

2027

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.

98

Formulary 27805

This formulary was updated on 10/13/2026. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card, or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time (5 a.m. - 9 p.m., Pacific time). Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.

Humana®

Y0040_PDG27_FINAL_159C_C

Updated 10/13/2026

Disney **Benefits**

GRP098PDG2780527C_v1

Welcome to The Humana Medicare Employer Plan!

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, 2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Humana Medicare Employer formulary?

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

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

Can the formulary change?

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

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an

exception to the Humana Formulary?”

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

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

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

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

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

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

What if you are affected by a Drug List change?

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

The enclosed formulary is current as of January 1, 2027. 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 187. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

What are generic drugs?

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

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

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

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

Prescription drugs are grouped into one of five tiers.

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

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred drugs
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Humana Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

Transition extension

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

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

CenterWell Pharmacy™

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

Other pharmacies are available in our network.

For More Information

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

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

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 187.

Your plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 183.

How to read your formulary

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

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

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

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

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

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

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

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

The third column shows the Utilization Management Requirements for the drug. The Humana Medicare Employer Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, 90, or 100 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 6 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-caff-dihydrocod 320.5-30-16 mg CAPSULE DL	2	QL(300 per 30 days)
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION DL	2	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	2	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	2	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	2	QL(180 per 30 days)
APADAZ 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET DL	4	
ARTHROTEC 50 50-200 MG-MCG TABLET, IR, DR, BIPHASIC MO	4	
ARTHROTEC 75 75-200 MG-MCG TABLET, IR, DR, BIPHASIC MO	4	
ascomp with codeine 30-50-325-40 mg CAPSULE DL	2	QL(180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM DL	4	PA,QL(60 per 30 days)
benzhydrocodone-acetaminophen 4.08-325 mg, 6.12-325 mg, 8.16-325 mg TABLET DL	4	
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY DL	2	PA,QL(4 per 28 days)
buprenorphine hcl 0.3 mg/ml SYRINGE DL	2	QL(240 per 30 days)
butorphanol 1 mg/ml SOLUTION DL	2	QL(960 per 30 days)
butorphanol 10 mg/ml SPRAY, NON-AEROSOL DL	2	QL(5 per 28 days)
butorphanol 2 mg/ml SOLUTION DL	2	QL(480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR PATCH, WEEKLY DL	4	PA,QL(4 per 28 days)
CALDOLOR 800 MG/200 ML (4 MG/ML) PIGGYBACK MO	4	
CALDOLOR 800 MG/8 ML (100 MG/ML) RECON SOLUTION MO	4	
CAMBIA 50 MG POWDER IN PACKET DL	5	ST,QL(9 per 30 days)
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE MO	4	
celecoxib 100 mg, 200 mg CAPSULE MO	2	
celecoxib 400 mg, 50 mg CAPSULE MO	2	
codeine sulfate 15 mg, 30 mg TABLET DL	2	QL(360 per 30 days)
codeine sulfate 60 mg TABLET DL	2	QL(180 per 30 days)
codeine-bital-asaf 30-50-325-40 mg CAPSULE DL	2	QL(180 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, ER, BIPHASIC DL	4	PA,QL(30 per 30 days)
DAYPRO 600 MG TABLET MO	4	
DEMEROL 50 MG/ML SOLUTION DL	4	QL(720 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenopropfen 600 mg TABLET MO	2	ST
fenopron 300 mg CAPSULE DL	5	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. DL	2	QL(20 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. MO	4	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET MO	2	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. DL	2	PA,QL(90 per 30 days)
hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR. DL	2	PA,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. DL	2	PA,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	2	QL(390 per 30 days)
hydrocodone-acetaminophen 10-300 mg/15 ml SOLUTION DL	5	QL(6000 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	2	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION DL	2	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	2	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	2	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET DL	2	QL(150 per 30 days)
HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE DL	2	BvsD
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE DL	2	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID DL	2	QL(2400 per 30 days)
hydromorphone 1 mg/ml SOLUTION DL	2	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. DL	2	PA,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. DL	2	PA,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	2	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	2	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE DL	2	BvsD,QL(360 per 30 days)
hydromorphone 32 mg TABLET, ER 24 HR. DL	2	PA,QL(60 per 30 days)
hydromorphone 4 mg/ml SYRINGE DL	2	BvsD,QL(180 per 30 days)
hydromorphone 8 mg TABLET DL	2	QL(240 per 30 days)
hydromorphone 8 mg TABLET, ER 24 HR. DL	2	PA,QL(240 per 30 days)
hydromorphone (pf) 0.2 mg/ml, 1 mg/ml, 2 mg/ml SYRINGE DL	2	BvsD
hydromorphone (pf) 1 mg/ml SOLUTION DL	2	BvsD,QL(720 per 30 days)
hydromorphone (pf) 10 mg/ml SOLUTION DL	2	BvsD,QL(144 per 30 days)
hydromorphone (pf) 2 mg/ml SOLUTION DL	2	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone (pf) 4 mg/ml SOLUTION DL	2	BvsD,QL(180 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET MO	1	
ibuprofen 100 mg/5 ml SUSPENSION MO	2	
ibuprofen 300 mg TABLET MO	2	ST
ibuprofen 400 mg TABLET MO	1	
ibuprofen 600 mg, 800 mg TABLET MO	1	
ibuprofen-famotidine 800-26.6 mg TABLET MO	2	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION DL	5	
INDOCIN 50 MG SUPPOSITORY	5	
indomethacin 25 mg, 50 mg CAPSULE MO	2	
indomethacin 25 mg/5 ml SUSPENSION DL	5	
indomethacin 50 mg SUPPOSITORY	5	
indomethacin 75 mg CAPSULE, ER MO	1	
indomethacin sodium 1 mg RECON SOLUTION MO	2	
INFUMORPH P/F 10 MG/ML SOLUTION DL	4	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION DL	4	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. MO	2	
ketoprofen 25 mg CAPSULE	5	
ketoprofen 50 mg CAPSULE MO	2	ST
ketoprofen 75 mg CAPSULE DL	5	ST
ketorolac 10 mg TABLET MO	2	QL(20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION MO	2	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE MO	2	
kiprofen 25 mg CAPSULE MO	2	ST
levorphanol tartrate 2 mg TABLET DL	5	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg TABLET DL	5	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. MO	4	PA,QL(30 per 30 days)
LODINE 400 MG TABLET MO	4	
lofena 25 mg TABLET DL	5	
lurbiro 100 mg TABLET DL	5	
meclofenamate 100 mg, 50 mg CAPSULE MO	2	
mefenamic acid 250 mg CAPSULE MO	2	
meloxicam 15 mg TABLET MO	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meloxicam 7.5 mg TABLET MO	1	QL(60 per 30 days)
meloxicam 7.5 mg/5 ml SUSPENSION DL	5	QL(300 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE MO	4	QL(30 per 30 days)
meperidine 50 mg TABLET DL	2	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION DL	2	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION DL	2	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION DL	2	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION DL	2	QL(720 per 30 days)
methadone 10 mg TABLET DL	2	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	2	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	2	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION DL	2	QL(360 per 30 days)
methadone 5 mg TABLET DL	2	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	2	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	2	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE DL	4	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION DL	4	BvsD,QL(360 per 30 days)
mitigo (pf) 25 mg/ml SOLUTION DL	4	BvsD,QL(150 per 30 days)
morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS DL	2	PA,QL(60 per 30 days)
morphine 10 mg/5 ml (2 mg/ml) SOLUTION DL	2	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	2	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE DL	2	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	2	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. DL	2	PA,QL(60 per 30 days)
morphine 15 mg, 30 mg TABLET DL	2	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER DL	2	QL(120 per 30 days)
morphine 2 mg/ml SOLUTION DL	2	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml SYRINGE DL	2	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml, 4 mg/ml, 5 mg/ml SYRINGE DL	2	BvsD
morphine 20 mg/5 ml (4 mg/ml) SOLUTION DL	2	QL(1350 per 30 days)
morphine 200 mg TABLET ER DL	2	QL(90 per 30 days)
morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR. DL	2	PA,QL(30 per 30 days)
morphine 4 mg/ml SOLUTION DL	2	BvsD,QL(900 per 30 days)
morphine 4 mg/ml SYRINGE DL	2	BvsD,QL(900 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 5 mg/ml SOLUTION DL	2	BvsD,QL(720 per 30 days)
morphine 8 mg/ml SOLUTION DL	2	BvsD,QL(450 per 30 days)
morphine 8 mg/ml SYRINGE DL	2	BvsD,QL(450 per 30 days)
morphine (pf) 0.5 mg/ml SOLUTION DL	2	BvsD,QL(7200 per 30 days)
morphine (pf) 1 mg/ml SOLUTION DL	2	BvsD,QL(3600 per 30 days)
morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN DL	2	BvsD,QL(3600 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION DL	2	QL(540 per 30 days)
MS CONTIN 100 MG TABLET ER DL	4	QL(180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER DL	4	QL(120 per 30 days)
MS CONTIN 200 MG TABLET ER DL	4	QL(90 per 30 days)
nabumetone 500 mg, 750 mg TABLET MO	1	
nalbuphine 10 mg/ml SOLUTION DL	2	QL(240 per 30 days)
nalbuphine 20 mg/ml SOLUTION DL	2	QL(120 per 30 days)
NALFON 600 MG TABLET MO	2	ST
nalocet 2.5-300 mg TABLET DL	5	PA,QL(360 per 30 days)
NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE MO	3	ST,QL(120 per 30 days)
NAPRELAN CR 500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	ST,QL(90 per 30 days)
NAPRELAN CR 750 MG TABLET, ER 24 HR., MULTIPHASE MO	3	ST,QL(60 per 30 days)
NAPROSYN 125 MG/5 ML SUSPENSION DL	5	
naproxen 125 mg/5 ml SUSPENSION MO	2	
naproxen 250 mg, 375 mg TABLET MO	1	
naproxen 375 mg TABLET, DR/EC MO	2	
naproxen 500 mg TABLET MO	1	
naproxen 500 mg TABLET, DR/EC MO	1	
naproxen sodium 275 mg, 550 mg TABLET MO	2	
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE MO	2	ST,QL(120 per 30 days)
naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE MO	2	ST,QL(90 per 30 days)
naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE MO	2	ST,QL(60 per 30 days)
naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC MO	2	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET DL	5	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. DL	5	PA,QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, ER 12 HR. DL	4	PA,QL(60 per 30 days)
orudis 75 mg CAPSULE DL	5	ST
oxaprozin 600 mg TABLET MO	2	
oxycodone 10 mg, 5 mg TABLET DL	2	QL(360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone 10 mg, 5 mg TABLET, ORAL ONLY DL	5	PA,QL(360 per 30 days)
oxycodone 15 mg, 20 mg, 30 mg TABLET DL	2	QL(360 per 30 days)
oxycodone 15 mg, 30 mg TABLET, ORAL ONLY DL	5	PA,QL(180 per 30 days)
oxycodone 20 mg, 40 mg TABLET, ER 12 HR. DL	4	PA,QL(90 per 30 days)
oxycodone 20 mg/ml CONCENTRATE DL	2	QL(270 per 30 days)
oxycodone 5 mg CAPSULE DL	2	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION DL	2	QL(5400 per 30 days)
oxycodone 80 mg TABLET, ER 12 HR. DL	4	PA,QL(120 per 30 days)
oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	5	PA,QL(390 per 30 days)
oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION DL	5	PA,QL(900 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	2	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-300 mg TABLET DL	5	PA,QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET DL	2	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION DL	2	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. DL	4	PA,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. DL	4	PA,QL(120 per 30 days)
oxymorphone 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET, ER 12 HR. DL	2	PA,QL(60 per 30 days)
oxymorphone 10 mg, 5 mg TABLET DL	2	QL(360 per 30 days)
oxymorphone 30 mg, 40 mg TABLET, ER 12 HR. DL	5	PA,QL(60 per 30 days)
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP DL	5	QL(224 per 28 days)
pentazocine-naloxone 50-0.5 mg TABLET DL	2	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET DL	5	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET DL	2	PA,QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE MO	2	
primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	5	PA,QL(390 per 30 days)
prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	5	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION DL	5	PA,QL(900 per 30 days)
QDOLO 5 MG/ML SOLUTION DL	5	QL(2400 per 30 days)
RELAFEN DS 1,000 MG TABLET DL	5	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET DL	4	QL(360 per 30 days)
ROXICODONE 30 MG TABLET DL	5	QL(360 per 30 days)
ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY DL	5	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY DL	5	PA,QL(180 per 30 days)
SEGLENTIS 44-56 MG TABLET DL	4	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL DL	5	PA,QL(5 per 30 days)
sulindac 150 mg, 200 mg TABLET MO	1	
tapentadol 100 mg, 150 mg, 200 mg, 250 mg TABLET, ER 12 HR. DL	5	PA,QL(60 per 30 days)
tapentadol 100 mg, 50 mg, 75 mg TABLET DL	5	ST,QL(180 per 30 days)
tapentadol 20 mg/ml SOLUTION DL	5	PA,QL(900 per 30 days)
tapentadol 50 mg TABLET, ER 12 HR. DL	4	PA,QL(60 per 30 days)
tolectin 600 600 mg TABLET	5	
tolectin ds 400 mg CAPSULE DL	5	
tolmetin 200 mg TABLET DL	5	
tolmetin 400 mg CAPSULE	5	
tolmetin 600 mg TABLET	5	
tramadol 100 mg TABLET DL	2	QL(120 per 30 days)
tramadol 100 mg, 200 mg TABLET, ER 24 HR., MULTIPHASE DL	1	PA,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC DL	2	PA,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	1	PA,QL(30 per 30 days)
tramadol 25 mg TABLET DL	2	QL(180 per 30 days)
tramadol 300 mg TABLET, ER 24 HR., MULTIPHASE DL	2	PA,QL(30 per 30 days)
tramadol 5 mg/ml SOLUTION DL	4	QL(2400 per 30 days)
tramadol 50 mg TABLET DL	2	QL(240 per 30 days)
tramadol 75 mg TABLET DL	2	QL(150 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET DL	2	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE DL	2	QL(300 per 30 days)
VIMOVO 500-20 MG TABLET, IR, DR, BIPHASIC DL	5	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	4	QL(30 per 30 days)
VYSCOXIA 10 MG/ML SUSPENSION DL	5	ST,QL(1200 per 30 days)
XIFYRM 30 MG/ML SOLUTION MO	4	
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	4	PA,QL(60 per 30 days)
xyvona 2 mg TABLET DL	5	ST,QL(240 per 30 days)
xyvona 3 mg TABLET DL	5	ST,QL(150 per 30 days)
ZIPSOR 25 MG CAPSULE DL	5	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE MO	4	ST,QL(90 per 30 days)
ZYBIC 7.5 MG/5 ML SUSPENSION DL	5	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
disulfiram 250 mg, 500 mg TABLET MO	2	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	
lofexidine 0.18 mg TABLET DL	5	PA,QL(224 per 365 days)
LUCEMYRA 0.18 MG TABLET DL	5	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION MO	2	
naloxone 0.4 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE MO	1	
naltrexone 50 mg TABLET MO	2	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	4	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
REZENOPY 10 MG/ACTUATION SPRAY, NON-AEROSOL MO	4	
SUBOXONE 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG FILM MO	4	PA
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	2	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET MO	2	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE MO	4	PA
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET MO	2	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR MO	3	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION MO	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	2	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin 250 mg CAPSULE MO	1	
amoxicillin 500 mg CAPSULE MO	1	
amoxicillin 500 mg TABLET MO	1	
amoxicillin 875 mg TABLET MO	1	
amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR. MO	2	
amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET MO	2	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET MO	2	
amoxicillin-pot clavulanate 875-125 mg TABLET MO	2	
ampicillin 500 mg CAPSULE MO	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	2	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	2	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL	5	PA,QL(235.2 per 28 days)
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	5	
AUGMENTIN 500-125 MG TABLET MO	4	
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK MO	4	
avidoxy 100 mg TABLET MO	2	ST
AVYCAZ 2.5 GRAM RECON SOLUTION DL	5	
AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION MO	4	
azithromycin 1 gram PACKET MO	2	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
azithromycin 250 mg TABLET MO	1	
azithromycin 500 mg RECON SOLUTION MO	2	
azithromycin 500 mg TABLET MO	1	
azithromycin 600 mg TABLET MO	2	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	2	
bacitracin 50,000 unit RECON SOLUTION MO	1	
BACTRIM 400-80 MG TABLET MO	4	
BACTRIM DS 800-160 MG TABLET MO	4	
BAXDELA 300 MG RECON SOLUTION DL	5	QL(28 per 14 days)
BAXDELA 450 MG TABLET DL	5	QL(28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	5	PA
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	4	
BLUJEP 750 MG TABLET DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefaclor 250 mg, 500 mg CAPSULE MO	2	
cefaclor 500 mg TABLET, ER 12 HR. MO	2	
cefadroxil 1 gram TABLET MO	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefadroxil 500 mg CAPSULE MO	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION MO	2	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	2	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK MO	2	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK MO	2	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefdinir 300 mg CAPSULE MO	2	
cefepime 1 gram, 2 gram RECON SOLUTION MO	2	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	2	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	4	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefixime 400 mg CAPSULE MO	2	
cefixime 400 mg TABLET MO	2	
cefotetan 1 gram, 2 gram RECON SOLUTION MO	2	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	2	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	2	
cefpodoxime 100 mg, 200 mg TABLET MO	2	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cefprozil 250 mg, 500 mg TABLET MO	2	
ceftaroline fosamil 400 mg, 600 mg RECON SOLUTION DL	5	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	2	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	2	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	2	
cefuroxime axetil 250 mg, 500 mg TABLET MO	2	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION MO	2	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cephalexin 250 mg CAPSULE MO	1	
cephalexin 250 mg, 500 mg TABLET MO	2	
cephalexin 500 mg CAPSULE MO	1	
cephalexin 750 mg CAPSULE MO	2	
chloramphenicol sod succinate 1 gram RECON SOLUTION MO	2	
CIPRO 250 MG, 500 MG TABLET MO	4	
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON MO	4	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON MO	2	
ciprofloxacin hcl 100 mg TABLET MO	2	
ciprofloxacin hcl 250 mg, 750 mg TABLET MO	1	
ciprofloxacin hcl 500 mg TABLET MO	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
clarithromycin 250 mg, 500 mg TABLET MO	2	
clarithromycin 500 mg TABLET, ER 24 HR. MO	2	
CLEOCIN 100 MG SUPPOSITORY MO	4	
CLEOCIN 150 MG/ML SOLUTION MO	2	
CLEOCIN 2 % CREAM MO	4	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE MO	4	
CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION MO	2	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE MO	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	2	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	2	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	2	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	2	
clindamycin phosphate 150 mg/ml SOLUTION MO	2	
clindamycin phosphate 2 % CREAM MO	2	
CLINDESSE 2 % CREAM, ER MO	4	
colistin (colistimethate na) 150 mg RECON SOLUTION MO	2	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION DL	5	
CONTEPO 6 GRAM RECON SOLUTION DL	5	
dalbavancin 500 mg SOLUTION DL	5	QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DALVANCE 500 MG SOLUTION DL	5	QL(4 per 28 days)
daptomycin 350 mg RECON SOLUTION MO	2	
daptomycin 500 mg RECON SOLUTION DL	2	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK MO	4	
demeclocycline 150 mg TABLET MO	2	QL(240 per 30 days)
demeclocycline 300 mg TABLET MO	2	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE MO	2	
DIFICID 200 MG TABLET DL	5	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	
DORYX 200 MG TABLET, DR/EC MO	4	ST,QL(30 per 30 days)
DORYX 80 MG TABLET, DR/EC DL	5	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC DL	5	ST,QL(60 per 30 days)
doxy-100 100 mg RECON SOLUTION MO	2	
doxycycline hyclate 100 mg CAPSULE MO	2	
doxycycline hyclate 100 mg RECON SOLUTION MO	2	
doxycycline hyclate 100 mg TABLET MO	2	
doxycycline hyclate 100 mg TABLET, DR/EC MO	2	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET MO	2	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC MO	2	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET MO	2	
doxycycline hyclate 200 mg TABLET, DR/EC MO	2	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE MO	2	
doxycycline hyclate 50 mg TABLET MO	2	ST,QL(180 per 30 days)
doxycycline hyclate 75 mg TABLET MO	2	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg TABLET, DR/EC MO	4	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	2	
doxycycline monohydrate 100 mg, 50 mg CAPSULE MO	2	
doxycycline monohydrate 150 mg CAPSULE MO	2	QL(30 per 30 days)
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC MO	2	ST,QL(30 per 30 days)
doxycycline monohydrate 75 mg CAPSULE MO	2	QL(60 per 30 days)
E.E.S. 400 400 MG TABLET MO	2	
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
EMBLAVEO 2 GRAM RECON SOLUTION DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMROSI 40 MG CAPSULE, IR/ER, BIPHASIC DL	5	PA,QL(30 per 30 days)
ertapenem 1 gram RECON SOLUTION MO	2	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC MO	2	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	5	
ERYTHROCIN 500 MG RECON SOLUTION MO	2	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	2	
erythromycin 250 mg CAPSULE, DR/EC MO	2	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC MO	2	
erythromycin 250 mg, 500 mg TABLET MO	2	
erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
erythromycin ethylsuccinate 400 mg TABLET MO	2	
erythromycin lactobionate 500 mg RECON SOLUTION DL	5	
FETROJA 1 GRAM RECON SOLUTION DL	5	QL(84 per 14 days)
fidaxomicin 200 mg TABLET DL	5	
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION MO	4	
FLAGYL 375 MG CAPSULE MO	4	QL(320 per 30 days)
fosfomycin tromethamine 3 gram PACKET MO	2	
FURADANTIN 25 MG/5 ML SUSPENSION MO	4	
gentamicin 0.1 % CREAM MO	2	
gentamicin 0.1 % OINTMENT MO	2	
gentamicin 40 mg/ml SOLUTION MO	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK MO	1	
gentamicin in nacl (iso-osm) 100 mg/50 ml PIGGYBACK MO	2	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION MO	1	
HUMATIN 250 MG CAPSULE DL	5	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION MO	2	
KIMYRSA 1,200 MG RECON SOLUTION DL	5	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	5	PA
KLARON 10 % SUSPENSION MO	4	QL(118 per 30 days)
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION MO	2	
levofloxacin 250 mg, 750 mg TABLET MO	1	
levofloxacin 500 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	2	
LINCOCIN 300 MG/ML SOLUTION MO	4	
lincomycin 300 mg/ml SOLUTION MO	2	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	5	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	2	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	2	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	2	
MACROBID 100 MG CAPSULE MO	4	
MACRODANTIN 100 MG, 50 MG CAPSULE MO	4	
meropenem 1 gram, 500 mg RECON SOLUTION MO	2	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	2	
methenamine hippurate 1 gram TABLET MO	2	
METRO I.V. 500 MG/100 ML PIGGYBACK MO	4	
metronidazole 0.75 % CREAM MO	2	
metronidazole 0.75 % LOTION MO	2	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL MO	2	
metronidazole 1 % GEL WITH PUMP MO	2	
metronidazole 125 mg TABLET MO	2	
metronidazole 250 mg, 500 mg TABLET MO	1	
metronidazole 375 mg CAPSULE MO	2	QL(320 per 30 days)
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	1	
MINOCIN 100 MG RECON SOLUTION DL	5	
minocycline 100 mg, 50 mg, 75 mg CAPSULE MO	2	
minocycline 100 mg, 50 mg, 75 mg TABLET MO	2	
minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
mondoxylene nl 100 mg CAPSULE MO	2	
mondoxylene nl 75 mg CAPSULE MO	2	ST,QL(60 per 30 days)
morgidox 50 mg CAPSULE MO	2	ST
moxifloxacin 400 mg TABLET MO	2	
moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK MO	2	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK MO	2	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nafcillin in dextrose iso-osm 2 gram/100 ml PIGGYBACK MO	2	
neomycin 500 mg TABLET MO	2	
nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION DL	5	
nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE MO	2	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO	2	
NORITATE 1 % CREAM DL	5	ST,QL(60 per 30 days)
NUVESSA 1.3 % (65 MG/5 GRAM) GEL MO	4	
NUZOLVENCE 3 GRAM GRANULES IN PACKET MO	4	
NUZYRA 100 MG RECON SOLUTION DL	5	
NUZYRA 150 MG TABLET DL	5	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET MO	2	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC MO	4	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION DL	5	QL(3 per 28 days)
ORLYNVAH 500-500 MG TABLET DL	5	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	2	
oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK MO	4	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK MO	4	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO	2	
penicillin g sodium 5 million unit RECON SOLUTION MO	2	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION MO	2	
penicillin v potassium 250 mg, 500 mg TABLET MO	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION MO	2	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO	2	
PIPERACILLIN-TAZOBACTAM 2.25 GRAM/50 ML, 3.375 GRAM/50 ML PIGGYBACK MO	4	
PIPERACILLIN-TAZOBACTAM 4.5 GRAM/100 ML PIGGYBACK DL	5	
PIVYA 185 MG TABLET DL	5	
polymyxin b sulfate 500,000 unit RECON SOLUTION MO	2	
PRIMAXIN IV 500 MG RECON SOLUTION MO	4	
PRIMSOL 50 MG/5 ML SOLUTION MO	4	
RECARBRIO 1.25 GRAM RECON SOLUTION DL	5	
rosadan 0.75 % CREAM MO	2	ST
rosadan 0.75 % GEL MO	2	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SEYSARA 100 MG, 150 MG, 60 MG TABLET MO	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION DL	5	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET DL	5	QL(6 per 28 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET MO	4	
streptomycin 1 gram RECON SOLUTION DL	5	
sulfacetamide sodium 10 % OINTMENT MO	2	
sulfacetamide sodium (acne) 10 % SUSPENSION MO	2	QL(118 per 30 days)
sulfadiazine 500 mg TABLET MO	2	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	2	
sulfamethoxazole-trimethoprim 400-80 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	2	
sulfamethoxazole-trimethoprim 800-160 mg TABLET MO	1	
TARGADOX 50 MG TABLET MO	2	ST,QL(180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION MO	2	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	5	
tetracycline 250 mg, 500 mg CAPSULE MO	2	
tetracycline 250 mg, 500 mg TABLET DL	5	
tigecycline 50 mg RECON SOLUTION MO	2	
tinidazole 250 mg, 500 mg TABLET MO	2	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	5	PA
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION DL	5	PA
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
tobramycin sulfate 1.2 gram RECON SOLUTION DL	5	
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION MO	1	
trimethoprim 100 mg TABLET MO	2	
TYGACIL 50 MG RECON SOLUTION DL	5	
TYZAVAN 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML PIGGYBACK MO	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION MO	4	
VABOMERE 2 GRAM RECON SOLUTION DL	5	QL(84 per 14 days)
VANCOCIN 125 MG CAPSULE	5	QL(120 per 30 days)
VANCOCIN 250 MG CAPSULE DL	5	QL(240 per 30 days)
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vancomycin 1.75 gram, 2 gram RECON SOLUTION MO	4	
vancomycin 125 mg CAPSULE MO	2	QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	2	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	4	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL MO	4	
VIBATIV 750 MG RECON SOLUTION DL	5	
XACDURO 1 GRAM-1 GRAM (0.5 GRAM X 2) RECON SOLUTION	5	
XACIATO 2 % GEL MO	4	
XERAVAL 100 MG, 50 MG RECON SOLUTION	5	
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, ER 24 HR. MO	4	ST,QL(30 per 30 days)
ZEMDRI 50 MG/ML SOLUTION DL	5	
ZERBAXA 1.5 GRAM RECON SOLUTION DL	5	
ZEVTERA 667 MG RECON SOLUTION DL	5	
ZITHROMAX 1 GRAM PACKET MO	4	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	4	
ZITHROMAX 250 MG, 500 MG TABLET MO	4	
ZITHROMAX 500 MG RECON SOLUTION MO	4	
ZITHROMAX TRI-PAK 500 MG TABLET MO	4	
ZITHROMAX Z-PAK 250 MG TABLET MO	4	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK MO	4	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	5	QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK MO	4	
ZYVOX 600 MG TABLET DL	5	QL(60 per 30 days)
ANTICONVULSANTS		
APTIO 200 MG, 400 MG TABLET DL	5	PA,QL(30 per 30 days)
APTIO 600 MG, 800 MG TABLET DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BANZEL 200 MG TABLET DL	5	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION DL	5	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET DL	5	PA,QL(240 per 30 days)
<i>brivaracetam</i> 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET DL	5	PA,QL(60 per 30 days)
<i>brivaracetam</i> 10 mg/ml SOLUTION MO	2	PA,QL(600 per 30 days)
<i>brivaracetam</i> 50 mg/5 ml SOLUTION MO	2	PA
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	5	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	5	PA
<i>carbamazepine</i> 100 mg, 200 mg CHEWABLE TABLET MO	2	
<i>carbamazepine</i> 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	2	
<i>carbamazepine</i> 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. MO	2	
<i>carbamazepine</i> 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	2	
<i>carbamazepine</i> 200 mg TABLET MO	2	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	4	
CELONTIN 300 MG CAPSULE MO	4	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION MO	4	
<i>clobazam</i> 10 mg, 20 mg TABLET DL	2	PA
<i>clobazam</i> 2.5 mg/ml SUSPENSION DL	2	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC MO	4	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. MO	4	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE MO	4	
DIACOMIT 250 MG, 500 MG CAPSULE DL	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
<i>diazepam</i> 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	2	
DILANTIN 30 MG CAPSULE MO	2	
DILANTIN EXTENDED 100 MG CAPSULE MO	2	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	2	
DILANTIN-125 125 MG/5 ML SUSPENSION MO	4	
<i>divalproex</i> 125 mg CAPSULE, DR SPRINKLE MO	2	
<i>divalproex</i> 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	2	
<i>divalproex</i> 250 mg, 500 mg TABLET, ER 24 HR. MO	1	
ELEPSIA XR 1,000 MG, 1,500 MG TABLET, ER 24 HR. DL	5	QL(60 per 30 days)
EPIDIOLEX 100 MG/ML SOLUTION DL	5	PA

