 60 MG TABLET MO	3	PA
oxandrolone 10 mg TABLET MO	2	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	2	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET MO	2	
pimtree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
portia 28 0.15-0.03 mg TABLET MO	2	
PREFEST 1 MG (15)/1 MG- 0.09 MG (15) TABLET MO	2	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	
PREMARIN 0.625 MG/GRAM CREAM MO	3	
PREMARIN 25 MG RECON SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET MO	4	
PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET MO	4	
progesterone 50 mg/ml OIL MO	2	
progesterone micronized 100 mg, 200 mg CAPSULE MO	2	
PROMETRIUM 100 MG, 200 MG CAPSULE MO	4	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	4	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
raloxifene 60 mg TABLET MO	2	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	2	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET MO	4	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	2	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
sprintec (28) 0.25-35 mg-mcg TABLET MO	2	
sronyx 0.1-20 mg-mcg TABLET MO	2	
syeda 3-0.03 mg TABLET MO	2	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
taysofy 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	2	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	4	
TESTIM 50 MG/5 GRAM (1 %) GEL MO	4	PA,QL(300 per 30 days)
testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET MO	2	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	2	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO	2	PA,QL(150 per 30 days)
testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP MO	2	PA,QL(120 per 30 days)
testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP MO	2	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	2	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP MO	4	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) GEL MO	4	PA,QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	2	PA
testosterone enanthate 200 mg/ml OIL MO	2	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	2	
TLANDO 112.5 MG CAPSULE MO	4	PA,QL(120 per 30 days)
tri-estarylla 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	2	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	2	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	2	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET MO	2	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET MO	2	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET MO	2	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET MO	2	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	2	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	2	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	2	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	2	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET MO	2	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
tulana 0.35 mg TABLET MO	2	
turqoz (28) 0.3-30 mg-mcg TABLET MO	2	
tydemy 3-0.03-0.451 mg (21) (7) TABLET MO	2	
UNDECATREX 200 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VAGIFEM 10 MCG TABLET MO	4	PA
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	2	
vestura (28) 3-0.02 mg TABLET MO	2	
vienva 0.1-20 mg-mcg TABLET MO	2	
violele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
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	4	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET MO	4	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP MO	4	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL MO	4	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	2	
vylibra 0.25-35 mg-mcg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
wera (28) 0.5-35 mg-mcg TABLET MO	2	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	2	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	2	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR MO	4	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET MO	4	
YAZ (28) 3-0.02 MG TABLET MO	4	
yuvafem 10 mcg TABLET MO	2	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	2	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	2	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	2	
zumandimine (28) 3-0.03 mg TABLET MO	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	3	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	4	
ERMEZA 30 MCG/ML SOLUTION MO	4	PA
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
levothyroxine 100 mcg RECON SOLUTION MO	2	
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	2	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET MO	1	
levothyroxine 100 mcg/ml, 20 mcg/ml, 40 mcg/ml SOLUTION MO	2	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET MO	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION DL	5	
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	2	
liothyronine 10 mcg/ml SOLUTION MO	2	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	2	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET MO	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
THYQUIDITY 20 MCG/ML SOLUTION MO	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
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	4	
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	4	
TRIOSTAT 10 MCG/ML SOLUTION MO	4	
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	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg TABLET MO</i>	2	
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	4	PA
FENSOLVI 45 MG SYRINGE	5	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	4	PA
<i>lanreotide 120 mg/0.5 ml SYRINGE DL</i>	5	PA,QL(0.5 per 28 days)
<i>lanreotide 60 mg/0.2 ml SYRINGE DL</i>	5	PA,QL(0.2 per 28 days)
<i>lanreotide 90 mg/0.3 ml SYRINGE DL</i>	5	PA,QL(0.3 per 28 days)
<i>leuprolide 1 mg/0.2 ml KIT MO</i>	2	
<i>leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION MO</i>	4	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT MO	4	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT MO	4	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT MO	4	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT DL	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC DL	5	PA,QL(112 per 28 days)
MYFEMBREE 40-1-0.5 MG TABLET DL	5	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
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION MO	2	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	2	PA
octreotide,microspheres 20 mg, 30 mg SUSPENSION, ER, RECON DL	5	PA
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
ORILISSA 150 MG TABLET DL	5	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET DL	5	PA,QL(56 per 28 days)
RECORLEV 150 MG TABLET DL	5	PA,QL(240 per 30 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION DL	5	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	5	PA,QL(60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE DL	5	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	5	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	4	PA
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	5	PA,QL(1 per 168 days)
ZOLADEX 10.8 MG IMPLANT MO	4	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	4	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET MO	2	
propylthiouracil 50 mg TABLET MO	2	
IMMUNOLOGICAL AGENTS		
ABRILADA(CF) 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
ABRILADA(CF) 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
ABRILADA(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION AV,DL	1	
ACTEMRA 162 MG/0.9 ML SYRINGE DL	5	PA,QL(3.6 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
ACTEMRA ACTPEN 162 MG/0.9 ML PEN INJECTOR DL	5	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	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION AV,DL	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE AV,DL	1	
ADALIMUMAB-AACF 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-AACF 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADB 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
ADALIMUMAB-ADB 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADB 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	5	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	5	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	5	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML AUTO-INJECTOR, KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION DL	5	PA
AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE DL	5	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR DL	5	PA,QL(2.4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(4.8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARAVA 10 MG, 20 MG TABLET DL	5	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION DL	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
ASCENIV 10 % SOLUTION DL	5	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. MO	4	BvsD
ATGAM 50 MG/ML SOLUTION DL	5	PA
AVSOLA 100 MG RECON SOLUTION DL	5	PA
AZASAN 100 MG, 75 MG TABLET MO	2	BvsD
<i>azathioprine 100 mg, 50 mg, 75 mg TABLET MO</i>	2	BvsD
<i>azathioprine sodium 100 mg RECON SOLUTION MO</i>	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION AV,DL	1	
BENLYSTA 120 MG RECON SOLUTION DL	5	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT DL	5	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION DL	5	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE AV,DL	1	
BIMZELX 160 MG/ML SYRINGE DL	5	PA,QL(4 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
BIVIGAM 10 % SOLUTION DL	5	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	5	BvsD
CELLCEPT 250 MG CAPSULE DL	5	BvsD
CELLCEPT 500 MG TABLET DL	5	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	4	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT DL	5	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	5	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT DL	5	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	5	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION DL	5	PA,QL(20 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
COSENTYX 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION DL	5	PA
COSENTYX 75 MG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR DL	5	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION DL	5	PA
<i>cyclosporine 100 mg, 25 mg CAPSULE MO</i>	2	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO</i>	2	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION MO</i>	2	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	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	5	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	5	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION DL	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	5	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION AV,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENJAYMO 50 MG/ML SOLUTION DL	5	PA
ENTYVIO 300 MG RECON SOLUTION	5	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR DL	5	PA,QL(1.36 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. MO	4	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. DL	4	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET MO</i>	2	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET DL</i>	5	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET DL</i>	5	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE DL	5	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE DL	5	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION DL	5	PA
GAMASTAN 15-18 % RANGE SOLUTION MO	4	PA
GAMIFANT 5 MG/ML SOLUTION DL	5	PA
GAMMAGARD LIQUID 10 % SOLUTION DL	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION DL	5	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	5	PA
GAMMAPLEX 10 % SOLUTION DL	5	PA
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION DL	5	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	5	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
<i>gengraf 100 mg, 25 mg CAPSULE MO</i>	2	BvsD
<i>gengraf 100 mg/ml SOLUTION MO</i>	2	BvsD
HADLIMA 40 MG/0.8 ML SYRINGE DL	5	PA,QL(4.8 per 28 days)
HADLIMA PUSH TOUCH 40 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
HADLIMA(CF) PUSH TOUCH 40 MG/0.4 ML AUTO-INJECTOR DL	5	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	5	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE AV,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE AV,DL	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	5	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE DL	5	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	5	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	5	PA,QL(6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML SOLUTION DL	5	BvsD
HYPERTET (PF) 250 UNIT/ML SYRINGE DL	4	BvsD
HYRIMOZ 40 MG/0.8 ML SYRINGE DL	5	PA,QL(4.8 per 28 days)
HYRIMOZ PEN 40 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	5	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	5	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML - 40 MG/0.4 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	5	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
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE</i> DL	5	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	5	PA,QL(6 per 365 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION DL	4	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION AV,DL	1	BvsD
IMURAN 50 MG TABLET MO	4	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	1	
INFLECTRA 100 MG RECON SOLUTION DL	5	PA
INFLIXIMAB 100 MG RECON SOLUTION DL	5	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION AV,DL	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE AV,DL	1	
JYLAMVO 2 MG/ML SOLUTION DL	4	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION AV,DL	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION DL	5	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE DL	5	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SYRINGE DL	5	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	2	QL(30 per 30 days)
LITFULO 50 MG CAPSULE DL	5	PA,QL(28 per 28 days)
LUPKYNIS 7.9 MG CAPSULE DL	5	PA,QL(180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION AV,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION AV,DL	1	
<i>methotrexate sodium 2.5 mg TABLET</i> MO	2	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION</i> MO	1	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION</i> MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methotrexate sodium (pf) 25 mg/ml SOLUTION MO	1	
MONJUVI 200 MG RECON SOLUTION DL	5	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	2	BvsD
mycophenolate mofetil 250 mg CAPSULE MO	2	BvsD
mycophenolate mofetil 500 mg TABLET MO	2	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	2	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	2	BvsD
MYFORTIC 180 MG TABLET, DR/EC MO	4	BvsD
MYFORTIC 360 MG TABLET, DR/EC DL	5	BvsD
MYHIBBIN 200 MG/ML SUSPENSION DL	5	BvsD
NEMLUVIO 30 MG PEN INJECTOR DL	5	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE MO	4	BvsD
NEORAL 100 MG/ML SOLUTION MO	4	BvsD
OCTAGAM 10 %, 5 % SOLUTION DL	5	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET DL	5	PA,QL(30 per 30 days)
OMVOH 100 MG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION DL	5	PA
OMVOH PEN 100 MG/ML PEN INJECTOR DL	5	PA,QL(2 per 28 days)
ORENCIA 125 MG/ML SYRINGE DL	5	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SYRINGE DL	5	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE DL	5	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE DL	5	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	4	PA,QL(1.6 per 28 days)
PANZYGA 10 % SOLUTION DL	5	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	5	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-48MCG-62DU -10 MCG/0.5ML KIT DL	1	
PIASKY 340 MG/2 ML SOLUTION DL	5	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
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION AV,DL	1	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
PRIVIGEN 10 % SOLUTION DL	5	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	4	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	4	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION AV,DL	1	BvsD
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET DL	5	BvsD
RAPAMUNE 1 MG/ML SOLUTION DL	5	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR MO	4	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR MO	4	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR MO	4	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR MO	4	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR MO	4	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR MO	4	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR MO	4	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR MO	4	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR MO	4	PA,QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE MO	4	PA,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SYRINGE MO	4	PA,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SYRINGE MO	4	PA,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SYRINGE MO	4	PA,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SYRINGE MO	4	PA,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SYRINGE MO	4	PA,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SYRINGE MO	4	PA,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SYRINGE MO	4	PA,QL(1.2 per 28 days)
REMICADE 100 MG RECON SOLUTION DL	5	PA
RENFLIXIS 100 MG RECON SOLUTION DL	5	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
REZUROCK 200 MG TABLET DL	5	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	4	
RIDAURA 3 MG CAPSULE DL	5	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	5	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	5	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
RUCONEST 2,100 UNIT RECON SOLUTION DL	5	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION DL	5	PA
<i>sajazir 30 mg/3 ml SYRINGE</i> DL	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	4	BvsD
SANDIMMUNE 100 MG/ML SOLUTION MO	4	BvsD
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION DL	5	PA,QL(2 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
SILIQ 210 MG/1.5 ML SYRINGE DL	5	PA,QL(6 per 28 days)
SIMLANDI(CF) 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR, KIT DL	5	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR DL	5	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE DL	5	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR DL	5	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION DL	5	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION DL	5	BvsD
<i>sirolimus 0.5 mg, 1 mg, 2 mg TABLET</i> MO	2	BvsD
<i>sirolimus 1 mg/ml SOLUTION</i> MO	2	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(16.8 per 365 days)
SKYRIZI 60 MG/ML SOLUTION DL	5	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION DL	5	PA
SOTYKTU 6 MG TABLET DL	5	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPEVIGO 150 MG/ML SYRINGE DL	5	PA,QL(4 per 28 days)
SPEVIGO 60 MG/ML SOLUTION DL	5	PA,QL(30 per 84 days)
STELARA 130 MG/26 ML SOLUTION DL	5	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	5	PA
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE MO	2	BvsD
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR. MO	2	BvsD
TAKHZYRO 150 MG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SOLUTION DL	5	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE DL	5	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE DL	5	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE DL	5	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE AV,DL	1	
TETANUS,DIPHThERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION DL	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR DL	5	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE DL	5	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION MO	4	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE AV,DL	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA 100 MG/ML SYRINGE	5	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	5	PA,QL(2 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION DL	5	PA,QL(120 per 365 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	5	PA,QL(2 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	2	BvsD
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE AV,DL	1	
TYENNE 162 MG/0.9 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR DL	5	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE AV,DL	1	
ULTOMIRIS 100 MG/ML SOLUTION	5	PA
UPLIZNA 10 MG/ML SOLUTION DL	5	PA,QL(120 per 365 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	5	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	5	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION DL	5	PA
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	5	PA,QL(180 per 30 days)
XATMEP 2.5 MG/ML SOLUTION MO	4	PA
XELJANZ 1 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
XELJANZ 10 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. DL	5	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	5	PA
XOLAIR 150 MG RECON SOLUTION DL	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	5	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	5	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
YUFLYMA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	5	PA,QL(6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	5	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
YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR DL	5	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	5	PA
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET DL	5	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	5	BvsD,QL(120 per 30 days)
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT DL	5	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. MO	4	ST,QL(120 per 30 days)
ASACOL HD 800 MG TABLET, DR/EC MO	4	ST,QL(180 per 30 days)
AZULFIDINE 500 MG TABLET MO	4	
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC MO	4	
balsalazide 750 mg CAPSULE MO	2	
budesonide 2 mg/actuation FOAM MO	2	PA
budesonide 3 mg CAPSULE, DR/EC MO	2	
budesonide 9 mg TABLET, DR/ER DL	5	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY DL	5	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE DL	5	PA
CORTENEMA 100 MG/60 ML ENEMA MO	4	
CORTIFOAM 10 % (80 MG) FOAM MO	4	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) MO	4	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE DL	5	ST,QL(120 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA MO	2	
LIALDA 1.2 GRAM TABLET, DR/EC MO	4	ST,QL(120 per 30 days)
mesalamine 0.375 gram CAPSULE, ER 24 HR. MO	2	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY MO	2	QL(30 per 30 days)
mesalamine 1.2 gram TABLET, DR/EC MO	2	ST,QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA MO	2	QL(1800 per 30 days)
mesalamine 400 mg CAPSULE (WITH DR TABLETS) MO	2	ST,QL(180 per 30 days)
mesalamine 500 mg CAPSULE, ER MO	2	ST,QL(300 per 30 days)
mesalamine 800 mg TABLET, DR/EC MO	2	ST,QL(180 per 30 days)
ORTIKOS 6 MG, 9 MG CAPSULE, ER DL	5	PA,QL(30 per 30 days)
PENTASA 250 MG CAPSULE, ER MO	4	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER DL	5	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM 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
ROWASA 4 GRAM/60 ML ENEMA MO	4	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	4	QL(1800 per 30 days)
<i>sulfasalazine 500 mg TABLET</i> MO	1	
<i>sulfasalazine 500 mg TABLET, DR/EC</i> MO	2	
TARPEYO 4 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM MO	4	PA
UCERIS 9 MG TABLET, DR/ER MO	4	PA,QL(30 per 30 days)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET MO	4	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET MO	4	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	2	QL(300 per 28 days)
AELVIA 35 MG TABLET, DR/EC MO	4	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT MO	4	ST,QL(4 per 28 days)
BONIVA 150 MG TABLET MO	4	PA,QL(1 per 28 days)
<i>calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL</i> MO	2	QL(3.7 per 28 days)
<i>calcitonin (salmon) 200 unit/ml SOLUTION</i> DL	5	
<i>calcitriol 0.25 mcg, 0.5 mcg CAPSULE</i> MO	2	
<i>calcitriol 1 mcg/ml SOLUTION</i> MO	2	
<i>cinacalcet 30 mg, 60 mg TABLET</i> MO	2	QL(60 per 30 days)
<i>cinacalcet 90 mg TABLET</i> MO	2	QL(120 per 30 days)
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE</i> MO	2	
<i>doxercalciferol 4 mcg/2 ml SOLUTION</i> MO	2	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE DL	5	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
FOSAMAX 70 MG TABLET MO	4	PA,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET MO	4	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION MO	4	
<i>ibandronate 150 mg TABLET</i> MO	2	QL(1 per 28 days)
<i>ibandronate 3 mg/3 ml SOLUTION</i> MO	2	PA,QL(3 per 90 days)
<i>ibandronate 3 mg/3 ml SYRINGE</i> MO	2	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE DL,LA	5	PA,QL(2 per 28 days)
<i>pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION MO</i>	1	QL(30 per 21 days)
<i>pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION MO</i>	1	QL(10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE MO</i>	2	
<i>paricalcitol 2 mcg/ml SOLUTION MO</i>	2	QL(24 per 30 days)
<i>paricalcitol 5 mcg/ml SOLUTION MO</i>	2	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE MO	4	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. DL	5	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK MO	4	PA,QL(100 per 365 days)
<i>risedronate 150 mg TABLET MO</i>	2	QL(1 per 30 days)
<i>risedronate 30 mg, 5 mg TABLET MO</i>	2	QL(30 per 30 days)
<i>risedronate 35 mg TABLET MO</i>	2	QL(4 per 28 days)
<i>risedronate 35 mg TABLET, DR/EC MO</i>	2	QL(4 per 28 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE MO	4	
ROCALTROL 1 MCG/ML SOLUTION MO	4	
SENSIPAR 30 MG TABLET MO	4	QL(60 per 30 days)
SENSIPAR 60 MG TABLET DL	5	QL(60 per 30 days)
SENSIPAR 90 MG TABLET DL	5	QL(120 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	5	PA,QL(1.7 per 28 days)
YORVIPATH 168 MCG/0.56 ML PEN INJECTOR DL	5	PA,QL(1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN INJECTOR DL	5	PA,QL(1.96 per 28 days)
YORVIPATH 420 MCG/1.4 ML PEN INJECTOR DL	5	PA,QL(2.8 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE MO	4	
ZEMPLAR 2 MCG/ML SOLUTION DL	5	QL(24 per 30 days)
ZEMPLAR 5 MCG/ML SOLUTION DL	5	QL(48 per 28 days)
<i>zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO</i>	2	QL(300 per 21 days)
<i>zoledronic acid 4 mg RECON SOLUTION MO</i>	2	
<i>zoledronic acid 4 mg/5 ml SOLUTION MO</i>	2	QL(15 per 21 days)
<i>zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK MO</i>	2	QL(300 per 21 days)
<i>zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO</i>	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) SOLUTION MO	4	

