

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.

71

Formulary 25800

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

**Humana**<sup>®</sup>



# Welcome to The Humana Medicare Employer Plan!

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

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

## What is the Humana Medicare Employer formulary?

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

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

## Can the formulary change?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **What if you are affected by a Drug List change?**

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

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

## How do I use the Formulary?

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

### Medical condition

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

### Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 186. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

### **What are generic drugs?**

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

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

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

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

Prescription drugs are grouped into one of four tiers.

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

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

## How much will I pay for covered drugs?

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

### The amount of money you pay depends on:

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

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

### Are there any restrictions on my coverage?

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

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

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

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

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

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

## What if my drug is not on the Formulary?

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

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

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

## How do I request an exception to the Humana Formulary?

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

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

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

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

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

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

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

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

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

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

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

### **Transition extension**

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

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

### **CenterWell Pharmacy™**

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

Other pharmacies are available in our network.



## For More Information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. **TTY** users should call **1-877-486-2048**. You can also visit **[www.medicare.gov](http://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 186.

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

## How to read your formulary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION</i> <b>DL</b>	4	PA
<i>pemetrexed 25 mg/ml SOLUTION</i> <b>DL</b>	4	PA,QL(120 per 21 days)
<i>pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION</i> <b>DL</b>	4	PA
<i>pemetrexed disodium 25 mg/ml SOLUTION</i> <b>DL</b>	4	PA
PEMRYDI RTU 10 MG/ML SOLUTION <b>DL</b>	4	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION <b>DL</b>	4	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION <b>DL</b>	4	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION <b>DL</b>	4	PA,QL(10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET <b>DL</b>	4	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION <b>DL</b>	4	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION <b>DL</b>	4	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	4	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION <b>DL</b>	4	PA
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION</i> <b>DL</b>	4	PA
PURIXAN 20 MG/ML SUSPENSION <b>DL</b>	4	
QINLOCK 50 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
REZLIDHIA 150 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION <b>DL</b>	4	PA
RITUXAN 10 MG/ML CONCENTRATE <b>DL</b>	4	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(13.4 per 28 days)
<i>romidepsin 10 mg/2 ml RECON SOLUTION</i> <b>DL</b>	4	PA
ROMIDEPSIN 5 MG/ML SOLUTION <b>DL</b>	4	PA
ROZLYTREK 100 MG CAPSULE <b>DL</b>	4	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION <b>DL</b>	4	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION <b>DL</b>	4	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE <b>DL</b>	4	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 28 days)
GRANIX 300 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION <b>MO</b>	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE <b>MO</b>	1	
heparin (porcine) 5,000 unit/ml SYRINGE <b>MO</b>	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION <b>MO</b>	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE <b>MO</b>	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET <b>MO</b>	1	
KENGREAL 50 MG RECON SOLUTION <b>DL</b>	4	
LEUKINE 250 MCG RECON SOLUTION <b>DL</b>	4	PA
LOVENOX 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML SYRINGE <b>DL</b>	4	PA
LOVENOX 300 MG/3 ML SOLUTION <b>DL</b>	4	PA
LYSTEDA 650 MG TABLET <b>MO</b>	3	QL(30 per 5 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET <b>DL</b>	4	PA
NEULASTA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR <b>DL</b>	4	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 30 days)

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>kurzeq 0.1 % PASTE</i> <b>MO</b>	1	
<i>oralone 0.1 % PASTE</i> <b>MO</b>	1	
<i>perio gard 0.12 % MOUTHWASH</i> <b>MO</b>	1	
<i>pilocarpine hcl 5 mg, 7.5 mg TABLET</i> <b>MO</b>	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET <b>MO</b>	3	
<i>triamcinolone acetate 0.1 % PASTE</i> <b>MO</b>	1	
<b>DERMATOLOGICAL AGENTS</b>		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE <b>DL</b>	4	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE <b>DL</b>	4	ST
ACANYA 1.2-2.5 % GEL WITH PUMP <b>MO</b>	3	QL(50 per 30 days)
<i>accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> <b>MO</b>	1	
<i>acitretin 10 mg, 17.5 mg, 25 mg CAPSULE</i> <b>MO</b>	1	PA
ACZONE 5 % GEL <b>MO</b>	3	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP <b>MO</b>	3	QL(90 per 30 days)
<i>adapalene 0.1 % CREAM</i> <b>MO</b>	1	QL(45 per 30 days)
<i>adapalene 0.1 % SOLUTION</i> <b>DL</b>	4	QL(60 per 30 days)
<i>adapalene 0.1 % SWAB</i> <b>MO</b>	1	QL(30 per 30 days)
<i>adapalene 0.3 % GEL</i> <b>MO</b>	1	QL(45 per 30 days)
<i>adapalene 0.3 % GEL WITH PUMP</i> <b>MO</b>	1	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP</i> <b>MO</b>	1	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP</i> <b>MO</b>	1	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(6 per 28 days)
AKLIEF 0.005 % CREAM <b>MO</b>	3	PA,QL(90 per 30 days)
ALA-CORT 1 % CREAM <b>MO</b>	1	QL(240 per 30 days)
ALA-SCALP 2 % LOTION <b>MO</b>	1	QL(236.8 per 30 days)
<i>alclometasone 0.05 % CREAM</i> <b>MO</b>	1	QL(240 per 30 days)
<i>alclometasone 0.05 % OINTMENT</i> <b>MO</b>	1	QL(240 per 30 days)
ALTABAX 1 % OINTMENT <b>MO</b>	3	
ALTRENO 0.05 % LOTION <b>MO</b>	3	PA,QL(90 per 30 days)
<i>amcinonide 0.1 % CREAM</i> <b>MO</b>	1	QL(120 per 30 days)
<i>amcinonide 0.1 % OINTMENT</i> <b>DL</b>	4	ST,QL(120 per 30 days)
<i>ammonium lactate 12 % CREAM</i> <b>MO</b>	1	
<i>ammonium lactate 12 % LOTION</i> <b>MO</b>	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
amnesteem 10 mg, 20 mg, 40 mg CAPSULE <b>MO</b>	1	
anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(60 per 30 days)
apexicon e 0.05 % CREAM <b>MO</b>	1	QL(60 per 30 days)
ARAZLO 0.045 % LOTION <b>MO</b>	3	PA
ATRALIN 0.05 % GEL <b>MO</b>	3	PA,QL(45 per 30 days)
AVITA 0.025 % CREAM <b>MO</b>	3	PA,QL(45 per 30 days)
AVITA 0.025 % GEL <b>MO</b>	3	PA,QL(45 per 30 days)
azelaic acid 15 % GEL <b>MO</b>	1	ST,QL(50 per 30 days)
AZELEX 20 % CREAM <b>MO</b>	3	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL <b>MO</b>	3	QL(46.6 per 30 days)
beser 0.05 % LOTION <b>MO</b>	1	QL(240 per 30 days)
betamethasone dipropionate 0.05 % CREAM <b>MO</b>	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT <b>MO</b>	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM <b>MO</b>	1	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT <b>MO</b>	1	QL(180 per 30 days)
betamethasone valerate 0.12 % FOAM <b>MO</b>	1	QL(200 per 30 days)
betamethasone, augmented 0.05 % CREAM <b>MO</b>	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL <b>MO</b>	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT <b>MO</b>	1	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP <b>MO</b>	1	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION <b>MO</b>	3	ST,QL(200 per 30 days)
CABTREO 0.15-3.1-1.2 % GEL <b>MO</b>	3	QL(50 per 30 days)
calcipotriene 0.005 % CREAM <b>MO</b>	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % FOAM <b>MO</b>	1	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION <b>MO</b>	1	QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % OINTMENT <b>MO</b>	1	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION <b>MO</b>	1	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT <b>MO</b>	1	ST,QL(800 per 28 days)
CAPEX 0.01 % SHAMPOO <b>MO</b>	3	QL(840 per 30 days)
CARAC 0.5 % CREAM <b>DL</b>	4	PA,QL(60 per 30 days)

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisolone 5 mg TABLET <b>MO</b>	1	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING <b>MO</b>	1	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION <b>MO</b>	1	
prednisone 1 mg, 2.5 mg, 50 mg TABLET <b>MO</b>	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK <b>MO</b>	1	
prednisone 5 mg/5 ml SOLUTION <b>MO</b>	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE <b>MO</b>	1	BvsD
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC <b>DL</b>	4	PA
SOLU-CORTEF 100 MG RECON SOLUTION <b>MO</b>	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION <b>MO</b>	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION <b>MO</b>	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION <b>MO</b>	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM <b>MO</b>	1	
triamcinolone acetonide 0.1 % CREAM <b>MO</b>	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL <b>MO</b>	1	QL(200 per 30 days)
triamcinolone acetonide 40 mg/ml SUSPENSION <b>MO</b>	1	
trianex 0.05 % OINTMENT <b>MO</b>	1	
triderm 0.1 %, 0.5 % CREAM <b>MO</b>	1	
tritocin 0.05 % OINTMENT <b>MO</b>	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION <b>MO</b>	1	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK <b>MO</b>	1	
ZILRETTA 32 MG SUSPENSION, ER, RECON <b>MO</b>	3	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION <b>MO</b>	3	PA
DDAVP 0.1 MG TABLET <b>MO</b>	3	PA

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET <b>MO</b>	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	3	QL(8 per 28 days)
<i>mono-lynyah 0.25-35 mg-mcg TABLET <b>MO</b></i>	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET <b>MO</b>	3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg TABLET <b>MO</b></i>	1	
NEXPLANON 68 MG IMPLANT <b>DL</b>	2	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET <b>MO</b>	3	
<i>nikki (28) 3-0.02 mg TABLET <b>MO</b></i>	1	
NORA-BE 0.35 MG TABLET <b>MO</b>	1	
<i>nora-be 0.35 mg TABLET <b>MO</b></i>	1	
<i>norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY <b>MO</b></i>	1	QL(3 per 28 days)
<i>noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET <b>MO</b></i>	1	
<i>norethindrone (contraceptive) 0.35 mg TABLET <b>MO</b></i>	1	
<i>norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET <b>MO</b></i>	1	
<i>norethindrone acetate 5 mg TABLET <b>MO</b></i>	1	
<i>norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b></i>	1	
<i>norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b></i>	1	
<i>norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET <b>MO</b></i>	1	
<i>norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET <b>MO</b></i>	1	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET <b>MO</b></i>	1	
<i>nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET <b>MO</b></i>	1	
<i>nortrel 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b></i>	1	
<i>nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b></i>	1	
NUVARING 0.12-0.015 MG/24 HR RING <b>MO</b>	3	QL(1 per 28 days)
<i>nylia 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b></i>	1	
<i>nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b></i>	1	
<i>nymyo 0.25-35 mg-mcg TABLET <b>MO</b></i>	1	
<i>ocella 3-0.03 mg TABLET <b>MO</b></i>	1	
OSPHENA 60 MG TABLET <b>MO</b>	2	PA

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CELLCEPT 500 MG TABLET <b>DL</b>	4	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION <b>MO</b>	3	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT <b>DL</b>	4	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT <b>DL</b>	4	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT <b>DL</b>	4	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION <b>DL</b>	4	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION <b>DL</b>	4	PA
COSENTYX 75 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION <b>DL</b>	4	PA
<i>cyclosporine 100 mg, 25 mg CAPSULE <b>MO</b></i>	1	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b></i>	1	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION <b>MO</b></i>	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION <b>DL</b>	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION <b>DL</b>	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR <b>DL</b>	4	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE <b>DL</b>	4	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE <b>DL</b>	4	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	2	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	2	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER <b>MO</b>	3	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	2	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE <b>DL</b>	4	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION <b>MO</b>	1	BvsD
carbinoxamine maleate 4 mg TABLET <b>MO</b>	1	
carbinoxamine maleate 4 mg/5 ml LIQUID <b>MO</b>	1	
carbinoxamine maleate 6 mg TABLET <b>DL</b>	4	QL(120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION <b>MO</b>	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION <b>DL</b>	4	PA
CLARINEX 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP <b>DL</b>	4	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET <b>MO</b>	1	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST <b>MO</b>	3	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE <b>MO</b>	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD
cyproheptadine 2 mg/5 ml SYRUP <b>MO</b>	1	

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Cosmetics - Mail Order Available</b>		
<i>bimatoprost 0.03 % DROPS WITH APPLICATOR</i>	1	
<i>blanche 4 % CREAM</i>	1	
<i>finasteride 1 mg TABLET</i>	1	
<i>hydrocortisone-pramoxine 2.5-1 % CREAM</i>	1	
<i>hydroquinone 4 % CREAM</i>	1	
LATISSE 0.03 % DROPS WITH APPLICATOR	3	
<i>obagi elastiderm 4 % CREAM</i>	1	
<i>obagi nu-derm blender 4 % CREAM</i>	1	
<i>obagi nu-derm clear 4 % CREAM</i>	1	
PROPECIA 1 MG TABLET	3	
<i>refissa 0.05 % CREAM</i>	1	
RENOVA 0.02 % CREAM	3	
<i>sulfacetamide sodium 10 % CLEANSER</i>	1	
<i>sulfacetamide sodium-sulfur 10-5 % (w/w) CREAM</i>	1	
<i>tretinoin (emollient) 0.05 % CREAM</i>	1	
TRI-LUMA 0.01-4-0.05 % CREAM	3	
<b>Cough/Cold - Mail Order Available</b>		
<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	

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
<b>Cough/Cold - Mail Order Available</b>		
hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.	1	
hydrocodone-homatropine 5-1.5 mg TABLET	1	
hydrocodone-homatropine 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml) SYRUP	1	
hydromet 5-1.5 mg/5 ml SYRUP	1	
OBREDON 2.5-200 MG/5 ML SOLUTION	3	
promethazine vc-codeine 6.25-5-10 mg/5 ml SYRUP	1	
promethazine-codeine 6.25-10 mg/5 ml SYRUP	1	
promethazine-dm 6.25-15 mg/5 ml SYRUP	1	
promethazine-phenyleph-codeine 6.25-5-10 mg/5 ml SYRUP	1	
RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.	3	
TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.	3	
TUZISTRA XR 14.7-2.8 MG/5 ML SUSPENSION, ER 12 HR.	3	
<b>Erectile Dysfunction - Mail Order Available</b>		
ADDYI 100 MG TABLET	3	
avanafil 100 mg, 200 mg, 50 mg TABLET	1	QL(6 per 30 days)
CIALIS 10 MG, 20 MG TABLET	3	QL(6 per 30 days)
sildenafil 100 mg, 25 mg, 50 mg TABLET	1	QL(6 per 30 days)
STENDRA 100 MG, 200 MG, 50 MG TABLET	3	QL(6 per 30 days)
tadalafil 10 mg, 20 mg TABLET	1	QL(6 per 30 days)
varденаfil 10 mg TABLET, DISINTEGRATING	1	QL(6 per 30 days)
varденаfil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET	1	QL(6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET	3	QL(6 per 30 days)
VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	3	