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	5	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK DL	5	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	5	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK MO	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK MO	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK MO	4	
LAMICTAL XR 100 MG, 200 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. DL	5	
LAMICTAL XR 25 MG TABLET, ER 24 HR. MO	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK MO	4	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK MO	4	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK MO	4	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. MO	2	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING MO	2	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK MO	2	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	2	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE MO	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET MO	2	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION MO	2	
levetiracetam 250 mg TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET MO	2	
levetiracetam 500 mg TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
levetiracetam 500 mg TABLET, ER 24 HR. MO	2	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION MO	2	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. MO	2	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK MO	2	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM DL	5	QL(10 per 30 days)
methsuximide 300 mg CAPSULE MO	2	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. DL	5	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET DL	5	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE MO	4	QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION MO	4	QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET DL	5	QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET DL	5	PA
ONFI 2.5 MG/ML SUSPENSION DL	5	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO	2	
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. MO	2	ST
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO	2	
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. MO	4	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR. DL	5	ST
pentobarbital sodium 50 mg/ml SOLUTION MO	2	
perampanel 0.5 mg/ml SUSPENSION DL	5	PA,QL(680 per 28 days)
perampanel 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET MO	2	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO	2	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET MO	2	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO	2	QL(1500 per 30 days)
phenobarbital 30 mg TABLET MO	2	QL(300 per 30 days)
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION DL	5	
PHENYTEK 200 MG, 300 MG CAPSULE MO	2	
phenytoin 125 mg/5 ml SUSPENSION MO	2	
phenytoin 50 mg CHEWABLE TABLET MO	2	
phenytoin sodium 50 mg/ml SOLUTION MO	2	
phenytoin sodium 50 mg/ml SYRINGE MO	2	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE MO	2	
primidone 125 mg, 250 mg, 50 mg TABLET MO	1	
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(30 per 30 days)
QUDEXY XR 150 MG CAPSULE ER SPRINKLE 24 HR. DL	5	PA,QL(60 per 30 days)
QUDEXY XR 200 MG CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(90 per 30 days)
RELGAABI 200 MG CAPSULE DL	5	QL(270 per 30 days)
relgaabi 300 mg, 400 mg CAPSULE DL	5	QL(270 per 30 days)
roweepra 500 mg TABLET MO	1	
rufinamide 200 mg TABLET MO	2	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION MO	2	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET MO	2	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET DL	5	QL(180 per 30 days)
SABRIL 500 MG TABLET DL	5	QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION DL	5	
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	4	ST,QL(120 per 30 days)
SUBVENITE 10 MG/ML SUSPENSION MO	4	
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK MO	2	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	2	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK MO	2	
SYMPAZAN 10 MG, 20 MG FILM DL	5	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM DL	4	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION MO	4	
TEGRETOL 200 MG TABLET MO	4	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. MO	4	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	2	
TOPAMAX 100 MG, 200 MG TABLET DL	5	
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE DL	5	
TOPAMAX 25 MG, 50 MG TABLET MO	4	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET MO	1	
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. MO	2	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE MO	2	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. MO	2	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
topiramate 25 mg CAPSULE, ER 24 HR. MO	2	PA,QL(90 per 30 days)
topiramate 25 mg/ml SOLUTION MO	2	PA,QL(480 per 30 days)
TRILEPTAL 150 MG TABLET MO	4	
TRILEPTAL 300 MG, 600 MG TABLET DL	5	
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION MO	4	
TROKENDI XR 100 MG CAPSULE, ER 24 HR. DL	5	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. DL	5	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. MO	4	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION MO	2	
valproic acid 250 mg CAPSULE MO	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION MO	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET DL	5	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION DL	5	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION DL	5	QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET DL	5	QL(60 per 30 days)
VIMPAT 200 MG/20 ML SOLUTION DL	5	
VIMPAT 50 MG TABLET MO	4	QL(60 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	5	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL	5	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	4	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	5	PA,QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE MO	4	
ZARONTIN 250 MG/5 ML SOLUTION MO	2	
ZONEGRAN 100 MG, 25 MG CAPSULE DL	5	
ZONISADE 100 MG/5 ML SUSPENSION MO	4	PA,QL(900 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zonisamide 100 mg, 25 mg, 50 mg CAPSULE MO	2	
ZTALMY 50 MG/ML SUSPENSION DL	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY MO	4	ST,QL(4 per 28 days)
ARICEPT 10 MG, 5 MG TABLET MO	4	
ARICEPT 23 MG TABLET MO	4	QL(30 per 30 days)
donepezil 10 mg, 5 mg TABLET MO	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	
donepezil 23 mg TABLET MO	2	QL(30 per 30 days)
ergoloid 1 mg TABLET MO	2	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. MO	4	PA,QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET MO	2	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. MO	2	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION MO	2	QL(200 per 30 days)
LEQEMBI IQLIK 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2) AUTO-INJECTOR DL	5	PA
memantine 10 mg, 5 mg TABLET MO	2	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. MO	2	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION MO	2	PA
memantine 5-10 mg TABLET, DOSE PACK MO	2	PA,QL(98 per 30 days)
memantine-donepezil 14-10 mg, 21-10 mg, 28-10 mg CAPSULE ER SPRINKLE 24 HR. MO	2	PA,QL(30 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(30 per 30 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. MO	2	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE MO	2	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE MO	2	QL(60 per 30 days)
ZUNVEYL 10 MG, 15 MG, 5 MG TABLET, DR/EC MO	4	PA,QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	2	
amitriptyline 25 mg TABLET MO	2	
amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET DL	2	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	2	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. DL	5	ST,QL(30 per 30 days)
AUVELITY 30 MG-105 MG /45 MG-105 MG tablet,IR ER biphasic,dosepack MO	4	ST
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	4	ST,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. MO	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET MO	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. MO	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
bupropion hcl 450 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
CELEXA 10 MG, 20 MG, 40 MG TABLET MO	4	
citalopram 10 mg, 20 mg, 40 mg TABLET MO	1	
citalopram 10 mg/5 ml SOLUTION MO	2	
citalopram 30 mg CAPSULE MO	4	QL(30 per 30 days)
CITALOPRAM 30 MG CAPSULE MO	4	QL(30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO	2	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO	2	
desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. MO	4	QL(60 per 30 days)
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. MO	4	QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET MO	1	
escitalopram oxalate 15 mg CAPSULE MO	4	
escitalopram oxalate 5 mg/5 ml SOLUTION MO	2	QL(600 per 30 days)
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK DL	5	PA
EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE MO	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET MO	1	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE MO	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET MO	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION MO	2	
fluoxetine 40 mg CAPSULE MO	1	QL(90 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROZAC 20 MG CAPSULE DL	5	QL(120 per 30 days)
PROZAC 40 MG CAPSULE DL	5	QL(90 per 30 days)
RALDESY 10 MG/ML SOLUTION MO	4	
REMERON 15 MG, 30 MG TABLET MO	4	
REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
sertraline 100 mg TABLET MO	1	QL(60 per 30 days)
sertraline 150 mg, 200 mg CAPSULE MO	4	QL(30 per 30 days)
SERTRALINE 150 MG, 200 MG CAPSULE MO	4	QL(30 per 30 days)
sertraline 20 mg/ml CONCENTRATE MO	2	
sertraline 25 mg, 50 mg TABLET MO	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET MO	2	
trazodone 100 mg, 150 mg, 50 mg TABLET MO	1	
trazodone 25 mg, 300 mg, 75 mg TABLET MO	2	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE MO	2	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET MO	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. MO	1	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. MO	1	QL(90 per 30 days)
venlafaxine 75 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
VIIBRYD 10 MG, 20 MG, 40 MG TABLET MO	4	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET MO	2	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. MO	4	QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. MO	4	QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. MO	4	QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET MO	4	QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE MO	4	
ZOLOFT 25 MG, 50 MG TABLET MO	4	QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION DL	5	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE DL	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	5	PA,QL(14 per 365 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION DL	5	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION DL	5	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE MO	4	PA
ANTIVERT 25 MG CHEWABLE TABLET MO	4	
ANTIVERT 50 MG TABLET MO	4	
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION MO	4	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	2	BvsD
aprepitant 125 mg CAPSULE	5	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE MO	2	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE MO	2	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC MO	4	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION MO	4	QL(36 per 28 days)
COMPAZINE 10 MG, 5 MG TABLET MO	4	BvsD
COMPAZINE 25 MG SUPPOSITORY MO	2	
compro 25 mg SUPPOSITORY MO	2	
DICLEGIS 10-10 MG TABLET, DR/EC MO	4	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION MO	2	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC MO	2	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	2	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK MO	4	BvsD
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION MO	4	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE MO	4	BvsD,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION MO	4	
FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION MO	4	PA
fosaprepitant 150 mg RECON SOLUTION MO	2	
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP DL	5	PA,QL(9.8 per 28 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION MO	2	
granisetron hcl 1 mg TABLET MO	2	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION MO	2	
granisol 1 mg/5 ml SOLUTION DL	5	BvsD,QL(300 per 30 days)
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	5	BvsD,QL(120 per 30 days)
meclizine 12.5 mg TABLET MO	2	
meclizine 25 mg CHEWABLE TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meclizine 25 mg TABLET MO	2	
meclizine 50 mg TABLET MO	4	
metoclopramide hcl 10 mg, 5 mg TABLET MO	1	
metoclopramide hcl 5 mg/5 ml SOLUTION MO	2	
metoclopramide hcl 5 mg/ml SOLUTION MO	1	
metoclopramide hcl 5 mg/ml SYRINGE MO	1	
NAVITRUX 150 MG RECON SOLUTION MO	4	
NEREUS 85 MG CAPSULE DL	5	PA
ondansetron 16 mg TABLET, DISINTEGRATING DL	5	BvsD
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING MO	2	BvsD
ondansetron hcl 2 mg/ml SOLUTION MO	2	
ondansetron hcl 4 mg TABLET MO	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION MO	2	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET MO	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	2	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	2	
PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION MO	2	
prochlorperazine 25 mg SUPPOSITORY MO	2	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	2	
prochlorperazine maleate 10 mg, 5 mg TABLET MO	2	BvsD
promethazine 12.5 mg, 25 mg SUPPOSITORY MO	2	
promethazine 12.5 mg, 25 mg, 50 mg TABLET MO	2	
promethazine 25 mg/ml, 50 mg/ml SOLUTION MO	2	
promethazine 6.25 mg/5 ml SYRUP MO	2	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY MO	2	
REGLAN 10 MG, 5 MG TABLET MO	4	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	5	PA,QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	2	QL(10 per 30 days)
TIGAN 100 MG/ML SOLUTION MO	4	
TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY MO	4	QL(10 per 30 days)
trimethobenzamide 100 mg/ml SOLUTION MO	2	
trimethobenzamide 300 mg CAPSULE MO	2	BvsD
VARUBI 90 MG TABLET MO	4	BvsD
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	4	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION DL	5	BvsD
amphotericin b 50 mg RECON SOLUTION MO	2	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	5	BvsD
ANCOBON 250 MG, 500 MG CAPSULE MO	4	
CANCIDAS 50 MG, 70 MG RECON SOLUTION DL	5	
caspofungin 50 mg, 70 mg RECON SOLUTION MO	2	
ciclodan 8 % SOLUTION MO	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM MO	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	2	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	2	QL(60 per 30 days)
ciclopirox 1 % SHAMPOO MO	2	QL(120 per 30 days)
ciclopirox 8 % SOLUTION MO	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM MO	2	
clotrimazole 1 % SOLUTION MO	2	
clotrimazole 10 mg TROCHE MO	2	
clotrimazole-betamethasone 1-0.05 % CREAM MO	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	2	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE DL	5	PA
CRESEMBA 372 MG RECON SOLUTION DL	5	PA
DIFLUCAN 100 MG TABLET MO	4	
DIFLUCAN 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	
econazole nitrate 1 % CREAM MO	2	PA,QL(85 per 30 days)
econazole nitrate 1 % FOAM DL	5	
ERAXIS(WATER DILUENT) 100 MG RECON SOLUTION MO	4	
ERAXIS(WATER DILUENT) 50 MG RECON SOLUTION DL	5	
ERTACZO 2 % CREAM DL	5	QL(60 per 30 days)
EXELDERM 1 % CREAM	5	ST
EXELDERM 1 % SOLUTION	5	ST,QL(60 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	2	
fluconazole 100 mg, 200 mg, 50 mg TABLET MO	2	
fluconazole 150 mg TABLET MO	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	2	
flucytosine 250 mg, 500 mg CAPSULE DL	5	
FULVICIN P/G 165 MG TABLET DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	2	
griseofulvin microsize 500 mg TABLET MO	2	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	2	
griseofulvin ultramicrosize 165 mg TABLET DL	5	
gynazole-1 2 % CREAM MO	2	
itraconazole 10 mg/ml SOLUTION MO	2	
itraconazole 100 mg CAPSULE MO	2	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR DL	5	PA,QL(4 per 28 days)
ketoconazole 2 % CREAM MO	1	QL(60 per 30 days)
ketoconazole 2 % FOAM MO	2	QL(100 per 30 days)
ketoconazole 2 % SHAMPOO MO	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	2	
ketodan 2 % FOAM MO	2	QL(100 per 30 days)
klayesta 100,000 unit/gram POWDER MO	2	
LOPROX (AS OLAMINE) 0.77 % CREAM MO	4	QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION MO	4	QL(60 per 30 days)
luliconazole 1 % CREAM MO	2	ST,QL(60 per 28 days)
LUZU 1 % CREAM MO	4	ST,QL(60 per 28 days)
micafungin 100 mg, 50 mg RECON SOLUTION MO	2	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK DL	5	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK DL	5	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT MO	2	
miconazole-3 200 mg SUPPOSITORY MO	2	
MYCAMINE 100 MG, 50 MG RECON SOLUTION DL	5	
naftifine 1 % CREAM MO	2	ST,QL(90 per 30 days)
naftifine 2 % CREAM MO	2	ST,QL(120 per 30 days)
naftifine 2 % GEL MO	2	ST,QL(120 per 30 days)
NAFTIN 2 % GEL MO	4	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC DL	5	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION DL	5	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	5	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION DL	5	PA
nyamyc 100,000 unit/gram POWDER MO	2	
nystatin 100,000 unit/gram CREAM MO	2	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
colchicine 0.6 mg CAPSULE MO	2	PA
colchicine 0.6 mg TABLET MO	2	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET MO	4	PA,QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	2	QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION MO	4	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	4	PA
probenecid 500 mg TABLET MO	2	
probenecid-colchicine 500-0.5 mg TABLET MO	2	
ULORIC 40 MG, 80 MG TABLET MO	4	PA,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET MO	4	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	4	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	4	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR MO	4	PA,QL(1.5 per 28 days)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE MO	4	PA,QL(1.5 per 28 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET MO	2	ST,QL(9 per 30 days)
BREKIYA 1 MG/ML AUTO-INJECTOR DL	5	PA,QL(24 per 28 days)
CAFERGOT 1-100 MG TABLET DL	5	QL(40 per 28 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	2	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION MO	2	PA
eletriptan 20 mg, 40 mg TABLET MO	2	QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	4	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	5	QL(20 per 28 days)
ergotamine-caffeine 1-100 mg TABLET MO	2	QL(40 per 28 days)
FROVA 2.5 MG TABLET DL	5	ST,QL(12 per 30 days)
frovatriptan 2.5 mg TABLET MO	2	ST,QL(12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET MO	4	QL(9 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML PEN INJECTOR MO	4	QL(6 per 30 days)
IMITREX STATDOSE PEN 6 MG/0.5 ML PEN INJECTOR	5	QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE DL	5	QL(6 per 30 days)
MAXALT 10 MG TABLET MO	4	QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING MO	4	QL(12 per 30 days)
migergot 2-100 mg SUPPOSITORY DL	5	QL(20 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MESTINON 60 MG/5 ML SYRUP DL	5	
MESTINON TIMESPAN 180 MG TABLET ER DL	5	
pyridostigmine bromide 180 mg TABLET ER MO	2	
pyridostigmine bromide 30 mg, 60 mg TABLET MO	2	
pyridostigmine bromide 60 mg/5 ml SYRUP MO	2	
REGONOL 5 MG/ML SOLUTION MO	4	
VYVGART 20 MG/ML SOLUTION DL	5	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE DL	5	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION DL	5	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE DL	5	
dapsone 100 mg, 25 mg TABLET MO	2	
ethambutol 100 mg, 400 mg TABLET MO	2	
isoniazid 100 mg, 300 mg TABLET MO	1	
isoniazid 100 mg/ml SOLUTION MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	2	
PRETOMANID 200 MG TABLET MO	4	QL(30 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
pyrazinamide 500 mg TABLET MO	2	
rifabutin 150 mg CAPSULE MO	2	
RIFADIN 600 MG RECON SOLUTION MO	4	
rifampin 150 mg, 300 mg CAPSULE MO	2	
rifampin 600 mg RECON SOLUTION MO	2	
rifapentine 150 mg TABLET MO	2	
SIRTURO 100 MG, 20 MG TABLET DL	5	PA
ANTINEOPLASTICS		
abiraterone 250 mg TABLET MO	2	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET DL	5	PA,QL(60 per 30 days)
abirtega 250 mg TABLET MO	2	PA,QL(120 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION DL	5	PA
ADCETRIS 50 MG RECON SOLUTION DL	5	PA
ADRIAMYCIN 50 MG RECON SOLUTION MO	2	BvsD
adrucil 2.5 gram/50 ml SOLUTION MO	2	BvsD
afatinib 20 mg, 30 mg, 40 mg TABLET DL,LA	5	PA,QL(30 per 30 days)
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	5	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION DL	5	PA
AKEEGA 100-500 MG, 50-500 MG TABLET DL	5	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	5	PA,QL(240 per 30 days)
ALIQOPA 60 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	5	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION DL	5	PA
<i>anastrozole 1 mg TABLET</i> MO	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION DL	5	PA
ARIMIDEX 1 MG TABLET DL	5	QL(30 per 30 days)
AROMASIN 25 MG TABLET DL	5	QL(60 per 30 days)
ARRANON 5 MG/ML SOLUTION DL	5	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> DL	5	PA
ASPARLAS 750 UNIT/ML SOLUTION DL	5	PA
AUGTYRO 160 MG CAPSULE DL	5	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	5	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION DL	5	PA
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK DL	5	PA,QL(66 per 28 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> DL	5	PA
BALVERSA 3 MG TABLET DL	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	5	PA
BELEODAQ 500 MG RECON SOLUTION DL	5	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> MO	2	PA
<i>bendamustine 25 mg/ml SOLUTION</i> DL	5	PA
BENDEKA 25 MG/ML SOLUTION DL	5	PA
BEQALZI 1 MG, 20 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
BEQALZI 80 MG TABLET DL	5	PA,QL(120 per 30 days)
BEQALZI STARTER PACK 1-5-20-80 MG TABLET, DOSE PACK DL	5	PA,QL(44 per 28 days)
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	5	PA
<i>bexarotene 1 % GEL</i> DL	5	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> DL	5	PA,QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bicalutamide 50 mg TABLET</i> MO	2	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	4	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION DL	5	PA,QL(75 per 28 days)
BLENREP 70 MG RECON SOLUTION DL	5	PA
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> MO	2	BvsD
<i>bortezomib 1 mg, 2.5 mg RECON SOLUTION</i> MO	4	PA
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION MO	4	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> MO	2	PA
BORUZO 2.5 MG/ML SOLUTION DL	5	PA
BOSULIF 100 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	5	PA,QL(360 per 30 days)
<i>bosutinib 100 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
<i>bosutinib 400 mg, 500 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET DL	5	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> MO	2	
BUSULFEX 60 MG/10 ML SOLUTION MO	4	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	5	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION DL	5	
CAPRELSA 100 MG TABLET DL	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>carmustine 100 mg RECON SOLUTION</i> MO	2	
CASODEX 50 MG TABLET DL	5	QL(30 per 30 days)
CAVHANZA 60 MG, 80 MG TABLET, DISINTEGRATING DL	5	PA,QL(112 per 28 days)
<i>cisplatin 1 mg/ml SOLUTION</i> MO	2	
<i>cladribine 10 mg/10 ml SOLUTION</i> DL	5	BvsD
CLIGAVYX 250 MG/5 ML SYRINGE DL	5	PA,QL(30 per 30 days)
<i>clofarabine 1 mg/ml SOLUTION</i> DL	5	
COLUMVI 1 MG/ML SOLUTION DL	5	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	5	PA,QL(112 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET DL	5	PA,QL(63 per 28 days)
cyclophosphamide 25 mg, 50 mg CAPSULE MO	2	BvsD
cyclophosphamide 25 mg, 50 mg TABLET MO	2	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	5	PA
cytarabine 20 mg/ml SOLUTION MO	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION MO	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION MO	2	
dactinomycin 0.5 mg RECON SOLUTION DL	5	
DANYELZA 4 MG/ML SOLUTION DL	5	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET DL	5	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION DL	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET DL	5	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET DL	5	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET DL	5	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION DL	5	PA
daunorubicin 5 mg/ml SOLUTION MO	1	
DAURISMO 100 MG TABLET DL	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION DL	5	PA
DECNUPAZ 2 MG RECON SOLUTION DL	5	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION MO	2	
docetaxel 80 mg/8 ml (10 mg/ml) SOLUTION MO	2	
DOXIL 2 MG/ML SUSPENSION DL	5	PA
doxorubicin 10 mg, 50 mg RECON SOLUTION MO	2	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION MO	2	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION DL	5	PA
ELAHERE 5 MG/ML SOLUTION DL	5	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION DL	5	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML SOLUTION DL	5	
ELREXFIO 40 MG/ML SOLUTION DL	5	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	5	PA,QL(10 per 21 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	5	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION DL	5	PA
ENHERTU 100 MG RECON SOLUTION DL	5	PA
ENSACOVE 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
ENSACOVE 25 MG CAPSULE DL	5	PA,QL(270 per 30 days)
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION</i> MO	2	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION DL	5	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	5	PA
<i>eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION</i> DL	5	
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>erlotinib 100 mg, 150 mg TABLET</i> MO	2	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET</i> MO	2	PA,QL(90 per 30 days)
ETCAMAH 75 MG TABLET DL	5	PA,QL(56 per 28 days)
ETOPOPHOS 100 MG RECON SOLUTION MO	4	
<i>etoposide 20 mg/ml SOLUTION</i> MO	2	
EULEXIN 125 MG CAPSULE DL	5	PA
EVDI 1 MG/20 ML (0.05 MG/ML) SOLUTION DL	5	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	5	PA,QL(30 per 30 days)
<i>everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION</i> DL	5	PA
EVOMELA 50 MG RECON SOLUTION DL	5	
<i>exemestane 25 mg TABLET</i> MO	2	QL(60 per 30 days)
FARESTON 60 MG TABLET DL	5	QL(30 per 30 days)
FASLODEX 250 MG/5 ML SYRINGE DL	5	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET MO	4	QL(30 per 30 days)
<i>floxuridine 0.5 gram RECON SOLUTION</i> MO	1	BvsD
<i>fludarabine 50 mg RECON SOLUTION</i> MO	2	
<i>fludarabine 50 mg/2 ml SOLUTION</i> DL	5	
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION</i> MO	2	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION DL	5	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	5	PA,QL(21 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IMBRUVICA 140 MG, 280 MG TABLET DL	5	PA
IMBRUVICA 420 MG TABLET DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	5	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION DL	5	PA
IMFINZI 50 MG/ML SOLUTION DL	5	PA
IMJUDO 20 MG/ML SOLUTION DL	5	PA
IMKELDI 80 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL	5	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	5	PA,QL(8 per 28 days)
INLEXZO 225 MG IMPLANT DL	5	PA
INLURIYO 200 MG TABLET DL	5	PA,QL(84 per 28 days)
INLYTA 1 MG TABLET DL	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET DL	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	5	PA
<i>irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> MO	2	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	5	PA
ITOVEBI 3 MG TABLET DL	5	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	5	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION DL	5	
IWILFIN 192 MG TABLET DL	5	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	5	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	5	PA,QL(20 per 42 days)
JEVTANA 60 MG/1.5 ML (DILUTE 10MG/ML) SOLUTION DL	5	PA
JIDEYTRO 100 MG TABLET DL	5	PA,QL(30 per 30 days)
JIDEYTRO 25 MG TABLET DL	5	PA,QL(90 per 30 days)
JOBEVNE 25 MG/ML SOLUTION DL	5	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	5	PA
KEYTRUDA 25 MG/ML SOLUTION DL	5	PA
KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML SOLUTION DL	5	PA
KHAPZORY 175 MG RECON SOLUTION DL	5	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL(63 per 28 days)
KOMZIFTI 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
KOSELUGO 10 MG CAPSULE DL	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	5	PA,QL(120 per 30 days)
KOSELUGO 5 MG CAPSULE, SPRINKLE DL	5	PA,QL(600 per 30 days)
KOSELUGO 7.5 MG CAPSULE, SPRINKLE DL	5	PA,QL(360 per 30 days)
KRAZATI 200 MG TABLET DL	5	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	5	PA,QL(12 per 28 days)
<i>lapatinib</i> 250 mg TABLET DL	5	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	5	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>lenalidomide</i> 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL	5	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL(60 per 30 days)
<i>letrozole</i> 2.5 mg TABLET MO	1	QL(30 per 30 days)
<i>leucovorin calcium</i> 10 mg, 15 mg, 25 mg, 5 mg TABLET MO	2	
<i>leucovorin calcium</i> 10 mg/ml SOLUTION MO	2	
<i>leucovorin calcium</i> 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION MO	2	
LEUKERAN 2 MG TABLET DL	5	
<i>levoleucovorin calcium</i> 10 mg/ml SOLUTION MO	2	PA
<i>levoleucovorin calcium</i> 50 mg RECON SOLUTION MO	2	PA
LEVULAN 20 % SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIBTAYO 50 MG/ML SOLUTION DL	5	PA,QL(7 per 21 days)
LIFYORLI 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) CAPSULE DL	5	PA
<i>lomustine 10 mg CAPSULE MO</i>	2	
<i>lomustine 100 mg CAPSULE DL</i>	5	
<i>lomustine 40 mg CAPSULE DL</i>	2	
LONSURF 15-6.14 MG TABLET DL	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET DL	5	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION DL	5	PA
LORBRENA 100 MG TABLET DL	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	5	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET DL	5	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET DL	5	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION DL	5	PA
LUNSUMIO VELO 45 MG/ML, 5 MG/0.5 ML SOLUTION DL	5	PA
LYNOZYFIC 2 MG/ML, 20 MG/ML SOLUTION DL	5	PA
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET DL	5	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	5	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION DL	5	PA
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>melphalan hcl 50 mg RECON SOLUTION MO</i>	1	
<i>mercaptopurine 20 mg/ml SUSPENSION DL</i>	5	
<i>mercaptopurine 50 mg TABLET MO</i>	2	
<i>mesna 100 mg/ml SOLUTION MO</i>	2	
<i>mesna 400 mg TABLET DL</i>	2	
MESNEX 100 MG/ML SOLUTION DL	5	
MESNEX 400 MG TABLET DL	5	
<i>mitomycin 20 mg, 40 mg RECON SOLUTION DL</i>	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mitomycin 5 mg RECON SOLUTION MO	2	
mitoxantrone 2 mg/ml CONCENTRATE MO	2	
MODEYSO 125 MG CAPSULE DL	5	PA,QL(20 per 28 days)
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION DL	5	
MVASI 25 MG/ML SOLUTION DL	5	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	5	PA
nelarabine 5 mg/ml SOLUTION DL	5	
NERLYNX 40 MG TABLET DL	5	PA,QL(180 per 30 days)
NEXAVAR 200 MG TABLET DL	5	PA,QL(120 per 30 days)
NILANDRON 150 MG TABLET DL	5	QL(60 per 30 days)
nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE DL	5	PA,QL(120 per 30 days)
nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE DL	5	PA,QL(120 per 30 days)
nilutamide 150 mg TABLET DL	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION DL	5	
NUBEQA 300 MG TABLET DL	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
OGIVRI 150 MG, 420 MG RECON SOLUTION DL	5	PA
OGSIVEO 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	5	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	5	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	5	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	5	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION DL	5	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	5	PA
ONTRUZANT 150 MG, 420 MG RECON SOLUTION DL	5	PA
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	5	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	5	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	5	PA,QL(16 per 28 days)
OPDIVO QVANTIG 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML SOLUTION DL	5	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	5	PA,QL(40 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORGOVYX 120 MG TABLET DL	5	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	5	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION MO	2	
oxaliplatin 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	2	
paclitaxel 6 mg/ml CONCENTRATE MO	2	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	5	PA
PADCEV 20 MG RECON SOLUTION DL	5	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	5	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	5	PA
pazopanib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
pazopanib 400 mg TABLET DL	5	PA,QL(60 per 30 days)
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION DL	5	PA
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(28 per 28 days)
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	5	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION DL	5	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION DL	5	PA,QL(10 per 21 days)
PHYRAGO 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
PHYRAGO 140 MG TABLET DL	5	PA,QL(30 per 30 days)
PHYRAGO 20 MG TABLET DL	5	PA,QL(90 per 30 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	5	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	5	PA,QL(8 per 21 days)
pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE DL	5	PA,QL(21 per 28 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
POTELIGEO 4 MG/ML SOLUTION DL	5	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL	5	PA
PURIXAN 20 MG/ML SUSPENSION DL	5	
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RASONQUE 100 MG TABLET DL	5	PA,QL(120 per 30 days)
RASONQUE 150 MG TABLET DL	5	PA,QL(60 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETEVMO 40 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	5	PA,QL(28 per 28 days)
REVTORPYK 180 MG RECON SOLUTION DL	5	PA
REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL	5	PA
REZLIDHIA 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	5	PA
RITUXAN 10 MG/ML CONCENTRATE DL	5	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION DL	5	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION DL	5	PA,QL(13.4 per 28 days)
romidepsin 10 mg/2 ml RECON SOLUTION DL	5	PA
romidepsin 5 mg/ml SOLUTION DL	5	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	5	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL	5	PA
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	5	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	5	PA
RYBREVANT 50 MG/ML SOLUTION DL	5	PA,QL(784 per 365 days)
RYBREVANT FASPRO 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML SOLUTION DL	5	PA
RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	5	PA
RYTELO 188 MG, 47 MG RECON SOLUTION DL	5	PA
SARCLISA 20 MG/ML SOLUTION DL	5	PA
SARCLISA ESCENA 1,400 MG/10 ML SOLUTION DL	5	PA
SCEMBLIX 100 MG TABLET DL	5	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET DL	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	5	
sorafenib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRYCEL 20 MG TABLET DL	5	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL	5	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	5	PA,QL(28 per 28 days)
TABLOID 40 MG TABLET MO	4	
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL	5	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET MO	2	
TARCEVA 100 MG, 150 MG TABLET DL	5	PA,QL(30 per 30 days)
TARGRETIN 1 % GEL DL	5	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE DL	5	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	5	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	5	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL	5	PA
TEMODAR 100 MG RECON SOLUTION DL	5	PA,QL(27 per 30 days)
temsirolimus 25 mg/ml (dilute 10mg/ml) RECON SOLUTION DL	5	PA,QL(8 per 28 days)
TEPADINA 100 MG, 15 MG RECON SOLUTION DL	5	
TEPADINA 200 MG, 400 MG SOLUTION DL	5	
TEPMETKO 225 MG TABLET DL	5	PA,QL(60 per 30 days)
TEPYLUTE 10 MG/ML SOLUTION DL	5	
TEVIMBRA 10 MG/ML SOLUTION DL	5	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
THALOMID 50 MG CAPSULE DL	5	PA,QL(240 per 30 days)
thiotepa 100 mg RECON SOLUTION DL	5	
thiotepa 15 mg RECON SOLUTION MO	1	
TIBSOVO 250 MG TABLET DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIVDAK 40 MG RECON SOLUTION DL	5	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION	5	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION MO	2	
toremifene 60 mg TABLET MO	2	QL(30 per 30 days)
TORISEL 25 MG/ML (DILUTE 10MG/ML) RECON SOLUTION DL	5	PA,QL(8 per 28 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	5	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION DL	5	PA
TREANDA 100 MG, 25 MG RECON SOLUTION DL	5	PA
tretinoin (antineoplastic) 10 mg CAPSULE DL	5	
TRISENOX 2 MG/ML SOLUTION DL	5	PA
TRODELVY 180 MG RECON SOLUTION DL	5	PA
TRUQAP 160 MG, 200 MG TABLET DL	5	PA,QL(64 per 28 days)
TRUXIMA 10 MG/ML SOLUTION DL	5	PA
TUDRIQEV 10EXP6 PFU/ML, 10EXP7 PFU/ML SUSPENSION DL	5	PA
TUKYSA 150 MG TABLET DL	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	5	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET DL	5	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	5	PA
UNLOXCYT 300 MG/5 ML (60 MG/ML) SOLUTION DL	5	PA
VALCHLOR 0.016 % GEL DL	5	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION DL	5	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	5	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	5	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	5	PA
VEGZELMA 25 MG/ML SOLUTION DL	5	PA
VELCADE 3.5 MG RECON SOLUTION DL	5	PA
VENCLEXTA 10 MG TABLET MO	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET	5	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	5	PA,QL(42 per 28 days)
VEPPANU 100 MG TABLET DL	5	PA,QL(90 per 30 days)
VEPPANU 200 MG TABLET DL	5	PA,QL(30 per 30 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
VIDAZA 100 MG RECON SOLUTION DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vinblastine 1 mg/ml SOLUTION MO	2	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION MO	2	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION MO	2	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION MO	2	
VITRAKVI 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL(180 per 30 days)
VIVIMUSTA 25 MG/ML SOLUTION DL	5	PA
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	5	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	5	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET DL	5	PA,QL(120 per 30 days)
VYKOURA 10 MG/ML SOLUTION DL	5	
VYLOY 100 MG, 300 MG RECON SOLUTION DL	5	PA
VYXEOS 44-100 MG RECON SOLUTION DL	5	PA
XALKORI 150 MG PELLET DL	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET DL	5	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET DL	5	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) TABLET DL	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	5	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	5	PA
YONDELIS 1 MG RECON SOLUTION DL	5	PA
YONSA 125 MG TABLET DL	5	PA,QL(120 per 30 days)
yulithira 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET MO	2	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	5	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	4	
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL(240 per 30 days)
ZENBEXUS 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(21 per 28 days)
ZEPZELCA 4 MG RECON SOLUTION DL	5	PA
ZIIHERA 300 MG RECON SOLUTION DL	5	PA
ZIRABEV 25 MG/ML SOLUTION DL	5	PA
ZOLINZA 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION DL	5	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	5	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET DL	5	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET DL	5	PA,QL(60 per 30 days)
ANTIPARASITICS		
<i>albendazole 200 mg TABLET MO</i>	2	
<i>atovaquone 750 mg/5 ml SUSPENSION MO</i>	2	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO</i>	2	
<i>benznidazole 100 mg, 12.5 mg TABLET MO</i>	4	
BILTRICIDE 600 MG TABLET DL	5	
<i>chloroquine phosphate 250 mg, 500 mg TABLET MO</i>	2	
COARTEM 20-120 MG TABLET MO	4	QL(24 per 30 days)
DARAPRIM 25 MG TABLET DL	5	QL(90 per 30 days)
EGATEN 250 MG TABLET MO	4	
<i>emverm 100 mg CHEWABLE TABLET DL</i>	5	
<i>hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO</i>	2	
<i>hydroxychloroquine 200 mg TABLET MO</i>	2	
IMPAVIDO 50 MG CAPSULE DL	5	QL(84 per 28 days)
<i>ivermectin 3 mg, 6 mg TABLET MO</i>	2	
KRINTAFEL 150 MG TABLET MO	4	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	4	
MALARONE 250-100 MG TABLET MO	4	
MALARONE PEDIATRIC 62.5-25 MG TABLET MO	4	
<i>mefloquine 250 mg TABLET MO</i>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MEPRON 750 MG/5 ML SUSPENSION DL	5	
NEBUPENT 300 MG RECON SOLUTION MO	4	BvsD
nitazoxanide 500 mg TABLET DL	5	
PENTAM 300 MG RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	2	
pentamidine 300 mg RECON SOLUTION MO	2	BvsD
PLAQUENIL 200 MG TABLET MO	4	
praziquantel 600 mg TABLET MO	2	
primaquine 26.3 mg (15 mg base) TABLET MO	2	
pyrimethamine 25 mg TABLET DL	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	2	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET MO	4	
STROMEKTOL 3 MG TABLET MO	4	
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	1	
amantadine hcl 100 mg TABLET MO	2	
amantadine hcl 50 mg/5 ml SOLUTION MO	2	
APOKYN 10 MG/ML CARTRIDGE DL	5	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE DL	5	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	5	QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET MO	2	
benztropine 1 mg/ml SOLUTION MO	2	
bromocriptine 2.5 mg TABLET MO	2	
bromocriptine 5 mg CAPSULE MO	2	QL(600 per 30 days)
carbidopa 25 mg TABLET MO	2	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	2	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	2	
carbidopa-levodopa 23.75-95 mg, 48.75-195 mg CAPSULE, ER MO	4	ST,QL(360 per 30 days)
carbidopa-levodopa 25-100 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	1	
carbidopa-levodopa 36.25-145 mg CAPSULE, ER MO	4	ST,QL(270 per 30 days)
carbidopa-levodopa 61.25-245 mg CAPSULE, ER MO	4	ST,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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET MO	2	
CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC MO	4	ST,QL(180 per 30 days)
DHIVY 25-100 MG TABLET MO	4	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION DL	5	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET MO	2	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR. DL	5	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. DL	5	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE DL	5	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	5	PA,QL(300 per 30 days)
JUVMO 10 MG TABLET DL	5	PA,QL(30 per 30 days)
JUVMO 15 MG, 5 MG TABLET DL	5	PA,QL(90 per 30 days)
JUVMO TITRATION PACK 0.25 MG (36)- 1 MG (64) TABLET, DOSE PACK	5	PA
LODOSYN 25 MG TABLET DL	5	
MIRAPEX ER 1.5 MG, 2.25 MG, 3 MG, 3.75 MG TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. MO	4	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET DL	5	PA,QL(30 per 30 days)
ONAPGO 4.9 MG/ ML CARTRIDGE DL	5	PA,QL(600 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE MO	4	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(60 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET MO	1	
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET MO	2	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	1	
ropinirole 12 mg TABLET, ER 24 HR. MO	2	ST,QL(60 per 30 days)
ropinirole 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. MO	2	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER MO	4	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	4	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	4	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>selegiline hcl 5 mg TABLET</i> MO	2	
SINEMET 10-100 MG, 25-100 MG TABLET MO	4	
TASMAR 100 MG TABLET DL	5	
<i>tolcapone 100 mg TABLET</i> DL	5	
<i>trihexyphenidyl 0.4 mg/ml ELIXIR</i> MO	2	
<i>trihexyphenidyl 2 mg, 5 mg TABLET</i> MO	2	
VYALEV 12-240 MG/ML SOLUTION DL	5	PA
XADAGO 100 MG, 50 MG TABLET DL	5	QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING DL	5	
ANTIPSYCHOTICS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET MO	4	
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	5	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	5	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	5	QL(1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP DL	5	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD DL	5	PA,QL(30 per 30 days)
<i>aripiprazole 1 mg/ml SOLUTION</i> MO	2	QL(750 per 30 days)
<i>aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING</i> MO	2	QL(60 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET</i> MO	2	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	5	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	5	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	5	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 42 days)
<i>asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET</i> MO	2	QL(60 per 30 days)
BYSANTI 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL(60 per 30 days)
BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK DL	4	PA
BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK DL	4	PA
BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2) TABLET, DOSE PACK DL	4	PA
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE MO	4	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorpromazine 10 mg, 25 mg TABLET MO	2	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	2	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	2	
chlorpromazine 25 mg/ml SOLUTION MO	2	
clozapine 100 mg TABLET MO	2	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING MO	2	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING MO	2	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	2	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	2	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	2	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	2	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	2	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	2	
CLOZARIL 100 MG TABLET DL	5	QL(270 per 30 days)
CLOZARIL 200 MG TABLET DL	5	QL(135 per 30 days)
CLOZARIL 25 MG TABLET MO	4	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET DL	5	
droperidol 2.5 mg/ml SOLUTION MO	2	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET MO	4	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	2	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	2	
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	2	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	2	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	2	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE DL	5	
GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION MO	4	
HALDOL DECANOATE 100 MG/ML, 50 MG/ML SOLUTION MO	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET MO	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION MO	2	
haloperidol lactate 2 mg/ml CONCENTRATE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>haloperidol lactate 5 mg/ml SOLUTION</i> MO	2	
<i>haloperidol lactate 5 mg/ml SYRINGE</i> MO	2	
INVEGA 3 MG, 9 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
INVEGA 6 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	5	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	5	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	5	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	5	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	5	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	5	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	5	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	5	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET DL	5	QL(30 per 30 days)
LATUDA 80 MG TABLET DL	5	QL(60 per 30 days)
<i>loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE</i> MO	2	
<i>lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>lurasidone 80 mg TABLET</i> MO	2	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>molindone 10 mg TABLET</i> MO	2	QL(240 per 30 days)
<i>molindone 25 mg TABLET</i> MO	2	QL(270 per 30 days)
<i>molindone 5 mg TABLET</i> MO	2	QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL(30 per 30 days)
<i>olanzapine 10 mg RECON SOLUTION</i> MO	2	
<i>olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET</i> MO	2	
<i>olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING</i> MO	2	QL(30 per 30 days)
<i>olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING</i> MO	2	QL(60 per 30 days)
OPIPZA 10 MG FILM DL	5	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM DL	5	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM DL	5	PA,QL(150 per 30 days)
<i>paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR.</i> MO	2	QL(30 per 30 days)
<i>paliperidone 6 mg TABLET, ER 24 HR.</i> MO	2	QL(60 per 30 days)
<i>perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET</i> MO	2	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SEROQUEL XR 50 MG TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK MO	4	QL(15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET MO	2	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET MO	2	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.28 per 28 days)
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	5	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	5	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	5	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE DL	5	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION DL	5	PA,QL(540 per 30 days)
VRAYLAR 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE MO	3	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO	2	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO	2	
ZYPREXA 10 MG RECON SOLUTION MO	4	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET MO	4	
ZYPREXA 15 MG, 20 MG TABLET DL	5	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING DL	5	QL(60 per 30 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET MO	1	
baclofen 10 mg/5 ml (2 mg/ml) SOLUTION DL	5	
baclofen 15 mg TABLET MO	2	
baclofen 20 mg TABLET MO	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION MO	2	QL(480 per 30 days)
baclofen 5 mg TABLET MO	1	QL(90 per 30 days)
baclofen 5 mg/5 ml SOLUTION MO	2	
DANTRIUM 20 MG RECON SOLUTION MO	4	
DANTRIUM 25 MG CAPSULE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dantrolene 100 mg, 25 mg, 50 mg CAPSULE MO	2	
dantrolene 20 mg RECON SOLUTION MO	2	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION DL	5	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET MO	4	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET MO	4	ST,QL(270 per 30 days)
ONTRALFY 2 MG/5 ML SOLUTION DL	5	ST
OZOBAX 5 MG/5 ML SOLUTION DL	5	
OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION DL	5	
revonto 20 mg RECON SOLUTION MO	2	
tizanidine 2 mg TABLET MO	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE MO	2	ST
tizanidine 4 mg TABLET MO	1	
tizanidine 8 mg CAPSULE DL	5	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE MO	4	ST
ZANAFLEX 4 MG TABLET MO	4	ST
ZANAFLEX 8 MG CAPSULE DL	5	ST
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION MO	2	QL(960 per 30 days)
abacavir 300 mg TABLET MO	2	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	2	QL(30 per 30 days)
acyclovir 200 mg CAPSULE MO	1	
acyclovir 200 mg/5 ml (5 ml) SUSPENSION DL	5	
acyclovir 200 mg/5 ml SUSPENSION MO	2	
acyclovir 400 mg, 800 mg TABLET MO	1	
acyclovir 5 % CREAM MO	4	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT MO	2	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION MO	2	BvsD
adefovir 10 mg TABLET MO	2	
APTIVUS 250 MG CAPSULE DL	5	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE MO	2	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	2	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET DL	5	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	5	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	5	QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	5	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIXLENVO 75-50 MG TABLET DL	5	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER DL	5	QL(50 per 365 days)
<i>cidofovir 75 mg/ml SOLUTION</i> DL	5	
CIMDUO 300-300 MG TABLET DL	5	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET DL	5	QL(30 per 30 days)