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

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

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

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • 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 ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE PDS,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE DL	5	
BORDERED GAUZE 2 X 2 " BANDAGE MO	1	
bupap 50-300 mg TABLET MO	2	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE DL	2	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE DL	2	QL(360 per 30 days)
butalbital-acetaminophen 50-300 mg CAPSULE MO	2	QL(180 per 30 days)
butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET MO	2	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE MO	2	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET MO	2	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE MO	2	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg TABLET MO	2	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE DL	5	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLETT DL	5	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE DL	5	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLETT DL	5	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION MO	4	
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION MO	1	
calcium disodium versenate 200 mg/ml SOLUTION MO	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED MO	1	
CEQUR SIMPLICITY 2 UNIT DEVICE MO	3	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS MO	3	
CERVIDIL 10 MG INSERT, ER MO	4	
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE MO	4	ST,QL(60 per 30 days)
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE DL	5	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK DL	5	PA,QL(56 per 28 days)
COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CURITY ALCOHOL SWABS PADS, MEDICATED MO	1	
CURITY GAUZE 2 X 2 " BANDAGE MO	1	
DEFITELIO 80 MG/ML SOLUTION DL	5	PA
DERMACEA 2 X 2 " BANDAGE MO	1	
DROPLET INSULIN SYR(HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE PDS,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	4	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED MO	1	
edetate calcium disodium 200 mg/ml SOLUTION DL	5	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION DL	5	ST,QL(43.2 per 30 days)
EMPAVELI 1,080 MG/20 ML SOLUTION DL	5	PA,QL(160 per 28 days)
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET DL	5	PA
ESGIC 50-325-40 MG CAPSULE MO	2	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET MO	2	QL(180 per 30 days)
FILSPARI 200 MG, 400 MG TABLET DL	5	PA,QL(30 per 30 days)
FILSUVEZ 10 % GEL DL	5	PA
fioricet 50-300-40 mg CAPSULE MO	2	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE DL	4	QL(180 per 30 days)
flumazenil 0.1 mg/ml SOLUTION MO	2	
fomepizole 1 gram/ml SOLUTION MO	2	
GAUZE BANDAGE 2 X 2 " BANDAGE 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
GAUZE PAD 2 X 2 " BANDAGE MO	1	
GIVLAARI 189 MG/ML SOLUTION DL	5	PA
IGALMI 120 MCG, 180 MCG FILM MO	4	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
IV PREP WIPES PADS, MEDICATED MO	1	
KORLYM 300 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>lactated ringers</i> SOLUTION MO	1	
LITHOSTAT 250 MG TABLET MO	4	
<i>methylergonovine 0.2 mg</i> TABLET DL	5	
<i>methylergonovine 0.2 mg/ml (1 ml)</i> SOLUTION MO	2	
<i>mifepristone 300 mg</i> TABLET DL	5	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD MO	3	
<i>neomycin-polymyxin b gu 40 mg-200,000 unit/ml</i> SOLUTION MO	2	
<i>nitroglycerin 0.4 % (w/w)</i> OINTMENT MO	2	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE MO	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE MO	3	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	3	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	3	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	3	
OMNIPOD GO PODS CARTRIDGE MO	3	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE MO	3	
OXLUMO 94.5 MG/0.5 ML SOLUTION	5	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>oxytocin 10 unit/ml SOLUTION</i> MO	2	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE MO	4	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET MO	4	PA
PALFORZIA INITIAL DOSE 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE MO	4	PA
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET MO	4	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	2	
PHEXXI 1.8-1-0.4 % GEL MO	4	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION MO	1	
PITOCIN 10 UNIT/ML SOLUTION MO	4	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE MO	4	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION DL	5	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
<i>promethazine vc 6.25-5 mg/5 ml SYRUP</i> MO	2	
<i>promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP</i> MO	2	
<i>protamine 10 mg/ml SOLUTION</i> MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PYRIDIDIUM 100 MG, 200 MG TABLET MO	4	
QUTENZA 8 % KIT DL	5	PA
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION MO	4	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>ribavirin 6 gram RECON SOLUTION</i> DL	5	BvsD
RIMSO-50 50 % SOLUTION DL	5	
<i>ringer's SOLUTION</i> MO	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE DL	5	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION DL	5	PA
SIKLOS 1,000 MG, 100 MG TABLET MO	4	PA
<i>sodium benzoate-sod phenylacet 10-10 % SOLUTION</i> DL	5	
<i>sodium chloride 0.9 % SOLUTION</i> MO	2	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE DL	5	PA
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION DL	5	PA
<i>tencon 50-325 mg TABLET</i> MO	2	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION DL	5	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED MO	1	
V-GO 20 DEVICE MO	4	PA
V-GO 30 DEVICE MO	4	PA
V-GO 40 DEVICE MO	4	PA
VIRAZOLE 6 GRAM RECON SOLUTION DL	5	BvsD
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL DL	5	PA,QL(10 per 28 days)
<i>water for irrigation, sterile SOLUTION</i> MO	2	
WEBCOL PADS, MEDICATED MO	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR DL	5	PA
XDEMVI 0.25 % DROPS MO	4	PA,QL(10 per 42 days)
YCANTH 0.7 % SOLUTION W/APPLICATOR DL	5	PA
ZEBUTAL 50-325-40 MG CAPSULE MO	2	QL(180 per 30 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT DL	5	PA
<i>zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET</i> MO	1	
ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPHTHALMIC AGENTS		
ACULAR 0.5 % DROPS MO	4	ST,QL(10 per 30 days)
ACULAR LS 0.4 % DROPS MO	4	ST,QL(10 per 30 days)
ACUVAIL (PF) 0.45 % DROPPERETTE MO	4	ST
<i>ak-poly-bac 500-10,000 unit/gram OINTMENT</i> MO	2	
ALCAINE 0.5 % DROPS MO	2	
ALOCRIAL 2 % DROPS MO	4	
ALOMIDE 0.1 % DROPS MO	4	
ALPHAGAN P 0.1 %, 0.15 % DROPS MO	4	ST
ALREX 0.2 % DROPS, SUSPENSION MO	4	ST
<i>apraclonidine 0.5 % DROPS</i> MO	2	
<i>atropine 1 % DROPS</i> MO	2	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	2	
AZASITE 1 % DROPS MO	4	ST,QL(2.5 per 25 days)
<i>azelastine 0.05 % DROPS</i> MO	2	
AZOPT 1 % DROPS, SUSPENSION MO	4	ST,QL(10 per 28 days)
<i>bacitracin 500 unit/gram OINTMENT</i> MO	2	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT</i> MO	2	
<i>balanced salt SOLUTION</i> MO	2	
<i>bepotastine besilate 1.5 % DROPS</i> MO	2	ST,QL(5 per 25 days)
BEPREVE 1.5 % DROPS MO	4	ST,QL(5 per 25 days)
BESIVANCE 0.6 % DROPS, SUSPENSION MO	4	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
<i>betaxolol 0.5 % DROPS</i> MO	2	
BETIMOL 0.25 %, 0.5 % DROPS MO	4	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION MO	4	ST
<i>bimatoprost 0.03 % DROPS</i> MO	2	QL(2.5 per 25 days)
<i>brimonidine 0.1 %, 0.15 % DROPS</i> MO	2	ST
<i>brimonidine 0.2 % DROPS</i> MO	1	
<i>brinzolamide 1 % DROPS, SUSPENSION</i> MO	2	ST,QL(10 per 28 days)
<i>bromfenac 0.07 % DROPS</i> MO	2	ST,QL(3 per 30 days)
<i>bromfenac 0.075 % DROPS</i> MO	2	ST,QL(5 per 30 days)
<i>bromfenac 0.09 % DROPS</i> MO	2	QL(1.7 per 30 days)
BROMSITE 0.075 % DROPS MO	4	ST,QL(5 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BSS SOLUTION MO	4	
BSS PLUS SOLUTION MO	4	
carteolol 1 % DROPS MO	1	
CEQUA 0.09 % DROPPERETTE MO	4	PA,QL(60 per 30 days)
CILOXAN 0.3 % OINTMENT MO	4	
ciprofloxacin hcl 0.3 % DROPS MO	2	
COMBIGAN 0.2-0.5 % DROPS MO	3	QL(5 per 25 days)
COSOPT 22.3-6.8 MG/ML DROPS MO	4	ST
COSOPT (PF) 2-0.5 % DROPPERETTE MO	4	ST,QL(60 per 30 days)
cromolyn 4 % DROPS MO	1	
cyclosporine 0.05 % DROPPERETTE MO	2	QL(60 per 30 days)
CYSTADROPS 0.37 % DROPS DL	5	PA,QL(20 per 28 days)
CYSTARAN 0.44 % DROPS DL	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS MO	2	
DEXTENZA 0.4 MG INSERT MO	4	QL(1 per 30 days)
diclofenac sodium 0.1 % DROPS MO	2	
difluprednate 0.05 % DROPS MO	2	ST
dorzolamide 2 % DROPS MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO	1	
dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE MO	2	QL(60 per 30 days)
DUREZOL 0.05 % DROPS MO	4	ST
DURYSTA 10 MCG IMPLANT DL	5	PA
ENSPRYNG 120 MG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
epinastine 0.05 % DROPS MO	2	ST,QL(5 per 25 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT MO	2	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	3	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION MO	2	
flurbiprofen sodium 0.03 % DROPS MO	2	
FML FORTE 0.25 % DROPS, SUSPENSION MO	4	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION MO	4	ST
gatifloxacin 0.5 % DROPS MO	2	QL(2.5 per 25 days)
gentak 0.3 % (3 mg/gram) OINTMENT MO	2	
gentamicin 0.3 % DROPS MO	2	
ILEVRO 0.3 % DROPS, SUSPENSION MO	3	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
INVELTYS 1 % DROPS, SUSPENSION MO	4	ST
IOPIDINE 1 % DROPPERETTE MO	4	
ISTALOL 0.5 % DROPS, ONCE DAILY MO	4	
IYUZEH (PF) 0.005 % DROPPERETTE MO	4	ST,QL(30 per 30 days)
<i>ketorolac 0.4 %, 0.5 % DROPS</i> MO	2	QL(10 per 30 days)
LACRISERT 5 MG INSERT MO	4	
<i>latanoprost 0.005 % DROPS</i> MO	1	QL(5 per 25 days)
<i>levobunolol 0.5 % DROPS</i> MO	1	
<i>levofloxacin 0.5 %, 1.5 % DROPS</i> MO	2	
LOTEMAX 0.5 % DROPS, GEL MO	4	ST
LOTEMAX 0.5 % DROPS, SUSPENSION MO	4	ST
LOTEMAX 0.5 % OINTMENT MO	4	ST
LOTEMAX SM 0.38 % DROPS, GEL MO	4	
<i>loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION</i> MO	2	ST
<i>loteprednol etabonate 0.5 % DROPS, GEL</i> MO	2	ST
LUMIGAN 0.01 % DROPS MO	3	QL(2.5 per 25 days)
MAXIDEX 0.1 % DROPS, SUSPENSION MO	4	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % OINTMENT MO	4	
MAXITROL 3.5MG/ML-10,000 UNIT/ML-0.1 % DROPS, SUSPENSION MO	2	
<i>methazolamide 25 mg, 50 mg TABLET</i> MO	2	
MIEBO (PF) 100 % DROPS MO	4	PA,QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION MO	4	
<i>moxifloxacin 0.5 % DROPS</i> MO	2	
<i>moxifloxacin 0.5 % DROPS, VISCOUS</i> MO	2	ST
<i>neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT</i> MO	2	
<i>neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT</i> MO	2	
<i>neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit-unit/g-1% OINTMENT</i> MO	2	
<i>neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT</i> MO	2	
<i>neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT</i> MO	2	
<i>neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION</i> MO	2	
<i>neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS</i> MO	2	
<i>neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION</i> MO	2	
NEVANAC 0.1 % DROPS, SUSPENSION MO	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
OCUFLOX 0.3 % DROPS MO	4	
ofloxacin 0.3 % DROPS MO	2	
olopatadine 0.1 %, 0.2 % DROPS MO	2	
OXERVATE 0.002 % DROPS DL	5	PA,QL(112 per 365 days)
PHOSPHOLINE IODIDE 0.125 % DROPS MO	4	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	2	
polycin 500-10,000 unit/gram OINTMENT MO	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	1	
PRED FORTE 1 % DROPS, SUSPENSION MO	4	ST
PRED MILD 0.12 % DROPS, SUSPENSION MO	4	ST
prednisolone acetate 1 % DROPS, SUSPENSION MO	2	
prednisolone sodium phosphate 1 % DROPS MO	2	
PROLENSA 0.07 % DROPS MO	4	ST,QL(3 per 30 days)
proparacaine 0.5 % DROPS MO	2	
RESTASIS 0.05 % DROPPERETTE MO	4	PA,QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	4	PA,QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	3	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	4	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS MO	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS MO	2	
tafluprost (pf) 0.0015 % DROPPERETTE MO	4	ST,QL(30 per 30 days)
timolol 0.5 % DROPS MO	2	ST
timolol maleate 0.25 % DROPS MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	2	
timolol maleate 0.5 % DROPS MO	1	
timolol maleate 0.5 % DROPS, ONCE DAILY MO	2	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE MO	2	
TIMOPTIC 0.25 %, 0.5 % DROPS MO	4	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE MO	4	ST
TIMOPTIC-XE 0.25 %, 0.5 % GEL FORMING SOLUTION MO	4	PA
TOBRADEX 0.3-0.1 % DROPS, SUSPENSION MO	4	
TOBRADEX 0.3-0.1 % OINTMENT MO	4	
tobramycin 0.3 % DROPS 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
<i>tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION</i> MO	2	
TOBREX 0.3 % OINTMENT MO	4	
TRAVATAN Z 0.004 % DROPS MO	4	ST,QL(2.5 per 25 days)
<i>travoprost 0.004 % DROPS</i> MO	2	QL(2.5 per 25 days)
<i>trifluridine 1 % DROPS</i> MO	2	
TRUSOPT 2 % DROPS MO	4	
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL MO	4	PA,QL(8.4 per 30 days)
VEVYE 0.1 % DROPS MO	4	PA,QL(2 per 30 days)
VIGAMOX 0.5 % DROPS MO	4	PA
VUITY 1.25 % DROPS MO	4	
VYZULTA 0.024 % DROPS MO	4	QL(2.5 per 25 days)
XALATAN 0.005 % DROPS MO	4	PA,QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION MO	4	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE MO	4	PA,QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE MO	4	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION MO	4	
ZYMAXID 0.5 % DROPS MO	4	ST,QL(2.5 per 25 days)
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION MO	4	
CIPRODEX 0.3-0.1 % DROPS, SUSPENSION MO	4	QL(7.5 per 30 days)
<i>ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION</i> MO	4	QL(7.5 per 30 days)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION MO	4	
DERMOTIC OIL 0.01 % DROPS MO	4	
<i>flac otic oil 0.01 % DROPS</i> MO	2	
<i>fluocinolone acetonide oil 0.01 % DROPS</i> MO	2	
<i>hydrocortisone-acetic acid 1-2 % DROPS</i> MO	2	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION</i> MO	2	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION</i> MO	2	
<i>ofloxacin 0.3 % DROPS</i> MO	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	4	PA,QL(60 per 30 days)
<i>acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION</i> MO	2	BvsD
ADCIRCA 20 MG TABLET DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL,LA	5	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION MO	4	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO	4	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	3	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	4	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER DL	5	PA,QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	2	
albuterol sulfate 2 mg/5 ml SYRUP MO	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. MO	2	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	2	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(18.3 per 28 days)
alyq 20 mg TABLET MO	2	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET DL	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	2	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE MO	4	PA,QL(60 per 30 days)
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	2	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER MO	4	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	4	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	4	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	QL(4 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	2	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL MO	2	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL MO	2	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL MO	4	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER MO	4	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET DL	5	PA,QL(60 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE DL	5	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION DL	5	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION MO	2	BvsD
carbinoxamine maleate 4 mg TABLET MO	2	
carbinoxamine maleate 4 mg/5 ml LIQUID MO	2	
carbinoxamine maleate 6 mg TABLET DL	5	QL(120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	2	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION DL	5	PA
CLARINEX 5 MG TABLET MO	4	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP DL	5	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET MO	2	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	4	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	2	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
cyproheptadine 2 mg/5 ml SYRUP MO	2	
cyproheptadine 4 mg TABLET MO	2	
DALIRESP 250 MCG TABLET MO	4	PA,QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	4	PA,QL(30 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING MO	2	ST,QL(30 per 30 days)
desloratadine 5 mg TABLET MO	2	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION MO	2	PA
DIPHEN 12.5 MG/5 ML ELIXIR MO	2	
diphen 12.5 mg/5 ml ELIXIR 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
diphenhydramine hcl 12.5 mg/5 ml ELIXIR MO	2	
diphenhydramine hcl 50 mg/ml SOLUTION MO	2	
diphenhydramine hcl 50 mg/ml SYRINGE MO	2	
DOPRAM 20 MG/ML SOLUTION MO	4	
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	PA,QL(1 per 30 days)
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL MO	4	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR MO	2	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR MO	2	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR MO	4	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR MO	4	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR MO	4	PA,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR MO	4	PA,QL(4 per 30 days)
epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION DL	5	PA
ESBRIET 267 MG CAPSULE DL	5	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET DL	5	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET DL	5	PA,QL(90 per 30 days)
FASENRA 10 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE DL	5	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	5	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	2	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. MO	3	QL(1 per 30 days)
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE MO	4	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER MO	4	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER MO	4	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION MO	2	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	2	BvsD,QL(120 per 30 days)
formoterol fumarate-nebulizer 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	2	BvsD,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GASTROCROM 100 MG/5 ML CONCENTRATE MO	4	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	4	PA,QL(30 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE MO	2	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE MO	4	PA,QL(30 per 30 days)
ipratropium bromide 0.02 % SOLUTION MO	2	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL MO	2	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL MO	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET DL	5	PA,QL(60 per 30 days)
LETAIRIS 10 MG, 5 MG TABLET DL	5	PA,QL(30 per 30 days)
levalbuterol hcl 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER MO	2	ST,QL(30 per 30 days)
levocetirizine 2.5 mg/5 ml SOLUTION MO	2	QL(300 per 30 days)
levocetirizine 5 mg TABLET MO	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION DL	5	PA,QL(180 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(60 per 365 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL MO	2	QL(34 per 30 days)
montelukast 10 mg TABLET MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	2	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET MO	1	QL(30 per 30 days)
NEFFY 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	5	PA,QL(4 per 30 days)
NUCALA 100 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	5	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET MO	4	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	5	PA,QL(60 per 30 days)
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION DL	5	PA,QL(150 per 30 days)
olopatadine 0.6 % SPRAY, NON-AEROSOL MO	2	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL MO	4	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET DL	5	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPSYNVI 10-20 MG, 10-40 MG TABLET DL	5	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER DL	5	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER DL	5	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER DL	5	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER DL	5	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER DL	5	PA,QL(150 per 30 days)
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK DL	5	PA,QL(168 per 28 days)
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK DL	5	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	5	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	5	PA,QL(112 per 28 days)
PATANASE 0.6 % SPRAY, NON-AEROSOL MO	4	ST,QL(30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION DL	5	BvsD,QL(120 per 30 days)
<i>pirfenidone</i> 267 mg CAPSULE DL	5	PA,QL(270 per 30 days)
<i>pirfenidone</i> 267 mg TABLET DL	5	PA,QL(270 per 30 days)
<i>pirfenidone</i> 534 mg, 801 mg TABLET DL	5	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(2 per 30 days)
PROVENTIL HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	4	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	5	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(10.6 per 30 days)
QUZYTIR 10 MG/ML SOLUTION MO	4	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	4	ST,QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	4	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	4	PA,QL(30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION DL	5	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
REVATIO 10 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET DL	5	PA,QL(90 per 30 days)
roflumilast 250 mcg TABLET MO	2	QL(28 per 365 days)
roflumilast 500 mcg TABLET MO	2	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL MO	4	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION MO	2	
RYVENT 6 MG TABLET MO	2	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE MO	4	PA,QL(60 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	2	PA,QL(90 per 30 days)
SINGULAIR 10 MG TABLET MO	4	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET MO	4	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	4	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
tadalafil (pulm. hypertension) 20 mg TABLET MO	2	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION DL	5	PA,QL(300 per 30 days)
terbutaline 1 mg/ml SOLUTION MO	2	
terbutaline 2.5 mg, 5 mg TABLET MO	2	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. MO	2	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	2	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	2	
theophylline 80 mg/15 ml ELIXIR MO	2	
theophylline 80 mg/15 ml SOLUTION MO	2	
theophylline in dextrose 5 % 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml PARENTERAL SOLUTION MO	2	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE DL	5	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	5	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION DL	5	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
<i>treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION</i> DL	5	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	5	PA
TYVASO DPI 16 MCG (112)- 32 MCG (84) CARTRIDGE WITH INHALER DL	5	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER DL	5	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER DL	5	PA,QL(252 per 28 days)
TYVASO DPI 32-48 MCG CARTRIDGE WITH INHALER DL	5	PA,QL(224 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	5	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	5	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	5	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	5	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION DL	5	PA
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	5	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION DL	5	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	4	
WINREVAIR 45 MG, 60 MG KIT DL	5	PA
<i>wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE</i> MO	2	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED MO	4	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(90 per 30 days)
<i>zafirlukast 10 mg, 20 mg TABLET</i> MO	2	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(6.1 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE</i> DL	5	ST,QL(120 per 30 days)
ZYFLO 600 MG TABLET DL	5	ST,QL(120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. DL	5	ST,QL(21 per 30 days)
<i>carisoprodol 250 mg TABLET</i> MO	2	ST,QL(120 per 30 days)
<i>carisoprodol 350 mg TABLET</i> MO	2	QL(120 per 30 days)
<i>chlorzoxazone 250 mg TABLET</i> DL	5	ST,QL(360 per 30 days)
<i>chlorzoxazone 375 mg, 750 mg TABLET</i> MO	2	ST,QL(120 per 30 days)
<i>chlorzoxazone 500 mg TABLET</i> MO	2	ST
<i>cyclobenzaprine 10 mg, 5 mg TABLET</i> MO	2	
<i>cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR.</i> MO	2	ST,QL(21 per 30 days)
<i>cyclobenzaprine 7.5 mg TABLET</i> MO	2	QL(90 per 30 days)
FEXMID 7.5 MG TABLET MO	2	ST,QL(90 per 30 days)
LORZONE 375 MG TABLET MO	2	ST,QL(120 per 30 days)
LORZONE 750 MG TABLET DL	5	ST,QL(120 per 30 days)
<i>metaxalone 400 mg, 800 mg TABLET</i> MO	2	ST,QL(120 per 30 days)
<i>methocarbamol 1,000 mg TABLET</i> DL	5	PA
<i>methocarbamol 100 mg/ml SOLUTION</i> MO	2	
<i>methocarbamol 500 mg, 750 mg TABLET</i> MO	2	
<i>norgesic 25-385-30 mg TABLET</i> DL	5	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>orphenadrine citrate 100 mg TABLET ER</i> MO	2	
<i>orphenadrine citrate 30 mg/ml SOLUTION</i> MO	2	ST
<i>orphenadrine-asa-caffeine 25-385-30 mg TABLET</i> DL	5	PA,QL(240 per 30 days)
<i>orphenadrine-asa-caffeine 50-770-60 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
<i>orphengestic forte 50-770-60 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION DL	5	
SOMA 250 MG, 350 MG TABLET DL	5	ST,QL(120 per 30 days)
<i>tanlor 1,000 mg TABLET</i> DL	5	PA
SLEEP DISORDER AGENTS		
AMBIEN 10 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE MO	4	PA,QL(30 per 30 days)
<i>armodafinil 150 mg, 200 mg, 250 mg TABLET</i> MO	2	PA,QL(30 per 30 days)
<i>armodafinil 50 mg TABLET</i> MO	2	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
BELSOMRA 10 MG TABLET MO	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>doxepin</i> 3 mg, 6 mg TABLET MO	2	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET MO	4	
EDLUAR 5 MG SUBLINGUAL TABLET MO	4	QL(30 per 30 days)
<i>estazolam</i> 1 mg, 2 mg TABLET DL	2	QL(30 per 30 days)
<i>eszopiclone</i> 1 mg, 2 mg, 3 mg TABLET MO	2	QL(30 per 30 days)
<i>flurazepam</i> 15 mg CAPSULE DL	2	QL(60 per 30 days)
<i>flurazepam</i> 30 mg CAPSULE DL	2	QL(30 per 30 days)
HALCION 0.25 MG TABLET DL	4	PA,QL(30 per 30 days)
HETLIOZ 20 MG CAPSULE DL	5	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION DL	5	PA,QL(158 per 30 days)
LUMRYZ 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM ER GRANULES, PACKET DL	5	PA,QL(30 per 30 days)
LUMRYZ STARTER PACK 4.5-6-7.5 GRAM GRANULES ER PACKET, DOSE PACK DL	5	PA,QL(28 per 28 days)
<i>modafinil</i> 100 mg, 200 mg TABLET MO	2	PA,QL(60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET DL	5	PA,QL(30 per 30 days)
NUVIGIL 50 MG TABLET DL	5	PA,QL(60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET DL	5	PA,QL(60 per 30 days)
QUVIVIQ 25 MG, 50 MG TABLET MO	4	ST,QL(30 per 30 days)
<i>ramelteon</i> 8 mg TABLET MO	2	ST,QL(30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
ROZEREM 8 MG TABLET MO	4	ST,QL(30 per 30 days)
SILENOR 3 MG, 6 MG TABLET MO	4	QL(30 per 30 days)
<i>sodium oxybate</i> 500 mg/ml SOLUTION DL	5	PA,QL(540 per 30 days)
SUNOSI 150 MG, 75 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>tasimelteon</i> 20 mg CAPSULE DL	5	PA,QL(30 per 30 days)
<i>temazepam</i> 15 mg, 30 mg CAPSULE DL	2	QL(30 per 30 days)
<i>temazepam</i> 22.5 mg, 7.5 mg CAPSULE DL	2	QL(30 per 30 days)
<i>triazolam</i> 0.125 mg, 0.25 mg TABLET DL	2	QL(30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET DL	5	PA,QL(60 per 30 days)
XYREM 500 MG/ML SOLUTION DL	5	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML SOLUTION DL	5	PA,QL(540 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>zaleplon 10 mg, 5 mg CAPSULE</i> MO	2	QL(30 per 30 days)
<i>zolpidem 1.75 mg, 3.5 mg SUBLINGUAL TABLET</i> MO	2	QL(30 per 30 days)
<i>zolpidem 10 mg, 5 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE</i> MO	2	QL(30 per 30 days)
ZOLPIDEM 7.5 MG CAPSULE MO	4	QL(30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL MO	4	QL(23.1 per 365 days)

