

2025

# Prescription Drug Guide

## Humana Medicare Employer Plan Formulary

List of covered drugs or "Drug List"

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

14

Formulary 25800

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. 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](http://Humana.com).

**Humana**<sup>®</sup>



# Welcome to The Humana Medicare Employer Plan!

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

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

## What is the Humana Medicare Employer formulary?

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

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

## Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year 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](http://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 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 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. 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, 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.

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

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

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

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

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

## **How do I use the Formulary?**

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

### **Medical condition**

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

### **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 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.

### **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:**

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

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

## **Are there any restrictions on my coverage?**

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

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

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

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

You can also get more information about the restrictions applied to specific covered drugs by visiting [Humana.com/medicaredruglist](http://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.

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

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

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

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

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

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

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

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

### **Transition extension**

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

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

### **CenterWell Pharmacy™**

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

Other pharmacies are available in our network.

## For More Information

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

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

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

# Humana Medicare Employer Plan Formulary

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

## How to read your formulary

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

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

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

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

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

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

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

The second column lists the tier of the drug.

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMEROL 50 MG/ML SOLUTION <b>DL</b>	1	QL(720 per 30 days)
DEMEROL (PF) 100 MG/ML SYRINGE <b>DL</b>	1	QL(360 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE <b>DL</b>	1	QL(1440 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE <b>DL</b>	1	QL(720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE <b>DL</b>	1	QL(480 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
diclofenac potassium 25 mg CAPSULE <b>MO</b>	1	ST,QL(120 per 30 days)
diclofenac potassium 25 mg TABLET <b>DL</b>	1	
diclofenac potassium 50 mg POWDER IN PACKET <b>MO</b>	1	ST,QL(9 per 30 days)
diclofenac potassium 50 mg TABLET <b>MO</b>	1	
diclofenac sodium 1 % GEL <b>MO</b>	1	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS <b>MO</b>	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. <b>MO</b>	1	
diclofenac sodium 20 mg/gram /actuation(2 %) SOLUTION IN METERED DOSE PUMP <b>DL</b>	1	PA,QL(224 per 28 days)
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC <b>MO</b>	1	
diclofenac sodium 75 mg TABLET, DR/EC <b>MO</b>	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC <b>MO</b>	1	
diflunisal 500 mg TABLET <b>MO</b>	1	
DILAUDID 1 MG/ML LIQUID <b>DL</b>	1	PA,QL(2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
DILAUDID 8 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
dolobid 250 mg TABLET <b>DL</b>	1	ST
DOLOBID 375 MG TABLET <b>DL</b>	1	ST
DUEXIS 800-26.6 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
DURAMORPH (PF) 0.5 MG/ML SOLUTION <b>DL</b>	1	BvsD,QL(7200 per 30 days)
DURAMORPH (PF) 1 MG/ML SOLUTION <b>DL</b>	1	BvsD,QL(3600 per 30 days)
ec-naproxen 500 mg TABLET, DR/EC <b>MO</b>	1	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE <b>MO</b>	1	
etodolac 400 mg, 500 mg TABLET <b>MO</b>	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. <b>MO</b>	1	
FELDENE 10 MG, 20 MG CAPSULE <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenoprofen 400 mg CAPSULE <b>MO</b>	1	ST
fenoprofen 600 mg TABLET <b>MO</b>	1	ST
fenopron 300 mg CAPSULE <b>DL</b>	1	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. <b>DL</b>	1	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE <b>DL</b>	1	PA,QL(120 per 30 days)
fentanyl citrate 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg TABLET, EFFERVESCENT <b>DL</b>	1	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE <b>DL</b>	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION <b>DL</b>	1	BvsD,QL(720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET, EFFERVESCENT <b>DL</b>	1	PA,QL(120 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET <b>MO</b>	1	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. <b>DL</b>	1	ST,QL(90 per 30 days)
hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. <b>DL</b>	1	ST,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET <b>DL</b>	1	QL(390 per 30 days)
hydrocodone-acetaminophen 10-300 mg/15 ml SOLUTION <b>DL</b>	1	QL(6000 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION <b>DL</b>	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION <b>DL</b>	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE <b>DL</b>	1	BvsD
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID <b>DL</b>	1	QL(2400 per 30 days)
hydromorphone 1 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET <b>DL</b>	1	QL(360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 2 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(360 per 30 days)
hydromorphone 32 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(60 per 30 days)
hydromorphone 4 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(180 per 30 days)
hydromorphone 8 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
hydromorphone 8 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(240 per 30 days)
hydromorphone (pf) 0.2 mg/ml, 1 mg/ml, 2 mg/ml SYRINGE <b>DL</b>	1	BvsD
hydromorphone (pf) 1 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(720 per 30 days)
hydromorphone (pf) 10 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(144 per 30 days)
hydromorphone (pf) 4 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(180 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET <b>MO</b>	1	
ibuprofen 100 mg/5 ml SUSPENSION <b>MO</b>	1	
ibuprofen 300 mg TABLET <b>DL</b>	1	ST
ibuprofen 400 mg TABLET <b>MO</b>	1	
ibuprofen 600 mg, 800 mg TABLET <b>MO</b>	1	
ibuprofen-famotidine 800-26.6 mg TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION <b>DL</b>	1	
INDOCIN 50 MG SUPPOSITORY <b>MO</b>	1	
indomethacin 25 mg, 50 mg CAPSULE <b>MO</b>	1	
indomethacin 25 mg/5 ml SUSPENSION <b>DL</b>	1	
indomethacin 50 mg SUPPOSITORY <b>MO</b>	1	
indomethacin 75 mg CAPSULE, ER <b>MO</b>	1	
indomethacin sodium 1 mg RECON SOLUTION <b>MO</b>	1	
INFUMORPH P/F 10 MG/ML SOLUTION <b>DL</b>	1	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION <b>DL</b>	1	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. <b>MO</b>	1	
ketoprofen 25 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	ST
ketorolac 10 mg TABLET <b>MO</b>	1	QL(20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION <b>MO</b>	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE <b>MO</b>	1	
ketorolac 15.75 mg/spray SPRAY, NON-AEROSOL <b>DL</b>	1	PA,QL(5 per 30 days)
kiprofen 25 mg CAPSULE <b>MO</b>	1	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levorphanol tartrate 2 mg TABLET <b>DL</b>	1	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg TABLET <b>DL</b>	1	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
LODINE 400 MG TABLET <b>MO</b>	1	PA
lofena 25 mg TABLET <b>DL</b>	1	
lurbipr 100 mg TABLET <b>MO</b>	1	
lurbiro 100 mg TABLET <b>DL</b>	1	
meclofenamate 100 mg, 50 mg CAPSULE <b>MO</b>	1	
mefenamic acid 250 mg CAPSULE <b>MO</b>	1	
meloxicam 15 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
meperidine 50 mg TABLET <b>DL</b>	1	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION <b>DL</b>	1	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION <b>DL</b>	1	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION <b>DL</b>	1	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION <b>DL</b>	1	QL(720 per 30 days)
methadone 10 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION <b>DL</b>	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE <b>DL</b>	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION <b>DL</b>	1	QL(360 per 30 days)
methadone 5 mg TABLET <b>DL</b>	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION <b>DL</b>	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE <b>DL</b>	1	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE <b>DL</b>	1	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(360 per 30 days)
mitigo (pf) 25 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(150 per 30 days)
morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS <b>DL</b>	1	ST,QL(60 per 30 days)
morphine 10 mg/5 ml SOLUTION <b>DL</b>	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER <b>DL</b>	1	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. <b>DL</b>	1	ST,QL(60 per 30 days)