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
<b>Fertility - Mail Order Available</b>		
<i>cetorelix 0.25 mg KIT</i>	1	
CETROTIDE 0.25 MG KIT	3	
<i>clomid 50 mg TABLET</i>	1	
<i>clomiphene citrate 50 mg TABLET</i>	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	3	
<i>fyremadel 250 mcg/0.5 ml SYRINGE</i>	1	
GANIRELIX 250 MCG/0.5 ML SYRINGE	3	
<i>ganirelix 250 mcg/0.5 ml SYRINGE</i>	3	
GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION	3	
GONAL-F RFF 75 UNIT RECON SOLUTION	3	
GONAL-F RFF REDI-JECT 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML PEN INJECTOR	3	
MENOPUR 75 UNIT RECON SOLUTION	3	
OVIDREL 250 MCG/0.5 ML SYRINGE	3	
<b>Vitamins/Minerals - Mail Order Available</b>		
<i>ascorbic acid (vitamin c) 500 mg/ml SOLUTION</i>	1	
<i>b complex 100 100-2-100-2-2 mg/ml SOLUTION</i>	1	
<i>b-complex injection 100-2-100-2-2 mg/ml SOLUTION</i>	1	
<i>cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION</i>	1	
<i>cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL</i>	1	
<i>dodex 1,000 mcg/ml SOLUTION</i>	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE	3	
<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	

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
<b>Vitamins/Minerals - Mail Order Available</b>		
<i>hydroxocobalamin 1,000 mcg/ml SOLUTION</i>	1	
INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	3	
MEPHYTON 5 MG TABLET	3	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	3	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE</i>	1	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION</i>	1	
<i>phytonadione (vitamin k1) 5 mg TABLET</i>	1	
<i>pyridoxine (vitamin b6) 100 mg/ml SOLUTION</i>	1	
<i>thiamine hcl (vitamin b1) 100 mg/ml SOLUTION</i>	1	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE</i>	1	
<i>vitamin k 1 mg/0.5 ml SOLUTION</i>	1	
<i>vitamin k1 10 mg/ml SOLUTION</i>	1	

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

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

# Index

## A

- abacavir... 70
- abacavir-lamivudine... 70
- ABELCET... 42
- ABILIFY ASIMTUFI... 65
- ABILIFY MAINTENA... 65
- ABILIFY MYCITE MAINTENANCE KIT... 65
- ABILIFY MYCITE STARTER KIT... 65
- ABILIFY... 65
- abiraterone... 48
- ABRAXANE... 48
- ABRILADA(CF) PEN... 147
- ABRILADA(CF)... 147
- ABRYSVO (PF)... 147
- ABSORICA LD... 108
- ABSORICA... 108
- acamprosate... 20
- ACANYA... 108
- acarbose... 77
- ACCOLATE... 172
- ACCUPRIL... 87
- ACCURETIC... 87
- accutane... 108
- acebutolol... 87
- ACETADOTE... 161
- acetaminophen... 161
- acetaminophen-caff-dihydrocod... 11
- acetaminophen-codeine... 11
- acetazolamide sodium... 87
- acetazolamide... 87
- acetic acid... 21, 161
- acetylcysteine... 161, 172
- acitretin... 108
- ACTEMRA ACTPEN... 147
- ACTEMRA... 147
- ACTHAR SELFJECT... 131
- ACTHAR... 131
- ACTHIB (PF)... 147
- ACTICLATE... 21
- ACTIMMUNE... 147
- ACTIQ... 11
- ACTIVELLA... 135
- ACTONEL... 159
- ACTOPLUS MET... 77
- ACTOS... 77
- ACULAR LS... 167
- ACULAR... 167
- ACUVAIL (PF)... 167
- acyclovir sodium... 70
- acyclovir... 70
- ACZONE... 108
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 147
- ADAKVEO... 161
- ADALIMUMAB-AACF... 147
- ADALIMUMAB-AACF(CF) PEN CROHNS... 147
- ADALIMUMAB-AACF(CF) PEN PS-UV... 147
- ADALIMUMAB-AATY... 147
- ADALIMUMAB-ADAZ... 147
- ADALIMUMAB-ADBM... 147
- ADALIMUMAB-ADBM(CF) PEN CROHNS... 147
- ADALIMUMAB-ADBM(CF) PEN PS-UV... 147
- ADALIMUMAB-FKJP... 147
- ADALIMUMAB-RYVK... 147, 148
- adapalene... 108
- adapalene-benzoyl peroxide... 108
- ADBRY... 108
- ADCETRIS... 49
- ADCIRCA... 172
- ADDERALL XR... 101
- ADDERALL... 101
- ADDYI... 183
- adefovir... 70
- ADEMPAS... 172
- adenosine... 87

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

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

ARAVA... 148	ASMANEX TWISTHALER... 173	AUGMENTIN... 22
ARAZLO... 109	ASPARLAS... 49	AUGTYRO... 49
ARCALYST... 148	aspirin-dipyridamole... 84	aurovela fe 1.5/30 (28)... 136
AREXVY (PF)... 148	ASPRUZYO SPRINKLE... 88	aurovela fe 1-20 (28)... 136
arformoterol... 172	ASTAGRAF XL... 148	aurovela 1.5/30 (21)... 135
ARICEPT... 36	ATACAND HCT... 88	aurovela 1/20 (21)... 135
ARIKAYCE... 22	ATACAND... 88	aurovela 24 fe... 135
ARIMIDEX... 49	atazanavir... 70	AUSTEDO XR TITRATION KT(WK1-4)... 101, 102
aripiprazole... 65	ATELVIA... 159	AUSTEDO XR... 101
ARISTADA INITIO... 66	atenolol... 88	AUSTEDO... 101
ARISTADA... 66	atenolol-chlorthalidone... 88	AUTOJECT 2 INJECTION DEVICE... 161
ARIXTRA... 83, 84	ATGAM... 148	AUTOPEN 1 TO 21 UNITS... 161
armodafinil... 180	ATIVAN... 76	AUTOPEN 2 TO 42 UNITS... 161
ARMONAIR DIGIHALER... 172	atomoxetine... 101	AUVELITY... 37
ARMOUR THYROID... 144	ATORVALIQ... 88	AUVI-Q... 173
ARNUITY ELLIPTA... 173	atorvastatin... 88	AVALIDE... 88
AROMASIN... 49	atovaquone... 62	avanafil... 183
ARRANON... 49	atovaquone-proguanil... 62	AVAPRO... 88
arsenic trioxide... 49	ATRALIN... 109	AVASTIN... 49
ARTHROTEC 50... 11	ATRIPLA... 70	AVEED... 136
ARTHROTEC 75... 11	ATROPINE SULFATE (PF)... 167	AVELOXIN NAACL (ISO-OSMOTIC)... 22
ASACOL HD... 158	atropine... 123, 167	aviane... 136
ASCENIV... 148	ATROVENT HFA... 173	avidoxy... 22
ascomp with codeine... 11	AUBAGIO... 101	AVITA... 109
ascorbic acid (vitamin c)... 184	aubra eq... 135	AVONEX... 102
asenapine maleate... 66	aubra... 135	AVSOLA... 148
ashlyna... 135	AUGMENTIN ES-600... 22	
ASMANEX HFA... 173	AUGMENTIN XR... 22	

AVYCAZ... 22	baclofen... 69	BD INSULIN SYRINGE U-500... 161
AYGESTIN... 136	BACTRIM DS... 22	BD INSULIN SYRINGE ULTRA-FINE... 161
ayuna... 136	BACTRIM... 22	BD INSULIN SYRINGE... 161
AYVAKIT... 49	BAFIERTAM... 102	BD LO-DOSE MICRO-FINE IV... 161
azacitidine... 49	bal-care dha... 117	BD NANO 2ND GEN PEN NEEDLE... 162
AZACTAM... 22	balanced salt... 167	BD SAFETYGLIDE INSULIN SYRINGE... 162
AZASAN... 148	BALCOLTRA... 136	BD SAFETYGLIDE SYRINGE... 162
AZASITE... 167	balsalazide... 158	BD SAFETYGLIDE SYRINGE... 162
azathioprine sodium... 148	BALVERSA... 49	BD ULTRA-FINE MICRO PEN NEEDLE... 162
azathioprine... 148	balziva (28)... 136	BD ULTRA-FINE MINI PEN NEEDLE... 162
azelaic acid... 109	BAND-AID GAUZE PADS... 161	BD ULTRA-FINE NANO PEN NEEDLE... 162
azelastine... 167, 173	BANZEL... 31	BD ULTRA-FINE ORIG PEN NEEDLE... 162
azelastine-fluticasone... 173	BAQSIMI... 77	BD ULTRA-FINE SHORT PEN NEEDLE... 162
AZELEX... 109	BARACLUDE... 70	BD VEO INSULIN SYR (HALF UNIT)... 162
AZILECT... 63	BASAGLAR KWIKPEN U-100 INSULIN... 77	BD VEO INSULIN SYRINGE UF... 162
azithromycin... 22	BASAGLAR TEMPO PEN(U-100)INSLN... 77	BECONASE AQ... 173
AZOPT... 167	BAVENCIO... 49	BELBUCA... 11
AZOR... 88	BAXDELA... 22	BELEODAQ... 49
AZSTARYS... 102	BCG VACCINE, LIVE (PF)... 148	BELSOMRA... 180
aztreonam... 22	BD ALCOHOL SWABS... 161	benazepril... 88
AZULFIDINE EN-TABS... 158	BD AUTOSHIELD DUO PEN NEEDLE... 161	benazepril-hydrochlorothiazide... 88
AZULFIDINE... 158	BD ECLIPSE LUER-LOK... 161	bendamustine... 49
azurette (28)... 136	BD INSULIN SYRINGE (HALF UNIT)... 161	
<b>B</b>	BD INSULIN SYRINGE MICRO-FINE... 161	
b complex 100... 184		
b-complex injection... 184		
bacitracin... 22, 167		
bacitracin-polymyxin b... 167		

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

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



carbidopa... 63	cefaclor... 23	cephalexin... 23, 24
carbidopa-levodopa... 64	cefadroxil... 23	CEQUA... 168
carbidopa-levodopa-entacapone... 64	cefazolin in dextrose (iso-os)... 23	CEQUR SIMPLICITY INSERTER... 163
carbinoxamine maleate... 173	cefazolin... 23	CEQUR SIMPLICITY... 162
CARBOCAINE WITH NEO-COBEFRIN... 19	cefdinir... 23	CERDELGA... 127
carboplatin... 50	cefepime in dextrose 5 %... 23	CEREBYX... 31
carboprost tromethamine... 135	cefepime in dextrose,iso-osm... 23	CEREZYME... 127
CARDIZEM CD... 89	cefepime... 23	CERVIDIL... 163
CARDIZEM LA... 89	cefixime... 23	cetirizine... 173
CARDIZEM... 89	cefotetan... 23	cetorelix... 184
CARDURA XL... 89	cefoxitin in dextrose, iso-osm... 23	CETROTIDE... 184
CARDURA... 89	cefoxitin... 23	cevimeline... 107
CARETOUCH ALCOHOL PREP PAD... 162	cefpodoxime... 23	CHANTIX CONTINUING MONTH BOX... 20
carglumic acid... 117	cefprozil... 23	CHANTIX STARTING MONTH BOX... 20
carisoprodol... 179	ceftazidime in d5w... 23	CHANTIX... 20
carmustine... 50	ceftazidime... 23	charlotte 24 fe... 136
CARNITOR (SUGAR-FREE)... 117	ceftriaxone in dextrose,iso-os... 23	chateal eq (28)... 136
CARNITOR... 117	ceftriaxone... 23	CHEMET... 117
CAROSPIR... 89	cefuroxime axetil... 23	CHENODAL... 123
carteolol... 168	cefuroxime sodium... 23	chloramphenicol sod succinate... 24
cartia xt... 89	CELEBREX... 11	chlordiazepoxide hcl... 76
carvedilol phosphate... 89	celecoxib... 11	chlorhexidine gluconate... 107
carvedilol... 89	CELESTONE SOLUSPAN... 131	chlorprocaine (pf)... 19
CASODEX... 50	CELEXA... 38	chloroquine phosphate... 62
caspofungin... 43	CELLCEPT INTRAVENOUS... 149	chlorothiazide sodium... 89
CAYSTON... 173	CELLCEPT... 148, 149	chlorpromazine... 66
	CELONTIN... 31	
	CENTANY... 110	

chlorthalidone... 89	CIPRODEX... 171	CLINDAGEL... 110
chlorzoxazone... 179	ciprofloxacin hcl... 24, 168	clindamycin hcl... 24
CHOLBAM... 127	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... 171	clindamycin palmitate hcl... 24
cholestyramine-aspartame... 90	cisplatin... 50	clindamycin pediatric... 24
CHORIONIC GONADOTROPIN, HUMAN... 133	citalopram... 38	clindamycin phosphate... 24, 110
CIALIS... 130, 183	CITRANATAL B-CALM (FE GLUC)... 117	clindamycin-benzoyl peroxide... 110
CIBINQO... 149	cladribine... 50	clindamycin-tretinoin... 110
ciclodan... 43	CLAFORAN... 24	CLINDESSE... 24
ciclopirox... 43	claravis... 110	CLINIMIX E 2.75%/D5W SULF FREE... 117
cidofovir... 70	CLARINEX... 173	CLINIMIX E 4.25%/D10W SUL FREE... 118
cilostazol... 84	CLARINEX-D 12 HOUR... 163	CLINIMIX E 4.25%/D5W SULF FREE... 118
CILOXAN... 168	clarithromycin... 24	CLINIMIX E 5%/D15W SULFIT FREE... 118
CIMDUO... 71	clemastine... 173	CLINIMIX E 5%/D20W SULFIT FREE... 118
cimetidine hcl... 123	CLENPIQ... 123	CLINIMIX E 8%-D10W SULFITEFREE... 118
cimetidine... 123	CLEOCIN HCL... 24	CLINIMIX E 8%-D14W SULFITEFREE... 118
CIMZIA POWDER FOR RECONST... 149	CLEOCIN PEDIATRIC... 24	CLINIMIX 4.25%/D10W SULF FREE... 117
CIMZIA STARTER KIT... 149	CLEOCIN T... 110	CLINIMIX 4.25%/D5W SULFIT FREE... 117
CIMZIA... 149	CLEOCIN... 24	CLINIMIX 5%-D20W(SULFITE-FREE)... 117
cinacalcet... 159	CLEVIPREX... 90	
CINQAIR... 173	CLIMARA PRO... 136	
CINRYZE... 149	CLIMARA... 136	
CINVANTI... 41	clindacin etz... 110	
CIPRO HC... 171	clindacin p... 110	
CIPRO... 24	clindacin... 110	