<i>darunavir 600 mg TABLET</i> MO	2	QL(60 per 30 days)
<i>darunavir 800 mg TABLET</i> DL	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	5	QL(30 per 30 days)
DENAVIR 1 % CREAM MO	4	PA
DESCOVY 120-15 MG, 200-25 MG TABLET DL	5	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	5	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	5	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
<i>efavirenz 200 mg CAPSULE</i> MO	2	QL(120 per 30 days)
<i>efavirenz 50 mg CAPSULE</i> MO	2	QL(480 per 30 days)
<i>efavirenz 600 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET</i> MO	2	QL(30 per 30 days)
<i>efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET</i> DL	5	QL(30 per 30 days)
<i>emtricitabine-tenofov 200-25-300 mg TABLET</i> DL	5	QL(30 per 30 days)
<i>emtricitabine 200 mg CAPSULE</i> MO	2	QL(30 per 30 days)
<i>emtricitabine-tenofov (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET</i> MO	2	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	4	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	4	QL(30 per 30 days)
<i>entecavir 0.5 mg, 1 mg TABLET</i> MO	2	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	5	PA,QL(28 per 28 days)
EPIVIR 10 MG/ML SOLUTION MO	4	QL(900 per 30 days)
EPIVIR 150 MG TABLET MO	4	QL(60 per 30 days)
EPIVIR 300 MG TABLET MO	4	QL(30 per 30 days)
<i>etravirine 100 mg TABLET</i> DL	5	QL(120 per 30 days)
<i>etravirine 200 mg TABLET</i> DL	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET DL	5	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
famciclovir 125 mg, 250 mg, 500 mg TABLET MO	2	QL(90 per 30 days)
FLUMADINE 100 MG TABLET MO	4	
fosamprenavir 700 mg TABLET MO	2	QL(120 per 30 days)
foscarnet 24 mg/ml SOLUTION MO	2	BvsD
FUZEON 90 MG RECON SOLUTION DL	5	QL(60 per 30 days)
ganciclovir sodium 50 mg/ml SOLUTION MO	2	BvsD
ganciclovir sodium 500 mg RECON SOLUTION MO	2	BvsD
GENVOYA 150-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET DL	5	PA,QL(28 per 28 days)
IDVYNZO 100-0.25 MG TABLET DL	5	QL(30 per 30 days)
INTELENCE 100 MG TABLET DL	5	QL(120 per 30 days)
INTELENCE 200 MG TABLET DL	5	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	4	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	3	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	5	QL(30 per 30 days)
KALETRA 100-25 MG TABLET MO	4	QL(300 per 30 days)
KALETRA 200-50 MG TABLET MO	4	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	4	
lamivudine 10 mg/ml SOLUTION MO	2	QL(900 per 30 days)
lamivudine 100 mg TABLET MO	2	QL(90 per 30 days)
lamivudine 150 mg TABLET MO	2	QL(60 per 30 days)
lamivudine 300 mg TABLET MO	2	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	2	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET DL	5	PA,QL(28 per 28 days)
LIVTENCITY 200 MG TABLET DL	5	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET MO	2	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	2	QL(150 per 30 days)
maraviroc 150 mg TABLET MO	2	QL(240 per 30 days)
maraviroc 300 mg TABLET MO	2	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAVYRET 100-40 MG TABLET DL	5	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET DL	5	PA,QL(150 per 30 days)
nevirapine 200 mg TABLET MO	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	2	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	4	QL(360 per 30 days)
NORVIR 100 MG TABLET MO	4	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	2	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE MO	2	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	2	QL(1440 per 365 days)
oseltamivir 75 mg CAPSULE MO	2	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK MO	2	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK MO	2	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO	2	QL(60 per 10 days)
penciclovir 1 % CREAM MO	2	PA
PIFELTRO 100 MG TABLET DL	5	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET DL	5	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET DL	5	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION DL	5	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET DL	5	PA
PREVYMIS 480 MG/24 ML SOLUTION DL	5	PA,QL(672 per 28 days)
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET DL	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	5	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	5	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	5	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	4	
RETROVIR 10 MG/ML SYRUP MO	4	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE MO	4	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE DL	5	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE DL	5	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ribavirin 200 mg CAPSULE MO	2	
ribavirin 200 mg TABLET MO	2	
rilpivirine hcl 25 mg TABLET DL	5	QL(30 per 30 days)
rimantadine 100 mg TABLET MO	2	
ritonavir 100 mg TABLET MO	2	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	5	QL(60 per 30 days)
SELZENTRY 150 MG TABLET DL	5	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	5	QL(1800 per 30 days)
SELZENTRY 300 MG TABLET DL	5	QL(120 per 30 days)
sofosbuvir-velpatasvir 400-100 mg TABLET DL	5	PA,QL(28 per 28 days)
SOVALDI 150 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET DL	5	PA,QL(28 per 28 days)
STRIBILD 150-150-200-300 MG TABLET DL	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE MO	4	QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	4	QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION MO	4	QL(1440 per 365 days)
tenofovir disoproxil fumarate 300 mg TABLET MO	2	QL(30 per 30 days)
TIVICAY 50 MG TABLET DL	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO	4	QL(180 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	5	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET DL	5	QL(30 per 30 days)
TYBOST 150 MG TABLET MO	3	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET MO	2	
VALCYTE 450 MG TABLET DL	5	QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION DL	5	QL(1056 per 30 days)
valganciclovir 450 mg TABLET MO	2	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION DL	5	QL(1056 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VALTREX 1 GRAM, 500 MG TABLET MO	4	PA
VEMLIDY 25 MG TABLET DL	5	QL(30 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	5	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM DL	5	QL(5 per 30 days)
XOCOVA 125 MG TABLET DL	5	QL(7 per 5 days)
XOFLUZA 20 MG, 40 MG, 80 MG TABLET MO	4	
ZEPATIER 50-100 MG TABLET DL	5	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION MO	4	QL(960 per 30 days)
zidovudine 10 mg/ml SYRUP MO	2	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	2	QL(180 per 30 days)
zidovudine 300 mg TABLET MO	2	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	4	QL(5 per 30 days)
ZOVIRAX 5 % CREAM MO	4	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT MO	4	PA,QL(30 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	2	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	2	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. DL	2	QL(60 per 30 days)
alprazolam 2 mg TABLET DL	2	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	2	
ATIVAN 0.5 MG, 1 MG TABLET DL	5	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET DL	5	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION DL	4	PA
BUCAPSOL 10 MG, 15 MG, 5 MG, 7.5 MG CAPSULE DL	5	
buspirone 10 mg, 5 mg TABLET MO	1	
buspirone 12.5 mg, 2.5 mg TABLET DL	5	
buspirone 15 mg, 30 mg, 7.5 mg TABLET MO	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE DL	2	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonazepam 0.25 mg, 2 mg TABLET DL	2	
clonazepam 0.5 mg, 1 mg TABLET DL	2	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	2	
diazepam 10 mg TABLET DL	2	QL(120 per 30 days)
diazepam 2 mg TABLET DL	2	QL(90 per 30 days)
diazepam 5 mg TABLET DL	2	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	2	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	2	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION DL	2	
diazepam 5 mg/ml SYRINGE DL	2	
diazepam intensol 5 mg/ml CONCENTRATE DL	2	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	2	
doxepin 10 mg/ml CONCENTRATE MO	2	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	2	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION MO	2	
hydroxyzine hcl 25 mg TABLET MO	2	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET DL	4	
lorazepam 0.5 mg, 1 mg TABLET DL	2	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	2	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE DL	2	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION DL	2	
lorazepam intensol 2 mg/ml CONCENTRATE DL	2	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. DL	4	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. DL	4	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. DL	4	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET MO	2	
oxazepam 10 mg, 15 mg, 30 mg CAPSULE DL	2	
VALIUM 10 MG TABLET DL	4	PA,QL(120 per 30 days)
VALIUM 2 MG, 5 MG TABLET DL	4	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET DL	4	PA,QL(120 per 30 days)
XANAX 2 MG TABLET DL	4	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. DL	4	QL(60 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lithium carbonate 300 mg TABLET</i> MO	1	
<i>lithium carbonate 300 mg, 450 mg TABLET ER</i> MO	2	
<i>lithium citrate 8 meq/5 ml SOLUTION</i> MO	2	
LITHOBID 300 MG TABLET ER MO	4	
BLOOD GLUCOSE REGULATORS		
<i>acarbose 100 mg, 25 mg, 50 mg TABLET</i> MO	1	
ACTOPLUS MET 15-850 MG TABLET MO	4	QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET MO	4	QL(30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	4	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	4	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER CI,DL	5	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER CI,DL	5	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER CI,MO	4	PA,QL(90 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	4	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	4	ST
AWIQLI FLEXTouch 700 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	4	PA
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR CI,MO	4	PA
BRYNOVIN 25 MG/ML SOLUTION MO	4	PA,QL(120 per 30 days)
CYCLOSET 0.8 MG TABLET MO	4	ST,QL(180 per 30 days)
<i>dapagliflozin 10 mg, 5 mg TABLET</i> MO	3	QL(30 per 30 days)
<i>dapagliflozin-metformin 10-1,000 mg, 10-500 mg, 5-500 mg TABLET, IR/ER 24 HR., BIPHASIC</i> MO	2	QL(30 per 30 days)
<i>dapagliflozin-metformin 5-1,000 mg TABLET, IR/ER 24 HR., BIPHASIC</i> MO	2	QL(60 per 30 days)
<i>dapagliflozin-saxagliptin 10-5 mg TABLET</i> MO	2	PA,QL(30 per 30 days)
<i>diazoxide 50 mg/ml SUSPENSION</i> DL	5	
DUETACT 30-2 MG, 30-4 MG TABLET MO	4	QL(30 per 30 days)
<i>exenatide 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml PEN INJECTOR</i> MO	2	PA,QL(2.4 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
FIASP FLEXTouch U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE CI,MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
glimepiride 1 mg TABLET MO	1	
glimepiride 2 mg, 4 mg TABLET MO	1	
glimepiride 3 mg TABLET MO	2	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	1	
glipizide 10 mg, 5 mg TABLET MO	1	
glipizide 15 mg, 2.5 mg TABLET MO	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	1	
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION MO	4	ST
glucagon emergency kit (human) 1 mg RECON SOLUTION MO	4	ST
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION MO	4	ST
GLUCOTROL XL 10 MG, 5 MG TABLET, ER 24 HR. MO	4	
GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. DL	5	ST,QL(60 per 30 days)
GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. DL	5	ST,QL(120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET MO	2	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET MO	2	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	2	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	4	PA,QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION MO	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	
GVOKE PFS 1-PACK SYRINGE 1 MG/0.2 ML SYRINGE MO	3	
GVOKE PFS 2-PACK SYRINGE 1 MG/0.2 ML SYRINGE MO	3	
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	4	ST
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	ST
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN CI,MO	4	ST
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN CI,MO	4	ST
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION CI,MO	4	ST
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	4	ST
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	4	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	4	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	4	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN CI,MO	4	ST
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	ST
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	4	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	4	ST
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI,DL	5	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) SOLUTION CI,MO	3	
INSULIN DEGLUDEC 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION CI,MO	4	PA
INSULIN GLARGINE U-300 CONC 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION CI,MO	4	PA
INSULIN LISPRO 100 UNIT/ML INSULIN PEN CI,MO	3	
INSULIN LISPRO 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	3	
INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	3	
INSULIN LISPRO PROTAMIN-LISPRO 100 UNIT/ML (75-25) INSULIN PEN CI,MO	3	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET MO	4	PA,QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(60 per 30 days)
INVOKANA 100 MG TABLET MO	4	PA,QL(60 per 30 days)
INVOKANA 300 MG TABLET MO	4	PA,QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET MO	3	PA,QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET MO	4	PA,QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET MO	4	PA,QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(30 per 30 days)
KAZANO 12.5-1,000 MG, 12.5-500 MG TABLET MO	4	PA,QL(60 per 30 days)
KIRSTY 100 UNIT/ML SOLUTION CI,MO	4	ST
KIRSTY PEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
linagliptin 5 mg TABLET MO	2	QL(30 per 30 days)
linagliptin-metformin 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg TABLET MO	2	QL(60 per 30 days)
liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR MO	4	PA,QL(9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	4	ST
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	ST
LYUMJEV TEMPO PEN(U-100)INSULIN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	4	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	4	ST
MERILOG 100 UNIT/ML SOLUTION CI,MO	4	ST
MERILOG SOLOSTAR 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	4	ST
metformin 1,000 mg TABLET, ER 24 HR. MO	2	ST,QL(60 per 30 days)
metformin 1,000 mg TABLET, GAST. RETENTION 24 HR. MO	2	ST,QL(60 per 30 days)
metformin 1,000 mg, 500 mg TABLET MO	1	
metformin 500 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
metformin 500 mg TABLET, ER 24 HR. MO	2	ST,QL(150 per 30 days)
metformin 500 mg TABLET, GAST. RETENTION 24 HR. MO	2	ST,QL(120 per 30 days)
metformin 500 mg/5 ml SOLUTION MO	2	QL(750 per 30 days)
metformin 625 mg TABLET DL	5	ST,QL(120 per 30 days)
metformin 750 mg TABLET DL	5	ST
metformin 750 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
metformin 850 mg TABLET MO	1	
miglitol 100 mg, 25 mg, 50 mg TABLET MO	2	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	4	PA,QL(30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	3	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	3	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE MO	2	PA,QL(60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	3	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
STEGLUJAN 15-100 MG, 5-100 MG TABLET MO	4	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR DL	5	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR MO	4	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET MO	4	PA,QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	3	
TRADJENTA 5 MG TABLET MO	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	4	PA,QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	4	PA,QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	PA,QL(60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN CI,MO	4	PA,QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	4	ST
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	4	ST
ZITUVIMET 50-1,000 MG, 50-500 MG TABLET MO	4	PA,QL(60 per 30 days)
ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	4	PA,QL(30 per 30 days)
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	4	PA,QL(60 per 30 days)
ZITUVIO 100 MG, 25 MG, 50 MG TABLET MO	4	PA,QL(30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE MO	4	
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION MO	4	
AGRYLIN 0.5 MG CAPSULE MO	4	
ALVAIZ 18 MG, 9 MG TABLET DL	5	PA,QL(30 per 30 days)
ALVAIZ 36 MG, 54 MG TABLET DL	5	PA,QL(60 per 30 days)
aminocaproic acid 1,000 mg TABLET DL	5	
aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION MO	2	
aminocaproic acid 500 mg TABLET MO	2	
anagrelide 0.5 mg, 1 mg CAPSULE MO	2	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE MO	4	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 25 MCG/ML, 40 MCG/ML SOLUTION MO	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE DL	5	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE DL	5	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/ML, 60 MCG/ML SOLUTION DL	5	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE MO	4	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE DL	5	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE DL	5	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE MO	4	PA,QL(1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE DL	5	QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE DL	5	QL(15 per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE DL	5	QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE DL	5	QL(18 per 30 days)
ARMLUPEG 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. MO	2	QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	4	QL(60 per 30 days)
CABLIVI 11 MG KIT DL	5	QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET MO	1	
clopidogrel 300 mg TABLET MO	2	
clopidogrel 75 mg TABLET MO	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION DL	5	
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE MO	2	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOPTELET (10 TAB PACK) 20 MG TABLET DL	5	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET DL	5	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET DL	5	PA,QL(60 per 30 days)
DOPTELET SPRINKLE 10 MG CAPSULE, SPRINKLE DL	5	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET MO	4	QL(30 per 30 days)
ELIQUIS 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) TABLET FOR SUSPENSION MO	3	QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	3	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE MO	3	QL(74 per 30 days)
eltrombopag olamine 12.5 mg POWDER IN PACKET DL	5	PA,QL(360 per 30 days)
eltrombopag olamine 12.5 mg, 25 mg TABLET DL	5	PA,QL(30 per 30 days)
eltrombopag olamine 25 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
eltrombopag olamine 50 mg TABLET DL	5	PA,QL(90 per 30 days)
eltrombopag olamine 75 mg TABLET DL	5	PA,QL(60 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE MO	2	
enoxaparin 300 mg/3 ml SOLUTION MO	2	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION MO	4	PA,QL(28 per 30 days)
eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION MO	2	
FILKRI 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE DL	5	PA
fondaparinux 10 mg/0.8 ml SYRINGE MO	4	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml SYRINGE MO	4	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml SYRINGE MO	4	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml SYRINGE MO	4	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE DL	5	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE DL	5	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE DL	5	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE DL	5	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE DL	5	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION DL	5	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION DL	5	QL(22.8 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>plerixafor</i> 24 mg/1.2 ml (20 mg/ml) SOLUTION DL	5	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	4	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET DL	5	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET DL	5	PA,QL(60 per 30 days)
<i>prasugrel hcl</i> 10 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
PROCRT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
PROCRT 20,000 UNIT/2 ML SOLUTION MO	4	PA,QL(28 per 30 days)
PROCRT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION DL	5	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET DL	5	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET DL	5	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET DL	5	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION DL	5	PA
RELEUKO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE DL	5	PA
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION DL	5	PA,QL(14 per 30 days)
RHAPSIDO 25 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>rivaroxaban</i> 1 mg/ml SUSPENSION FOR RECONSTITUTION MO	2	QL(600 per 30 days)
<i>rivaroxaban</i> 2.5 mg TABLET MO	2	QL(60 per 30 days)
ROLVEDON 13.2 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
RYZNEUTA 20 MG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>ticagrelor</i> 60 mg, 90 mg TABLET MO	2	QL(60 per 30 days)
<i>tirofiban-0.9% sodium chloride</i> 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION MO	2	
<i>tranexamic acid</i> 1,000 mg/10 ml (100 mg/ml) SOLUTION MO	2	
<i>tranexamic acid</i> 650 mg TABLET MO	2	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	5	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	5	PA,QL(1.2 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 10-40 mg, 5-40 mg CAPSULE MO	1	QL(30 per 30 days)
amlodipine-benazepril 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE MO	1	QL(60 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET MO	1	QL(30 per 30 days)
ARBLI 10 MG/ML SUSPENSION DL	5	ST,QL(300 per 30 days)
ASPRUZY SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET MO	4	QL(60 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET MO	4	QL(60 per 30 days)
ATACAND 32 MG TABLET MO	4	QL(30 per 30 days)
ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET MO	4	QL(30 per 30 days)
atenolol 100 mg TABLET MO	1	
atenolol 25 mg, 50 mg TABLET MO	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET MO	1	
ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION MO	4	ST,QL(600 per 30 days)
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET MO	1	
AVALIDE 150-12.5 MG TABLET MO	4	QL(60 per 30 days)
AVALIDE 300-12.5 MG TABLET MO	4	QL(30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET MO	4	QL(30 per 30 days)
azilsartan medoxomil 40 mg, 80 mg TABLET MO	4	ST,QL(30 per 30 days)
AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET MO	4	QL(30 per 30 days)
BAXFENDY 1 MG, 2 MG TABLET MO	4	PA,QL(30 per 30 days)
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET MO	2	
BENICAR 20 MG, 40 MG TABLET MO	4	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET MO	4	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET MO	4	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG TABLET DL	5	
BETAPACE 80 MG TABLET MO	4	
BETAPACE AF 120 MG, 160 MG TABLET DL	5	
BETAPACE AF 80 MG TABLET MO	4	
betaxolol 10 mg, 20 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIDIL 20-37.5 MG TABLET MO	4	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION MO	4	
bisoprolol fumarate 10 mg, 5 mg TABLET MO	1	
bisoprolol fumarate 2.5 mg TABLET MO	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION MO	4	
BREVIBLOC IN NACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION MO	4	
bumetanide 0.25 mg/ml SOLUTION MO	1	
bumetanide 0.5 mg, 2 mg TABLET MO	2	
bumetanide 1 mg TABLET MO	2	
BYSTOLIC 10 MG TABLET MO	4	QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	4	QL(30 per 30 days)
BYSTOLIC 20 MG TABLET MO	4	QL(60 per 30 days)
CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET MO	4	QL(30 per 30 days)
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET MO	1	QL(60 per 30 days)
candesartan 32 mg TABLET MO	1	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET MO	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET MO	1	
CARDAMYST 70 MG/2 SPRAY SPRAY, NON-AEROSOL DL	5	PA
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MO	4	
CARDIZEM CD 120 MG, 180 MG, 240 MG, 300 MG CAPSULE, ER 24 HR. DL	5	
CARDIZEM CD 360 MG CAPSULE, ER 24 HR. DL	5	QL(30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MO	4	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION MO	4	QL(450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR. MO	2	
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET MO	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. MO	2	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorothiazide sodium 500 mg RECON SOLUTION MO	1	
chlorthalidone 25 mg TABLET MO	1	
chlorthalidone 50 mg TABLET MO	1	
cholestyramine (with sugar) 4 gram POWDER MO	2	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	2	
cholestyramine light 4 gram POWDER MO	2	
cholestyramine light 4 gram POWDER IN PACKET MO	2	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION MO	4	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	2	QL(4 per 28 days)
clonidine hcl 0.05 mg, 0.2 mg, 0.3 mg TABLET MO	1	
clonidine hcl 0.1 mg TABLET MO	1	
clonidine hcl 0.17 mg TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
colesevelam 3.75 gram POWDER IN PACKET MO	2	QL(30 per 30 days)
colesevelam 625 mg TABLET MO	2	QL(180 per 30 days)
COLESTID 1 GRAM TABLET MO	4	
COLESTID 5 GRAM GRANULES MO	4	QL(1000 per 30 days)
colestipol 1 gram TABLET MO	2	
colestipol 5 gram GRANULES MO	2	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	2	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET MO	4	
COREG CR 10 MG, 20 MG, 40 MG CAPSULE ER MULTIPHASE 24 HR. MO	4	QL(30 per 30 days)
COREG CR 80 MG CAPSULE ER MULTIPHASE 24 HR. DL	5	QL(30 per 30 days)
CORLANOR 5 MG, 7.5 MG TABLET MO	4	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION MO	4	PA,QL(560 per 28 days)
CORVERT 0.1 MG/ML SOLUTION MO	4	
COZAAR 100 MG, 25 MG, 50 MG TABLET MO	4	QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	4	PA
DEMSE 250 MG CAPSULE DL	5	
DIBENZYLINE 10 MG CAPSULE DL	5	
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET MO	2	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION MO	2	
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 100 mg RECON SOLUTION MO	2	
diltiazem hcl 120 mg CAPSULE, ER 24 HR. MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET MO	1	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. MO	2	
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
diltiazem hcl 360 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION MO	2	
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET MO	4	QL(60 per 30 days)
DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET MO	4	QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE MO	2	
DIURIL 250 MG/5 ML SUSPENSION MO	4	
dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION MO	2	BvsD
dobutamine in d5w 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml) PARENTERAL SOLUTION MO	2	BvsD
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	2	
dopamine 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml) SOLUTION MO	2	BvsD
dopamine in 5 % dextrose 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml) SOLUTION MO	2	BvsD
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET MO	1	
droxidopa 100 mg, 200 mg CAPSULE MO	2	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE MO	2	PA,QL(180 per 30 days)
DYRENIUM 100 MG, 50 MG CAPSULE MO	4	
EDARBI 40 MG, 80 MG TABLET MO	4	ST,QL(30 per 30 days)
EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET MO	4	ST,QL(30 per 30 days)
EDECIN 25 MG TABLET DL	5	QL(480 per 30 days)
enalapril maleate 1 mg/ml SOLUTION MO	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET MO	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET MO	1	
enalaprilat 1.25 mg/ml SOLUTION MO	1	
ENBUMYST 0.5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	5	PA
ENTRESTO 24-26 MG TABLET MO	4	PA,QL(180 per 30 days)
ENTRESTO 49-51 MG, 97-103 MG TABLET MO	4	PA,QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET MO	4	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPANED 1 MG/ML SOLUTION DL	5	
epineph bitart in 0.9% sod chl 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml) SOLUTION MO	4	
eplerenone 25 mg, 50 mg TABLET MO	2	
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION MO	2	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION MO	2	
ethacrynate sodium 50 mg RECON SOLUTION MO	2	
ethacrynic acid 25 mg TABLET MO	2	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION DL	5	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET MO	4	QL(30 per 30 days)
EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET MO	4	QL(30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE MO	4	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET MO	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	1	
fenofibrate 120 mg TABLET MO	2	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE MO	2	QL(30 per 30 days)
fenofibrate 160 mg TABLET MO	2	QL(30 per 30 days)
fenofibrate 40 mg, 54 mg TABLET MO	2	QL(60 per 30 days)
fenofibrate 50 mg CAPSULE MO	2	QL(60 per 30 days)
fenofibrate micronized 130 mg CAPSULE MO	2	QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg, 43 mg CAPSULE MO	1	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	1	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET MO	3	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC MO	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET MO	4	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET MO	4	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET MO	4	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET MO	2	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION MO	4	ST,QL(150 per 30 days)
fluvastatin 20 mg, 40 mg CAPSULE MO	2	ST,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluvastatin 80 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET MO	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET MO	1	
FUROSCIX 80 MG/10 ML KIT	5	PA
FUROSCIX READYFLOW 80 MG/ML AUTO-INJECTOR DL	5	PA
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	1	
furosemide 20 mg, 40 mg TABLET MO	1	
furosemide 80 mg TABLET MO	1	
gemfibrozil 600 mg TABLET MO	1	QL(60 per 30 days)
GONITRO 400 MCG POWDER IN PACKET MO	4	
guanfacine 1 mg, 2 mg TABLET MO	2	
HEMANGEOL 4.28 MG/ML SOLUTION MO	4	
HEMICLOR 12.5 MG TABLET MO	4	
hydralazine 10 mg, 100 mg TABLET MO	2	
hydralazine 20 mg/ml SOLUTION MO	2	
hydralazine 25 mg TABLET MO	2	
hydralazine 50 mg TABLET MO	1	
hydrochlorothiazide 12.5 mg CAPSULE MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET MO	1	
hydrochlorothiazide 50 mg TABLET MO	1	
HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET MO	4	QL(60 per 30 days)
ibutilide fumarate 0.1 mg/ml SOLUTION MO	1	
icosapent ethyl 0.5 gram CAPSULE MO	2	QL(240 per 30 days)
icosapent ethyl 1 gram CAPSULE MO	2	QL(120 per 30 days)
IMMPHENTIV 0.1 MG/ML SOLUTION MO	4	
indapamide 1.25 mg, 2.5 mg TABLET MO	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. DL	5	
INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR. DL	5	
INPEFA 200 MG, 400 MG TABLET MO	4	PA,QL(30 per 30 days)
INSPIRA 25 MG, 50 MG TABLET MO	4	
INZIRQO 10 MG/ML SUSPENSION FOR RECONSTITUTION MO	4	
irbesartan 150 mg, 300 mg, 75 mg TABLET MO	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET MO	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET MO	1	QL(30 per 30 days)
ISORDIL 40 MG TABLET DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISORDIL TITRADOSE 5 MG TABLET DL	5	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET MO	2	
isosorbide mononitrate 10 mg, 20 mg TABLET MO	2	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. MO	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. MO	1	
isosorbide-hydralazine 20-37.5 mg TABLET MO	2	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE MO	2	
ISUPREL 0.2 MG/ML SOLUTION MO	4	
ivabradine 5 mg, 7.5 mg TABLET MO	2	QL(60 per 30 days)
JAVADIN 0.02 MG/ML (20 MCG/ML) SOLUTION DL	5	
JUXTAPID 10 MG, 2 MG, 30 MG, 5 MG CAPSULE DL	5	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE DL	5	PA,QL(84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	4	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. MO	4	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION MO	4	QL(300 per 30 days)
KERENDIA 10 MG, 20 MG TABLET MO	3	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET MO	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET MO	2	
labetalol 5 mg/ml SOLUTION MO	2	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET MO	4	QL(30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION MO	4	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION MO	4	
LASIX 20 MG, 40 MG, 80 MG TABLET MO	4	
LASIX ONYU 80 MG/2.67 ML KIT DL	5	PA
LEQVIO 284 MG/1.5 ML SYRINGE	5	PA,QL(4.5 per 365 days)
LEROCHOL 300 MG/1.2 ML SYRINGE MO	4	PA,QL(1.2 per 28 days)
LESCOL XL 80 MG TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION MO	4	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION MO	2	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION MO	1	
LIPFENDRA 20 MG TABLET MO	4	PA,QL(30 per 30 days)
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIPOFEN 150 MG CAPSULE MO	4	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	4	QL(60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
lisinopril 30 mg TABLET MO	1	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET MO	1	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET MO	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	4	ST,QL(30 per 30 days)
LODOCO 0.5 MG TABLET MO	4	PA,QL(30 per 30 days)
LOPID 600 MG TABLET MO	4	QL(60 per 30 days)
LOPRESSOR 10 MG/ML SOLUTION MO	4	
LOPRESSOR 100 MG, 12.5 MG, 50 MG TABLET MO	4	
losartan 100 mg, 25 mg, 50 mg TABLET MO	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET MO	1	QL(60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET MO	4	
LOTENSIN HCT 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	4	
LOTREL 10-20 MG, 10-40 MG CAPSULE MO	4	QL(30 per 30 days)
LOTREL 5-10 MG, 5-20 MG CAPSULE MO	4	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET MO	1	
LOVAZA 1 GRAM CAPSULE MO	4	QL(120 per 30 days)
mannitol 20 % 20 % PARENTERAL SOLUTION MO	1	
mannitol 25 % 25 % SOLUTION MO	2	
matzim la 180 mg, 240 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
methyldopa 250 mg, 500 mg TABLET MO	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET MO	2	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. MO	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET MO	2	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET MO	1	
metoprolol tartrate 12.5 mg TABLET MO	4	
metoprolol tartrate 37.5 mg, 75 mg TABLET MO	1	
metoprolol tartrate 5 mg/5 ml SOLUTION MO	1	
metyrosine 250 mg CAPSULE DL	5	
mexiletine 150 mg, 200 mg, 250 mg CAPSULE MO	2	
MICARDIS 20 MG, 40 MG TABLET MO	4	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MICARDIS 80 MG TABLET MO	4	QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET MO	4	QL(30 per 30 days)
MICARDIS HCT 80-12.5 MG TABLET MO	4	QL(60 per 30 days)
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	2	
milrinone 1 mg/ml SOLUTION MO	2	BvsD
milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK MO	2	BvsD
minoxidil 10 mg, 2.5 mg TABLET MO	2	
moexipril 15 mg, 7.5 mg TABLET MO	1	
MULTAQ 400 MG TABLET MO	3	QL(60 per 30 days)
MYQORZO 10 MG, 15 MG, 20 MG, 5 MG TABLET DL	5	PA,QL(30 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET MO	1	
nebivolol 10 mg TABLET MO	1	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	1	QL(60 per 30 days)
NEXICLON XR 0.17 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
NEXLETOL 180 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION MO	4	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	2	
niacin 500 mg TABLET MO	2	
niacor 500 mg TABLET MO	2	
nicardipine 20 mg, 30 mg CAPSULE MO	2	
nicardipine 25 mg/10 ml SOLUTION MO	2	
nifedipine 10 mg, 20 mg CAPSULE MO	2	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	1	
nimodipine 30 mg CAPSULE MO	2	
nimodipine 60 mg/20 ml SOLUTION DL	5	QL(2838 per 28 days)
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
NITRO-BID 2 % OINTMENT MO	2	
NITRO-DUR 0.1 MG/HR, 0.4 MG/HR, 0.6 MG/HR PATCH, 24 HR. MO	4	
NITRO-DUR 0.2 MG/HR, 0.3 MG/HR, 0.8 MG/HR PATCH, 24 HR. DL	5	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO	2	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	1	
nitroglycerin 0.4 mg SUBLINGUAL TABLET MO	1	
nitroglycerin 2 % OINTMENT MO	2	
nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL MO	2	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION MO	2	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL MO	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
norepinephrine bitartrate 1 mg/ml SOLUTION MO	1	
NORLIQVA 1 MG/ML SOLUTION MO	4	QL(300 per 30 days)
NORPACE 100 MG, 150 MG CAPSULE MO	4	
NORPACE CR 100 MG, 150 MG CAPSULE, ER MO	4	
NORTHERA 100 MG, 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE DL	5	PA,QL(180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET MO	4	
NYMALIZE 30 MG/5 ML SYRINGE DL	5	QL(630 per 28 days)
NYMALIZE 60 MG/10 ML SOLUTION DL	5	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML SYRINGE DL	5	QL(1260 per 28 days)
olmesartan 20 mg, 40 mg TABLET MO	1	QL(30 per 30 days)
olmesartan 5 mg TABLET MO	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiacid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET MO	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET MO	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE MO	2	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION MO	4	
OSMITROL 20 % 20 % PARENTERAL SOLUTION MO	4	
PACERONE 100 MG, 400 MG TABLET MO	2	
pacerone 200 mg TABLET MO	2	
pentoxifylline 400 mg TABLET ER MO	1	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET MO	1	
phenoxybenzamine 10 mg CAPSULE DL	5	
phenylephrine hcl 0.1 mg/ml, 10 mg/ml SOLUTION MO	2	
pindolol 10 mg, 5 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET MO	2	QL(30 per 30 days)
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 28 days)
pravastatin 10 mg, 80 mg TABLET MO	1	
pravastatin 20 mg, 40 mg TABLET MO	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE MO	2	
prevalite 4 gram POWDER MO	2	
prevalite 4 gram POWDER IN PACKET MO	2	
procainamide 100 mg/ml, 500 mg/ml SOLUTION MO	1	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. MO	4	
propafenone 150 mg, 225 mg, 300 mg TABLET MO	2	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. MO	2	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION MO	2	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	2	
QBRELIS 1 MG/ML SOLUTION DL	5	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER MO	2	
QUESTRAN 4 GRAM POWDER IN PACKET MO	2	
QUESTRAN LIGHT 4 GRAM POWDER MO	2	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
quinidine gluconate 324 mg TABLET ER MO	2	
quinidine sulfate 200 mg, 300 mg TABLET MO	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	2	QL(120 per 30 days)
REDEMPLO 25 MG/0.5 ML SYRINGE DL	5	PA
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	3	PA,QL(7 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	3	PA,QL(6 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	3	PA,QL(6 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
sacubitril-valsartan 24-26 mg TABLET MO	2	QL(180 per 30 days)
sacubitril-valsartan 49-51 mg, 97-103 mg TABLET MO	2	QL(60 per 30 days)
SDAMLO 10 MG, 2.5 MG, 5 MG POWDER IN POD DL	5	QL(30 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET MO	1	
simvastatin 5 mg, 80 mg TABLET MO	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triamterene-hydrochlorothiazid 37.5-25 mg TABLET MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET MO	1	
TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET MO	4	QL(30 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC MO	4	QL(30 per 30 days)
TRYNGOLZA 50 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(0.8 per 28 days)
TRYNGOLZA 80 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(0.8 per 28 days)
TRYVIO 12.5 MG TABLET MO	4	PA,QL(30 per 30 days)
valsartan 160 mg, 320 mg TABLET MO	1	QL(60 per 30 days)
valsartan 4 mg/ml SOLUTION DL	5	ST,QL(2400 per 30 days)
VALSARTAN 4 MG/ML SOLUTION DL	5	ST,QL(2400 per 30 days)
valsartan 40 mg, 80 mg TABLET MO	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	4	PA,QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	4	PA,QL(120 per 30 days)
VASERETIC 10-25 MG TABLET MO	4	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET DL	5	
vecamyl 2.5 mg TABLET DL	5	QL(300 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. MO	2	
verapamil 120 mg, 180 mg, 240 mg TABLET ER MO	1	
verapamil 120 mg, 40 mg, 80 mg TABLET MO	1	
verapamil 2.5 mg/ml SOLUTION MO	1	
verapamil 2.5 mg/ml SYRINGE MO	1	
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. MO	4	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET MO	4	QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET MO	4	QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET MO	4	QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET MO	4	QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET MO	4	QL(30 per 30 days)
WELCHOL 625 MG TABLET MO	4	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	4	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZETIA 10 MG TABLET MO	4	QL(30 per 30 days)
ZOCOR 10 MG, 20 MG, 40 MG TABLET MO	4	
ZYPITAMAG 2 MG, 4 MG TABLET MO	4	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET MO	2	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET MO	2	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. MO	4	PA,QL(60 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH MO	4	QL(30 per 30 days)
amphetamine 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg TABLET, DISINTEGRATING ER BIPH MO	4	QL(30 per 30 days)
amphetamine sulfate 10 mg, 5 mg TABLET MO	2	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. DL	5	PA,QL(60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC MO	4	QL(30 per 30 days)
ARYNTA 10 MG/ML SOLUTION DL	5	PA,QL(210 per 30 days)
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO	2	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO	2	QL(30 per 30 days)
atomoxetine 4 mg/ml SOLUTION DL	5	QL(750 per 30 days)
ATONCY 4 MG/ML SOLUTION DL	5	QL(750 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET DL	5	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	5	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK DL	5	PA,QL(28 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT DL	5	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT DL	5	PA,QL(1 per 28 days)
AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE MO	4	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT DL	5	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cladribine(multiple sclerosis) 10 mg TABLET DL	5	PA
clonidine hcl 0.1 mg TABLET, ER 12 HR. MO	2	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE DL	5	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE DL	5	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH MO	4	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH MO	4	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC MO	4	QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC MO	4	QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC MO	4	QL(60 per 30 days)
dalfampridine 10 mg TABLET, ER 12 HR. MO	2	PA,QL(60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. MO	4	QL(30 per 30 days)
DESOXYN 5 MG TABLET DL	5	QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER DL	5	QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER DL	5	QL(120 per 30 days)
dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC MO	2	QL(30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	2	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg CAPSULE, ER MO	2	QL(180 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	2	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg CAPSULE, ER MO	2	QL(120 per 30 days)
dextroamphetamine sulfate 15 mg TABLET MO	2	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET MO	2	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET MO	2	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg CAPSULE, ER MO	2	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	2	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION MO	2	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	2	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. MO	2	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	2	QL(60 per 30 days)
dextromethorphan-quinidine 20-10 mg CAPSULE DL	5	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC MO	2	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC MO	2	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	4	PA,QL(60 per 30 days)
duloxetine 120 mg, 80 mg, 90 mg CAPSULE, DR/EC MO	4	QL(30 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC MO	2	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC MO	2	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC MO	4	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC MO	4	QL(240 per 30 days)
edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION DL	5	PA
EVEKEO 10 MG, 5 MG TABLET MO	2	QL(90 per 30 days)
EXSERVAN 50 MG FILM DL	5	PA,QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE MO	2	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	5	PA,QL(300 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MO	4	QL(60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC MO	4	QL(30 per 30 days)
gabapentin 300 mg TABLET, ER 24 HR. MO	2	ST,QL(30 per 30 days)
gabapentin 450 mg, 600 mg TABLET, ER 24 HR. MO	2	ST,QL(90 per 30 days)
gabapentin 750 mg, 900 mg TABLET, ER 24 HR. MO	2	ST,QL(60 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. MO	4	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. MO	4	ST,QL(60 per 30 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER MO	4	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	5	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	5	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE DL	5	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE MO	4	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(1.2 per 28 days)
LEMRADA 12 MG/1.2 ML SOLUTION DL	5	PA,QL(6 per 365 days)
<i>lisdexamfetamine</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET MO	2	PA,QL(30 per 30 days)
<i>lisdexamfetamine</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE MO	2	PA,QL(30 per 30 days)
LYNKUET 60 MG CAPSULE MO	4	PA,QL(60 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	4	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION MO	4	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	4	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. MO	4	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. MO	4	PA,QL(60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET DL	5	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET DL	5	PA
MAYZENT 0.25 MG TABLET DL	5	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK DL	5	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK DL	5	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC MO	4	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC MO	4	QL(60 per 30 days)
<i>methamphetamine</i> 5 mg TABLET DL	5	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION MO	4	QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION MO	4	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR. MO	2	QL(30 per 30 days)
methylphenidate 17.3 mg, 8.6 mg TABLET, DISINTEGRATING ER BIPH MO	4	QL(30 per 30 days)
methylphenidate 25.9 mg TABLET, DISINTEGRATING ER BIPH MO	4	QL(60 per 30 days)
methylphenidate hcl 10 mg CHEWABLE TABLET MO	2	QL(180 per 30 days)
methylphenidate hcl 10 mg TABLET ER MO	2	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC MO	4	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC MO	2	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	2	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION MO	2	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET MO	2	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	2	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC MO	2	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. MO	2	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION MO	2	QL(1800 per 30 days)
milnacipran 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	2	PA,QL(60 per 30 days)
milnacipran 12.5 mg (5)-25 mg(8)-50 mg(42) TABLET, DOSE PACK MO	2	PA,QL(55 per 28 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. MO	4	QL(30 per 30 days)
NUJEXTA 20-10 MG CAPSULE DL	5	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	5	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	5	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. DL	5	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR DL	5	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SYRINGE DL	5	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET DL	5	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK DL	5	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	2	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. MO	2	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	2	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	2	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	2	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pregabalin 330 mg TABLET, ER 24 HR. MO	2	PA,QL(60 per 30 days)
procentra 5 mg/5 ml SOLUTION DL	5	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION DL	5	PA
QELBREE 100 MG, 200 MG CAPSULE, ER 24 HR. MO	4	PA,QL(90 per 30 days)
QELBREE 150 MG CAPSULE, ER 24 HR. MO	4	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE MO	4	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE MO	4	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON MO	4	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION DL	5	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION DL	5	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION DL	5	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE DL	5	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR DL	5	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR DL	5	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE DL	5	PA,QL(4.2 per 28 days)
RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
riluzole 50 mg TABLET MO	2	
RITALIN 10 MG, 20 MG, 5 MG TABLET MO	4	QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC MO	4	QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC MO	4	QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MO	4	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK MO	4	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE DL	5	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	4	QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	4	QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING DL	5	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC DL	5	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC DL	5	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION DL	5	PA,QL(600 per 30 days)
teriflunomide 14 mg, 7 mg TABLET MO	2	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET MO	2	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET MO	2	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION DL	5	PA,QL(600 per 30 days)
TYRUKO 300 MG/15 ML SOLUTION DL	5	PA,QL(15 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYSABRI 300 MG/15 ML SOLUTION DL	5	PA,QL(15 per 28 days)
VEOZAH 45 MG TABLET MO	4	PA,QL(30 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MO	4	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	4	PA,QL(30 per 30 days)
XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. MO	4	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET DL	5	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET DL	5	PA,QL(120 per 30 days)
zenzedi 10 mg TABLET MO	2	QL(180 per 30 days)
ZENZEDI 15 MG TABLET MO	2	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	2	QL(90 per 30 days)
ZENZEDI 30 MG TABLET MO	2	QL(60 per 30 days)
zenzedi 5 mg TABLET MO	2	QL(150 per 30 days)
ZEPOSIA 0.92 MG CAPSULE DL	5	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK DL	5	PA,QL(28 per 28 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK DL	5	PA,QL(7 per 7 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE MO	2	
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
EVOXAC 30 MG CAPSULE MO	4	
KEPIVANCE 5.16 MG RECON SOLUTION DL	5	
kourzeq 0.1 % PASTE MO	2	
oralone 0.1 % PASTE MO	2	
periogard 0.12 % MOUTHWASH MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	2	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	4	