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

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

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order Available		
<i>benzonatate 100 mg, 150 mg, 200 mg CAPSULE</i>	1	
<i>bromfed dm 2-30-10 mg/5 ml SYRUP</i>	1	
<i>brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP</i>	1	
HYCODAN 5-1.5 MG/5 ML (5 ML) SYRUP	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SYRUP	1	
<i>hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg TABLET</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml) SYRUP</i>	1	
<i>hydromet 5-1.5 mg/5 ml SYRUP</i>	1	
OBREDON 2.5-200 MG/5 ML SOLUTION	4	
<i>promethazine vc-codeine 6.25-5-10 mg/5 ml SYRUP</i>	1	
<i>promethazine-codeine 6.25-10 mg/5 ml SYRUP</i>	1	
<i>promethazine-dm 6.25-15 mg/5 ml SYRUP</i>	1	
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5 ml SYRUP</i>	1	
RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.	4	
TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.	4	
TUZISTRA XR 14.7-2.8 MG/5 ML SUSPENSION, ER 12 HR.	4	
Dental - Mail Order Available		
CLINPRO 5000 1.1 % PASTE	4	
<i>denta 5000 plus 1.1 % CREAM</i>	4	
<i>denta 5000 plus sensitive 1.1-5 % PASTE</i>	4	
<i>dentagel 1.1 % GEL</i>	4	

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
Dental - Mail Order Available		
<i>fluoride (sodium) 0.2 % SOLUTION</i>	1	
<i>fluoride (sodium) 1.1 % CREAM</i>	1	
<i>fluoride (sodium) 1.1 % GEL</i>	1	
<i>fluoride (sodium) 1.1 % PASTE</i>	1	
<i>fraiche 5000 1.1 % GEL</i>	4	
PREVIDENT 0.2 % SOLUTION	4	
<i>prevident 1.1 % GEL</i>	4	
PREVIDENT 5000 BOOSTER PLUS 1.1 % PASTE	4	
PREVIDENT 5000 DRY MOUTH 1.1 % PASTE	4	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % PASTE	4	
PREVIDENT 5000 ORTHO DEFENSE 1.1 % PASTE	4	
PREVIDENT 5000 PLUS 1.1 % CREAM	4	
PREVIDENT 5000 SENSITIVE 1.1-5 % PASTE	4	
PREVIDENT KIDS 1.1 % PASTE	4	
<i>sf 1.1 % GEL</i>	1	
<i>sf 5000 plus 1.1 % CREAM</i>	1	
<i>sodium fluoride 5000 dry mouth 1.1 % PASTE</i>	1	
<i>sodium fluoride 5000 plus 1.1 % CREAM</i>	1	
<i>sodium fluoride-pot nitrate 1.1-5 % PASTE</i>	1	
Erectile Dysfunction - Mail Order Available		
ADDYI 100 MG TABLET	4	
<i>avanafil 100 mg, 200 mg, 50 mg TABLET</i>	1	QL(6 per 30 days)
CIALIS 10 MG, 20 MG TABLET	4	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	4	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		
tadalafil 10 mg, 20 mg TABLET	1	QL(6 per 30 days)
vardenafil 10 mg TABLET, DISINTEGRATING	1	QL(6 per 30 days)
vardenafil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET	1	QL(6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET	4	QL(6 per 30 days)
VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	4	
Fertility - Mail Order Available		
cetrorelix 0.25 mg KIT	1	
CETROTIDE 0.25 MG KIT	4	
clomid 50 mg TABLET	1	
clomiphene citrate 50 mg TABLET	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	4	
fyremadel 250 mcg/0.5 ml SYRINGE	1	
GANIRELIX 250 MCG/0.5 ML SYRINGE	4	
ganirelix 250 mcg/0.5 ml SYRINGE	4	
GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION	4	
GONAL-F RFF 75 UNIT RECON SOLUTION	4	
GONAL-F RFF REDI-JECT 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML PEN INJECTOR	4	
MENOPUR 75 UNIT RECON SOLUTION	4	
OVIDREL 250 MCG/0.5 ML SYRINGE	4	
Vitamins/Minerals - Mail Order Available		
ascorbic acid (vitamin c) 500 mg/ml SOLUTION	1	
b complex 100 100-2-100-2-2 mg/ml SOLUTION	1	
b-complex injection 100-2-100-2-2 mg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	

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>cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL</i>	1	
<i>dodex 1,000 mcg/ml SOLUTION</i>	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE	4	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE</i>	1	
<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	4	
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	4	
MEPHYTON 5 MG TABLET	4	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	4	
<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		
<i>adipex-p 37.5 mg CAPSULE</i>	1	
ADIPEX-P 37.5 MG TABLET	1	
<i>benzphetamine 50 mg TABLET</i>	1	
CONTRAVE 8-90 MG TABLET ER	4	QL(120 per 30 days)
<i>diethylpropion 25 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		
<i>diethylpropion 75 mg TABLET ER</i>	1	
<i>lomaira 8 mg TABLET</i>	1	
<i>phendimetrazine tartrate 105 mg CAPSULE, ER</i>	4	
<i>phendimetrazine tartrate 35 mg TABLET</i>	1	
<i>phentermine 15 mg, 30 mg, 37.5 mg CAPSULE</i>	1	
<i>phentermine 37.5 mg TABLET</i>	1	
PLENITY 0.75 GRAM CAPSULE	4	
PLENITY (WELCOME KIT) 0.75 GRAM CAPSULE	4	
QSYMIA 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG CAPSULE ER MULTIPHASE 24 HR.	4	QL(30 per 30 days)
SAXENDA 3 MG/0.5 ML (18 MG/3 ML) PEN INJECTOR	4	
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	
ZEPBOUND 2.5 MG/0.5 ML, 5 MG/0.5 ML SOLUTION	4	

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

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

Index

A

- abacavir... 70
- abacavir-lamivudine... 70
- ABELCET... 43
- ABILIFY ASIMTUFI... 65
- ABILIFY MAINTENA... 65
- ABILIFY MYCITE MAINTENANCE KIT... 65, 66
- ABILIFY MYCITE STARTER KIT... 66
- ABILIFY... 65
- abiraterone... 49
- ABRAXANE... 49
- ABRILADA(CF) PEN... 147
- ABRILADA(CF)... 147
- ABRYSSVO (PF)... 147
- ABSORICA LD... 108
- ABSORICA... 108
- acamprosate... 20
- ACANYA... 108
- acarbose... 77
- ACCOLATE... 172
- ACCUPRIL... 87
- ACCURETIC... 87
- accutane... 108
- acebutolol... 87
- ACETADOTE... 161
- acetaminophen... 162
- acetaminophen-caff-dihydrocod... 11
- acetaminophen-codeine... 11
- acetazolamide sodium... 87
- acetazolamide... 87
- acetic acid... 21, 162
- acetylcysteine... 162, 172
- acitretin... 108
- ACTEMRA ACTPEN... 148
- ACTEMRA... 147
- ACTHAR SELFJECT... 132
- ACTHAR... 132
- ACTHIB (PF)... 148
- ACTICLATE... 21
- ACTIMMUNE... 148
- ACTIQ... 11
- ACTIVELLA... 135
- ACTONEL... 160
- ACTOPLUS MET... 77
- ACTOS... 77
- ACULAR LS... 168
- ACULAR... 168
- ACUVAIL (PF)... 168
- acyclovir sodium... 70
- acyclovir... 70
- ACZONE... 108
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 148
- ADAKVEO... 162
- ADALIMUMAB-AACF... 148
- ADALIMUMAB-AACF(CF) PEN CROHNS... 148
- ADALIMUMAB-AACF(CF) PEN PS-UV... 148
- ADALIMUMAB-AATY... 148
- ADALIMUMAB-ADAZ... 148
- ADALIMUMAB-ADBM... 148
- ADALIMUMAB-ADBM(CF) PEN CROHNS... 148
- ADALIMUMAB-ADBM(CF) PEN PS-UV... 148
- ADALIMUMAB-FKJP... 148
- ADALIMUMAB-RYVK... 148
- adapalene... 108, 109
- adapalene-benzoyl peroxide... 109
- ADBRY... 109
- ADCETRIS... 49
- ADCIRCA... 172
- ADDERALL XR... 101
- ADDERALL... 101
- ADDYI... 184
- adefovir... 70
- ADEMPAS... 173
- adenosine... 87, 88

adipex-p... 186	AJOVY AUTOINJECTOR... 46	allopurinol... 46
ADLARITY... 37	AJOVY SYRINGE... 46	ALLZITAL... 162
ADLYXIN... 77	ak-poly-bac... 168	almotriptan malate... 46
ADMELOG SOLOSTAR U-100 INSULIN... 77	AKEEGA... 49	ALOCRI... 168
ADMELOG U-100 INSULIN LISPRO... 77	AKLIEF... 109	ALOMIDE... 168
ADRENALIN... 88, 173	AKYNZEO (FOSNETUPITANT)... 41	ALOPRIM... 46
ADRIAMYCIN... 49	AKYNZEO (NETUPITANT)... 41	alosetron... 123
adrucil... 49	ALA-CORT... 109	ALPHAGAN P... 168
ADSTILADRIN... 162	ALA-SCALP... 109	alprazolam intensol... 76
ADVAIR DISKUS... 173	albendazole... 62	alprazolam... 76
ADVAIR HFA... 173	albuterol sulfate... 173	ALREX... 168
ADZENYS XR-ODT... 102	ALCAINE... 168	ALTABAX... 109
ADZYNMA... 83	alclometasone... 109	ALTACE... 88
AEMCOLO... 123	ALCOHOL PADS... 162	altavera (28)... 136
AFINITOR DISPERZ... 49	ALCOHOL PREP PADS... 162	ALTOPREV... 88
AFINITOR... 49	ALCOHOL SWABS... 162	ALTRENO... 109
afirmelle... 135	ALCOHOL WIPES... 162	ALUNBRIG... 49
AFREZZA... 77	ALDACTAZIDE... 88	ALVAIZ... 83
AGAMREE... 132	ALDACTONE... 88	ALVESCO... 173
AGGRASTAT CONCENTRATE... 83	ALDURAZYME... 128	alyacen 1/35 (28)... 136
AGGRASTAT IN SODIUM CHLORIDE... 83	ALECENSA... 49	alyacen 7/7/7 (28)... 136
AGRYLIN... 83	alendronate... 160	ALYGLO... 148
AIMOVIG AUTOINJECTOR... 46	alfuzosin... 131	ALYMSYS... 49
AIRDUO DIGIHALER... 173	ALIMTA... 49	alyq... 173
AIRDUO RESPICLICK... 173	ALIQOPA... 49	amabelz... 136
AIRSUPRA... 173	aliskiren... 88	amantadine hcl... 63
	ALKINDI SPRINKLE... 132	AMARYL... 78
	allopurinol sodium... 46	AMBIEN CR... 180

AMBIEN... 180	AMJEVITA(CF)... 148	ANCOBON... 43
AMBISOME... 43	amlodipine... 88	ANDRODERM... 136
ambrisentan... 173	amlodipine-atorvastatin... 88	ANDROGEL... 136
amcinonide... 109	amlodipine-benazepril... 88	ANGELIQ... 136
amethia... 136	amlodipine-olmesartan... 88	ANKTIVA... 49
amethyst (28)... 136	amlodipine-valsartan... 88	ANNOVERA... 136
amikacin... 21	amlodipine-valsartan-hcthiazyd... 88	ANORO ELLIPTA... 173
amiloride... 88	ammonium lactate... 109	ANTIVERT... 41
amiloride-hydrochlorothiazide... 88	AMMONUL... 162	anusol-hc... 109
aminocaproic acid... 83	amnesteem... 109	ANZEMET... 41
aminophylline... 173	amoxapine... 37	APADAZ... 11
AMINOSYN II 10 %... 117	amoxicil-clarithromy-lansopraz... 124	apexicon e... 109
AMINOSYN II 7 %... 117	amoxicillin... 21	APIDRA SOLOSTAR U-100 INSULIN... 78
AMINOSYN II 8.5 %... 117	amoxicillin-pot clavulanate... 21, 22	APIDRA U-100 INSULIN... 78
AMINOSYN II 8.5 %-ELECTROLYTES... 117	amphetamine sulfate... 102	APLENZIN... 38
AMINOSYN M 3.5 %... 117	amphotericin b liposome... 43	APOKYN... 64
AMINOSYN 10 %... 117	amphotericin b... 43	apomorphine... 64
AMINOSYN 7 % WITH ELECTROLYTES... 117	ampicillin sodium... 22	APONVIE... 41
AMINOSYN 8.5 %... 117	ampicillin... 22	apraclonidine... 168
AMINOSYN 8.5 %-ELECTROLYTES... 117	ampicillin-sulbactam... 22	aprepitant... 41
AMINOSYN-RF 5.2 %... 117	AMPYRA... 102	apri... 136
amiodarone... 88	AMRIX... 180	APRISO... 159
AMITIZA... 124	AMVUTTRA... 128	APTENSIO XR... 102
amitriptyline... 37	ANAFRANIL... 38	APTIOM... 31
amitriptyline-chlordiazepoxide... 37	anagrelide... 83	APTIVUS... 70
AMJEVITA(CF) AUTOINJECTOR... 148	anastrozole... 49	ARALAST NP... 128
		aranelle (28)... 136

ARANESP (IN POLYSORBATE)... 83, 84	ashlyna... 136	aubra... 136
ARAVA... 149	ASMANEX HFA... 173	AUGMENTIN ES-600... 22
ARAZLO... 109	ASMANEX TWISTHALER... 173	AUGMENTIN XR... 22
ARCALYST... 149	ASPARLAS... 49	AUGMENTIN... 22
AREXVY (PF)... 149	aspirin-dipyridamole... 84	AUGTYRO... 49
arformoterol... 173	ASPRUZYO SPRINKLE... 88	aurovela fe 1.5/30 (28)... 136
ARICEPT... 37	ASTAGRAF XL... 149	aurovela fe 1-20 (28)... 136
ARIKAYCE... 22	ATACAND HCT... 88	aurovela 1.5/30 (21)... 136
ARIMIDEX... 49	ATACAND... 88	aurovela 1/20 (21)... 136
aripiprazole... 66	atazanavir... 70, 71	aurovela 24 fe... 136
ARISTADA INITIO... 66	ATELVIA... 160	AUSTEDO XR TITRATION KT(WK1-4)... 102
ARISTADA... 66	atenolol... 88	AUSTEDO XR... 102
ARIXTRA... 84	atenolol-chlorthalidone... 88	AUSTEDO... 102
armodafinil... 180	ATGAM... 149	AUTOJECT 2 INJECTION DEVICE... 162
ARMONAIR DIGIHALER... 173	ATIVAN... 76	AUTOPEN 1 TO 21 UNITS... 162
ARMOUR THYROID... 145	atomoxetine... 102	AUTOPEN 2 TO 42 UNITS... 162
ARNUITY ELLIPTA... 173	ATORVALIQ... 88	AUVELITY... 38
AROMASIN... 49	atorvastatin... 88	AUVI-Q... 173
ARRANON... 49	atovaquone... 62	AVALIDE... 88
arsenic trioxide... 49	atovaquone-proguanil... 63	avanafil... 184
ARTHROTEC 50... 11	ATRALIN... 109	AVAPRO... 88
ARTHROTEC 75... 11	ATRIPLA... 71	AVASTIN... 49
ASACOL HD... 159	ATROPINE SULFATE (PF)... 168	AVEED... 136
ASCENIV... 149	atropine... 124, 168	AVELOX IN NACL (ISO-OSMOTIC)... 22
ascomp with codeine... 11	ATROVENT HFA... 173	aviane... 136
ascorbic acid (vitamin c)... 185	ATTRUBY... 128	avidoxy... 22
asenapine maleate... 66	AUBAGIO... 102	
	aubra eq... 136	

AVITA... 109	B	BD ECLIPSE LUER-LOK... 162
AVONEX... 102	b complex 100... 185	BD INSULIN SYRINGE (HALF UNIT)... 162
AVSOLA... 149	b-complex injection... 185	BD INSULIN SYRINGE MICRO-FINE... 162
AVYCAZ... 22	bacitracin... 22, 168	BD INSULIN SYRINGE U-500... 162
AXTLE... 49	bacitracin-polymyxin b... 168	BD INSULIN SYRINGE ULTRA-FINE... 162
AYGESTIN... 136	baclofen... 70	BD INSULIN SYRINGE... 162
ayuna... 136	BACTRIM DS... 22	BD LO-DOSE MICRO-FINE IV... 162
AYVAKIT... 49	BACTRIM... 22	BD NANO 2ND GEN PEN NEEDLE... 162
azacitidine... 49	BAFIERTAM... 102	BD SAFETYGLIDE INSULIN SYRINGE... 162
AZACTAM... 22	bal-care dha... 117	BD SAFETYGLIDE SYRINGE... 162
AZASAN... 149	balanced salt... 168	BD ULTRA-FINE MICRO PEN NEEDLE... 162
AZASITE... 168	BALCOLTRA... 136	BD ULTRA-FINE MINI PEN NEEDLE... 163
azathioprine sodium... 149	balsalazide... 159	BD ULTRA-FINE NANO PEN NEEDLE... 163
azathioprine... 149	BALVERSA... 49, 50	BD ULTRA-FINE ORIG PEN NEEDLE... 163
azelaic acid... 109	balziva (28)... 136	BD ULTRA-FINE SHORT PEN NEEDLE... 163
azelastine... 168, 174	BAND-AID GAUZE PADS... 162	BD VEO INSULIN SYR (HALF UNIT)... 163
azelastine-fluticasone... 174	BANZEL... 31	BD VEO INSULIN SYRINGE UF... 163
AZELEX... 109	BAQSIMI... 78	BECONASE AQ... 174
AZILECT... 64	BARACLUDE... 71	BELBUCA... 11
azithromycin... 22	BASAGLAR KWIKPEN U-100 INSULIN... 78	BELEODAQ... 50
AZMIRO... 136	BASAGLAR TEMPO PEN(U-100)INSLN... 78	
AZOPT... 168	BAVENCIO... 50	
AZOR... 88	BAXDELA... 22	
AZSTARYS... 102	BCG VACCINE, LIVE (PF)... 149	
aztreonam... 22	BD ALCOHOL SWABS... 162	
AZULFIDINE EN-TABS... 159	BD AUTOSHIELD DUO PEN NEEDLE... 162	
AZULFIDINE... 159		
azurette (28)... 136		