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP <b>DL</b>	1	PA,QL(224 per 28 days)
pentazocine-naloxone 50-0.5 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE <b>MO</b>	1	
primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET <b>DL</b>	1	PA,QL(390 per 30 days)
prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET <b>DL</b>	1	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION <b>DL</b>	1	PA,QL(900 per 30 days)
QDOLO 5 MG/ML SOLUTION <b>DL</b>	1	QL(2400 per 30 days)
RELAFEN DS 1,000 MG TABLET <b>DL</b>	1	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
ROXICODONE 30 MG TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY <b>DL</b>	1	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY <b>DL</b>	1	PA,QL(180 per 30 days)
SEGMENTIS 44-56 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL <b>DL</b>	1	PA,QL(5 per 30 days)
sulindac 150 mg, 200 mg TABLET <b>MO</b>	1	
tolectin 600 600 mg TABLET <b>MO</b>	1	
tolmetin 400 mg CAPSULE <b>MO</b>	1	
tolmetin 600 mg TABLET <b>MO</b>	1	
tramadol 100 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC <b>DL</b>	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE <b>DL</b>	1	ST,QL(30 per 30 days)
tramadol 25 mg TABLET <b>DL</b>	1	QL(180 per 30 days)
tramadol 5 mg/ml SOLUTION <b>DL</b>	1	QL(2400 per 30 days)
tramadol 50 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
tramadol 75 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE <b>DL</b>	1	QL(300 per 30 days)
VIMOVO 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC <b>DL</b>	1	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE <b>MO</b>	1	QL(30 per 30 days)
XIFYRM 30 MG/ML SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. <b>DL</b>	1	ST,QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE <b>DL</b>	1	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE <b>MO</b>	1	ST,QL(90 per 30 days)
<b>ANESTHETICS</b>		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION <b>MO</b>	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION <b>MO</b>	1	
bupivacaine liposome (pf) 1.3 % (13.3 mg/ml) SUSPENSION <b>MO</b>	1	
bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION <b>MO</b>	1	
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION <b>MO</b>	1	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION <b>MO</b>	1	
CARBOCAINE WITH NEO-COBFRIN 2 % -1:20,000 CARTRIDGE <b>MO</b>	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION <b>MO</b>	1	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION <b>MO</b>	1	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED <b>DL</b>	1	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION <b>MO</b>	1	
glydo 2 % JELLY IN APPLICATOR <b>MO</b>	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED <b>MO</b>	1	PA,QL(90 per 30 days)
lidocaine 5 % OINTMENT <b>MO</b>	1	PA
lidocaine (pf) 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %) SOLUTION <b>MO</b>	1	
lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION <b>MO</b>	1	
lidocaine hcl 2 % JELLY <b>MO</b>	1	
lidocaine hcl 2 % JELLY IN APPLICATOR <b>MO</b>	1	
lidocaine viscous 2 % SOLUTION <b>MO</b>	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION <b>MO</b>	1	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE <b>MO</b>	1	
lidocaine-prilocaine 2.5-2.5 % CREAM <b>MO</b>	1	
lidocan iii 5 % ADHESIVE PATCH, MEDICATED <b>DL</b>	1	PA,QL(90 per 30 days)
lidocan iv 5 % ADHESIVE PATCH, MEDICATED <b>DL</b>	1	PA,QL(90 per 30 days)
lidocan v 5 % ADHESIVE PATCH, MEDICATED <b>DL</b>	1	PA,QL(90 per 30 days)
LIDODERM 5 % ADHESIVE PATCH, MEDICATED <b>DL</b>	1	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lignospan standard 2 %-1:100,000 CARTRIDGE MO</i>	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	1	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	1	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION MO	1	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
<i>marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE MO</i>	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION MO	1	
NESACAIN 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION MO	1	
NESACAIN-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION MO	1	
PLIAGLIS 7-7 % CREAM MO	1	
<i>polocaine 1 % (10 mg/ml), 2 % SOLUTION MO</i>	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION MO</i>	1	
<i>ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO</i>	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	1	
<i>sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO</i>	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	1	
<i>sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO</i>	1	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION MO</i>	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION MO</i>	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION MO	1	
<i>vivacaine 0.5 %-1:200,000 CARTRIDGE MO</i>	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED MO	1	PA,QL(90 per 30 days)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
acamprosate 333 mg TABLET, DR/EC MO	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM <b>MO</b>	1	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET <b>MO</b>	1	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. <b>MO</b>	1	QL(90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET <b>MO</b>	1	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <b>MO</b>	1	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK <b>MO</b>	1	PA,QL(53 per 28 days)
disulfiram 250 mg, 500 mg TABLET <b>MO</b>	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	1	QL(2 per 30 days)
lofexidine 0.18 mg TABLET <b>DL</b>	1	PA,QL(224 per 365 days)
LUCEMYRA 0.18 MG TABLET <b>DL</b>	1	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION <b>MO</b>	1	
naloxone 0.4 mg/ml SOLUTION <b>MO</b>	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE <b>MO</b>	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL <b>MO</b>	1	QL(2 per 30 days)
naltrexone 50 mg TABLET <b>MO</b>	1	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	1	PA,QL(2 per 30 days)
NICOTROL 10 MG CARTRIDGE <b>MO</b>	1	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL <b>MO</b>	1	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	1	QL(2 per 30 days)
SUBOXONE 12-3 MG FILM <b>MO</b>	1	PA,QL(60 per 30 days)
SUBOXONE 2-0.5 MG, 4-1 MG, 8-2 MG FILM <b>MO</b>	1	PA,QL(90 per 30 days)
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK <b>MO</b>	1	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET <b>MO</b>	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON <b>DL</b>	1	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE <b>MO</b>	1	PA,QL(1 per 30 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(60 per 30 days)
<b>ANTIBACTERIALS</b>		
acetic acid 2 % SOLUTION <b>MO</b>	1	
ACTICLATE 150 MG TABLET <b>DL</b>	1	ST,QL(30 per 30 days)
ACTICLATE 75 MG TABLET <b>DL</b>	1	ST,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION <b>MO</b>	1	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET <b>MO</b>	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
amoxicillin 250 mg CAPSULE <b>MO</b>	1	
amoxicillin 500 mg CAPSULE <b>MO</b>	1	
amoxicillin 500 mg TABLET <b>MO</b>	1	
amoxicillin 875 mg TABLET <b>MO</b>	1	
amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR. <b>MO</b>	1	
amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET <b>MO</b>	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET <b>MO</b>	1	
amoxicillin-pot clavulanate 875-125 mg TABLET <b>MO</b>	1	
ampicillin 500 mg CAPSULE <b>MO</b>	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION <b>MO</b>	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION <b>DL</b>	1	PA,QL(235.2 per 28 days)
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
AUGMENTIN 500-125 MG TABLET <b>MO</b>	1	PA
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
AUGMENTIN XR 1,000-62.5 MG TABLET, ER 12 HR. <b>MO</b>	1	
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK <b>MO</b>	1	PA
cidoxy 100 mg TABLET <b>MO</b>	1	ST
AVYCAZ 2.5 GRAM RECON SOLUTION <b>DL</b>	1	
AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION <b>MO</b>	1	PA
azithromycin 1 gram PACKET <b>MO</b>	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
azithromycin 250 mg TABLET <b>MO</b>	1	
azithromycin 500 mg RECON SOLUTION <b>MO</b>	1	
azithromycin 500 mg, 600 mg TABLET <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aztreonam 1 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
bacitracin 50,000 unit RECON SOLUTION <b>MO</b>	1	
BACTRIM 400-80 MG TABLET <b>MO</b>	1	
BACTRIM DS 800-160 MG TABLET <b>MO</b>	1	
BAXDELA 300 MG RECON SOLUTION <b>DL</b>	1	QL(28 per 14 days)
BAXDELA 450 MG TABLET <b>DL</b>	1	QL(28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE <b>MO</b>	1	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE <b>MO</b>	1	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefaclor 250 mg, 500 mg CAPSULE <b>MO</b>	1	
cefaclor 500 mg TABLET, ER 12 HR. <b>MO</b>	1	
cefadroxil 1 gram TABLET <b>MO</b>	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefadroxil 500 mg CAPSULE <b>MO</b>	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION <b>MO</b>	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION <b>MO</b>	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK <b>MO</b>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK <b>MO</b>	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefdinir 300 mg CAPSULE <b>MO</b>	1	
cefepime 1 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
cefepime in dextrose, iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK <b>MO</b>	1	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefixime 400 mg CAPSULE <b>MO</b>	1	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
cefpodoxime 100 mg, 200 mg TABLET <b>MO</b>	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefprozil 250 mg, 500 mg TABLET <b>MO</b>	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION <b>MO</b>	1	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
cefuroxime axetil 250 mg, 500 mg TABLET <b>MO</b>	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION <b>MO</b>	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cephalexin 250 mg, 500 mg TABLET <b>MO</b>	1	
cephalexin 250 mg, 750 mg CAPSULE <b>MO</b>	1	
cephalexin 500 mg CAPSULE <b>MO</b>	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION <b>MO</b>	1	
CIPRO 250 MG, 500 MG TABLET <b>MO</b>	1	
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON <b>MO</b>	1	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON <b>MO</b>	1	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET <b>MO</b>	1	
ciprofloxacin hcl 500 mg TABLET <b>MO</b>	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK <b>MO</b>	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION <b>MO</b>	1	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
clarithromycin 250 mg, 500 mg TABLET <b>MO</b>	1	
clarithromycin 500 mg TABLET, ER 24 HR. <b>MO</b>	1	
CLEOCIN 100 MG SUPPOSITORY <b>MO</b>	1	
CLEOCIN 150 MG/ML SOLUTION <b>MO</b>	1	
CLEOCIN 2 % CREAM <b>MO</b>	1	PA
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE <b>MO</b>	1	
CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION <b>MO</b>	1	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE <b>MO</b>	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK <b>MO</b>	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION <b>MO</b>	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION <b>MO</b>	1	
clindamycin phosphate 150 mg/ml SOLUTION <b>MO</b>	1	
clindamycin phosphate 2 % CREAM <b>MO</b>	1	
CLINDESSE 2 % CREAM, ER <b>MO</b>	1	
colistin (colistimethate na) 150 mg RECON SOLUTION <b>MO</b>	1	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION <b>DL</b>	1	
CUBICIN RF 500 MG RECON SOLUTION <b>DL</b>	1	
DALVANCE 500 MG SOLUTION <b>DL</b>	1	QL(4 per 28 days)
daptomycin 350 mg RECON SOLUTION <b>MO</b>	1	
daptomycin 500 mg RECON SOLUTION <b>DL</b>	1	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK <b>MO</b>	1	
demeclocycline 150 mg TABLET <b>MO</b>	1	QL(240 per 30 days)
demeclocycline 300 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE <b>MO</b>	1	
DIFICID 200 MG TABLET <b>DL</b>	1	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
DORYX 200 MG TABLET, DR/EC <b>MO</b>	1	ST,QL(30 per 30 days)
DORYX 50 MG TABLET, DR/EC <b>MO</b>	1	ST,QL(60 per 30 days)
DORYX 80 MG TABLET, DR/EC <b>DL</b>	1	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DR/EC <b>MO</b>	1	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC <b>DL</b>	1	ST,QL(60 per 30 days)