triamcinolone acetonide 0.1 % PASTE MO	2	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE DL	5	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE DL	5	ST
ACANYA 1.2-2.5 % GEL WITH PUMP MO	4	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE MO	2	PA
ACZONE 5 % GEL MO	4	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP MO	4	QL(90 per 30 days)
adapalene 0.1 % CREAM MO	2	QL(45 per 30 days)
adapalene 0.1 % SOLUTION DL	5	QL(60 per 30 days)
adapalene 0.1 % SWAB	5	QL(30 per 30 days)
adapalene 0.3 % GEL MO	2	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP MO	2	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP MO	2	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP MO	2	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE DL	5	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR DL	5	PA,QL(6 per 28 days)
ADQUEY 1 % OINTMENT DL	5	PA
AKLIEF 0.005 % CREAM MO	4	QL(90 per 30 days)
ALA-CORT 1 % CREAM MO	2	QL(240 per 30 days)
ALA-SCALP 2 % LOTION MO	2	QL(236.8 per 30 days)
alclometasone 0.05 % CREAM MO	2	QL(240 per 30 days)
alclometasone 0.05 % OINTMENT MO	2	QL(240 per 30 days)
ALTRENO 0.05 % LOTION MO	4	PA,QL(90 per 30 days)
amcinonide 0.1 % CREAM MO	2	QL(120 per 30 days)
amcinonide 0.1 % OINTMENT DL	5	ST,QL(120 per 30 days)
ammonium lactate 12 % CREAM MO	2	
ammonium lactate 12 % LOTION MO	2	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	
AMZEEQ 4 % FOAM MO	4	PA,QL(30 per 30 days)
anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
ANZUPGO 2 % CREAM DL	5	PA,QL(60 per 28 days)
apexicon e 0.05 % CREAM MO	2	QL(60 per 30 days)
ARAZLO 0.045 % LOTION MO	4	PA
ATRALIN 0.05 % GEL MO	4	PA,QL(45 per 30 days)
attero 0.005-0.064 % SUSPENSION MO	2	PA,QL(420 per 30 days)
azelaic acid 15 % GEL MO	2	ST,QL(50 per 30 days)
AZELEX 20 % CREAM MO	4	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL MO	4	QL(46.6 per 30 days)
beser 0.05 % LOTION MO	2	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone dipropionate 0.05 % CREAM MO	2	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	2	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	2	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM MO	2	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION MO	2	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT MO	2	QL(180 per 30 days)
betamethasone valerate 0.12 % FOAM MO	2	QL(200 per 30 days)
betamethasone, augmented 0.05 % CREAM MO	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	2	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	2	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP MO	2	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION MO	4	ST,QL(200 per 30 days)
CABTREO 0.15-3.1-1.2 % GEL MO	4	QL(50 per 30 days)
calcipotriene 0.005 % CREAM MO	2	QL(120 per 30 days)
calcipotriene 0.005 % FOAM MO	2	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT MO	2	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION MO	2	QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % OINTMENT MO	2	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION MO	2	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT MO	2	ST,QL(800 per 28 days)
CARAC 0.5 % CREAM DL	5	QL(60 per 30 days)
CENTANY 2 % OINTMENT MO	4	
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	
CLEOCIN T 1 % LOTION MO	4	QL(60 per 30 days)
clindacin 1 % FOAM MO	2	QL(100 per 30 days)
clindacin etz 1 % SWAB MO	2	
clindacin p 1 % SWAB MO	2	
CLINDAGEL 1 % GEL, ONCE DAILY DL	5	PA,QL(75 per 30 days)
clindamycin phosphate 1 % FOAM MO	2	QL(100 per 30 days)
clindamycin phosphate 1 % GEL MO	2	QL(60 per 30 days)
clindamycin phosphate 1 % GEL, ONCE DAILY MO	2	PA,QL(75 per 30 days)
clindamycin phosphate 1 % LOTION MO	2	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	2	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin-benzoyl peroxide 1-5 % GEL MO	2	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP MO	2	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL MO	2	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL MO	2	QL(60 per 30 days)
clobetasol 0.025 % CREAM DL	5	QL(120 per 30 days)
clobetasol 0.05 % CREAM MO	2	QL(120 per 30 days)
clobetasol 0.05 % FOAM MO	2	QL(100 per 28 days)
clobetasol 0.05 % GEL MO	2	QL(120 per 28 days)
clobetasol 0.05 % LOTION MO	2	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT MO	2	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO MO	2	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION MO	2	QL(100 per 30 days)
clobetasol 0.05 % SPRAY, NON-AEROSOL MO	2	QL(240 per 30 days)
clobetasol-emollient 0.05 % CREAM MO	2	QL(120 per 30 days)
clobetasol-emollient 0.05 % FOAM MO	2	QL(100 per 30 days)
clocortolone pivalate 0.1 % CREAM MO	2	QL(180 per 30 days)
clodan 0.05 % SHAMPOO MO	2	QL(240 per 30 days)
CONDYLOX 0.5 % GEL MO	4	
CORDRAN 0.025 % CREAM MO	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % CREAM DL	5	ST,QL(240 per 30 days)
CORDRAN 0.05 % LOTION DL	5	ST,QL(240 per 30 days)
CORDRAN 0.05 % OINTMENT MO	4	ST,QL(240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE MO	4	QL(2 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	4	
crotan 10 % LOTION DL	5	PA,QL(454 per 30 days)
dapsone 5 %, 7.5 % GEL MO	2	QL(90 per 30 days)
dapsone 7.5 % GEL WITH PUMP MO	2	QL(90 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL 0.01 % OIL MO	4	QL(118.28 per 30 days)
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % OIL MO	4	QL(118.28 per 30 days)
desonide 0.05 % CREAM MO	2	QL(240 per 30 days)
desonide 0.05 % GEL MO	2	QL(240 per 30 days)
desonide 0.05 % LOTION MO	2	QL(240 per 30 days)
desonide 0.05 % OINTMENT MO	2	QL(240 per 30 days)
desoximetasone 0.05 % CREAM MO	2	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desoximetasone 0.05 % GEL MO	2	QL(240 per 30 days)
desoximetasone 0.05 % OINTMENT MO	2	QL(240 per 30 days)
desoximetasone 0.25 % CREAM MO	2	QL(120 per 30 days)
desoximetasone 0.25 % OINTMENT MO	2	QL(120 per 30 days)
desoximetasone 0.25 % SPRAY, NON-AEROSOL MO	2	QL(100 per 30 days)
diclofenac sodium 3 % GEL MO	2	PA
diflorasone 0.05 % CREAM DL	5	QL(120 per 30 days)
diflorasone 0.05 % OINTMENT MO	4	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT MO	4	QL(100 per 30 days)
doxepin 5 % CREAM DL	5	PA,QL(45 per 30 days)
DUOBRII 0.01-0.045 % LOTION MO	4	PA,QL(200 per 28 days)
EBGLYSS PEN 250 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
EBGLYSS SYRINGE 250 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
EFUDEX 5 % CREAM MO	4	
ELIDEL 1 % CREAM MO	4	PA,QL(100 per 30 days)
ELIMITE 5 % CREAM MO	4	
ENSTILAR 0.005-0.064 % FOAM MO	4	QL(120 per 30 days)
EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP MO	4	QL(60 per 30 days)
EPIFOAM 1-1 % FOAM MO	2	
EPSOLAY 5 % CREAM MO	4	ST,QL(30 per 30 days)
ery pads 2 % SWAB MO	2	QL(60 per 30 days)
ERYGEL 2 % GEL MO	2	QL(60 per 30 days)
erythromycin with ethanol 2 % GEL MO	2	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION MO	1	QL(120 per 30 days)
erythromycin-benzoyl peroxide 3-5 % GEL MO	2	QL(46.6 per 30 days)
EUCRISA 2 % OINTMENT MO	4	PA,QL(100 per 30 days)
EURAX 10 % CREAM MO	4	PA
EURAX 10 % LOTION MO	4	PA,QL(454 per 30 days)
evesse 0.1 % LOTION MO	2	QL(236 per 30 days)
FABIOR 0.1 % FOAM MO	4	PA,QL(100 per 30 days)
FINACEA 15 % FOAM MO	4	ST,QL(50 per 30 days)
fluocinolone 0.01 % OIL MO	2	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION MO	2	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM MO	2	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT MO	2	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinolone and shower cap 0.01 % OIL MO	2	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM MO	2	QL(120 per 30 days)
fluocinonide 0.05 % GEL MO	2	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT MO	2	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION MO	2	QL(120 per 30 days)
fluocinonide 0.1 % CREAM MO	2	QL(120 per 28 days)
fluocinonide-e 0.05 % CREAM MO	2	QL(120 per 30 days)
fluocinonide-emollient 0.05 % CREAM MO	2	QL(120 per 30 days)
FLUOROPLEX 1 % CREAM DL	5	
fluorouracil 0.5 % CREAM DL	5	QL(60 per 30 days)
fluorouracil 2 % SOLUTION MO	2	QL(30 per 30 days)
fluorouracil 5 % CREAM MO	2	
fluorouracil 5 % SOLUTION MO	2	QL(60 per 30 days)
flurandrenolide 0.05 % CREAM MO	2	QL(240 per 30 days)
flurandrenolide 0.05 % LOTION MO	4	QL(240 per 30 days)
flurandrenolide 0.05 % OINTMENT MO	2	QL(240 per 30 days)
fluticasone propionate 0.005 % OINTMENT MO	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM MO	2	QL(240 per 30 days)
fluticasone propionate 0.05 % LOTION MO	2	QL(240 per 30 days)
halcinonide 0.1 % CREAM MO	2	QL(120 per 30 days)
halcinonide 0.1 % SOLUTION MO	2	QL(120 per 30 days)
halobetasol propionate 0.05 % CREAM MO	2	QL(100 per 30 days)
halobetasol propionate 0.05 % FOAM MO	4	QL(100 per 30 days)
halobetasol propionate 0.05 % LOTION MO	4	QL(120 per 30 days)
halobetasol propionate 0.05 % OINTMENT MO	2	QL(100 per 30 days)
HALOG 0.1 % CREAM DL	5	QL(120 per 30 days)
HALOG 0.1 % SOLUTION MO	4	QL(120 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR MO	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT MO	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET MO	1	
hydrocortisone 2 % LOTION DL	5	QL(236.8 per 30 days)
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	1	QL(236 per 30 days)
hydrocortisone 2.5 % SOLUTION DL	5	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone butyrate 0.1 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % LOTION MO	2	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT MO	2	QL(180 per 30 days)
hydrocortisone butyrate 0.1 % SOLUTION MO	2	QL(240 per 30 days)
hydrocortisone valerate 0.2 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone valerate 0.2 % OINTMENT MO	2	QL(240 per 30 days)
HYFTOR 0.2 % GEL DL	5	PA
ICOTYDE 200 MG TABLET DL	5	PA,QL(30 per 30 days)
imiquimod 3.75 % CREAM IN PACKET MO	4	ST,QL(28 per 28 days)
imiquimod 3.75 % CREAM, METERED DOSE PUMP DL	5	ST,QL(15 per 30 days)
imiquimod 5 % CREAM IN PACKET MO	2	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg CAPSULE MO	2	
ivermectin 1 % CREAM MO	2	ST,QL(45 per 30 days)
KLISYRI (250 MG) 1 % OINTMENT IN PACKET DL	5	PA,QL(5 per 30 days)
KLISYRI (350 MG) 1 % OINTMENT IN PACKET DL	5	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM MO	4	QL(100 per 30 days)
lexette 0.05 % FOAM MO	4	QL(100 per 30 days)
LOCOID 0.1 % LOTION MO	4	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM MO	4	QL(240 per 30 days)
mafenide acetate 50 gram PACKET MO	2	
malathion 0.5 % LOTION MO	2	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL	5	
MIRVASO 0.33 % GEL WITH PUMP MO	4	ST,QL(30 per 30 days)
mometasone 0.1 % CREAM MO	2	QL(180 per 30 days)
mometasone 0.1 % OINTMENT MO	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION MO	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT MO	1	
mupirocin calcium 2 % CREAM MO	2	ST
NATROBA 0.9 % SUSPENSION MO	4	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM MO	4	
neuac 1.2 %(1 % base) -5 % GEL MO	2	QL(45 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL MO	4	
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP MO	4	QL(50 per 30 days)
OPZELURA 1.5 % CREAM DL	5	PA,QL(240 per 28 days)
OTEZLA 20 MG, 30 MG TABLET DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	5	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	5	PA,QL(27 per 30 days)
OTEZLA XR 75 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
OTEZLA XR INITIATION 10-20-30-75 MG TABLET AND TABLET ER DOSE PACK DL	5	PA,QL(41 per 28 days)
OVIDE 0.5 % LOTION MO	4	
oxymetazoline 1 % CREAM MO	2	ST,QL(30 per 30 days)
PANDEL 0.1 % CREAM DL	5	QL(160 per 30 days)
pellix 0.005 % SOLUTION MO	2	QL(60 per 30 days)
permethrin 5 % CREAM MO	2	
pimecrolimus 1 % CREAM MO	2	PA,QL(100 per 30 days)
podofilox 0.5 % GEL MO	2	
podofilox 0.5 % SOLUTION MO	2	QL(7 per 30 days)
prednicarbate 0.1 % CREAM MO	2	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT MO	2	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	QL(60 per 30 days)
PRUDOXIN 5 % CREAM DL	5	PA,QL(45 per 30 days)
pruradik 10 % LOTION DL	5	PA,QL(454 per 30 days)
QBREXZA 2.4 % TOWELETTE MO	4	PA,QL(30 per 30 days)
REGRANEX 0.01 % GEL DL	5	PA
RETIN-A 0.01 %, 0.025 % GEL MO	4	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM MO	4	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL DL	5	PA,QL(45 per 30 days)
RETIN-A MICRO 0.1 % GEL MO	4	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP DL	5	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP MO	4	PA,QL(50 per 30 days)
RHOFADE 1 % CREAM MO	4	ST,QL(30 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	4	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	1	QL(120 per 30 days)
SILVADENE 1 % CREAM MO	3	
silver sulfadiazine 1 % CREAM MO	2	
SOFDRA 12.45 % (72 MG /ACTUATION) GEL WITH PUMP DL	5	PA,QL(40.2 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOOLANTRA 1 % CREAM MO	4	ST,QL(45 per 30 days)
SORILUX 0.005 % FOAM DL	5	ST,QL(120 per 28 days)
<i>spinosad</i> 0.9 % <i>SUSPENSION</i> MO	4	QL(240 per 30 days)
SSD 1 % CREAM MO	1	
SULFAMYLON 85 MG/G CREAM MO	4	
SYNALAR 0.01 % SOLUTION MO	4	QL(180 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION DL	5	PA,QL(420 per 30 days)
<i>tacrolimus</i> 0.03 %, 0.1 % <i>OINTMENT</i> MO	2	QL(200 per 30 days)
<i>tazarotene</i> 0.05 % CREAM MO	2	PA,QL(120 per 30 days)
<i>tazarotene</i> 0.05 %, 0.1 % GEL MO	2	PA,QL(200 per 30 days)
<i>tazarotene</i> 0.1 % CREAM MO	2	QL(120 per 30 days)
<i>tazarotene</i> 0.1 % FOAM DL	5	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM MO	4	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL MO	4	PA,QL(200 per 30 days)
TEXACORT 2.5 % SOLUTION MO	2	QL(240 per 30 days)
TOPICORT 0.05 % CREAM MO	2	QL(240 per 30 days)
TOPICORT 0.05 % GEL MO	2	QL(240 per 30 days)
TOPICORT 0.05 % OINTMENT MO	4	QL(240 per 30 days)
TOPICORT 0.25 % CREAM MO	2	QL(120 per 30 days)
TOPICORT 0.25 % OINTMENT MO	2	QL(120 per 30 days)
TOPICORT 0.25 % SPRAY, NON-AEROSOL MO	4	QL(100 per 30 days)
<i>tovet emollient</i> 0.05 % FOAM MO	2	QL(100 per 30 days)
<i>tretinoin</i> 0.01 %, 0.025 %, 0.05 % GEL MO	2	PA,QL(45 per 30 days)
<i>tretinoin</i> 0.025 %, 0.05 %, 0.1 % CREAM MO	2	PA,QL(45 per 30 days)
<i>tretinoin microspheres</i> 0.04 %, 0.06 %, 0.08 %, 0.1 % GEL WITH PUMP MO	2	PA,QL(50 per 30 days)
<i>tretinoin microspheres</i> 0.04 %, 0.1 % GEL MO	2	PA,QL(45 per 30 days)
<i>trilitas</i> 0.1 % GEL DL	5	QL(200 per 30 days)
TWYNEO 0.1-3 % CREAM MO	4	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION MO	4	QL(120 per 30 days)
VANOS 0.1 % CREAM MO	4	QL(120 per 28 days)
VELTIN 1.2-0.025 % GEL MO	4	QL(60 per 30 days)
VEREGEN 15 % OINTMENT DL	5	QL(30 per 30 days)
VTAMA 1 % CREAM DL	5	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM MO	4	PA
ZELSUVMI 10.3 % GEL DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	2	
ZIANA 1.2-0.025 % GEL MO	4	QL(60 per 30 days)
ZILXI 1.5 % FOAM MO	4	PA,QL(30 per 30 days)
ZONALON 5 % CREAM MO	4	PA,QL(45 per 30 days)
ZORYVE 0.05 %, 0.15 %, 0.3 % CREAM MO	4	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM MO	4	PA,QL(120 per 30 days)
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP DL	5	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET MO	4	ST,QL(28 per 28 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION MO	4	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	2	
calcium acetate(phosphat bind) 667 mg CAPSULE MO	2	
calcium acetate(phosphat bind) 667 mg TABLET MO	2	
calcium chloride 100 mg/ml (10 %) SOLUTION MO	1	
calcium chloride 100 mg/ml (10 %) SYRINGE MO	1	
calcium gluconate 100 mg/ml (10%) SOLUTION MO	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE DL	5	PA
carglumic acid 200 mg TABLET, DISPERSIBLE DL	5	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	4	
CARNITOR 330 MG TABLET MO	4	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	4	
CHEMET 100 MG CAPSULE DL	5	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	4	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	4	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	2	BvsD
CLINOLIPID 20 % EMULSION MO	4	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK MO	1	
CUPRIMINE 250 MG CAPSULE DL	5	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET DL	5	PA,QL(300 per 30 days)
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION MO	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	2	
deferasirox 125 mg, 250 mg TABLET, DISPERSIBLE MO	2	PA
deferasirox 180 mg, 360 mg GRANULES IN PACKET DL	5	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET MO	2	PA
deferasirox 500 mg TABLET, DISPERSIBLE DL	5	PA
deferasirox 90 mg GRANULES IN PACKET MO	2	PA
deferiprone 1,000 mg TABLET DL	5	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET DL	5	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION MO	2	BvsD
DEPEN TITRATABS 250 MG TABLET DL	5	PA
DESFERAL 500 MG RECON SOLUTION MO	4	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION MO	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION MO	1	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION MO	1	
dextrose 25 % in water (d25w) SYRINGE MO	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION MO	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION MO	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION MO	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK MO	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION MO	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) SYRINGE MO	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION MO	2	
electrolyte-148 PARENTERAL SOLUTION MO	2	
electrolyte-48 in d5w PARENTERAL SOLUTION MO	1	
electrolyte-a PARENTERAL SOLUTION MO	2	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE DL	5	PA
FERRIPROX 1,000 MG TABLET DL	5	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML SOLUTION DL	5	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET DL	5	PA,QL(720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE DL	5	PA,QL(300 per 30 days)
INTRALIPID 20 %, 30 % EMULSION MO	4	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	4	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE-S PARENTERAL SOLUTION MO	4	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	5	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET DL	5	PA
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	5	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION MO	4	BvsD
kionex 15 gram/60 ml SUSPENSION MO	2	
klor-con 20 meq PACKET MO	2	QL(300 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER MO	1	
klor-con 10 10 meq TABLET ER MO	1	
KLOR-CON 8 8 MEQ TABLET ER MO	1	
klor-con 8 8 meq TABLET ER MO	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	1	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lactated ringers</i> PARENTERAL SOLUTION MO	1	
levocarnitine 100 mg/ml, 200 mg/ml SOLUTION MO	2	
levocarnitine 330 mg TABLET MO	2	
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	2	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
<i>m-natal plus</i> 27 mg iron- 1 mg TABLET MO	1	
magnesium sulfate 500 mg/ml (50 %) SOLUTION MO	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE MO	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK MO	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 3 gram/100 ml (3 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK MO	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION MO	1	
<i>neo-vital rx</i> 27 mg iron- 1 mg TABLET MO	1	
NEONATAL COMPLETE 29-1 MG TABLET MO	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION MO	4	
NORMOSOL-R PARENTERAL SOLUTION MO	4	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	4	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION MO	4	
NUTRILIPID 20 % EMULSION MO	4	BvsD
OB COMPLETE ONE 40-10-1-300 MG CAPSULE MO	4	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	4	
OB COMPLETE PREMIER 30-20-1 MG TABLET MO	4	
OMEGAVEN 10 % EMULSION DL	5	BvsD
<i>one natal rx</i> 27 mg iron- 1 mg TABLET MO	1	
penicillamine 250 mg CAPSULE DL	5	PA,QL(600 per 30 days)
penicillamine 250 mg TABLET DL	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	4	BvsD
PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTION MO	4	
PLASMA-LYTE A PARENTERAL SOLUTION MO	4	
PLENAMINE 15 % PARENTERAL SOLUTION MO	2	BvsD
<i>prv-dha</i> 27 mg iron-1 mg -300 mg CAPSULE MO	2	
<i>prv-omega</i> 28-1-300 mg CAPSULE MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POKONZA 10 MEQ PACKET MO	4	
POKONZA 10 MEQ/15 ML LIQUID DL	5	
POKONZA 15 MEQ PACKET DL	5	
potassium acetate 2 meq/ml SOLUTION MO	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chlorid-d5-0.45%nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride 10 meq CAPSULE, ER MO	1	
potassium chloride 10 meq, 20 meq TABLET ER MO	1	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
potassium chloride 15 meq, 8 meq TABLET ER MO	1	
potassium chloride 2 meq/ml SOLUTION MO	2	
potassium chloride 20 meq PACKET MO	2	QL(300 per 30 days)
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID MO	2	
potassium chloride 8 meq CAPSULE, ER MO	1	
potassium chloride in 0.9%nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride in 0.9%nacl 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK MO	2	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	2	
pr natal 400 29-1-400 mg COMBO PACK MO	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	1	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK MO	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION DL	5	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	1	
PRENATABS FA 29-1 MG TABLET MO	2	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET MO	1	
prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET MO	1	
prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET MO	2	
prenatal-u 106.5-1 mg CAPSULE MO	2	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	1	
PROSOL 20 % PARENTERAL SOLUTION MO	4	BvsD
ringer's PARENTERAL SOLUTION MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	5	PA,QL(60 per 30 days)
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET MO	1	
SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET MO	4	
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET MO	4	
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK MO	4	
sevelamer carbonate 0.8 gram POWDER IN PACKET MO	2	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET MO	2	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET MO	2	QL(540 per 30 days)
sevelamer hcl 400 mg, 800 mg TABLET MO	2	
SMOFLIPID 20 % EMULSION MO	4	BvsD
sodium bicarbonate 50 meq/50 ml (8.4 %) SYRINGE MO	2	
sodium chloride 2.5 meq/ml SOLUTION MO	2	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION MO	2	
sodium chloride 0.9 % PARENTERAL SOLUTION MO	2	
sodium chloride 0.9 % PIGGYBACK MO	2	
sodium chloride 0.9 % SOLUTION MO	2	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION MO	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION MO	1	
sodium phosphate 3 mmol/ml SOLUTION MO	1	
sodium polystyrene sulfonate 15 gram POWDER MO	2	
sodium polystyrene sulfonate 15 gram/60 ml SUSPENSION MO	2	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	2	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA MO	2	
SYPRINE 250 MG CAPSULE DL	5	QL(240 per 30 days)
THAM 36 MG/ML (0.3 M) SOLUTION MO	4	
tolvaptan 15 mg, 30 mg TABLET DL	5	PA,QL(60 per 30 days)
tolvaptan (polycys kidney dis) 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	4	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
TRICARE 27 MG IRON- 1 MG TABLET MO	2	
<i>trientine 250 mg CAPSULE</i> MO	2	QL(240 per 30 days)
<i>trientine 500 mg CAPSULE</i> DL	5	QL(120 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg TABLET</i> MO	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE MO	4	
<i>tromethamine 36 mg/ml (0.3 m) SOLUTION</i> MO	2	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER MO	4	
UROCIT-K 15 15 MEQ TABLET ER MO	4	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION MO	4	
VELTASSA 1 GRAM POWDER IN PACKET MO	4	PA,QL(240 per 30 days)
VELTASSA 16.8 GRAM, 8.4 GRAM POWDER IN PACKET MO	4	PA,QL(30 per 30 days)
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE MO	4	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET MO	4	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE MO	4	
VITAFOL-OB 65-1 MG TABLET MO	4	
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK MO	4	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE MO	4	
VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE MO	4	
<i>wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE</i> MO	2	
<i>wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK</i> MO	1	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE</i> MO	2	
<i>westab plus 27 mg iron- 1 mg TABLET</i> MO	1	
<i>westgel dha 31 mg iron- 1 mg-200 mg CAPSULE</i> MO	2	
<i>zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE</i> MO	2	
<i>zatean-pn plus 28-1-300 mg CAPSULE</i> MO	2	
GASTROINTESTINAL AGENTS		
ACIPHEX 20 MG TABLET, DR/EC MO	4	QL(60 per 30 days)
ACIPHEX SPRINKLE 10 MG CAPSULE, DR SPRINKLE MO	4	QL(60 per 30 days)
ACIPHEX SPRINKLE 5 MG CAPSULE, DR SPRINKLE MO	4	QL(30 per 30 days)
<i>alosetron 0.5 mg, 1 mg TABLET</i> MO	2	PA,QL(60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	4	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK MO	2	ST
atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE MO	2	
BENTYL 10 MG/ML SOLUTION MO	4	
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE MO	2	ST,QL(120 per 30 days)
CARAFATE 1 GRAM TABLET MO	4	
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET MO	2	
cimetidine hcl 300 mg/5 ml SOLUTION MO	2	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION MO	4	ST
constulose 10 gram/15 ml SOLUTION MO	2	
CTEXLI 250 MG TABLET DL	5	PA
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION MO	4	
CYTOTEC 100 MCG, 200 MCG TABLET DL	5	
DARTISLA 1.7 MG TABLET, DISINTEGRATING MO	4	QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC MO	4	PA,QL(30 per 30 days)
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC MO	2	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE MO	2	
dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION MO	2	
dicyclomine 20 mg, 40 mg TABLET MO	2	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	2	
diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID MO	2	
ENDARI 5 GRAM POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
enulose 10 gram/15 ml SOLUTION MO	2	
esomeprazole magnesium 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg DR GRANULES IN PACKET MO	2	QL(30 per 30 days)
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
esomeprazole sodium 40 mg RECON SOLUTION MO	2	
famotidine 10 mg/ml SOLUTION MO	2	
famotidine 20 mg, 40 mg TABLET MO	1	
FAMOTIDINE 4 MG/ML SOLUTION MO	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO	2	
famotidine (pf) 20 mg/2 ml SOLUTION MO	2	
FAMOTIDINE (PF) 4 MG/ML SOLUTION MO	2	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK MO	1	
GATTEX 30-VIAL 5 MG KIT DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GATTEX ONE-VIAL 5 MG KIT DL	5	PA
<i>gavilyte-c</i> 240-22.72-6.72 -5.84 gram RECON SOLUTION MO	1	
<i>gavilyte-g</i> 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	
<i>gavilyte-n</i> 420 gram RECON SOLUTION MO	1	
<i>generlac</i> 10 gram/15 ml SOLUTION MO	2	
<i>glutamine (sickle cell)</i> 5 gram POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
GLYCATE 1.5 MG TABLET MO	2	
<i>glycopyrrolate</i> 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION MO	2	
<i>glycopyrrolate</i> 1 mg, 2 mg TABLET MO	2	
<i>glycopyrrolate</i> 1.5 mg TABLET	5	
<i>glycopyrrolate (pf)</i> 0.4 mg/2 ml (0.2 mg/ml) SYRINGE MO	2	
<i>glycopyrrolate (pf)</i> 0.6 mg/3 ml (0.2 mg/ml) SYRINGE MO	4	
<i>glycopyrrolate (pf) in water</i> 0.2 mg/ml SYRINGE MO	2	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION MO	4	ST
IBSRELA 50 MG TABLET DL	5	PA,QL(60 per 30 days)
IQIRVO 80 MG TABLET DL	5	PA,QL(30 per 30 days)
KONVOMEPE 2-84 MG/ML SUSPENSION FOR RECONSTITUTION MO	4	ST,QL(600 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM PACKET MO	2	
<i>lactulose</i> 10 gram, 20 gram PACKET DL	5	
<i>lactulose</i> 10 gram/15 ml SOLUTION MO	2	
<i>lansoprazole</i> 15 mg, 30 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
<i>lansoprazole</i> 15 mg, 30 mg TABLET, DISINTEGRATING DR MO	2	QL(30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL(30 per 30 days)
LIVDELZI 10 MG CAPSULE DL	5	PA,QL(30 per 30 days)
LIVMARLI 10 MG, 15 MG, 20 MG TABLET DL	5	PA,QL(60 per 30 days)
LIVMARLI 19 MG/ML SOLUTION DL	5	PA,QL(60 per 30 days)
LIVMARLI 30 MG TABLET DL	5	PA,QL(30 per 30 days)
LIVMARLI 9.5 MG/ML SOLUTION DL	5	PA,QL(90 per 30 days)
LOMOTIL 2.5-0.025 MG TABLET MO	4	
<i>loperamide</i> 2 mg CAPSULE MO	2	
LOTRONEX 0.5 MG, 1 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>lubiprostone</i> 24 mcg, 8 mcg CAPSULE MO	2	QL(60 per 30 days)
LYNAVOY 40 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>methscopolamine</i> 2.5 mg, 5 mg TABLET MO	2	
<i>misoprostol</i> 100 mcg, 200 mcg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MOTEGRITY 1 MG, 2 MG TABLET MO	4	PA,QL(30 per 30 days)
MOTOFEN 1-0.025 MG TABLET MO	4	
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET MO	4	ST
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION DL	5	PA,QL(30 per 30 days)
MYTESI 125 MG TABLET, DR/EC DL	5	PA,QL(60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE, DR/EC MO	4	PA,QL(60 per 30 days)
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET MO	4	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE MO	1	
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK MO	4	ST
omeprazole 10 mg CAPSULE, DR/EC MO	1	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC MO	1	
omeprazole-sodium bicarbonate 20-1,680 mg PACKET DL	5	ST,QL(30 per 30 days)
omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE MO	2	QL(30 per 30 days)
omeprazole-sodium bicarbonate 40-1,680 mg PACKET MO	2	ST,QL(30 per 30 days)
opium tincture 10 mg/ml (morphine) TINCTURE MO	4	QL(180 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC MO	1	QL(60 per 30 days)
pantoprazole 40 mg DR GRANULES IN PACKET MO	2	QL(30 per 30 days)
pantoprazole 40 mg RECON SOLUTION MO	2	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK MO	4	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK MO	4	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	
peg-electrolyte soln 420 gram RECON SOLUTION MO	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET MO	2	ST
pepcid 20 mg, 40 mg TABLET MO	4	
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL MO	4	ST
PREVACID 30 MG CAPSULE, DR/EC MO	4	QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR MO	4	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON MO	4	
PROTONIX 20 MG, 40 MG TABLET, DR/EC MO	4	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET MO	4	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prucalopride 1 mg, 2 mg TABLET MO	2	PA,QL(30 per 30 days)
PYLERA 140-125-125 MG CAPSULE MO	4	ST,QL(120 per 30 days)
rabeprazole 20 mg TABLET, DR/EC MO	2	QL(60 per 30 days)
ranitidine hcl 150 mg, 300 mg TABLET MO	2	
REBYOTA 150 ML ENEMA DL	5	PA
RELISTOR 12 MG/0.6 ML SOLUTION DL	5	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE DL	5	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET DL	5	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE DL	5	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE DL	5	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE DL	5	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET MO	4	
ROBINUL FORTE 2 MG TABLET MO	4	
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION MO	1	
sucralfate 1 gram TABLET MO	2	
sucralfate 100 mg/ml SUSPENSION MO	2	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	4	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION MO	4	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	3	
SYMPROIC 0.2 MG TABLET MO	4	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC MO	4	
TRULANCE 3 MG TABLET MO	4	PA,QL(30 per 30 days)
URSO FORTE 500 MG TABLET MO	4	
ursodiol 200 mg CAPSULE DL	5	PA,QL(150 per 30 days)
ursodiol 250 mg, 500 mg TABLET MO	2	
ursodiol 300 mg CAPSULE MO	2	
ursodiol 400 mg CAPSULE DL	5	PA,QL(60 per 30 days)
URSOLIGN 150 MG CAPSULE DL	5	PA
VIBERZI 100 MG, 75 MG TABLET DL	5	PA,QL(60 per 30 days)
VOQUEZNA 10 MG TABLET MO	4	PA,QL(30 per 30 days)
VOQUEZNA 20 MG TABLET MO	4	PA,QL(60 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK MO	4	ST,QL(112 per 30 days)
VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK MO	4	ST,QL(112 per 30 days)
VOWST 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE DL	5	PA
XERMELO 250 MG TABLET DL	5	PA,QL(84 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XIFAXAN 200 MG TABLET MO	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET DL	3	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET DL	5	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE DL	5	QL(30 per 30 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5 ML SOLUTION DL	5	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 90 days)
AQVESME 100 MG TABLET DL	5	PA,QL(60 per 30 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION DL	5	PA
ATTRUBY 356 MG TABLET DL	5	PA,QL(120 per 30 days)
AVLAYAH 150 MG RECON SOLUTION DL	5	PA
<i>betaine 1 gram/scoop POWDER</i> DL	5	
BUPHENYL 0.94 GRAM/GRAM POWDER DL	5	
BUPHENYL 500 MG TABLET DL	5	
CERDELGA 84 MG CAPSULE DL	5	PA
CEREZYME 400 UNIT RECON SOLUTION DL	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	5	QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC MO	3	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION DL	5	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION DL	5	PA,QL(6 per 28 days)
CYSTADANE 1 GRAM/SCOOP POWDER DL	5	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
DAYBUE 200 MG/ML SOLUTION DL	5	PA,QL(3600 per 30 days)
DAYBUE STIX 5,000 MG, 6,000 MG POWDER IN PACKET DL	5	PA,QL(120 per 30 days)
DAYBUE STIX 8,000 MG POWDER IN PACKET DL	5	PA,QL(60 per 30 days)
<i>dichlorphenamide 50 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID DL	5	PA
DUVYZAT 8.86 MG/ML SUSPENSION DL	5	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION DL	5	PA
ELELYSO 200 UNIT RECON SOLUTION DL	5	PA
ELFABRIO 2 MG/ML SOLUTION DL	5	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION DL	5	PA,QL(240 per 30 days)
EVRYSDI 5 MG TABLET DL	5	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FABRAZYME 35 MG, 5 MG RECON SOLUTION DL	5	PA
GALAFOLD 123 MG CAPSULE DL	5	PA,QL(14 per 28 days)
GLASSIA 20 MG/ML (2 %) SOLUTION DL	5	PA
glycerol phenylbutyrate 1.1 gram/ml LIQUID DL	5	PA,QL(525 per 30 days)
HARLIKU 2 MG TABLET DL	5	PA
javygtor 100 mg TABLET, SOLUBLE DL	5	PA
javygtor 100 mg, 500 mg POWDER IN PACKET DL	5	PA
JOENJA 40 MG, 50 MG, 70 MG TABLET DL	5	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION DL	5	PA
KEVEYIS 50 MG TABLET DL	5	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE DL	5	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET DL	5	PA
KYGEVVI 4 GRAM POWDER IN PACKET DL	5	PA
LAMZEDE 10 MG RECON SOLUTION DL	5	PA
LOARGYS 5 MG/ML SOLUTION DL	5	PA
LUMIZYME 50 MG RECON SOLUTION DL	5	PA
MEPSEVII 2 MG/ML SOLUTION DL	5	PA
miglustat 100 mg CAPSULE DL	5	PA,QL(90 per 30 days)
MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE DL	5	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION DL	5	PA
NEXVIAZYME 100 MG RECON SOLUTION DL	5	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE DL	5	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	5	
NULIBRY 9.5 MG RECON SOLUTION DL	5	PA
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET DL	5	PA
ONPATTRO 2 MG/ML SOLUTION DL	5	PA
OPFOLDA 65 MG CAPSULE MO	4	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	5	
ORFADIN 4 MG/ML SUSPENSION DL	5	
ormalvi 50 mg TABLET DL	5	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE DL	5	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE DL	5	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE DL	5	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PANCREAZE 10,500-35,500- 61,500 UNIT, 2,600-8,800- 15,200 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC MO	4	ST
PANCREAZE 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC DL	5	ST
PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC DL	5	ST
PHEBURANE 483 MG/GRAM GRANULES DL	5	
POMBILITI 105 MG RECON SOLUTION DL	5	PA
PROCYSBI 25 MG CAPSULE, DR SPRINKLE DL	5	PA,QL(120 per 30 days)
PROCYSBI 300 MG DR GRANULES IN PACKET DL	5	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE, DR SPRINKLE DL	5	PA,QL(780 per 30 days)
PROCYSBI 75 MG DR GRANULES IN PACKET DL	5	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	5	PA
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	5	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID DL	5	PA,QL(525 per 30 days)
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	5	PA
sapropterin 100 mg TABLET, SOLUBLE DL	5	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	5	PA
SEPHIENCE 1,000 MG, 250 MG POWDER IN PACKET DL	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	5	
sodium phenylbutyrate 500 mg TABLET DL	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	5	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	5	PA
VIJOICE 125 MG, 50 MG TABLET DL	5	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET DL	5	PA,QL(56 per 28 days)
VIJOICE 50 MG GRANULES IN PACKET DL	5	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET DL	5	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
VPRIV 400 UNIT RECON SOLUTION DL	5	PA
VYNDAMAX 61 MG CAPSULE DL	5	PA,QL(30 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(0.8 per 28 days)
WAINUA 45 MG/0.8 ML SYRINGE DL	5	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	5	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	5	PA
yargesa 100 mg CAPSULE DL	5	PA,QL(90 per 30 days)
YUUIWEL 1.3 MG, 2.8 MG, 5.5 MG RECON SOLUTION DL	5	PA
ZAVESCA 100 MG CAPSULE DL	5	PA,QL(90 per 30 days)
zelvysia 100 mg, 500 mg POWDER IN PACKET DL	5	PA
ZEMAIRA 1,000 MG RECON SOLUTION DL	5	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	5	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC MO	4	
ZOKINVY 50 MG, 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. MO	1	
AVODART 0.5 MG CAPSULE MO	4	QL(30 per 30 days)
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	2	
CIALIS 5 MG TABLET MO	4	PA
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	4	QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. MO	4	QL(30 per 30 days)
dutasteride 0.5 mg CAPSULE MO	1	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO	2	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
finasteride 5 mg TABLET MO	1	QL(30 per 30 days)
flavoxate 100 mg TABLET MO	2	
FLOMAX 0.4 MG CAPSULE MO	4	
GEMTESA 75 MG TABLET MO	4	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. MO	4	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	3	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET MO	2	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxybutynin chloride 5 mg/5 ml SYRUP MO	2	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
PROSCAR 5 MG TABLET MO	4	QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MO	4	QL(30 per 30 days)
silodosin 4 mg, 8 mg CAPSULE MO	2	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
tadalafil 2.5 mg, 5 mg TABLET MO	2	PA
tamsulosin 0.4 mg CAPSULE MO	2	
THIOLA 100 MG TABLET DL	5	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC DL	5	
tiopronin 100 mg TABLET DL	5	
tiopronin 100 mg, 300 mg TABLET, DR/EC DL	5	
tolterodine 1 mg, 2 mg TABLET MO	2	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
tropium 20 mg TABLET MO	2	
tropium 60 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. MO	4	
venxiva 100 mg, 300 mg TABLET, DR/EC DL	5	
VESICARE 10 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION MO	4	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL DL	5	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR DL	5	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION DL	5	PA,QL(225 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE DL	5	PA
betamethasone acet,sod phos 6 mg/ml SUSPENSION MO	2	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION MO	4	
CORTROPHIN GEL 40 UNIT/0.5 ML SYRINGE DL	5	PA,QL(45 per 30 days)
CORTROPHIN GEL 80 UNIT/ML GEL DL	5	PA,QL(30 per 30 days)
CORTROPHIN GEL 80 UNIT/ML SYRINGE DL	5	PA,QL(30 per 30 days)
deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET DL	5	PA
deflazacort 22.75 mg/ml SUSPENSION DL	5	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION MO	4	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET MO	2	
dexamethasone 0.5 mg/5 ml ELIXIR MO	2	
dexamethasone 0.5 mg/5 ml SOLUTION MO	2	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK MO	2	
dexamethasone intensol 1 mg/ml DROPS MO	2	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION MO	2	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE MO	2	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION MO	2	
dexamethasone sodium phosphate 4 mg/ml SYRINGE MO	2	
dexlyt 0.25 mg TABLET DL	5	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	5	PA
EMFLAZA 22.75 MG/ML SUSPENSION DL	5	PA
fludrocortisone 0.1 mg TABLET MO	2	
HEMADY 20 MG TABLET MO	4	PA,QL(24 per 28 days)
hydrocortisone acetate 2.5 % CREAM W/PERINEAL APPLICATOR DL	5	
hydrocortisone sod succinate 100 mg RECON SOLUTION MO	2	
jaythari 18 mg, 30 mg, 36 mg, 6 mg TABLET DL	5	PA
jaythari 22.75 mg/ml SUSPENSION DL	5	PA
KENALOG 0.147 MG/GRAM AEROSOL MO	4	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION MO	4	
KENALOG-80 80 MG/ML SUSPENSION MO	4	
KHINDIVI 1 MG/ML SOLUTION DL	5	PA
kymbee 18 mg, 30 mg, 36 mg, 6 mg TABLET DL	5	PA
kymbee 22.75 mg/ml SUSPENSION DL	5	PA
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET MO	4	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK MO	4	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET MO	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK MO	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION MO	2	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION MO	2	
micort-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	2	
millipred 5 mg TABLET MO	2	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING MO	4	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION MO	4	
prednisolone 15 mg/5 ml SOLUTION MO	2	
prednisolone 5 mg TABLET MO	2	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING MO	2	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION MO	2	
prednisone 1 mg, 2 mg, 5 mg TABLET, DR/EC DL	5	PA
prednisone 1 mg, 2.5 mg, 50 mg TABLET MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK MO	2	
prednisone 5 mg/5 ml SOLUTION MO	2	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	2	BvsD
pyquvi 22.75 mg/ml SUSPENSION DL	5	PA
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC DL	5	PA
SOLU-CORTEF 100 MG RECON SOLUTION MO	4	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION MO	4	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION MO	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION MO	4	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK MO	2	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT MO	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM MO	1	
triamcinolone acetonide 0.1 % CREAM MO	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL MO	2	QL(200 per 30 days)
triamcinolone acetonide 10 mg/ml, 40 mg/ml SUSPENSION MO	2	
trianex 0.05 % OINTMENT MO	2	
triderm 0.1 %, 0.5 % CREAM MO	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	2	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK MO	2	
ZILRETTA 32 MG SUSPENSION, ER, RECON MO	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	4	PA
DDAVP 0.1 MG TABLET MO	4	
DDAVP 0.2 MG TABLET DL	5	
DDAVP 4 MCG/ML SOLUTION MO	4	
DESMODA 0.05 MG/ML SOLUTION DL	5	PA
desmopressin 0.1 mg, 0.2 mg TABLET MO	2	
desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP MO	2	PA,QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL MO	2	PA,QL(25 per 30 days)
desmopressin 4 mcg/ml SOLUTION DL	5	
EGRIFTA SV 2 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
EGRIFTA WR 11.6 MG KIT DL	5	PA,QL(1 per 28 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE DL	5	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SYRINGE DL	5	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE DL	5	PA
INCRELEX 10 MG/ML SOLUTION DL	5	PA
ISTURISA 1 MG TABLET DL	5	PA,QL(240 per 30 days)
ISTURISA 5 MG TABLET DL	5	PA,QL(360 per 30 days)
NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR DL	5	PA
NOC DURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
NOC DURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	5	PA
NOVAREL 5,000 UNIT RECON SOLUTION MO	4	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR DL	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	5	PA
PREGNYL 10,000 UNIT RECON SOLUTION MO	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION DL	5	PA,QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE DL	5	PA,QL(4 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE DL	5	PA,QL(8 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	5	PA,QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION DL	5	PA
ZOMACTON 5 MG RECON SOLUTION DL	5	PA,QL(28 per 28 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
carboprost tromethamine 250 mcg/ml SOLUTION MO	2	
carboprost tromethamine 250 mcg/ml SYRINGE MO	2	
HEMABATE 250 MCG/ML SOLUTION MO	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET MO	2	
abigale lo 0.5-0.1 mg TABLET MO	2	
ACTIVELLA 1-0.5 MG TABLET MO	4	
afirmelle 0.1-20 mg-mcg TABLET MO	1	
altavera (28) 0.15-0.03 mg TABLET MO	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET MO	1	
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP DL	5	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET MO	4	
ANNOVERA 0.15-0.013 MG/24 HOUR RING MO	4	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET MO	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET MO	1	
aubra eq 0.1-20 mg-mcg TABLET MO	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVERI 0.15 MG-0.03 MG (21)/36.5 MG(7) TABLET MO	2	
aviane 0.1-20 mg-mcg TABLET MO	1	
ayuna 0.15-0.03 mg TABLET MO	1	
AZMIRO 200 MG/ML SYRINGE MO	4	PA
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET MO	4	
balziva (28) 0.4-35 mg-mcg TABLET MO	1	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET MO	4	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE MO	4	QL(30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
briellyn 0.4-35 mg-mcg TABLET MO	1	
camila 0.35 mg TABLET MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	2	
chateal eq (28) 0.15-0.03 mg TABLET MO	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, WEEKLY MO	4	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY MO	4	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET MO	2	
CRENESSITY 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
CRENESSITY 25 MG, 50 MG CAPSULE DL	5	PA,QL(90 per 30 days)
CRENESSITY 50 MG/ML SOLUTION DL	5	PA,QL(240 per 30 days)
CRINONE 4 %, 8 % GEL MO	4	
cryselle (28) 0.3-30 mg-mcg TABLET MO	1	
cyred 0.15-0.03 mg TABLET MO	1	
cyred eq 0.15-0.03 mg TABLET MO	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	2	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
deblitane 0.35 mg TABLET MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL MO	4	
DEPO-ESTRADIOL 5 MG/ML OIL MO	2	
DEPO-PROVERA 150 MG/ML SUSPENSION MO	4	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE MO	4	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	3	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL MO	2	PA
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET MO	4	
dolishale 90-20 mcg (28) TABLET MO	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	2	QL(8 per 28 days)
drospirenone-e.estradiol-lm.f.a 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET MO	2	
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	1	
DUAVEE 0.45-20 MG TABLET MO	4	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP MO	4	QL(52 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	1	
eluryng 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
emzahh 0.35 mg TABLET MO	1	
ENDOMETRIN 100 MG INSERT MO	4	
enilloring 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
enskyce 0.15-0.03 mg TABLET MO	1	
errin 0.35 mg TABLET MO	1	
estarylla 0.25-0.035 mg TABLET MO	1	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM MO	4	
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	2	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	1	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	2	QL(8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET MO	2	
estradiol 0.5 mg, 1 mg, 2 mg TABLET MO	1	
estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP MO	2	
estradiol 10 mcg TABLET MO	2	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	2	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	2	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	1	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL MO	4	
EVISTA 60 MG TABLET MO	4	QL(30 per 30 days)
falmina (28) 0.1-20 mg-mcg TABLET MO	1	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	4	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING MO	4	QL(1 per 90 days)
finzala 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	2	
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET MO	2	
galbriela 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	2	
gallifrey 5 mg TABLET MO	2	
gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	2	
GWYN LO 220-20 MCG/24 HR PATCH, WEEKLY MO	3	QL(3 per 28 days)
hailey 1.5-30 mg-mcg TABLET MO	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
haloette 0.12-0.015 mg/24 hr RING MO	2	QL(1 per 28 days)
heather 0.35 mg TABLET MO	1	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT MO	4	PA,QL(8 per 28 days)
IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK MO	4	PA,QL(18 per 28 days)
incassia 0.35 mg TABLET MO	1	
INTRAROSA 6.5 MG INSERT MO	4	PA
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	1	
JATENZO 158 MG, 198 MG CAPSULE MO	4	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE MO	4	PA,QL(60 per 30 days)
jencycla 0.35 mg TABLET MO	1	
jinteli 1-5 mg-mcg TABLET MO	2	
jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	2	
juleber 0.15-0.03 mg TABLET MO	1	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	2	
kalliga 0.15-0.03 mg TABLET MO	1	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	1	
kelnor 1/50 (28) 1-50 mg-mcg TABLET MO	1	
kurvelo (28) 0.15-0.03 mg TABLET MO	1	
KYZATREX 150 MG, 200 MG CAPSULE MO	4	PA,QL(120 per 30 days)
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
l norgest/e.estradiol-e.estrad 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
LAYOLIS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET MO	4	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	1	
lessina 0.1-20 mg-mcg TABLET MO	1	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
mili 0.25-0.035 mg TABLET MO	1	
mimvey 1-0.5 mg TABLET MO	2	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
minzoya 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	2	
mono-lynyah 0.25-0.035 mg TABLET MO	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	1	
NEXPLANON 68 MG IMPLANT MO	3	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET MO	4	
nikki (28) 3-0.02 mg TABLET MO	1	
NORA-BE 0.35 MG TABLET MO	1	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY MO	2	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	1	
noreth-ethinyl estradiol-iron 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	2	
norethindrone (contraceptive) 0.35 mg TABLET MO	1	
norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET MO	2	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET MO	1	
norethindrone acetate 5 mg TABLET MO	2	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	2	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	2	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET MO	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
NUVARING 0.12-0.015 MG/24 HR RING MO	4	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
ocella 3-0.03 mg TABLET MO	1	
orquidea 0.35 mg TABLET MO	1	
OSPHENA 60 MG TABLET MO	3	PA
philith 0.4-35 mg-mcg TABLET MO	1	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
portia 28 0.15-0.03 mg TABLET MO	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	PA
PREMARIN 0.625 MG/GRAM CREAM MO	3	
PREMARIN 25 MG RECON SOLUTION MO	4	
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET MO	4	
PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET MO	4	
progesterone 50 mg/ml OIL MO	2	
progesterone micronized 100 mg INSERT MO	2	
progesterone micronized 100 mg, 200 mg CAPSULE MO	1	
PROMETRIUM 100 MG, 200 MG CAPSULE MO	4	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	4	
raloxifene 60 mg TABLET MO	2	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	1	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
rosyrah 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET MO	4	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
SLYND 4 MG (28) TABLET MO	4	
sprintec (28) 0.25-0.035 mg TABLET MO	1	
sronyx 0.1-20 mg-mcg TABLET MO	1	
syeda 3-0.03 mg TABLET MO	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TESTIM 50 MG/5 GRAM (1 %) GEL MO	4	PA,QL(300 per 30 days)
testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET MO	2	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	2	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO	2	PA,QL(150 per 30 days)
testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP MO	2	PA,QL(120 per 30 days)
testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP MO	2	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	2	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP MO	4	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) GEL MO	4	PA,QL(300 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	2	PA
testosterone enanthate 200 mg/ml OIL MO	2	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
TLANDO 112.5 MG CAPSULE MO	4	PA,QL(120 per 30 days)
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
tri-lynyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	1	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET MO	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
tulana 0.35 mg TABLET MO	1	
turqoz (28) 0.3-30 mg-mcg TABLET MO	1	
TWIRLA 120-30 MCG/24 HR PATCH, WEEKLY MO	3	QL(3 per 28 days)
TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET MO	4	
tydemy 3-0.03-0.451 mg (21) (7) TABLET MO	2	
UNDECATREX 200 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VAGIFEM 10 MCG TABLET MO	4	
valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	1	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	1	
vestura (28) 3-0.02 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vienva 0.1-20 mg-mcg TABLET MO	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET MO	4	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP MO	4	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL MO	4	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	1	
vylibra 0.25-0.035 mg TABLET MO	1	
wera (28) 0.5-35 mg-mcg TABLET MO	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	1	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	2	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR MO	4	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET MO	4	
YAZ (28) 3-0.02 MG TABLET MO	4	
yuvaferm 10 mcg TABLET MO	2	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	2	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	1	
zumandimine (28) 3-0.03 mg TABLET MO	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	4	
ERMEZA 30 MCG/ML SOLUTION MO	4	PA
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
levothyroxine 100 mcg RECON SOLUTION MO	2	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE MO	2	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET MO	1	
levothyroxine 100 mcg/ml SOLUTION	5	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 20 mcg/ml, 40 mcg/ml SOLUTION MO	2	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION DL	5	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
liomny 25 mcg, 5 mcg, 50 mcg TABLET MO	2	
liothyronine 10 mcg/ml SOLUTION MO	2	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
THYQUIDITY 20 MCG/ML SOLUTION MO	4	PA
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE MO	4	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION MO	4	PA
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
BYNFEZIA 7,000 MCG/2.8ML (2,500 MCG/ML) PEN INJECTOR DL	5	PA
cabergoline 0.5 mg TABLET MO	2	
CAMCEVI (6 MONTH) 42 MG SYRINGE MO	4	PA,QL(1 per 180 days)
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	4	PA
FENSOLVI 45 MG SYRINGE	5	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	4	PA
lanreotide 120 mg/0.5 ml SYRINGE DL	5	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE DL	5	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE DL	5	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT MO	2	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1 per 90 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT 3.75 MG SYRINGE KIT	5	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT	5	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT DL	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC DL	5	PA,QL(112 per 28 days)
MYFEMBREE 40-1-0.5 MG TABLET DL	5	QL(28 per 28 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION MO	2	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	2	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON DL	5	PA
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL DL	5	QL(56 per 28 days)
ORILISSA 150 MG TABLET DL	5	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET DL	5	PA,QL(56 per 28 days)
PALSONIFY 20 MG TABLET DL	5	PA,QL(90 per 30 days)
PALSONIFY 30 MG TABLET DL	5	PA,QL(120 per 30 days)
RECORLEV 150 MG TABLET DL	5	PA,QL(240 per 30 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION DL	5	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	5	PA,QL(60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE DL	5	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	5	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	4	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	5	PA,QL(1 per 168 days)
VABRINTY (1 MONTH) 7.5 MG (1 MONTH) SYRINGE DL	5	PA
VABRINTY (3 MONTH) 22.5 MG SYRINGE	5	PA
VABRINTY (4 MONTH) 30 MG SYRINGE	5	PA
VABRINTY (6 MONTH) 45 MG SYRINGE	5	PA
ZOLADEX 10.8 MG IMPLANT MO	4	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	4	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET MO	1	
propylthiouracil 50 mg TABLET MO	2	
IMMUNOLOGICAL AGENTS		
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION AV,DL	1	
ACTEMRA 162 MG/0.9 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML PEN INJECTOR DL	5	PA,QL(3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION DL	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION AV,DL	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE AV,DL	1	
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION DL	5	PA
ANDEMBRY AUTOINJECTOR 200 MG/1.2 ML AUTO-INJECTOR DL	5	PA
ARAVA 10 MG, 20 MG TABLET DL	5	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARCALYST 220 MG RECON SOLUTION DL	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
ASCENIV 10 % SOLUTION DL	5	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. MO	4	BvsD
ATGAM 50 MG/ML SOLUTION DL	5	PA
<i>auranofin</i> 3 mg CAPSULE DL	5	
AVSOLA 100 MG RECON SOLUTION DL	5	PA
AZASAN 100 MG, 75 MG TABLET MO	2	BvsD
<i>azathioprine</i> 100 mg, 50 mg, 75 mg TABLET MO	2	BvsD
<i>azathioprine sodium</i> 100 mg RECON SOLUTION MO	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION AV,DL	1	
BENLYSTA 120 MG RECON SOLUTION DL	5	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT DL	5	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION DL	5	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
BESREMI PEN 500 MCG/0.5 ML PEN INJECTOR DL	5	PA,QL(1 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE AV,DL	1	
BIMZELX 160 MG/ML, 320 MG/2 ML SYRINGE DL	5	PA,QL(4 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML, 320 MG/2 ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
BIVIGAM 10 % SOLUTION DL	5	PA
BKEMV 300 MG/30 ML SOLUTION DL	5	PA
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	BvsD
CELLCEPT 250 MG CAPSULE DL	5	BvsD
CELLCEPT 500 MG TABLET DL	5	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	4	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT DL	5	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	5	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT DL	5	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	5	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION DL	5	PA,QL(20 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COSENTYX 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION DL	5	PA
COSENTYX 75 MG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION DL	5	PA
cyclosporine 100 mg, 25 mg CAPSULE MO	2	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO	2	BvsD
cyclosporine modified 100 mg/ml SOLUTION MO	2	BvsD
CYTOGAM 50 MG/ML SOLUTION DL	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DAWNZERA 80 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(0.8 per 28 days)
DENGIVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
EKTERLY 300 MG TABLET DL	5	PA,QL(12 per 30 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION AV,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
ENJAYMO 50 MG/ML SOLUTION DL	5	PA
ENTYVIO 300 MG RECON SOLUTION	5	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR DL	5	PA,QL(1.36 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. MO	4	PA
EPYSQLI 300 MG/30 ML SOLUTION DL	5	PA
everolimus (immunosuppressive) 0.25 mg TABLET MO	2	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET DL	5	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET DL	5	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE DL	5	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE DL	5	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION DL	5	PA
GAMASTAN 15-18 % RANGE SOLUTION MO	4	PA
GAMIFANT 5 MG/ML SOLUTION DL	5	PA
GAMMAGARD LIQUID 10 % SOLUTION DL	5	PA
GAMMAGARD LIQUID ERC 10 % SOLUTION DL	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION DL	5	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	5	PA
GAMMAPLEX 10 % SOLUTION DL	5	PA
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION DL	5	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	5	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
gengraf 100 mg, 25 mg CAPSULE MO	2	BvsD
gengraf 100 mg/ml SOLUTION MO	2	BvsD
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	5	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE AV,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	5	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE DL	5	PA
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML SOLUTION DL	5	BvsD
HYPERTET (PF) 250 UNIT/ML SYRINGE DL	4	BvsD
<i>icatibant</i> 30 mg/3 ml SYRINGE DL	5	PA,QL(18 per 30 days)
ILUMYA 100 MG/ML SYRINGE	5	PA,QL(6 per 365 days)
IMAAVY 185 MG/ML SOLUTION DL	5	PA
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION DL	4	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION AV,DL	1	BvsD
IMURAN 50 MG TABLET MO	4	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	1	
INFLECTRA 100 MG RECON SOLUTION DL	5	PA
INFLIXIMAB 100 MG RECON SOLUTION DL	5	PA
IPOLE 40-8-32 UNIT/0.5 ML SUSPENSION AV,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE AV,DL	1	
JYLAMVO 2 MG/ML SOLUTION MO	4	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION AV,DL	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION DL	5	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE DL	5	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SYRINGE DL	5	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	1	
<i>leflunomide</i> 10 mg, 20 mg TABLET MO	2	QL(30 per 30 days)
LEQSELVI 8 MG TABLET DL	5	PA,QL(60 per 30 days)
LISRAYA 30 MG TABLET DL	5	PA,QL(30 per 30 days)
LITFULO 50 MG CAPSULE DL	5	PA,QL(28 per 28 days)
LUPKYNIS 7.9 MG CAPSULE DL	5	PA,QL(180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION AV,DL	1	
<i>methotrexate sodium</i> 2.5 mg TABLET MO	2	BvsD
<i>methotrexate sodium</i> 25 mg/ml SOLUTION MO	1	
<i>methotrexate sodium (pf)</i> 1 gram RECON SOLUTION MO	2	
<i>methotrexate sodium (pf)</i> 25 mg/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONJUVI 200 MG RECON SOLUTION DL	5	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	2	BvsD
mycophenolate mofetil 250 mg CAPSULE MO	2	BvsD
mycophenolate mofetil 500 mg TABLET MO	2	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	2	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	2	BvsD
MYFORTIC 180 MG, 360 MG TABLET, DR/EC MO	4	BvsD
MYHIBBIN 200 MG/ML SUSPENSION DL	5	BvsD
NEMLUVIO 30 MG PEN INJECTOR DL	5	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE MO	4	BvsD
NEORAL 100 MG/ML SOLUTION MO	4	BvsD
NIKTIMVO 10 MG/ML, 50 MG/ML SOLUTION DL	5	PA
OCTAGAM 10 %, 5 % SOLUTION DL	5	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET DL	5	PA,QL(30 per 30 days)
OMLYCLO 150 MG/ML, 300 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
OMLYCLO 75 MG/0.5 ML SYRINGE DL	5	PA,QL(4 per 28 days)
OMVOH 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) SYRINGE DL	5	PA,QL(3 per 28 days)
OMVOH 200 MG/2 ML SYRINGE	5	PA,QL(3 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION DL	5	PA
OMVOH PEN 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) PEN INJECTOR DL	5	PA,QL(3 per 28 days)
OMVOH PEN 200 MG/2 ML PEN INJECTOR	5	PA,QL(3 per 28 days)
ORENCIA 125 MG/ML SYRINGE DL	5	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SYRINGE DL	5	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE DL	5	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
ORLADEYO 108 MG, 132 MG, 72 MG, 96 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE DL	5	PA,QL(28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR MO	4	PA,QL(1.6 per 28 days)
OTULFI 130 MG/26 ML SOLUTION DL	5	PA,QL(104 per 30 days)
OTULFI 45 MG/0.5 ML SOLUTION MO	3	PA,QL(1.5 per 84 days)
OTULFI 45 MG/0.5 ML SYRINGE MO	3	PA,QL(1.5 per 84 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTULFI 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
PANZYGA 10 % SOLUTION DL	5	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	5	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT AV,DL	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT DL	1	
PIASKY 340 MG/2 ML (170 MG/ML) SOLUTION DL	5	PA
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
PRIVIGEN 10 % SOLUTION DL	5	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	4	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	4	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
QIVIGY 10 % SOLUTION DL	5	PA
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION AV,DL	1	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR MO	4	QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR MO	4	QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR MO	4	QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR MO	4	QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR MO	4	QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR MO	4	QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR MO	4	QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR MO	4	QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR MO	4	QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
REMICADE 100 MG RECON SOLUTION DL	5	PA
RENFLXIS 100 MG RECON SOLUTION DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REZUROCK 200 MG TABLET DL	5	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	4	
RIDAURA 3 MG CAPSULE DL	5	
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	5	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	5	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
RUCONEST 2,100 UNIT RECON SOLUTION DL	5	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION DL	5	PA
<i>sajazir 30 mg/3 ml SYRINGE</i> DL	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	4	BvsD
SAPHNELO 120 MG/0.8 ML SYRINGE DL	5	PA,QL(3.2 per 28 days)
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION DL	5	PA,QL(2 per 28 days)
SAPHNELO PEN 120 MG/0.8 ML AUTO-INJECTOR DL	5	PA,QL(3.2 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
SHINGRIX (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
SILIQ 210 MG/1.5 ML SYRINGE DL	5	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR DL	5	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE DL	5	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR DL	5	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION DL	5	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION DL	5	BvsD
<i>sirolimus 0.5 mg, 1 mg, 2 mg TABLET</i> MO	2	BvsD
<i>sirolimus 1 mg/ml SOLUTION</i> MO	2	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(16.8 per 365 days)
SKYRIZI 55 MG/0.37 ML SYRINGE	5	PA,QL(0.74 per 84 days)
SKYRIZI 60 MG/ML SOLUTION DL	5	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION DL	5	PA
SOTYKTU 6 MG TABLET DL	5	PA,QL(30 per 30 days)
SPEVIGO 150 MG/ML, 300 MG/2 ML SYRINGE DL	5	PA,QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPEVIGO 60 MG/ML SOLUTION DL	5	PA,QL(30 per 84 days)
STELARA 130 MG/26 ML SOLUTION DL	5	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	5	PA
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE MO	2	BvsD
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR. MO	2	BvsD
TAKHZYRO 150 MG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE DL	5	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE DL	5	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE DL	5	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE AV,DL	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR DL	5	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE DL	5	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION MO	4	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE AV,DL	1	
<i>tofacitinib</i> 1 mg/ml SOLUTION DL	5	PA,QL(300 per 30 days)
<i>tofacitinib</i> 10 mg, 5 mg TABLET MO	2	PA,QL(60 per 30 days)
<i>tofacitinib</i> 11 mg, 22 mg TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
TREMFYA 100 MG/ML SYRINGE	5	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	5	PA,QL(4 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION DL	5	PA,QL(120 per 365 days)
TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	5	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR DL	5	PA,QL(4 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	2	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	
TRUTAKNA 150 MG/ML AUTO-INJECTOR DL	5	PA,QL(4 per 28 days)
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE AV,DL	1	
TYENNE 162 MG/0.9 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR DL	5	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE AV,DL	1	
ULTOMIRIS 100 MG/ML SOLUTION	5	PA
UPLIZNA 10 MG/ML SOLUTION DL	5	PA,QL(120 per 365 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	5	QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION AV,MO	1	
VELSIPITY 2 MG TABLET DL	5	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION DL	5	PA
VIMKUNYA (PF) 40 MCG/0.8 ML SYRINGE AV,DL	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC AV,MO	1	
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	5	QL(180 per 30 days)
VOYXACT 400 MG/2 ML (200 MG/ML) SYRINGE DL	5	PA,QL(2 per 28 days)
XATMEP 2.5 MG/ML SOLUTION MO	4	PA
XELJANZ 1 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
XELJANZ 10 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	5	PA
XOLAIR 150 MG RECON SOLUTION DL	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	5	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	5	PA,QL(4 per 28 days)
YESINTEK 130 MG/26 ML SOLUTION DL	5	PA,QL(104 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YESINTEK 45 MG/0.5 ML SOLUTION MO	3	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE MO	3	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
YIMMUGO 10 % SOLUTION DL	5	PA
ZILBRYSQ 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML SYRINGE DL	5	PA
ZORTRESS 0.25 MG TABLET MO	4	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	5	BvsD,QL(120 per 30 days)
ZORTRESS 0.75 MG, 1 MG TABLET DL	5	BvsD,QL(60 per 30 days)
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT DL	5	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. MO	4	ST,QL(120 per 30 days)
AZULFIDINE 500 MG TABLET MO	4	
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC MO	4	
balsalazide 750 mg CAPSULE MO	2	
budesonide 2 mg/actuation FOAM MO	2	PA
budesonide 3 mg CAPSULE, DR/EC MO	2	
budesonide 9 mg TABLET, DR/ER MO	2	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY DL	5	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE DL	5	
CORTENEMA 100 MG/60 ML ENEMA MO	4	
CORTIFOAM 10 % (80 MG) FOAM MO	4	
DIPENTUM 250 MG CAPSULE DL	5	ST,QL(120 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA MO	2	
LIALDA 1.2 GRAM TABLET, DR/EC MO	4	ST,QL(120 per 30 days)
mesalamine 0.375 gram CAPSULE, ER 24 HR. MO	2	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY MO	2	QL(30 per 30 days)
mesalamine 1.2 gram TABLET, DR/EC MO	2	ST,QL(120 per 30 days)
mesalamine 250 mg CAPSULE, ER MO	2	ST,QL(150 per 30 days)
mesalamine 4 gram/60 ml ENEMA MO	2	QL(1800 per 30 days)
mesalamine 400 mg CAPSULE (WITH DR TABLETS) MO	2	ST,QL(180 per 30 days)
mesalamine 500 mg CAPSULE, ER MO	2	ST,QL(300 per 30 days)
mesalamine 800 mg TABLET, DR/EC MO	2	ST,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PENTASA 250 MG CAPSULE, ER MO	4	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER MO	4	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM MO	2	
ROWASA 4 GRAM/60 ML ENEMA MO	4	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	4	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET MO	1	
sulfasalazine 500 mg TABLET, DR/EC MO	2	
TARPEYO 4 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM MO	4	PA
UCERIS 9 MG TABLET, DR/ER	5	PA,QL(30 per 30 days)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET MO	4	QL(1 per 30 days)
ACTONEL 35 MG TABLET MO	4	QL(4 per 28 days)
alendronate 10 mg TABLET MO	1	QL(30 per 30 days)
alendronate 35 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION MO	2	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC MO	4	QL(4 per 28 days)
BILDYOS 60 MG/ML SYRINGE MO	4	PA,QL(1 per 180 days)
BINOSTO 70 MG TABLET, EFFERVESCENT MO	4	ST,QL(4 per 28 days)
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	5	PA,QL(1.7 per 28 days)
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SYRINGE DL	5	PA,QL(1.7 per 28 days)
BOSAYA 60 MG/ML SYRINGE MO	4	PA,QL(1 per 180 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO	2	QL(3.7 per 28 days)
calcitonin (salmon) 200 unit/ml SOLUTION DL	5	
calcitriol 0.25 mcg, 0.5 mcg CAPSULE MO	2	
calcitriol 1 mcg/ml SOLUTION MO	2	
cinacalcet 30 mg, 60 mg TABLET MO	2	QL(60 per 30 days)
cinacalcet 90 mg TABLET MO	2	QL(120 per 30 days)
CONEXXENCE 60 MG/ML SYRINGE MO	4	PA,QL(1 per 180 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE MO	2	
doxercalciferol 4 mcg/2 ml SOLUTION MO	2	
ENOBY 60 MG/ML SYRINGE MO	4	QL(1 per 180 days)
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE DL	5	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR DL	5	PA,QL(2.24 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOSAMAX 70 MG TABLET MO	4	QL(4 per 28 days)
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET MO	4	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION MO	4	
<i>ibandronate</i> 150 mg TABLET MO	2	QL(1 per 28 days)
<i>ibandronate</i> 3 mg/3 ml SOLUTION MO	2	QL(3 per 90 days)
<i>ibandronate</i> 3 mg/3 ml SYRINGE MO	2	QL(3 per 90 days)
JUBBONTI 60 MG/ML SYRINGE MO	4	PA,QL(1 per 180 days)
MIACALCIN 200 UNIT/ML SOLUTION DL	5	
OSPOMYV 60 MG/ML SYRINGE MO	4	PA,QL(1 per 180 days)
OSVYRTI 60 MG/ML SYRINGE MO	4	PA,QL(1 per 180 days)
<i>pamidronate</i> 30 mg/10 ml (3 mg/ml) SOLUTION MO	1	QL(30 per 21 days)
<i>pamidronate</i> 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION MO	1	QL(10 per 21 days)
<i>paricalcitol</i> 1 mcg, 2 mcg, 4 mcg CAPSULE MO	2	
<i>paricalcitol</i> 2 mcg/ml SOLUTION MO	2	QL(24 per 30 days)
<i>paricalcitol</i> 5 mcg/ml SOLUTION MO	2	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE MO	4	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. DL	5	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK MO	4	PA,QL(100 per 365 days)
<i>risedronate</i> 150 mg TABLET MO	2	QL(1 per 30 days)
<i>risedronate</i> 30 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
<i>risedronate</i> 35 mg TABLET MO	2	QL(4 per 28 days)
<i>risedronate</i> 35 mg TABLET, DR/EC MO	2	QL(4 per 28 days)
ROCALTROL 1 MCG/ML SOLUTION MO	4	
SENSIPAR 30 MG TABLET MO	4	QL(60 per 30 days)
SENSIPAR 60 MG TABLET DL	5	QL(60 per 30 days)
SENSIPAR 90 MG TABLET DL	5	QL(120 per 30 days)
STOBOCLO 60 MG/ML SYRINGE MO	4	PA,QL(1 per 180 days)
TERIPARATIDE 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR DL	5	PA,QL(2.24 per 28 days)
<i>teriparatide</i> 20 mcg/dose (560mcg/2.24ml) PEN INJECTOR DL	5	PA,QL(2.24 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	5	PA,QL(1.7 per 28 days)
YORVIPATH 168 MCG/0.56 ML PEN INJECTOR DL	5	PA,QL(1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN INJECTOR DL	5	PA,QL(1.96 per 28 days)
YORVIPATH 420 MCG/1.4 ML PEN INJECTOR DL	5	PA,QL(2.8 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMPLAR 2 MCG/ML SOLUTION DL	5	QL(24 per 30 days)
ZEMPLAR 5 MCG/ML SOLUTION DL	5	QL(48 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO	2	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION MO	2	
zoledronic acid 4 mg/5 ml SOLUTION MO	2	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK MO	2	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) SOLUTION MO	4	
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION MO	2	
acetic acid 0.25 % SOLUTION MO	2	
acetylcysteine 200 mg/ml (20 %) SOLUTION MO	2	
ADAKVEO 10 MG/ML SOLUTION DL	5	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	5	PA
ALCOHOL PADS PADS, MEDICATED MO	1	
ALCOHOL PREP PADS PADS, MEDICATED MO	1	
ALCOHOL SWABS PADS, MEDICATED MO	1	
ALCOHOL WIPES PADS, MEDICATED MO	1	
AMMONUL 10-10 % SOLUTION DL	5	
AQNEURSA 1 GRAM GRANULES IN PACKET DL	5	PA,QL(112 per 28 days)
AUTOJECT 2 INJECTION DEVICE INSULIN PEN MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN MO	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE MO	1	
BD ALCOHOL SWABS PADS, MEDICATED MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE PDS,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE PDS,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE PDS,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE DL	5	
BORDERED GAUZE 2 X 2 " BANDAGE MO	1	
BRINSUPRI 10 MG, 25 MG TABLET DL	5	PA,QL(30 per 30 days)
butalbital-acetaminop-caf-cod 50-300-40-30 mg, 50-325-40-30 mg CAPSULE DL	2	QL(180 per 30 days)
butalbital-acetaminophen 50-300 mg CAPSULE MO	2	QL(180 per 30 days)
butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET MO	2	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE MO	2	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET MO	2	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg/15 ml SOLUTION DL	5	QL(450 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE MO	2	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg TABLET MO	2	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE DL	5	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLET DL	5	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE DL	5	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLET DL	5	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION MO	4	
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION MO	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED MO	1	
EASYLIFE ALCOHOL PADS PADS, MEDICATED MO	1	
edetate calcium disodium 200 mg/ml SOLUTION DL	5	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION DL	5	ST,QL(43.2 per 30 days)
EMPAVELI 1,080 MG/20 ML SOLUTION DL	5	PA,QL(160 per 28 days)
ENFLONSIA 105 MG/0.7 ML SYRINGE MO	4	
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET DL	5	PA
ESGIC 50-325-40 MG CAPSULE MO	2	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET MO	2	QL(180 per 30 days)
FILSPARI 200 MG TABLET DL	5	PA,QL(30 per 30 days)
FILSPARI 400 MG TABLET DL	5	PA,QL(60 per 30 days)
FILSUVEZ 10 % GEL DL	5	PA
fioricet 50-300-40 mg CAPSULE MO	2	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE DL	4	QL(180 per 30 days)
flumazenil 0.1 mg/ml SOLUTION MO	2	
fomepizole 1 gram/ml SOLUTION MO	2	
FORZINITY 80 MG/ML SOLUTION DL	5	PA,QL(15 per 30 days)
GAUZE BANDAGE 2 X 2 " BANDAGE MO	1	
GAUZE PAD 2 X 2 " BANDAGE MO	1	
GIVLAARI 189 MG/ML SOLUTION DL	5	PA
HEPCLUDEX 8.5 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
IGALMI 120 MCG, 180 MCG FILM MO	4	
INCONTROL ALCOHOL PADS PADS, MEDICATED MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
ISEMBYLD 50 MG/ML SOLUTION DL	5	PA
IV PREP WIPES PADS, MEDICATED MO	1	
JOURNAVX 50 MG TABLET MO	4	PA,QL(30 per 180 days)
KORLYM 300 MG TABLET DL	5	PA,QL(120 per 30 days)
lactated ringers SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITHOSTAT 250 MG TABLET MO	4	
LUMVOA 50 MG/ML SOLUTION DL	5	PA
methylergonovine 0.2 mg TABLET DL	5	
methylergonovine 0.2 mg/ml (1 ml) SOLUTION MO	2	
mifepristone 300 mg TABLET DL	5	PA,QL(120 per 30 days)
MIMRYLO 19 MG, 28 MG, 9.5 MG RECON SOLUTION DL	5	PA,QL(4 per 28 days)
MIMRYLO 41 MG, 54 MG RECON SOLUTION DL	5	PA,QL(8 per 28 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD MO	3	
MODD1 PATIENT WELCOME KIT KIT MO	4	PA
MODD1 SUPPLY KIT COMBO PACK MO	4	PA
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION MO	2	
nitroglycerin 0.4 % (w/w) OINTMENT MO	2	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (LIBRE 2/3 PLUS) CARTRIDGE MO	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	3	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) CARTRIDGE MO	3	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	3	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	3	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	3	
OMNIPOD GO PODS CARTRIDGE MO	3	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE MO	3	
OXLUMO 94.5 MG/0.5 ML SOLUTION	5	PA
oxytocin 10 unit/ml SOLUTION MO	2	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE MO	4	
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET MO	4	
PALFORZIA INITIAL (4-17 YRS) 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE MO	4	
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET MO	4	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE PDS,MO	1	
<i>phenazopyridine 100 mg, 200 mg TABLET</i> MO	2	
PHEXX 1.8-1-0.4 % GEL MO	4	QL(60 per 30 days)
PHEXXI 1.8-1-0.4 % GEL MO	4	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION MO	1	
PITOCIN 10 UNIT/ML SOLUTION MO	4	
PIVOT INSULIN PUMP STARTER KIT KIT MO	4	PA
PIVOT SUPPLY KIT COMBO PACK MO	4	PA
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE MO	4	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION DL	5	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PRO-COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
<i>promethazine vc 6.25-5 mg/5 ml SYRUP</i> MO	2	
<i>promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP</i> MO	2	
<i>protamine 10 mg/ml SOLUTION</i> MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PYRIDIUM 100 MG, 200 MG TABLET MO	4	
QUTENZA 8 % KIT DL	5	PA
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION MO	4	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>ribavirin 6 gram RECON SOLUTION</i> DL	5	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIMSO-50 50 % SOLUTION DL	5	
ringer's SOLUTION MO	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE DL	5	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION DL	5	PA
SIKLOS 1,000 MG, 100 MG TABLET MO	4	PA
sodium benzoate-sod phenylacet 10-10 % SOLUTION DL	5	
sodium chloride 0.9 % SOLUTION MO	2	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE DL	5	PA
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION MO	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION DL	5	
tencon 50-325 mg TABLET MO	2	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION DL	5	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED MO	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2" NEEDLE PDS,MO	1	
ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE PDS,MO	1	
ULTRA-FINE SAFETY INSULIN SYRN 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
V-GO 20 DEVICE MO	4	PA
V-GO 30 DEVICE MO	4	PA
V-GO 40 DEVICE MO	4	PA
VANRAFIA 0.75 MG TABLET DL	5	PA,QL(30 per 30 days)
VIRAZOLE 6 GRAM RECON SOLUTION DL	5	BvsD
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL DL	5	PA,QL(10 per 28 days)
VYKAT XR 150 MG, 25 MG, 75 MG TABLET, ER 24 HR. DL	5	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>water for irrigation, sterile SOLUTION</i> MO	2	
WEBCOL PADS, MEDICATED MO	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML PEN INJECTOR DL	3	PA,QL(2 per 28 days)
WEGOVY 1.5 MG, 25 MG, 4 MG, 9 MG TABLET DL	3	PA,QL(30 per 30 days)
WEGOVY 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR DL	3	PA,QL(3 per 28 days)
XDEMVI 0.25 % DROPS MO	4	PA,QL(10 per 42 days)
XROMI 100 MG/ML SOLUTION DL	5	PA
YCANTH 0.7 % SOLUTION W/APPLICATOR DL	5	PA
ZEPBOUND KWIKPEN 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML) PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT DL	5	PA
<i>zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET</i> MO	1	
ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION MO	4	
OPHTHALMIC AGENTS		
ACULAR 0.5 % DROPS MO	4	ST,QL(10 per 30 days)
ACULAR LS 0.4 % DROPS MO	4	ST,QL(10 per 30 days)
ACUVAIL (PF) 0.45 % DROPPERETTE MO	4	ST
ALCAINE 0.5 % DROPS MO	2	
ALOMIDE 0.1 % DROPS MO	4	
ALPHAGAN P 0.1 %, 0.15 % DROPS MO	4	ST
ALREX 0.2 % DROPS, SUSPENSION MO	4	ST
<i>apraclonidine 0.5 % DROPS</i> MO	2	
<i>atropine 1 % DROPS</i> MO	2	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	2	
AZASITE 1 % DROPS MO	4	ST,QL(2.5 per 25 days)
<i>azelastine 0.05 % DROPS</i> MO	2	
AZOPT 1 % DROPS, SUSPENSION MO	4	ST,QL(10 per 28 days)
<i>bacitracin 500 unit/gram OINTMENT</i> MO	2	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT</i> MO	1	
<i>bepotastine besilate 1.5 % DROPS</i> MO	2	QL(5 per 25 days)
BEPREVE 1.5 % DROPS MO	4	QL(5 per 25 days)
<i>besifloxacin 0.6 % DROPS, SUSPENSION</i> MO	4	ST
BESIVANCE 0.6 % DROPS, SUSPENSION MO	4	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betaxolol 0.5 % DROPS MO	2	
BETIMOL 0.25 %, 0.5 % DROPS MO	4	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION MO	4	ST
bimatoprost 0.01 %, 0.03 % DROPS MO	2	QL(2.5 per 25 days)
brimonidine 0.1 %, 0.15 % DROPS MO	2	ST
brimonidine 0.2 % DROPS MO	1	
brimonidine-timolol 0.2-0.5 % DROPS MO	2	
brinzolamide 1 % DROPS, SUSPENSION MO	2	ST,QL(10 per 28 days)
bromfenac 0.07 % DROPS MO	2	ST,QL(3 per 30 days)
bromfenac 0.075 % DROPS MO	2	ST,QL(5 per 30 days)
bromfenac 0.09 % DROPS MO	2	QL(1.7 per 30 days)
BROMSITE 0.075 % DROPS MO	4	ST,QL(5 per 30 days)
BSS SOLUTION MO	4	
BSS PLUS SOLUTION MO	4	
BYQLOVI 0.05 % DROPS, SUSPENSION MO	4	ST
carteolol 1 % DROPS MO	1	
CEQUA 0.09 % DROPPERETTE MO	4	PA,QL(60 per 30 days)
CILOXAN 0.3 % OINTMENT MO	4	
ciprofloxacin hcl 0.3 % DROPS MO	1	
COMBIGAN 0.2-0.5 % DROPS MO	4	PA
COSOPT 22.3-6.8 MG/ML DROPS MO	4	ST
COSOPT (PF) 2-0.5 % DROPPERETTE MO	4	ST,QL(60 per 30 days)
cromolyn 4 % DROPS MO	1	
cyclosporine 0.05 % DROPPERETTE MO	2	QL(60 per 30 days)
CYSTADROPS 0.37 % DROPS DL	5	PA,QL(20 per 28 days)
CYSTARAN 0.44 % DROPS DL	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS MO	2	
DEXTENZA 0.4 MG INSERT MO	4	QL(1 per 30 days)
diclofenac sodium 0.1 % DROPS MO	2	
difluprednate 0.05 % DROPS MO	2	ST
dorzolamide 2 % DROPS MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO	1	
dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE MO	2	QL(60 per 30 days)
DUREZOL 0.05 % DROPS MO	4	ST
ENSPRYNG 120 MG/ML SYRINGE DL	5	PA,QL(2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
epinastine 0.05 % DROPS MO	2	QL(5 per 25 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT MO	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	3	QL(16.6 per 30 days)
FLAREX 0.1 % DROPS, SUSPENSION MO	4	ST
fluorometholone 0.1 % DROPS, SUSPENSION MO	2	
flurbiprofen sodium 0.03 % DROPS MO	2	
FML FORTE 0.25 % DROPS, SUSPENSION MO	4	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION MO	4	ST
gatifloxacin 0.5 % DROPS MO	2	QL(2.5 per 25 days)
gentamicin 0.3 % DROPS MO	1	
ILEVRO 0.3 % DROPS, SUSPENSION MO	3	QL(3 per 30 days)
INVELTYS 1 % DROPS, SUSPENSION MO	4	ST
IOPIDINE 1 % DROPPERETTE MO	4	
ISTALOL 0.5 % DROPS, ONCE DAILY MO	4	
IYUZEH (PF) 0.005 % DROPPERETTE MO	4	ST,QL(30 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS MO	2	QL(10 per 30 days)
latanoprost 0.005 % DROPS MO	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS MO	1	
levofloxacin 0.5 %, 1.5 % DROPS MO	2	
LOTEMAX 0.5 % DROPS, GEL MO	4	ST
LOTEMAX 0.5 % DROPS, SUSPENSION MO	4	ST
LOTEMAX 0.5 % OINTMENT MO	4	ST
LOTEMAX SM 0.38 % DROPS, GEL MO	4	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION MO	2	
loteprednol etabonate 0.5 % DROPS, GEL MO	2	
LUMIGAN 0.01 % DROPS MO	4	PA,QL(2.5 per 25 days)
MAXIDEX 0.1 % DROPS, SUSPENSION MO	4	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % OINTMENT MO	4	
MAXITROL 3.5MG/ML-10,000 UNIT/ML-0.1 % DROPS, SUSPENSION MO	2	
methazolamide 25 mg, 50 mg TABLET MO	2	
MIEBO (PF) 100 % DROPS MO	4	QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION MO	4	
moxifloxacin 0.5 % DROPS MO	2	
moxifloxacin 0.5 % DROPS, VISCOUS MO	2	ST
NATACYN 5 % DROPS, SUSPENSION MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	2	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	2	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	2	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	2	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	2	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	2	
NEVANAC 0.1 % DROPS, SUSPENSION MO	4	ST
OCUFLOX 0.3 % DROPS MO	4	
ofloxacin 0.3 % DROPS MO	2	
OXERVATE 0.002 % DROPS DL	5	PA,QL(112 per 365 days)
PHOSPHOLINE IODIDE 0.125 % DROPS MO	4	
pilocarpine hcl 1 %, 1.25 %, 2 %, 4 % DROPS MO	2	
polycin 500-10,000 unit/gram OINTMENT MO	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	1	
PRED FORTE 1 % DROPS, SUSPENSION MO	4	ST
PRED MILD 0.12 % DROPS, SUSPENSION MO	4	ST
prednisolone acetate 1 % DROPS, SUSPENSION MO	2	
prednisolone sodium phosphate 1 % DROPS MO	2	
PROLENSA 0.07 % DROPS MO	4	ST,QL(3 per 30 days)
proparacaine 0.5 % DROPS MO	2	
RESTASIS 0.05 % DROPPERETTE MO	4	PA,QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	4	PA,QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	3	ST
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	4	
sulfacetamide sodium 10 % DROPS MO	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS MO	2	
tafluprost (pf) 0.0015 % DROPPERETTE MO	4	ST,QL(30 per 30 days)
timolol 0.5 % DROPS MO	2	
timolol maleate 0.25 % DROPS MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	2	
timolol maleate 0.5 % DROPS MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol maleate 0.5 % DROPS, ONCE DAILY MO	2	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE MO	2	
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE MO	4	ST
TOBRADEX 0.3-0.1 % OINTMENT MO	4	
TOBRADEX ST 0.3-0.05 % DROPS, SUSPENSION MO	4	
tobramycin 0.3 % DROPS MO	1	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	2	
tobramycin-lotepred 0.3-0.5 % DROPS, SUSPENSION MO	2	
TOBREX 0.3 % OINTMENT MO	4	
TRAVATAN Z 0.004 % DROPS MO	4	ST,QL(2.5 per 25 days)
travoprost 0.004 % DROPS MO	2	QL(2.5 per 25 days)
trifluridine 1 % DROPS MO	2	
TRYPTYR 0.003 % DROPPERETTE MO	4	QL(60 per 30 days)
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL MO	4	PA,QL(8.4 per 30 days)
VERKAZIA 0.1 % DROPPERETTE DL	5	PA,QL(120 per 30 days)
VEVYE 0.1 % DROPS MO	4	PA,QL(2 per 30 days)
VIGAMOX 0.5 % DROPS MO	4	
VUITY 1.25 % DROPS MO	4	
VYZULTA 0.024 % DROPS MO	4	QL(2.5 per 25 days)
XALATAN 0.005 % DROPS MO	4	QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION MO	4	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE MO	4	PA,QL(60 per 30 days)
ZERVIAE 0.24 % DROPPERETTE MO	4	QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE MO	4	ST,QL(30 per 30 days)
ZOLYMBUS 0.01 % DROPPERETTE, GEL MO	4	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION MO	4	
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION MO	4	
ciprofloxacin hcl 0.2 % DROPPERETTE MO	2	
ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	4	QL(7.5 per 30 days)
ciprofloxacin-hydrocortisone 0.2-1 % DROPS, SUSPENSION MO	2	
CLOTIC 1 % DROPPERETTE DL	5	QL(56 per 28 days)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION MO	4	
DERMOTIC OIL 0.01 % DROPS MO	4	
flac otic oil 0.01 % DROPS MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinolone acetonide oil 0.01 % DROPS MO	2	
hydrocortisone-acetic acid 1-2 % DROPS MO	2	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO	2	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO	2	
ofloxacin 0.3 % DROPS MO	2	
XTORO 0.3 % DROPS, SUSPENSION MO	4	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	4	QL(60 per 30 days)
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	2	BvsD
ADCIRCA 20 MG TABLET DL	5	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	5	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION MO	4	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO	4	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(12 per 30 days)
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	2	
albuterol sulfate 2 mg/5 ml SYRUP MO	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	2	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(18.3 per 28 days)
ALYFTREK 10-50-125 MG TABLET DL	5	PA,QL(56 per 28 days)
ALYFTREK 4-20-50 MG TABLET DL	5	PA,QL(84 per 28 days)
alyq 20 mg TABLET MO	2	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET MO	2	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	2	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE MO	4	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	2	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	4	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	2	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL MO	2	ST,QL(23 per 28 days)
beclomethasone dipropionate 40 mcg/actuation AEROSOL MO	2	ST,QL(8.7 per 30 days)
beclomethasone dipropionate 80 mcg/actuation AEROSOL MO	2	ST,QL(17.4 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER MO	4	PA,QL(10.7 per 30 days)
bosentan 125 mg TABLET DL	5	PA,QL(60 per 30 days)
bosentan 32 mg TABLET FOR SUSPENSION DL	5	PA,QL(120 per 30 days)
bosentan 62.5 mg TABLET MO	2	PA,QL(60 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.7 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE DL	5	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION DL	5	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION MO	2	BvsD
carbinoxamine maleate 4 mg TABLET MO	2	
carbinoxamine maleate 4 mg/5 ml LIQUID MO	2	
carbinoxamine maleate 4 mg/5 ml SUSPENSION, ER 12 HR.	5	
carbinoxamine maleate 6 mg TABLET DL	5	QL(120 per 30 days)
carbzah 4 mg/5 ml LIQUID DL	5	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(84 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cetirizine 1 mg/ml SOLUTION MO	2	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION DL	5	PA
CLARINEX 5 MG TABLET MO	4	QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP DL	5	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET MO	2	
clemasz 2.68 mg TABLET MO	2	
clemsza 2.68 mg TABLET DL	5	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	4	QL(4 per 20 days)
corphena 2 mg/5 ml SOLUTION DL	5	
cromolyn 100 mg/5 ml CONCENTRATE MO	2	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
cyproheptadine 2 mg/5 ml SYRUP MO	2	
cyproheptadine 4 mg TABLET MO	2	
DALIRESP 250 MCG TABLET MO	4	QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	4	QL(30 per 30 days)
desloratadine 0.5 mg/ml SOLUTION DL	5	QL(300 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING MO	2	QL(30 per 30 days)
desloratadine 5 mg TABLET MO	2	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION MO	2	
diphen 12.5 mg/5 ml ELIXIR MO	2	
DIPHEN 12.5 MG/5 ML ELIXIR MO	2	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR MO	2	
diphenhydramine hcl 50 mg/ml SOLUTION MO	2	
diphenhydramine hcl 50 mg/ml SYRINGE MO	2	
DOPRAM 20 MG/ML SOLUTION MO	4	
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	PA,QL(1 per 30 days)
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL MO	4	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR MO	2	
epinephrine 0.1 mg/ml SYRINGE MO	4	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR MO	2	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR MO	4	QL(4 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR MO	4	QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR MO	4	QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR MO	4	QL(4 per 30 days)
epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION DL	5	BvsD
ESBRIET 267 MG CAPSULE DL	5	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET DL	5	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET DL	5	PA,QL(90 per 30 days)
EXDENSUR 100 MG/ML SYRINGE DL	5	PA,QL(1 per 180 days)
FASENRA 10 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE DL	5	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	5	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	2	QL(50 per 30 days)
fluticasone furoate-vilanterol 100-25 mcg/dose, 200-25 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(1 per 30 days)
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE MO	4	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER MO	4	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER MO	4	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION MO	2	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	2	BvsD,QL(120 per 30 days)
GASTROCROM 100 MG/5 ML CONCENTRATE MO	4	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	4	PA,QL(30 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE MO	2	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE MO	4	PA,QL(30 per 30 days)
ipratropium bromide 0.02 % SOLUTION MO	1	BvsD
ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER MO	2	PA,QL(25.8 per 30 days)
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL MO	2	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL MO	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
JASCAYD 18 MG, 9 MG TABLET DL	5	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET DL	5	PA,QL(60 per 30 days)
KARBINAL ER 4 MG/5 ML SUSPENSION, ER 12 HR.	5	
LETAIRIS 10 MG, 5 MG TABLET DL	5	PA,QL(30 per 30 days)
levalbuterol hcl 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER MO	2	ST,QL(30 per 30 days)
levocetirizine 2.5 mg/5 ml SOLUTION MO	2	QL(300 per 30 days)
levocetirizine 5 mg TABLET MO	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION DL	5	PA,QL(180 per 30 days)
macitentan 10 mg TABLET DL	5	PA,QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL MO	2	QL(34 per 30 days)
montelukast 10 mg TABLET MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	2	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET MO	1	QL(30 per 30 days)
NEFFY 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	5	PA,QL(4 per 30 days)
nintedanib 100 mg, 150 mg CAPSULE DL	5	PA,QL(60 per 30 days)
NUCALA 100 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	5	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET MO	4	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION DL	5	PA,QL(150 per 30 days)
olopatadine 0.6 % SPRAY, NON-AEROSOL MO	2	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL MO	4	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET DL	5	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET DL	5	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER DL	5	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER DL	5	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER DL	5	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER DL	5	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER DL	5	PA,QL(150 per 30 days)
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK DL	5	PA,QL(168 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK DL	5	PA,QL(336 per 28 days)
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK DL	5	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	5	PA,QL(112 per 28 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION DL	5	BvsD,QL(120 per 30 days)
pirfenidone 267 mg CAPSULE DL	5	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET DL	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET DL	5	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(2 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	4	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	5	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(10.6 per 30 days)
QUZYTIR 10 MG/ML SOLUTION MO	4	
QVAR REDHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	4	ST,QL(10.6 per 30 days)
QVAR REDHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	4	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	4	PA,QL(30 per 30 days)
REMODULIN 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION DL	5	PA
REVATIO 20 MG TABLET DL	5	PA,QL(360 per 30 days)
roflumilast 250 mcg TABLET MO	2	QL(28 per 365 days)
roflumilast 500 mcg TABLET MO	2	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL MO	4	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION MO	2	
RYVENT 6 MG TABLET MO	2	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE MO	4	PA,QL(60 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(720 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	2	PA,QL(360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SINGULAIR 10 MG TABLET MO	4	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET MO	4	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	4	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
tadalafil (pulm. hypertension) 20 mg TABLET MO	2	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION DL	5	PA,QL(300 per 30 days)
terbutaline 1 mg/ml SOLUTION MO	2	
terbutaline 2.5 mg, 5 mg TABLET MO	2	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. MO	2	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	2	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	2	
theophylline 80 mg/15 ml ELIXIR MO	2	
theophylline 80 mg/15 ml SOLUTION MO	2	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE DL	5	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	5	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION DL	5	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION DL	5	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	4	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	5	PA
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER DL	5	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER DL	5	PA,QL(252 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYVASO DPI 32-64 MCG, 48-64 MCG, 48-80 MCG CARTRIDGE WITH INHALER DL	5	PA,QL(224 per 28 days)
TYVASO DPI 80 MCG CARTRIDGE WITH INHALER DL	5	PA,QL(112 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	5	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	5	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	5	PA
umeclidinium 62.5 mcg/actuation BLISTER WITH DEVICE MO	4	PA,QL(30 per 30 days)
umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE MO	4	PA,QL(60 per 30 days)
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	5	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION DL	5	PA
UPTRAVI 100 MCG, 150 MCG TABLET DL	5	PA,QL(60 per 30 days)
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	5	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION DL	5	BvsD
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	5	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED MO	4	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER MO	4	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(90 per 30 days)
YUTREPIA 106 MCG, 53 MCG, 79.5 MCG CAPSULE, W/INHALATION DEVICE DL	5	PA
YUTREPIA 26.5 MCG CAPSULE, W/INHALATION DEVICE DL	5	PA
zafirlukast 10 mg, 20 mg TABLET MO	2	QL(60 per 30 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE DL	5	QL(120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. DL	5	ST,QL(21 per 30 days)
ATMEKSI 750 MG/5 ML SUSPENSION DL	5	PA
carisoprodol 250 mg TABLET MO	2	ST,QL(120 per 30 days)
carisoprodol 350 mg TABLET MO	2	QL(120 per 30 days)
chlorzoxazone 250 mg TABLET DL	5	ST,QL(120 per 30 days)
chlorzoxazone 375 mg, 750 mg TABLET MO	2	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/Embecta and HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorzoxazone 500 mg TABLET MO	2	
cyclobenzaprine 10 mg, 5 mg TABLET MO	2	
cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR. MO	2	ST,QL(21 per 30 days)
cyclobenzaprine 7.5 mg TABLET MO	2	QL(90 per 30 days)
FEXMID 7.5 MG TABLET MO	2	ST,QL(90 per 30 days)
metaxalone 400 mg, 800 mg TABLET MO	2	ST,QL(120 per 30 days)
METAXALONE 640 MG TABLET DL	5	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET DL	5	PA
methocarbamol 100 mg/ml SOLUTION MO	2	
methocarbamol 500 mg, 750 mg TABLET MO	2	
norgesic 25-385-30 mg TABLET DL	5	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET DL	5	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER MO	2	
orphenadrine citrate 30 mg/ml SOLUTION MO	2	ST
orphenadrine-asa-caffeine 25-385-30 mg TABLET DL	5	PA,QL(240 per 30 days)
orphengesic forte 50-770-60 mg TABLET DL	5	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION DL	5	
SOMA 250 MG, 350 MG TABLET MO	4	ST,QL(120 per 30 days)
tanlor 1,000 mg TABLET DL	5	PA
TONMYA 2.8 MG SUBLINGUAL TABLET DL	5	PA,QL(60 per 30 days)
SLEEP DISORDER AGENTS		
AMBIEN 10 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE MO	4	PA,QL(30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg TABLET MO	2	PA,QL(30 per 30 days)
armodafinil 50 mg TABLET MO	2	PA,QL(60 per 30 days)
BELSOMRA 10 MG TABLET MO	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET MO	4	PA,QL(30 per 30 days)
doxepin 3 mg, 6 mg TABLET MO	2	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET MO	4	
EDLUAR 5 MG SUBLINGUAL TABLET MO	4	QL(30 per 30 days)
estazolam 1 mg, 2 mg TABLET DL	2	QL(30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET MO	2	QL(30 per 30 days)
flurazepam 15 mg CAPSULE DL	2	QL(60 per 30 days)