BELSOMRA... 181	betamethasone, augmented... 110	bismuth subcit k-metronidz-tcn... 124
benazepril... 89	BETAPACE AF... 89	bisoprolol fumarate... 89
benazepril-hydrochlorothiazide... 89	BETAPACE... 89	bisoprolol-hydrochlorothiazide... 89
bendamustine... 50	BETASERON... 102	BIVIGAM... 149
BENDEKA... 50	betaxolol... 89, 168	bleomycin... 50
BENICAR HCT... 89	bethanechol chloride... 131	blisovi fe 1.5/30 (28)... 137
BENICAR... 89	BETHKIS... 22	blisovi fe 1/20 (28)... 137
BENLYSTA... 149	BETIMOL... 168	blisovi 24 fe... 137
BENTYL... 124	BETOPTIC S... 168	BONIVA... 160
BENZAMYCIN... 109	BEVESPI AEROSPHERE... 174	BONJESTA... 41
benzhydrocodone-acetaminophen... 11	bexarotene... 50	BOOSTRIX TDAP... 149
benzonatate... 183	BEXSERO... 149	BORDERED GAUZE... 163
benzphetamine... 186	BEYAZ... 136	BORTEZOMIB... 50
benztropine... 64	BEYFORTUS... 163	BORUZU... 50
bepotastine besilate... 168	bicalutamide... 50	bosentan... 174
BEPREVE... 168	BICILLIN C-R... 22	BOSULIF... 50
BERINERT... 149	BICILLIN L-A... 23	BRAFTOVI... 50
besser... 109	BICNU... 50	BREO ELLIPTA... 174
BESIVANCE... 168	BIDIL... 89	bretylum tosylate... 89
BESPONSA... 50	BIJUVA... 136	BREVIBLOC IN NACL (ISO-OSM)... 89
BESREMI... 149	BIKTARVY... 71	BREVIBLOC... 89
BETADINE OPHTHALMIC PREP... 168	BILTRICIDE... 63	BREZTRI AEROSPHERE... 174
betaine... 128	bimatoprost... 168	briellyn... 137
betamethasone acet,sod phos... 132	BIMZELX AUTOINJECTOR... 149	BRILINTA... 84
betamethasone dipropionate... 109	BIMZELX... 149	brimonidine... 110, 168
betamethasone valerate... 109	BINOSTO... 160	brinzolamide... 168
	BIORPHEN... 89	BRIUMVI... 102

BRIVIACT... 31	bupropion hcl (smoking deter)... 20	CALAN SR... 89
bromfed dm... 183	bupropion hcl... 38	calcipotriene... 110
bromfenac... 168	bupirone... 76	calcipotriene-betamethasone... 110
bromocriptine... 64	busulfan... 50	calcitonin (salmon)... 160
brompheniramine-pseudoeph-dm... 183	BUSULFEX... 50	calcitriol... 110, 160
BROMSITE... 168	butalbital compound w/codeine... 11	calcium chloride... 117
BRONCHITOL... 174	butalbital-acetaminop-caf-cod... 163	calcium disodium versenate... 163
BROVANA... 174	butalbital-acetaminophen... 163	calcium gluconate... 117
BRUKINSA... 50	butalbital-acetaminophen-caff... 163	CALDOLOR... 11
BRYHALI... 110	butalbital-aspirin-caffeine... 163	CALQUENCE (ACALABRUTINIB MAL)... 50
BSS PLUS... 169	butorphanol... 11	CALQUENCE... 50
BSS... 169	BUTRANS... 11	CAMBIA... 11
budesonide... 159, 174	BYDUREON BCISE... 78	camila... 137
bumetanide... 89	BYETTA... 78	CAMPTOSAR... 50
bupap... 163	BYLVAY... 163	camrese lo... 137
BUPHENYL... 128	BYSTOLIC... 89	camrese... 137
bupivacaine (pf)... 18		CAMZYOS... 89
bupivacaine hcl... 18	C	CANASA... 159
bupivacaine liposome (pf)... 19	c-nate dha... 117	CANCIDAS... 43
bupivacaine-dextrose-water(pf)... 19	CABENUVA... 71	candesartan... 89
bupivacaine-epinephrine (pf)... 19	cabergoline... 146	candesartan-hydrochlorothiazid... 89
bupivacaine-epinephrine... 19	CABLIVI... 84	CAPEX... 110
BUPRENEX... 11	CABOMETRYX... 50	CAPLYTA... 66
buprenorphine hcl... 11, 20	CABTREO... 110	CAPRELSA... 50
buprenorphine... 11	CADUET... 89	captopril... 89
buprenorphine-naloxone... 20	CAFICIT... 163	captopril-hydrochlorothiazide... 89
	caffeine citrate... 163	

CARAC... 110	carvedilol phosphate... 90	CELEXA... 38
CARAFATE... 124	carvedilol... 90	CELLCEPT INTRAVENOUS... 149
CARBAGLU... 118	CASODEX... 50	CELLCEPT... 149
carbamazepine... 31	caspofungin... 43	CELONTIN... 31
CARBATROL... 31	CAYSTON... 174	CENTANY... 110
carbidopa... 64	cefaclor... 23	cephalexin... 24
carbidopa-levodopa... 64	cefadroxil... 23	CEQUA... 169
carbidopa-levodopa-entacapone... 64	cefazolin in dextrose (iso-os)... 23	CEQUR SIMPLICITY INSERTER... 163
carbinoxamine maleate... 174	cefazolin... 23	CEQUR SIMPLICITY... 163
CARBOCAINE WITH NEO-COBEFRIN... 19	cefdinir... 23	CERDELGA... 128
carboplatin... 50	cefepime in dextrose 5 %... 23	CEREBYX... 31
carboprost tromethamine... 135	cefepime in dextrose,iso-osm... 23	CEREZYME... 128
CARDIZEM CD... 89, 90	cefepime... 23	CERVIDIL... 163
CARDIZEM LA... 90	cefixime... 23	cetirizine... 174
CARDIZEM... 89	cefotetan... 23	cetrotrelax... 185
CARDURA XL... 90	cefoxitin in dextrose, iso-osm... 23	CETROTIDE... 185
CARDURA... 90	cefoxitin... 23	cevimeline... 108
CARETOUCH ALCOHOL PREP PAD... 163	cefpodoxime... 23	CHANTIX CONTINUING MONTH BOX... 20
carglumic acid... 118	cefprozil... 23	CHANTIX STARTING MONTH BOX... 20
carisoprodol... 180	ceftazidime in d5w... 23	CHANTIX... 20
carmustine... 50	ceftazidime... 23	charlotte 24 fe... 137
CARNITOR (SUGAR-FREE)... 118	ceftriaxone in dextrose,iso-os... 23	chateal eq (28)... 137
CARNITOR... 118	ceftriaxone... 23	CHEMET... 118
CAROSPIR... 90	cefuroxime axetil... 23	CHENODAL... 124
carteolol... 169	cefuroxime sodium... 23	chloramphenicol sod succinate... 24
cartia xt... 90	CELEBREX... 11	chlordiazepoxide hcl... 76
	celecoxib... 11	
	CELESTONE SOLUSPAN... 132	

chlorhexidine gluconate... 108	CINQAIR... 174	CLIMARA PRO... 137
chloroprocaine (pf)... 19	CINRYZE... 149	CLIMARA... 137
chloroquine phosphate... 63	CINVANTI... 41	clindacin etz... 110
chlorothiazide sodium... 90	CIPRO HC... 172	clindacin p... 110
chlorpromazine... 66	CIPRO... 24	clindacin... 110
chlorthalidone... 90	CIPRODEX... 172	CLINDAGEL... 110
chlorzoxazone... 180	ciprofloxacin hcl... 24, 169	clindamycin hcl... 24
CHOLBAM... 128	ciprofloxacin in 5 % dextrose... 24	clindamycin in 0.9 % sod chlor... 24
cholestyramine (with sugar)... 90	ciprofloxacin... 24	clindamycin in 5 % dextrose... 24
cholestyramine light... 90	ciprofloxacin-dexamethasone... 172	clindamycin palmitate hcl... 24
cholestyramine-aspartame... 90	cisplatin... 50	clindamycin pediatric... 24
CHORIONIC GONADOTROPIN, HUMAN... 134	citalopram... 38	clindamycin phosphate... 24, 110
CIALIS... 131, 184	CITRANATAL B-CALM (FE GLUC)... 118	clindamycin-benzoyl peroxide... 110
CIBINQO... 149	cladribine... 51	clindamycin-tretinoin... 110
ciclodan... 43	CLAFORAN... 24	CLINDESSE... 24
ciclopirox... 43	claravis... 110	CLINIMIX E 2.75%/D5W SULF FREE... 118
cidofovir... 71	CLARINEX... 174	CLINIMIX E 4.25%/D10W SULF FREE... 118
cilostazol... 84	CLARINEX-D 12 HOUR... 163	CLINIMIX E 4.25%/D5W SULF FREE... 118
CILOXAN... 169	clarithromycin... 24	CLINIMIX E 5%/D15W SULFIT FREE... 118
CIMDUO... 71	clemastine... 174	CLINIMIX E 5%/D20W SULFIT FREE... 118
cimetidine hcl... 124	CLENPIQ... 124	CLINIMIX E 8%-D10W SULFITEFREE... 118
cimetidine... 124	CLEOCIN HCL... 24	CLINIMIX E 8%-D14W SULFITEFREE... 118
CIMZIA POWDER FOR RECONST... 149	CLEOCIN PEDIATRIC... 24	
CIMZIA STARTER KIT... 149	CLEOCIN T... 110	
CIMZIA... 149	CLEOCIN... 24	
cinacalcet... 160	CLEVIPREX... 90	

CLINIMIX 4.25%/D10W SULF FREE... 118	clonidine... 90	COMETRIQ... 51
CLINIMIX 4.25%/D5W SULFIT FREE... 118	clopidogrel... 84	COMPAZINE... 41
CLINIMIX 5%-D20W(SULFITE-FREE)... 118	clorazepate dipotassium... 76	COMPLERA... 71
CLINIMIX 5%-D15W SULFITE FREE... 118	CLOTROTEKAL (PF)... 19	complete natal dha... 118
CLINIMIX 6%-D5W (SULFITE-FREE)... 118	clotrimazole... 43	compro... 41
CLINIMIX 8%-D10W(SULFITE-FREE)... 118	clotrimazole-betamethasone... 43	COMTAN... 64
CLINIMIX 8%-D14W(SULFITE-FREE)... 118	clozapine... 66	CONCERTA... 102
CLINISOL SF 15 %... 118	CLOZARIL... 66	CONDYLOX... 111
CLINOLIPID... 118	COARTEM... 63	constulose... 124
CLINPRO 5000... 183	COBENFY STARTER PACK... 163	CONTRAVE... 186
clobazam... 31	COBENFY... 163	CONZIP... 12
clobetasol... 111	codeine sulfate... 11	COPAXONE... 102
clobetasol-emollient... 111	codeine-butalbital-asa-caff... 12	COPIKTRA... 51
CLOBEX... 111	COLAZAL... 159	CORDRAN TAPE LARGE ROLL... 111
clocortolone pivalate... 111	colchicine... 46	CORDRAN... 111
clodan... 111	COLCRYS... 46	coremino... 25
clofarabine... 51	colesevelam... 90	CORGARD... 91
CLOLAR... 51	COLESTID FLAVORED... 90	CORLANOR... 91
clomid... 185	COLESTID... 90	CORLOPAM... 91
clomiphene citrate... 185	colestipol... 90	CORTEF... 111
clomipramine... 38	colistin (colistimethate na)... 24	CORTENEMA... 159
clonazepam... 76	COLUMVI... 51	CORTIFOAM... 159
clonidine hcl... 90, 102	COLY-MYCIN M PARENTERAL... 25	CORTISPORIN-TC... 172
	COMBIGAN... 169	CORTROPHIN GEL... 132
	COMBIPATCH... 137	CORVERT... 91
	COMBIVENT RESPIMAT... 174	COSENTYX (2 SYRINGES)... 150
	COMBIVIR... 71	COSENTYX PEN (2 PENS)... 150
	COMBOGESIC IV... 163	COSENTYX PEN... 150

COSENTYX UNOREADY PEN... 150	cycloserine... 48	DACOGEN... 51
COSENTYX... 150	CYCLOSET... 78	dactinomycin... 51
COSMEGEN... 51	cyclosporine modified... 150	dalfampridine... 102
COSOPT (PF)... 169	cyclosporine... 150, 169	DALIRESP... 174
COSOPT... 169	CYKLOKAPRON... 84	DALVANCE... 25
COTELLIC... 51	CYLTEZO(CF) PEN CROHN'S-UC-HS... 150	danazol... 137
COTEMPLA XR-ODT... 102	CYLTEZO(CF) PEN PSORIASIS-UV... 150	DANTRIUM... 70
COZAAR... 91	CYLTEZO(CF) PEN... 150	dantrolene... 70
CREON... 128	CYLTEZO(CF)... 150	DANYELZA... 51
CRESEMBA... 43	CYMBALTA... 102	DANZITEN... 51
CRESTOR... 91	cyproheptadine... 174	dapsone... 48, 111
CREXONT... 64	CYRAMZA... 51	DAPTACEL (DTAP PEDIATRIC) (PF)... 150
CRINONE... 137	cyred eq... 137	daptomycin in 0.9 % sod chlor... 25
cromolyn... 169, 174	cyred... 137	daptomycin... 25
crotan... 111	CYSTADANE... 128	DARAPRIM... 63
cryselle (28)... 137	CYSTADROPS... 169	darifenacin... 131
CRYSVITA... 128	CYSTAGON... 128	DARTISLA... 124
CUBICIN RF... 25	CYSTARAN... 169	darunavir... 71
CUPRIMINE... 118	cytarabine (pf)... 51	DARZALEX FASPRO... 51
CURITY ALCOHOL SWABS... 164	cytarabine... 51	DARZALEX... 51
CURITY GAUZE... 164	CYTOGAM... 150	dasatinib... 51
CUTAQUIG... 150	CYTOMEL... 145	dasetta 1/35 (28)... 137
CUVPOSA... 124	CYTOTEC... 124	dasetta 7/7/7 (28)... 137
CUVRIOR... 118		daunorubicin... 51
cyanocobalamin (vitamin b-12)... 185, 186	D	DAURISMO... 51
cyclobenzaprine... 180	dabigatran etexilate... 84	DAYBUE... 128
cyclophosphamide... 51	dacarbazine... 51	DAYPRO... 12

daysee... 137
 DAYTRANA... 103
 DAYVIGO... 181
 DDAVP... 134
 deblitane... 137
 decitabine... 51
 deferasirox... 118
 deferiprone... 119
 deferoxamine... 119
 DEFITELIO... 164
 deflazacort... 132
 DELESTROGEN... 137
 DELSTRIGO... 71
 DELZICOL... 159
 demeclocycline... 25
 DEMEROL (PF)... 12
 DEMEROL... 12
 DEMSER... 91
 DENAVIR... 71
 DENGVAXIA (PF)... 150
 denta 5000 plus sensitive... 183
 denta 5000 plus... 183
 dentagel... 183
 DEPAKOTE ER... 31
 DEPAKOTE SPRINKLES... 31
 DEPAKOTE... 31
 DEPEN TITRATABS... 119
 DEPO-ESTRADIOL... 137
 DEPO-MEDROL... 132
 DEPO-PROVERA... 137
 DEPO-SUBQ PROVERA 104... 137
 DEPO-TESTOSTERONE... 137
 DERMA-SMOOTH/FS BODY OIL... 111
 DERMA-SMOOTH/FS SCALP OIL... 111
 DERMACEA... 164
 dermacinrx lidocan... 19
 DERMOTIC OIL... 172
 DESCOVY... 71
 DESFERAL... 119
 desipramine... 38
 desloratadine... 174
 desmopressin... 134
 desog-e.estradiol/e.estradiol... 137
 desogestrel-ethinyl estradiol... 137
 desonide... 111
 DESOWEN... 111
 desoximetasone... 111, 112
 DESOXYN... 103
 desrx... 112
 desvenlafaxine succinate... 38
 desvenlafaxine... 38
 DETROL LA... 131
 DETROL... 131
 dexabliss... 132
 dexamethasone intensol... 132
 dexamethasone sodium phos (pf)... 132
 dexamethasone sodium phosphate... 133, 169
 dexamethasone... 132
 dexchlorpheniramine maleate... 174
 DEXEDRINE SPANSULE... 103
 DEXILANT... 124
 dexlansoprazole... 124
 dexmethylphenidate... 103
 dexrazoxane hcl... 52
 DEXTENZA... 169
 dextroamphetamine sulfate... 103
 dextroamphetamine-amphetamine... 103
 dextrose 10 % and 0.2 % nacl... 119
 dextrose 10 % in water (d10w)... 119
 dextrose 25 % in water (d25w)... 119
 dextrose 5 % in water (d5w)... 119
 dextrose 5 %-lactated ringers... 119
 dextrose 5%-0.2 % sod chloride... 119
 dextrose 5%-0.3 % sod.chloride... 119
 dextrose 50 % in water (d50w)... 119

dextrose 70 % in water (d70w)...	digoxin... 91	DOCIVYX... 52
119	dihydroergotamine... 46	dodex... 186
DHIVY... 64	DILANTIN EXTENDED... 31	dofetilide... 91
DIACOMIT... 31	DILANTIN INFATABS... 31	DOJOLVI... 128
DIASTAT ACUDIAL... 31	DILANTIN... 31	dolishale... 137
DIASTAT... 31	DILANTIN-125... 32	dolobid... 12
diazepam intensol... 76	DILAUDID... 12	donepezil... 37
diazepam... 31, 76	dilt-xr... 91	dopamine in 5 % dextrose... 92
diazoxide... 78	diltiazem hcl... 91	dopamine... 91
DIBENZYLINE... 91	dimenhydrinate... 41	DOPRAM... 175
dichlorphenamide... 128	dimethyl fumarate... 103	DOPTelet (10 TAB PACK)... 84
DICLEGIS... 41	DIOVAN HCT... 91	DOPTelet (15 TAB PACK)... 84
diclofenac epolamine... 12	DIOVAN... 91	DOPTelet (30 TAB PACK)... 84
diclofenac potassium... 12	DIPENTUM... 159	DORYX MPC... 25
diclofenac sodium... 12, 112, 169	DIPHEN... 174	DORYX... 25
diclofenac-misoprostol... 12	diphenhydramine hcl... 175	dorzolamide... 169
dicloxacillin... 25	diphenoxylate-atropine... 124	dorzolamide-timolol (pf)... 169
dicyclomine... 124	DIPROLENE (AUGMENTED)... 112	dorzolamide-timolol... 169
didanosine... 71	dipyridamole... 84	dotti... 138
diethylpropion... 186, 187	disopyramide phosphate... 91	DOVATO... 71
DIFFERIN... 112	disulfiram... 20	DOVONEX... 112
DIFICID... 25	DITROPAN XL... 131	doxazosin... 92
diflorasone... 112	DIURIL... 91	doxepin... 76, 112, 181
DIFLUCAN... 43	divalproex... 32	doxercalciferol... 160
diflunisal... 12	DIVIGEL... 137	DOXIL... 52
difluprednate... 169	dobutamine in d5w... 91	doxorubicin... 52
digitek... 91	dobutamine... 91	doxorubicin, peg-liposomal... 52
digox... 91	docetaxel... 52	doxy-100... 25

doxycycline hyclate... 25	DUOPA... 64	econazole... 43
doxycycline monohydrate... 25, 26	DUPIXENT PEN... 150	edaravone... 104
doxylamine-pyridoxine (vit b6)... 41	DUPIXENT SYRINGE... 150	EDARBI... 92
DRISDOL... 186	DURAMORPH (PF)... 12	EDARBYCLOR... 92
DRIZALMA SPRINKLE... 103	DUREZOL... 169	EDECIN... 92
dronabinol... 41	DURYSTA... 169	edetate calcium disodium... 164
droperidol... 66	dutasteride... 131	EDLUAR... 181
DROPLET INSULIN SYR(HALF UNIT)... 164	dutasteride-tamsulosin... 131	EDURANT... 71
DROPLET INSULIN SYRINGE... 164	DUVYZAT... 128	efavirenz... 71
DROPLET MICRON PEN NEEDLE... 164	DUZALLO... 46	efavirenz-emtricitabin-tenofov... 71
DROPLET PEN NEEDLE... 164	DYANAVAL XR... 103	efavirenz-lamivu-tenofov disop... 71
DROPSAFE ALCOHOL PREP PADS... 164	DYMISTA... 175	EFFEXOR XR... 38
DROPSAFE PEN NEEDLE... 164	DYRENIUM... 92	EFFIENT... 84
drospirenone-e.estradiol-lm.fa... 138	d10 %-0.45 % sodium chloride... 118	EFUDEX... 112
drospirenone-ethinyl estradiol... 138	d2.5 %-0.45 % sodium chloride... 118	EGATEN... 63
DROXIA... 164	d5 % and 0.9 % sodium chloride... 118	EGRIFTA SV... 134
droxidopa... 92	d5 %-0.45 % sodium chloride... 118	ELAPRASE... 128
DUAKLIR PRESSAIR... 175		electrolyte-a... 119
DUAVEE... 138	E	electrolyte-148... 119
DUET DHA WITH OMEGA-3... 119	E.E.S. GRANULES... 26	electrolyte-48 in d5w... 119
DUETACT... 78	E.E.S. 400... 26	ELELYSO... 128
DUEXIS... 12	EASY COMFORT ALCOHOL PAD... 164	ELESTRIN... 138
DULERA... 175	EASY TOUCH ALCOHOL PREP PADS... 164	eletriptan... 46
duloxetine... 103	EBGLYSS PEN... 112	ELEVIDYS... 128
DUOBRII... 112	EBGLYSS SYRINGE... 112	ELFABRIO... 128
	ec-naproxen... 12	ELIDEL... 112
		ELIGARD (3 MONTH)... 146