doxy-100 100 mg RECON SOLUTION <b>MO</b>	1	
doxycycline hyclate 100 mg CAPSULE <b>MO</b>	1	
doxycycline hyclate 100 mg RECON SOLUTION <b>MO</b>	1	
doxycycline hyclate 100 mg TABLET <b>MO</b>	1	
doxycycline hyclate 100 mg TABLET, DR/EC <b>MO</b>	1	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC <b>MO</b>	1	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET <b>MO</b>	1	
doxycycline hyclate 200 mg TABLET, DR/EC <b>MO</b>	1	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE <b>MO</b>	1	
doxycycline hyclate 50 mg TABLET <b>MO</b>	1	ST,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 75 mg TABLET <b>MO</b>	1	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg TABLET, DR/EC <b>DL</b>	1	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE <b>MO</b>	1	
doxycycline monohydrate 150 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC <b>MO</b>	1	ST,QL(30 per 30 days)
doxycycline monohydrate 75 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
E.E.S. 400 400 MG TABLET <b>MO</b>	1	
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
EMBLAVEO 2 GRAM RECON SOLUTION <b>DL</b>	1	
EMROSI 40 MG CAPSULE, IR/ER, BIPHASIC <b>DL</b>	1	PA,QL(30 per 30 days)
ertapenem 1 gram RECON SOLUTION <b>MO</b>	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC <b>MO</b>	1	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
ERYTHROCIN 500 MG RECON SOLUTION <b>MO</b>	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET <b>MO</b>	1	
erythromycin 250 mg CAPSULE, DR/EC <b>MO</b>	1	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC <b>MO</b>	1	
erythromycin 250 mg, 500 mg TABLET <b>MO</b>	1	
erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
erythromycin ethylsuccinate 400 mg TABLET <b>MO</b>	1	
erythromycin lactobionate 500 mg RECON SOLUTION <b>DL</b>	1	
FETROJA 1 GRAM RECON SOLUTION <b>DL</b>	1	QL(84 per 14 days)
fidaxomicin 200 mg TABLET <b>DL</b>	1	
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION <b>MO</b>	1	
FLAGYL 375 MG CAPSULE <b>MO</b>	1	QL(320 per 30 days)
fosfomycin tromethamine 3 gram PACKET <b>MO</b>	1	
FURADANTIN 25 MG/5 ML SUSPENSION <b>MO</b>	1	
gentamicin 0.1 % CREAM <b>MO</b>	1	
gentamicin 0.1 % OINTMENT <b>MO</b>	1	
gentamicin 40 mg/ml SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK <b>MO</b>	1	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION <b>MO</b>	1	
HIPREX 1 GRAM TABLET <b>MO</b>	1	PA
HUMATIN 250 MG CAPSULE <b>DL</b>	1	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
KIMYRSA 1,200 MG RECON SOLUTION <b>DL</b>	1	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA
KLARON 10 % SUSPENSION <b>MO</b>	1	QL(118 per 30 days)
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION <b>MO</b>	1	
levofloxacin 250 mg, 750 mg TABLET <b>MO</b>	1	
levofloxacin 500 mg TABLET <b>MO</b>	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK <b>MO</b>	1	
LINCOCIN 300 MG/ML SOLUTION <b>MO</b>	1	
lincomycin 300 mg/ml SOLUTION <b>MO</b>	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	QL(1800 per 30 days)
linezolid 600 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK <b>MO</b>	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION <b>MO</b>	1	
MACROBID 100 MG CAPSULE <b>MO</b>	1	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE <b>MO</b>	1	
meropenem 1 gram, 500 mg RECON SOLUTION <b>MO</b>	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK <b>MO</b>	1	
methenamine hippurate 1 gram TABLET <b>MO</b>	1	
METRO I.V. 500 MG/100 ML PIGGYBACK <b>MO</b>	1	
METROCREAM 0.75 % CREAM <b>MO</b>	1	PA
METROGEL 1 % GEL <b>MO</b>	1	ST
METROLOTION 0.75 % LOTION <b>MO</b>	1	PA
metronidazole 0.75 % CREAM <b>MO</b>	1	
metronidazole 0.75 % LOTION <b>MO</b>	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL <b>MO</b>	1	
metronidazole 1 % GEL WITH PUMP <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 125 mg, 250 mg, 500 mg TABLET <b>MO</b>	1	
metronidazole 375 mg CAPSULE <b>MO</b>	1	QL(320 per 30 days)
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK <b>MO</b>	1	
MINOCIN 100 MG RECON SOLUTION <b>DL</b>	1	PA
minocycline 100 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	
minocycline 100 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
monodoxine nl 100 mg CAPSULE <b>MO</b>	1	
monodoxine nl 75 mg CAPSULE <b>MO</b>	1	ST,QL(60 per 30 days)
morgidox 50 mg CAPSULE <b>MO</b>	1	ST
moxifloxacin 400 mg TABLET <b>MO</b>	1	
moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK <b>MO</b>	1	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK <b>MO</b>	1	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK <b>DL</b>	1	
neomycin 500 mg TABLET <b>MO</b>	1	
nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION <b>DL</b>	1	
nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE <b>MO</b>	1	
NORITATE 1 % CREAM <b>DL</b>	1	ST,QL(60 per 30 days)
NUZYRA 100 MG RECON SOLUTION <b>DL</b>	1	
NUZYRA 150 MG TABLET <b>DL</b>	1	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET <b>MO</b>	1	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC <b>MO</b>	1	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION <b>DL</b>	1	QL(3 per 28 days)
ORLYNVAH 500-500 MG TABLET <b>DL</b>	1	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK <b>MO</b>	1	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION <b>MO</b>	1	
penicillin g sodium 5 million unit RECON SOLUTION <b>MO</b>	1	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillin v potassium 250 mg, 500 mg TABLET <b>MO</b>	1	
pfsizerpen-g 20 million unit, 5 million unit RECON SOLUTION <b>MO</b>	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION <b>MO</b>	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION <b>MO</b>	1	
PRIMAXIN IV 500 MG RECON SOLUTION <b>MO</b>	1	
PRIMSOL 50 MG/5 ML SOLUTION <b>MO</b>	1	
RECARBRIOD 1.25 GRAM RECON SOLUTION <b>DL</b>	1	
rosadan 0.75 % CREAM <b>MO</b>	1	ST
rosadan 0.75 % GEL <b>MO</b>	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET <b>DL</b>	1	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION <b>DL</b>	1	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET <b>DL</b>	1	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET <b>MO</b>	1	PA
streptomycin 1 gram RECON SOLUTION <b>DL</b>	1	
sulfacetamide sodium 10 % OINTMENT <b>MO</b>	1	
sulfacetamide sodium (acne) 10 % SUSPENSION <b>MO</b>	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET <b>MO</b>	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION <b>MO</b>	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET <b>MO</b>	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION <b>MO</b>	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET <b>MO</b>	1	
TARGADOX 50 MG TABLET <b>MO</b>	1	ST,QL(180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION <b>MO</b>	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION <b>PL</b>	1	
tetracycline 250 mg, 500 mg CAPSULE <b>MO</b>	1	
tetracycline 250 mg, 500 mg TABLET <b>DL</b>	1	
tigecycline 50 mg RECON SOLUTION <b>DL</b>	1	
tinidazole 250 mg, 500 mg TABLET <b>MO</b>	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION <b>DL</b>	1	BvsD
tobramycin sulfate 1.2 gram RECON SOLUTION <b>DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION <b>MO</b>	1	
trimethoprim 100 mg TABLET <b>MO</b>	1	
TYGACIL 50 MG RECON SOLUTION <b>DL</b>	1	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION <b>MO</b>	1	
VABOMERE 2 GRAM RECON SOLUTION <b>DL</b>	1	QL(84 per 14 days)
VANCOCIN 125 MG CAPSULE <b>MO</b>	1	PA,QL(120 per 30 days)
VANCOCIN 250 MG CAPSULE <b>DL</b>	1	PA,QL(240 per 30 days)
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION <b>MO</b>	1	
vancomycin 1.75 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
vancomycin 125 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
vancomycin 250 mg CAPSULE <b>MO</b>	1	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK <b>MO</b>	1	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK <b>MO</b>	1	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK <b>MO</b>	1	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK <b>MO</b>	1	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL <b>MO</b>	1	
VIBATIV 750 MG RECON SOLUTION <b>DL</b>	1	
VIBRAMYCIN 100 MG CAPSULE <b>MO</b>	1	
XACDURO 1 GRAM-1 GRAM (0.5 GRAM X 2) RECON SOLUTION	1	
XACIATO 2 % GEL <b>MO</b>	1	
XERAVA 100 MG, 50 MG RECON SOLUTION <b>MO</b>	1	
XIMINO 135 MG, 90 MG CAPSULE, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
XIMINO 45 MG CAPSULE, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
ZEMDRI 50 MG/ML SOLUTION <b>DL</b>	1	
ZERBAXA 1.5 GRAM RECON SOLUTION <b>DL</b>	1	
ZEVTERA 667 MG RECON SOLUTION <b>DL</b>	1	
ZITHROMAX 1 GRAM PACKET <b>MO</b>	1	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZITHROMAX 250 MG, 500 MG TABLET <b>MO</b>	1	
ZITHROMAX 500 MG RECON SOLUTION <b>MO</b>	1	
ZITHROMAX TRI-PAK 500 MG TABLET <b>MO</b>	1	
ZITHROMAX Z-PAK 250 MG TABLET <b>MO</b>	1	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK <b>MO</b>	1	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA,QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK <b>MO</b>	1	
ZYVOX 600 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
<b>ANTICONVULSANTS</b>		
APTIOM 200 MG, 400 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
BANZEL 200 MG TABLET <b>DL</b>	1	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION <b>DL</b>	1	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION <b>DL</b>	1	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION <b>DL</b>	1	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET <b>MO</b>	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. <b>MO</b>	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. <b>MO</b>	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION <b>MO</b>	1	
carbamazepine 200 mg TABLET <b>MO</b>	1	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. <b>MO</b>	1	
CELONTIN 300 MG CAPSULE <b>MO</b>	1	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION <b>MO</b>	1	
clobazam 10 mg, 20 mg TABLET <b>DL</b>	1	PA
clobazam 2.5 mg/ml SUSPENSION <b>DL</b>	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC <b>MO</b>	1	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. <b>MO</b>	1	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE <b>MO</b>	1	
DIACOMIT 250 MG, 500 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIASTAT 2.5 MG KIT <b>DL</b>	1	PA
DIASTAT ACUDIAL 12.5-15-17.5-20 MG, 5-7.5-10 MG KIT <b>DL</b>	1	PA
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT <b>DL</b>	1	
DILANTIN 30 MG CAPSULE <b>MO</b>	1	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	1	
DILANTIN-125 125 MG/5 ML SUSPENSION <b>MO</b>	1	
divalproex 125 mg CAPSULE, DR SPRINKLE <b>MO</b>	1	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC <b>MO</b>	1	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. <b>MO</b>	1	
ELEPSIA XR 1,000 MG, 1,500 MG TABLET, ER 24 HR. <b>DL</b>	1	QL(60 per 30 days)
EPIDIOLEX 100 MG/ML SOLUTION <b>DL</b>	1	PA
epitol 200 mg TABLET <b>MO</b>	1	
EPRONTIA 25 MG/ML SOLUTION <b>MO</b>	1	PA,QL(480 per 30 days)
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. <b>MO</b>	1	PA
eslicarbazepine 200 mg, 400 mg TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE <b>MO</b>	1	
ethosuximide 250 mg/5 ml SOLUTION <b>MO</b>	1	
felbamate 400 mg, 600 mg TABLET <b>MO</b>	1	
felbamate 600 mg/5 ml SUSPENSION <b>MO</b>	1	
FELBATOL 400 MG, 600 MG TABLET <b>DL</b>	1	PA
FELBATOL 600 MG/5 ML SUSPENSION <b>DL</b>	1	PA
FINTEPLA 2.2 MG/ML SOLUTION <b>DL,LA</b>	1	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION <b>MO</b>	1	
FYCOMPA 0.5 MG/ML SUSPENSION <b>DL</b>	1	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE <b>MO</b>	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION <b>MO</b>	1	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
GABARONE 100 MG, 400 MG TABLET <b>DL</b>	1	QL(270 per 30 days)
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION <b>DL</b>	1	PA
KEPPRA 250 MG TABLET <b>MO</b>	1	PA
KEPPRA XR 500 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(120 per 30 days)
lacosamide 10 mg/ml SOLUTION <b>MO</b>	1	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION <b>DL</b>	1	
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET <b>DL</b>	1	