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

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

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

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs		
DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order Available		
benzonatate 100 mg, 150 mg, 200 mg CAPSULE	1	
bromfed dm 2-30-10 mg/5 ml SYRUP	1	
brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP	1	
HYCODAN 5-1.5 MG/5 ML (5 ML) SOLUTION	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SOLUTION	1	
hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.	1	
hydrocodone-homatropine 5-1.5 mg TABLET	1	
hydrocodone-homatropine 5-1.5 mg/5 ml SOLUTION	1	
hydromet 5-1.5 mg/5 ml SOLUTION	1	
promethazine-codeine 6.25-10 mg/5 ml SYRUP	1	
promethazine-dm 6.25-15 mg/5 ml SOLUTION	1	
RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.	4	
TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.	4	
Dental - Mail Order Available		
CLINPRO 5000 1.1 % PASTE	4	
denta 5000 plus 1.1 % CREAM	4	
denta 5000 plus sensitive 1.1-5 % PASTE	4	
dentagel 1.1 % GEL	4	
fluoride (sodium) 0.2 % SOLUTION	1	
fluoride (sodium) 1.1 % CREAM	1	
fluoride (sodium) 1.1 % GEL	1	
fluoride (sodium) 1.1 % PASTE	1	
fraiche 5000 1.1 % GEL	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Dental - Mail Order Available		
PREVIDENT 0.2 % SOLUTION	4	
<i>prevident 1.1 % GEL</i>	4	
PREVIDENT 5000 BOOSTER PLUS 1.1 % PASTE	4	
PREVIDENT 5000 DRY MOUTH 1.1 % PASTE	4	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % PASTE	4	
PREVIDENT 5000 ORTHO DEFENSE 1.1 % PASTE	4	
PREVIDENT 5000 PLUS 1.1 % CREAM	4	
PREVIDENT 5000 SENSITIVE 1.1-5 % PASTE	4	
PREVIDENT KIDS 1.1 % PASTE	4	
<i>sf 1.1 % GEL</i>	1	
<i>sf 5000 plus 1.1 % CREAM</i>	1	
<i>sodium fluoride 5000 dry mouth 1.1 % PASTE</i>	1	
<i>sodium fluoride 5000 plus 1.1 % CREAM</i>	1	
<i>sodium fluoride-pot nitrate 1.1-5 % PASTE</i>	1	
Erectile Dysfunction - Mail Order Available		
ADDYI 100 MG TABLET	4	
<i>avanafil 100 mg, 200 mg, 50 mg TABLET</i>	1	QL(6 per 30 days)
CIALIS 10 MG, 20 MG TABLET	4	QL(6 per 30 days)
<i>sildenafil 100 mg, 25 mg, 50 mg TABLET</i>	1	QL(6 per 30 days)
STENDRA 100 MG, 200 MG, 50 MG TABLET	4	QL(6 per 30 days)
<i>tadalafil 10 mg, 20 mg TABLET</i>	1	QL(6 per 30 days)
<i>varденаfil 10 mg TABLET, DISINTEGRATING</i>	1	QL(6 per 30 days)
<i>varденаfil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET</i>	1	QL(6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET	4	QL(6 per 30 days)
VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Fertility - Mail Order Available		
cetrorelix 0.25 mg KIT	1	
CETROTIDE 0.25 MG KIT	4	
clomid 50 mg TABLET	1	
clomiphene citrate 50 mg TABLET	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	4	
fyremadel 250 mcg/0.5 ml SYRINGE	1	
ganirelix 250 mcg/0.5 ml SYRINGE	4	
GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION	4	
GONAL-F RFF 75 UNIT RECON SOLUTION	4	
GONAL-F RFF REDI-JECT 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML PEN INJECTOR	4	
MENOPUR 75 UNIT RECON SOLUTION	4	
milophene 50 mg TABLET	1	
OVIDREL 250 MCG/0.5 ML SYRINGE	4	
Vitamins/Minerals - Mail Order Available		
ascorbic acid (vitamin c) 500 mg/ml SOLUTION	1	
b complex 100 100-2-100-2-2 mg/ml SOLUTION	1	
b-complex injection 100-2-100-2-2 mg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	1	
dodex 1,000 mcg/ml SOLUTION	1	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 mg TABLET	1	
folic acid 5 mg/ml SOLUTION	1	
hydroxocobalamin 1,000 mcg/ml SOLUTION	1	
INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Vitamins/Minerals – Mail Order Available		
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	4	
<i>mvi, adult no.4 with vit k 3,300 unit- 150 mcg/10 ml SOLUTION</i>	1	
<i>mvi, pedi no.1 with vit k 80 mg-400 unit- 200 mcg/5 ml SOLUTION</i>	1	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	4	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE</i>	1	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION</i>	1	
<i>phytonadione (vitamin k1) 5 mg TABLET</i>	1	
<i>pyridoxine (vitamin b6) 100 mg/ml SOLUTION</i>	1	
<i>thiamine hcl (vitamin b1) 100 mg/ml SOLUTION</i>	1	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE</i>	1	
<i>vitamin k 1 mg/0.5 ml SOLUTION</i>	1	
<i>vitamin k1 10 mg/ml SOLUTION</i>	1	

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

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

Index

A

abacavir-lamivudine... 71	ACTHAR... 132	ADRENALIN... 173
abacavir... 71	ACTHIB (PF)... 148	ADRIAMYCIN... 48
ABELCET... 42	ACTIMMUNE... 148	adrucil... 48
abigale lo... 136	ACTIVELLA... 136	ADSTILADRIN... 161
abigale... 136	ACTONEL... 159	ADVAIR DISKUS... 173
ABILIFY ASIMTUFII... 66	ACTOPLUS MET... 78	ADVAIR HFA... 173
ABILIFY MAINTENA... 66	ACTOS... 78	ADZENYS XR-ODT... 102
ABILIFY MYCITE MAINTENANCE KIT... 66	ACULAR LS... 168	ADZYNMA... 83
ABILIFY MYCITE STARTER KIT... 66	ACULAR... 168	afatinib... 48
ABILIFY... 66	ACUVAIL (PF)... 168	AFINITOR DISPERZ... 49
abiraterone... 48	acyclovir sodium... 71	AFINITOR... 48
abirtega... 48	acyclovir... 71	afirmelle... 136
ABRAXANE... 48	ACZONE... 109	AFREZZA... 78
ABRYSVO (PF)... 148	ADACEL(TDAP	AGAMREE... 132
ABSORICA LD... 108	ADOLESN/ADULT)(PF)... 148	AGGRASTAT CONCENTRATE... 84
ABSORICA... 108	ADAKVEO... 161	AGGRASTAT IN SODIUM CHLORIDE... 84
acamprosate... 20	ADALIMUMAB-ADAZ... 148	AGRYLIN... 84
ACANYA... 108	ADALIMUMAB-ADB(M)(CF) PEN CROHNS... 148	AIMOVIG AUTOINJECTOR... 46
acarbose... 78	ADALIMUMAB-ADB(M)(CF) PEN PS-UV... 148	AIRDUO DIGIHALER... 173
ACCOLATE... 173	ADALIMUMAB-ADB(M)... 148	AIRDUO RESPICLICK... 173
ACCUPRIL... 88	adapalene-benzoyl peroxide... 109	AIRSUPRA... 173
ACCURETIC... 88	adapalene... 109	AJOVY AUTOINJECTOR... 46
accutane... 108	ADBRY... 109	AJOVY SYRINGE... 46
acebutolol... 88	ADCETRIS... 48	AKEEGA... 49
ACETADOTE... 161	ADCIRCA... 173	AKLIEF... 109
acetaminophen-caff-dihydrocod... 11	ADDERALL XR... 102	AKYNZEO (FOSNETUPITANT)... 41
acetaminophen-codeine... 11	ADDERALL... 102	AKYNZEO (NETUPITANT)... 41
acetaminophen... 161	ADDYI... 184	ALA-CORT... 109
acetazolamide sodium... 88	adefovir... 71	ALA-SCALP... 109
acetazolamide... 88	ADEMPAS... 173	albendazole... 63
acetic acid... 21, 161	adenosine... 88	albuterol sulfate... 173
acetylcysteine... 161, 173	ADLARITY... 37	ALCAINE... 168
ACIPHEX SPRINKLE... 123	ADMELOG SOLOSTAR U-100 INSULIN... 78	alclometasone... 109
ACIPHEX... 123	ADMELOG U-100 INSULIN LISPRO... 78	ALCOHOL PADS... 161
acitretin... 109	ADQUEY... 109	ALCOHOL PREP PADS... 161
ACTEMRA ACTPEN... 148	ADRENALIN IN 0.9 % SOD CHLOR... 88	ALCOHOL SWABS... 161
ACTEMRA... 148		ALCOHOL WIPES... 161
ACTHAR SELFJECT... 132		ALDACTONE... 88
		ALDURAZYME... 128
		ALECENSA... 49

alendronate... 159	AMINOSYN-PF 10 %... 117	ANTIVERT... 41
alfuzosin... 131	AMINOSYN-PF 7 % (SULFITE-FREE)... 117	anusul-hc... 109
ALIQOPA... 49	amiodarone... 88	ANZUPGO... 109
aliskiren... 88	AMITIZA... 123	APADAZ... 11
ALKINDI SPRINKLE... 132	amitriptyline-chlordiazepoxide... 37	apexicon e... 109
allopurinol sodium... 45	amitriptyline... 37	APIDRA SOLOSTAR U-100 INSULIN... 78
allopurinol... 45	amlodipine-atorvastatin... 89	APIDRA U-100 INSULIN... 78
almotriptan malate... 46	amlodipine-benazepril... 89	APLENZIN... 38
ALOMIDE... 168	amlodipine-olmesartan... 89	APOKYN... 64
ALOPRIM... 45	amlodipine-valsartan-hcthiiazid... 89	apomorphine... 64
alosetron... 123	amlodipine-valsartan... 89	APONVIE... 41
ALPHAGAN P... 168	amlodipine... 88	apraclonidine... 168
alprazolam intensol... 76	ammonium lactate... 109	aprepitant... 41
alprazolam... 76	AMMONUL... 161	apri... 136
ALREX... 168	amnestem... 109	APRISO... 158
ALTACE... 88	amoxapine... 37	APTENSIO XR... 102
altavera (28)... 136	amoxicil-clarithromy-lansopraz... 124	APTIOM... 30
ALTOPREV... 88	amoxicillin-pot clavulanate... 21, 22	APTIVUS... 71
ALTRENO... 109	amoxicillin... 21	AQNEURSA... 161
ALUNBRIG... 49	amphetamine sulfate... 102	AQVESME... 128
ALVAIZ... 84	amphetamine... 102	ARALAST NP... 128
ALVESCO... 173	amphotericin b liposome... 43	aranelle (28)... 136
alyacen 1/35 (28)... 136	amphotericin b... 43	ARANESP (IN POLYSORBATE)... 84
alyacen 7/7/7 (28)... 136	ampicillin sodium... 22	ARAVA... 148
ALYFTREK... 173	ampicillin-sulbactam... 22	ARAZLO... 109
ALYGLO... 148	ampicillin... 22	ARBLI... 89
ALYMSYS... 49	AMPYRA... 102	ARCALYST... 149
alyq... 173	AMRIX... 180	AREXVY (PF)... 149
amantadine hcl... 64	AMVUTTRA... 128	arformoterol... 174
AMBIEN CR... 181	AMZEEQ... 109	ARICEPT... 37
AMBIEN... 181	ANAFRANIL... 37	ARIKAYCE... 22
AMBISOME... 43	anagrelide... 84	ARIMIDEX... 49
ambrisentan... 173	anastrozole... 49	aripiprazole... 66
amcinonide... 109	ANCOBON... 43	ARISTADA INITIO... 66
amethia... 136	ANDEMBRY AUTOINJECTOR... 148	ARISTADA... 66
amethyst (28)... 136	ANDROGEL... 136	ARIXTRA... 84
amikacin... 21	ANGELIQ... 136	ARMLUPEG... 84
amiloride-hydrochlorothiazide... 88	ANKTIVA... 49	armodafinil... 181
amiloride... 88	ANNOVERA... 136	ARMONAIR DIGIHALER... 174
aminocaproic acid... 84	ANORO ELLIPTA... 173	ARNUITY ELLIPTA... 174
aminophylline... 173		AROMASIN... 49
AMINOSYN II 10 %... 117		ARRANON... 49
AMINOSYN II 15 %... 117		

arsenic trioxide... 49
 ARTHROTEC 50... 11
 ARTHROTEC 75... 11
 ARYNTA... 102
 ASCENIV... 149
 ascomp with codeine... 11
 ascorbic acid (vitamin c)... 185
 asenapine maleate... 66
 ashlyna... 136
 ASMANEX HFA... 174
 ASMANEX TWISTHALER... 174
 ASPARLAS... 49
 aspirin-dipyridamole... 84
 ASPRUZYO SPRINKLE... 89
 ASTAGRAF XL... 149
 ATACAND HCT... 89
 ATACAND... 89
 atazanavir... 71
 ATELVIA... 159
 atenolol-chlorthalidone... 89
 atenolol... 89
 ATGAM... 149
 ATIVAN... 76
 ATMEKSI... 180
 atomoxetine... 102
 ATONCY... 102
 ATORVALIQ... 89
 atorvastatin... 89
 atovaquone-proguanil... 63
 atovaquone... 63
 ATRALIN... 109
 ATRIPLA... 71
 ATROPINE SULFATE (PF)... 168
 atropine... 124, 168
 ATROVENT HFA... 174
 attero... 109
 ATTRUBY... 128
 AUBAGIO... 102
 aubra eq... 136
 aubra... 136
 AUGMENTIN ES-600... 22
 AUGMENTIN... 22
 AUGTYRO... 49

auranofin... 149
 aurovela 1.5/30 (21)... 136
 aurovela 1/20 (21)... 136
 aurovela 24 fe... 136
 aurovela fe 1-20 (28)... 136
 aurovela fe 1.5/30 (28)... 136
 AUSTEDO XR TITRATION
 KT(WK1-4)... 102
 AUSTEDO XR... 102
 AUSTEDO... 102
 AUTOJECT 2 INJECTION DEVICE...
 161
 AUTOPEN 1 TO 21 UNITS... 161
 AUTOPEN 2 TO 42 UNITS... 161
 AUTOSHIELD DUO PEN NEEDLE...
 161
 AUVELITY... 38
 AUVI-Q... 174
 AVALIDE... 89
 avanafil... 184
 AVAPRO... 89
 AVASTIN... 49
 AVEED... 136
 AVELOX IN NACL (ISO-OSMOTIC)...
 22
 AVERI... 137
 aviane... 137
 avidoxy... 22
 AVLAYAH... 128
 AVMAPKI-FAKZYNJA... 49
 AVODART... 131
 AVONEX... 102
 AVSOLA... 149
 AVYCAZ... 22
 AWIQLI FLEXTOUCH... 78
 ayuna... 137
 AYVAKIT... 49
 azacitidine... 49
 AZACTAM... 22
 AZASAN... 149
 AZASITE... 168
 azathioprine sodium... 149
 azathioprine... 149

azelaic acid... 109
 azelastine-fluticasone... 174
 azelastine... 168, 174
 AZELEX... 109
 AZILECT... 64
 azilsartan medoxomil... 89
 azithromycin... 22
 AZMIRO... 137
 AZOPT... 168
 AZOR... 89
 AZSTARYS... 102
 aztreonam... 22
 AZULFIDINE EN-TABS... 158
 AZULFIDINE... 158
 azurette (28)... 137

B

b complex 100... 185
 b-complex injection... 185
 bacitracin-polymyxin b... 168
 bacitracin... 22, 168
 baclofen... 70
 BACTRIM DS... 22
 BACTRIM... 22
 BAFIERTAM... 102
 bal-care dha... 117
 BALCOLTRA... 137
 balsalazide... 158
 BALVERSA... 49
 balziva (28)... 137
 BAND-AID GAUZE PADS... 161
 BANZEL... 31
 BAQSIMI... 78
 BARACLUDE... 71
 BASAGLAR KWIKPEN U-100
 INSULIN... 78
 BASAGLAR TEMPO
 PEN(U-100)INSLN... 78
 BAVENCIO... 49
 BAXDELA... 22
 BAXFENDY... 89
 BCG VACCINE, LIVE (PF)... 149
 BD ALCOHOL SWABS... 161

BD AUTOSHIELD DUO PEN NEEDLE... 161	benzhydrocodone-acetaminophen... 11	BILDYOS... 159
BD ECLIPSE LUER-LOK... 161	benznidazole... 63	BILTRICIDE... 63
BD INSULIN SYRINGE (HALF UNIT)... 161	benzonatate... 183	bimatoprost... 169
BD INSULIN SYRINGE MICRO-FINE... 161	benztropine... 64	BIMZELX AUTOINJECTOR... 149
BD INSULIN SYRINGE U-500... 161	bepotastine besilate... 168	BIMZELX... 149
BD INSULIN SYRINGE ULTRA-FINE... 162	BEPREVE... 168	BINOSTO... 159
BD INSULIN SYRINGE... 161	BEQALZI STARTER PACK... 49	BIORPHEN... 90
BD LO-DOSE MICRO-FINE IV... 162	BEQALZI... 49	bismuth subcit k-metronidz-tcn... 124
BD NANO 2ND GEN PEN NEEDLE... 162	BERINERT... 149	bisoprolol fumarate... 90
BD SAFETYGLIDE INSULIN SYRINGE... 162	besser... 109	bisoprolol-hydrochlorothiazide... 90
BD SAFETYGLIDE SYRINGE... 162	besifloxacin... 168	BIVIGAM... 149
BD ULTRA-FINE MICRO PEN NEEDLE... 162	BESIVANCE... 168	BIXLENVO... 72
BD ULTRA-FINE MINI PEN NEEDLE... 162	BESPONSA... 49	BIZENGRI... 50
BD ULTRA-FINE NANO PEN NEEDLE... 162	BESREMI PEN... 149	BKEMV... 149
BD ULTRA-FINE ORIG PEN NEEDLE... 162	BESREMI... 149	BLNREP... 50
BD ULTRA-FINE SHORT PEN NEEDLE... 162	BETADINE OPHTHALMIC PREP... 168	bleomycin... 50
BD VEO INSULIN SYR (HALF UNIT)... 162	betaine... 128	blisovi 24 fe... 137
BD VEO INSULIN SYRINGE UF... 162	betamethasone acet,sod phos... 132	blisovi fe 1.5/30 (28)... 137
beclo methasone dipropionate... 174	betamethasone dipropionate... 110	blisovi fe 1/20 (28)... 137
BELBUCA... 11	betamethasone valerate... 110	BLUJEP... 22
BELEODAQ... 49	betamethasone, augmented... 110	BOMYNTRA... 159
BELSOMRA... 181	BETAPACE AF... 89	BONJESTA... 41
benazepril-hydrochlorothiazide... 89	BETAPACE... 89	BOOSTRIX TDAP... 149
benazepril... 89	BETASERON... 102	BORDERED GAUZE... 162
bendamustine... 49	betaxolol... 89, 169	bortezomib... 50
BENDEKA... 49	bethanechol chloride... 131	BORUZU... 50
BENICAR HCT... 89	BETHKIS... 22	BOSAYA... 159
BENICAR... 89	BETIMOL... 169	bosentan... 174
BENLYSTA... 149	BETOPTIC S... 169	BOSULIF... 50
BENTYL... 124	BEVESPI AEROSPHERE... 174	bosutinib... 50
BENZAMYCIN... 109	bexarotene... 49	BRAFTOVI... 50
	BEXSERO... 149	BREKIYA... 46
	BEYAZ... 137	BREO ELLIPTA... 174
	BEYFORTUS... 162	BREVIBLOC IN NA CL (ISO-OSM)... 90
	bicalutamide... 50	BREVIBLOC... 90
	BICILLIN C-R... 22	BREZTRI AEROSPHERE... 174
	BICILLIN L-A... 22	briellyn... 137
	BICNU... 50	BRILINTA... 84
	BIDIL... 90	brimonidine-timolol... 169
	BIJUVA... 137	brimonidine... 110, 169
	BIKTARVY... 71	BRINSUPRI... 162
		brinzolamide... 169

BRIUMVI... 102	BYLVAY... 162	CAPRELSA... 50
brivaracetam... 31	BYNFEZIA... 146	captopril-hydrochlorothiazide... 90
BRIVIACT... 31	BYQLOVI... 169	captopril... 90
bromfed dm... 183	BYSANTI TITRATION PACK A... 66	CARAC... 110
bromfenac... 169	BYSANTI TITRATION PACK B... 66	CARAFATE... 124
bromocriptine... 64	BYSANTI TITRATION PACK C... 66	CARBAGLU... 117
brompheniramine-pseudoeph-dm... 183	BYSANTI... 66	carbamazepine... 31
BROMSITE... 169	BYSTOLIC... 90	CARBATROL... 31
BRONCHITOL... 174	C	carbidopa-levodopa-entacapone... 65
BROVANA... 174	c-nate dha... 117	carbidopa-levodopa... 64
BRUKINSA... 50	CABENUVA... 72	carbidopa... 64
BRYHALI... 110	cabergoline... 146	carbinoxamine maleate... 174
BRYNOVIN... 78	CABLIVI... 84	CARBOCAINE WITH NEO-COBEFRIN... 19
BSS PLUS... 169	CABOMETYX... 50	carboprost tromethamine... 136
BSS... 169	CABTREO... 110	carbzah... 174
BUCAPSOL... 76	CADUET... 90	CARDAMYST... 90
budesonide... 158, 174	CAFCIT... 162	CARDIZEM CD... 90
bumetanide... 90	CAFERGOT... 46	CARDIZEM LA... 90
BUPHENYL... 128	caffeine citrate... 162	CARDIZEM... 90
bupivacaine (pf)... 19	calcipotriene-betamethasone... 110	CARDURA XL... 90
bupivacaine hcl... 19	calcipotriene... 110	CARDURA... 90
bupivacaine liposome (pf)... 19	calcitonin (salmon)... 159	CARETOUCH ALCOHOL PREP PAD... 163
bupivacaine-dextrose-water(pf)... 19	calcitriol... 110, 159	carglumic acid... 117
bupivacaine-epinephrine (pf)... 19	calcium acetate(phosphat bind)... 117	carisoprodol... 180
bupivacaine-epinephrine... 19	calcium chloride... 117	carmustine... 50
buprenorphine hcl... 11, 20	calcium gluconate... 117	CARNITOR (SUGAR-FREE)... 117
buprenorphine-naloxone... 20	CALDOLOR... 11	CARNITOR... 117
buprenorphine... 11	CALQUENCE (ACALABRUTINIB MAL)... 50	CAROSPIR... 90
bupropion hcl (smoking deter)... 20	CAMBIA... 11	carteolol... 169
bupropion hcl... 38	CAMCEVI (6 MONTH)... 146	cartia xt... 90
buspirone... 76	camila... 137	carvedilol phosphate... 90
busulfan... 50	CAMPTOSAR... 50	carvedilol... 90
BUSULFEX... 50	camrese lo... 137	CASODEX... 50
butalbital-acetaminop-caf-cod... 162	camrese... 137	caspofungin... 43
butalbital-acetaminophen-caff... 162	CAMZYOS... 90	CAVHANZA... 50
butalbital-acetaminophen... 162	CANASA... 158	CAYSTON... 174
butalbital-aspirin-caffeine... 162	CANCIDAS... 43	cefaclor... 23
butorphanol... 11	candesartan-hydrochlorothiazid... 90	cefadroxil... 23
BUTRANS... 11	candesartan... 90	cefazolin in dextrose (iso-os)... 23
	CAPLYTA... 66	cefazolin... 23

cefdinir... 23	CHEMET... 117	CITRANATAL B-CALM (FE GLUC)... 117
cefepime in dextrose 5 %... 23	chloramphenicol sod succinate... 24	cladribine(multiple sclerosis)... 103
cefepime in dextrose,iso-osm... 23	chlordiazepoxide hcl... 76	cladribine... 50
cefepime... 23	chlorhexidine gluconate... 108	claravis... 110
cefixime... 23	chloroprocaine (pf)... 19	CLARINEX-D 12 HOUR... 163
cefotetan... 23	chloroquine phosphate... 63	CLARINEX... 175
cefoxitin in dextrose, iso-osm... 23	chlorothiazide sodium... 91	clarithromycin... 24
cefoxitin... 23	chlorpromazine... 67	clemastine... 175
cefpodoxime... 23	chlorthalidone... 91	clemasz... 175
cefprozil... 23	chlorzoxazone... 180, 181	clemsza... 175
ceftaroline fosamil... 23	CHOLBAM... 128	CLENPIQ... 124
ceftazidime... 23	cholestyramine (with sugar)... 91	CLEOCIN HCL... 24
ceftriaxone in dextrose,iso-os... 23	cholestyramine light... 91	CLEOCIN PEDIATRIC... 24
ceftriaxone... 23	CHORIONIC GONADOTROPIN, HUMAN... 135	CLEOCIN T... 110
cefuroxime axetil... 23	CIALIS... 131, 184	CLEOCIN... 24
cefuroxime sodium... 23	CIBINQO... 149	CLEVIPREX... 91
CELEBREX... 11	ciclodan... 43	CLIGAVYX... 50
celecoxib... 11	ciclopirox... 43	CLIMARA PRO... 137
CELESTONE SOLUSPAN... 132	cidofovir... 72	CLIMARA... 137
CELEXA... 38	cilostazol... 84	clindacin etz... 110
CELLCEPT INTRAVENOUS... 149	CILOXAN... 169	clindacin p... 110
CELLCEPT... 149	CIMDUO... 72	clindacin... 110
CELONTIN... 31	cimetidine hcl... 124	CLINDAGEL... 110
CENTANY... 110	cimetidine... 124	clindamycin hcl... 24
cephalexin... 23, 24	CIMZIA POWDER FOR RECONST... 149	clindamycin in 0.9 % sod chlor... 24
CEQUA... 169	CIMZIA STARTER KIT... 149	clindamycin in 5 % dextrose... 24
CEQUR SIMPLICITY INSERTER... 163	CIMZIA... 149	clindamycin palmitate hcl... 24
CEQUR SIMPLICITY... 163	cinacalcet... 159	clindamycin pediatric... 24
CERDELGA... 128	CINQAIR... 175	clindamycin phosphate... 24, 110
CEREBYX... 31	CINRYZE... 149	clindamycin-benzoyl peroxide... 111
CEREZYME... 128	CINVANTI... 41	clindamycin-tretinoin... 111
CERVIDIL... 163	CIPRO HC... 172	CLINDESSE... 24
cetirizine... 175	CIPRO... 24	CLINIMIX 4.25%/D10W SULF FREE... 117
cetorelix... 185	ciprofloxacin hcl... 24, 169, 172	CLINIMIX 4.25%/D5W SULFIT FREE... 117
CETROTIDE... 185	ciprofloxacin in 5 % dextrose... 24	CLINIMIX 5%-D20W(SULFITE-FREE)... 117
cevimeline... 108	ciprofloxacin-dexamethasone... 172	CLINIMIX 5%/D15W SULFITE FREE... 117
CHANTIX CONTINUING MONTH BOX... 20	ciprofloxacin-hydrocortisone... 172	
CHANTIX STARTING MONTH BOX... 20	ciprofloxacin... 24	
CHANTIX... 20	cisplatin... 50	
charlotte 24 fe... 137	citalopram... 38	
chateal eq (28)... 137		

CLINIMIX 6%-D5W (SULFITE-FREE)... 117	COBENFY STARTER PACK... 163	COSENTYX (2 SYRINGES)... 150
CLINIMIX 8%-D10W(SULFITE-FREE)... 117	COBENFY... 163	COSENTYX PEN (2 PENS)... 150
CLINIMIX 8%-D14W(SULFITE-FREE)... 117	codeine sulfate... 11	COSENTYX PEN... 150
CLINIMIX E 2.75%/D5W SULF FREE... 118	codeine-butalbital-asa-caff... 11	COSENTYX UNOREADY PEN... 150
CLINIMIX E 4.25%/D10W SUL FREE... 118	COLAZAL... 158	COSENTYX... 150
CLINIMIX E 4.25%/D5W SULF FREE... 118	colchicine... 46	COSOPT (PF)... 169
CLINIMIX E 5%/D15W SULFIT FREE... 118	COLCRYS... 46	COSOPT... 169
CLINIMIX E 5%/D20W SULFIT FREE... 118	colesevelam... 91	COTELLIC... 51
CLINIMIX E 8%-D10W SULFITEFREE... 118	COLESTID... 91	COTEMPLA XR-ODT... 103
CLINIMIX E 8%-D14W SULFITEFREE... 118	colestipol... 91	COZAAR... 91
CLINISOL SF 15 %... 118	colistin (colistimethate na)... 24	CRENESSITY... 137
CLINOLIPID... 118	COLUMVI... 50	CREON... 128
CLINPRO 5000... 183	COLY-MYCIN M PARENTERAL... 24	CRESEMBA... 43
clobazam... 31	COMBIGAN... 169	CRESTOR... 91
clobetasol-emollient... 111	COMBIPATCH... 137	CREXONT... 65
clobetasol... 111	COMBIVENT RESPIMAT... 175	CRINONE... 137
clocortolone pivalate... 111	COMBOGESIC IV... 163	cromolyn... 169, 175
clodan... 111	COMETRIQ... 50, 51	crotan... 111
clofarabine... 50	COMPAZINE... 41	cryselle (28)... 137
clomid... 185	COMPLERA... 72	CRYSVITA... 128
clomiphene citrate... 185	complete natal dha... 118	CTEXLI... 124
clomipramine... 38	compro... 41	CUPRIMINE... 118
clonazepam... 76, 77	CONCERTA... 103	CURITY ALCOHOL SWABS... 163
clonidine hcl... 91, 103	CONDYLOX... 111	CURITY GAUZE... 163
clonidine... 91	CONEXXENCE... 159	CUTAQUIG... 150
clopidogrel... 84	conjugated estrogens... 137	CUVPOSA... 124
clorazepate dipotassium... 77	constulose... 124	CUVRIOR... 118
CLOROTEKAL (PF)... 19	CONTEPO... 24	cyanocobalamin (vitamin b-12)... 185
CLOTIC... 172	CONZIP... 11	cyclobenzaprine... 181
clotrimazole-betamethasone... 43	COPAXONE... 103	cyclophosphamide... 51
clotrimazole... 43	COPIKTRA... 51	cycloserine... 48
clozapine... 67	CORDRAN TAPE LARGE ROLL... 111	CYCLOSET... 78
CLOZARIL... 67	CORDRAN... 111	cyclosporine modified... 150
COARTEM... 63	COREG CR... 91	cyclosporine... 150, 169
	COREG... 91	CYKLOKAPRON... 84
	CORLANOR... 91	CYMBALTA... 103
	corphena... 175	cyproheptadine... 175
	CORTEF... 111	CYRAMZA... 51
	CORTENEMA... 158	cyred eq... 137
	CORTIFOAM... 158	cyred... 137
	CORTISPORIN-TC... 172	CYSTADANE... 128
	CORTROPHIN GEL... 132	CYSTADROPS... 169
	CORVERT... 91	

CYSTAGON... 128	dasetta 7/7/7 (28)... 137	DERMA-SMOOTH/FS SCALP OIL... 111
CYSTARAN... 169	DATROWAY... 51	DERMACEA... 163
cytarabine (pf)... 51	daunorubicin... 51	dermacinrx lidocan... 19
cytarabine... 51	DAURISMO... 51	DERMOTIC OIL... 172
CYTOGAM... 150	DAWNZERA... 150	DESCOVY... 72
CYTOMEL... 145	DAYBUE STIX... 128	DESFERAL... 118
CYTOTEC... 124	DAYBUE... 128	desipramine... 38
D	DAYPRO... 11	desloratadine... 175
d10 %-0.45 % sodium chloride... 118	daysee... 137	DESMODA... 135
d2.5 %-0.45 % sodium chloride... 118	DAYTRANA... 103	desmopressin... 135
d5 % and 0.9 % sodium chloride... 118	DAYVIGO... 181	desog-e.estradiol/e.estradiol... 138
d5 %-0.45 % sodium chloride... 118	DDAVP... 135	desonide... 111
dabigatran etexilate... 84	deblitane... 138	desoximetasone... 111, 112
dacarbazine... 51	decitabine... 51	DESOXYN... 103
dactinomycin... 51	DECNUPAZ... 51	desvenlafaxine succinate... 38
dalbavancin... 24	deferasirox... 118	desvenlafaxine... 38
dalfampridine... 103	deferiprone... 118	DETROL LA... 131
DALIRES... 175	deferoxamine... 118	DETROL... 131
DALVANCE... 25	DEFITELIO... 163	dexabliss... 132
danazol... 137	deflazacort... 132	dexamethasone intensol... 133
DANTRIUM... 70	DELESTROGEN... 138	dexamethasone sodium phos (pf)... 133
dantrolene... 71	DELSTRIGO... 72	dexamethasone sodium phosphate... 133, 169
DANYELZA... 51	demeclocycline... 25	dexamethasone... 133
DANZITEN... 51	DEMEROL (PF)... 12	dexchlorpheniramine maleate... 175
dapagliflozin-metformin... 78	DEMEROL... 11	DEXEDRINE SPANSULE... 103
dapagliflozin-saxagliptin... 78	DEMSE... 91	DEXILANT... 124
dapagliflozin... 78	DENAVIR... 72	dexlansoprazole... 124
dapsone... 48, 111	DENGAXIA (PF)... 150	dexlyt... 133
DAPTACEL (DTAP PEDIATRIC) (PF)... 150	denta 5000 plus sensitive... 183	dexmethylphenidate... 103
daptomycin in 0.9 % sod chlor... 25	denta 5000 plus... 183	dextrazoxane hcl... 51
daptomycin... 25	dentagel... 183	DEXENZA... 169
DARAPRIM... 63	DEPAKOTE ER... 31	dextroamphetamine sulfate... 103
darifenacin... 131	DEPAKOTE SPRINKLES... 31	dextroamphetamine-amphetamine... 103, 104
DARTISLA... 124	DEPAKOTE... 31	dextromethorphan-quinidine... 104
darunavir... 72	DEPEN TITRATABS... 118	dextrose 10 % and 0.2 % nacl... 118
DARZALEX FASPRO... 51	DEPO-ESTRADIOL... 138	dextrose 10 % in water (d10w)... 118
DARZALEX... 51	DEPO-MEDROL... 132	
dasatinib... 51	DEPO-PROVERA... 138	
dasetta 1/35 (28)... 137	DEPO-SUBQ PROVERA 104... 138	
	DEPO-TESTOSTERONE... 138	
	DERMA-SMOOTH/FS BODY OIL... 111	

dextrose 20 % in water (d20w)... 118	dilt-xr... 91	doxercalciferol... 159
dextrose 25 % in water (d25w)... 118	diltiazem hcl... 91, 92	DOXIL... 51
dextrose 30 % in water (d30w)... 118	dimenhydrinate... 41	doxorubicin, peg-liposomal... 51
dextrose 40 % in water (d40w)... 118	dimethyl fumarate... 104	doxorubicin... 51
dextrose 5 % in water (d5w)... 118	dimethyl sulfoxide... 163	doxy-100... 25
dextrose 5 %-lactated ringers... 118	DIOVAN HCT... 92	doxycycline hyclate... 25
dextrose 5%-0.2 % sod chloride... 119	DIOVAN... 92	doxycycline monohydrate... 25
dextrose 5%-0.3 % sod.chloride... 119	DIPENTUM... 158	doxylamine-pyridoxine (vit b6)... 41
dextrose 50 % in water (d50w)... 119	diphen... 175	DRIZALMA SPRINKLE... 104
dextrose 70 % in water (d70w)... 119	diphenhydramine hcl... 175	dronabinol... 41
DHIVY... 65	diphenoxylate-atropine... 124	droperidol... 67
DIACOMIT... 31	DIPROLENE (AUGMENTED)... 112	DROPLET INSULIN SYR(HALF UNIT)... 163
diazepam intensol... 77	dipyridamole... 84	DROPLET INSULIN SYRINGE... 163
diazepam... 31, 77	disopyramide phosphate... 92	DROPLET MICRON PEN NEEDLE... 163
diazoxide... 78	disulfiram... 21	DROPLET PEN NEEDLE... 163
DIBENZYLINE... 91	DIURIL... 92	DROPSAFE ALCOHOL PREP PADS... 163
dichlorphenamide... 128	divalproex... 31	DROPSAFE PEN NEEDLE... 163
DICLEGIS... 41	DIVIGEL... 138	drospirenone-e.estradiol-lm.fa... 138
diclofenac epolamine... 12	dobutamine in d5w... 92	drospirenone-ethinyl estradiol... 138
diclofenac potassium... 12	dobutamine... 92	DROXIA... 163
diclofenac sodium... 12, 112, 169	docetaxel... 51	droxidopa... 92
diclofenac-misoprostol... 12	dodex... 185	DUAKLIR PRESSAIR... 175
dicloxacillin... 25	dofetilide... 92	DUAVEE... 138
dicyclomine... 124	DOJOLVI... 128	DUETACT... 78
DIFICID... 25	dolishale... 138	DUEXIS... 12
diflorasone... 112	dolobid... 12	DULERA... 175
DIFLUCAN... 43	donepezil... 37	duloxetine... 104
diflunisal... 12	dopamine in 5 % dextrose... 92	DUOBRII... 112
difluprednate... 169	dopamine... 92	DUOPA... 65
digoxin... 91	DOPRAM... 175	DUPIXENT PEN... 150
dihydroergotamine... 46	DOPTelet (10 TAB PACK)... 85	DUPIXENT SYRINGE... 150
DILANTIN EXTENDED... 31	DOPTelet (15 TAB PACK)... 85	DURAMORPH (PF)... 12
DILANTIN INFATABS... 31	DOPTelet (30 TAB PACK)... 85	DUREZOL... 169
DILANTIN-125... 31	DOPTelet SPRINKLE... 85	dutasteride-tamsulosin... 131
DILANTIN... 31	DORYX MPC... 25	dutasteride... 131
DILAUDID... 12	DORYX... 25	DUVYZAT... 128
	dorzolamide-timolol (pf)... 169	DYANAVEL XR... 104
	dorzolamide-timolol... 169	dyclopro... 163
	dorzolamide... 169	DYMISTA... 175
	dotti... 138	
	DOVATO... 72	
	doxazosin... 92	
	doxepin... 77, 112, 181	