ELIGARD (4 MONTH)... 146	EMTRIVA... 71	enulose... 124
ELIGARD (6 MONTH)... 146	emverm... 63	ENVARUSUS XR... 151
ELIGARD... 146	emzahh... 138	EOHILIA... 164
ELIMITE... 112	enalapril maleate... 92	EPANED... 92
elinest... 138	enalapril-hydrochlorothiazide... 92	EPCLUSA... 71
ELIQUIS DVT-PE TREAT 30D START... 84	enalaprilat... 92	EPIDIOLEX... 32
ELIQUIS... 84	ENBREL MINI... 150	EPIDUO FORTE... 112
ELITEK... 52	ENBREL SURECLICK... 150	EPIDUO... 112
ELIXOPHYLLIN... 175	ENBREL... 150	EPIFOAM... 112
ELLENCE... 52	ENDARI... 124	epinastine... 169
ELMIRON... 131	endocet... 12	epinephrine... 175
ELREXFIO... 52	ENDOMETRIN... 138	EPIPEN JR 2-PAK... 175
eluryng... 138	ENGERIX-B (PF)... 150	EPIPEN JR... 175
ELYXYB... 164	ENGERIX-B PEDIATRIC (PF)... 150	EPIPEN 2-PAK... 175
ELZONRIS... 52	ENHERTU... 52	EPIPEN... 175
EMCYT... 52	enilloring... 138	epirubicin... 52
EMEND (FOSAPREPITANT)... 41	ENJAYMO... 151	epitol... 32
EMEND... 41	enoxaparin... 84	EPIVIR HBV... 72
EMFLAZA... 133	enpresse... 138	EPIVIR... 71, 72
EMGALITY PEN... 46	enskyce... 138	EPKINLY... 52
EMGALITY SYRINGE... 46	ENSPRYNG... 169	eplerenone... 92
EMPAVELI... 164	ENSTILAR... 112	EPOGEN... 84, 85
EMPLICITI... 52	entacapone... 64	epoprostenol... 175
EMROSI... 26	entecavir... 71	EPRONTIA... 32
EMSAM... 38	ENTRESTO SPRINKLE... 92	eprosartan... 92
emtricitabine... 71	ENTRESTO... 92	EPSOLAY... 112
emtricitabine-tenofovir (tdf)... 71	ENTYVIO PEN... 151	eptifibatide... 85
	ENTYVIO... 151	EPZICOM... 72

EQUETRO... 32	ESBRIET... 175	EUTHYROX... 145
ERAXIS(WATER DILUENT)... 43	escitalopram oxalate... 38	EVAMIST... 138
ERBITUX... 52	ESGIC... 164	EVEKEO ODT... 104
ergocalciferol (vitamin d2)... 186	esmolol in nacl (iso-osm)... 92	EVEKEO... 104
ergoloid... 37	esmolol... 92	EVENTITY... 160
ERGOMAR... 46	esomeprazole magnesium... 124	everolimus (antineoplastic)... 52
ergotamine-caffeine... 46	esomeprazole sodium... 124	everolimus (immunosuppressive)... 151
eribulin... 52	estarylla... 138	EVISTA... 138
ERIVEDGE... 52	estazolam... 181	EVKEEZA... 92
ERLEADA... 52	ESTRACE... 138	EVOCLIN... 112
erlotinib... 52	estradiol valerate... 138	EVOMELA... 52
ERMEZA... 145	estradiol... 138	EVOTAZ... 72
errin... 138	estradiol-norethindrone acet... 138	EVOXAC... 108
ERTACZO... 43	ESTRING... 138	EVRYSDI... 128
ertapenem... 26	eszopiclone... 181	EXELON PATCH... 37
ery pads... 112	ethacrynate sodium... 92	exemestane... 52
ERY-TAB... 26	ethacrynic acid... 92	exenatide... 78
ERYGEL... 112	ethambutol... 48	EXFORGE HCT... 92
ERYPED 200... 26	ethosuximide... 32	EXFORGE... 92
ERYPED 400... 26	ethynodiol diac-eth estradiol... 138	EXJADE... 119
ERYTHROCIN (AS STEARATE)... 26	etodolac... 12, 13	EXKIVITY... 52
ERYTHROCIN... 26	etonogestrel-ethinyl estradiol... 138	EXPAREL (PF)... 19
erythromycin ethylsuccinate... 26	ETOPOPHOS... 52	EXSERVAN... 104
erythromycin lactobionate... 26	etoposide... 52	EXTAVIA... 104
erythromycin with ethanol... 112	etravirine... 72	EXTINA... 43
erythromycin... 26, 169	EUCRISA... 112	EYSUVIS... 169
erythromycin-benzoyl peroxide... 112	EULEXIN... 52	EZALLOR SPRINKLE... 92
	EURAX... 112	

ezetimibe... 92	fenofibrate micronized... 93	FINTEPLA... 32
ezetimibe-atorvastatin... 92	fenofibrate nanocrystallized... 93	finzala... 139
ezetimibe-rosuvastatin... 92	fenofibrate... 92, 93	FIORICET WITH CODEINE... 164
ezetimibe-simvastatin... 92	fenofibric acid (choline)... 93	fioricet... 164
F	fenofibric acid... 93	FIRAZYR... 151
FABHALTA... 151	FENOGLIDE... 93	FIRDAPSE... 104
FABIOR... 113	fenoprofen... 13	FIRMAGON KIT W DILUENT SYRINGE... 146
FABRAZYME... 128	FENSOLVI... 146	FIRMAGON... 146
falmina (28)... 139	fenfentanyl citrate (pf)... 13	FIRVANQ... 26
famciclovir... 72	fenfentanyl citrate... 13	flac otic oil... 172
famotidine (pf)... 124	fenfentanyl... 13	FLAGYL... 26
famotidine (pf)-nacl (iso-os)... 124	FENTORA... 13	flavoxate... 131
famotidine... 124	FERRIPROX (2 TIMES A DAY)... 119	FLEBOGAMMA DIF... 151
FANAPT... 66	FERRIPROX... 119	flecainide... 93
FARESTON... 52	fesoterodine... 131	FLECTOR... 13
FARXIGA... 78	FETROJA... 26	FLEQSUVY... 70
FASENRA PEN... 175	FETZIMA... 38	FLOLIPID... 93
FASENRA... 175	FEXMID... 180	FLOMAX... 131
FASLODEX... 53	FIASP FLEXTOUCH U-100 INSULIN... 78	floxuridine... 53
febuxostat... 46	FIASP PENFILL U-100 INSULIN... 78	fluconazole in nacl (iso-osm)... 44
felbamate... 32	FIASP U-100 INSULIN... 78	fluconazole... 43
FELBATOL... 32	FIBRICOR... 93	flucytosine... 44
FELDENE... 13	FILSPARI... 164	fludarabine... 53
felodipine... 92	FILSUVEZ... 164	fludrocortisone... 133
FEMARA... 53	FINACEA... 113	FLUMADINE... 72
FEMLYV... 139	finasteride... 131	flumazenil... 164
FEMRING... 139	fingolimod... 104	flunisolide... 175
femynor... 139		

fluocinolone acetonide oil... 172	FOLLISTIM AQ... 185	FUROSCIX... 93
fluocinolone and shower cap... 113	FOLOTYN... 53	furosemide... 93
fluocinolone... 113	fomepizole... 164	FUSILEV... 53
fluocinonide... 113	fondaparinux... 85	FUZEON... 72
fluocinonide-e... 113	FORFIVO XL... 39	FYARRO... 53
fluocinonide-emollient... 113	formoterol fumarate... 175	fyavolv... 139
fluoride (sodium)... 184	formoterol fumarate-nebulizer... 175	FYCOMPA... 32
fluorometholone... 169	FORTEO... 160	FYLNETRA... 85
FLUOROPLEX... 113	FORTESTA... 139	fyremadel... 185
fluorouracil... 53, 113	FOSAMAX PLUS D... 160	G
fluoxetine... 38, 39	FOSAMAX... 160	gabapentin... 32, 104
fluphenazine decanoate... 67	fosamprenavir... 72	GABITRIL... 32
fluphenazine hcl... 67	fosaprepitant... 41	GALAFOLD... 128
flurandrenolide... 113	foscarnet... 72	galantamine... 37
flurazepam... 181	fosfomycin tromethamine... 26	gallifrey... 139
flurbiprofen sodium... 169	fosinopril... 93	GAMASTAN... 151
flurbiprofen... 13	fosinopril-hydrochlorothiazide... 93	GAMIFANT... 151
fluticasone propion-salmeterol... 175	fosphenytoin... 32	GAMMAGARD LIQUID... 151
fluticasone propionate... 113, 175	FOTIVDA... 53	GAMMAGARD S-D (IGA < 1 MCG/ML)... 151
fluvastatin... 93	FRAGMIN... 85	GAMMAKED... 151
fluvoxamine... 39	fraiche 5000... 184	GAMMAPLEX (WITH SORBITOL)... 151
FML FORTE... 169	FROVA... 46	GAMMAPLEX... 151
FML LIQUIFILM... 169	frovatriptan... 46	GAMUNEX-C... 151
FOCALIN XR... 104	FRUZAQLA... 53	ganciclovir sodium... 72
FOCALIN... 104	FULPHILA... 85	GANIRELIX... 185
FOCINVEZ... 41	fulvestrant... 53	GARDASIL 9 (PF)... 151
folic acid... 186	FURADANTIN... 26	

GASTROCROM... 176	GILENYA... 104	glycopyrrolate... 125
gatifloxacin... 169	GILOTRIF... 53	glydo... 19
GATTEX ONE-VIAL... 125	GIMOTI... 41	GLYNASE... 79
GATTEX 30-VIAL... 125	GIVLAARI... 165	GLYXAMBI... 79
GAUZE BANDAGE... 164	GLASSIA... 128	GOCOVRI... 64
GAUZE PAD... 165	glatiramer... 104	GOLYTELY... 125
gavilyte-c... 125	glatopa... 104	GONAL-F RFF REDI-JECT... 185
gavilyte-g... 125	GLEEVEC... 53	GONAL-F RFF... 185
gavilyte-n... 125	GLEOSTINE... 53	GONAL-F... 185
GAVRETO... 53	glimepiride... 78	GONITRO... 93
GAZYVA... 53	glipizide... 78	GRALISE... 104
gefitinib... 53	glipizide-metformin... 78	granisetron (pf)... 42
GELNIQUE... 131	GLOPERBA... 46	granisetron hcl... 42
gemcitabine... 53	GLUCAGEN HYPOKIT... 78	GRANIX... 85
gemfibrozil... 93	GLUCAGON (HCL) EMERGENCY KIT... 78	GRASTEK... 176
gemmily... 139	glucagon emergency kit (human)... 78	griseofulvin microsize... 44
GEMTESA... 131	GLUCOTROL XL... 78	griseofulvin ultramicrosize... 44
generlac... 125	GLUMETZA... 78	guanfacine... 93, 104
gengraf... 151	glutamine (sickle cell)... 125	GVOKE HYPOPEN 1-PACK... 79
GENOTROPIN MINIQUICK... 134	glyburide micronized... 79	GVOKE HYPOPEN 2-PACK... 79
GENOTROPIN... 134	glyburide... 78	GVOKE PFS 1-PACK SYRINGE... 79
gentak... 169	glyburide-metformin... 79	GVOKE PFS 2-PACK SYRINGE... 79
gentamicin in nacl (iso-osm)... 26	GLYCAT... 125	GVOKE... 79
gentamicin sulfate (ped) (pf)... 26	GLYCOPHOS... 119	gynazole-1... 44
gentamicin sulfate (pf)... 26	glycopyrrolate (pf) in water... 125	
gentamicin... 26, 169	glycopyrrolate (pf)... 125	H
GENVOYA... 72		HADLIMA PUSHTOUCH... 151
GEODON... 67		HADLIMA... 151
		HADLIMA(CF) PUSHTOUCH... 151

HADLIMA(CF)... 151	HERCEPTIN... 53	HUMIRA... 152
HAEGARDA... 151	HERZUMA... 53	HUMIRA(CF) PEDI CROHNS STARTER... 152
hailey fe 1.5/30 (28)... 139	HETLIOZ LQ... 181	HUMIRA(CF) PEN CROHNS-UC-HS... 152
hailey fe 1/20 (28)... 139	HETLIOZ... 181	HUMIRA(CF) PEN PEDIATRIC UC... 152
hailey 24 fe... 139	HIBERIX (PF)... 152	HUMIRA(CF) PEN PSOR-UV-ADOL HS... 152
hailey... 139	HIPREX... 26	HUMIRA(CF) PEN... 152
HALAVEN... 53	HIZENTRA... 152	HUMIRA(CF)... 152
halcinonide... 113	HORIZANT... 104	HUMULIN N NPH INSULIN KWIKPEN... 79
HALCION... 181	HULIO(CF) PEN... 152	HUMULIN N NPH U-100 INSULIN... 79
HALDOL DECANOATE... 67	HULIO(CF)... 152	HUMULIN R REGULAR U-100 INSULN... 79
halobetasol propionate... 113	HUMALOG JUNIOR KWIKPEN U-100... 79	HUMULIN R U-500 (CONC) INSULIN... 79
haloette... 139	HUMALOG KWIKPEN INSULIN... 79	HUMULIN R U-500 (CONC) KWIKPEN... 79
HALOG... 113	HUMALOG MIX 50-50 INSULN U-100... 79	HUMULIN 70/30 U-100 INSULIN... 79
haloperidol decanoate... 67	HUMALOG MIX 50-50 KWIKPEN... 79	HUMULIN 70/30 U-100 KWIKPEN... 79
haloperidol lactate... 67	HUMALOG MIX 75-25 KWIKPEN... 79	
haloperidol... 67	HUMALOG MIX 75-25(U-100)INSULN... 79	
HARVONI... 72	HUMALOG TEMPO PEN(U-100)INSULN... 79	
HAVRIX (PF)... 151	HUMALOG U-100 INSULIN... 79	
heather... 139	HUMATIN... 26	
HECTOROL... 160	HUMATROPE... 134, 135	
HEMABATE... 135	HUMIRA PEN CROHNS-UC-HS START... 152	
HEMADY... 133	HUMIRA PEN PSOR-UVEITS-ADOL HS... 152	
HEMANGEOL... 93	HUMIRA PEN... 152	
heparin (porcine)... 85		
heparin, porcine (pf)... 85		
HEPLISAV-B (PF)... 151		
HEPSERA... 72		
HERCEPTIN HYLECTA... 53		

hydrochlorothiazide... 94	HYRIMOZ PEN... 152	ifosfamide... 54
hydrocodone bitartrate... 13	HYRIMOZ... 152	IGALMI... 165
hydrocodone-acetaminophen... 13	HYRIMOZ(CF) PEDI CROHN STARTER... 152	ILEVRO... 169
hydrocodone-chlorpheniramine... 183	HYRIMOZ(CF) PEN... 152, 153	ILUMYA... 153
hydrocodone-homatropine... 183	HYRIMOZ(CF)... 152	imatinib... 54
hydrocodone-ibuprofen... 13	HYSINGLA ER... 14	IMBRUVICA... 54
hydrocortisone butyr-emollient... 114	HYZAAR... 94	IMDELLTRA... 54
	I	IMFINZI... 54
hydrocortisone butyrate... 114	ibandronate... 160	imipenem-cilastatin... 26
hydrocortisone sod succinate... 133	IBRANCE... 53	imipramine hcl... 39
hydrocortisone valerate... 114	IBSRELA... 125	imipramine pamoate... 39
hydrocortisone... 114, 159	ibu... 14	imiquimod... 114
hydrocortisone-acetic acid... 172	ibuprofen... 14	IMITREX STATDOSE PEN... 47
hydromet... 183	ibuprofen-famotidine... 14	IMITREX STATDOSE REFILL... 47
hydromorphone (pf)... 14	ibutilide fumarate... 94	IMITREX... 47
HYDROMORPHONE... 13, 14	icatibant... 153	IMJUDO... 54
hydroxocobalamin... 186	iclevia... 139	IMKELDI... 54
hydroxychloroquine... 63	ICLUSIG... 54	IMLYGIC... 54
hydroxyurea... 53	IDACIO(CF) PEN CROHN-UC STARTR... 153	IMMPHENTIV... 94
hydroxyzine hcl... 76	IDACIO(CF) PEN PSORIASIS START... 153	IMOGAM RABIES-HT (PF)... 153
hydroxyzine pamoate... 176	IDACIO(CF) PEN... 153	IMOVAX RABIES VACCINE (PF)... 153
HYFTOR... 114	IDACIO(CF)... 153	IMPAVIDO... 63
HYPERRAB (PF)... 152	IDAMYCIN PFS... 54	IMPEKLO... 114
HYPERTET (PF)... 152	idarubicin... 54	IMURAN... 153
HYRIMOZ PEN CROHN'S-UC STARTER... 152	IDHIFA... 54	IMVEXXY MAINTENANCE PACK... 139
HYRIMOZ PEN PSORIASIS STARTER... 152	IFEX... 54	IMVEXXY STARTER PACK... 139
		INBRIJA... 64
		incassia... 139

INCONTROL ALCOHOL PADS... 165	INSULIN DEGLUDEC... 80	ipratropium bromide... 176
INCRELEX... 135	INSULIN GLARGINE U-300 CONC... 80	ipratropium-albuterol... 176
INCRUSE ELLIPTA... 176	INSULIN GLARGINE... 80	IQIRVO... 125
indapamide... 94	INSULIN GLARGINE-YFGN... 80	irbesartan... 94
INDERAL LA... 94	INSULIN LISPRO PROTAMIN-LISPRO... 80	irbesartan-hydrochlorothiazide... 94
INDOCIN... 14	INSULIN LISPRO... 80	IRESSA... 54
indomethacin sodium... 14	INSULIN SYRINGE MICROFINE... 165	irinotecan... 54
indomethacin... 14	INSULIN SYRINGE... 165	ISENTRESS HD... 72
INFANRIX (DTAP) (PF)... 153	INSULIN SYRINGE-NEEDLE U-100... 165	ISENTRESS... 72
INFLECTRA... 153	INTELENCE... 72	isibloom... 139
INFLIXIMAB... 153	INTRALIPID... 119	ISOLYTE S PH 7.4... 119
INFUGEM... 54	INTRAROSA... 139	ISOLYTE-P IN 5 % DEXTROSE... 119
INFUMORPH P/F... 14	INTUNIV ER... 104	ISOLYTE-S... 119
INFUVITE ADULT... 186	INVANZ... 27	isoniazid... 48
INFUVITE PEDIATRIC... 186	INVEGA HAFYERA... 67	ISORDIL TITRADOSE... 94
INGREZZA INITIATION PK(TARDIV)... 104	INVEGA SUSTENNA... 67	ISORDIL... 94
INGREZZA SPRINKLE... 104	INVEGA TRINZA... 67	isosorbide dinitrate... 94
INGREZZA... 104	INVEGA... 67	isosorbide mononitrate... 94
INLYTA... 54	INVELTYS... 170	isosorbide-hydralazine... 94
INNOPRAN XL... 94	INVOKAMET XR... 80	isotretinoin... 114
INPEFA... 94	INVOKAMET... 80	isradipine... 94
INQOVI... 54	INVOKANA... 80	ISTALOL... 170
INREBIC... 54	IONOSOL-B IN D5W... 119	ISTODAX... 54
INSPRA... 94	IONOSOL-MB IN D5W... 119	ISTURISA... 135
INSULIN ASP PRT-INSULIN ASPART... 79	IOPIDINE... 170	ISUPREL... 94
INSULIN ASPART U-100... 79	IPOL... 153	ITOVEBI... 54, 55
		itraconazole... 44
		IV PREP WIPES... 165

ivabradine... 94	JOENJA... 129	KATERZIA... 94
ivermectin... 63, 114	jollessa... 139	KAZANO... 80
IWILFIN... 55	JORNAY PM... 104	KEDRAB (PF)... 153
IXCHIQ (PF)... 153	joyeaux... 139	kelnor 1/35 (28)... 140
IXEMPRA... 55	JUBLIA... 44	kelnor 1/50 (28)... 140
IXIARO (PF)... 153	juleber... 139	KENALOG... 133
IYUZEH (PF)... 170	JULUCA... 72	KENALOG-80... 133
J	junel fe 1.5/30 (28)... 139	KENGREAL... 85
JADENU SPRINKLE... 119	junel fe 1/20 (28)... 139	KEPIVANCE... 108
JADENU... 119	junel fe 24... 140	KEPPRA XR... 32
jaimiess... 139	junel 1.5/30 (21)... 139	KEPPRA... 32
JAKAFI... 55	junel 1/20 (21)... 139	KERENDIA... 94
JALYN... 131	JUXTAPID... 94	KERYDIN... 44
jantoven... 85	JYLAMVO... 153	KESIMPTA PEN... 104
JANUMET XR... 80	JYNARQUE... 120	ketoconazole... 44
JANUMET... 80	JYNNEOS (PF)... 153	ketodan... 44
JANUVIA... 80	K	ketoprofen... 14
JARDIANCE... 80	KABIVEN... 120	ketorolac... 14, 170
jasmiel (28)... 139	KADCYLA... 55	KEVEYIS... 129
JATENZO... 139	kaitlib fe... 140	KEVZARA... 153
javygtor... 129	KALETRA... 72	KEYTRUDA... 55
JAYPIRCA... 55	kalliga... 140	KHAPZORY... 55
JEMPERLI... 55	KALYDECO... 176	KIMMTRAK... 55
jencycla... 139	KANJINTI... 55	KIMYRSA... 27
JENTADUETO XR... 80	KANUMA... 129	KINERET... 153
JENTADUETO... 80	KAPSPARGO SPRINKLE... 94	KINRIX (PF)... 153
JEVTANA... 55	KAPVAY... 104	kionex (with sorbitol)... 120
jinteli... 139	kariva (28)... 140	kiprofen... 14