LAMICTAL 25 MG, 5 MG TABLET, CHEWABLE DISPERSIBLE <b>DL</b>	1	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG TABLET, DISINTEGRATING <b>DL</b>	1	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK <b>DL</b>	1	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK <b>DL</b>	1	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK <b>DL</b>	1	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK <b>MO</b>	1	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK <b>MO</b>	1	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK <b>MO</b>	1	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. <b>DL</b>	1	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK <b>MO</b>	1	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK <b>MO</b>	1	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK <b>MO</b>	1	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET <b>MO</b>	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. <b>MO</b>	1	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING <b>MO</b>	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK <b>MO</b>	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE <b>MO</b>	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET <b>MO</b>	1	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION <b>MO</b>	1	
levetiracetam 250 mg TABLET FOR SUSPENSION <b>MO</b>	1	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET <b>MO</b>	1	
levetiracetam 500 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION <b>MO</b>	1	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK <b>MO</b>	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM <b>DL</b>	1	QL(10 per 30 days)
methsuximide 300 mg CAPSULE <b>MO</b>	1	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET <b>DL</b>	1	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL <b>DL</b>	1	QL(10 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	1	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION <b>MO</b>	1	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET <b>DL</b>	1	PA
ONFI 2.5 MG/ML SUSPENSION <b>DL</b>	1	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET <b>MO</b>	1	
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. <b>MO</b>	1	ST
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION <b>MO</b>	1	
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. <b>MO</b>	1	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR. <b>DL</b>	1	ST
pentobarbital sodium 50 mg/ml SOLUTION <b>MO</b>	1	
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
perampanel 2 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR <b>MO</b>	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET <b>MO</b>	1	QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION <b>DL</b>	1	
PHENYTEK 200 MG, 300 MG CAPSULE <b>MO</b>	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION <b>MO</b>	1	
phenytoin 50 mg CHEWABLE TABLET <b>MO</b>	1	
phenytoin sodium 50 mg/ml SOLUTION <b>MO</b>	1	
phenytoin sodium 50 mg/ml SYRINGE <b>MO</b>	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE <b>MO</b>	1	
primidone 125 mg, 250 mg, 50 mg TABLET <b>MO</b>	1	
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
roweepra 500 mg TABLET <b>MO</b>	1	
roweepra xr 500 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
rufinamide 200 mg TABLET <b>MO</b>	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION <b>MO</b>	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET <b>MO</b>	1	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION <b>DL</b>	1	
SPRITAM 1,000 MG TABLET FOR SUSPENSION <b>MO</b>	1	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION <b>MO</b>	1	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION <b>MO</b>	1	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION <b>MO</b>	1	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET <b>MO</b>	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK <b>MO</b>	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK <b>MO</b>	1	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK <b>MO</b>	1	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM <b>DL</b>	1	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION <b>MO</b>	1	
TEGRETOL 200 MG TABLET <b>MO</b>	1	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. <b>MO</b>	1	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET <b>MO</b>	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET <b>DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE <b>DL</b>	1	
TOPAMAX 25 MG TABLET <b>MO</b>	1	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE <b>MO</b>	1	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
topiramate 25 mg/ml SOLUTION <b>MO</b>	1	PA,QL(480 per 30 days)
TRILEPTAL 150 MG TABLET <b>MO</b>	1	PA
TRILEPTAL 300 MG, 600 MG TABLET <b>DL</b>	1	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION <b>DL</b>	1	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION <b>MO</b>	1	
valproic acid 250 mg CAPSULE <b>MO</b>	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION <b>MO</b>	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL <b>DL</b>	1	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
vigadroner 500 mg POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)
vigadroner 500 mg TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION <b>DL</b>	1	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION <b>DL</b>	1	PA,QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
VIMPAT 200 MG/20 ML SOLUTION <b>DL</b>	1	PA
VIMPAT 50 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XCOPRI 100 MG, 25 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET <b>DL</b>	1	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK <b>MO</b>	1	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE <b>MO</b>	1	
ZARONTIN 250 MG/5 ML SOLUTION <b>MO</b>	1	
ZONEGRAN 100 MG, 25 MG CAPSULE <b>DL</b>	1	PA
ZONISADE 100 MG/5 ML SUSPENSION <b>MO</b>	1	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	
ZTALMY 50 MG/ML SUSPENSION <b>DL</b>	1	PA,QL(1080 per 30 days)
<b>ANTIDEMENTIA AGENTS</b>		
ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY <b>MO</b>	1	ST,QL(4 per 28 days)
ARICEPT 10 MG, 5 MG TABLET <b>MO</b>	1	PA
ARICEPT 23 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
donepezil 10 mg, 5 mg TABLET <b>MO</b>	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	
donepezil 23 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ergoloid 1 mg TABLET <b>MO</b>	1	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. <b>MO</b>	1	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION <b>MO</b>	1	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET <b>MO</b>	1	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION <b>MO</b>	1	PA
memantine 5-10 mg TABLET, DOSE PACK <b>MO</b>	1	PA,QL(98 per 30 days)
NAMENDA 10 MG TABLET <b>MO</b>	1	PA
NAMENDA TITRATION PAK 5-10 MG TABLET, DOSE PACK <b>MO</b>	1	PA,QL(98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
NAMENDA XR 7-14-21-28 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	PA,QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	QL(28 per 28 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. <b>MO</b>	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE <b>MO</b>	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
ZUNVEYL 10 MG, 15 MG, 5 MG TABLET, DR/EC <b>MO</b>	1	PA,QL(60 per 30 days)
<b>ANTIDEPRESSANTS</b>		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
amitriptyline 25 mg TABLET <b>MO</b>	1	
amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET <b>DL</b>	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE <b>DL</b>	1	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC <b>MO</b>	1	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. <b>MO</b>	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. <b>MO</b>	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. <b>MO</b>	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
bupropion hcl 450 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
CELEXA 10 MG, 20 MG, 40 MG TABLET <b>MO</b>	1	PA
citalopram 10 mg, 20 mg, 40 mg TABLET <b>MO</b>	1	
citalopram 10 mg/5 ml SOLUTION <b>MO</b>	1	
CITALOPRAM 30 MG CAPSULE <b>MO</b>	1	QL(30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	
escitalopram oxalate 5 mg/5 ml SOLUTION <b>MO</b>	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET <b>MO</b>	1	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION <b>MO</b>	1	
fluoxetine 40 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fluoxetine 60 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC <b>MO</b>	1	QL(4 per 28 days)
fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
FORFIVO XL 450 MG TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE <b>MO</b>	1	
LEXAPRO 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	1	PA
MARPLAN 10 MG TABLET <b>MO</b>	1	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET <b>MO</b>	1	
mirtazapine 45 mg TABLET <b>MO</b>	1	
NARDIL 15 MG TABLET <b>MO</b>	1	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET <b>MO</b>	1	
NORPRAMIN 10 MG, 25 MG TABLET <b>MO</b>	1	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	
nortriptyline 10 mg/5 ml SOLUTION <b>MO</b>	1	
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>DL</b>	1	
PARNATE 10 MG TABLET <b>DL</b>	1	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET <b>MO</b>	1	
paroxetine hcl 10 mg/5 ml SUSPENSION <b>MO</b>	1	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 25 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
paroxetine mesylate(menop.sym) 7.5 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
PAXIL 10 MG, 20 MG, 30 MG, 40 MG TABLET <b>MO</b>	1	
PAXIL 10 MG/5 ML SUSPENSION <b>MO</b>	1	PA
PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
PAXIL CR 25 MG TABLET, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET <b>MO</b>	1	
phenelzine 15 mg TABLET <b>MO</b>	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
protriptyline 10 mg, 5 mg TABLET <b>MO</b>	1	
PROZAC 10 MG, 40 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
PROZAC 20 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
RALDESY 10 MG/ML SOLUTION <b>DL</b>	1	
REMERON 15 MG, 30 MG TABLET <b>MO</b>	1	
REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING <b>MO</b>	1	QL(30 per 30 days)
sertraline 100 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
SERTRALINE 150 MG, 200 MG CAPSULE <b>MO</b>	1	QL(30 per 30 days)
sertraline 150 mg, 200 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
sertraline 20 mg/ml CONCENTRATE <b>MO</b>	1	
sertraline 25 mg, 50 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
SYMBYAX 3-25 MG, 6-25 MG CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
tranylcypromine 10 mg TABLET <b>MO</b>	1	
trazodone 100 mg, 150 mg, 50 mg TABLET <b>MO</b>	1	
trazodone 300 mg TABLET <b>MO</b>	1	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
venlafaxine 150 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
venlafaxine 75 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIIBRYD 10 MG, 20 MG, 40 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. <b>MO</b>	1	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE <b>MO</b>	1	PA
ZOLOFT 25 MG, 50 MG TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION <b>DL</b>	1	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE <b>DL</b>	1	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE <b>DL</b>	1	PA,QL(14 per 365 days)
<b>ANTIEMETICS</b>		
AKYNZE (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION <b>DL</b>	1	PA,QL(80 per 28 days)
AKYNZE (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION <b>DL</b>	1	PA,QL(4 per 28 days)
AKYNZE (NETUPITANT) 300-0.5 MG CAPSULE <b>MO</b>	1	PA
ANTIVERT 25 MG CHEWABLE TABLET <b>MO</b>	1	
ANTIVERT 50 MG TABLET <b>MO</b>	1	
ANZEMET 50 MG TABLET <b>MO</b>	1	BvsD,QL(4 per 28 days)
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION <b>MO</b>	1	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK <b>MO</b>	1	BvsD
aprepitant 125 mg, 40 mg CAPSULE <b>MO</b>	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE <b>MO</b>	1	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC <b>MO</b>	1	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION <b>MO</b>	1	PA,QL(36 per 28 days)
COMPazine 10 MG, 5 MG TABLET <b>MO</b>	1	BvsD
COMPazine 25 MG SUPPOSITORY <b>MO</b>	1	
compro 25 mg SUPPOSITORY <b>MO</b>	1	
DICLEGIS 10-10 MG TABLET, DR/EC <b>MO</b>	1	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION <b>MO</b>	1	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC <b>MO</b>	1	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE <b>MO</b>	1	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK <b>MO</b>	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE <b>MO</b>	1	BvsD,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION <b>MO</b>	1	PA
FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION <b>MO</b>	1	PA
fosaprepitant 150 mg RECON SOLUTION <b>MO</b>	1	PA
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP <b>DL</b>	1	PA,QL(9.8 per 28 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION <b>MO</b>	1	
granisetron hcl 1 mg TABLET <b>MO</b>	1	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION <b>MO</b>	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE <b>DL</b>	1	BvsD,QL(120 per 30 days)
meclizine 12.5 mg TABLET <b>MO</b>	1	
meclizine 25 mg TABLET <b>MO</b>	1	
meclizine 50 mg TABLET <b>MO</b>	1	
metoclopramide hcl 10 mg, 5 mg TABLET <b>MO</b>	1	
metoclopramide hcl 5 mg/5 ml, 5 mg/ml SOLUTION <b>MO</b>	1	
metoclopramide hcl 5 mg/ml SYRINGE <b>MO</b>	1	
ondansetron 16 mg TABLET, DISINTEGRATING <b>DL</b>	1	BvsD
ondansetron 4 mg TABLET, DISINTEGRATING <b>MO</b>	1	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING <b>MO</b>	1	BvsD
ondansetron hcl 2 mg/ml SOLUTION <b>MO</b>	1	
ondansetron hcl 4 mg TABLET <b>MO</b>	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION <b>MO</b>	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET <b>MO</b>	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION <b>MO</b>	1	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE <b>MO</b>	1	
PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION <b>MO</b>	1	
procchlorperazine 25 mg SUPPOSITORY <b>MO</b>	1	
procchlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION <b>MO</b>	1	
procchlorperazine maleate 10 mg, 5 mg TABLET <b>MO</b>	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg SUPPOSITORY <b>MO</b>	1	
promethazine 12.5 mg, 50 mg TABLET <b>MO</b>	1	
promethazine 25 mg TABLET <b>MO</b>	1	
promethazine 25 mg/ml, 50 mg/ml SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
promethazine 6.25 mg/5 ml SYRUP <b>MO</b>	1	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY <b>MO</b>	1	
REGLAN 10 MG, 5 MG TABLET <b>MO</b>	1	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY <b>DL</b>	1	PA,QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY <b>MO</b>	1	QL(10 per 30 days)
TIGAN 100 MG/ML SOLUTION <b>MO</b>	1	
TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY <b>MO</b>	1	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE <b>MO</b>	1	BvsD
VARUBI 90 MG TABLET <b>MO</b>	1	PA
<b>ANTIFUNGALS</b>		
ABELCET 5 MG/ML SUSPENSION <b>MO</b>	1	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	BvsD
amphotericin b 50 mg RECON SOLUTION <b>MO</b>	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	BvsD
ANCOBON 250 MG, 500 MG CAPSULE <b>MO</b>	1	
CANCIDAS 50 MG, 70 MG RECON SOLUTION <b>DL</b>	1	PA
caspofungin 50 mg, 70 mg RECON SOLUTION <b>MO</b>	1	
cyclodan 8 % SOLUTION <b>MO</b>	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM <b>MO</b>	1	QL(90 per 30 days)
ciclopirox 0.77 % GEL <b>MO</b>	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION <b>MO</b>	1	QL(60 per 30 days)
ciclopirox 1 % SHAMPOO <b>MO</b>	1	QL(120 per 30 days)
ciclopirox 8 % SOLUTION <b>MO</b>	1	QL(13.2 per 30 days)
clotrimazole 1 % CREAM <b>MO</b>	1	
clotrimazole 1 % SOLUTION <b>MO</b>	1	
clotrimazole 10 mg TROCHE <b>MO</b>	1	
clotrimazole-betamethasone 1-0.05 % CREAM <b>MO</b>	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION <b>MO</b>	1	QL(90 per 28 days)
CRESEMBIA 186 MG, 74.5 MG CAPSULE <b>DL</b>	1	PA
CRESEMBIA 372 MG RECON SOLUTION <b>DL</b>	1	PA
DIFLUCAN 100 MG, 200 MG TABLET <b>MO</b>	1	PA
DIFLUCAN 40 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA
econazole nitrate 1 % CREAM <b>MO</b>	1	PA,QL(85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG RECON SOLUTION <b>DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERTACZO 2 % CREAM <b>DL</b>	1	QL(60 per 30 days)
EXELDERM 1 % CREAM	1	ST
EXELDERM 1 % SOLUTION	1	ST,QL(60 per 30 days)
EXTINA 2 % FOAM <b>MO</b>	1	QL(100 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET <b>MO</b>	1	
fluconazole 150 mg TABLET <b>MO</b>	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	1	
PIGGYBACK <b>MO</b>		
flucytosine 250 mg, 500 mg CAPSULE <b>DL</b>	1	
FULVICIN P/G 165 MG TABLET <b>DL</b>	1	
griseofulvin microsize 125 mg/5 ml SUSPENSION <b>MO</b>	1	
griseofulvin microsize 500 mg TABLET <b>MO</b>	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET <b>MO</b>	1	
griseofulvin ultramicrosize 165 mg TABLET <b>DL</b>	1	
gynazole-1 2 % CREAM <b>MO</b>	1	
itraconazole 10 mg/ml SOLUTION <b>DL</b>	1	
itraconazole 100 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR <b>DL</b>	1	PA,QL(4 per 28 days)
ketoconazole 2 % CREAM <b>MO</b>	1	QL(60 per 30 days)
ketoconazole 2 % FOAM <b>MO</b>	1	QL(100 per 30 days)
ketoconazole 2 % SHAMPOO <b>MO</b>	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET <b>MO</b>	1	PA
ketodan 2 % FOAM <b>MO</b>	1	QL(100 per 30 days)
klayesta 100,000 unit/gram POWDER <b>MO</b>	1	PA
LOPROX (AS OLAMINE) 0.77 % CREAM <b>MO</b>	1	PA,QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION <b>MO</b>	1	PA,QL(60 per 30 days)
luliconazole 1 % CREAM <b>MO</b>	1	ST,QL(60 per 28 days)
LUZU 1 % CREAM <b>MO</b>	1	ST,QL(60 per 28 days)
micafungin 100 mg, 50 mg RECON SOLUTION <b>MO</b>	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK <b>DL</b>	1	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK <b>DL</b>	1	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
miconazole-3 200 mg SUPPOSITORY <b>MO</b>	1	
MYCAMINE 100 MG, 50 MG RECON SOLUTION <b>DL</b>	1	
naftifine 1 % CREAM <b>MO</b>	1	ST,QL(90 per 30 days)
naftifine 2 % CREAM <b>MO</b>	1	ST,QL(120 per 30 days)
naftifine 2 % GEL <b>MO</b>	1	ST,QL(120 per 30 days)
NAFTIN 1 % GEL <b>MO</b>	1	ST,QL(90 per 30 days)
NAFTIN 2 % GEL <b>MO</b>	1	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC <b>DL</b>	1	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION <b>DL</b>	1	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON <b>DL</b>	1	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION <b>DL</b>	1	PA
nyamyc 100,000 unit/gram POWDER <b>MO</b>	1	PA
nystatin 100,000 unit/gram CREAM <b>MO</b>	1	
nystatin 100,000 unit/gram OINTMENT <b>MO</b>	1	
nystatin 100,000 unit/gram POWDER <b>MO</b>	1	PA
nystatin 100,000 unit/ml SUSPENSION <b>MO</b>	1	
nystatin 500,000 unit TABLET <b>MO</b>	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM <b>MO</b>	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT <b>MO</b>	1	
nystop 100,000 unit/gram POWDER <b>MO</b>	1	PA
oxiconazole 1 % CREAM <b>MO</b>	1	PA,QL(60 per 30 days)
OXISTAT 1 % LOTION <b>MO</b>	1	PA
posaconazole 100 mg TABLET, DR/EC <b>DL</b>	1	PA
posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION <b>DL</b>	1	PA,QL(840 per 28 days)
posaconazole 300 mg/16.7 ml SOLUTION <b>DL</b>	1	PA
REZZAYO 200 MG RECON SOLUTION <b>DL</b>	1	PA
SPORANOX 10 MG/ML SOLUTION <b>DL</b>	1	
SPORANOX 100 MG CAPSULE <b>MO</b>	1	PA,QL(120 per 30 days)
tavaborole 5 % SOLUTION W/APPLICATOR <b>MO</b>	1	PA,QL(10 per 30 days)
terbinafine hcl 250 mg TABLET <b>MO</b>	1	
terconazole 0.4 %, 0.8 % CREAM <b>MO</b>	1	
terconazole 80 mg SUPPOSITORY <b>MO</b>	1	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION <b>DL</b>	1	PA,QL(120 per 30 days)
VFEND 200 MG, 50 MG TABLET <b>MO</b>	1	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA,QL(400 per 30 days)
VFEND IV 200 MG RECON SOLUTION <b>MO</b>	1	PA
VIVJOA 150 MG CAPSULE <b>MO</b>	1	PA
voriconazole 200 mg RECON SOLUTION <b>MO</b>	1	PA
voriconazole 200 mg, 50 mg TABLET <b>MO</b>	1	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA,QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION <b>MO</b>	1	PA
VUSION 0.25-15-81.35 % OINTMENT <b>MO</b>	1	
XOLEGEL 2 % GEL <b>MO</b>	1	
<b>ANTIGOUT AGENTS</b>		
allopurinol 100 mg, 300 mg TABLET <b>MO</b>	1	
allopurinol 200 mg TABLET <b>MO</b>	1	
allopurinol sodium 500 mg RECON SOLUTION <b>MO</b>	1	
ALOPRIM 500 MG RECON SOLUTION <b>MO</b>	1	
colchicine 0.6 mg CAPSULE <b>MO</b>	1	PA
colchicine 0.6 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET <b>MO</b>	1	PA,QL(120 per 30 days)
DUZALLO 200-200 MG, 200-300 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
febuxostat 40 mg, 80 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION <b>MO</b>	1	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE <b>MO</b>	1	PA
probenecid 500 mg TABLET <b>MO</b>	1	
probenecid-colchicine 500-0.5 mg TABLET <b>MO</b>	1	
ULORIC 40 MG, 80 MG TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET <b>MO</b>	1	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1.5 per 28 days)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE <b>MO</b>	1	PA,QL(1.5 per 28 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET <b>MO</b>	1	ST,QL(9 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL <b>DL</b>	1	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION <b>DL</b>	1	PA
eletriptan 20 mg, 40 mg TABLET <b>MO</b>	1	ST,QL(9 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMGALITY PEN 120 MG/ML PEN INJECTOR <b>MO</b>	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE <b>MO</b>	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE <b>MO</b>	1	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET <b>DL</b>	1	QL(20 per 28 days)
ergotamine-caffeine 1-100 mg TABLET <b>MO</b>	1	QL(40 per 30 days)
FROVA 2.5 MG TABLET <b>DL</b>	1	ST,QL(12 per 30 days)
frovatriptan 2.5 mg TABLET <b>MO</b>	1	ST,QL(12 per 30 days)
IMITREX 100 MG TABLET <b>DL</b>	1	PA,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	1	PA,QL(12 per 30 days)
IMITREX 25 MG, 50 MG TABLET <b>MO</b>	1	PA,QL(9 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR <b>MO</b>	1	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE <b>DL</b>	1	PA,QL(6 per 30 days)
MAXALT 10 MG TABLET <b>MO</b>	1	PA,QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING <b>MO</b>	1	PA,QL(12 per 30 days)
migergot 2-100 mg SUPPOSITORY <b>DL</b>	1	QL(20 per 28 days)
MIGRALAN 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL <b>DL</b>	1	QL(8 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET <b>MO</b>	1	QL(9 per 30 days)
NURTEC ODT 75 MG TABLET, DISINTEGRATING <b>DL</b>	1	PA,QL(18 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(16 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
RELPAX 20 MG, 40 MG TABLET <b>DL</b>	1	ST,QL(9 per 30 days)
REYVOW 100 MG TABLET <b>MO</b>	1	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET <b>MO</b>	1	PA,QL(4 per 30 days)
rizatriptan 10 mg, 5 mg TABLET <b>MO</b>	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL <b>MO</b>	1	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE <b>MO</b>	1	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR <b>MO</b>	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION <b>MO</b>	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE <b>MO</b>	1	QL(6 per 30 days)
sumatriptan-naproxen 85-500 mg TABLET <b>MO</b>	1	ST,QL(18 per 30 days)
SYMBRAVO 10-20 MG TABLET <b>DL</b>	1	ST,QL(9 per 30 days)
TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(12 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREXIMET 85-500 MG TABLET <b>DL</b>	1	ST,QL(18 per 30 days)
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL <b>DL</b>	1	PA,QL(8 per 30 days)
UBRELVY 100 MG, 50 MG TABLET <b>MO</b>	1	PA,QL(16 per 30 days)
VYEPTI 100 MG/ML SOLUTION <b>MO</b>	1	PA,QL(3 per 90 days)
ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL <b>DL</b>	1	PA,QL(8 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR <b>DL</b>	1	ST,QL(6 per 30 days)
zolmitriptan 2.5 mg TABLET <b>MO</b>	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(12 per 30 days)
zolmitriptan 5 mg TABLET <b>MO</b>	1	ST,QL(6 per 30 days)
zolmitriptan 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(6 per 30 days)
zomig 2.5 mg TABLET <b>MO</b>	1	ST,QL(9 per 30 days)
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(12 per 30 days)
zomig 5 mg TABLET <b>MO</b>	1	ST,QL(6 per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>		
MESTINON 60 MG TABLET <b>DL</b>	1	PA
MESTINON 60 MG/5 ML SYRUP <b>DL</b>	1	
MESTINON TIMESPAN 180 MG TABLET ER <b>DL</b>	1	PA
pyridostigmine bromide 180 mg TABLET ER <b>MO</b>	1	
pyridostigmine bromide 30 mg, 60 mg TABLET <b>MO</b>	1	
pyridostigmine bromide 60 mg/5 ml SYRUP <b>MO</b>	1	
REGONOL 5 MG/ML SOLUTION <b>MO</b>	1	
VYVGART 20 MG/ML SOLUTION <b>DL</b>	1	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE <b>DL</b>	1	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION <b>DL</b>	1	PA,QL(22.4 per 28 days)