CLINIMIX 5%/D15W SULFITE FREE... 117	clozapine... 66	CONCERTA... 102
CLINIMIX 6%-D5W (SULFITE-FREE)... 117	CLOZARIL... 66	CONDYLOX... 110
CLINIMIX 8%-D10W(SULFITE-FREE)... 117	COARTEM... 62	constulose... 123
CLINIMIX 8%-D14W(SULFITE-FREE)... 117	COBENFY STARTER PACK... 163	CONZIP... 12
CLINISOL SF 15 %... 118	COBENFY... 163	COPAXONE... 102
CLINOLIPID... 118	codeine sulfate... 11	COPIKTRA... 50
clobazam... 31	codeine-butalbital-asa-caff... 12	CORDRAN TAPE LARGE ROLL... 111
clobetasol... 110	COLAZAL... 158	CORDRAN... 111
clobetasol-emollient... 110	colchicine... 46	coremino... 24
CLOBEX... 110	COLCRYS... 46	CORGARD... 90
clocortolone pivalate... 110	colesevelam... 90	CORLANOR... 90
clodan... 110	COLESTID FLAVORED... 90	CORLOPAM... 90
clofarabine... 50	COLESTID... 90	CORTEF... 111
CLOLAR... 50	colestipol... 90	CORTENEMA... 158
clomid... 184	colistin (colistimethate na)... 24	CORTIFOAM... 158
clomiphene citrate... 184	COLUMVI... 50	CORTISPORIN-TC... 171
clomipramine... 38	COLY-MYCIN M PARENTERAL... 24	CORTROPHIN GEL... 132
clonazepam... 76	COMBIGAN... 168	CORVERT... 90
clonidine hcl... 90, 102	COMBIPATCH... 136	COSENTYX (2 SYRINGES)... 149
clonidine... 90	COMBIVENT RESPIMAT... 173	COSENTYX PEN (2 PENS)... 149
clopidogrel... 84	COMBIVIR... 71	COSENTYX PEN... 149
clorazepate dipotassium... 76	COMBOGESIC IV... 163	COSENTYX UNOREADY PEN... 149
CLOROTEKAL (PF)... 19	COMETRIQ... 50	COSENTYX... 149
clotrimazole... 43	COMPAZINE... 41	COSMEGEN... 50
clotrimazole-betamethasone... 43	COMPLERA... 71	COSOPT (PF)... 168
	complete natal dha... 118	COSOPT... 168
	compro... 41	COTELLIC... 51
	COMTAN... 64	COTEMPLA XR-ODT... 102

COZAAR... 90	CYLTEZO(CF) PEN PSORIASIS-UV... 149	dantrolene... 70
CREON... 127	CYLTEZO(CF) PEN... 149	DANYELZA... 51
CRESEMBA... 43	CYLTEZO(CF)... 149	dapsone... 48, 111
CRESTOR... 90	CYMBALTA... 102	DAPTACEL (DTAP PEDIATRIC) (PF)... 149
CREXONT... 64	cyproheptadine... 173, 174	daptomycin in 0.9 % sod chlor... 25
CRINONE... 136	CYRAMZA... 51	daptomycin... 25
cromolyn... 168, 173	cyred eq... 136	DARAPRIM... 62
crotan... 111	cyred... 136	darifenacin... 130
cryselle (28)... 136	CYSTADANE... 127	DARTISLA... 123
CRYSVITA... 127	CYSTADROPS... 168	darunavir... 71
CUBICIN RF... 24	CYSTAGON... 128	DARZALEX FASPRO... 51
CUPRIMINE... 118	CYSTARAN... 168	DARZALEX... 51
CURITY ALCOHOL SWABS... 163	cytarabine (pf)... 51	dasatinib... 51
CURITY GAUZE... 163	cytarabine... 51	dasetta 1/35 (28)... 136
CUTAQUIG... 149	CYTOGAM... 149	dasetta 7/7/7 (28)... 136
CUVPOSA... 123	CYTOMEL... 144	daunorubicin... 51
CUVRIOR... 118	CYTOTEC... 123	DAURISMO... 51
cyanocobalamin (vitamin b-12)... 184	<b>D</b>	DAYBUE... 128
cyclobenzaprine... 179	dabigatran etexilate... 84	DAYPRO... 12
cyclophosphamide... 51	dacarbazine... 51	daysee... 136
cycloserine... 48	DACOGEN... 51	DAYTRANA... 102
CYCLOSET... 78	dactinomycin... 51	DAYVIGO... 180
cyclosporine modified... 149	dalfampridine... 102	DDAVP... 133, 134
cyclosporine... 149, 168	DALIRESP... 174	deblitane... 136
CYKLOKAPRON... 84	DALVANCE... 24	decitabine... 51
CYLTEZO(CF) PEN CROHN'S-UC-HS... 149	danazol... 136	deferasirox... 118
	DANTRIUM... 69, 70	deferiprone... 118

deferoxamine... 118	DESCOVY... 71	dexrazoxane hcl... 51
DEFITELIO... 163	DESFERAL... 118	DEXTENZA... 168
deflazacort... 132	desipramine... 38	dextroamphetamine sulfate... 102, 103
DELESTROGEN... 136	desloratadine... 174	dextroamphetamine-amphetamine... 103
DELSTRIGO... 71	desmopressin... 134	dextrose 10 % and 0.2 % nacl... 118
DELZICOL... 158	desog-e.estradiol/e.estradiol... 137	dextrose 10 % in water (d10w)... 118
demeclocycline... 25	desogestrel-ethinyl estradiol... 137	dextrose 25 % in water (d25w)... 118
DEMEROL (PF)... 12	desonide... 111	dextrose 5 % in water (d5w)... 118
DEMEROL... 12	DESOWEN... 111	dextrose 5 %-lactated ringers... 118
DEMSER... 90	desoximetasone... 111	dextrose 5%-0.2 % sod chloride... 118
DENAVIR... 71	DESOXYN... 102	dextrose 5%-0.3 % sod.chloride... 118
DENGVAXIA (PF)... 149	desrx... 111	dextrose 50 % in water (d50w)... 118
DEPAKOTE ER... 31	desvenlafaxine succinate... 38	dextrose 70 % in water (d70w)... 118
DEPAKOTE SPRINKLES... 31	desvenlafaxine... 38	DHIVY... 64
DEPAKOTE... 31	DETROL LA... 130	DIACOMIT... 31
DEPEN TITRATABS... 118	DETROL... 130	DIASTAT ACUDIAL... 31
DEPO-ESTRADIOL... 137	dexabliss... 132	DIASTAT... 31
DEPO-MEDROL... 132	dexamethasone intensol... 132	diazepam intensol... 76
DEPO-PROVERA... 137	dexamethasone sodium phos (pf)... 132	diazepam... 31, 76
DEPO-SUBQ PROVERA 104... 137	dexamethasone sodium phosphate... 132, 168	diazoxide... 78
DEPO-TESTOSTERONE... 137	dexamethasone... 132	DIBENZYLINE... 90
DERMA-SMOOTH/FS BODY OIL... 111	dexchlorpheniramine maleate... 174	dichlorphenamide... 128
DERMA-SMOOTH/FS SCALP OIL... 111	DEXEDRINE SPANSULE... 102	
DERMACEA... 163	DEXILANT... 123	
dermacinrx lidocan... 19	dexlansoprazole... 123	
DERMOTIC OIL... 171	dexmethylphenidate... 102	

DICLEGIS... 41	DIOVAN... 91	DOPTELET (15 TAB PACK)... 84
diclofenac epolamine... 12	DIPENTUM... 158	DOPTELET (30 TAB PACK)... 84
diclofenac potassium... 12	DIPHEN... 174	DORYX MPC... 25
diclofenac sodium... 12, 111, 168	diphenhydramine hcl... 174	DORYX... 25
diclofenac-misoprostol... 12	diphenoxylate-atropine... 124	dorzolamide... 168
dicloxacillin... 25	DIPROLENE (AUGMENTED)... 111	dorzolamide-timolol (pf)... 168
dicyclomine... 123, 124	dipyridamole... 84	dorzolamide-timolol... 168
didanosine... 71	disopyramide phosphate... 91	dotti... 137
DIFFERIN... 111	disulfiram... 20	DOVATO... 71
DIFICID... 25	DITROPAN XL... 130	DOVONEX... 111
diflorasone... 111	DIURIL... 91	doxazosin... 91
DIFLUCAN... 43	divalproex... 31	doxepin... 76, 111, 180
diflunisal... 12	DIVIGEL... 137	doxercalciferol... 159
difluprednate... 168	dobutamine in d5w... 91	DOXIL... 51
digitek... 90	dobutamine... 91	doxorubicin... 51
digox... 90	DOCEFREZ... 51	doxorubicin, peg-liposomal... 52
digoxin... 90	docetaxel... 51	doxy-100... 25
dihydroergotamine... 46	DOCIVYX... 51	doxycycline hyclate... 25
DILANTIN EXTENDED... 31	dodex... 184	doxycycline monohydrate... 25
DILANTIN INFATABS... 31	dofetilide... 91	doxylamine-pyridoxine (vit b6)... 41
DILANTIN... 31	DOJOLVI... 128	DRISDOL... 184
DILANTIN-125... 31	dolishale... 137	DRIZALMA SPRINKLE... 103
DILAUDID... 12	dolobid... 12	dronabinol... 41
dilt-xr... 91	donepezil... 36, 37	droperidol... 66
diltiazem hcl... 91	dopamine in 5 % dextrose... 91	DROPLET INSULIN SYR(HALF UNIT)... 163
dimenhydrinate... 41	dopamine... 91	DROPLET INSULIN SYRINGE... 163
dimethyl fumarate... 103	DOPRAM... 174	
DIOVAN HCT... 91	DOPTELET (10 TAB PACK)... 84	

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

ELLEENCE... 52	ENDOMETRIN... 137	EPIPEN JR 2-PAK... 174
ELMIRON... 130	ENGERIX-B (PF)... 150	EPIPEN JR... 174
ELREXFIO... 52	ENGERIX-B PEDIATRIC (PF)... 150	EPIPEN 2-PAK... 174
eluryng... 137	ENHERTU... 52	EPIPEN... 174
ELYXYB... 163	enilloring... 137	epirubicin... 52
ELZONRIS... 52	ENJAYMO... 150	epitol... 32
EMCYT... 52	enoxaparin... 84	EPIVIR HBV... 71
EMEND (FOSAPREPITANT)... 41	enpresse... 137	EPIVIR... 71
EMEND... 41	enskyce... 137	EPKINLY... 52
EMFLAZA... 132	ENSPRYNG... 168	eplerenone... 92
EMGALITY PEN... 46	ENSTILAR... 112	EPOGEN... 84
EMGALITY SYRINGE... 46	entacapone... 64	epoprostenol... 174
EMPAVELI... 163	entecavir... 71	EPRONTIA... 32
EMPLICITI... 52	ENTRESTO SPRINKLE... 92	eprosartan... 92
EMSAM... 38	ENTRESTO... 92	EPSOLAY... 112
emtricitabine... 71	ENTYVIO PEN... 150	eptifibatide... 84
emtricitabine-tenofovir (tdf)... 71	ENTYVIO... 150	EPZICOM... 71
EMTRIVA... 71	enulose... 124	EQUETRO... 32
emverm... 62	ENVARUSUS XR... 150	ERAXIS(WATER DILUENT)... 43
emzahh... 137	EOHILIA... 163	ERBITUX... 52
enalapril maleate... 91	EPANED... 92	ergocalciferol (vitamin d2)... 184
enalapril-hydrochlorothiazide... 91	EPCLUSA... 71	ergoloid... 37
enalaprilat... 91	EPIDIOLEX... 31	ERGOMAR... 46
ENBREL MINI... 150	EPIDUO FORTE... 112	ergotamine-caffeine... 46
ENBREL SURECLICK... 150	EPIDUO... 112	eribulin... 52
ENBREL... 150	EPIFOAM... 112	ERIVEDGE... 52
ENDARI... 124	epinastine... 168	ERLEADA... 52
endocet... 12	epinephrine... 174	erlotinib... 52



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

famotidine... 124	FERRIPROX (2 TIMES A DAY)... 119	flavoxate... 130
FANAPT... 66	FERRIPROX... 119	FLEBOGAMMA DIF... 150
FARESTON... 52	fesoterodine... 130	flecainide... 93
FARXIGA... 78	FETROJA... 26	FLECTOR... 13
FASENRA PEN... 174	FETZIMA... 38	FLEQSUVY... 70
FASENRA... 174	FEXMID... 179	FLOLIPID... 93
FASLODEX... 52	FIASP FLEXTOUCH U-100 INSULIN... 78	FLOMAX... 130
febuxostat... 46	FIASP PENFILL U-100 INSULIN... 78	floxuridine... 52
felbamate... 32	FIASP U-100 INSULIN... 78	fluconazole in nacl (iso-osm)... 43
FELBATOL... 32	FIBRICOR... 93	fluconazole... 43
FELDENE... 13	FILSPARI... 164	flucytosine... 43
felodipine... 92	FILSUVEZ... 164	fludarabine... 52
FEMARA... 52	FINACEA... 112	fludrocortisone... 132
FEMLYV... 138	finasteride... 130, 182	FLUMADINE... 72
FEMRING... 138	fingolimod... 103	flumazenil... 164
femynor... 138	FINTEPLA... 32	flunisolide... 174
fenofibrate micronized... 92	finzala... 138	fluocinolone acetonide oil... 171
fenofibrate nanocrystallized... 92	FIORICET WITH CODEINE... 164	fluocinolone and shower cap... 112
fenofibrate... 92	fioricet... 164	fluocinolone... 112
fenofibric acid (choline)... 92	FIRAZYR... 150	fluocinonide... 112
fenofibric acid... 92	FIRDAPSE... 103	fluocinonide-e... 112
FENOGLIDE... 92	FIRMAGON KIT W DILUENT SYRINGE... 145	fluocinonide-emollient... 112
fenoprofen... 13	FIRMAGON... 145	fluorometholone... 169
FENSOLVI... 145	FIRVANQ... 26	FLUOROPLEX... 112
fentanyl citrate (pf)... 13	flac otic oil... 171	fluorouracil... 52, 113
fentanyl citrate... 13	FLAGYL... 26	fluoxetine... 38
fentanyl... 13		fluphenazine decanoate... 66
FENTORA... 13		fluphenazine hcl... 66