DYRENIUM... 92	ELIGARD (6 MONTH)... 146	ENDOMETRIN... 138
E	ELIGARD... 146	ENFLONSIA... 164
E.E.S. 400... 25	ELIMITE... 112	ENGERIX-B (PF)... 150
E.E.S. GRANULES... 25	elinest... 138	ENGERIX-B PEDIATRIC (PF)... 150
EASY COMFORT ALCOHOL PAD... 164	ELIQUIS DVT-PE TREAT 30D START... 85	ENHERTU... 52
EASY TOUCH ALCOHOL PREP PADS... 164	ELIQUIS SPRINKLE... 85	enilloring... 138
EASYLIFE ALCOHOL PADS... 164	ELIQUIS... 85	ENJAYMO... 150
EBGLYSS PEN... 112	ELITEK... 51	ENOB... 159
EBGLYSS SYRINGE... 112	ELIXOPHYLLIN... 175	enoxaparin... 85
ec-naproxen... 12	ELLENCE... 51	enpresse... 138
econazole nitrate... 43	ELMIRON... 131	ENSACOVE... 52
edaravone... 104	ELREXFIO... 51	enskyce... 138
EDARBI... 92	eltrombopag olamine... 85	ENSPRYNG... 169
EDARBYCLOR... 92	eluryng... 138	ENSTILAR... 112
EDECIN... 92	ELYXYB... 164	entacapone... 65
edetate calcium disodium... 164	ELZONRIS... 51	entecavir... 72
EDLUAR... 181	EMBLAVEO... 25	ENTRESTO SPRINKLE... 92
EDURANT PED... 72	EMEND (FOSAPREPITANT)... 41	ENTRESTO... 92
EDURANT... 72	EMEND... 41	ENTYVIO PEN... 150
efavirenz-emtricitabin-tenofovir... 72	EMFLAZA... 133	ENTYVIO... 150
efavirenz-lamivudine-tenofovir disoproxil fumarate... 72	EMGALITY PEN... 46	enulose... 124
efavirenz... 72	EMGALITY SYRINGE... 46	ENVARUS XR... 150
EFFEXOR XR... 38	EMPAVELI... 164	EOHILIA... 164
EFFIENT... 85	EMPLICITI... 52	EPANED... 93
EFUDEX... 112	EMRELIS... 52	EPCLUSA... 72
EGATEN... 63	EMROSI... 26	EPIDIOLEX... 31
EGRIFTA SV... 135	EMSAM... 38	EPIDUO FORTE... 112
EGRIFTA WR... 135	emtricitabine-rilpivirine-tenofovir disoproxil fumarate... 72	EPIFOAM... 112
EKTERLY... 150	emtricitabine-tenofovir (tdf)... 72	epinastine... 170
ELAHIRE... 51	emtricitabine... 72	epineph bitart in 0.9% sodium chloride... 93
ELAPRASE... 128	EMTRIVA... 72	epinephrine... 175
electrolyte-148... 119	emverm... 63	EPIPEN 2-PAK... 176
electrolyte-48 in d5w... 119	emzahn... 138	EPIPEN JR 2-PAK... 176
electrolyte-a... 119	enalapril maleate... 92	EPIPEN JR... 176
ELELYSO... 128	enalapril-hydrochlorothiazide... 92	EPIPEN... 175
ELEPSIA XR... 31	enalaprilat... 92	epirubicin... 52
ELESTRIN... 138	ENBREL MINI... 150	epitol... 32
eletriptan... 46	ENBREL SURECLICK... 150	EPIVIR... 72
ELFABRIO... 128	ENBREL... 150	EPKINLY... 52
ELIDEL... 112	ENBUMYST... 92	epiphenone... 93
ELIGARD (3 MONTH)... 146	ENDARI... 124	EPOGEN... 85
ELIGARD (4 MONTH)... 146	ENDOCET... 12	epoprostenol... 176
		EPRONTIA... 32

EPSOLAY... 112	estradiol-norethindrone acet... 139	EYSUVIS... 170
eptifibatide... 85	estradiol... 138, 139	EZALLOR SPRINKLE... 93
EPYSQI... 150	ESTRING... 139	ezetimibe-simvastatin... 93
EQUETRO... 32	eszopiclone... 181	ezetimibe... 93
ERAXIS(WATER DILUENT)... 43	ETCAMAH... 52	F
ERBITUX... 52	ethacrynate sodium... 93	FABHALTA... 151
ergocalciferol (vitamin d2)... 185	ethacrynic acid... 93	FABIOR... 112
ergoloid... 37	ethambutol... 48	FABRAZYME... 129
ERGOMAR... 46	ethosuximide... 32	falmina (28)... 139
ergotamine-caffeine... 46	ethynodiol diac-eth estradiol... 139	famciclovir... 73
eribulin... 52	etodolac... 12	famotidine (pf)-nacl (iso-os)... 124
ERIVEDGE... 52	etonogestrel-ethinyl estradiol... 139	famotidine (pf)... 124
ERLEADA... 52	ETOPOPHOS... 52	famotidine... 124
erlotinib... 52	etoposide... 52	FANAPT TITRATION PACK A... 67
ERMEZA... 145	etravirine... 72	FANAPT TITRATION PACK B... 67
errin... 138	EUCRISA... 112	FANAPT TITRATION PACK C... 67
ERTACZO... 43	EULEXIN... 52	FANAPT... 67
ertapenem... 26	EURAX... 112	FARESTON... 52
ery pads... 112	EVAMIST... 139	FARXIGA... 78
ERY-TAB... 26	EVDI... 52	FASENRA PEN... 176
ERYGEL... 112	EVEKEO... 104	FASENRA... 176
ERYPED 200... 26	EVENITY... 159	FASLODEX... 52
ERYPED 400... 26	everolimus (antineoplastic)... 52	febuxostat... 46
ERYTHROCIN (AS STEARATE)... 26	everolimus (immunosuppressive)... 150, 151	feirza... 139
ERYTHROCIN... 26	evesse... 112	felbamate... 32
erythromycin ethylsuccinate... 26	EVISTA... 139	FELBATOL... 32
erythromycin lactobionate... 26	EVKEEZA... 93	felodipine... 93
erythromycin with ethanol... 112	EVOMELA... 52	FEMARA... 52
erythromycin-benzoyl peroxide... 112	EVOTAZ... 72	FEMLYV... 139
erythromycin... 26, 170	EVOXAC... 108	FEMRING... 139
ESBRIET... 176	EVRYSDI... 128	fenofibrate micronized... 93
escitalopram oxalate... 38	EXDENSUR... 176	fenofibrate nanocrystallized... 93
ESGIC... 164	EXELDERM... 43	fenofibrate... 93
eslicarbazepine... 32	EXELON PATCH... 37	fenofibric acid (choline)... 93
esmolol in nacl (iso-osm)... 93	exemestane... 52	fenofibric acid... 93
esmolol... 93	exenatide... 78	FENOGLIDE... 93
esomeprazole magnesium... 124	EXFORGE HCT... 93	fenopron... 13
esomeprazole sodium... 124	EXFORGE... 93	fenoprofen... 12, 13
estarylla... 138	EXJADE... 119	fenopron... 13
estazolam... 181	EXPAREL (PF)... 19	FENSOLVI... 146
ESTRACE... 138	EXSERVAN... 104	fentanyl... 13
estradiol valerate... 139	EXXUA... 38	FERRIPROX (2 TIMES A DAY)... 119
		FERRIPROX... 119
		fesoterodine... 131

FETROJA... 26	flunisolide... 176	fosfomycin tromethamine... 26
FETZIMA... 38	fluocinolone acetonide oil... 173	fosinopril-hydrochlorothiazide... 94
FEXMID... 181	fluocinolone and shower cap... 113	fosinopril... 94
FIASP FLEXTOUCH U-100 INSULIN... 78	fluocinolone... 112	fosphenytoin... 32
FIASP PENFILL U-100 INSULIN... 78	fluocinonide-e... 113	FOTIVDA... 52
FIASP U-100 INSULIN... 79	fluocinonide-emollient... 113	FRAGMIN... 85, 86
FIBRICOR... 93	fluocinonide... 113	fraiche 5000... 183
fidaxomicin... 26	fluoride (sodium)... 183	FROVA... 46
FILKRI... 85	fluorometholone... 170	frovatriptan... 46
FILSPARI... 164	FLUOROPLEX... 113	FRUZAQLA... 52
FILSUVEZ... 164	fluorouracil... 52, 113	FULPHILA... 86
FINACEA... 112	fluoxetine... 38, 39	fulvestrant... 53
finasteride... 131	fluphenazine decanoate... 67	FULVICIN P/G... 43
fingolimod... 104	fluphenazine hcl... 67	FURADANTIN... 26
FINTEPLA... 32	flurandrenolide... 113	FUROSCIX READYFLOW... 94
finzala... 139	flurazepam... 181, 182	FUROSCIX... 94
FIORICET WITH CODEINE... 164	flurbiprofen sodium... 170	furosemide... 94
fioricet... 164	flurbiprofen... 13	FUZEON... 73
FIRAZYR... 151	fluticasone furoate-vilanterol... 176	FYARRO... 53
FIRDAPSE... 104	fluticasone propion-salmeterol... 176	fyavolv... 139
FIRMAGON KIT W DILUENT SYRINGE... 146	fluticasone propionate... 113, 176	FYCOMPA... 32
FIRMAGON... 146	fluvastatin... 93, 94	FYLNETRA... 86
FIRVANQ... 26	fluvoxamine... 39	fyremadel... 185
flac otic oil... 172	FML FORTE... 170	G
FLAGYL... 26	FML LIQUIFILM... 170	gabapentin... 32, 104
FLAREX... 170	FOCALIN XR... 104	GABARONE... 32
flavoxate... 131	FOCALIN... 104	GALAFOLD... 129
FLEBOGAMMA DIF... 151	FOCINVEZ... 41	galantamine... 37
flecainide... 93	folic acid... 185	galbriela... 139
FLECTOR... 13	FOLLISTIM AQ... 185	gallifrey... 139
FLEQSUVY... 71	FOLOTYN... 52	GAMASTAN... 151
FLOLIPID... 93	fomepizole... 164	GAMIFANT... 151
FLOMAX... 131	fondaparinux... 85	GAMMAGARD LIQUID ERC... 151
floxuridine... 52	FORFIVO XL... 39	GAMMAGARD LIQUID... 151
fluconazole in nacl (iso-osm)... 43	formoterol fumarate... 176	GAMMAGARD S-D (IGA < 1 MCG/ML)... 151
fluconazole... 43	FORTEO... 159	GAMMAKED... 151
flucytosine... 43	FORZINITY... 164	GAMMAPLEX (WITH SORBITOL)... 151
fludarabine... 52	FOSAMAX PLUS D... 160	GAMMAPLEX... 151
fludrocortisone... 133	FOSAMAX... 160	GAMUNEX-C... 151
FLUMADINE... 73	fosamprenavir... 73	ganciclovir sodium... 73
flumazenil... 164	fosaprepitant... 41	ganirelix... 185
	foscarnet... 73	

GARDASIL 9 (PF)... 151	GLUMETZA... 79	halcinonide... 113
GASTROCROM... 176	glutamine (sickle cell)... 125	HALCION... 182
gatifloxacin... 170	glyburide micronized... 79	HALDOL DECANOATE... 67
GATTEX 30-VIAL... 124	glyburide-metformin... 79	halobetasol propionate... 113
GATTEX ONE-VIAL... 125	glyburide... 79	haloette... 139
GAUZE BANDAGE... 164	GLYCAT... 125	HALOG... 113
GAUZE PAD... 164	glycerol phenylbutyrate... 129	haloperidol decanoate... 67
gavilyte-c... 125	glycopyrrolate (pf) in water... 125	haloperidol lactate... 67, 68
gavilyte-g... 125	glycopyrrolate (pf)... 125	haloperidol... 67
gavilyte-n... 125	glycopyrrolate... 125	HARLIKU... 129
GAVRETO... 53	glydo... 19	HARVONI... 73
GAZYVA... 53	GLYXAMBI... 79	HAVRIX (PF)... 151
gefitinib... 53	GOCOVRI... 65	heather... 139
gemfibrozil... 94	GOLYTELY... 125	HECTOROL... 160
gemmily... 139	GOMEKLI... 53	HEMABATE... 136
GEMTESA... 131	GONAL-F RFF REDI-JECT... 185	HEMADY... 133
generlac... 125	GONAL-F RFF... 185	HEMANGEOL... 94
gengraf... 151	GONAL-F... 185	HEMICLOR... 94
GENOTROPIN MINIQUICK... 135	GONITRO... 94	heparin (porcine)... 86
GENOTROPIN... 135	GRAFAPEX... 53	heparin, porcine (pf)... 86
gentamicin in nacl (iso-osm)... 26	GRALISE... 104	HEPCLUDEX... 164
gentamicin sulfate (ped) (pf)... 26	granisetron (pf)... 41	HEPLISAV-B (PF)... 151
gentamicin... 26, 170	granisetron hcl... 41	HERCEPTIN HYLECTA... 53
GENVOYA... 73	granisol... 41	HERCEPTIN... 53
GEODON... 67	GRANIX... 86	HERCESSI... 53
GILENYA... 104	GRASTEK... 176	HERNEXEOS... 53
GILOTTRIF... 53	griseofulvin microsize... 44	HERZUMA... 53
GIMOTI... 41	griseofulvin ultramicrosize... 44	HETLIOZ LQ... 182
GIVLAARI... 164	guanfacine... 94, 104	HETLIOZ... 182
GLASSIA... 129	GVOKE HYPOPEN 1-PACK... 79	HIBERIX (PF)... 151
glatiramer... 104	GVOKE HYPOPEN 2-PACK... 79	HIZENTRA... 151
glatopa... 104	GVOKE PFS 1-PACK SYRINGE... 79	HORIZANT... 104
GLEEVEC... 53	GVOKE PFS 2-PACK SYRINGE... 79	HUMALOG JUNIOR KWIKPEN
GLEOSTINE... 53	GVOKE... 79	U-100... 79
glimepiride... 79	GWYN LO... 139	HUMALOG KWIKPEN INSULIN... 79
glipizide-metformin... 79	gynazole-1... 44	HUMALOG MIX 50-50 KWIKPEN... 79
glipizide... 79	H	HUMALOG MIX 75-25 KWIKPEN... 79
GLOPERBA... 46	HAEGARDA... 151	HUMALOG MIX
GLUCAGON (HCL) EMERGENCY KIT... 79	hailey 24 fe... 139	75-25(U-100)INSULN... 79
glucagon emergency kit (human)... 79	hailey fe 1.5/30 (28)... 139	HUMALOG TEMPO
GLUCOTROL XL... 79	hailey fe 1/20 (28)... 139	PEN(U-100)INSULN... 79
	hailey... 139	HUMALOG U-100 INSULIN... 79
	HALAVEN... 53	HUMATIN... 26

HUMATROPE... 135	hydroxyurea... 53	IMITREX... 46
HUMIRA PEN... 151	hydroxyzine hcl... 77	IMJUDO... 54
HUMIRA(CF) PEN CROHNS-UC-HS... 151	hydroxyzine pamoate... 176	IMKELDI... 54
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 152	HYFTOR... 114	IMLYGIC... 54
HUMIRA(CF) PEN... 151	HYPERRAB (PF)... 152	IMMPHENTIV... 94
HUMIRA(CF)... 151	HYPERTET (PF)... 152	IMOGAM RABIES-HT (PF)... 152
HUMIRA... 151	HYRNUO... 53	IMOVAX RABIES VACCINE (PF)... 152
HUMULIN 70/30 U-100 INSULIN... 79	HYSINGLA ER... 14	IMPAVIDO... 63
HUMULIN 70/30 U-100 KWIKPEN... 80	HYZAAR... 94	IMURAN... 152
HUMULIN N NPH INSULIN KWIKPEN... 80		IMVEXXY MAINTENANCE PACK... 139
HUMULIN N NPH U-100 INSULIN... 80	I	IMVEXXY STARTER PACK... 139
HUMULIN R REGULAR U-100 INSULN... 80	ibandronate... 160	INBRIJA... 65
HUMULIN R U-500 (CONC) KWIKPEN... 80	IBRANCE... 53	incassia... 139
HUCODAN (WITH HOMATROPINE)... 183	IBSRELA... 125	INCONTROL ALCOHOL PADS... 164
HUCODAN... 183	IBTROZI... 53	INCRELEX... 135
hydralazine... 94	ibu... 14	INCRUSE ELLIPTA... 176
HYDREA... 53	ibuprofen-famotidine... 14	indapamide... 94
hydrochlorothiazide... 94	ibuprofen... 14	INDERAL LA... 94
hydrocodone bitartrate... 13	ibutilide fumarate... 94	INDOCIN... 14
hydrocodone-acetaminophen... 13	icatibant... 152	indomethacin sodium... 14
hydrocodone-chlorpheniramine... 183	iclevia... 139	indomethacin... 14
hydrocodone-homatropine... 183	ICLUSIG... 53	INFANRIX (DTAP) (PF)... 152
hydrocodone-ibuprofen... 13	icosapent ethyl... 94	INFLECTRA... 152
hydrocortisone acetate... 133	ICOTYDE... 114	INFLIXIMAB... 152
hydrocortisone butyrate... 114	IDAMYCIN PFS... 53	INFUMORPH P/F... 14
hydrocortisone sod succinate... 133	idarubicin... 53	INFUVITE ADULT... 185
hydrocortisone valerate... 114	IDHIFA... 53	INFUVITE PEDIATRIC... 186
hydrocortisone-acetic acid... 173	IDVNSO... 73	INGREZZA INITIATION PK(TARDIV)... 105
hydrocortisone... 113, 158	IFEX... 53	INGREZZA SPRINKLE... 105
hydromet... 183	ifosfamide... 53	INGREZZA... 105
hydromorphone (pf)... 13, 14	IGALMI... 164	INLEXZO... 54
HYDROMORPHONE... 13	ILEVRO... 170	INLURIYO... 54
hydroxocobalamin... 185	ILUMYA... 152	INLYTA... 54
hydroxychloroquine... 63	IMAAVY... 152	INNOPRAN XL... 94
	imatinib... 53	INPEFA... 94
	IMBRUVICA... 54	INQOVI... 54
	IMDELLTRA... 54	INREBIC... 54
	IMFINZI... 54	INSPIRA... 94
	imipenem-cilastatin... 26	INSULIN ASP PRT-INSULIN ASPART... 80
	imipramine hcl... 39	INSULIN DEGLUDEC... 80
	imipramine pamoate... 39	
	imiquimod... 114	
	IMITREX STATDOSE PEN... 46	
	IMITREX STATDOSE REFILL... 46	

INSULIN GLARGINE U-300 CONC... 80
 INSULIN GLARGINE-YFGN... 80
 INSULIN LISPRO
 PROTAMIN-LISPRO... 80
 INSULIN LISPRO... 80
 INSULIN SYRINGE MICROFINE... 164
 INSULIN SYRINGE-NEEDLE U-100... 164
 INSULIN U-500 SYRINGE-NEEDLE... 164
 INTELENCE... 73
 INTRALIPID... 119
 INTRAROSA... 139
 introvale... 139
 INTUNIV ER... 105
 INVEGA HAFYERA... 68
 INVEGA SUSTENNA... 68
 INVEGA TRINZA... 68
 INVEGA... 68
 INVELTYS... 170
 INVOKAMET XR... 80
 INVOKAMET... 80
 INVOKANA... 80
 INZIRQO... 94
 IONOSOL-MB IN D5W... 119
 IOPIDINE... 170
 IPOL... 152
 ipratropium bromide... 176
 ipratropium-albuterol... 176
 IQIRVO... 125
 irbesartan-hydrochlorothiazide... 94
 irbesartan... 94
 IRESSA... 54
 irinotecan... 54
 ISEMBYLD... 164
 ISENTRESS HD... 73
 ISENTRESS... 73
 isibloom... 139
 ISOLYTE S PH 7.4... 119
 ISOLYTE-P IN 5 % DEXTROSE... 119
 ISOLYTE-S... 119
 isoniazid... 48

ISORDIL TITRADOSE... 95
 ISORDIL... 94
 isosorbide dinitrate... 95
 isosorbide mononitrate... 95
 isosorbide-hydralazine... 95
 isotretinoin... 114
 isradipine... 95
 ISTALOL... 170
 ISTODAX... 54
 ISTURISA... 135
 ISUPREL... 95
 ITOVEBI... 54
 itraconazole... 44
 IV PREP WIPES... 164
 ivabradine... 95
 ivermectin... 63, 114
 IVRA... 54
 IWILFIN... 54
 IXEMPRA... 54
 IXIARO (PF)... 152
 IYUZEH (PF)... 170

J

JADENU SPRINKLE... 119
 JADENU... 119
 jaimiess... 140
 JAKAFI XR... 54
 JAKAFI... 54
 JALYN... 131
 jantoven... 86
 JANUMET XR... 80
 JANUMET... 80
 JANUVIA... 80
 JARDIANCE... 80
 JASCAYD... 176
 jasmie (28)... 140
 JATENZO... 140
 JAVADIN... 95
 javygtor... 129
 JAYPIRCA... 54
 jaythari... 133
 JEMPERLI... 54
 jencycla... 140
 JENTADUETO XR... 80

JENTADUETO... 80
 JEVTANA... 54
 JIDEYTRO... 54
 jinteli... 140
 JOBEVNE... 54
 JOENJA... 129
 jolessa... 140
 JORNAY PM... 105
 JOURNAVX... 164
 joyeaux... 140
 JUBBONTI... 160
 JUBLIA... 44
 juleber... 140
 JULUCA... 73
 junel 1.5/30 (21)... 140
 junel 1/20 (21)... 140
 junel fe 1.5/30 (28)... 140
 junel fe 1/20 (28)... 140
 junel fe 24... 140
 JUVMO TITRATION PACK... 65
 JUVMO... 65
 JUXTAPID... 95
 JYLAMVO... 152
 JYNARQUE... 119
 JYNNEOS (PF)... 152

K

KABIVEN... 119
 KADCYLA... 54
 kaitlib fe... 140
 KALETRA... 73
 kalliga... 140
 KALYDECO... 177
 KANJINTI... 55
 KANUMA... 129
 KAPSPARGO SPRINKLE... 95
 KARBINAL ER... 177
 kariva (28)... 140
 KATERZIA... 95
 KAZANO... 80
 KEDRAB (PF)... 152
 kelnor 1/35 (28)... 140
 kelnor 1/50 (28)... 140
 KENALOG-80... 133

KENALOG... 133	KOSHER PRENATAL PLUS IRON... 119	LANTUS SOLOSTAR U-100 INSULIN... 81
KENGREAL... 86	kourzeq... 108	LANTUS U-100 INSULIN... 81
KEPIVANCE... 108	KRAZATI... 55	lapatinib... 55
KEPPRA XR... 32	KRINTAFEL... 63	larin 1.5/30 (21)... 140
KEPPRA... 32	KRISTALOSE... 125	larin 1/20 (21)... 140
KERENDIA... 95	kurvelo (28)... 140	larin 24 fe... 140
KESIMPTA PEN... 105	KUVAN... 129	larin fe 1.5/30 (28)... 140
ketoconazole... 44	KYGEVVI... 129	larin fe 1/20 (28)... 140
ketodan... 44	kymbee... 133	LASIX ONYU... 95
ketoprofen... 14	KYPROLIS... 55	LASIX... 95
ketorolac... 14, 170	KYZATREX... 140	latanoprost... 170
KEVEYIS... 129		LATUDA... 68
KEVZARA... 152	L	LAYOLIS FE... 140
KEYTRUDA QLEX... 55	l norgest/e.estradiol-e.estrad... 140	LAZCLUZE... 55
KEYTRUDA... 55	labetalol... 95	ledipasvir-sofosbuvir... 73
KHAPZORY... 55	lacosamide... 32	leena 28... 140
KHINDIVI... 133	lactated ringers... 120, 164	leflunomide... 152
KIMMTRAK... 55	lactulose... 125	LEMTRADA... 105
KIMYRSA... 26	LAMICTAL ODT STARTER (BLUE)... 33	lenalidomide... 55
KINERET... 152	LAMICTAL ODT STARTER (GREEN)... 33	LENVIMA... 55
KINRIX (PF)... 152	LAMICTAL ODT STARTER (ORANGE)... 33	LEQEMBI IQLIK... 37
kionex... 119	LAMICTAL ODT... 32	LEQSELVI... 152
kiprofen... 14	LAMICTAL STARTER (BLUE) KIT... 33	LEQVIO... 95
KIRSTY PEN... 80	LAMICTAL STARTER (GREEN) KIT... 33	LEROCHOL... 95
KIRSTY... 80	LAMICTAL STARTER (ORANGE) KIT... 33	LESCOL XL... 95
KISQALI... 55	LAMICTAL XR STARTER (BLUE)... 33	lessina... 140
KITABIS PAK... 26	LAMICTAL XR STARTER (GREEN)... 33	LETAIRIS... 177
KLARON... 26	LAMICTAL XR STARTER (ORANGE)... 33	letrozole... 55
klayesta... 44	LAMICTAL XR... 33	leucovorin calcium... 55
KLISYRI (250 MG)... 114	LAMICTAL... 32	LEUKERAN... 55
KLISYRI (350 MG)... 114	lamivudine-zidovudine... 73	LEUKINE... 86
KLONOPIN... 77	lamivudine... 73	leuprolide acetate (3 month)... 146
KLOR-CON 10... 119	lamotrigine... 33	leuprolide... 146
KLOR-CON 8... 119	LAMPIT... 63	levalbuterol hcl... 177
klor-con m10... 119	LAMZEDE... 129	levalbuterol tartrate... 177
KLOR-CON M15... 119	LANOXIN PEDIATRIC... 95	levetiracetam in nacl (iso-os)... 34
klor-con m20... 119	LANOXIN... 95	levetiracetam... 33
klor-con... 119	lanreotide... 146	LEVO-T... 145
KLOXXADO... 21	lansoprazole... 125	levobunolol... 170
KOMZIFTI... 55		levocarnitine (with sugar)... 120
KONVOMEK... 125		levocarnitine... 120
KORLYM... 164		levocetirizine... 177
KOSELUGO... 55		

levofloxacin in d5w... 27	LIPFENDRA... 95	lorazepam intensol... 77
levofloxacin... 26, 170	LIPITOR... 95	lorazepam... 77
levoleucovorin calcium... 55	LIPOFEN... 96	LORBRENA... 56
levonest (28)... 140	LIQREV... 177	LOREEV XR... 77
levonorg-eth estrad triphasic... 140	liraglutide... 81	loryna (28)... 141
levonorgest-eth.estradiol-iron... 141	lisdexamphetamine... 105	losartan-hydrochlorothiazide... 96
levonorgestrel-ethinyl estrad... 141	lisinopril-hydrochlorothiazide... 96	losartan... 96
LEVOPHED (BITARTRATE)... 95	lisinopril... 96	LOTEMAX SM... 170
levora-28... 141	LISRAYA... 152	LOTEMAX... 170
levorphanol tartrate... 14	LITFULO... 152	LOTENSIN HCT... 96
levothyroxine... 145, 146	lithium carbonate... 77, 78	LOTENSIN... 96
LEVOXYL... 146	lithium citrate... 78	loteprednol etabonate... 170
LEVULAN... 55	LITHOBID... 78	LOTREL... 96
LEXAPRO... 39	LITHOSTAT... 165	LOTRONEX... 125
LEXETTE... 114	LIVALO... 96	lovastatin... 96
LIALDA... 158	LIVDELZI... 125	LOVAZA... 96
LIBERVANT... 34	LIVMARLI... 125	LOVENOX... 86
LIBTAYO... 56	LIVTENCITY... 73	low-ogestrel (28)... 141
LICART... 14	LO LOESTRIN FE... 141	loxapine succinate... 68
lidocaine (pf)... 19, 95	lo-zumandimine (28)... 141	lubiprostone... 125
lidocaine hcl... 19	LOARGYS... 129	LUCEMYRA... 21
lidocaine in 5 % dextrose (pf)... 95	LOCOID LIPOCREAM... 114	luizza... 141
lidocaine-epinephrine bit... 19	LOCOID... 114	luliconazole... 44
lidocaine-epinephrine... 19	LODINE... 14	LUMAKRAS... 56
lidocaine-prilocaine... 19	LODOCO... 96	LUMIGAN... 170
lidocaine... 19	LODOSYN... 65	LUMIZYME... 129
lidocan iii... 19	LOESTRIN 1.5/30 (21)... 141	LUMRYZ STARTER PACK... 182
lidocan iv... 19	LOESTRIN 1/20 (21)... 141	LUMRYZ... 182
lidocan v... 19	LOESTRIN FE 1.5/30 (28-DAY)... 141	LUMVOA... 165
LIDODERM... 19	LOESTRIN FE 1/20 (28-DAY)... 141	LUNESTA... 182
LIFYORLI... 56	lofena... 14	LUNSUMIO VELO... 56
lignospan forte... 19	lofexidine... 21	LUNSUMIO... 56
lignospan standard... 19	lojaimiess... 141	LUPKYNIS... 152
linagliptin-metformin... 81	LOKELMA... 120	LUPRON DEPOT (3 MONTH)... 147
linagliptin... 81	LOMOTIL... 125	LUPRON DEPOT (4 MONTH)... 147
LINCOCIN... 27	lomustine... 56	LUPRON DEPOT (6 MONTH)... 147
lincomycin... 27	LONSURF... 56	LUPRON DEPOT-PED (3 MONTH)... 147
linezolid in dextrose 5%... 27	loperamide... 125	LUPRON DEPOT-PED... 147
linezolid-0.9% sodium chloride... 27	LOPID... 96	LUPRON DEPOT... 147
linezolid... 27	lopinavir-ritonavir... 73	lurasidone... 68
LINZESS... 125	LOPRESSOR... 96	lurbiro... 14
liomny... 146	LOPROX (AS OLAMINE)... 44	lutra (28)... 141
liothyronine... 146	LOQTORZI... 56	

LUTRATE DEPOT (3 MONTH)... 147
 LUZU... 44
 LYBALVI... 68
 lyleq... 141
 lyllana... 141
 LYNAVVOY... 125
 LYNKUET... 105
 LYNOZYFIC... 56
 LYNPARZA... 56
 LYRICA CR... 105
 LYRICA... 105
 LYSODREN... 56
 LYTGABI... 56
 LYUMJEV KWIKPEN U-100
 INSULIN... 81
 LYUMJEV KWIKPEN U-200
 INSULIN... 81
 LYUMJEV TEMPO
 PEN(U-100)INSULN... 81
 LYUMJEV U-100 INSULIN... 81
 LYVISPAH... 71
 lyza... 141

M

M-M-R II (PF)... 152
 m-natal plus... 120
 macitentan... 177
 MACROBID... 27
 MACRODANTIN... 27
 mafenide acetate... 114
 magnesium sulfate in d5w... 120
 magnesium sulfate in water... 120
 magnesium sulfate... 120
 MALARONE PEDIATRIC... 63
 MALARONE... 63
 malathion... 114
 mannitol 20 %... 96
 mannitol 25 %... 96
 maraviroc... 73
 MARCAINE (PF)... 19
 MARCAINE SPINAL (PF)... 20
 MARCAINE-EPINEPHRINE (PF)... 20
 MARCAINE-EPINEPHRINE... 20
 MARCAINE... 19

MARGENZA... 56
 MARINOL... 41
 marlissa (28)... 141
 MARPLAN... 39
 MATULANE... 56
 matzim la... 96
 MAVENCLAD (10 TABLET PACK)...
 105
 MAVENCLAD (4 TABLET PACK)... 105
 MAVENCLAD (5 TABLET PACK)... 105
 MAVENCLAD (6 TABLET PACK)... 105
 MAVENCLAD (7 TABLET PACK)... 105
 MAVENCLAD (8 TABLET PACK)... 105
 MAVENCLAD (9 TABLET PACK)... 105
 MAVYRET... 74
 MAXALT-MLT... 46
 MAXALT... 46
 MAXIDEX... 170
 MAXITROL... 170
 MAYZENT STARTER(FOR 1MG
 MAINT)... 105
 MAYZENT STARTER(FOR 2MG
 MAINT)... 105
 MAYZENT... 105
 meclizine... 41, 42
 meclofenamate... 14
 MEDROL (PAK)... 133
 MEDROL... 133
 medroxyprogesterone... 141
 mefenamic acid... 14
 mefloquine... 63
 megestrol... 141
 MEKINIST... 56
 MEKTOVI... 56
 meleya... 141
 meloxicam submicronized... 15
 meloxicam... 14, 15
 melphalan hcl... 56
 memantine-donepezil... 37
 memantine... 37
 MENEST... 141
 MENOPUR... 185
 MENOSTAR... 141

MENQUADFI (PF)... 152
 MENVEO A-C-Y-W-135-DIP (PF)...
 152
 meperidine (pf)... 15
 meperidine... 15
 meprobamate... 77
 MEPRON... 64
 MEPSEVII... 129
 mercaptopurine... 56
 MERILOG SOLOSTAR... 81
 MERILOG... 81
 meropenem-0.9% sodium
 chloride... 27
 meropenem... 27
 merzee... 141
 mesalamine... 158
 mesna... 56
 MESNEX... 56
 MESTINON TIMESPAN... 48
 MESTINON... 47, 48
 METADATE CD... 105
 metaxalone... 181
 metformin... 81
 methadone intensol... 15
 methadone... 15
 METHADOSE... 15
 methamphetamine... 105
 methazolamide... 170
 methenamine hippurate... 27
 methimazole... 148
 METHITEST... 141
 methocarbamol... 181
 methotrexate sodium (pf)... 152
 methotrexate sodium... 152
 methoxsalen... 114
 methscopolamine... 125
 methsuximide... 34
 methyl dopa... 96
 methylergonovine... 165
 METHYLIN... 105
 methylphenidate hcl... 106
 methylphenidate... 106
 methylprednisolone acetate... 133

methylprednisolone sodium succ...	MIMRYLO... 165	moxifloxacin-sod.chloride(iso)... 27
133	mimvey... 142	moxifloxacin... 27, 170
methylprednisolone... 133	MINIVELLE... 142	MOZOBIL... 86
methyltestosterone... 141	MINOCIN... 27	MRESVIA (PF)... 153
metoclopramide hcl... 42	minocycline... 27	MS CONTIN... 16
metolazone... 96	minoxidil... 97	MULPLETA... 86
metoprolol succinate... 96	minzoya... 142	MULTAQ... 97
metoprolol ta-hydrochlorothiaz...	MIOSTAT... 170	mupirocin calcium... 114
96	MIPLYFFA... 129	mupirocin... 114
metoprolol tartrate... 96	MIRAPEX ER... 65	MUTAMYCIN... 57
METRO I.V.... 27	MIRCERA... 86	MVASI... 57
metronidazole in nacl (iso-os)... 27	MIRENA... 165	mvi, adult no.4 with vit k... 186
metronidazole... 27	mirtazapine... 39	mvi, pedi no.1 with vit k... 186
metyrosine... 96	MIRVASO... 114	MYALEPT... 126
mexiletine... 96	misoprostol... 125	MYCAMINE... 44
MIACALCIN... 160	MITIGARE... 46	MYCAPSSA... 147
mibelas 24 fe... 141	mitigo (pf)... 15	mycophenolate mofetil (hcl)... 153
MICAFUNGIN IN 0.9 % SODIUM	mitomycin... 56, 57	mycophenolate mofetil... 153
CHL... 44	mitoxantrone... 57	mycophenolate sodium... 153
micafungin... 44	modafinil... 182	MYDAYIS... 106
MICARDIS HCT... 97	MODD1 PATIENT WELCOME KIT...	MYFEMBREE... 147
MICARDIS... 96, 97	165	MYFORTIC... 153
miconazole nitrate-zinc ox-pet... 44	MODD1 SUPPLY KIT... 165	MYHIBBIN... 153
miconazole-3... 44	MODEYSO... 57	MYLOTARG... 57
micort-hc... 133	moexipril... 97	MYQORZO... 97
microgestin 1.5/30 (21)... 141	molindone... 68	MYRBETRIQ... 131
microgestin 1/20 (21)... 142	mometasone... 114, 177	MYSOLINE... 34
microgestin fe 1.5/30 (28)... 142	mondoxyne nl... 27	MYTESI... 126
microgestin fe 1/20 (28)... 142	MONJUVI... 153	
midodrine... 97	mono-lynyah... 142	N
MIEBO (PF)... 170	montelukast... 177	nabumetone... 16
mifepristone... 165	morgidox... 27	nadolol... 97
migergot... 46	morphine (pf)... 16	nafcillin in dextrose iso-osm... 28
miglitol... 81	morphine concentrate... 16	nafcillin... 27
miglustat... 129	morphine... 15, 16	naftifine... 44
MIGRANAL... 47	MOTEGRITY... 126	NAFTIN... 44
mili... 142	MOTOFEN... 126	NAGLAZYME... 129
millipred dp... 133	MOTPOLY XR... 34	nalbuphine... 16
millipred... 133	MOUNJARO... 81	NALFON... 16
milnacipran... 106	MOVANTIK... 126	nalmefene... 21
milophene... 185	MOVIPREP... 126	nalocet... 16
milrinone in 5 % dextrose... 97	moxifloxacin-sod.ace,sul-water...	naloxone... 21
milrinone... 97	27	naltrexone... 21
		NAMZARIC... 37

NANO 2ND GEN PEN NEEDLE... 165	NEREUS... 42	NITRO-DUR... 97
NANO PEN NEEDLE... 165	NERLYNX... 57	nitrofurantoin macrocrystal... 28
NAPRELAN CR... 16	NESACAINE-MPF... 20	nitrofurantoin monohyd/m-cryst... 28
NAPROSYN... 16	NESACAINE... 20	nitrofurantoin... 28
naproxen sodium... 16	NESINA... 81	nitroglycerin in 5 % dextrose... 98
naproxen-esomeprazole... 16	neuac... 114	nitroglycerin... 98, 165
naproxen... 16	NEULASTA ONPRO... 86	NITROLINGUAL... 98
naratriptan... 47	NEULASTA... 86	NITROSTAT... 98
NARCAN... 21	NEUPOGEN... 86	NITYR... 129
NARDIL... 39	NEUPRO... 65	NIVESTYM... 86
NAROPIN (PF)... 20	NEURONTIN... 34	nizatidine... 126
NASCOBAL... 186	NEVANAC... 171	NOC DURNA (MEN)... 135
NATACYN... 170	nevirapine... 74	NOC DURNA (WOMEN)... 135
NATAZIA... 142	NEXAVAR... 57	NORA-BE... 142
nateglinide... 81	NEXICLON XR... 97	NORDITROPIN FLEXPRO... 135
NATROBA... 114	NEXIUM PACKET... 126	norelgestromin-ethin.estradiol... 142
NAVITRUX... 42	NEXIUM... 126	norepinephrine bitartrate... 98
NAYZILAM... 34	NEXLETOL... 97	noreth-ethinyl estradiol-iron... 142
nebivolol... 97	NEXLIZET... 97	norethindrone (contraceptive)... 142
NEBUPENT... 64	NEXPLANON... 142	norethindrone ac-eth estradiol... 142
necon 0.5/35 (28)... 142	NEXTERONE... 97	norethindrone acetate... 142
nefazodone... 39	NEXTSTELLIS... 142	norethindrone-e.estradiol-iron... 142
NEFFY... 177	NEXVIAZYME... 129	NORGESIC FORTE... 181
nelarabine... 57	NGENLA... 135	norgesic... 181
NEMLUVIO... 153	niacin... 97	norgestimate-ethinyl estradiol... 142
neo-polycin hc... 171	niacor... 97	NORITATE... 28
neo-polycin... 171	nicardipine... 97	NORLIQVA... 98
NEO-SYNALAR... 114	NICOTROL NS... 21	NORMOSOL-M IN 5 % DEXTROSE... 120
neo-vital rx... 120	nifedipine... 97	NORMOSOL-R IN 5 % DEXTROSE... 120
neomycin-bacitracin-poly-hc... 171	nikki (28)... 142	NORMOSOL-R PH 7.4... 120
neomycin-bacitracin-polymyxin... 171	NIKTIMVO... 153	NORMOSOL-R... 120
neomycin-polymyxin b gu... 165	NILANDRON... 57	NORPACE CR... 98
neomycin-polymyxin b-dexameth... 171	nilotinib d-tartrate... 57	NORPACE... 98
neomycin-polymyxin-gramicidin... 171	nilotinib hcl... 57	NORPRAMIN... 39
neomycin-polymyxin-hc... 171, 173	nilutamide... 57	NORTHERA... 98
neomycin... 28	nimodipine... 97	nortrel 0.5/35 (28)... 142
NEONATAL COMPLETE... 120	NINLARO... 57	
NEONATAL PLUS VITAMIN... 120	nintedanib... 177	
NEONATAL-DHA... 120	NIPENT... 57	
NEORAL... 153	nisoldipine... 97	
	nitazoxanide... 64	
	nitisinone... 129	
	NITRO-BID... 97	

nortrel 1/35 (21)... 142
 nortrel 1/35 (28)... 142
 nortrel 7/7/7 (28)... 142
 nortriptyline... 39
 NORVASC... 98
 NORVIR... 74
 NOURIANZ... 65
 NOVAREL... 135
 NOVOLIN 70-30 FLEXPEN U-100...
 81
 NOVOLIN 70/30 U-100 INSULIN...
 81
 NOVOLIN N FLEXPEN... 81
 NOVOLIN N NPH U-100 INSULIN...
 81
 NOVOLIN R FLEXPEN... 81
 NOVOLIN R REGULAR U100
 INSULIN... 81
 NOVOLOG FLEXPEN U-100
 INSULIN... 81
 NOVOLOG MIX 70-30 U-100
 INSULN... 82
 NOVOLOG MIX 70-30FLEXPEN
 U-100... 82
 NOVOLOG PENFILL U-100 INSULIN...
 82
 NOVOLOG U-100 INSULIN ASPART...
 82
 NOVOPEN ECHO... 165
 NOXAFIL... 44
 NUBEQA... 57
 NUCALA... 177
 NUCYNTA ER... 16
 NUCYNTA... 16
 NUEDEXTA... 106
 NULIBRY... 129
 NUPLAZID... 68
 NURTEC ODT... 47
 NUTRILIPID... 120
 NUTROPIN AQ NUSPIN... 135
 NUVARING... 142
 NUVESSA... 28
 NUVIGIL... 182
 NUZOLVENCE... 28

NUZYRA... 28
 nyamyc... 44
 nylia 1/35 (28)... 143
 nylia 7/7/7 (28)... 143
 NYMALIZE... 98
 NYPOZI... 86
 nystatin-triamcinolone... 45
 nystatin... 44, 45
 nystop... 45
 NYVEPRIA... 86
O
 OB COMPLETE ONE... 120
 OB COMPLETE PETITE... 120
 OB COMPLETE PREMIER... 120
 ocella... 143
 OCREVUS ZUNOVO... 106
 OCREVUS... 106
 OCTAGAM... 153
 octreotide acetate... 147
 octreotide,microspheres... 147
 OCUFLOX... 171
 ODACTRA... 177
 ODEFSEY... 74
 ODOMZO... 57
 OFEV... 177
 ofloxacin... 28, 171, 173
 OGIVRI... 57
 OGSIVEO... 57
 OHTUVAYRE... 177
 OJEMDA... 57
 OJJAARA... 57
 olanzapine-fluoxetine... 39
 olanzapine... 68
 olmesartan-amlodipin-hcthiacid...
 98
 olmesartan-hydrochlorothiazide...
 98
 olmesartan... 98
 olopatadine... 177
 OLPRUVA... 129
 OLUMIANT... 153
 OMECLAMOX-PAK... 126
 omega-3 acid ethyl esters... 98