<b>ANTIMYCOBACTERIALS</b>		
cycloserine 250 mg CAPSULE <b>DL</b>	1	
dapsone 100 mg, 25 mg TABLET <b>MO</b>	1	
ethambutol 100 mg, 400 mg TABLET <b>MO</b>	1	
isoniazid 100 mg, 300 mg TABLET <b>MO</b>	1	
isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION <b>MO</b>	1	
MYAMBUTOL 400 MG TABLET <b>MO</b>	1	
MYCOBUTIN 150 MG CAPSULE <b>MO</b>	1	
PRETOMANID 200 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRIFTIN 150 MG TABLET <b>MO</b>	1	
pyrazinamide 500 mg TABLET <b>MO</b>	1	
rifabutin 150 mg CAPSULE <b>MO</b>	1	
RIFADIN 600 MG RECON SOLUTION <b>MO</b>	1	
rifampin 150 mg, 300 mg CAPSULE <b>MO</b>	1	
rifampin 600 mg RECON SOLUTION <b>MO</b>	1	
SIRTURO 100 MG, 20 MG TABLET <b>DL</b>	1	PA
TRECATOR 250 MG TABLET <b>MO</b>	1	
<b>ANTINEOPLASTICS</b>		
abiraterone 250 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
abirtega 250 mg TABLET <b>MO</b>	1	PA,QL(120 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA
ADCETRIS 50 MG RECON SOLUTION <b>DL</b>	1	PA
ADRIAMYCIN 50 MG RECON SOLUTION <b>MO</b>	1	BvsD
adrucil 2.5 gram/50 ml SOLUTION <b>MO</b>	1	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION <b>DL</b>	1	PA
AKEEGA 100-500 MG, 50-500 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
ALECensa 150 MG CAPSULE <b>DL</b>	1	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION <b>DL</b>	1	PA
ALIQOPA 60 MG RECON SOLUTION <b>DL</b>	1	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION <b>DL</b>	1	PA
anastrozole 1 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION <b>DL</b>	1	PA
ARIMIDEX 1 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
ARRANON 250 MG/50 ML SOLUTION <b>DL</b>	1	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION <b>DL</b>	1	PA
ASPARLAS 750 UNIT/ML SOLUTION <b>DL</b>	1	PA
AUGTYRO 160 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUGTYRO 40 MG CAPSULE <b>DL</b>	1	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION <b>DL</b>	1	PA
AVGEMSI 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML) SOLUTION <b>DL</b>	1	
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK <b>DL</b>	1	PA,QL(66 per 28 days)
AXTLE 100 MG, 500 MG RECON SOLUTION <b>DL</b>	1	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION <b>DL</b>	1	PA
BALVERSA 3 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION <b>DL</b>	1	PA
BELEODAQ 500 MG RECON SOLUTION <b>DL</b>	1	PA
bendamustine 100 mg, 25 mg RECON SOLUTION <b>DL</b>	1	PA
bendamustine 25 mg/ml SOLUTION <b>DL</b>	1	PA
BENDEKA 25 MG/ML SOLUTION <b>DL</b>	1	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION <b>DL</b>	1	PA
bexarotene 1 % GEL <b>DL</b>	1	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE <b>DL</b>	1	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION <b>MO</b>	1	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(75 per 28 days)
bleomycin 15 unit, 30 unit RECON SOLUTION <b>MO</b>	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION <b>DL</b>	1	PA
bortezomib 3.5 mg RECON SOLUTION <b>DL</b>	1	PA
BORUZU 2.5 MG/ML SOLUTION <b>DL</b>	1	PA
BOSULIF 100 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE <b>DL</b>	1	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
busulfan 60 mg/10 ml SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUSULFEX 60 MG/10 ML SOLUTION <b>MO</b>	1	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION <b>DL</b>	1	
CAPRELSA 100 MG TABLET <b>DL,LA</b>	1	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET <b>DL,LA</b>	1	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION <b>MO</b>	1	
carmustine 100 mg RECON SOLUTION <b>MO</b>	1	
CASODEX 50 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
cisplatin 1 mg/ml SOLUTION <b>MO</b>	1	
cladribine 10 mg/10 ml SOLUTION <b>DL</b>	1	BvsD
clofarabine 1 mg/ml SOLUTION <b>DL</b>	1	
CLOLAR 1 MG/ML SOLUTION <b>DL</b>	1	
COLUMVI 1 MG/ML SOLUTION <b>DL</b>	1	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE <b>DL</b>	1	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE <b>DL</b>	1	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE <b>DL</b>	1	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE <b>DL</b>	1	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION <b>DL</b>	1	
COTELLIC 20 MG TABLET <b>DL</b>	1	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION <b>MO</b>	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION <b>MO</b>	1	BvsD
cyclophosphamide 200 mg/ml SOLUTION <b>MO</b>	1	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE <b>MO</b>	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET <b>MO</b>	1	BvsD
cyclophosphamide 500 mg/ml SOLUTION <b>DL</b>	1	BvsD
CYRAMZA 10 MG/ML SOLUTION <b>DL</b>	1	PA
cytarabine 20 mg/ml SOLUTION <b>MO</b>	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION <b>MO</b>	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION <b>MO</b>	1	
dactinomycin 0.5 mg RECON SOLUTION <b>DL</b>	1	
DANYELZA 4 MG/ML SOLUTION <b>DL</b>	1	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DARZALEX 20 MG/ML SOLUTION <b>DL</b>	1	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION <b>DL</b>	1	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION <b>DL</b>	1	PA
daunorubicin 5 mg/ml SOLUTION <b>MO</b>	1	
DAURISMO 100 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION <b>DL</b>	1	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION <b>MO</b>	1	
DOCIVYX 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) SOLUTION <b>DL</b>	1	
DOXIL 2 MG/ML SUSPENSION <b>DL</b>	1	PA
doxorubicin 10 mg, 50 mg RECON SOLUTION <b>MO</b>	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION <b>MO</b>	1	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION <b>DL</b>	1	PA
ELAHERE 5 MG/ML SOLUTION <b>DL</b>	1	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION <b>DL</b>	1	PA
ELLENCE 200 MG/100 ML, 50 MG/25 ML SOLUTION <b>DL</b>	1	
ELREXFIO 40 MG/ML SOLUTION <b>DL</b>	1	PA
ELZONRIS 1,000 MCG/ML SOLUTION <b>DL</b>	1	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE <b>DL</b>	1	
EMPLICITI 300 MG, 400 MG RECON SOLUTION <b>DL</b>	1	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION <b>DL</b>	1	PA
ENHERTU 100 MG RECON SOLUTION <b>DL</b>	1	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION <b>MO</b>	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION <b>DL</b>	1	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION <b>DL</b>	1	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION <b>DL</b>	1	
ERIVEDGE 150 MG CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERLEADA 60 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION <b>MO</b>	1	
etoposide 20 mg/ml SOLUTION <b>MO</b>	1	
EULEXIN 125 MG CAPSULE <b>DL</b>	1	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION <b>DL</b>	1	PA
EVOMELA 50 MG RECON SOLUTION <b>DL</b>	1	
exemestane 25 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
FARESTON 60 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
FASLODEX 250 MG/5 ML SYRINGE <b>DL</b>	1	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
flouxuridine 0.5 gram RECON SOLUTION <b>MO</b>	1	BvsD
fludarabine 50 mg RECON SOLUTION <b>MO</b>	1	
fludarabine 50 mg/2 ml SOLUTION <b>DL</b>	1	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION <b>MO</b>	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION <b>DL</b>	1	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE <b>DL</b>	1	PA,QL(21 per 28 days)
FRINDOVYX 500 MG/ML SOLUTION <b>DL</b>	1	BvsD
FRUZAQLA 1 MG CAPSULE <b>DL</b>	1	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE <b>DL</b>	1	PA,QL(21 per 28 days)
fulvestrant 250 mg/5 ml SYRINGE <b>MO</b>	1	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION <b>DL</b>	1	PA
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA
GAVRETO 100 MG CAPSULE <b>DL,LA</b>	1	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION <b>DL</b>	1	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET <b>DL</b>	1	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION <b>MO</b>	1	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION <b>MO</b>	1	
GILOTTRIF 20 MG, 30 MG, 40 MG TABLET <b>DL,LA</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLEEVEC 100 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE <b>MO</b>	1	PA
GLEOSTINE 100 MG CAPSULE <b>DL</b>	1	PA
GLEOSTINE 40 MG CAPSULE	1	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION <b>DL</b>	1	PA
GOMEKLI 1 MG, 2 MG CAPSULE <b>DL</b>	1	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION <b>DL</b>	1	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION <b>DL</b>	1	
HERCEPTIN 150 MG RECON SOLUTION <b>DL</b>	1	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION <b>DL</b>	1	PA,QL(5 per 21 days)
HERNEXEOS 60 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION <b>DL</b>	1	PA
HYCAMTIN 4 MG RECON SOLUTION <b>DL</b>	1	
HYDREA 500 MG CAPSULE <b>MO</b>	1	
hydroxyurea 500 mg CAPSULE <b>MO</b>	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>DL</b>	1	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET <b>DL</b>	1	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION <b>DL</b>	1	
idarubicin 1 mg/ml SOLUTION <b>DL</b>	1	
IDHIFA 100 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION <b>MO</b>	1	
ifosfamide 1 gram, 3 gram RECON SOLUTION <b>MO</b>	1	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION <b>MO</b>	1	
imatinib 100 mg TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
imatinib 400 mg TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION <b>DL</b>	1	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMFINZI 50 MG/ML SOLUTION <b>DL</b>	1	PA
IMJUDO 20 MG/ML SOLUTION <b>DL</b>	1	PA
IMKELDI 80 MG/ML SOLUTION <b>DL</b>	1	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION <b>DL</b>	1	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION <b>DL</b>	1	PA,QL(8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK <b>DL</b>	1	
INLYTA 1 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET <b>DL</b>	1	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET <b>DL</b>	1	PA
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION <b>MO</b>	1	
ISTODAX 10 MG/2 ML RECON SOLUTION <b>DL</b>	1	PA
ITOVEBI 3 MG TABLET <b>DL</b>	1	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION <b>DL</b>	1	
IWLIFIN 192 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION <b>DL</b>	1	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	1	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION <b>DL</b>	1	PA
JOBEVNE 25 MG/ML SOLUTION <b>DL</b>	1	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION <b>DL</b>	1	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION <b>DL</b>	1	PA
KEYTRUDA 25 MG/ML SOLUTION <b>DL</b>	1	PA
KHAPZORY 175 MG RECON SOLUTION <b>DL</b>	1	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION <b>DL</b>	1	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	1	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <b>DL</b>	1	PA,QL(42 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KISQALI 600 MG/DAY (200 MG X 3) TABLET <b>DL</b>	1	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <b>DL</b>	1	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <b>DL</b>	1	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <b>DL</b>	1	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE <b>DL</b>	1	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION <b>DL</b>	1	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION <b>DL</b>	1	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION <b>DL</b>	1	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET <b>MO</b>	1	
leucovorin calcium 10 mg/ml SOLUTION <b>MO</b>	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
LEUKERAN 2 MG TABLET <b>DL</b>	1	
levoleucovorin calcium 10 mg/ml SOLUTION <b>MO</b>	1	PA
levoleucovorin calcium 50 mg RECON SOLUTION <b>MO</b>	1	PA
LEVULAN 20 % SOLUTION <b>MO</b>	1	
LIBTAYO 50 MG/ML SOLUTION <b>DL</b>	1	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET <b>DL</b>	1	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET <b>DL</b>	1	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION <b>DL</b>	1	PA
LORBRENA 100 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUMAKRAS 240 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION <b>DL</b>	1	PA
LYNOZYFIC 2 MG/ML, 20 MG/ML SOLUTION <b>DL</b>	1	PA
LYNPARZA 100 MG, 150 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET <b>DL</b>	1	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET <b>DL</b>	1	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION <b>DL</b>	1	PA
MATULANE 50 MG CAPSULE <b>DL</b>	1	