flurandrenolide... 113	fosaprepitant... 41	gallifrey... 138
flurazepam... 180	foscarnet... 72	GAMASTAN... 150
flurbiprofen sodium... 169	fosfomycin tromethamine... 26	GAMIFANT... 150
flurbiprofen... 13	fosinopril... 93	GAMMAGARD LIQUID... 150
fluticasone propion-salmeterol... 174, 175	fosinopril-hydrochlorothiazide... 93	GAMMAGARD S-D (IGA < 1 MCG/ML)... 150
fluticasone propionate... 113, 175	fosphenytoin... 32	GAMMAKED... 150
fluvastatin... 93	FOTIVDA... 53	GAMMAPLEX (WITH SORBITOL)... 150
fluvoxamine... 38	FRAGMIN... 84, 85	GAMMAPLEX... 150
FML FORTE... 169	FROVA... 46	GAMUNEX-C... 150
FML LIQUIFILM... 169	frovatriptan... 46	ganciclovir sodium... 72
FOCALIN XR... 103	FRUZAQLA... 53	GANIRELIX... 184
FOCALIN... 103	FULPHILA... 85	GARDASIL 9 (PF)... 150
FOCINVEZ... 41	fulvestrant... 53	GASTROCROM... 175
folic acid... 184	FURADANTIN... 26	gatifloxacin... 169
FOLLISTIM AQ... 184	FUROSCIX... 93	GATTEX ONE-VIAL... 124
FOLOTYN... 52	furosemide... 93	GATTEX 30-VIAL... 124
fomepizole... 164	FUSILEV... 53	GAUZE BANDAGE... 164
fondaparinux... 84	FUZEON... 72	GAUZE PAD... 164
FORFIVO XL... 38	FYARRO... 53	gavilyte-c... 124
formoterol fumarate... 175	fyavolv... 138	gavilyte-g... 124
formoterol fumarate-nebulizer... 175	FYCOMPA... 32	gavilyte-n... 124
FORTEO... 159	FYLNETRA... 85	GAVRETO... 53
FORTESTA... 138	fyremadel... 184	GAZYVA... 53
FOSAMAX PLUS D... 160		gefitinib... 53
FOSAMAX... 159		GELNIQUE... 130
fosamprenavir... 72		gemcitabine... 53
	<b>G</b>	
	gabapentin... 32, 103	
	GABITRIL... 32	
	GALAFOLD... 128	
	galantamine... 37	

gemfibrozil... 93	GLUCAGEN HYPOKIT... 78	GRANIX... 85
gemmily... 138	GLUCAGON (HCL) EMERGENCY KIT... 78	GRASTEK... 175
GEMTESA... 130	GLUCAGON EMERGENCY KIT (HUMAN)... 78	griseofulvin microsize... 43
GENERESS FE... 138	GLUCOTROL XL... 78	griseofulvin ultramicrosize... 43
generlac... 124	GLUMETZA... 78	guanfacine... 93, 104
gengraf... 150	glutamine (sickle cell)... 124	GVOKE HYPOPEN 1-PACK... 78
GENOTROPIN MINIQUICK... 134	glyburide micronized... 78	GVOKE HYPOPEN 2-PACK... 78
GENOTROPIN... 134	glyburide... 78	GVOKE PFS 1-PACK SYRINGE... 78
gentak... 169	glyburide-metformin... 78	GVOKE PFS 2-PACK SYRINGE... 78
gentamicin in nacl (iso-osm)... 26	GLYCATE... 124	GVOKE... 78
gentamicin sulfate (ped) (pf)... 26	GLYCOPHOS... 119	gynazole-1... 44
gentamicin sulfate (pf)... 26	glycopyrrolate (pf) in water... 124	<b>H</b>
gentamicin... 26, 169	glycopyrrolate (pf)... 124	HADLIMA PUSHTOUCH... 151
GENVOYA... 72	glycopyrrolate... 124	HADLIMA... 151
GEODON... 66	glydo... 19	HADLIMA(CF) PUSHTOUCH... 151
GILENYA... 103	GLYNASE... 78	HADLIMA(CF)... 151
GILOTRIF... 53	GLYXAMBI... 78	HAEGARDA... 151
GIMOTI... 41	GOCOVRI... 64	hailey fe 1.5/30 (28)... 138
GIVLAARI... 164	GOLYTELY... 124	hailey fe 1/20 (28)... 138
GLASSIA... 128	GONAL-F RFF REDI-JECT... 184	hailey 24 fe... 138
glatiramer... 104	GONAL-F RFF... 184	hailey... 138
glatopa... 104	GONAL-F... 184	HALAVEN... 53
GLEEVEC... 53	GONITRO... 93	halcinonide... 113
GLEOSTINE... 53	GRALISE... 104	HALCION... 180
glimepiride... 78	granisetron (pf)... 41	HALDOL DECANOATE... 67
glipizide... 78	granisetron hcl... 41	halobetasol propionate... 113
glipizide-metformin... 78		haloette... 138
GLOPERBA... 46		HALOG... 113

haloperidol decanoate... 67	HUMALOG MIX 50-50 INSULN U-100... 79	HUMULIN R REGULAR U-100 INSULN... 79
haloperidol lactate... 67	HUMALOG MIX 50-50 KWIKPEN... 79	HUMULIN R U-500 (CONC) INSULIN... 79
haloperidol... 67	HUMALOG MIX 75-25 KWIKPEN... 79	HUMULIN R U-500 (CONC) KWIKPEN... 79
HARVONI... 72	HUMALOG MIX 75-25(U-100)INSULN... 79	HUMULIN 70/30 U-100 INSULIN... 79
HAVRIX (PF)... 151	HUMALOG TEMPO PEN(U-100)INSULN... 79	HUMULIN 70/30 U-100 KWIKPEN... 79
heather... 138	HUMALOG U-100 INSULIN... 79	HYCAMTIN... 53
HECTOROL... 160	HUMATIN... 26	HYCODAN (WITH HOMATROPINE)... 182
HEMABATE... 135	HUMATROPE... 134	HYCODAN... 182
HEMADY... 132	HUMIRA PEN CROHNS-UC-HS START... 151	hydralazine... 93
HEMANGEOL... 93	HUMIRA PEN PSOR-UVEITS-ADOL HS... 151	HYDREA... 53
heparin (porcine)... 85	HUMIRA PEN... 151	hydrochlorothiazide... 93
heparin, porcine (pf)... 85	HUMIRA... 151	hydrocodone bitartrate... 13
HEPLISAV-B (PF)... 151	HUMIRA(CF) PEDI CROHNS STARTER... 151	hydrocodone-acetaminophen... 13
HEPSERA... 72	HUMIRA(CF) PEN CROHNS-UC-HS... 151	hydrocodone-chlorpheniramine... 183
HERCEPTIN HYLECTA... 53	HUMIRA(CF) PEN PEDIATRIC UC... 151	hydrocodone-homatropine... 183
HERCEPTIN... 53	HUMIRA(CF) PEN PSOR-UV-ADOL HS... 151	hydrocodone-ibuprofen... 13
HERZUMA... 53	HUMIRA(CF) PEN... 151	hydrocortisone butyr-emollient... 113
HETLIOZ LQ... 180	HUMIRA(CF)... 151	hydrocortisone butyrate... 113
HETLIOZ... 180	HUMULIN N NPH INSULIN KWIKPEN... 79	hydrocortisone sod succinate... 132
HIBERIX (PF)... 151	HUMULIN N NPH U-100 INSULIN... 79	hydrocortisone valerate... 113
HIPREX... 26		hydrocortisone... 113, 158
HIZENTRA... 151		hydrocortisone-acetic acid... 171
HORIZANT... 104		
HULIO(CF) PEN... 151		
HULIO(CF)... 151		
HUMALOG JUNIOR KWIKPEN U-100... 78		
HUMALOG KWIKPEN INSULIN... 79		

hydrocortisone-pramoxine... 182	ibu... 14	imiquimod... 113, 114
hydromet... 183	ibuprofen... 14	IMITREX STATDOSE PEN... 46
hydromorphone (pf)... 14	ibuprofen-famotidine... 14	IMITREX STATDOSE REFILL... 46
HYDROMORPHONE... 13, 14	ibutilide fumarate... 93	IMITREX... 46
hydroquinone... 182	icatibant... 152	IMJUDO... 54
hydroxocobalamin... 185	iclevia... 138	IMLYGIC... 54
hydroxychloroquine... 62	ICLUSIG... 53	IMMPHENTIV... 93
hydroxyurea... 53	IDACIO(CF) PEN CROHN-UC STARTR... 152	IMOGAM RABIES-HT (PF)... 152
hydroxyzine hcl... 76	IDACIO(CF) PEN PSORIASIS START... 152	IMOVAX RABIES VACCINE (PF)... 152
hydroxyzine pamoate... 175	IDACIO(CF) PEN... 152	IMPAVIDO... 63
HYFTOR... 113	IDACIO(CF)... 152	IMPEKLO... 114
HYPERRAB (PF)... 151	IDAMYCIN PFS... 53	IMURAN... 152
HYPERTET (PF)... 151	idarubicin... 53	IMVEXXY MAINTENANCE PACK... 138
HYRIMOZ PEN CROHN'S-UC STARTER... 151	IDHIFA... 53	IMVEXXY STARTER PACK... 138
HYRIMOZ PEN PSORIASIS STARTER... 152	IFEX... 53	INBRIJA... 64
HYRIMOZ PEN... 151	ifosfamide... 53, 54	incassia... 138
HYRIMOZ... 151	IGALMI... 164	INCONTROL ALCOHOL PADS... 164
HYRIMOZ(CF) PEDI CROHN STARTER... 152	ILEVRO... 169	INCRELEX... 134
HYRIMOZ(CF) PEN... 152	ILUMYA... 152	INCRUSE ELLIPTA... 175
HYRIMOZ(CF)... 152	imatinib... 54	indapamide... 93
HYSINGLA ER... 14	IMBRUVICA... 54	INDERAL LA... 93
HYZAAR... 93	IMDELLTRA... 54	INDOCIN... 14
<b>I</b>	IMFINZI... 54	indomethacin sodium... 14
ibandronate... 160	imipenem-cilastatin... 26	indomethacin... 14
IBRANCE... 53	imipramine hcl... 39	INFANRIX (DTAP) (PF)... 152
IBSRELA... 124	imipramine pamoate... 39	INFLECTRA... 152
		INFLIXIMAB... 152
		INFUGEM... 54

INFUMORPH P/F... 14	INTRALIPID... 119	ISOLYTE-S... 119
INFUVITE ADULT... 185	INTRAROSA... 138	isoniazid... 48
INFUVITE PEDIATRIC... 185	INTUNIVER... 104	ISORDIL TITRADOSE... 94
INGREZZA INITIATION PK(TARDIV)... 104	INVANZ... 26	ISORDIL... 93
INGREZZA SPRINKLE... 104	INVEGA HAFYERA... 67	isosorbide dinitrate... 94
INGREZZA... 104	INVEGA SUSTENNA... 67	isosorbide mononitrate... 94
INLYTA... 54	INVEGA TRINZA... 67	isosorbide-hydralazine... 94
INNOPRAN XL... 93	INVEGA... 67	isotretinoin... 114
INPEFA... 93	INVELTYS... 169	isradipine... 94
INQOVI... 54	INVOKAMET XR... 80	ISTALOL... 169
INREBIC... 54	INVOKAMET... 80	ISTODAX... 54
INSPRA... 93	INVOKANA... 80	ISTURISA... 134
INSULIN ASP PRT-INSULIN ASPART... 79	IONOSOL-B IN D5W... 119	ISUPREL... 94
INSULIN ASPART U-100... 79	IONOSOL-MB IN D5W... 119	ITOVEBI... 54
INSULIN DEGLUDEC... 79	IOPIDINE... 169	itraconazole... 44
INSULIN GLARGINE U-300 CONC... 79	IPOL... 152	IV PREP WIPES... 164
INSULIN GLARGINE... 79	ipratropium bromide... 175	ivabradine... 94
INSULIN GLARGINE-YFGN... 79	ipratropium-albuterol... 175	ivermectin... 63, 114
INSULIN LISPRO PROTAMIN-LISPRO... 80	IQIRVO... 124	IWILFIN... 54
INSULIN LISPRO... 79, 80	irbesartan... 93	IXCHIQ (PF)... 152
INSULIN SYRINGE MICROFINE... 164	irbesartan-hydrochlorothiazide... 93	IXEMPRA... 54
INSULIN SYRINGE... 164	IRESSA... 54	IXIARO (PF)... 152
INSULIN SYRINGE-NEEDLE U-100... 164	irinotecan... 54	IYUZEH (PF)... 169
INTELENCE... 72	ISENTRESS HD... 72	<b>J</b>
	ISENTRESS... 72	JADENU SPRINKLE... 119
	isibloom... 138	JADENU... 119
	ISOLYTE S PH 7.4... 119	jaimiess... 138
	ISOLYTE-P IN 5 % DEXTROSE... 119	JAKAFI... 54

JALYN... 131	JUXTAPID... 94	KERYDIN... 44
jantoven... 85	JYLAMVO... 152	KESIMPTA PEN... 104
JANUMET XR... 80	JYNARQUE... 119	ketoconazole... 44
JANUMET... 80	JYNNEOS (PF)... 152	ketodan... 44
JANUVIA... 80	<b>K</b>	ketoprofen... 14
JARDIANCE... 80	KABIVEN... 119	ketorolac... 14, 169
jasmiel (28)... 138	KADCYLA... 54	KEVEYIS... 128
JATENZO... 138, 139	kaitlib fe... 139	KEVZARA... 152
javygtor... 128	KALETRA... 72	KEYTRUDA... 55
JAYPIRCA... 54	kalliga... 139	KHAPZORY... 55
JEMPERLI... 54	KALYDECO... 175	KIMMTRAK... 55
jencycla... 139	KANJINTI... 55	KIMYRSA... 26
JENTADUETO XR... 80	KANUMA... 128	KINERET... 152
JENTADUETO... 80	KAPSPARGO SPRINKLE... 94	KINRIX (PF)... 152
JEVTANA... 54	KAPVAY... 104	kionex (with sorbitol)... 119
jjnteli... 139	kariva (28)... 139	kiprofen... 14
JOENJA... 128	KATERZIA... 94	KISQALI FEMARA CO-PACK... 55
jolessa... 139	KAZANO... 80	KISQALI... 55
JORNAY PM... 104	KEDRAB (PF)... 152	KITABIS PAK... 26
joyeaux... 139	kelnor 1/35 (28)... 139	KLARON... 26
JUBLIA... 44	kelnor 1/50 (28)... 139	klayesta... 44
juleber... 139	KENALOG... 132	KLISYRI... 114
JULUCA... 72	KENALOG-80... 132	KLONOPIN... 76
junel fe 1.5/30 (28)... 139	KENGREAL... 85	klor-con m10... 119
junel fe 1/20 (28)... 139	KEPIVANCE... 107	KLOR-CON M15... 119
junel fe 24... 139	KEPPRA XR... 32	klor-con m20... 119
junel 1.5/30 (21)... 139	KEPPRA... 32	KLOR-CON 10... 119
junel 1/20 (21)... 139	KERENDIA... 94	KLOR-CON 8... 119



klor-con... 119	LAMICTAL ODT STARTER (ORANGE)... 33	larin 1.5/30 (21)... 139
KLOXXADO... 20	LAMICTAL ODT... 32	larin 1/20 (21)... 139
KONVOMEPE... 124	LAMICTAL STARTER (BLUE) KIT... 33	larin 24 fe... 139
KORLYM... 164	LAMICTAL STARTER (GREEN) KIT... 33	LASIX... 94
KOSELUGO... 55	LAMICTAL STARTER (ORANGE) KIT... 33	latanoprost... 169
KOSHER PRENATAL PLUS IRON... 119	LAMICTAL XR STARTER (BLUE)... 33	LATISSE... 182
kourzeq... 108	LAMICTAL XR STARTER (GREEN)... 33	LATUDA... 67
KRAZATI... 55	LAMICTAL XR STARTER (ORANGE)... 33	LAYOLIS FE... 139
KRINTAFEL... 63	LAMICTAL... 32	LAZCLUZE... 55
KRISTALOSE... 124	lamivudine... 72	ledipasvir-sofosbuvir... 72
kurvelo (28)... 139	lamivudine-zidovudine... 72	leena 28... 139
KUVAN... 128	lamotrigine... 33	leflunomide... 152
KYPROLIS... 55	LAMPIT... 63	LEMTRADA... 104
<b>L</b>	LAMZEDE... 128	lenalidomide... 55
l norgest/e.estradiol-e.estrad... 139	LANOXIN PEDIATRIC... 94	LENVIMA... 55
LABETALOL IN DEXTROSE,ISO-OSM... 94	LANOXIN... 94	LEQVIO... 94
LABETALOL IN NACL (ISO-OSMOT)... 94	lanreotide... 145	LESCOL XL... 94
labetalol... 94	lansoprazole... 125	lessina... 139
lacosamide... 32	LANTUS SOLOSTAR U-100 INSULIN... 80	LETAIRIS... 175
LACRISERT... 169	LANTUS U-100 INSULIN... 80	letrozole... 55
lactated ringers... 119, 164	lapatinib... 55	leucovorin calcium... 55
lactulose... 124	larin fe 1.5/30 (28)... 139	LEUKINE... 85
LAMICTAL ODT STARTER (BLUE)... 32	larin fe 1/20 (28)... 139	leuprolide (3 month)... 145
LAMICTAL ODT STARTER (GREEN)... 32		leuprolide... 145