KISQALI FEMARA CO-PACK... 55	LABELALOL IN	LAMZEDE... 129
KISQALI... 55	DEXTROSE,ISO-OSM... 94	LANOXIN PEDIATRIC... 95
KITABIS PAK... 27	LABELALOL IN NACL (ISO-OSMOT)... 95	LANOXIN... 95
KLARON... 27	labetalol... 94	lanreotide... 146
klayesta... 44	lacosamide... 32	lansoprazole... 125
KLISYRI... 114	LACRISERT... 170	LANTUS SOLOSTAR U-100 INSULIN... 80
KLONOPIN... 77	lactated ringers... 120, 165	LANTUS U-100 INSULIN... 80
klor-con m10... 120	lactulose... 125	lapatinib... 55
KLOR-CON M15... 120	LAMICTAL ODT STARTER (BLUE)... 33	larin fe 1.5/30 (28)... 140
klor-con m20... 120	LAMICTAL ODT STARTER (GREEN)... 33	larin fe 1/20 (28)... 140
KLOR-CON 10... 120	LAMICTAL ODT STARTER (ORANGE)... 33	larin 1.5/30 (21)... 140
KLOR-CON 8... 120	LAMICTAL ODT... 33	larin 1/20 (21)... 140
klor-con... 120	LAMICTAL STARTER (BLUE) KIT... 33	larin 24 fe... 140
KLOXXADO... 21	LAMICTAL STARTER (GREEN) KIT... 33	LASIX... 95
KONVOMEPI... 125	LAMICTAL STARTER (ORANGE) KIT... 33	latanoprost... 170
KORLYM... 165	LAMICTAL XR STARTER (BLUE)... 33	LATUDA... 67
KOSELUGO... 55	LAMICTAL XR STARTER (GREEN)... 33	LAYOLIS FE... 140
KOSHER PRENATAL PLUS IRON... 120	LAMICTAL XR STARTER (ORANGE)... 33	LAZCLUZE... 55
kourzeq... 108	LAMICTAL XR... 33	ledipasvir-sofosbuvir... 73
KRAZATI... 55	LAMICTAL... 32	leena 28... 140
KRINTAFEL... 63	lamivudine... 72, 73	leflunomide... 153
KRISTALOSE... 125	lamivudine-zidovudine... 73	LEMTRADA... 104
kurvelo (28)... 140	lamotrigine... 33	lenalidomide... 55
KUVAN... 129	LAMPIT... 63	LENVIMA... 55
KYPROLIS... 55		LEQVIO... 95
		LESCOL XL... 95
L		lessina... 140
l norgest/e.estradiol-e.estradiol... 140		

LETAIRIS... 176	levorphanol tartrate... 14	linezolid... 27
letrozole... 55	levothyroxine... 145	linezolid-0.9% sodium chloride... 27
leucovorin calcium... 55, 56	LEVOXYL... 145	LINZESS... 125
LEUKINE... 85	LEVULAN... 56	liothyronine... 145
leuprolide (3 month)... 146	LEXAPRO... 39	LIPITOR... 95
leuprolide... 146	LEXETTE... 114	LIPOFEN... 95
levalbuterol hcl... 176	LEXIVA... 73	LIQREV... 176
levalbuterol tartrate... 176	LIALDA... 159	liraglutide... 80
LEVEMIR FLEXPEN... 80	LIBERVANT... 34	lisdexamfetamine... 105
LEVEMIR FLEXTOUCH U100 INSULIN... 80	LIBTAYO... 56	lisinopril... 95
LEVEMIR U-100 INSULIN... 80	LICART... 15	lisinopril-hydrochlorothiazide... 95
levetiracetam in nacl (iso-os)... 33	lidocaine (pf)... 19, 95	LITFULO... 153
levetiracetam... 33	lidocaine hcl... 19	lithium carbonate... 77
LEVO-T... 145	lidocaine in 5 % dextrose (pf)... 95	lithium citrate... 77
levobunolol... 170	lidocaine viscous... 19	LITHOBID... 77
levocarnitine (with sugar)... 120	lidocaine... 19	LITHOSTAT... 165
levocarnitine... 120	lidocaine-epinephrine bit... 19	LIVALO... 95
levocetirizine... 176	lidocaine-epinephrine... 19	LIVDELZI... 125
levofloxacin in d5w... 27	lidocaine-prilocaine... 19	LIVMARLI... 125
levofloxacin... 27, 170	lidocan iii... 19	LIVTENCITY... 73
levoleucovorin calcium... 56	lidocan iv... 19	LO LOESTRIN FE... 140
levonest (28)... 140	lidocan v... 19	lo-zumandimine (28)... 140
levonorg-eth estrad triphasic... 140	LIDODERM... 19	LOCOID LIPOCREAM... 114
levonorgest-eth.estradiol-iron... 140	lignospan standard... 19	LOCOID... 114
levonorgestrel-ethinyl estrad... 140	LINCOCIN... 27	LODINE... 15
LEVOPHED (BITARTRATE)... 95	lincomycin... 27	LODOCO... 95
levora-28... 140	lindane... 114	LODOSYN... 64
	linezolid in dextrose 5%... 27	LOESTRIN FE 1.5/30 (28-DAY)... 140

LOESTRIN FE 1/20 (28-DAY)... 140	LOTEMAX SM... 170	LUPRON DEPOT-PED... 146
LOESTRIN 1.5/30 (21)... 140	LOTEMAX... 170	lurasidone... 67
LOESTRIN 1/20 (21)... 140	LOTENSIN HCT... 95	lutera (28)... 141
lofena... 15	LOTENSIN... 95	LUXIQ... 114
lofexidine... 21	loteprednol etabonate... 170	LUZU... 44
lojaimiess... 140	LOTREL... 95	LYBALVI... 67
LOKELMA... 120	LOTRONEX... 125	lyleq... 141
lomaira... 187	lovastatin... 95	lyllana... 141
LOMOTIL... 125	LOVAZA... 95	LYNPARZA... 56
LONHALA MAGNAIR REFILL... 176	LOVENOX... 85	LYRICA CR... 105
LONHALA MAGNAIR STARTER... 176	low-ogestrel (28)... 140	LYRICA... 105
LONSURF... 56	loxapine succinate... 67	LYSODREN... 56
loperamide... 125	lubiprostone... 125	LYSTEDA... 85
LOPID... 95	LUCEMYRA... 21	LYTGOBI... 56
lopinavir-ritonavir... 73	luliconazole... 44	LYUMJEV KWIKPEN U-100 INSULIN... 81
LOPRESSOR... 95	LUMAKRAS... 56	LYUMJEV KWIKPEN U-200 INSULIN... 81
LOPROX (AS OLAMINE)... 44	LUMIGAN... 170	LYUMJEV TEMPO PEN(U-100)INSULN... 81
LOPROX... 44	LUMIZYME... 129	LYUMJEV U-100 INSULIN... 81
LOQTORZI... 56	LUMRYZ STARTER PACK... 181	LYVISPAH... 70
lorazepam intensol... 77	LUMRYZ... 181	lyza... 141
lorazepam... 77	LUNSUMIO... 56	M
LORBRENA... 56	LUPKYNIS... 153	M-M-R II (PF)... 153
LOREEV XR... 77	LUPRON DEPOT (3 MONTH)... 146	m-natal plus... 120
lortab elixir... 15	LUPRON DEPOT (4 MONTH)... 146	MACROBID... 27
loryna (28)... 140	LUPRON DEPOT (6 MONTH)... 146	MACRODANTIN... 27
LORZONE... 180	LUPRON DEPOT... 146	mafenide acetate... 114
losartan... 95	LUPRON DEPOT-PED (3 MONTH)... 146	
losartan-hydrochlorothiazide... 95		

magnesium sulfate in d5w... 120	MAVENCLAD (8 TABLET PACK)... 105	memantine... 37
magnesium sulfate in water... 120	MAVENCLAD (9 TABLET PACK)... 105	MENACTRA (PF)... 153
magnesium sulfate... 120	MAVYRET... 73	MENEST... 141
MALARONE PEDIATRIC... 63	MAXALT... 47	MENOPUR... 185
MALARONE... 63	MAXALT-MLT... 47	MENOSTAR... 141
malathion... 114	MAXIDEX... 170	MENQUADFI (PF)... 153
mannitol 10 %... 95	MAXITROL... 170	MENTAX... 44
mannitol 20 %... 95	MAXZIDE... 96	MENVEO A-C-Y-W-135-DIP (PF)... 153
mannitol 25 %... 95	MAXZIDE-25MG... 96	meperidine (pf)... 15
mannitol 5 %... 95	MAYZENT STARTER(FOR 1MG MAINT)... 105	meperidine... 15
maraviroc... 73	MAYZENT STARTER(FOR 2MG MAINT)... 105	MEPHYTON... 186
MARCAINE (PF)... 19	MAYZENT... 105	meprobamate... 77
MARCAINE SPINAL (PF)... 19	meclizine... 42	MEPRON... 63
MARCAINE... 19	meclofenamate... 15	MEPSEVII... 129
MARCAINE-EPINEPHRINE (PF)... 20	MEDROL (PAK)... 133	mercaptapurine... 56
MARCAINE-EPINEPHRINE... 19	MEDROL... 133	meropenem... 27
MARGENZA... 56	medroxyprogesterone... 141	meropenem-0.9% sodium chloride... 27
MARINOL... 42	mefenamic acid... 15	merzee... 141
marlissa (28)... 141	mefloquine... 63	mesalamine... 159
MARPLAN... 39	megestrol... 141	mesna... 56
MATULANE... 56	MEKINIST... 56	MESNEX... 56
matzim la... 96	MEKTOVI... 56	MESTINON TIMESPAN... 48
MAVENCLAD (10 TABLET PACK)... 105	meloxicam submicronized... 15	MESTINON... 48
MAVENCLAD (4 TABLET PACK)... 105	meloxicam... 15	METADATE CD... 105
MAVENCLAD (5 TABLET PACK)... 105	melphalan hcl... 56	metadate er... 105
MAVENCLAD (6 TABLET PACK)... 105	melphalan... 56	metaxalone... 180
MAVENCLAD (7 TABLET PACK)... 105		

metformin... 81	metoclopramide hcl... 42	midodrine... 96
methadone intensol... 15	metolazone... 96	MIEBO (PF)... 170
methadone... 15	metoprolol succinate... 96	mifepristone... 165
METHADOSE... 15	metoprolol ta-hydrochlorothiaz... 96	migergot... 47
methamphetamine... 105	metoprolol tartrate... 96	miglitol... 81
methazolamide... 170	METRO I.V.... 27	miglustat... 129
methenamine hippurate... 27	METROCREAM... 27	MIGRANAL... 47
methimazole... 147	METROGEL... 27	mili... 141
METHITEST... 141	METROLOTION... 27	millipred dp... 133
methocarbamol... 180	metronidazole in nacl (iso-os)... 27	millipred... 133
methotrexate sodium (pf)... 153, 154	metronidazole... 27	milrinone in 5 % dextrose... 96
methotrexate sodium... 153	metyrosine... 96	milrinone... 96
methoxsalen... 114	mexiletine... 96	mimvey... 141
methscopolamine... 125	MIACALCIN... 160	MINASTRIN 24 FE... 141
methsuximide... 34	mibelas 24 fe... 141	MINIPRESS... 96
methyl dopa... 96	MICAFUNGIN IN 0.9 % SODIUM CHL... 44	MINIVELLE... 141
methyl dopa-hydrochlorothiazide... 96	micafungin... 44	MINOCIN... 27
methyl dopate... 96	MICARDIS HCT... 96	minocycline... 27, 28
methyl ergonovine... 165	MICARDIS... 96	minoxidil... 96
METHYLIN... 105	miconazole nitrate-zinc ox-pet... 44	minzoya... 141
methylphenidate hcl... 105, 106	miconazole-3... 44	MIOSTAT... 170
methylphenidate... 105	microgestin fe 1.5/30 (28)... 141	MIPLYFFA... 129
methylprednisolone acetate... 133	microgestin fe 1/20 (28)... 141	MIRAPEX ER... 64
methylprednisolone sodium succ... 133	microgestin 1.5/30 (21)... 141	MIRENA... 165
methylprednisolone... 133	microgestin 1/20 (21)... 141	mirtazapine... 39
methyltestosterone... 141	microgestin 24 fe... 141	MIRVASO... 114
		misoprostol... 125
		MITIGARE... 46

mitigo (pf)... 15	MS CONTIN... 16	nafcillin... 28
mitomycin... 56	MULPLETA... 86	naftifine... 44
mitoxantrone... 56	MULTAQ... 96	NAFTIN... 44
modafinil... 181	mupirocin calcium... 115	NAGLAZYME... 129
moexipril... 96	mupirocin... 115	nalbuphine... 16
molindone... 67, 68	MUTAMYCIN... 56	NALFON... 16
mometasone... 114, 115, 176	MVASI... 57	nalmefene... 21
mondoxyne nl... 28	MYALEPT... 126	nalocet... 16
MONJUVI... 154	MYAMBUTOL... 48	naloxone... 21
mono-lynyah... 141	MYCAMINE... 44	naltrexone... 21
MONODOX... 28	MYCAPSSA... 146	NAMENDA TITRATION PAK... 37
montelukast... 176	MYCOBUTIN... 48	NAMENDA XR... 37
morgidox... 28	mycophenolate mofetil (hcl)... 154	NAMENDA... 37
morphine (pf)... 16	mycophenolate mofetil... 154	NAMZARIC... 37
morphine concentrate... 16	mycophenolate sodium... 154	NAPRELAN CR... 16
morphine... 15, 16	MYDAYIS... 106	NAPROSYN... 16
MOTTEGRITY... 125	MYFEMBREE... 146	naproxen sodium... 16, 17
MOTOFEN... 125	MYFORTIC... 154	naproxen... 16
MOTPOLY XR... 34	MYHIBBIN... 154	naproxen-esomeprazole... 17
MOUNJARO... 81	MYLOTARG... 57	naratriptan... 47
MOVANTIK... 125	myorisan... 115	NARCAN... 21
MOVIPREP... 126	MYRBETRIQ... 131	NARDIL... 39
moxifloxacin... 28, 170	MYSOLINE... 34	NAROPIN (PF)... 20
moxifloxacin-sod.ace,sul-water... 28	MYTESI... 126	NASCOBAL... 186
	N	NATACHEW (FE BIS-GLYCINATE)... 120
moxifloxacin-sod.chloride(iso)... 28	nabumetone... 16	NATAZIA... 141
MOZOBIL... 86	nadolol... 96	nateglinide... 81
MRESVIA (PF)... 154	nafcillin in dextrose iso-osm... 28	

NATPARA... 161	NERLYNX... 57	NICOTROL... 21
NATROBA... 115	NESACAINE... 20	nifedipine... 97
NAYZILAM... 34	NESACAINE-MPF... 20	nikki (28)... 141
nebivolol... 96	NESINA... 81	NILANDRON... 57
NEBUPENT... 63	neuac... 115	nilutamide... 57
necon 0.5/35 (28)... 141	NEULASTA ONPRO... 86	nimodipine... 97
nefazodone... 39	NEULASTA... 86	NINLARO... 57
NEFFY... 176	NEUPOGEN... 86	NIPENT... 57
nelarabine... 57	NEUPRO... 64	nisoldipine... 97
NEMBUTAL SODIUM... 34	NEURONTIN... 34	nitazoxanide... 63
NEMLUVIO... 154	NEVANAC... 170	nitisinone... 129
neo-polycin hc... 170	nevirapine... 73	NITRO-BID... 97
neo-polycin... 170	NEXAVAR... 57	NITRO-DUR... 97
NEO-SYNALAR... 115	NEXICLON XR... 96	nitrofurantoin macrocrystal... 28
neo-vital rx... 120	NEXIUM IV... 126	nitrofurantoin monohyd/m-cryst... 28
neomycin... 28	NEXIUM PACKET... 126	nitrofurantoin... 28
neomycin-bacitracin-poly-hc... 170	NEXIUM... 126	nitroglycerin in 5 % dextrose... 97
neomycin-bacitracin-polymyxin... 170	NEXLETOL... 96	nitroglycerin... 97, 165
neomycin-polymyxin b gu... 165	NEXLIZET... 97	NITROLINGUAL... 97
neomycin-polymyxin b-dexameth... 170	NEXPLANON... 141	NITROSTAT... 97
neomycin-polymyxin-gramicidin... 170	NEXTERONE... 97	NITYR... 129
neomycin-polymyxin-hc... 170, 172	NEXTSTELLIS... 141	NIVESTYM... 86
NEONATAL COMPLETE... 120	NEXVIAZYME... 129	nizatidine... 126
NEONATAL PLUS VITAMIN... 120	NGENLA... 135	NOCDURNA (MEN)... 135
NEONATAL-DHA... 120	niacin... 97	NOCDURNA (WOMEN)... 135
NEORAL... 154	niacor... 97	NORA-BE... 142
	nicardipine... 97	NORDITROPIN FLEXPRO... 135
	NICOTROL NS... 21	

norelgestromin-ethin.estradiol... 142	NOURIANZ... 64	NULIBRY... 129
norepinephrine bitartrate... 97	NOVAREL... 135	NUPLAZID... 68
noreth-ethinyl estradiol-iron... 142	NOVOLIN N FLEXPEN... 81	NURTEC ODT... 47
norethindrone (contraceptive)... 142	NOVOLIN N NPH U-100 INSULIN... 81	NUTRILIPID... 120
norethindrone ac-eth estradiol... 142	NOVOLIN R FLEXPEN... 81	NUTROPIN AQ NUSPIN... 135
norethindrone acetate... 142	NOVOLIN R REGULAR U100 INSULIN... 81	NUVARING... 142
norethindrone-e.estradiol-iron... 142	NOVOLIN 70-30 FLEXPEN U-100... 81	NUVIGIL... 181
NORGESIC FORTE... 180	NOVOLIN 70/30 U-100 INSULIN... 81	NUZYRA... 28
norgesic... 180	NOVOLOG FLEXPEN U-100 INSULIN... 81	nyamyc... 45
norgestimate-ethinyl estradiol... 142	NOVOLOG MIX 70-30 U-100 INSULN... 81	nylia 1/35 (28)... 142
NORITATE... 28	NOVOLOG MIX 70-30 FLEXPEN U-100... 81	nylia 7/7/7 (28)... 142
NORLIQVA... 97	NOVOLOG PENFILL U-100 INSULIN... 81	NYMALIZE... 97, 98
NORMOSOL-M IN 5 % DEXTROSE... 120	NOVOLOG U-100 INSULIN ASPART... 81	nymyo... 142
NORPACE CR... 97	NOVOPEN ECHO... 165	NYPOZI... 86
NORPACE... 97	NOXAFIL... 45	nystatin... 45
NORPRAMIN... 39	np thyroid... 145	nystatin-triamcinolone... 45
NORTHERA... 97	NUBEQA... 57	nystop... 45
nortrel 0.5/35 (28)... 142	NUCALA... 176	NYVEPRIA... 86
nortrel 1/35 (21)... 142	NUCYN TA ER... 17	O
nortrel 1/35 (28)... 142	NUCYN TA... 17	OB COMPLETE ONE... 120
nortrel 7/7/7 (28)... 142	NUEDEXTA... 106	OB COMPLETE PETITE... 120
nortriptyline... 39		OB COMPLETE PREMIER... 121
NORVASC... 97		OBREDON... 183
NORVIR... 73		OCALIVA... 126
		ocella... 142
		OCREVUS ZUNOVO... 106
		OCREVUS... 106
		OCTAGAM... 154

octreotide acetate... 147	OMEGAVEN... 121	OMNITROPE... 135
octreotide,microspheres... 147	omeprazole... 126	OMVOH PEN... 154
OCUFLOX... 171	omeprazole-sodium bicarbonate... 126	OMVOH... 154
ODACTRA... 176	OMNARIS... 176	ONCASPAR... 57
ODEFSEY... 73	OMNIPOD CLASSIC PODS (GEN 3)... 165	ondansetron hcl (pf)... 42
ODOMZO... 57	OMNIPOD DASH INTRO KIT (GEN 4)... 165	ondansetron hcl... 42
OFEV... 176	OMNIPOD DASH PODS (GEN 4)... 165	ondansetron... 42
ofloxacin... 28, 171, 172	OMNIPOD GO PODS 10 UNITS/DAY... 165	ONEXTON... 115
OGIVRI... 57	OMNIPOD GO PODS 15 UNITS/DAY... 165	ONFI... 34
OGSIVEO... 57	OMNIPOD GO PODS 20 UNITS/DAY... 165	ONGENTYS... 64
OHTUVAYRE... 176	OMNIPOD GO PODS 25 UNITS/DAY... 165	ONIVYDE... 57
OJEMDA... 57	OMNIPOD GO PODS 30 UNITS/DAY... 165	ONPATTRO... 129
OJJAARA... 57	OMNIPOD GO PODS 40 UNITS/DAY... 165	ONTRUZANT... 57
olanzapine... 68	OMNIPOD GO PODS... 165	ONUREG... 57
olanzapine-fluoxetine... 39	OMNIPOD 5 (G6/LIBRE 2 PLUS)... 165	ONYDA XR... 106
OLINVYK... 17	OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 165	ONZETRA XSAIL... 47
olmesartan... 98	OMNIPOD 5 G6-G7 PODS (GEN 5)... 165	OPDIVO... 57
olmesartan-amlodipin-hcthiazid... 98	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)... 165	OPDUALAG... 57
olmesartan-hydrochlorothiazide... 98		OPFOLDA... 129
olopatadine... 171, 176		opium tincture... 126
OLPRUVA... 129		OPSUMIT... 176
OLUMIANT... 154		OPSYNVI... 177
OLUX... 115		OPVEE... 21
OLUX-E... 115		OPZELURA... 115
OMECLAMOX-PAK... 126		ORACEA... 28
omega-3 acid ethyl esters... 98		oralone... 108
		ORAPRED ODT... 133
		ORBACTIV... 28