OMEGAVEN... 120
 omeprazole-sodium bicarbonate...
 126
 omeprazole... 126
 OMLYCLO... 153
 OMNARIS... 177
 OMNIPOD 5 (LIBRE 2/3 PLUS)... 165
 OMNIPOD 5 G6-G7 INTRO
 KT(GEN5)... 165
 OMNIPOD 5 G6-G7 PODS (GEN 5)...
 165
 OMNIPOD 5 INTRO (LIBRE2/3PLUS)...
 165
 OMNIPOD CLASSIC PODS (GEN 3)...
 165
 OMNIPOD DASH INTRO KIT (GEN 4)...
 165
 OMNIPOD DASH PODS (GEN 4)... 165
 OMNIPOD GO PODS 10 UNITS/DAY...
 165
 OMNIPOD GO PODS 15 UNITS/DAY...
 165
 OMNIPOD GO PODS 20 UNITS/DAY...
 165
 OMNIPOD GO PODS 25 UNITS/DAY...
 165
 OMNIPOD GO PODS 30 UNITS/DAY...
 165
 OMNIPOD GO PODS 40 UNITS/DAY...
 165
 OMNIPOD GO PODS... 165
 OMNITROPE... 135
 OMVOH PEN... 153
 OMVOH... 153
 ONAPGO... 65
 ONCASPAR... 57
 ondansetron hcl (pf)... 42
 ondansetron hcl... 42
 ondansetron... 42
 one natal rx... 120
 ONEXTON... 114
 ONFI... 34
 ONGENTYS... 65
 ONIVYDE... 57

ONPATTRO... 129	oseltamivir... 74	PALFORZIA (LEVEL 1)... 165
ONTRALFY... 71	OSENI... 82	PALFORZIA (LEVEL 10)... 166
ONTRUZANT... 57	OSMITROL 10 %... 98	PALFORZIA (LEVEL 11 UP-DOSE)... 166
ONUREG... 57	OSMITROL 20 %... 98	PALFORZIA (LEVEL 2)... 165
ONYDA XR... 106	OSMOLEX ER... 65	PALFORZIA (LEVEL 3)... 165
ONZETRA XSAIL... 47	OSPHENA... 143	PALFORZIA (LEVEL 4)... 165
OPDIVO QVANTIG... 57	OSPOMYV... 160	PALFORZIA (LEVEL 5)... 166
OPDIVO... 57	OSVYRTI... 160	PALFORZIA (LEVEL 6)... 166
OPDUALAG... 57	OTEZLA STARTER... 115	PALFORZIA (LEVEL 7)... 166
OPFOLDA... 129	OTEZLA XR INITIATION... 115	PALFORZIA (LEVEL 8)... 166
OPIPZA... 68	OTEZLA XR... 115	PALFORZIA (LEVEL 9)... 166
opium tincture... 126	OTEZLA... 114	PALFORZIA INITIAL (4-17 YRS)... 166
OPSUMIT... 177	OTREXUP (PF)... 153	PALFORZIA LEVEL 11 MAINTENANCE... 166
OPSYNVI... 177	OTULFI... 153, 154	paliperidone... 68
OPVEE... 21	OVIDE... 115	PALSONIFY... 147
OPZELURA... 114	OVIDREL... 185	PALYNZIQ... 129
ORACEA... 28	oxacillin in dextrose(iso-osm)... 28	PAMELOR... 39
oralone... 108	oxacillin... 28	pamidronate... 160
ORAPRED ODT... 134	oxaliplatin... 58	PANCREAZE... 130
ORBACTIV... 28	oxaprozin... 16	PANDEL... 115
ORENCIA CLICKJECT... 153	oxazepam... 77	PANRETIN... 58
ORENCIA... 153	oxcarbazepine... 34	pantoprazole in 0.9% sod chlor... 126
ORENITRAM MONTH 1 TITRATION KT... 177	OXERVATE... 171	pantoprazole... 126
ORENITRAM MONTH 2 TITRATION KT... 178	oxiconazole... 45	PANZYGA... 154
ORENITRAM MONTH 3 TITRATION KT... 178	OXISTAT... 45	paricalcitol... 160
ORENITRAM... 177	OXLUMO... 165	PARNATE... 39
ORFADIN... 129	OXTELLAR XR... 34	paroxetine hcl... 39
ORGOVYX... 58	oxybutynin chloride... 131, 132	paroxetine mesylate(menop.sym)... 39
ORIAHNN... 147	oxycodone-acetaminophen... 17	PAXIL CR... 39
ORILISSA... 147	oxycodone... 16, 17	PAXIL... 39
ORKAMBI... 178	OXYCONTIN... 17	PAXLOVID... 74
ORLADEYO... 153	oxymetazoline... 115	pazopanib... 58
ORLYNVAH... 28	oxymorphone... 17	PEDIAPRED... 134
ormalvi... 129	oxytocin... 165	PEDIARIX (PF)... 154
orphenadrine citrate... 181	OXYTROL... 132	PEDMARK... 58
orphenadrine-asa-caffeine... 181	OZEMPIC... 82	PEDVAX HIB (PF)... 154
orphengesic forte... 181	OZOBAX DS... 71	peg 3350-electrolytes... 126
orquidea... 143	OZOBAX... 71	peg-electrolyte soln... 126
ORSERDU... 58		
orudis... 16		
	P	
	PACERONE... 98	
	paclitaxel protein-bound... 58	
	paclitaxel... 58	
	PADCEV... 58	

peg3350-sod sul-nacl-kcl-asb-c... 126	phenoxybenzamine... 98	PLIAGLIS... 20
PEGASYS... 154	phenylephrine hcl... 98	pnv-dha... 120
pellix... 115	PHENYTEK... 34	pnv-omega... 120
PEMAZYRE... 58	phenytoin sodium extended... 34	podofilox... 115
PEN NEEDLE, DIABETIC... 166	phenytoin sodium... 34	POKONZA... 121
PENBRAYA (PF)... 154	phenytoin... 34	POLIVY... 58
penciclovir... 74	PHESGO... 58	polocaine-mpf... 20
penicillamine... 120	PHEXX... 166	polocaine... 20
penicillin g pot in dextrose... 28	PHEXXI... 166	polycin... 171
penicillin g potassium... 28	philith... 143	polymyxin b sulf-trimethoprim... 171
penicillin g sodium... 28	PHOSPHOLINE IODIDE... 171	polymyxin b sulfate... 28
penicillin v potassium... 28	PHYRAGO... 58	pomalidomide... 58
PENMENVY MEN A-B-C-W-Y (PF)... 154	PHYSIOLYTE... 166	POMALYST... 58
PENNSAID... 17	PHYSIOSOL IRRIGATION... 166	POMBILITI... 130
PENTACEL (PF)... 154	phytonadione (vitamin k1)... 186	PONVORY 14-DAY STARTER PACK... 106
PENTAM... 64	PIASKY... 154	PONVORY... 106
pentamidine... 64	PIFELTRO... 74	portia 28... 143
PENTASA... 159	pilocarpine hcl... 108, 171	posaconazole... 45
pentazocine-naloxone... 17	pimecrolimus... 115	potassium acetate... 121
pentobarbital sodium... 34	pimozide... 69	potassium chlorid-d5-0.45%nacl... 121
pentoxifylline... 98	pimtrea (28)... 143	potassium chloride in 0.9%nacl... 121
pepcid... 126	pindolol... 98	potassium chloride in 5 % dex... 121
perampanel... 34	pioglitazone-glimepiride... 82	potassium chloride in lr-d5... 121
PERCOCET... 17	pioglitazone-metformin... 82	potassium chloride in water... 121
PERFOROMIST... 178	pioglitazone... 82	potassium chloride-0.45 % nacl... 121
PERIKABIVEN... 120	piperacillin-tazobactam... 28	potassium chloride-d5-0.2%nacl... 121
perindopril erbumine... 98	PIQRAY... 58	potassium chloride-d5-0.9%nacl... 121
periogard... 108	pirfenidone... 178	potassium chloride... 121
PERJETA... 58	piroxicam... 17	potassium citrate... 121
permethrin... 115	pitavastatin calcium... 99	POTELIGEO... 58
perphenazine-amitriptyline... 39	PITOCIN... 166	pr natal 400 ec... 121
perphenazine... 68	PIVOT INSULIN PUMP STARTER KIT... 166	pr natal 400... 121
PERSERIS... 69	PIVOT SUPPLY KIT... 166	pr natal 430 ec... 121
PERTZYE... 130	PIVYA... 28	pr natal 430... 121
pfizerpen-g... 28	PLAQUENIL... 64	PRADAXA... 87
PHEBURANE... 130	PLASMA-LYTE 148 PH 7.4... 120	pralatrexate... 58
phenazopyridine... 166	PLASMA-LYTE A... 120	
phenelzine... 39	PLAVIX... 86	
PHENERGAN... 42	PLEGRIDY... 106	
phenobarbital sodium... 34	PLENAMINE... 120	
phenobarbital... 34	PLENVU... 126	
	plerixafor... 87	

PRALUENT PEN... 99	PREVIDENT 5000 SENSITIVE... 184	PROMACTA... 87
pramipexole... 65	PREVIDENT KIDS... 184	promethazine vc... 166
prasugrel hcl... 87	PREVIDENT... 184	promethazine-codeine... 183
pravastatin... 99	PREVYMIS... 74	promethazine-dm... 183
praziquantel... 64	PREZCOBIX... 74	promethazine-phenylephrine... 166
prazosin... 99	PREZISTA... 74	promethazine... 42
PRECOSE... 82	PRIALT... 166	promethegan... 42
PRED FORTE... 171	PRIFTIN... 48	PROMETRIUM... 143
PRED MILD... 171	PRILOSEC... 126	propafenone... 99
prednicarbate... 115	primaquine... 64	proparacaine... 171
prednisolone acetate... 171	PRIMAXIN IV... 28	propranolol... 99
prednisolone sodium phosphate... 134, 171	primidone... 34	propylthiouracil... 148
prednisolone... 134	primlev... 17	PROQUAD (PF)... 154
prednisone intensol... 134	PRIMSOL... 28	PROSCAR... 132
prednisone... 134	PRIORIX (PF)... 154	PROSOL 20 %... 122
pregabalin... 106, 107	PRISTIQ... 39	protamine... 166
PREGNYL... 135	PRIVIGEN... 154	PROTONIX... 126
PREMARIN... 143	PRO COMFORT ALCOHOL PADS... 166	protriptyline... 39
PREMASOL 10 %... 121	PRO-COMFORT ALCOHOL PADS... 166	PROVERA... 143
PREMPHASE... 143	PROAIR DIGIHALER... 178	PROVIGIL... 182
PREMPRO... 143	PROAIR RESPICLICK... 178	PROZAC... 39, 40
PRENATA... 121	probenecid-colchicine... 46	prucalopride... 127
PRENATABS FA... 121	probenecid... 46	PRUDOXIN... 115
prenatal plus (calcium carb)... 121	procainamide... 99	pruradik... 115
prenatal plus dha... 121	PROCARDIA XL... 99	PULMICORT FLEXHALER... 178
prenatal plus vitamin-mineral... 122	procentra... 107	PULMICORT... 178
prenatal vitamin plus low iron... 122	prochlorperazine edisylate... 42	PULMOZYME... 178
prenatal-u... 122	prochlorperazine maleate... 42	PURE COMFORT ALCOHOL PADS... 166
PRENATE ELITE... 122	prochlorperazine... 42	PURIXAN... 58
PRETOMANID... 48	PROCRT... 87	PYLERA... 127
PREVACID SOLUTAB... 126	procto-med hc... 115	pyquvi... 134
PREVACID... 126	PROCTOFOAM HC... 159	pyrazinamide... 48
prevalite... 99	proctosol hc... 115	PYRIDIDIUM... 166
PREVDUO... 166	proctozone-hc... 115	pyridostigmine bromide... 48
PREVIDENT 5000 BOOSTER PLUS... 184	PROCYSBI... 130	pyridoxine (vitamin b6)... 186
PREVIDENT 5000 DRY MOUTH... 184	progesterone micronized... 143	pyrimethamine... 64
PREVIDENT 5000 ENAMEL PROTECT... 184	progesterone... 143	PYRUKYND... 130
PREVIDENT 5000 ORTHO DEFENSE... 184	PROGLYCEM... 82	
PREVIDENT 5000 PLUS... 184	PROGRAF... 154	Q
	PROLASTIN-C... 130	QALSODY... 107
	prolate... 17	QBRELIS... 99
	PROLENSA... 171	QBREXZA... 115
	PROLIA... 160	QDOLO... 17

QELBREE... 107
 QINLOCK... 58
 QIVIGY... 154
 QNASL... 178
 QTERN... 82
 QUADRACEL (PF)... 154
 QUDEXY XR... 34, 35
 QUESTRAN LIGHT... 99
 QUESTRAN... 99
 quetiapine... 69
 QUILLICHEW ER... 107
 QUILLIVANT XR... 107
 quinapril-hydrochlorothiazide... 99
 quinapril... 99
 quinidine gluconate... 99
 quinidine sulfate... 99
 quinine sulfate... 64
 QULIPTA... 47
 QUTENZA... 166
 QUVIVIQ... 182
 QUZYTIR... 178
 QVAR REDIHALER... 178

R

RABAVERT (PF)... 154
 rabeprazole... 127
 RADICAVA ORS STARTER KIT SUSP... 107
 RADICAVA ORS... 107
 RADICAVA... 107
 RAGWITEK... 178
 RALDESY... 40
 raloxifene... 143
 ramelteon... 182
 ramipril... 99
 ranitidine hcl... 127
 ranolazine... 99
 RAPAFLO... 132
 rasagiline... 65
 RASONQUE... 58
 RASUVO (PF)... 154
 RAVICTI... 130
 RAYALDEE... 160
 RAYOS... 134

REBIF (WITH ALBUMIN)... 107
 REBIF REBIDOSE... 107
 REBIF TITRATION PACK... 107
 REBLOZYL... 87
 REBYOTA... 127
 RECARBRIO... 28
 RECLAST... 160
 reclusen (28)... 143
 RECOMBIVAX HB (PF)... 154
 RECORLEV... 147
 RECTIV... 166
 REDEMPLO... 99
 REGLAN... 42
 REGONOL... 48
 REGRANEX... 115
 RELAFEN DS... 17
 RELENZA DISKHALER... 74
 RELEUKO... 87
 RELEXII... 107
 RELGAABI... 35
 RELISTOR... 127
 RELPAX... 47
 RELTONE... 127
 REMERON SOLTAB... 40
 REMERON... 40
 REMICADE... 154
 REMODULIN... 178
 RENACIDIN... 166
 RENFLEXIS... 154
 repaglinide... 82
 REPATHA PUSHTRONEX... 99
 REPATHA SURECLICK... 99
 REPATHA SYRINGE... 99
 RESPA-AR... 183
 RESTASIS MULTIDOSE... 171
 RESTASIS... 171
 RESTORIL... 182
 RETACRIT... 87
 RETEVMQ... 58, 59
 RETIN-A MICRO PUMP... 115
 RETIN-A MICRO... 115
 RETIN-A... 115
 RETROVIR... 74

REVATIO... 178
 REVCovi... 130
 REVLIMID... 59
 revonto... 71
 REVTORPYK... 59
 REVUFORJ... 59
 REXTOVY... 21
 REXULTI... 69
 REYATAZ... 74
 REYVOW... 47
 REZDIFFRA... 166
 REZENOPY... 21
 REZLIDHIA... 59
 REZUROCK... 155
 REZVOGLAR KWIKPEN... 82
 REZZAYO... 45
 RHAPSIDO... 87
 RHOFADE... 115
 RHOPHYLAC... 155
 RHOPRESSA... 171
 RIABNI... 59
 ribavirin... 75, 166
 RIDAURA... 155
 rifabutin... 48
 RIFADIN... 48
 rifampin... 48
 rifapentine... 48
 rilpivirine hcl... 75
 riluzole... 107
 rimantadine... 75
 RIMSO-50... 167
 ringer's... 122, 167
 RINVOQ LQ... 155
 RINVOQ... 155
 RIOMET... 82
 risedronate... 160
 RISPERDAL CONSTA... 69
 RISPERDAL... 69
 risperidone microspheres... 69
 risperidone... 69
 RITALIN LA... 107
 RITALIN... 107
 ritonavir... 75

RITUXAN HYCELA... 59
 RITUXAN... 59
 rivaroxaban... 87
 rivastigmine tartrate... 37
 rivastigmine... 37
 rivelsa... 143
 RIVFLOZA... 167
 RIZAFILM... 47
 rizatriptan... 47
 ROBAXIN... 181
 ROBINUL FORTE... 127
 ROBINUL... 127
 ROCALTROL... 160
 ROCKLATAN... 171
 roflumilast... 178
 ROLVEDON... 87
 romidepsin... 59
 ROMVIMZA... 59
 ropinirole... 65
 ropivacaine (pf)... 20
 rosadan... 28
 rosuvastatin... 99
 rosyrah... 143
 ROTARIX... 155
 ROTATEQ VACCINE... 155
 ROWASA... 159
 roweepra... 35
 ROXICODONE... 17
 ROXYBOND... 17
 ROZEREM... 182
 ROZLYTREK... 59
 RUBRACA... 59
 RUCONEST... 155
 rufinamide... 35
 RUKOBIA... 75
 RUXIENCE... 59
 RYALTRIS... 178
 RYBELSUS... 82
 RYBREVANT FASPRO... 59
 RYBREVANT... 59
 RYCLORA... 178
 RYDAPT... 59
 RYLAZE... 59

RYSTIGGO... 155
 RYTARY... 65
 RYTELO... 59
 RYVENT... 178
 RYZNEUTA... 87
S
 SABRIL... 35
 sacubitril-valsartan... 99
 SAFYRAL... 143
 sqjazir... 155
 SALAGEN (PILOCARPINE)... 108
 SAMSCA... 122
 SANCUSO... 42
 SANDIMMUNE... 155
 SANDOSTATIN LAR DEPOT... 147
 SANDOSTATIN... 147
 SANTYL... 115
 SAPHNELO PEN... 155
 SAPHNELO... 155
 SAPHRIS... 69
 sapropterin... 130
 SARCLISA ESCENA... 59
 SARCLISA... 59
 SAVAYSA... 87
 SAVELLA... 107
 saxagliptin-metformin... 82
 saxagliptin... 82
 SCEMBLIX... 59
 scopolamine base... 42
 SDAMLO... 99
 se-natal 19 chewable... 122
 SECUADO... 69
 SEGLENTIS... 17
 SEGLUROMET... 82
 SELECT-OB (FOLIC ACID)... 122
 SELECT-OB + DHA... 122
 SELECT-OB... 122
 selegiline hcl... 65, 66
 selenium sulfide... 115
 SELZENTRY... 75
 SEMGLEE(INSULIN
 GLARG-YFGN)PEN... 82

SEMGLEE(INSULIN
 GLARGINE-YFGN)... 82
 SENSIPAR... 160
 sensorcaine-epinephrine... 20
 sensorcaine-mpf... 20
 sensorcaine-mpf/epinephrine... 20
 SENSORCAINE... 20
 SEPHIENCE... 130
 SEREVENT DISKUS... 178
 SEROQUEL XR... 69, 70
 SEROQUEL... 69
 SEROSTIM... 135
 sertraline... 40
 setlakin... 143
 sevelamer carbonate... 122
 sevelamer hcl... 122
 SEYSARA... 29
 SEZABY... 35
 sf 5000 plus... 184
 sf... 184
 SFROWASA... 159
 sharobel... 143
 SHINGRIX (PF)... 155
 SIGNIFOR LAR... 147
 SIGNIFOR... 147
 SIKLOS... 167
 sildenafil (pulm.hypertension)... 178
 sildenafil... 184
 SILENOR... 182
 SILIQ... 155
 silodosin... 132
 SILVADENE... 115
 silver sulfadiazine... 115
 SIMBRINZA... 171
 simliya (28)... 143
 simpesse... 143
 SIMPONI ARIA... 155
 SIMPONI... 155
 SIMULECT... 155
 simvastatin... 99
 SINEMET... 66
 SINGULAIR... 179
 sirolimus... 155

SIRTURO... 48	SOLU-MEDROL (PF)... 134	STROMECTOL... 64
sitagliptin phos-metformin... 82	SOLU-MEDROL... 134	SUBOXONE... 21
sitagliptin phosphate... 82	SOMA... 181	subvenite starter (blue) kit... 35
sitagliptin-metformin... 82, 83	SOMATULINE DEPOT... 147	subvenite starter (green) kit... 35
sitagliptin... 82	SOMAVERT... 147	subvenite starter (orange) kit... 35
SIVEXTRO... 29	SOOLANTRA... 116	SUBVENITE... 35
SKYCLARYS... 107	sorafenib... 59	SUCRAID... 130
SKYRIZI... 155	sorbitol-mannitol... 167	sucralfate... 127
SKYTROFA... 136	SORILUX... 116	SUFLAVE... 127
SLYND... 143	sotalol af... 100	SULAR... 100
SMOFLIPID... 122	sotalol... 100	sulfacetamide sodium (acne)... 29
SOAANZ... 100	SOTYKTU... 155	sulfacetamide sodium... 29, 171
sodium benzoate-sod phenylacet... 167	SOTYLIZE... 100	sulfacetamide-prednisolone... 171
sodium bicarbonate... 122	SOVALDI... 75	sulfadiazine... 29
sodium chloride 0.45 %... 122	SOVUNA... 64	sulfamethoxazole-trimethoprim... 29
sodium chloride 0.9 %... 122	SPEVIGO... 155, 156	SULFAMYLON... 116
sodium chloride 3 % hypertonic... 122	spinosad... 116	sulfasalazine... 159
sodium chloride 5 % hypertonic... 122	SPIRIVA RESPIMAT... 179	sulindac... 18
sodium chloride... 122, 167	SPIRIVA WITH HANDIHALER... 179	sumatriptan succinate... 47
sodium fluoride 5000 dry mouth... 184	spironolacton-hydrochlorothiaz... 100	sumatriptan-naproxen... 47
sodium fluoride 5000 plus... 184	spironolactone... 100	sumatriptan... 47
sodium fluoride-pot nitrate... 184	SPORANOX... 45	sunitinib malate... 60
sodium oxybate... 182	sprintec (28)... 143	SUNLENCA... 75
sodium phenylbutyrate... 130	SPRITAM... 35	SUNOSI... 182
sodium phosphate... 122	SPRIX... 18	SUPREP BOWEL PREP KIT... 127
sodium polystyrene sulfonate... 122	SPRYCEL... 59, 60	SURE COMFORT ALCOHOL PREP PADS... 167
sodium,potassium,mag sulfates... 127	SPS (WITH SORBITOL)... 122	SURE-PREP ALCOHOL PREP PADS... 167
SOFDRA... 115	sronyx... 143	SUTAB... 127
sofosbuvir-velpatasvir... 75	SSD... 116	SUTENT... 60
SOGROYA... 136	STEGLATRO... 83	syeda... 143
SOHONOS... 167	STEGLUJAN... 83	SYLVANT... 156
solifenacin... 132	STELARA... 156	SYMBICORT... 179
SOLQUA 100/33... 83	STENDRA... 184	SYMBRAVO... 47
SOLIRIS... 155	STIMUFEND... 87	SYMDEKO... 179
SOLOSEC... 29	STIOLTO RESPIMAT... 179	SYMFI LO... 75
SOLTAMOX... 59	STIVARGA... 60	SYMFI... 75
SOLU-CORTEF ACT-O-VIAL (PF)... 134	STOBOCLO... 160	SYMLINPEN 120... 83
SOLU-CORTEF... 134	STRATTERA... 107	SYMLINPEN 60... 83
	STRENSIQ... 130	SYMPAZAN... 35
	streptomycin... 29	SYMPROIC... 127
	STRIBILD... 75	
	STRIVERDI RESPIMAT... 179	

SYMTUZA... 75	TASIGNA... 60	TERIPARATIDE... 160
SYNAGIS... 167	tasimelteon... 182	TESTIM... 144
SYNALAR... 116	TASMAR... 66	testosterone cypionate... 144
SYNAREL... 147	tavaborole... 45	testosterone enanthate... 144
SYNJARDY XR... 83	TAVALISSE... 87	testosterone... 144
SYNJARDY... 83	TAVNEOS... 156	tetrabenazine... 107
SYNTHROID... 146	TAYTULLA... 143	tetracycline... 29
SYPRINE... 122	tazarotene... 116	TEVIMBRA... 60
T	tazicef... 29	TEXACORT... 116
TABLOID... 60	TAZORAC... 116	TEZRULY... 100
TABRECTA... 60	TAZVERIK... 60	TEZSPIRE... 156
TACLONEX... 116	TDVAX... 156	THALITONE... 100
tacrolimus... 116, 156	TECENTRIQ HYBREZA... 60	THALOMID... 60
tadalafil (pulm. hypertension)... 179	TECENTRIQ... 60	THAM... 122
tadalafil... 132, 184	TECFIDERA... 107	THEO-24... 179
TADLIQ... 179	TECVAYLI... 60	theophylline... 179
TAFINLAR... 60	TEFLARO... 29	thiamine hcl (vitamin b1)... 186
tafluprost (pf)... 171	TEGLUTIK... 107	THIOLA EC... 132
TAGRISSO... 60	TEGRETOL XR... 35	THIOLA... 132
TAKHZYRO... 156	TEGRETOL... 35	thioridazine... 70
TALICIA... 127	TEKTRUNA... 100	thiotepa... 60
TALTZ AUTOINJECTOR (2 PACK)... 156	telmisartan-amlodipine... 100	thiothixene... 70
TALTZ AUTOINJECTOR (3 PACK)... 156	telmisartan-hydrochlorothiazid... 100	THYMOGLOBULIN... 156
TALTZ AUTOINJECTOR... 156	telmisartan... 100	THYQUIDITY... 146
TALTZ SYRINGE... 156	temazepam... 182	tiadylt er... 100
TALVEY... 60	TEMODAR... 60	tiagabine... 35
TALZENNA... 60	temsrolimus... 60	TIAZAC... 100
TAMIFLU... 75	tencon... 167	TIBSOVO... 60
tamoxifen... 60	TENIVAC (PF)... 156	ticagrelor... 87
tamsulosin... 132	tenofovir disoproxil fumarate... 75	TICOVAC... 156
tanlor... 181	TENORETIC 100... 100	TIGAN... 42
tapentadol... 18	TENORETIC 50... 100	tigecycline... 29
taperdex... 134	TENORMIN... 100	TIGLUTIK... 107
TARCEVA... 60	TEPADINA... 60	TIKOSYN... 100
TARGADOX... 29	TEPEZZA... 167	tilia fe... 144
TARGRETIN... 60	TEPMETKO... 60	timolol maleate (pf)... 172
tarina 24 fe... 143	TEPYLUTE... 60	timolol maleate... 100, 171, 172
tarina fe 1-20 eq (28)... 143	terazosin... 100	timolol... 171
tarina fe 1/20 (28)... 143	terbinafine hcl... 45	TIMOPTIC OCUDOSE (PF)... 172
TARPEYO... 159	terbutaline... 179	tinidazole... 29
TASCENSO ODT... 107	terconazole... 45	tiopronin... 132
	teriflunomide... 107	tirofiban-0.9% sodium chloride... 87
		TIROSINT-SOL... 146

TIROSINT... 146	TRACLEER... 179	triamcinolone acetonide... 108, 134
TIVDAK... 61	TRADJENTA... 83	triamterene-hydrochlorothiazid... 100, 101
TIVICAY PD... 75	tramadol-acetaminophen... 18	triamterene... 100
TIVICAY... 75	tramadol... 18	trianex... 134
tizanidine... 71	trandolapril-verapamil... 100	triazolam... 182
TLANDO... 144	trandolapril... 100	TRIBENZOR... 101
TOBI PODHALER... 179	tranexamic acid... 87	TRICARE... 123
TOBI... 29	TRANSDERM-SCOP... 42	triderm... 134
TOBRADEX ST... 172	tranylcypromine... 40	trientine... 123
TOBRADEX... 172	TRAVASOL 10 %... 123	trifluoperazine... 70
tobramycin in 0.225 % nacl... 29	TRAVATAN Z... 172	trifluridine... 172
tobramycin sulfate... 29	travoprost... 172	trihexyphenidyl... 66
tobramycin-dexamethasone... 172	TRAZIMERA... 61	TRIJDY XR... 83
tobramycin-lotepred... 172	trazodone... 40	TRIKAF... 179
tobramycin... 29, 172	TREANDA... 61	TRILEPTAL... 36
TOBREX... 172	TRELEGY ELLIPTA... 179	TRILIPID... 101
tofacitinib... 156	TRELSTAR... 147	trilitas... 116
tolcapone... 66	TREMFYA ONE-PRESS... 156	trimethobenzamide... 42
tolectin 600... 18	TREMFYA PEN INDUCTION PK(2PEN)... 156	trimethoprim... 29
tolectin ds... 18	TREMFYA PEN... 156	trimipramine... 40
tolmetin... 18	TREMFYA... 156	trinatal rx 1... 123
TOLSURA... 45	treprostinil sodium... 179	TRINTELLIX... 40
tolterodine... 132	TRESIBA FLEXTOUCH U-100... 83	TRIPOTUR... 148
tolvaptan (polycyst kidney dis)... 122, 123	TRESIBA FLEXTOUCH U-200... 83	TRISENOX... 61
tolvaptan... 122	TRESIBA U-100 INSULIN... 83	TRISTART DHA... 123
TONMYA... 181	tretinoin (antineoplastic)... 61	TRIUMEQ PD... 75
TOPAMAX... 35	tretinoin microspheres... 116	TRIUMEQ... 75
TOPICORT... 116	tretinoin... 116	trivora (28)... 144
topiramate... 35, 36	TREXALL... 156	TRODELVY... 61
topotecan... 61	TREXIMET... 47	TROGARZO... 75
TOPROL XL... 100	TREZIX... 18	TROKENDI XR... 36
toremifene... 61	tri-estarylla... 144	tromethamine... 123
TORISEL... 61	tri-legest fe... 144	TROPHAMINE 10 %... 123
torpenz... 61	tri-lynyah... 144	trosipium... 132
torsemide... 100	tri-lo-estarylla... 144	TRUDHESA... 47
TOSYMRA... 47	tri-lo-marzia... 144	TRUE COMFORT ALCOHOL PADS... 167
TOUJEO MAX U-300 SOLOSTAR... 83	tri-lo-mili... 144	TRUE COMFORT PRO ALCOHOL PADS... 167
TOUJEO SOLOSTAR U-300 INSULIN... 83	tri-lo-sprintec... 144	TRULANCE... 127
tovet emollient... 116	tri-mili... 144	TRULICITY... 83
TOVIAZ... 132	tri-sprintec (28)... 144	TRUMENBA... 157
TPN ELECTROLYTES... 123	tri-vylibra lo... 144	
	tri-vylibra... 144	

TRUQAP... 61
 TRUTAKNA... 157
 TRUVADA... 75
 TRUXIMA... 61
 TRYNGOLZA... 101
 TRYPTYR... 172
 TRYVIO... 101
 TUDORZA PRESSAIR... 179
 TUDRIQEV... 61
 TUKYSA... 61
 tulana... 144
 TURALIO... 61
 turqoz (28)... 144
 TUXARIN ER... 183
 TWINRIX (PF)... 157
 TWIRLA... 144
 TWYNEO... 116
 TYBLUME... 144
 TYBOST... 75
 tydemy... 144
 TYENNE AUTOINJECTOR... 157
 TYENNE... 157
 TYGACIL... 29
 TYKERB... 61
 TYMLOS... 160
 TYPHIM VI... 157
 TYRUKO... 107
 TYRVAYA... 172
 TYSABRI... 108
 TYVASO DPI... 179, 180
 TYVASO INSTITUTIONAL START KIT...
 180
 TYVASO REFILL KIT... 180
 TYVASO STARTER KIT... 180
 TYVASO... 179
 TYZAVAN... 29

U

ULTILET ALCOHOL SWAB... 167
 ULTOMIRIS... 157
 ULTRA-FINE INS SYR (HALF UNIT)...
 167
 ULTRA-FINE INSULIN SYRINGE... 167
 ULTRA-FINE PEN NEEDLE... 167
 ULTRA-FINE SAFETY INSULIN SYRN...
 167
 ULTRAVATE... 116
 umeclidinium-vilanterol... 180
 umeclidinium... 180
 UNASYN... 29
 UNDECATREX... 144
 UNITHROID... 146
 UNITUXIN... 61
 UNLOXCYT... 61
 UPLIZNA... 157
 UPTRAVI... 180
 UROCIT-K 10... 123
 UROCIT-K 15... 123
 UROXATRAL... 132
 URSO FORTE... 127
 ursodiol... 127
 URSOLIGN... 127
 UZEDY... 70

V

valrubicin... 61
valsartan-hydrochlorothiazide... 101
valsartan... 101
VALSTAR... 61
VALTOCO... 36
VALTREX... 76
valtya... 144
VANCOCIN... 29
vancomycin in 0.9 % sodium chl... 30
vancomycin in dextrose 5 %... 30
vancomycin-diluent combo no.1... 30
vancomycin... 29, 30
VANDAZOLE... 30
VANFLYTA... 61
VANOS... 116
VANRAFIA... 167
VAPRISOL IN 5 % DEXTROSE... 123
VAQTA (PF)... 157
vardenafil... 184
varenicline tartrate... 21
VARIVAX (PF)... 157
VARIZIG... 157
VARUBI... 42
VASCEPA... 101
VASERETIC... 101
VASOTEC... 101
VAXCHORA VACCINE... 157
vecamyl... 101
VECTIBIX... 61
VEGZELMA... 61
VELCADE... 61
VELETRI... 180
velivet triphasic regimen (28)... 144
VELSIPITY... 157
VELTASSA... 123
VELTIN... 116
VEMLIDY... 76
VENCLEXTA STARTING PACK... 61
VENCLEXTA... 61
VENLAFAXINE BESYLATE... 40

venlafaxine... 40	VIOKACE... 130	VUITY... 172
VENTAVIS... 180	viorele (28)... 145	VUMERITY... 108
VENTOLIN HFA... 180	VIRACEPT... 76	VUSION... 45
venxxiva... 132	VIRAZOLE... 167	VYALEV... 66
VEOPOZ... 157	VIREAD... 76	VYEPTI... 47
VEOZAH... 108	VITAFOL FE PLUS... 123	vyfemla (28)... 145
VEPPANU... 61	VITAFOL GUMMIES... 123	VYJUVEK... 167
verapamil... 101	VITAFOL ULTRA... 123	VYKAT XR... 167
VEREGEN... 116	VITAFOL-OB+DHA... 123	VYKOURA... 62
VERELAN PM... 101	VITAFOL-OB... 123	VYLEESI... 184
VERIPRED 20... 134	VITAFOL-ONE... 123	vylibra... 145
VERKAZIA... 172	VITAMEDMD ONE RX... 123	VYLOY... 62
VERQUVO... 101	vitamin d2... 186	VYNDAMAX... 130
VERSACLOZ... 70	vitamin k... 186	VYSCOXA... 18
VERZENIO... 61	vitamin k1... 186	VYTORIN 10-10... 101
VESICARE LS... 132	VITRAKVI... 62	VYTORIN 10-20... 101
VESICARE... 132	vivacaine... 20	VYTORIN 10-40... 101
vestura (28)... 144	VIVELLE-DOT... 145	VYTORIN 10-80... 101
VEVYE... 172	VIVIMUSTA... 62	VYVANSE... 108
VFEND IV... 45	VIVITROL... 21	VYVGART HYTRULO... 48
VFEND... 45	VIVJOA... 45	VYVGART... 48
VIAGRA... 184	VIVLODEX... 18	VYXEOS... 62
VIBATIV... 30	VIVOTIF... 157	VYZULTA... 172
VIBERZI... 127	VIZIMPRO... 62	
VICTOZA 2-PAK... 83	VOCABRIA... 76	W
VICTOZA 3-PAK... 83	VOGELXO... 145	WAINUA... 130
VIDAZA... 61	volnea (28)... 145	WAKIX... 182
vienva... 145	VONJO... 62	warfarin... 88
vigabatrín... 36	VOQUEZNA DUAL PAK... 127	water for irrigation, sterile... 168
vigadrone... 36	VOQUEZNA TRIPLE PAK... 127	WAYRILZ... 88
VIGAFYDE... 36	VOQUEZNA... 127	WEBCOL... 168
VIGAMOX... 172	VORANIGO... 62	WEGOVY... 168
vigpoder... 36	voriconazole-hpbc... 45	WELCHOL... 101
VIIBRYD... 40	voriconazole... 45	WELIREG... 130
VIJOICE... 130	VOSEVI... 76	WELLBUTRIN SR... 40
vilazodone... 40	VOTRIENT... 62	WELLBUTRIN XL... 40
VIMKUNYA (PF)... 157	VOWST... 127	wera (28)... 145
VIMOVO... 18	VOXZOGO... 130	wescap-pn dha... 123
VIMPAT... 36	VOYDEYA... 157	wesnata dha complete... 123
vinblastine... 62	VOYXACT... 157	wesnate dha... 123
vincasar pfs... 62	VPRIV... 130	westab plus... 123
vincristine... 62	VRAYLAR... 70	westgel dha... 123
vinorelbine... 62	VTAMA... 116	WINLEVI... 116
		WINREVAIR... 180

wixela inhub... 180

wymzya fe... 145

X

XACDURO... 30

XACIATO... 30

XADAGO... 66

XALATAN... 172

XALKORI... 62

XANAX XR... 77

XANAX... 77

xarah fe... 145

XARELTO DVT-PE TREAT 30D START...
88

XARELTO... 88

XATMEP... 157

XCOPRI MAINTENANCE PACK... 36

XCOPRI TITRATION PACK... 36

XCOPRI... 36

XDEMZY... 168

XELJANZ XR... 157

XELJANZ... 157

XELPROS... 172

xelria fe... 145

XELSTRYM... 108

XEMBIFY... 157

XENAZINE... 108

XENPOZYME... 131

XERAFA... 30

XERESE... 76

XERMELO... 127

XGEVA... 160

XHANCE... 180

XIFAXAN... 128

XIFYRM... 18

XIGDUO XR... 83

XIIDRA... 172

XIMINO... 30

XOCOFA... 76

XOFLUZA... 76

XOLAIR... 157

XOLEGEL... 45

XOLREMDI... 88

XOPENEX HFA... 180

XOSPATA... 62

XPOVIO... 62

XROMI... 168

XTAMPZA ER... 18

XTANDI... 62

XTORO... 173

xulane... 145

XULTOPHY 100/3.6... 83

XYOSTED... 145

XYREM... 182

xyvona... 18

XYWAV... 182

Y

yargesa... 131

YASMIN (28)... 145

YAZ (28)... 145

YCANTH... 168

YERVOY... 62

YESINTEK... 157, 158

YF-VAX (PF)... 158

YIMMUGO... 158

YONDELIS... 62

YONSA... 62

YORVIPATH... 160

yulithira... 62

YUPELRI... 180

YUTREPIA... 180

yuvaferm... 145

YUVIWEL... 131

Z

zafemy... 145

zafirlukast... 180

zaleplon... 182

ZALTRAP... 63

ZANAFLEX... 71

ZANOSAR... 63

zarah... 145

ZARONTIN... 36

ZARXIO... 88

zatean-pn dha... 123

zatean-pn plus... 123

ZAVESCA... 131

ZAVZPRET... 47

ZCORT... 134

ZEGALOGUE AUTOINJECTOR... 83

ZEGALOGUE SYRINGE... 83

ZEGERID... 128

ZEJULA... 63

ZELAPAR... 66

ZELBORAF... 63

ZELSUVMI... 116

zelvysia... 131

ZEMAIRA... 131

ZEMBRACE SYMTOUCH... 47

ZEMDRI... 30

ZEMPLAR... 160, 161

zenatane... 117

ZENBEXUS... 63

ZENPEP... 131

zenzedi... 108

ZEPATIER... 76

ZEPBOUND KWIKPEN... 168

ZEPOSIA STARTER KIT (28-DAY)...
108

ZEPOSIA STARTER PACK (7-DAY)...
108

ZEPOSIA... 108

ZEPZELCA... 63

ZERBAXA... 30

ZERVIAE... 172

ZESTORETIC... 101

ZESTRIL... 101

ZETIA... 102

ZEVALIN (Y-90)... 168

ZEVTERA... 30

ZIAGEN... 76

ZIANA... 117

zidovudine... 76

ZIEXTENZO... 88

ZIIHERA... 63

ZILBRYSQ... 158

zileuton... 180

ZILRETTA... 134

ZILXI... 117

ZIMHI... 21

zingiber... 168

ZIOPTAN (PF)... 172	ZURNAI... 21
ziprasidone hcl... 70	ZURZUVAE... 40
ziprasidone mesylate... 70	ZYBIC... 18
ZIPSOR... 18	ZYCLARA... 117
ZIRABEV... 63	ZYDELIG... 63
ZIRGAN... 76	ZYKADIA... 63
ZITHROMAX TRI-PAK... 30	ZYLET... 172
ZITHROMAX Z-PAK... 30	ZYLOPRIM... 46
ZITHROMAX... 30	ZYMFENTRA... 158
ZITUVIMET XR... 83	ZYNLONTA... 63
ZITUVIMET... 83	ZYNRELEF... 168
ZITUVIO... 83	ZYNYZ... 63
ZOCOR... 102	ZYPITAMAG... 102
ZOKINVY... 131	ZYPREXA RELPREVV... 70
ZOLADEX... 148	ZYPREXA ZYDIS... 70
zoledronic ac-mannitol-0.9nacl... 161	ZYPREXA... 70
zoledronic acid-mannitol-water... 161	ZYTIGA... 63
zoledronic acid... 161	ZYVOX... 30
ZOLINZA... 63	
zolmitriptan... 47	
ZOLOFT... 40	
zolpidem... 182	
ZOLYMBUS... 172	
ZOMACTON... 136	
zomig... 47	
ZONALON... 117	
ZONEGRAN... 36	
ZONISADE... 36	
zonisamide... 37	
ZORTRESS... 158	
ZORVOLEX... 18	
ZORYVE... 117	
ZOSYN IN DEXTROSE (ISO-OSM)... 30	
zovia 1-35 (28)... 145	
ZOVIRAX... 76	
ZTALMY... 37	
ZTLIDO... 20	
ZUBSOLV... 21	
ZULRESSO... 40	
zumandimine (28)... 145	
ZUNVEYL... 37	

Notice of Availability - Auxiliary Aids and Services Notice

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

አማርኛ [Amharic]: ነፃ ቋንቋ፣ አጋዥ ማዳመጫ፣ እና አማራጭ ቅርፅ ያላቸው አገልግሎቶችም ይገኛሉ። በ

877-320-1235 (TTY: 711) ላይ ይደውሉ።

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

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

Bàsòò [Bassa]: Wuḍu-xwíniín-mú-zà-zà kùà, hwòdò-fónó-nyò,, kè nyo-bò-po-kà bě bé wa nyuésé wíqí péré-pérédò kò. Dá **877-320-1235 (TTY: 711)**.

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

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

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

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

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

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

Français [French]: Des services gratuits d'assistance linguistique, d'aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS: 711)**.

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

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

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

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

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

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

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

GHHNOA2026HUM_0526

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

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

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

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

ພາສາລາວ [Lao]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໆເສຍຄ່າໃຫ້. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajilii'ígíí bee ak'e'elyaaígíí t'áá jik'eh hóló. **877-320-1235 (TTY: 711)** bich'í' hodílnih.

नेपाली [Nepali]: निःशुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

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

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

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

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

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

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

தமிழ் [Tamil]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை அழைக்கவும்.

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

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

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

Òyínbó [Yoruba]: Àwọn ẹ̀ṣẹ́ àtìlẹ́hìn irànlọ́wọ́ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ́tó lọ́fẹ́ẹ́. **Pe 877-320-1235 (TTY: 711)**.

[illegible]



This formulary was updated on 10/13/2026. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time (5 a.m. - 9 p.m., Pacific time). Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.

Humana[®]