LEVEMIR FLEXTOUCH U100	LIBTAYO... 55	lisinopril... 95
INSULIN... 80	LICART... 14	lisinopril-hydrochlorothiazide... 95
LEVEMIR U-100 INSULIN... 80	lidocaine (pf)... 19, 94	LITFULO... 152
levetiracetam in nacl (iso-os)... 33	lidocaine hcl... 19	lithium carbonate... 77
levetiracetam... 33	lidocaine in 5 % dextrose (pf)... 94	lithium citrate... 77
LEVO-T... 144	lidocaine viscous... 19	LITHOBID... 77
levobunolol... 169	lidocaine... 19	LITHOSTAT... 164
levocarnitine (with sugar)... 119	lidocaine-epinephrine bit... 19	LIVALO... 95
levocarnitine... 119	lidocaine-epinephrine... 19	LIVDELZI... 125
levocetirizine... 175	lidocaine-prilocaine... 19	LIVMARLI... 125
levofloxacin in d5w... 27	lidocan iii... 19	LIVTENCITY... 72
levofloxacin... 26, 27, 169	lidocan iv... 19	LO LOESTRIN FE... 140
levoleucovorin calcium... 55	lidocan v... 19	lo-zumandimine (28)... 140
levonest (28)... 139	LIDODERM... 19	LOCOID LIPOCREAM... 114
levonorg-eth estrad triphasic... 139	lignospan standard... 19	LOCOID... 114
levonorgest-eth.estradiol-iron... 139	LINCOCIN... 27	LODINE... 15
levonorgestrel-ethinyl estrad... 139	lincomycin... 27	LODOCO... 95
LEVOPHED (BITARTRATE)... 94	lindane... 114	LODOSYN... 64
levora-28... 140	linezolid in dextrose 5%... 27	LOESTRIN FE 1.5/30 (28-DAY)... 140
levorphanol tartrate... 14	linezolid... 27	LOESTRIN FE 1/20 (28-DAY)... 140
levothyroxine... 144, 145	linezolid-0.9% sodium chloride... 27	LOESTRIN 1.5/30 (21)... 140
LEVOXYL... 145	LINZESS... 125	LOESTRIN 1/20 (21)... 140
LEVULAN... 55	liothyronine... 145	lofena... 15
LEXAPRO... 39	LIPITOR... 94	lofexidine... 20
LEXETTE... 114	LIPOFEN... 94	lojaimiess... 140
LEXIVA... 72	LIQREV... 175	LOKELMA... 120
LIALDA... 158	liraglutide... 80	LOMOTIL... 125
LIBERVANT... 33	lisdexamfetamine... 104	LONHALA MAGNAIR REFILL... 175

LONHALA MAGNAIR STARTER... 175	low-ogestrel (28)... 140	LYRICA... 104
LONSURF... 55, 56	loxapine succinate... 67	LYSODREN... 56
loperamide... 125	lubiprostone... 125	LYSTEDA... 85
LOPID... 95	LUCEMYRA... 21	LYTGOBI... 56
lopinavir-ritonavir... 72, 73	luliconazole... 44	LYUMJEV KWIKPEN U-100 INSULIN... 80
LOPRESSOR... 95	LUMAKRAS... 56	LYUMJEV KWIKPEN U-200 INSULIN... 80
LOPROX (AS OLAMINE)... 44	LUMIGAN... 169	LYUMJEV TEMPO PEN(U-100)INSULN... 80
LOPROX... 44	LUMIZYME... 128	LYUMJEV U-100 INSULIN... 80
LOQTORZI... 56	LUMRYZ STARTER PACK... 180	LYVISPAAH... 70
lorazepam intensol... 76	LUMRYZ... 180	lyza... 140
lorazepam... 76	LUNSUMIO... 56	<b>M</b>
LORBRENA... 56	LUPKYNIS... 152	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... 179	LUPRON DEPOT... 145, 146	mafenide acetate... 114
losartan... 95	LUPRON DEPOT-PED (3 MONTH)... 146	magnesium sulfate in d5w... 120
losartan-hydrochlorothiazide... 95	LUPRON DEPOT-PED... 146	magnesium sulfate in water... 120
LOTEMAX SM... 169	lurasidone... 67	magnesium sulfate... 120
LOTEMAX... 169	lutea (28)... 140	MALARONE PEDIATRIC... 63
LOTENSIN HCT... 95	LUXIQ... 114	MALARONE... 63
LOTENSIN... 95	LUZU... 44	malathion... 114
loteprednol etabonate... 169	LYBALVI... 67	mannitol 10 %... 95
LOTREL... 95	lyleq... 140	mannitol 20 %... 95
LOTRONEX... 125	lyllana... 140	mannitol 25 %... 95
lovastatin... 95	LYNPARZA... 56	mannitol 5 %... 95
LOVAZA... 95	LYRICA CR... 104	
LOVENOX... 85		

maraviroc... 73	MAYZENT STARTER(FOR 1MG MAINT)... 105	meperidine... 15
MARCAINE (PF)... 19	MAYZENT STARTER(FOR 2MG MAINT)... 105	MEPHYTON... 185
MARCAINE SPINAL (PF)... 19	MAYZENT... 105	meprobamate... 77
MARCAINE... 19	meclizine... 42	MEPRON... 63
MARCAINE-EPINEPHRINE (PF)... 19	meclofenamate... 15	MEPSEVII... 128
MARCAINE-EPINEPHRINE... 19	MEDROL (PAK)... 132	mercaptapurine... 56
MARGENZA... 56	MEDROL... 132	meropenem... 27
MARINOL... 41	medroxyprogesterone... 140	meropenem-0.9% sodium chloride... 27
marlissa (28)... 140	mefenamic acid... 15	merzee... 140
MARPLAN... 39	mefloquine... 63	mesalamine... 158, 159
MATULANE... 56	megestrol... 140	mesna... 56
matzim la... 95	MEKINIST... 56	MESNEX... 56
MAVENCLAD (10 TABLET PACK)... 104	MEKTOVI... 56	MESTINON TIMESPAN... 48
MAVENCLAD (4 TABLET PACK)... 104	meloxicam submicronized... 15	MESTINON... 48
MAVENCLAD (5 TABLET PACK)... 104	meloxicam... 15	METADATE CD... 105
MAVENCLAD (6 TABLET PACK)... 104	melphalan hcl... 56	metadate er... 105
MAVENCLAD (7 TABLET PACK)... 104	melphalan... 56	metaxalone... 179
MAVENCLAD (8 TABLET PACK)... 104	memantine... 37	metformin... 80, 81
MAVENCLAD (9 TABLET PACK)... 104	MENACTRA (PF)... 153	methadone intensol... 15
MAVYRET... 73	MENEST... 140	methadone... 15
MAXALT... 47	MENOPUR... 184	METHADOSE... 15
MAXALT-MLT... 47	MENOSTAR... 140	methamphetamine... 105
MAXIDEX... 169	MENQUADFI (PF)... 153	methazolamide... 169
MAXITROL... 169	MENTAX... 44	methenamine hippurate... 27
MAXZIDE... 95	MENVEO A-C-Y-W-135-DIP (PF)... 153	methimazole... 147
MAXZIDE-25MG... 95	meperidine (pf)... 15	METHITEST... 140
		methocarbamol... 179

methotrexate sodium (pf)... 153	metronidazole... 27	milrinone... 96
methotrexate sodium... 153	metyrosine... 95	mimvey... 140
methoxsalen... 114	mexiletine... 96	MINASTRIN 24 FE... 141
methscopolamine... 125	MIACALCIN... 160	MINIPRESS... 96
methsuximide... 33	mibelas 24 fe... 140	MINIVELLE... 141
methyl dopa... 95	MICAFUNGIN IN 0.9 % SODIUM CHL... 44	MINOCIN... 27
methyl dopa-hydrochlorothiazide... 95	micafungin... 44	minocycline... 27
methyl dopate... 95	MICARDIS HCT... 96	minoxidil... 96
methyl ergonovine... 164	MICARDIS... 96	MIOSTAT... 169
METHYLIN... 105	miconazole nitrate-zinc ox-pet... 44	MIPLYFFA... 128
methylphenidate hcl... 105	miconazole-3... 44	MIRAPEX ER... 64
methylphenidate... 105	microgestin fe 1.5/30 (28)... 140	MIRENA... 164
methylprednisolone acetate... 132	microgestin fe 1/20 (28)... 140	mirtazapine... 39
methylprednisolone sodium succ... 132	microgestin 1.5/30 (21)... 140	MIRVASO... 114
methylprednisolone... 132	microgestin 1/20 (21)... 140	misoprostol... 125
methyltestosterone... 140	microgestin 24 fe... 140	MITIGARE... 46
metoclopramide hcl... 42	midodrine... 96	mitigo (pf)... 15
metolazone... 95	MIEBO (PF)... 169	mitomycin... 56
metoprolol succinate... 95	mifepristone... 164	mitoxantrone... 56
metoprolol ta-hydrochlorothiaz... 95	migergot... 47	modafinil... 180
metoprolol tartrate... 95	miglitol... 81	moexipril... 96
METRO I.V.... 27	miglustat... 128	molindone... 67
METROCREAM... 27	MIGRANAL... 47	mometasone... 114, 175
METROGEL... 27	mili... 140	mondoxyne nl... 27
METROLOTION... 27	millipred dp... 132	MONJUVI... 153
metronidazole in nacl (iso-os)... 27	millipred... 132	mono-lynyah... 141
	milrinone in 5 % dextrose... 96	MONODOX... 28
		montelukast... 175

MONUROL... 28	MYCOBUTIN... 48	NAMENDA XR... 37
morgidox... 28	mycophenolate mofetil (hcl)... 153	NAMENDA... 37
morphine (pf)... 16	mycophenolate mofetil... 153	NAMZARIC... 37
morphine concentrate... 16	mycophenolate sodium... 153	NAPRELAN CR... 16
morphine... 15, 16	MYDAYIS... 105	NAPROSYN... 16
MOTEGRITY... 125	MYFEMBREE... 146	naproxen sodium... 16
MOTOFEN... 125	MYFORTIC... 153	naproxen... 16
MOTPOLY XR... 33	MYHIBBIN... 153	naproxen-esomeprazole... 17
MOUNJARO... 81	MYLOTARG... 56	naratriptan... 47
MOVANTIK... 125	myorisan... 114	NARCAN... 21
MOVIPREP... 125	MYRBETRIQ... 131	NARDIL... 39
moxifloxacin... 28, 169	MYSOLINE... 33	NAROPIN (PF)... 20
moxifloxacin-sod.ace,sul-water... 28	MYTESI... 125	NASCOBAL... 185
	<b>N</b>	NATACHEW (FE BIS-GLYCINATE)... 120
moxifloxacin-sod.chloride(iso)... 28	nabumetone... 16	NATAZIA... 141
MOZOBIL... 85	nadolol... 96	nateglinide... 81
MRESVIA (PF)... 153	nafcillin in dextrose iso-osm... 28	NATPARA... 160
MS CONTIN... 16	nafcillin... 28	NATROBA... 114
MULPLETA... 85	naftifine... 44	NAYZILAM... 34
MULTAQ... 96	NAFTIN... 44	nebivolol... 96
mupirocin calcium... 114	NAGLAZYME... 128	NEBUPENT... 63
mupirocin... 114	nalbuphine... 16	necon 0.5/35 (28)... 141
MUTAMYCIN... 56	NALFON... 16	nefazodone... 39
MVASI... 56	nalmefene... 21	NEFFY... 175
MYALEPT... 125	nalocet... 16	nelarabine... 56
MYAMBUTOL... 48	naloxone... 21	NEMBUTAL SODIUM... 34
MYCAMINE... 44	naltrexone... 21	NEMLUVIO... 153
MYCAPSSA... 146	NAMENDA TITRATION PAK... 37	

neo-polycin hc... 169	nevirapine... 73	NITRO-BID... 96
neo-polycin... 169	NEXAVAR... 56	NITRO-DUR... 97
NEO-SYNALAR... 114	NEXICLON XR... 96	nitrofurantoin macrocrystal... 28
neo-vital rx... 120	NEXIUM IV... 125	nitrofurantoin monohyd/m-cryst... 28
neomycin... 28	NEXIUM PACKET... 125	nitrofurantoin... 28
neomycin-bacitracin-poly-hc... 170	NEXIUM... 125	nitroglycerin in 5 % dextrose... 97
neomycin-bacitracin-polymyxin... 170	NEXLETOL... 96	nitroglycerin... 97, 164
neomycin-polymyxin b gu... 164	NEXLIZET... 96	NITROLINGUAL... 97
neomycin-polymyxin b-dexameth... 170	NEXPLANON... 141	NITROSTAT... 97
neomycin-polymyxin-gramicidin... 170	NEXTERONE... 96	NITYR... 128
neomycin-polymyxin-hc... 170, 172	NEXTSTELLIS... 141	NIVESTYM... 85
NEONATAL COMPLETE... 120	NEXVIAZYME... 128	nizatidine... 125
NEONATAL PLUS VITAMIN... 120	NGENLA... 134	NOCDURNA (MEN)... 134
NEONATAL-DHA... 120	niacin... 96	NOCDURNA (WOMEN)... 134
NEORAL... 153	niacor... 96	NORA-BE... 141
NERLYNX... 56	nicardipine... 96	NORDITROPIN FLEXP... 134
NESACAINE... 20	NICOTROL NS... 21	norelgestromin-ethin.estradiol... 141
NESACAINE-MPF... 20	NICOTROL... 21	norepinephrine bitartrate... 97
NESINA... 81	nifedipine... 96	noreth-ethinyl estradiol-iron... 141
neuac... 114	nikki (28)... 141	norethindrone (contraceptive)... 141
NEULASTA ONPRO... 85	NILANDRON... 56	norethindrone ac-eth estradiol... 141
NEULASTA... 85	nilutamide... 56	norethindrone acetate... 141
NEUPOGEN... 85	nimodipine... 96	norethindrone-e.estradiol-iron... 141
NEUPRO... 64	NINLARO... 57	NORGESIC FORTE... 179
NEURONTIN... 34	NIPENT... 57	norgesic... 179
NEVANAC... 170	nisoldipine... 96	
	nitazoxanide... 63	
	nitisinone... 128	