ORENCIA CLICKJECT... 154	OSPHENA... 142	OZOBAX... 70
ORENCIA... 154	OTEZLA STARTER... 115	P
ORENITRAM MONTH 1 TITRATION KT... 177	OTEZLA... 115	PACERONE... 98
ORENITRAM MONTH 2 TITRATION KT... 177	OTREXUP (PF)... 154	paclitaxel protein-bound... 57
ORENITRAM MONTH 3 TITRATION KT... 177	OVIDE... 115	paclitaxel... 57
ORENITRAM... 177	OVIDREL... 185	PADCEV... 58
ORFADIN... 129	oxacillin in dextrose(iso-osm)... 28	PALFORZIA (LEVEL 1)... 166
ORGOVYX... 57	oxacillin... 28	PALFORZIA (LEVEL 10)... 166
ORIAHNN... 147	oxaliplatin... 57	PALFORZIA (LEVEL 11 UP-DOSE)... 166
ORLISSA... 147	oxandrolone... 142	PALFORZIA (LEVEL 2)... 166
ORKAMBI... 177	oxaprozin... 17	PALFORZIA (LEVEL 3)... 166
ORLADEYO... 154	OXAYDO... 17	PALFORZIA (LEVEL 4)... 166
ormalvi... 129	oxazepam... 77	PALFORZIA (LEVEL 5)... 166
orphenadrine citrate... 180	oxcarbazepine... 34	PALFORZIA (LEVEL 6)... 166
orphenadrine-asa-caffeine... 180	OXERVATE... 171	PALFORZIA (LEVEL 7)... 166
orphengesic forte... 180	oxiconazole... 45	PALFORZIA (LEVEL 8)... 166
ORSERDU... 57	OXISTAT... 45	PALFORZIA (LEVEL 9)... 166
ORTIKOS... 159	OXLUMO... 165	PALFORZIA INITIAL DOSE... 166
oseltamivir... 73	OXTELLAR XR... 34	PALFORZIA LEVEL 11 MAINTENANCE... 166
OSENI... 81	oxybutynin chloride... 131	paliperidone... 68
OSMITROL 10 %... 98	oxycodone... 17	PALYNZIQ... 129
OSMITROL 15 %... 98	oxycodone-acetaminophen... 17	PAMELOR... 39
OSMITROL 20 %... 98	OXYCONTIN... 17	pamidronate... 161
OSMITROL 5 %... 98	oxymorphone... 17	PANCREAZE... 129
OSMOLEX ER... 64	oxytocin... 166	PANDEL... 115
OSMOPREP... 126	OXYTROL... 131	PANRETIN... 58
	OZEMPIC... 81, 82	
	OZOBAX DS... 70	

pantoprazole in 0.9% sod chlor... 126	pemetrexed... 58	perphenazine-amitriptyline... 39
pantoprazole... 126	PEMRYDI RTU... 58	PERSERIS... 68
PANZYGA... 154	PEN NEEDLE, DIABETIC... 166	PERTZYE... 129
paraplatin... 58	PENBRAYA (PF)... 154	PEXEVA... 40
paricalcitol... 161	penciclovir... 73	pfizerpen-g... 28
PARLODEL... 65	penicillamine... 121	PHEBURANE... 130
PARNATE... 39	penicillin g pot in dextrose... 28	phenazopyridine... 166
paromomycin... 28	penicillin g potassium... 28	phendimetrazine tartrate... 187
paroxetine hcl... 39	penicillin g procaine... 28	phenelzine... 40
paroxetine mesylate(menop.sym)... 39	penicillin g sodium... 28	PHENERGAN... 42
PATANASE... 177	penicillin v potassium... 28	phenobarbital sodium... 34
PAXIL CR... 39	PENNSAID... 17	phenobarbital... 34
PAXIL... 39	PENTACEL (PF)... 154	phenoxybenzamine... 98
PAXLOVID... 73	PENTAM... 63	phentermine... 187
pazopanib... 58	pentamidine... 63	phenylephrine hcl... 98
PEDIAPRED... 133	PENTASA... 159	PHENYTEK... 34
PEDIARIX (PF)... 154	pentazocine-naloxone... 17	phenytoin sodium extended... 34
PEDMARK... 58	pentobarbital sodium... 34	phenytoin sodium... 34
PEDVAX HIB (PF)... 154	pentoxifylline... 98	phenytoin... 34
peg 3350-electrolytes... 126	pepcid... 126	PHESGO... 58
peg-electrolyte soln... 126	PERCOCET... 17	PHEXXI... 166
peg-prep... 126	PERFOROMIST... 177	philith... 142
PEGASYS... 154	PERIKABIVEN... 121	PHOSPHOLINE IODIDE... 171
peg3350-sod sul-nacl-kcl-asb-c... 126	perindopril erbumine... 98	PHYSIOLYTE... 166
PEMAZYRE... 58	periogard... 108	PHYSIOSOL IRRIGATION... 166
pemetrexed disodium... 58	PERJETA... 58	phytonadione (vitamin k1)... 186
	permethrin... 115	PIASKY... 154
	perphenazine... 68	PIFELTRO... 73

pilocarpine hcl... 108, 171	POLIVY... 58	potassium chloride-0.45 % nacl... 121
pimecrolimus... 115	polocaine... 20	potassium citrate... 121
pimozide... 68	polocaine-mpf... 20	POTELIGEO... 58
pimtrea (28)... 142	polycin... 171	pr natal 400 ec... 122
pindolol... 98	polymyxin b sulf-trimethoprim... 171	pr natal 400... 122
pioglitazone... 82	polymyxin b sulfate... 29	pr natal 430 ec... 122
pioglitazone-glimepiride... 82	POMALYST... 58	pr natal 430... 122
pioglitazone-metformin... 82	POMBILITI... 130	PRADAXA... 86
piperacillin-tazobactam... 29	PONVORY 14-DAY STARTER PACK... 106	pralatrexate... 58
PIQRAY... 58	PONVORY... 106	PRALUENT PEN... 98
pirfenidone... 177	portia 28... 142	pramipexole... 65
piroxicam... 17	PORTRAZZA... 58	prasugrel... 86
pitavastatin calcium... 98	posaconazole... 45	pravastatin... 98
PITOCIN... 166	potassium acetate... 121	praziquantel... 63
PLAQUENIL... 63	potassium chlorid-d5-0.45%nacl... 121	prazosin... 98
PLASMA-LYTE A... 121	potassium chloride in lr-d5... 121	PRECOSE... 82
PLASMA-LYTE 148... 121	potassium chloride in water... 121	PRED FORTE... 171
PLAVIX... 86	potassium chloride in 0.9%nacl... 121	PRED MILD... 171
PLEGRIDY... 106	potassium chloride in 5 % dex... 121	prednicarbate... 115
PLENAMINE... 121	potassium chloride... 121	prednisolone acetate... 171
PLENITY (WELCOME KIT)... 187	potassium chloride-d5-0.2%nacl... 121	prednisolone sodium phosphate... 133, 171
PLENITY... 187	potassium chloride-d5-0.3%nacl... 121	prednisolone... 133
PLENVU... 126	potassium chloride-d5-0.9%nacl... 121	prednisone intensol... 133
plerixafor... 86	potassium chloride-d5-0.9%nacl... 121	prednisone... 133
PLIAGLIS... 20		PREFEST... 142
pnv-dha... 121		pregabalin... 106
pnv-omega... 121		
podofilox... 115		

PREGNYL... 135	PREVIDENT... 184	PROCTOFOAM HC... 159
PREHEVBRIO (PF)... 155	PREVYMIS... 73	proctosol hc... 115
PREMARIN... 142	PREZCOBIX... 73	proctozone-hc... 115
PREMASOL 10 %... 122	PREZISTA... 74	PROCYSBI... 130
PREMPHASE... 143	PRIALT... 166	progesterone micronized... 143
PREMPRO... 143	PRIFTIN... 48	progesterone... 143
PRENATA... 122	PRILOSEC... 126	PROGLYCEM... 82
PRENATABS FA... 122	primaquine... 63	PROGRAF... 155
prenatal plus (calcium carb)... 122	PRIMAXIN IV... 29	PROLASTIN-C... 130
prenatal plus dha... 122	primidone... 34	prolate... 18
prenatal plus vitamin-mineral... 122	primlev... 18	PROLENSA... 171
prenatal vitamin plus low iron... 122	PRIMSOL... 29	PROLIA... 161
prenatal-u... 122	PRIORIX (PF)... 155	PROMACTA... 86
PRENATE ELITE... 122	PRISTIQ... 40	promethazine vc... 166
PRETOMANID... 48	PRIVIGEN... 155	promethazine vc-codeine... 183
PREVACID SOLUTAB... 126	PRO COMFORT ALCOHOL PADS... 166	promethazine... 42
PREVACID... 126	PROAIR DIGIHALER... 177	promethazine-codeine... 183
prevalite... 98	PROAIR RESPICLICK... 177	promethazine-dm... 183
PREVDUO... 166	probenecid... 46	promethazine-phenyleph-codeine... 183
PREVIDENT KIDS... 184	probenecid-colchicine... 46	promethazine-phenylephrine... 166
PREVIDENT 5000 BOOSTER PLUS... 184	procainamide... 98	promethegan... 42
PREVIDENT 5000 DRY MOUTH... 184	PROCARDIA XL... 98	PROMETRIUM... 143
PREVIDENT 5000 ENAMEL PROTECT... 184	procentra... 106	propafenone... 98
PREVIDENT 5000 ORTHO DEFENSE... 184	prochlorperazine edisylate... 42	proparacaine... 171
PREVIDENT 5000 PLUS... 184	prochlorperazine maleate... 42	propranolol... 98
PREVIDENT 5000 SENSITIVE... 184	prochlorperazine... 42	propranolol-hydrochlorothiazid... 99
	PROCRIT... 86	propylthiouracil... 147
	procto-med hc... 115	

PROQUAD (PF)... 155	QDOLO... 18	RADICAVA ORS STARTER KIT SUSP... 107
PROSCAR... 131	QELBREE... 106	RADICAVA ORS... 106
PROSOL 20 %... 122	QINLOCK... 58	RADICAVA... 106
protamine... 166	QNASL... 177	RAGWITEK... 177
PROTONIX... 126, 127	QSYMIA... 187	raloxifene... 143
PROTOPIC... 115	QTERN... 82	ramelteon... 181
protriptyline... 40	QUADRACEL (PF)... 155	ramipril... 99
PROVENTIL HFA... 177	QUALAQUIN... 63	RANEXA... 99
PROVERA... 143	QUARTETTE... 143	ranolazine... 99
PROVIGIL... 181	QUDEXY XR... 34	RAPAFLO... 131
PROZAC... 40	QUESTRAN LIGHT... 99	RAPAMUNE... 155
PRUDOXIN... 115	QUESTRAN... 99	rasagiline... 65
PULMICORT FLEXHALER... 177	quetiapine... 68	RASUVO (PF)... 155
PULMICORT... 177	QUILLICHEW ER... 106	RAVICTI... 130
PULMOZYME... 177	QUILLIVANT XR... 106	RAYALDEE... 161
PURE COMFORT ALCOHOL PADS... 166	quinapril... 99	RAYOS... 133
PURIXAN... 58	quinapril-hydrochlorothiazide... 99	RAZADYNE ER... 37
PYLERA... 127	quinidine gluconate... 99	REBIF (WITH ALBUMIN)... 107
pyrazinamide... 48	quinidine sulfate... 99	REBIF REBIDOSE... 107
PYRIDIDIUM... 166	quinine sulfate... 63	REBIF TITRATION PACK... 107
pyridostigmine bromide... 48	QULIPTA... 47	REBLOZYL... 86
pyridoxine (vitamin b6)... 186	QUTENZA... 166	REBYOTA... 127
pyrimethamine... 63	QUVIVIQ... 181	RECARBRIO... 29
PYRUKYND... 130	QUZYTIR... 177	RECLAST... 161
	QVAR REDIHALER... 177	reclipsen (28)... 143
Q	R	RECOMBIVAX HB (PF)... 155
QALSODY... 106	RABAVERT (PF)... 155	RECORLEV... 147
QBRELIS... 99	rabeprazole... 127	

RECTIV... 166	RETIN-A MICRO PUMP... 116	RIMSO-50... 167
REDITREX (PF)... 155	RETIN-A MICRO... 115, 116	ringer's... 122, 167
REGLAN... 42	RETIN-A... 115	RINVOQ LQ... 156
REGONOL... 48	RETROVIR... 74	RINVOQ... 156
REGRANEX... 115	REVATIO... 178	RIOMET... 82
RELAFEN DS... 18	REVCOVI... 130	risedronate... 161
RELENZA DISKHALER... 74	revonto... 70	RISPERDAL CONSTA... 68
RELEUKO... 86, 87	REVUFORJ... 58	RISPERDAL... 68
RELEXXII... 107	REXULTI... 68	risperidone... 68
RELISTOR... 127	REYATAZ... 74	RITALIN LA... 107
RELPAX... 47	REYVOW... 47	RITALIN... 107
RELTONE... 127	REZDIFFRA... 167	ritonavir... 74
REMERON SOLTAB... 40	REZLIDHIA... 58	RITUXAN HYCELA... 59
REMERON... 40	REZUROCK... 156	RITUXAN... 58
REMICADE... 155	REZVOGLAR KWIKPEN... 82	rivastigmine tartrate... 37
REMODULIN... 177	REZZAYO... 45	rivastigmine... 37
RENACIDIN... 167	RHOPHYLAC... 156	rivelsa... 143
RENFLEXIS... 155	RHOPRESSA... 171	RIVFLOZA... 167
repaglinide... 82	RIABNI... 58	rizatriptan... 47
REPATHA PUSHTRONEX... 99	RIASTAP... 87	ROBAXIN... 180
REPATHA SURECLICK... 99	ribavirin... 74, 167	ROBINUL FORTE... 127
REPATHA SYRINGE... 99	RIDAURA... 156	ROBINUL... 127
RESPA-AR... 183	rifabutin... 48	ROCALTROL... 161
RESTASIS MULTIDOSE... 171	RIFADIN... 48	ROCKLATAN... 171
RESTASIS... 171	rifampin... 48, 49	roflumilast... 178
RESTORIL... 181	RILUTEK... 107	ROLVEDON... 87
RETACRIT... 87	riluzole... 107	romidepsin... 59
RETEVMO... 58	rimantadine... 74	ropinirole... 65

ropivacaine (pf)... 20	S	SEGLUROMET... 82
rosadan... 29	SABRIL... 35	SELECT-OB (FOLIC ACID)... 122
rosuvastatin... 99	SAFYRAL... 143	SELECT-OB + DHA... 122
ROTARIX... 156	SAIZEN SAIZENPREP... 135	SELECT-OB... 122
ROTATEQ VACCINE... 156	SAIZEN... 135	selegiline hcl... 65
ROWASA... 160	sajazir... 156	selenium sulfide... 116
roweepra xr... 34, 35	SALAGEN (PILOCARPINE)... 108	SELZENTRY... 74
roweepra... 34	SAMSCA... 122	SEMGLEE(INSULIN GLARG-YFGN)PEN... 82
ROXICODONE... 18	SANCUSO... 42	SEMGLEE(INSULIN GLARGINE-YFGN)... 82
ROXYBOND... 18	SANDIMMUNE... 156	SENSIPAR... 161
ROZEREM... 181	SANDOSTATIN LAR DEPOT... 147	SENSORCAINE... 20
ROZLYTREK... 59	SANDOSTATIN... 147	sensorcaine-epinephrine... 20
RUBRACA... 59	SANTYL... 116	sensorcaine-mpf spindl... 20
RUCONEST... 156	SAPHNELO... 156	SENSORCAINE-MPF... 20
rufinamide... 35	SAPHRIS... 68	sensorcaine-mpf/epinephrine... 20
RUKOBIA... 74	sapropterin... 130	SEREVENT DISKUS... 178
RUXIENCE... 59	SARCLISA... 59	SEROQUEL XR... 69
RYALTRIS... 178	SAVAYSA... 87	SEROQUEL... 69
RYBELSUS... 82	SAVELLA... 107	SEROSTIM... 135
RYBREVANT... 59	saxagliptin... 82	sertraline... 40
RYCLORA... 178	saxagliptin-metformin... 82	setlakin... 143
RYDAPT... 59	SAXENDA... 187	SEYSARA... 29
RYLAZE... 59	SCEMBLIX... 59	SEZABY... 35
RYSTIGGO... 156	scopolamine base... 42	sf 5000 plus... 184
RYTARY... 65	se-natal 19 chewable... 122	sf... 184
RYTELO... 59	SEASONIQUE... 143	SFROWASA... 160
RYTHMOL SR... 99	SECUADO... 69	
RYVENT... 178	SEGLENTIS... 18	

sharobel... 143	SIVEXTRO... 29	solifenacin... 131
SHINGRIX (PF)... 156	SKYCLARYS... 107	SOLQUA 100/33... 82
SIGNIFOR LAR... 147	SKYRIZI... 156	SOLIRIS... 156
SIGNIFOR... 147	SKYTROFA... 135	SOLODYN... 29
SIKLOS... 167	SMOFLIPID... 122	SOLOSEC... 29
sildenafil (pulm.hypertension)... 178	SOANZ... 99	SOLTAMOX... 59
sildenafil... 184	sodium benzoate-sod phenylacet... 167	SOLU-CORTEF ACT-O-VIAL (PF)... 134
SILENOR... 181	sodium bicarbonate... 122	SOLU-CORTEF... 133
SILIQ... 156	sodium chloride 0.45 %... 122	SOLU-MEDROL (PF)... 134
silodosin... 131	sodium chloride 0.9 %... 122	SOLU-MEDROL... 134
SILVADENE... 116	sodium chloride 3 % hypertonic... 122	SOMA... 180
silver sulfadiazine... 116	sodium chloride 5 % hypertonic... 122	SOMATULINE DEPOT... 147
SIMBRINZA... 171	sodium chloride... 122, 167	SOMAVERT... 147
SIMLANDI(CF) AUTOINJECTOR... 156	SODIUM EDECRIN... 99	SOOLANTRA... 116
SIMLANDI(CF)... 156	sodium fluoride 5000 dry mouth... 184	sorafenib... 59
simliya (28)... 143	sodium fluoride 5000 plus... 184	SORILUX... 116
simpesse... 143	sodium fluoride-pot nitrate... 184	sorine... 99
SIMPONIA ARIA... 156	sodium oxybate... 181	sotalol af... 99
SIMPONI... 156	sodium phenylbutyrate... 130	sotalol... 99
SIMULECT... 156	sodium phosphate... 122	SOTYKTU... 156
simvastatin... 99	sodium polystyrene sulfonate... 122	SOTYLIZE... 99
SINEMET... 65	sodium,potassium,mag sulfates... 127	SOVALDI... 74
SINGULAIR... 178	SOGROYA... 135	SOVUNA... 63
sirolimus... 156	SOHONOS... 167	SPEVIGO... 157
SIRTURO... 49		spinosad... 116
sitagliptin... 82		SPIRIVA RESPIMAT... 178
sitagliptin-metformin... 82		SPIRIVA WITH HANDIHALER... 178

spironolacton-hydrochlorothiaz...	STRIBILD... 74	SURE COMFORT ALCOHOL PREP PADS... 167
99	STRIVERDI RESPIMAT... 178	SURE-PREP ALCOHOL PREP PADS... 167
spironolactone... 99	STROMECTOL... 63	SUSTIVA... 74
SPORANOX... 45	SUBOXONE... 21	SUTAB... 127
sprintec (28)... 143	subvenite starter (blue) kit... 35	SUTENT... 59
SPRITAM... 35	subvenite starter (green) kit... 35	syeda... 143
SPRIX... 18	subvenite starter (orange) kit... 35	SYLVANT... 157
SPRYCEL... 59	subvenite... 35	SYMBICORT... 178
SPS (WITH SORBITOL)... 122	SUCRAID... 130	SYMBYAX... 40
sronyx... 143	sucralfate... 127	SYMDEKO... 178
SSD... 116	SUFLAVE... 127	SYMFI LO... 74
STALEVO 100... 65	SULAR... 99	SYMFI... 74
STALEVO 125... 65	sulfacetamide sodium (acne)... 29	SYMLINPEN 120... 82
STALEVO 150... 65	sulfacetamide sodium... 29, 171	SYMLINPEN 60... 82
STALEVO 200... 65	sulfacetamide-prednisolone... 171	SYMPAZAN... 35
STALEVO 50... 65	sulfadiazine... 29	SYMPROIC... 127
STALEVO 75... 65	sulfamethoxazole-trimethoprim... 29	SYMTUZA... 74
stavudine... 74	SULFAMILYLON... 116	SYNAGIS... 167
STEGLATRO... 82	sulfasalazine... 160	SYNALAR... 116
STEGLUJAN... 82	sulindac... 18	SYNAREL... 147
STELARA... 157	sumatriptan succinate... 47	SYNJARDY XR... 82
STENDRA... 184	sumatriptan... 47	SYNJARDY... 82
STIMUFEND... 87	sumatriptan-naproxen... 47	SYNRIBO... 59
STIOLTO RESPIMAT... 178	sunitinib malate... 59	SYNTHROID... 145
STIVARGA... 59	SUNLENCA... 74	SYPRINE... 122
STRATTERA... 107	SUNOSI... 181	
STRENSIQ... 130	SUPREP BOWEL PREP KIT... 127	
streptomycin... 29		