MEKINIST 0.05 MG/ML RECON SOLUTION <b>DL</b>	1	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
melphalan 2 mg TABLET <b>MO</b>	1	BvsD
melphalan hcl 50 mg RECON SOLUTION <b>MO</b>	1	
mercaptopurine 20 mg/ml SUSPENSION <b>DL</b>	1	
mercaptopurine 50 mg TABLET <b>MO</b>	1	
mesna 100 mg/ml SOLUTION <b>MO</b>	1	
mesna 400 mg TABLET <b>DL</b>	1	
MESNEX 100 MG/ML SOLUTION <b>DL</b>	1	
MESNEX 400 MG TABLET <b>DL</b>	1	
mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION <b>DL</b>	1	
mitoxantrone 2 mg/ml CONCENTRATE <b>MO</b>	1	
MODEYSO 125 MG CAPSULE <b>DL</b>	1	PA,QL(20 per 28 days)
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION <b>DL</b>	1	
MVASI 25 MG/ML SOLUTION <b>DL</b>	1	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION <b>DL</b>	1	PA
nelarabine 250 mg/50 ml SOLUTION <b>DL</b>	1	
NERLYNX 40 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
NEXAVAR 200 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
NILANDRON 150 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
pilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
nilotinib tartrate 150 mg, 200 mg, 50 mg CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nilutamide 150 mg TABLET <b>DL</b>	1	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	1	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION <b>DL</b>	1	
NUBEQA 300 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
OGIVRI 150 MG, 420 MG RECON SOLUTION <b>DL</b>	1	PA
OGSIVEO 100 MG, 150 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET <b>DL</b>	1	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET <b>DL</b>	1	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET <b>DL</b>	1	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION <b>DL</b>	1	PA
ONIVYDE 4.3 MG/ML DISPERSION <b>DL</b>	1	PA
ONTRUZANT 150 MG, 420 MG RECON SOLUTION <b>DL</b>	1	PA
ONUREG 200 MG, 300 MG TABLET <b>DL</b>	1	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION <b>DL</b>	1	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION <b>DL</b>	1	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION <b>DL</b>	1	PA,QL(16 per 28 days)
OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML SOLUTION <b>DL</b>	1	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION <b>DL</b>	1	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET <b>DL</b>	1	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION <b>MO</b>	1	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION <b>MO</b>	1	
paclitaxel 6 mg/ml CONCENTRATE <b>MO</b>	1	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA
PADCEV 20 MG RECON SOLUTION <b>DL</b>	1	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION <b>DL</b>	1	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL <b>DL</b>	1	PA
paraplatin 10 mg/ml SOLUTION <b>MO</b>	1	
pazopanib 200 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION <b>DL</b>	1	PA
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION <b>DL</b>	1	PA
pemetrexed 25 mg/ml SOLUTION <b>DL</b>	1	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION <b>DL</b>	1	PA
pemetrexed disodium 25 mg/ml SOLUTION <b>DL</b>	1	PA
PEMRYDI RTU 10 MG/ML SOLUTION <b>DL</b>	1	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION <b>DL</b>	1	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION <b>DL</b>	1	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION <b>DL</b>	1	PA,QL(10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET <b>DL</b>	1	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION <b>DL</b>	1	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION <b>DL</b>	1	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	1	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION <b>DL</b>	1	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION <b>DL</b>	1	PA
PURIXAN 20 MG/ML SUSPENSION <b>DL</b>	1	
QINLOCK 50 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET <b>DL</b>	1	PA
REZLIDHIA 150 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION <b>DL</b>	1	PA
RITUXAN 10 MG/ML CONCENTRATE <b>DL</b>	1	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(13.4 per 28 days)
romidepsin 10 mg/2 ml RECON SOLUTION <b>DL</b>	1	PA
ROMIDEPSIN 5 MG/ML SOLUTION <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE <b>DL</b>	1	PA
ROZLYTREK 100 MG CAPSULE <b>DL</b>	1	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION <b>DL</b>	1	PA
RYBREVANT 50 MG/ML SOLUTION <b>DL</b>	1	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE <b>DL</b>	1	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION <b>DL</b>	1	PA
RYTELO 188 MG, 47 MG RECON SOLUTION <b>DL</b>	1	PA
SARCLISA 20 MG/ML SOLUTION <b>DL</b>	1	PA
SCEMBLIX 100 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET <b>DL</b>	1	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION <b>DL</b>	1	
sorafenib 200 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET <b>DL</b>	1	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION <b>DL</b>	1	PA
TABLOID 40 MG TABLET <b>MO</b>	1	
TABRECTA 150 MG, 200 MG TABLET <b>DL</b>	1	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION <b>DL</b>	1	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION <b>DL</b>	1	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET <b>MO</b>	1	
TARCEVA 100 MG, 150 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARCEVA 25 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
TARGRETIN 1 % GEL <b>DL</b>	1	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE <b>DL</b>	1	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION <b>DL</b>	1	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION <b>DL</b>	1	PA
TEMODAR 100 MG RECON SOLUTION <b>DL</b>	1	PA,QL(27 per 30 days)
temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION <b>DL</b>	1	PA,QL(8 per 28 days)
TEPADINA 100 MG, 15 MG RECON SOLUTION <b>DL</b>	1	
TEPADINA 200 MG SOLUTION <b>DL</b>	1	
TEPMETKO 225 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
TEPYLUTE 10 MG/ML SOLUTION <b>DL</b>	1	
TEVIMBRA 10 MG/ML SOLUTION <b>DL</b>	1	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
thiotepa 100 mg RECON SOLUTION <b>DL</b>	1	
thiotepa 15 mg RECON SOLUTION <b>MO</b>	1	
TIBSOVO 250 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION <b>DL</b>	1	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION <b>MO</b>	1	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION <b>MO</b>	1	
toremifene 60 mg TABLET <b>DL</b>	1	QL(30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST) RECON SOLUTION <b>DL</b>	1	PA,QL(8 per 28 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION <b>DL</b>	1	PA
TRAZIMERA 420 MG RECON SOLUTION <b>DL</b>	1	PA
TREANDA 100 MG, 25 MG RECON SOLUTION <b>DL</b>	1	PA
tretinoin (antineoplastic) 10 mg CAPSULE <b>DL</b>	1	
TRISENOX 2 MG/ML SOLUTION <b>DL</b>	1	PA
TRODELVY 180 MG RECON SOLUTION <b>DL</b>	1	PA
TRUQAP 160 MG, 200 MG TABLET <b>DL</b>	1	PA,QL(64 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUXIMA 10 MG/ML SOLUTION <b>DL</b>	1	PA
TUKYSA 150 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET <b>DL</b>	1	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE <b>DL,LA</b>	1	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION <b>DL</b>	1	PA
VALCHLOR 0.016 % GEL <b>DL</b>	1	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION <b>DL</b>	1	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION <b>DL</b>	1	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET <b>DL</b>	1	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION <b>DL</b>	1	PA
VEGZELMA 25 MG/ML SOLUTION <b>DL</b>	1	PA
VELCADE 3.5 MG RECON SOLUTION <b>DL</b>	1	PA
VENCLEXTA 10 MG TABLET <b>MO</b>	1	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET <b>MO</b>	1	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK <b>DL</b>	1	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
VIDAZA 100 MG RECON SOLUTION <b>DL</b>	1	PA
vinblastine 1 mg/ml SOLUTION <b>MO</b>	1	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION <b>MO</b>	1	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION <b>MO</b>	1	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION <b>MO</b>	1	
VITRAKVI 100 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION <b>DL</b>	1	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION <b>DL</b>	1	PA
VYXEOS 44-100 MG RECON SOLUTION <b>DL</b>	1	PA
XALKORI 150 MG PELLET <b>DL</b>	1	PA,QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XALKORI 20 MG PELLET <b>DL</b>	1	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET <b>DL</b>	1	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET <b>DL</b>	1	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET <b>DL</b>	1	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET <b>DL</b>	1	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET <b>DL</b>	1	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET <b>DL</b>	1	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
YEROVY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION <b>DL</b>	1	PA
YONDELIS 1 MG RECON SOLUTION <b>DL</b>	1	PA
YONSA 125 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION <b>DL</b>	1	PA
ZANOSAR 1 GRAM RECON SOLUTION <b>MO</b>	1	
ZEJULA 100 MG, 200 MG, 300 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION <b>DL</b>	1	PA
ZIIHERA 300 MG RECON SOLUTION <b>DL</b>	1	PA
ZIRABEV 25 MG/ML SOLUTION <b>DL</b>	1	PA
ZOLINZA 100 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET <b>DL</b>	1	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION <b>DL</b>	1	PA
ZYNYZ 500 MG/20 ML SOLUTION <b>DL</b>	1	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
<b>ANTIPARASITICS</b>		
albendazole 200 mg TABLET <b>MO</b>	1	
atovaquone 750 mg/5 ml SUSPENSION <b>MO</b>	1	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BILTRICIDE 600 MG TABLET <b>DL</b>	1	PA
chloroquine phosphate 250 mg, 500 mg TABLET <b>MO</b>	1	
COARTEM 20-120 MG TABLET <b>MO</b>	1	QL(24 per 30 days)
DARAPRIM 25 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
EGATEN 250 MG TABLET <b>MO</b>	1	
emverm 100 mg CHEWABLE TABLET <b>DL</b>	1	
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET <b>MO</b>	1	
hydroxychloroquine 200 mg TABLET <b>MO</b>	1	
IMPAVIDO 50 MG CAPSULE <b>DL</b>	1	QL(84 per 28 days)
ivermectin 3 mg, 6 mg TABLET <b>MO</b>	1	
KRINTAFEL 150 MG TABLET <b>MO</b>	1	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET <b>MO</b>	1	
MALARONE 250-100 MG TABLET <b>MO</b>	1	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET <b>MO</b>	1	PA
mefloquine 250 mg TABLET <b>MO</b>	1	
MEPRON 750 MG/5 ML SUSPENSION <b>DL</b>	1	
NEBUPENT 300 MG RECON SOLUTION <b>MO</b>	1	BvsD
nitazoxanide 500 mg TABLET <b>DL</b>	1	
PENTAM 300 MG RECON SOLUTION <b>MO</b>	1	
pentamidine 300 mg RECON SOLUTION <b>MO</b>	1	BvsD
pentamidine 300 mg RECON SOLUTION <b>MO</b>	1	
PLAQUENIL 200 MG TABLET <b>MO</b>	1	PA
praziquantel 600 mg TABLET <b>MO</b>	1	
primaquine 26.3 mg (15 mg base) TABLET <b>MO</b>	1	
pyrimethamine 25 mg TABLET <b>DL</b>	1	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE <b>MO</b>	1	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET <b>MO</b>	1	
STROMECTOL 3 MG TABLET <b>MO</b>	1	PA
<b>ANTIPARKINSON AGENTS</b>		
amantadine hcl 100 mg CAPSULE <b>MO</b>	1	
amantadine hcl 100 mg TABLET <b>MO</b>	1	
amantadine hcl 50 mg/5 ml SOLUTION <b>MO</b>	1	
APOKYN 10 MG/ML CARTRIDGE <b>DL</b>	1	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE <b>DL</b>	1	PA,QL(84 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AZILECT 0.5 MG, 1 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET <b>MO</b>	1	
benztropine 1 mg/ml SOLUTION <b>MO</b>	1	
bromocriptine 2.5 mg TABLET <b>MO</b>	1	
bromocriptine 5 mg CAPSULE <b>MO</b>	1	QL(600 per 30 days)
carbidopa 25 mg TABLET <b>MO</b>	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, <b>DISINTEGRATING MO</b>	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET <b>MO</b>	1	
carbidopa-levodopa 25-100 mg TABLET <b>MO</b>	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER <b>MO</b>	1	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET <b>MO</b>	1	
COMTAN 200 MG TABLET <b>MO</b>	1	PA,QL(300 per 30 days)
CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC <b>MO</b>	1	ST,QL(180 per 30 days)
DHIVY 25-100 MG TABLET <b>MO</b>	1	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION <b>DL</b>	1	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET <b>MO</b>	1	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE <b>DL</b>	1	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE <b>DL</b>	1	PA,QL(300 per 30 days)