norgestimate-ethinyl estradiol... 141	NOVOLOG FLEXPEN U-100 INSULIN... 81	NYMALIZE... 97
NORITATE... 28	NOVOLOG MIX 70-30 U-100 INSULN... 81	nymyo... 141
NORLIQVA... 97	NOVOLOG MIX 70-30FLEXPEN U-100... 81	nystatin... 44, 45
NORMOSOL-M IN 5 % DEXTROSE... 120	NOVOLOG PENFILL U-100 INSULIN... 81	nystatin-triamcinolone... 45
NORPACE CR... 97	NOVOLOG U-100 INSULIN ASPART... 81	nystop... 45
NORPACE... 97	NOVOPEN ECHO... 164	NYVEPRIA... 86
NORPRAMIN... 39	NOXAFIL... 44	<b>O</b>
NORTHERA... 97	np thyroid... 145	OB COMPLETE ONE... 120
nortrel 0.5/35 (28)... 141	NUBEQA... 57	OB COMPLETE PETITE... 120
nortrel 1/35 (21)... 141	NUCALA... 176	OB COMPLETE PREMIER... 120
nortrel 1/35 (28)... 141	NUCYN TA ER... 17	obagi elastiderm... 182
nortrel 7/7/7 (28)... 141	NUCYN TA... 17	obagi nu-derm blender... 182
nortriptyline... 39	NUEDEXTA... 105	obagi nu-derm clear... 182
NORVASC... 97	NULIBRY... 128	OBREDON... 183
NORVIR... 73	NUPLAZID... 67	OCALIVA... 125
NOURIANZ... 64	NURTEC ODT... 47	ocella... 141
NOVAREL... 134	NUTRILIPID... 120	OCREVUS ZUNOVO... 105
NOVOLIN N FLEXPEN... 81	NUTROPIN AQ NUSPIN... 134	OCREVUS... 105
NOVOLIN N NPH U-100 INSULIN... 81	NUVARING... 141	OCTAGAM... 153
NOVOLIN R FLEXPEN... 81	NUVIGIL... 180	octreotide acetate... 146
NOVOLIN R REGULAR U100 INSULIN... 81	NUZYRA... 28	octreotide,microspheres... 146
NOVOLIN 70-30 FLEXPEN U-100... 81	nyamyc... 44	OCUFLOX... 170
NOVOLIN 70/30 U-100 INSULIN... 81	nylia 1/35 (28)... 141	ODACTRA... 176
	nylia 7/7/7 (28)... 141	ODEFSEY... 73
		ODOMZO... 57
		OFEV... 176
		ofloxacin... 28, 170, 172
		OGIVRI... 57



OGSIVEO... 57	OMNIPOD GO PODS 10 UNITS/DAY... 165	ONIVYDE... 57
OHTUVAYRE... 176	OMNIPOD GO PODS 15 UNITS/DAY... 165	ONPATTRO... 128
OJEMDA... 57	OMNIPOD GO PODS 20 UNITS/DAY... 165	ONTRUZANT... 57
OJJAARA... 57	OMNIPOD GO PODS 25 UNITS/DAY... 165	ONUREG... 57
olanzapine... 67	OMNIPOD GO PODS 30 UNITS/DAY... 165	ONYDA XR... 105
olanzapine-fluoxetine... 39	OMNIPOD GO PODS 40 UNITS/DAY... 165	ONZETRA XSAIL... 47
OLINVYK... 17	OMNIPOD GO PODS... 164	OPDIVO... 57
olmesartan... 97	OMNIPOD 5 (G6/LIBRE 2 PLUS)... 164	OPDUALAG... 57
olmesartan-amlodipin-hcthiazyd... 97	OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 164	OPFOLDA... 128
olmesartan-hydrochlorothiazide... 97	OMNIPOD 5 G6-G7 PODS (GEN 5)... 164	opium tincture... 125
olopatadine... 170, 176	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)... 164	OPSUMIT... 176
OLPRUVA... 128	OMNITROPE... 134	OPSYNVI... 176
OLUMIANT... 153	OMVOH PEN... 153	OPVEE... 21
OLUX... 114	OMVOH... 153	OPZELURA... 114
OLUX-E... 114	ONCASPAR... 57	ORACEA... 28
OMECLAMOX-PAK... 125	ondansetron hcl (pf)... 42	oralone... 108
omega-3 acid ethyl esters... 97	ondansetron hcl... 42	ORAPRED ODT... 132
OMEGAVEN... 120	ondansetron... 42	ORBACTIV... 28
omeprazole... 125	ONEXTON... 114	ORENCIA CLICKJECT... 153
omeprazole-sodium bicarbonate... 125	ONFI... 34	ORENCIA... 153
OMNARIS... 176	ONGENTYS... 64	ORENITRAM MONTH 1 TITRATION KT... 176
OMNIPOD CLASSIC PODS (GEN 3)... 164		ORENITRAM MONTH 2 TITRATION KT... 176
OMNIPOD DASH INTRO KIT (GEN 4)... 164		ORENITRAM MONTH 3 TITRATION KT... 176
OMNIPOD DASH PODS (GEN 4)... 164		ORENITRAM... 176
		ORFADIN... 129
		ORGOVYX... 57

ORIAHNN... 146	oxaprozin... 17	PALFORZIA (LEVEL 2)... 165
ORLISSA... 146	OXAYDO... 17	PALFORZIA (LEVEL 3)... 165
ORKAMBI... 176	oxazepam... 77	PALFORZIA (LEVEL 4)... 165
ORLADEYO... 153	oxcarbazepine... 34	PALFORZIA (LEVEL 5)... 165
ormalvi... 129	OXERVATE... 170	PALFORZIA (LEVEL 6)... 165
orphenadrine citrate... 179, 180	oxiconazole... 45	PALFORZIA (LEVEL 7)... 165
orphenadrine-asa-caffeine... 180	OXISTAT... 45	PALFORZIA (LEVEL 8)... 165
orphengesic forte... 180	OXLUMO... 165	PALFORZIA (LEVEL 9)... 165
ORSERDU... 57	OXTELLAR XR... 34	PALFORZIA INITIAL DOSE... 165
ORTIKOS... 159	oxybutynin chloride... 131	PALFORZIA LEVEL 11 MAINTENANCE... 165
oseltamivir... 73	oxycodone... 17	paliperidone... 68
OSENI... 81	oxycodone-acetaminophen... 17	PALYNZIQ... 129
OSMITROL 10 %... 97	OXYCONTIN... 17	PAMELOR... 39
OSMITROL 15 %... 97	oxymorphone... 17	pamidronate... 160
OSMITROL 20 %... 97	oxytocin... 165	PANCREAZE... 129
OSMITROL 5 %... 97	OXYTROL... 131	PANDEL... 115
OSMOLEX ER... 64	OZEMPIC... 81	PANRETIN... 57
OSMOPREP... 125	OZOBAX DS... 70	pantoprazole in 0.9% sod chlor... 126
OSPHENA... 141	OZOBAX... 70	pantoprazole... 125
OTEZLA STARTER... 114		PANZYGA... 154
OTEZLA... 114	<b>P</b>	paraplatin... 57
OTREXUP (PF)... 153	PACERONE... 97	paricalcitol... 160
OVIDE... 115	paclitaxel protein-bound... 57	PARLODEL... 64
OVIDREL... 184	paclitaxel... 57	PARNATE... 39
oxacillin in dextrose(iso-osm)... 28	PADCEV... 57	paromomycin... 28
oxacillin... 28	PALFORZIA (LEVEL 1)... 165	paroxetine hcl... 39
oxaliplatin... 57	PALFORZIA (LEVEL 10)... 165	
oxandrolone... 142	PALFORZIA (LEVEL 11 UP-DOSE)... 165	

paroxetine mesylate(menop.sym)...	penicillin g sodium... 28	phenobarbital sodium... 34
39	penicillin v potassium... 28	phenobarbital... 34
PATANASE... 176	PENNSAID... 17	phenoxybenzamine... 98
PAXIL CR... 39	PENTACEL (PF)... 154	phenylephrine hcl... 98
PAXIL... 39	PENTAM... 63	PHENYTEK... 34
PAXLOVID... 73	pentamidine... 63	phenytoin sodium extended... 34
pazopanib... 57	PENTASA... 159	phenytoin sodium... 34
PEDIAPRED... 132	pentazocine-naloxone... 17	phenytoin... 34
PEDIARIX (PF)... 154	pentobarbital sodium... 34	PHESGO... 58
PEDMARK... 57	pentoxifylline... 97	PHEXXI... 165
PEDVAX HIB (PF)... 154	pepcid... 126	philith... 142
peg 3350-electrolytes... 126	PERCOCET... 17	PHOSPHOLINE IODIDE... 170
peg-electrolyte soln... 126	PERFOROMIST... 176	PHYSIOLYTE... 165
peg-prep... 126	PERIKABIVEN... 120	PHYSIOSOL IRRIGATION... 165
PEGASYS... 154	perindopril erbumine... 98	phytonadione (vitamin k1)... 185
peg3350-sod sul-nacl-kcl-asb-c...	periogard... 108	PIASKY... 154
126	PERJETA... 58	PIFELTRO... 73
PEMAZYRE... 57	permethrin... 115	pilocarpine hcl... 108, 170
pemetrexed disodium... 58	perphenazine... 68	pimecrolimus... 115
pemetrexed... 58	perphenazine-amitriptyline... 39	pimozide... 68
PEMRYDI RTU... 58	PERSERIS... 68	pimtrea (28)... 142
PEN NEEDLE, DIABETIC... 165	PERTZYE... 129	pindolol... 98
PENBRAYA (PF)... 154	PEXEVA... 39	pioglitazone... 81
penciclovir... 73	pfizerpen-g... 28	pioglitazone-glimepiride... 81
penicillamine... 120	PHEBURANE... 129	pioglitazone-metformin... 81
penicillin g pot in dextrose... 28	phenazopyridine... 165	piperacillin-tazobactam... 28
penicillin g potassium... 28	phenelzine... 39	PIQRAY... 58
penicillin g procaine... 28	PHENERGAN... 42	pirfenidone... 176

piroxicam... 17	PORTRAZZA... 58	prasugrel... 86
pitavastatin calcium... 98	posaconazole... 45	pravastatin... 98
PITOCIN... 165	potassium acetate... 120	praziquantel... 63
PLAQUENIL... 63	potassium chlorid-d5-0.45%nacl... 120	prazosin... 98
PLASMA-LYTE A... 120	potassium chloride in lr-d5... 121	PRECOSE... 81
PLASMA-LYTE 148... 120	potassium chloride in water... 121	PRED FORTE... 170
PLAVIX... 86	potassium chloride in 0.9%nacl... 121	PRED MILD... 170
PLEGRIDY... 105, 106	potassium chloride in 5 % dex... 121	PRED-G... 170
PLENAMINE... 120	potassium chloride... 120, 121	prednicarbate... 115
PLENVU... 126	potassium chloride-d5-0.2%nacl... 121	prednisolone acetate... 170
plerixafor... 86	potassium chloride-d5-0.3%nacl... 121	prednisolone sodium phosphate... 133, 170
PLIAGLIS... 20	potassium chloride-d5-0.9%nacl... 121	prednisolone... 132, 133
pnv-dha... 120	potassium chloride-0.45 % nacl... 121	prednisone intensol... 133
pnv-omega... 120	potassium citrate... 121	prednisone... 133
podofilox... 115	POTELIGEO... 58	PREFEST... 142
POLIVY... 58	pr natal 400 ec... 121	pregabalin... 106
polocaine... 20	pr natal 400... 121	PREGNYL... 134
polocaine-mpf... 20	pr natal 430 ec... 121	PREHEVBRIO (PF)... 154
polycin... 170	pr natal 430... 121	PREMARIN... 142
polymyxin b sulf-trimethoprim... 170	PRADAXA... 86	PREMASOL 10 %... 121
polymyxin b sulfate... 28	pralatrexate... 58	PREMPHASE... 142
POMALYST... 58	PRALUENT PEN... 98	PREMPRO... 142
POMBILITI... 129	pramipexole... 64	PRENATA... 121
PONVORY 14-DAY STARTER PACK... 106		PRENATABS FA... 121
PONVORY... 106		prenatal plus (calcium carb)... 121
portia 28... 142		prenatal plus dha... 121
		prenatal plus vitamin-mineral... 121

prenatal vitamin plus low iron... 121	PROCARDIA XL... 98	promethegan... 42
prenatal-u... 121	procentra... 106	PROMETRIUM... 142
PRENATE ELITE... 121	prochlorperazine edisylate... 42	propafenone... 98
PRETOMANID... 48	prochlorperazine maleate... 42	proparacaine... 170
PREVACID SOLUTAB... 126	prochlorperazine... 42	PROPECIA... 182
PREVACID... 126	PROCRIT... 86	propranolol... 98
prevalite... 98	procto-med hc... 115	propranolol-hydrochlorothiazid... 98
PREVDUO... 165	PROCTOFOAM HC... 159	propylthiouracil... 147
PREVYMIS... 73	proctosol hc... 115	PROQUAD (PF)... 154
PREZCOBIX... 73	proctozone-hc... 115	PROSCAR... 131
PREZISTA... 73	PROCYSBI... 129	PROSOL 20 %... 121
PRIALT... 165	progesterone micronized... 142	protamine... 166
PRIFTIN... 48	progesterone... 142	PROTONIX... 126
PRILOSEC... 126	PROGLYCEM... 81	PROTOPIC... 115
primaquine... 63	PROGRAF... 154	protriptyline... 39
PRIMAXIN IV... 28	PROLASTIN-C... 129	PROVENTIL HFA... 176
primidone... 34	prolate... 18	PROVERA... 142
primlev... 17	PROLENSA... 170	PROVIGIL... 180
PRIMSOL... 28	PROLIA... 160	PROZAC... 40
PRIORIX (PF)... 154	PROMACTA... 86	PRUDOXIN... 115
PRISTIQ... 39	promethazine vc... 166	PULMICORT FLEXHALER... 177
PRIVIGEN... 154	promethazine vc-codeine... 183	PULMICORT... 177
PRO COMFORT ALCOHOL PADS... 165	promethazine... 42	PULMOZYME... 177
PROAIR DIGIHALER... 176	promethazine-codeine... 183	PURE COMFORT ALCOHOL PADS... 166
PROAIR RESPICLICK... 176	promethazine-dm... 183	PURIXAN... 58
probenecid... 46	promethazine-phenyleph-codeine... 183	PYLERA... 126
probenecid-colchicine... 46	promethazine-phenylephrine... 166	pyrazinamide... 48
procainamide... 98		