T

TABRECTA... 59	tarina fe 1/20 (28)... 143	TEKTURNA... 99
TACLONEX... 116	tarina 24 fe... 143	telmisartan... 100
tacrolimus... 116, 157	TARPEYO... 160	telmisartan-amlodipine... 100
tadalafil (pulm. hypertension)... 178	TASCENSO ODT... 107	telmisartan-hydrochlorothiazid... 100
tadalafil... 132, 185	TASIGNA... 60	temazepam... 181
TADLIQ... 178	tasimelteon... 181	TEMODAR... 60
TAFINLAR... 59	TASMAR... 65	TEMOVATE... 116
tafluprost (pf)... 171	tavaborole... 45	temsirolimus... 60
TAGRISSO... 59	TAVALISSE... 87	tencon... 167
TAKHZYRO... 157	TAVNEOS... 157	TENIVAC (PF)... 157
TALICIA... 127	taysofy... 143	tenofovir disoproxil fumarate... 75
TALTZ AUTOINJECTOR (2 PACK)... 157	TAYTULLA... 143	TENORETIC 100... 100
TALTZ AUTOINJECTOR (3 PACK)... 157	tazarotene... 116	TENORETIC 50... 100
TALTZ AUTOINJECTOR... 157	tazicef... 29	TENORMIN... 100
TALTZ SYRINGE... 157	TAZORAC... 116	TEPADINA... 60
TALVEY... 59	taztia xt... 99	TEPEZZA... 167
TALZENNA... 59	TAZVERIK... 60	TEPMETKO... 60
TAMIFLU... 75	TDVAX... 157	terazosin... 100
tamoxifen... 60	TECENTRIQ HYBREZA... 60	terbinafine hcl... 45
tamsulosin... 132	TECENTRIQ... 60	terbutaline... 178
tanlor... 180	TECFIDERA... 107	terconazole... 45
taperdex... 134	TECVAYLI... 60	teriflunomide... 107
TARCEVA... 60	TEFLARO... 29	TESTIM... 143
TARGADOX... 29	TEGLUTIK... 107	testosterone cypionate... 144
TARGRETIN... 60	TEGRETOL XR... 35	testosterone enanthate... 144
tarina fe 1-20 eq (28)... 143	TEGRETOL... 35	testosterone... 143
	TEGSEDI... 130	
	TEKTURNA HCT... 100	

TETANUS,DIPHThERIA TOX PED(PF)... 157	TIGLUTIK... 107	tolectin 600... 18
tetrabenazine... 107	TIKOSYN... 100	tolmetin... 18
tetracycline... 29	tilia fe... 144	TOLSURA... 45
TEVIMBRA... 60	timolol maleate (pf)... 171	tolterodine... 132
TEXACORT... 116	timolol maleate... 100, 171	tolvaptan... 123
TEZSPIRE... 157	timolol... 171	TOPAMAX... 35
THALITONE... 100	TIMOPTIC OCUDOSE (PF)... 171	TOPICORT... 116
THALOMID... 60	TIMOPTIC... 171	topiramate... 35
THAM... 123	TIMOPTIC-XE... 171	toposar... 60
THEO-24... 178	tinidazole... 29	topotecan... 60
theophylline in dextrose 5 %... 178	tiopronin... 132	TOPROL XL... 100
theophylline... 178	tirofiban-0.9% sodium chloride... 87	toremifene... 60
thiamine hcl (vitamin b1)... 186	TIROSINT... 146	TORISEL... 60
THIOLA EC... 132	TIROSINT-SOL... 146	torpenz... 60
THIOLA... 132	TIVDAK... 60	torse mide... 100
thioridazine... 69	TIVICAY PD... 75	TOSYMRA... 47
thiotepa... 60	TIVICAY... 75	TOUJEO MAX U-300 SOLOSTAR... 82
thiothixene... 69	tizanidine... 70	TOUJEO SOLOSTAR U-300 INSULIN... 82
THYMOGLOBULIN... 157	TLANDO... 144	tovet emollient... 116
THYQUIDITY... 145	TOBI PODHALER... 178	TOVIAZ... 132
tiadylt er... 100	TOBI... 29	TPN ELECTROLYTES... 123
tiagabine... 35	TOBRADEX... 171	TRACLEER... 178
TIAZAC... 100	tobramycin in 0.225 % nacl... 29	TRADJENTA... 83
TIBSOVO... 60	tobramycin sulfate... 29	tramadol... 18
TICOVAC... 157	tobramycin... 29, 171	tramadol-acetaminophen... 18
TIGAN... 42	tobramycin-dexamethasone... 172	trandolapril... 100
tigecycline... 29	TOBEX... 172	trandolapril-verapamil... 100
	tolcapone... 65	

tranexamic acid... 87	tri-lo-estarylla... 144	trimethoprim... 29
TRANSDERM-SCOP... 43	tri-lo-marzia... 144	trimipramine... 40
TRANXENE T-TAB... 77	tri-lo-mili... 144	trinatal rx 1... 123
tranylcypromine... 40	tri-lo-sprintec... 144	TRINTELLIX... 40
TRAVASOL 10 %... 123	tri-mili... 144	TRIOSTAT... 146
TRAVATAN Z... 172	tri-nymyo... 144	TRIPTODUR... 147
travoprost... 172	tri-sprintec (28)... 144	TRISENOX... 60
TRAZIMERA... 60	tri-vylibra lo... 144	TRISTART DHA... 123
trazodone... 40	tri-vylibra... 144	tritocin... 134
TREANDA... 60	triamcinolone acetonide... 108, 134	TRIUMEQ PD... 75
TRECTOR... 49	triamterene... 100	TRIUMEQ... 75
TRELEGY ELLIPTA... 179	triamterene-hydrochlorothiazid... 100	trivora (28)... 144
TRELSTAR... 147	trianex... 134	TRIZIVIR... 75
TREMFYA PEN... 157	triazolam... 181	TRODELVY... 60
TREMFYA... 157	TRIBENZOR... 100	TROGARZO... 75
treprostinil sodium... 179	TRICARE... 123	TROKENDI XR... 36
TRESIBA FLEXTOUCH U-100... 83	TRICOR... 100	TROPHAMINE 10 %... 123
TRESIBA FLEXTOUCH U-200... 83	triderm... 134	trospium... 132
TRESIBA U-100 INSULIN... 83	trientine... 123	TRUDHESA... 47
tretinoin (antineoplastic)... 60	trifluoperazine... 69	TRUE COMFORT ALCOHOL PADS... 167
tretinoin microspheres... 117	trifluridine... 172	TRUE COMFORT PRO ALCOHOL PADS... 167
tretinoin... 116	trihexyphenidyl... 65	TRULANCE... 127
TREXALL... 157	TRIJARDY XR... 83	TRULICITY... 83
TREXIMET... 47	TRIKAFTA... 179	TRUMENBA... 157
TREZIX... 18	TRILEPTAL... 35, 36	TRUQAP... 61
tri-estarylla... 144	TRILIPIX... 100	TRUSOPT... 172
tri-legest fe... 144	trimethobenzamide... 43	
tri-linyah... 144		

TRUVADA... 75		
TRUXIMA... 61		
TRYVIO... 100		
TUDORZA PRESSAIR... 179		
TUKYSA... 61		
tulana... 144		
TURALIO... 61		
turqoz (28)... 144		
TUXARIN ER... 183		
TUZISTRA XR... 183		
TWINRIX (PF)... 158		
TWYNEO... 117		
TYBOST... 75		
tydemy... 144		
TYENNE AUTOINJECTOR... 158		
TYENNE... 158		
TYGACIL... 30		
TYKERB... 61		
TYMLOS... 161		
TYPHIM VI... 158		
TYRVAYA... 172		
TYSABRI... 107		
TYVASO DPI... 179		
TYVASO INSTITUTIONAL START KIT... 179		
TYVASO REFILL KIT... 179		
TYVASO STARTER KIT... 179		
TYVASO... 179		
	U	
	UBRELVY... 47	VABOMERE... 30
	UCERIS... 160	VAGIFEM... 144
	UDENYCA AUTOINJECTOR... 87	valacyclovir... 75
	UDENYCA ONBODY... 87	VALCHLOR... 61
	UDENYCA... 87	VALCYTE... 75
	ULORIC... 46	valganciclovir... 75
	ULTILET ALCOHOL SWAB... 167	VALIUM... 77
	ULTOMIRIS... 158	valproate sodium... 36
	ULTRAVATE... 117	valproic acid (as sodium salt)... 36
	UNASYN... 30	valproic acid... 36
	UNDECATREX... 144	valrubicin... 61
	UNITHROID... 146	valsartan... 100, 101
	UNITUXIN... 61	valsartan-hydrochlorothiazide... 101
	UPLIZNA... 158	VALSTAR... 61
	UPTRAVI... 179	VALTOCO... 36
	UROCIT-K 10... 123	VALTREX... 75
	UROCIT-K 15... 123	VANCOGIN... 30
	UROCIT-K 5... 123	vancomycin in dextrose 5 %... 30
	UROXATRAL... 132	vancomycin in 0.9 % sodium chl... 30
	URSO FORTE... 127	vancomycin... 30
	URSO 250... 127	vancomycin-diluent combo no.1... 30
	ursodiol... 127	VANDAZOLE... 30
	UZEDY... 69	VANFLYTA... 61
	V	VANOS... 117
	V-GO 20... 167	VAPRISOL IN 5 % DEXTROSE... 123
	V-GO 30... 167	VAQTA (PF)... 158
	V-GO 40... 167	

vardenafil... 185	verapamil... 101	VIJOICE... 130
varenicline tartrate... 21	VERDESO... 117	vilazodone... 40
VARIVAX (PF)... 158	VEREGEN... 117	VIMOVO... 18
VARIZIG... 158	VERELAN PM... 101	VIMPAT... 36
VARUBI... 43	VERIPRED 20... 134	vinblastine... 61
VASCEPA... 101	VERQUVO... 101	vincasar pfs... 61
VASERETIC... 101	VERSACLOZ... 69	vincristine... 61
VASOTEC... 101	VERZENIO... 61	vinorelbine... 61
VAXCHORA VACCINE... 158	VESICARE LS... 132	VIOKACE... 130
vecamyl... 101	VESICARE... 132	viorele (28)... 144
VECTIBIX... 61	vestura (28)... 144	VIRACEPT... 75
VECTICAL... 117	VEVYE... 172	VIRAZOLE... 167
VEGZELMA... 61	VFEND IV... 45	VIREAD... 75
VELCADE... 61	VFEND... 45	virt-nate dha... 123
VELETRI... 179	VIAGRA... 185	virt-pn dha... 123
velivet triphasic regimen (28)... 144	VIBATIV... 30	VISTARIL... 179
VELSIPITY... 158	VIBERZI... 127	VITAFOL FE PLUS... 123
VELTASSA... 123	VIBRAMYCIN... 30	VITAFOL GUMMIES... 123
VELTIN... 117	VICTOZA 2-PAK... 83	VITAFOL ULTRA... 123
VEMLIDY... 75	VICTOZA 3-PAK... 83	VITAFOL-OB... 123
VENCLEXTA STARTING PACK... 61	VIDAZA... 61	VITAFOL-OB+DHA... 123
VENCLEXTA... 61	vienva... 144	VITAFOL-ONE... 123
VENLAFAXINE BESYLATE... 40	vigabatrin... 36	VITAMEDMD ONE RX... 123
venlafaxine... 40	vigadrone... 36	vitamin d2... 186
VENTAVIS... 179	VIGAFYDE... 36	vitamin k... 186
VENTOLIN HFA... 179	VIGAMOX... 172	vitamin k1... 186
VEOPOZ... 158	vigoder... 36	VITRAKVI... 61
VEOZAH... 107	VIIBRYD... 40	vivacaine... 20

VIVELLE-DOT... 144	VYJUVEK... 167	wesnatal dha complete... 123
VIVITROL... 21	VYLEESI... 185	wesnate dha... 123
VIVJOA... 45	vylibra... 144	westab plus... 123
VIVLODEX... 18	VYLOY... 61	westgel dha... 123
VIZIMPRO... 61	VYNDAMAX... 130	WINLEVI... 117
VOCABRIA... 75	VYNDAQEL... 130	WINREVAIR... 179
VOGELXO... 144	VYTORIN 10-10... 101	wixela inhub... 179
volnea (28)... 144	VYTORIN 10-20... 101	wymzya fe... 145
VONJO... 61	VYTORIN 10-40... 101	X
VOQUEZNA DUAL PAK... 127	VYTORIN 10-80... 101	XACIATO... 30
VOQUEZNA TRIPLE PAK... 127	VYVANSE... 107	XADAGO... 65
VOQUEZNA... 127	VYVGART HYTRULO... 48	XALATAN... 172
VORANIGO... 61	VYVGART... 48	XALKORI... 62
voriconazole... 45	VYXEOS... 61	XANAX XR... 77
VOSEVI... 75	VYZULTA... 172	XANAX... 77
VOTRIENT... 61	W	XARELTO DVT-PE TREAT 30D START... 87
VOWST... 127	WAINUA... 130	XARELTO... 87
VOXZOGO... 130	WAKIX... 181	XATMEP... 158
VOYDEYA... 158	warfarin... 87	XCOPRI MAINTENANCE PACK... 36
VPRIV... 130	water for irrigation, sterile... 167	XCOPRI TITRATION PACK... 36
VRAYLAR... 69	WEBCOL... 167	XCOPRI... 36
VTAMA... 117	WEGOVY... 167	XDEMVY... 167
VUITY... 172	WELCHOL... 101	XELJANZ XR... 158
VUMERITY... 107	WELIREG... 130	XELJANZ... 158
VUSION... 46	WELLBUTRIN SR... 40	XELPROS... 172
VYALEV... 65	WELLBUTRIN XL... 40	XELSTRYM... 107
VYEPTI... 47	wera (28)... 145	XEMBIFY... 158
vyfemla (28)... 144	wescap-pn dha... 123	

XENAZINE... 107
XENPOZYME... 130
XERAVA... 30
XERESE... 75
XERMELO... 127
XGEVA... 161
XHANCE... 179
XIFAXAN... 128
XIGDUO XR... 83
XIIDRA... 172
XOFLUZA... 75
XOLAIR... 158
XOLEGEL... 46
XOLREMDI... 87
XOPENEX HFA... 179
XOSPATA... 62
XPOVIO... 62
XTAMPZA ER... 18
XTANDI... 62
xulane... 145
XULTOPHY 100/3.6... 83
XYOSTED... 145
XYREM... 181
XYWAV... 181

Y

yargesa... 130
YASMIN (28)... 145
YAZ (28)... 145

YCANTH... 167
YERVOY... 62
YF-VAX (PF)... 158
YONDELIS... 62
YONSA... 62
YORVIPATH... 161
YUFLYMA(CF) AI CROHN'S-UC-HS...
158
YUFLYMA(CF) AUTOINJECTOR... 158
YUFLYMA(CF)... 158
YUPELRI... 179
YUSIMRY(CF) PEN... 159
yuvaferm... 145

Z

zafemy... 145
zafirlukast... 179
zaleplon... 182
ZALTRAP... 62
ZANAFLEX... 70
ZANOSAR... 62
zarah... 145
ZARONTIN... 36
ZARXIO... 87
zatean-pn dha... 123
zatean-pn plus... 123
ZAVESCA... 130
ZAVZPRET... 47
ZCORT... 134

ZEBUTAL... 167
ZEGALOGUE AUTOINJECTOR... 83
ZEGALOGUE SYRINGE... 83
ZEGERID... 128
ZEJULA... 62
ZELAPAR... 65
ZELBORAF... 62
ZEMAIRA... 130, 131
ZEMBRACE SYMTOUCH... 47
ZEMDRI... 30
ZEMPLAR... 161
zenatane... 117
ZENPEP... 131
zenzedi... 108
ZEPATIER... 75
ZEPBOUND... 187
ZEPOSIA STARTER KIT (28-DAY)...
108
ZEPOSIA STARTER KIT (37-DAY)...
108
ZEPOSIA STARTER PACK (7-DAY)...
108
ZEPOSIA... 108
ZEPZELCA... 62
ZERBAXA... 30
ZESTORETIC... 101
ZESTRIL... 101
ZETIA... 101
ZETONNA... 179

ZEVALIN (Y-90)... 167	zoledronic ac-mannitol-0.9nacl... 161	ZYCLARA... 117
ZIAC... 101	zoledronic acid... 161	ZYDELIG... 62
ZIAGEN... 75	zoledronic acid-mannitol-water... 161	ZYFLO... 180
ZIANA... 117	ZOLINZA... 62	ZYKADIA... 62
zidovudine... 75	zolmitriptan... 47, 48	ZYLET... 172
ZIEXTENZO... 87	ZOLOFT... 41	ZYLOPRIM... 46
ZIIHERA... 62	zolpidem... 182	ZYMAXID... 172
ZILBRYSQ... 159	ZOLPIMIST... 182	ZYMFENTRA... 159
zileuton... 180	ZOMACTON... 135	ZYNLONTA... 62
ZILRETTA... 134	ZOMIG... 48	ZYNRELEF... 167
ZIMHI... 21	ZONALON... 117	ZYNYZ... 62
zingiber... 167	ZONEGRAN... 36	ZYPITAMAG... 101
ZINPLAVA... 128	ZONISADE... 36	ZYPREXA RELPREVV... 69
ZIOPTAN (PF)... 172	zonisamide... 36	ZYPREXA ZYDIS... 69
ziprasidone hcl... 69	ZORTRESS... 159	ZYPREXA... 69
ziprasidone mesylate... 69	ZORVOLEX... 18	ZYTIGA... 62
ZIPSOR... 18	ZORYVE... 117	ZYVOX... 30, 31
ZIRABEV... 62	ZOSYN IN DEXTROSE (ISO-OSM)... 30	
ZIRGAN... 76	zovia 1-35 (28)... 145	
ZITHROMAX TRI-PAK... 30	ZOVIRAX... 76	
ZITHROMAX Z-PAK... 30	ZTALMY... 36	
ZITHROMAX... 30	ZTLIDO... 20	
ZITUVIMET XR... 83	ZUBSOLV... 21	
ZITUVIMET... 83	ZULRESSO... 41	
ZITUVIO... 83	zumandimine (28)... 145	
ZOCOR... 101	ZURZUVAE... 41	
ZOLADEX... 147		

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



This formulary was updated on 01/01/2025. 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 (5 a.m. - 9 p.m., Pacific 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**.



GRP064PDG2580525C_v1