PYRIDIDIUM... 166  
pyridostigmine bromide... 48  
pyridoxine (vitamin b6)... 185  
pyrimethamine... 63  
PYRUKYND... 129

## Q

QALSODY... 106  
QBRELIS... 98  
QDOLO... 18  
QELBREE... 106  
QINLOCK... 58  
QNASL... 177  
QTERN... 81  
QUADRACEL (PF)... 154  
QUALAQUIN... 63  
QUARTETTE... 142  
QUDEXY XR... 34  
QUESTRAN LIGHT... 98  
QUESTRAN... 98  
quetiapine... 68  
QUILLICHEW ER... 106  
QUILLIVANT XR... 106  
quinapril... 98  
quinapril-hydrochlorothiazide... 98  
quinidine gluconate... 98  
quinidine sulfate... 98  
quinine sulfate... 63  
QULIPTA... 47

QUTENZA... 166  
QUVIVIQ... 180  
QUZYTIR... 177  
QVAR REDIHALER... 177

## R

RABAVERT (PF)... 154  
rabeprazole... 126  
RADICAVA ORS STARTER KIT SUSP...  
106  
RADICAVA ORS... 106  
RADICAVA... 106  
RAGWITEK... 177  
raloxifene... 142  
ramelteon... 180  
ramipril... 98  
RANEXA... 98  
ranolazine... 98  
RAPAFLO... 131  
RAPAMUNE... 154  
rasagiline... 64  
RASUVO (PF)... 154  
RAVICTI... 129  
RAYALDEE... 160  
RAYOS... 133  
RAZADYNE ER... 37  
REBIF (WITH ALBUMIN)... 106  
REBIF REBIDOSE... 106  
REBIF TITRATION PACK... 106

REBLOZYL... 86  
REBYOTA... 126  
RECARBRIO... 29  
RECLAST... 160  
reclipsen (28)... 142  
RECOMBIVAX HB (PF)... 154  
RECORLEV... 146  
RECTIV... 166  
REDITREX (PF)... 154, 155  
refissa... 182  
REGLAN... 42  
REGONOL... 48  
REGRANEX... 115  
RELAFEN DS... 18  
RELENZA DISKHALER... 73  
RELEUKO... 86  
RELEXXII... 106  
RELISTOR... 126  
RELPA... 47  
RELTONE... 126  
REMERON SOLTAB... 40  
REMERON... 40  
REMICADE... 155  
REMODULIN... 177  
RENACIDIN... 166  
RENFLEXIS... 155  
RENOVA... 182  
repaglinide... 81

REPATHA PUSHTRONEX... 98	ribavirin... 74, 166	ROBINUL FORTE... 126
REPATHA SURECLICK... 98	RIDAURA... 155	ROBINUL... 126
REPATHA SYRINGE... 98	rifabutin... 48	ROCALTROL... 160
RESPA-AR... 183	RIFADIN... 48	ROCKLATAN... 170
RESTASIS MULTIDOSE... 170	rifampin... 48	roflumilast... 177
RESTASIS... 170	RILUTEK... 106	ROLVEDON... 86
RESTORIL... 181	riluzole... 106	romidepsin... 58
RETACRIT... 86	rimantadine... 74	ropinirole... 64
RETEVMO... 58	RIMSO-50... 166	ropivacaine (pf)... 20
RETIN-A MICRO PUMP... 115	ringer's... 121, 166	rosadan... 29
RETIN-A MICRO... 115	RINVOQ LQ... 155	rosuvastatin... 99
RETIN-A... 115	RINVOQ... 155	ROTARIX... 155
RETROVIR... 73, 74	RIOMET... 81	ROTATEQ VACCINE... 155
REVATIO... 177	risedronate... 160	ROWASA... 159
REVCovi... 129	RISPERDAL CONSTA... 68	roweepra xr... 34
revonto... 70	RISPERDAL... 68	roweepra... 34
REXULTI... 68	risperidone... 68	ROXICODONE... 18
REYATAZ... 74	RITALIN LA... 106	ROXYBOND... 18
REYVOW... 47	RITALIN... 106	ROZEREM... 181
REZDIFFRA... 166	ritonavir... 74	ROZLYTREK... 58
REZLIDHIA... 58	RITUXAN HYCELA... 58	RUBRACA... 58
REZUROCK... 155	RITUXAN... 58	RUCONEST... 155
REZVOGLAR KWIKPEN... 81	rivastigmine tartrate... 37	rufinamide... 34
REZZAYO... 45	rivastigmine... 37	RUKOBIA... 74
RHOPHYLAC... 155	rivelsa... 142	RUXIENCE... 59
RHOPRESSA... 170	RIVFLOZA... 166	RYALTRIS... 177
RIABNI... 58	rizatriptan... 47	RYBELSUS... 82
RIASTAP... 86	ROBAXIN... 180	RYBREVANT... 59

RYCLORA... 177	saxagliptin-metformin... 82	sertraline... 40
RYDAPT... 59	SCEMBLIX... 59	setlakin... 142
RYLAZE... 59	scopolamine base... 42	SEYSARA... 29
RYSTIGGO... 155	se-natal 19 chewable... 121	SEZABY... 35
RYTARY... 65	SEASONIQUE... 142	SFROWASA... 159
RYTELO... 59	SECUADO... 68	sharobel... 142
RYTHMOL SR... 99	SEGLENTIS... 18	SHINGRIX (PF)... 155
RYVENT... 177	SEGLUROMET... 82	SIGNIFOR LAR... 146
<b>S</b>	SELECT-OB (FOLIC ACID)... 121	SIGNIFOR... 146
SABRIL... 35	SELECT-OB + DHA... 122	SIKLOS... 166
SAFYRAL... 142	SELECT-OB... 121	sildenafil (pulm.hypertension)... 177
SAIZEN SAIZENPREP... 134	selegiline hcl... 65	sildenafil... 183
SAIZEN... 134	selenium sulfide... 115	SILENOR... 181
sajazir... 155	SELZENTRY... 74	SILIQ... 155
SALAGEN (PILOCARPINE)... 108	SEMGLEE(INSULIN GLARG-YFGN)PEN... 82	silodosin... 131
SAMSCA... 121	SEMGLEE(INSULIN GLARGINE-YFGN)... 82	SILVADENE... 115
SANCUSO... 42	SENSIPAR... 160	silver sulfadiazine... 115
SANDIMMUNE... 155	SENSORCAINE... 20	SIMBRINZA... 170
SANDOSTATIN LAR DEPOT... 146	sensorcaine-epinephrine... 20	SIMLANDI(CF) AUTOINJECTOR... 155
SANDOSTATIN... 146	sensorcaine-mpf spinal... 20	simliya (28)... 142
SANTYL... 115	SENSORCAINE-MPF... 20	simpesse... 142
SAPHNELO... 155	sensorcaine-mpf/epinephrine... 20	SIMPONI ARIA... 155
SAPHRIS... 68	SEREVENT DISKUS... 177	SIMPONI... 155
sapropterin... 129	SEROQUEL XR... 68, 69	SIMULECT... 155
SARCLISA... 59	SEROQUEL... 68	simvastatin... 99
SAVAYSA... 86	SEROSTIM... 134	SINEMET... 65
SAVELLA... 106		SINGULAIR... 177
saxagliptin... 82		



sirolimus... 155	solifenacin... 131	spironolacton-hydrochlorothiaz... 99
SIRTURO... 48	SOLIQUA 100/33... 82	spironolactone... 99
sitagliptin... 82	SOLIRIS... 156	SPORANOX... 45
sitagliptin-metformin... 82	SOLODYN... 29	sprintec (28)... 142
SIVEXTRO... 29	SOLOSEC... 29	SPRITAM... 35
SKYCLARYS... 106	SOLTAMOX... 59	SPRIX... 18
SKYRIZI... 156	SOLU-CORTEF ACT-O-VIAL (PF)... 133	SPRYCEL... 59
SKYTROFA... 134, 135	SOLU-CORTEF... 133	SPS (WITH SORBITOL)... 122
SMOFLIPID... 122	SOLU-MEDROL (PF)... 133	sronyx... 142
SOAANZ... 99	SOLU-MEDROL... 133	SSD... 115
sodium benzoate-sod phenylacet... 166	SOMA... 180	STALEVO 100... 65
sodium bicarbonate... 122	SOMATULINE DEPOT... 146	STALEVO 125... 65
sodium chloride 0.45 %... 122	SOMAVERT... 146	STALEVO 150... 65
sodium chloride 0.9 %... 122	SOOLANTRA... 115	STALEVO 200... 65
sodium chloride 3 % hypertonic... 122	sorafenib... 59	STALEVO 50... 65
sodium chloride 5 % hypertonic... 122	SORILUX... 115	STALEVO 75... 65
sodium chloride... 122, 166	sorine... 99	stavudine... 74
SODIUM EDECRIN... 99	sotalol af... 99	STEGLATRO... 82
sodium oxybate... 181	sotalol... 99	STEGLUJAN... 82
sodium phenylbutyrate... 129	SOTYKTU... 156	STELARA... 156
sodium phosphate... 122	SOTYLIZE... 99	STENDRA... 183
sodium polystyrene sulfonate... 122	SOVALDI... 74	STIMUFEND... 86
sodium,potassium,mag sulfates... 126	SOVUNA... 63	STIOLTO RESPIMAT... 177
SOGROYA... 135	SPEVIGO... 156	STIVARGA... 59
SOHONOS... 166	spinosad... 115	STRATTERA... 106, 107
	SPIRIVA RESPIMAT... 177	STRENSIQ... 129
	SPIRIVA WITH HANDIHALER... 177	streptomycin... 29

STRIBILD... 74	SUNOSI... 181	SYPRINE... 122
STRIVERDI RESPIMAT... 177	SUPREP BOWEL PREP KIT... 126	<b>T</b>
STROMEKTOL... 63	SURE COMFORT ALCOHOL PREP PADS... 166	TABRECTA... 59
SUBOXONE... 21	SURE-PREP ALCOHOL PREP PADS... 166	TACLONEX... 115
subvenite starter (blue) kit... 35	SUSTIVA... 74	tacrolimus... 115, 156
subvenite starter (green) kit... 35	SUTAB... 126	tadalafil (pulm. hypertension)... 177
subvenite starter (orange) kit... 35	SUTENT... 59	tadalafil... 131, 183
subvenite... 35	syeda... 142	TADLIQ... 177
SUCRAID... 129	SYLVANT... 156	TAFINLAR... 59
sucralfate... 126	SYMBICORT... 177	tafluprost (pf)... 170
SUFLAVE... 126	SYMBYAX... 40	TAGRISSO... 59
SULAR... 99	SYMDEKO... 177	TAKHZYRO... 156
sulfacetamide sodium (acne)... 29	SYMFI LO... 74	TALICIA... 126
sulfacetamide sodium... 29, 170, 182	SYMFI... 74	TALTZ AUTOINJECTOR (2 PACK)... 156
sulfacetamide sodium-sulfur... 182	SYMLINPEN 120... 82	TALTZ AUTOINJECTOR (3 PACK)... 156
sulfacetamide-prednisolone... 170	SYMLINPEN 60... 82	TALTZ AUTOINJECTOR... 156
sulfadiazine... 29	SYMPAZAN... 35	TALTZ SYRINGE... 156
sulfamethoxazole-trimethoprim... 29	SYMPROIC... 126	TALVEY... 59
SULFAMYLON... 115	SYMTUZA... 74	TALZENNA... 59
sulfasalazine... 159	SYNAGIS... 166	TAMIFLU... 74
sulindac... 18	SYNALAR... 115	tamoxifen... 59
sumatriptan succinate... 47	SYNAREL... 146	tamsulosin... 131
sumatriptan... 47	SYNJARDY XR... 82	tanlor... 180
sumatriptan-naproxen... 47	SYNJARDY... 82	taperdex... 133
sunitinib malate... 59	SYNRIBO... 59	TARCEVA... 59
SUNLENCA... 74	SYNTHROID... 145	TARGADOX... 29

TARGRETIN... 59	TEGSEDI... 129	TETANUS,DIPHTHERIA TOX PED(PF)... 156
tarina fe 1-20 eq (28)... 142	TEKTURNA HCT... 99	tetrabenazine... 107
tarina fe 1/20 (28)... 142	TEKTURNA... 99	tetracycline... 29
tarina 24 fe... 142	telmisartan... 99	TEVIMBRA... 60
TARPEYO... 159	telmisartan-amlodipine... 99	TEXACORT... 116
TASCENSO ODT... 107	telmisartan-hydrochlorothiazid... 99	TEZSPIRE... 156
TASIGNA... 59	temazepam... 181	THALITONE... 99
tasimelteon... 181	TEMODAR... 60	THALOMID... 60
TASMAR... 65	TEMOVATE... 116	THAM... 122
tavaborole... 45	temsirolimus... 60	THEO-24... 178
TAVALISSE... 86	tencon... 166	theophylline in dextrose 5 %... 178
TAVNEOS... 156	TENIVAC (PF)... 156	theophylline... 178
taysofy... 142	tenofovir disoproxil fumarate... 74	thiamine hcl (vitamin b1)... 185
TAYTULLA... 142	TENORETIC 100... 99	THIOLA EC... 131
tazarotene... 116	TENORETIC 50... 99	THIOLA... 131
tazicef... 29	TENORMIN... 99	thioridazine... 69
TAZORAC... 116	TEPADINA... 60	thiotepa... 60
taztia xt... 99	TEPEZZA... 166	thiothixene... 69
TAZVERIK... 59	TEPMETKO... 60	THYMOGLOBULIN... 156
TDVAX... 156	terazosin... 99	THYQUIDITY... 145
TECENTRIQ HYBREZA... 60	terbinafine hcl... 45	tiadylt er... 99
TECENTRIQ... 59, 60	terbutaline... 178	tiagabine... 35
TECFIDERA... 107	terconazole... 45	TIAZAC... 99
TECVAYLI... 60	teriflunomide... 107	TIBSOVO... 60
TEFLARO... 29	TESTIM... 143	TICOVAC... 156
TEGLUTIK... 107	testosterone cypionate... 143	TIGAN... 42
TEGRETOL XR... 35	testosterone enanthate... 143	tigecycline... 29
TEGRETOL... 35	testosterone... 143	

TIGLUTIK... 107	tolmetin... 18	TRANSDERM-SCOP... 42
TIKOSYN... 100	TOLSURA... 45	TRANXENE T-TAB... 77
tilia fe... 143	tolterodine... 131	tranylcypromine... 40
timolol maleate (pf)... 171	tolvaptan... 122	TRAVASOL 10 %... 122
timolol maleate... 100, 170, 171	TOPAMAX... 35	TRAVATAN Z... 171
TIMOPTIC OCUDOSE (PF)... 171	TOPICORT... 116	travoprost... 171
TIMOPTIC... 171	topiramate... 35	TRAZIMERA... 60
TIMOPTIC-XE... 171	toposar... 60	trazodone... 40
tinidazole... 29	topotecan... 60	TREANDA... 60
tiopronin... 131	TOPROL XL... 100	TRECTOR... 48
tirofiban-0.9% sodium chloride... 86	toremifene... 60	TRELEGY ELLIPTA... 178
TIROSINT... 145	TORISEL... 60	TRELSTAR... 146
TIROSINT-SOL... 145	torpenz... 60	TREMFYA PEN... 157
TIVDAK... 60	toremide... 100	TREMFYA... 157
TIVICAY PD... 74	TOSYMRA... 47	treprostinil sodium... 178
TIVICAY... 74	TOUJEO MAX U-300 SOLOSTAR... 82	TRESIBA FLEXTOUCH U-100... 82
tizanidine... 70	TOUJEO SOLOSTAR U-300 INSULIN... 82	TRESIBA FLEXTOUCH U-200... 82
TLANDO... 143	tovet emollient... 116	TRESIBA U-100 INSULIN... 82
TOBI PODHALER... 178	TOVIAZ... 131	tretinoin (antineoplastic)... 60
TOBI... 29	TPN ELECTROLYTES... 122	tretinoin (emollient)... 182
TOBRADEX... 171	TRACLEER... 178	tretinoin microspheres... 116
tobramycin in 0.225 % nacl... 29	TRADJENTA... 82	tretinoin... 116
tobramycin sulfate... 29	tramadol... 18	TREXALL... 157
tobramycin... 29, 171	tramadol-acetaminophen... 18	TREXIMET... 47
tobramycin-dexamethasone... 171	trandolapril... 100	TREZIX... 18
TOBREX... 171	trandolapril-verapamil... 100	tri-estarylla... 143
tolcapone... 65	tranexamic acid... 86	tri-legest fe... 143
tolectin 600... 18		tri-linyah... 143

tri-lo-estarylla... 143	trimethobenzamide... 42	TRUSOPT... 171
tri-lo-marzia... 143	trimethoprim... 29	TRUVADA... 75
tri-lo-mili... 143	trimipramine... 40	TRUXIMA... 60
tri-lo-sprintec... 143	trinatal rx 1... 122	TRYVIO... 100
TRI-LUMA... 182	TRINTELLIX... 40	TUDORZA PRESSAIR... 178
tri-mili... 143	TRIOSTAT... 145	TUKYSA... 60
tri-nymyo... 143	TRIPTODUR... 146	tulana... 143
tri-sprintec (28)... 143	TRISENOX... 60	TURALIO... 60
tri-vylibra lo... 143	TRISTART DHA... 122	turqoz (28)... 143
tri-vylibra... 143	tritocin... 133	TUXARIN ER... 183
triamcinolone acetone... 108, 133	TRIUMEQ PD... 75	TUZISTRA XR... 183
triamterene... 100	TRIUMEQ... 75	TWINRIX (PF)... 157
triamterene-hydrochlorothiazid... 100	trivora (28)... 143	TWYNEO... 116
trianex... 133	TRIZIVIR... 75	TYBOST... 75
triazolam... 181	TRODELVY... 60	tydemy... 143
TRIBENZOR... 100	TROGARZO... 75	TYENNE AUTOINJECTOR... 157
TRICARE... 122	TROKENDI XR... 35, 36	TYENNE... 157
TRICOR... 100	TROPHAMINE 10 %... 122	TYGACIL... 29
triderm... 133	trospium... 131	TYKERB... 60
trientine... 122	TRUDHESA... 47	TYMLOS... 160
trifluoperazine... 69	TRUE COMFORT ALCOHOL PADS... 166	TYPHIM VI... 157
trifluridine... 171	TRUE COMFORT PRO ALCOHOL PADS... 166	TYRVAYA... 171
trihexyphenidyl... 65	TRULANCE... 127	TYSABRI... 107
TRIJARDY XR... 82	TRULICITY... 82	TYVASO DPI... 178
TRIKAFTA... 178	TRUMENBA... 157	TYVASO INSTITUTIONAL START KIT... 178
TRILEPTAL... 35	TRUQAP... 60	TYVASO REFILL KIT... 178
TRILIPIX... 100		TYVASO STARTER KIT... 178

TYVASO... 178

## U

UBRELVY... 47

UCERIS... 159

UDENYCA AUTOINJECTOR... 86

UDENYCA ONBODY... 87

UDENYCA... 86

ULORIC... 46

ULTILET ALCOHOL SWAB... 166

ULTOMIRIS... 157

ULTRAVATE... 116

UNASYN... 29

UNDECATREX... 143

UNITHROID... 145

UNITUXIN... 60

UPLIZNA... 157

UPTRAVI... 178

UROCIT-K 10... 122

UROCIT-K 15... 122

UROCIT-K 5... 122

UROXATRAL... 131

URSO FORTE... 127

URSO 250... 127

ursodiol... 127

UZEDY... 69

## V

V-GO 20... 166

V-GO 30... 166

V-GO 40... 166

VABOMERE... 29

VAGIFEM... 143

valacyclovir... 75

VALCHLOR... 60

VALCYTE... 75

valganciclovir... 75

VALIUM... 77

valproate sodium... 36

valproic acid (as sodium salt)... 36

valproic acid... 36

valrubicin... 61

valsartan... 100

valsartan-hydrochlorothiazide...  
100

VALSTAR... 61

VALTOCO... 36

VALTRESX... 75

VANOCOCIN... 29

vancomycin in dextrose 5 %... 30

vancomycin in 0.9 % sodium chl...  
30

vancomycin... 30

vancomycin-diluent combo no.1...  
30

VANDAZOLE... 30

VANFLYTA... 61

VANOS... 116

VAPRISOL IN 5 % DEXTROSE... 122

VAQTA (PF)... 157

vardenafil... 183

varenicline... 21

VARIVAX (PF)... 157

VARIZIG... 157

VARUBI... 42

VASCEPA... 100

VASERETIC... 100

VASOTEC... 100

VAXCHORA VACCINE... 157

vecamyl... 100

VECTIBIX... 61

VECTICAL... 116

VEGZELMA... 61

VELCADE... 61

VELETRI... 178

velivet triphasic regimen (28)... 143

VELSIPITY... 157

VELTASSA... 122

VELTIN... 116

VEMLIDY... 75

VENCLEXTA STARTING PACK... 61

VENCLEXTA... 61

VENLAFAXINE BESYLATE... 40

venlafaxine... 40

VENTAVIS... 179

VENTOLIN HFA... 179

VEOPOZ... 157

VEOZAH... 107	vigpoder... 36	VITRAKVI... 61
verapamil... 100	VIIBRYD... 40	vivacaine... 20
VERDESO... 116	VIJOICE... 129, 130	VIVELLE-DOT... 144
VEREGEN... 116	vilazodone... 40	VIVITROL... 21
VERELAN PM... 101	VIMOVO... 18	VIVJOA... 45
VERIPRED 20... 133	VIMPAT... 36	VIVLODEX... 18
VERQUVO... 101	vinblastine... 61	VIZIMPRO... 61
VERSACLOZ... 69	vincasar pfs... 61	VOCABRIA... 75
VERZENIO... 61	vincristine... 61	VOGELXO... 144
VESICARE LS... 131	vinorelbine... 61	volnea (28)... 144
VESICARE... 131	VIOKACE... 130	VONJO... 61
vestura (28)... 143	viorele (28)... 144	VOQUEZNA DUAL PAK... 127
VEVYE... 171	VIRACEPT... 75	VOQUEZNA TRIPLE PAK... 127
VFEND IV... 45	VIRAZOLE... 166	VOQUEZNA... 127
VFEND... 45	VIREAD... 75	VORANIGO... 61
VIAGRA... 183	virt-nate dha... 122	voriconazole... 45
VIBATIV... 30	virt-pn dha... 122	VOSEVI... 75
VIBERZI... 127	VISTARIL... 179	VOTRIENT... 61
VIBRAMYCIN (CALCIUM)... 30	VITAFOL FE PLUS... 122	VOWST... 127
VIBRAMYCIN... 30	VITAFOL GUMMIES... 122	VOXZOGO... 130
VICTOZA 2-PAK... 82	VITAFOL ULTRA... 123	VOYDEYA... 157
VICTOZA 3-PAK... 82	VITAFOL-OB... 123	VPRIV... 130
VIDAZA... 61	VITAFOL-OB+DHA... 123	VRAYLAR... 69
vienva... 143	VITAFOL-ONE... 123	VTAMA... 116
vigabatrín... 36	VITAMEDMD ONE RX... 123	VUITY... 171
vigadrone... 36	vitamin d2... 185	VUMERITY... 107
VIGAFYDE... 36	vitamin k... 185	VUSION... 45
VIGAMOX... 171	vitamin k1... 185	VYALEV... 65

VYEPTI... 47	wera (28)... 144	XELSTRYM... 107
vyfemla (28)... 144	wescap-pn dha... 123	XEMBIFY... 157
VYJUVEK... 166	wesnatal dha complete... 123	XENAZINE... 107
VYLEESI... 183	wesnate dha... 123	XENPOZYME... 130
vylibra... 144	westab plus... 123	XERAVA... 30
VYLOY... 61	westgel dha... 123	XERESE... 75
VYNDAMAX... 130	WINLEVI... 116	XERMELO... 127
VYNDAQEL... 130	WINREVAIR... 179	XGEVA... 160
VYTORIN 10-10... 101	wixela inhub... 179	XHANCE... 179
VYTORIN 10-20... 101	wymzya fe... 144	XIFAXAN... 127
VYTORIN 10-40... 101		XIGDUO XR... 83
VYTORIN 10-80... 101		XIIDRA... 171
VYVANSE... 107		XOFLUZA... 75
VYVGART HYTRULO... 48		XOLAIR... 157, 158
VYVGART... 48		XOLEGEL... 45
VYXEOS... 61		XOLREMDI... 87
VYZULTA... 171		XOPENEX HFA... 179
	<b>X</b>	XOSPATA... 61
	XACIATO... 30	XPOVIO... 61, 62
	XADAGO... 65	XTAMPZA ER... 18
	XALATAN... 171	XTANDI... 62
	XALKORI... 61	xulane... 144
	XANAX XR... 77	XULTOPHY 100/3.6... 83
	XANAX... 77	XYOSTED... 144
	XARELTO DVT-PE TREAT 30D START... 87	XYREM... 181
	XARELTO... 87	XYWAV... 181
	XATMEP... 157	
	XCOPRI MAINTENANCE PACK... 36	
	XCOPRI TITRATION PACK... 36	
	XCOPRI... 36	
	XDEMVY... 167	
	XELJANZ XR... 157	
	XELJANZ... 157	
	XELPROS... 171	
		<b>Y</b>
		yargesa... 130
<b>W</b>		
WAINUA... 130		
WAKIX... 181		
warfarin... 87		
water for irrigation, sterile... 166		
WEBCOL... 166		
WEGOVY... 167		
WELCHOL... 101		
WELIREG... 130		
WELLBUTRIN SR... 40		
WELLBUTRIN XL... 40		



YASMIN (28)... 144	ZAVZPRET... 47	ZETONNA... 179
YAZ (28)... 144	ZCORT... 133	ZEVALIN (Y-90)... 167
YCANTH... 167	ZEBUTAL... 167	ZIAC... 101
YERVOY... 62	ZEGALOGUE AUTOINJECTOR... 83	ZIAGEN... 75
YF-VAX (PF)... 158	ZEGALOGUE SYRINGE... 83	ZIANA... 116
YONDELIS... 62	ZEGERID... 127	zidovudine... 75
YONSA... 62	ZEJULA... 62	ZIEXTENZO... 87
YORVIPATH... 160	ZELAPAR... 65	ZILBRYSQ... 158
YUFLYMA(CF) AI CROHN'S-UC-HS... 158	ZELBORAF... 62	zileuton... 179
YUFLYMA(CF) AUTOINJECTOR... 158	ZEMAIRA... 130	ZILRETTA... 133
YUFLYMA(CF)... 158	ZEMBRACE SYMTOUCH... 47	ZIMHI... 21
YUPELRI... 179	ZEMDRI... 30	zingiber... 167
YUSIMRY(CF) PEN... 158	ZEMPLAR... 160	ZINPLAVA... 127
yuvaferm... 144	zenatane... 116	ZIOPTAN (PF)... 171
<b>Z</b>	ZENPEP... 130	ziprasidone hcl... 69
zafemy... 144	zenzedi... 107	ziprasidone mesylate... 69
zafirlukast... 179	ZEPATIER... 75	ZIPSOR... 18
zaleplon... 181	ZEPOSIA STARTER KIT (28-DAY)... 107	ZIRABEV... 62
ZALTRAP... 62	ZEPOSIA STARTER KIT (37-DAY)... 107	ZIRGAN... 75
ZANAFLEX... 70	ZEPOSIA STARTER PACK (7-DAY)... 107	ZITHROMAX TRI-PAK... 30
ZANOSAR... 62	ZEPOSIA... 107	ZITHROMAX Z-PAK... 30
zarah... 144	ZEPZELCA... 62	ZITHROMAX... 30
ZARONTIN... 36	ZERBAXA... 30	ZITUVIMET XR... 83
ZARXIO... 87	ZESTORETIC... 101	ZITUVIMET... 83
zatean-pn dha... 123	ZESTRIL... 101	ZITUVIO... 83
zatean-pn plus... 123	ZETIA... 101	ZOCOR... 101
ZAVESCA... 130		ZOLADEX... 146

zoledronic ac-mannitol-0.9nacl... 160	ZYCLARA... 117
zoledronic acid... 161	ZYDELIG... 62
zoledronic acid-mannitol-water... 161	ZYFLO... 179
ZOLINZA... 62	ZYKADIA... 62
zolmitriptan... 47	ZYLET... 171
ZOLOFT... 40	ZYLOPRIM... 46
zolpidem... 181	ZYMAXID... 171
ZOLPIMIST... 181	ZYMFENTRA... 158
ZOMACTON... 135	ZYNLONTA... 62
zomig... 47, 48	ZYNRELEF... 167
ZONALON... 116	ZYNYZ... 62
ZONEGRAN... 36	ZYPITAMAG... 101
ZONISADE... 36	ZYPREXA RELPREVV... 69
zonisamide... 36	ZYPREXA ZYDIS... 69
ZORTRESS... 158	ZYPREXA... 69
ZORVOLEX... 18	ZYTIGA... 62
ZORYVE... 116	ZYVOX... 30
ZOSYN IN DEXTROSE (ISO-OSM)... 30	
zovia 1-35 (28)... 144	
ZOVIRAX... 75	
ZTALMY... 36	
ZTLIDO... 20	
ZUBSOLV... 21	
ZULRESSO... 40	
zumandimine (28)... 144	
ZURZUVAE... 41	

## 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 (TTY: 711) 1-877-320-1235. 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 Italianovi 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。



# Notes



A series of 20 horizontal solid lines spaced evenly down the page, providing a template for handwritten notes.





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



Humana.com