LODOSYN 25 MG TABLET <b>DL</b>	1	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ONAPGO 4.9 MG/ ML CARTRIDGE <b>DL</b>	1	PA,QL(600 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PARLODEL 2.5 MG TABLET <b>MO</b>	1	PA
PARLODEL 5 MG CAPSULE <b>MO</b>	1	PA,QL(600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET <b>MO</b>	1	
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET <b>MO</b>	1	
ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER <b>MO</b>	1	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER <b>MO</b>	1	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER <b>MO</b>	1	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE <b>MO</b>	1	
selegiline hcl 5 mg TABLET <b>MO</b>	1	
SINEMET 10-100 MG, 25-100 MG TABLET <b>MO</b>	1	PA
STALEVO 100 25-100-200 MG TABLET <b>DL</b>	1	PA
STALEVO 125 31.25-125-200 MG TABLET <b>DL</b>	1	PA
STALEVO 150 37.5-150-200 MG TABLET <b>DL</b>	1	PA
STALEVO 200 50-200-200 MG TABLET <b>DL</b>	1	PA
STALEVO 50 12.5-50-200 MG TABLET <b>DL</b>	1	PA
STALEVO 75 18.75-75-200 MG TABLET <b>DL</b>	1	PA
TASMAR 100 MG TABLET <b>DL</b>	1	PA
tolcapone 100 mg TABLET <b>DL</b>	1	PA
trihexyphenidyl 0.4 mg/ml ELIXIR <b>MO</b>	1	
trihexyphenidyl 2 mg, 5 mg TABLET <b>MO</b>	1	
VYALEV 12-240 MG/ML SOLUTION <b>DL</b>	1	PA
XADAGO 100 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING <b>DL</b>	1	
<b>ANTIPSYCHOTICS</b>		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET <b>MO</b>	1	PA
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	1	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	1	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON <b>DL</b>	1	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE <b>DL</b>	1	QL(1 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK <b>MO</b>	1	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK <b>MO</b>	1	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK <b>MO</b>	1	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION <b>MO</b>	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	
fluphenazine hcl 2.5 mg/5 ml ELIXIR <b>MO</b>	1	
fluphenazine hcl 2.5 mg/ml SOLUTION <b>MO</b>	1	
fluphenazine hcl 5 mg/ml CONCENTRATE <b>MO</b>	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE <b>DL</b>	1	PA
GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION <b>MO</b>	1	PA
HALDOL DECANOATE 100 MG/ML, 50 MG/ML SOLUTION <b>MO</b>	1	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION <b>MO</b>	1	
haloperidol lactate 2 mg/ml CONCENTRATE <b>MO</b>	1	
haloperidol lactate 5 mg/ml SOLUTION <b>MO</b>	1	
haloperidol lactate 5 mg/ml SYRINGE <b>MO</b>	1	
INVEGA 1.5 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
INVEGA 3 MG, 9 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
INVEGA 6 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	1	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	1	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE <b>DL</b>	1	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE <b>DL</b>	1	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE <b>MO</b>	1	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	1	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	1	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	1	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	1	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
lurasidone 80 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
molindone 10 mg TABLET <b>MO</b>	1	PA,QL(240 per 30 days)
molindone 25 mg TABLET <b>MO</b>	1	PA,QL(270 per 30 days)
molindone 5 mg TABLET <b>MO</b>	1	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION <b>MO</b>	1	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET <b>MO</b>	1	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(60 per 30 days)
OPIPZA 10 MG FILM <b>DL</b>	1	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM <b>DL</b>	1	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM <b>DL</b>	1	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE <b>DL</b>	1	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET <b>MO</b>	1	
quetiapine 100 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
quetiapine 150 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
quetiapine 200 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION <b>DL</b>	1	
RISPERDAL 3 MG, 4 MG TABLET <b>DL</b>	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON <b>MO</b>	1	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON <b>DL</b>	1	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION <b>MO</b>	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET <b>MO</b>	1	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK <b>MO</b>	1	PA,QL(15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE <b>MO</b>	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET <b>MO</b>	1	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE <b>DL</b>	1	QL(0.28 per 28 days)
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE <b>DL</b>	1	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	1	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	1	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	1	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE <b>DL</b>	1	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE <b>DL</b>	1	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION <b>DL</b>	1	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE <b>MO</b>	1	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION <b>MO</b>	1	
ZYPREXA 10 MG RECON SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	1	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG TABLET, DISINTEGRATING <b>DL</b>	1	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING <b>DL</b>	1	QL(60 per 30 days)
ZYPREXA ZYDIS 5 MG TABLET, DISINTEGRATING <b>MO</b>	1	QL(30 per 30 days)
<b>ANTISPASTICITY AGENTS</b>		
baclofen 10 mg TABLET <b>MO</b>	1	
baclofen 10 mg/5 ml (2 mg/ml), 5 mg/5 ml SOLUTION <b>DL</b>	1	
baclofen 15 mg, 20 mg TABLET <b>MO</b>	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION <b>DL</b>	1	QL(480 per 30 days)
baclofen 5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
DANTRIUM 20 MG RECON SOLUTION <b>MO</b>	1	
DANTRIUM 25 MG CAPSULE <b>MO</b>	1	
dantrolene 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	
dantrolene 20 mg RECON SOLUTION <b>MO</b>	1	
FLEQSUVE 25 MG/5 ML (5 MG/ML) SUSPENSION <b>DL</b>	1	QL(480 per 30 days)
LYVISPAN 10 MG, 20 MG GRANULES IN PACKET <b>MO</b>	1	ST,QL(120 per 30 days)
LYVISPAN 5 MG GRANULES IN PACKET <b>MO</b>	1	ST,QL(270 per 30 days)
OZOBAX 5 MG/5 ML SOLUTION <b>DL</b>	1	
OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION <b>DL</b>	1	
revonto 20 mg RECON SOLUTION <b>MO</b>	1	
tizanidine 2 mg, 4 mg TABLET <b>MO</b>	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE <b>MO</b>	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE <b>MO</b>	1	ST
ZANAFLEX 4 MG TABLET <b>MO</b>	1	ST
<b>ANTIVIRALS</b>		
abacavir 20 mg/ml SOLUTION <b>MO</b>	1	QL(960 per 30 days)
abacavir 300 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE <b>MO</b>	1	
acyclovir 200 mg/5 ml (5 ml) SUSPENSION <b>DL</b>	1	
acyclovir 200 mg/5 ml SUSPENSION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acyclovir 400 mg, 800 mg TABLET <b>MO</b>	1	
acyclovir 5 % CREAM <b>MO</b>	1	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT <b>MO</b>	1	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION <b>MO</b>	1	BvsD
adefovir 10 mg TABLET <b>MO</b>	1	
APTVIRUS 250 MG CAPSULE <b>DL</b>	1	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION <b>DL</b>	1	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER <b>DL</b>	1	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION <b>DL</b>	1	
CIMDUO 300-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
COMBIVIR 150-300 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
COMPLERA 200-25-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
darunavir 600 mg TABLET <b>DL</b>	1	QL(60 per 30 days)
darunavir 800 mg TABLET <b>DL</b>	1	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
DENAVIR 1 % CREAM <b>MO</b>	1	PA
DESCOZY 120-15 MG, 200-25 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC <b>MO</b>	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
EDURANT 25 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION <b>DL</b>	1	QL(180 per 30 days)
efavirenz 200 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE <b>MO</b>	1	QL(480 per 30 days)
efavirenz 600 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
efavirenz-emtricitabine-tenofovir 600-200-300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
efavirenz-lamivu-tenofovir disop 400-300-300 mg, 600-300-300 mg TABLET <b>DL</b>	1	QL(30 per 30 days)
emtricitabine-rilpivirine-tenofovir 200-25-300 mg TABLET <b>DL</b>	1	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION <b>MO</b>	1	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	1	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
EPIVIR 10 MG/ML SOLUTION <b>MO</b>	1	QL(900 per 30 days)
EPIVIR 150 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
EPIVIR 300 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
EPZICOM 600-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
etravirine 100 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
etravirine 200 mg TABLET <b>DL</b>	1	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
FLUMADINE 100 MG TABLET <b>MO</b>	1	
fosamprenavir 700 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
foscarnet 24 mg/ml SOLUTION <b>MO</b>	1	BvsD
FUZEON 90 MG RECON SOLUTION <b>DL</b>	1	QL(60 per 30 days)
ganciclovir sodium 50 mg/ml SOLUTION <b>MO</b>	1	BvsD
ganciclovir sodium 500 mg RECON SOLUTION <b>MO</b>	1	BvsD
GENVOYA 150-150-200-10 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
HEPSERA 10 MG TABLET <b>DL</b>	1	
INTELENCE 100 MG TABLET <b>DL</b>	1	QL(120 per 30 days)
INTELENCE 200 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
INTELENCE 25 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>DL</b>	1	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET <b>MO</b>	1	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>MO</b>	1	QL(180 per 30 days)
ISENTRESS 400 MG TABLET <b>DL</b>	1	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISENTRESS HD 600 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
JULUCA 50-25 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
KALETRA 100-25 MG TABLET <b>MO</b>	1	QL(300 per 30 days)
KALETRA 200-50 MG TABLET <b>MO</b>	1	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION <b>DL</b>	1	
lamivudine 10 mg/ml SOLUTION <b>MO</b>	1	QL(900 per 30 days)
lamivudine 100 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
lamivudine 150 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
lamivudine 300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION <b>MO</b>	1	QL(1575 per 28 days)
LEXIVA 700 MG TABLET <b>DL</b>	1	QL(120 per 30 days)
LIVTENCITY 200 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET <b>MO</b>	1	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET <b>MO</b>	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION <b>MO</b>	1	
maraviroc 150 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
maraviroc 300 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
MAVYRET 100-40 MG TABLET <b>DL</b>	1	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(150 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
nevirapine 200 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION <b>MO</b>	1	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE <b>MO</b>	1	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET <b>MO</b>	1	QL(360 per 30 days)
NORVIR 100 MG TABLET <b>MO</b>	1	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE <b>MO</b>	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE <b>MO</b>	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	QL(1440 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK <b>MO</b>	1	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK <b>MO</b>	1	QL(22 per 10 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK <b>MO</b>	1	QL(60 per 10 days)
penciclovir 1 % CREAM <b>MO</b>	1	PA
PIFELTRO 100 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION <b>DL</b>	1	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET <b>DL</b>	1	PA
PREVYMIS 480 MG/24 ML SOLUTION <b>DL</b>	1	PA,QL(672 per 28 days)
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET <b>DL</b>	1	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION <b>DL</b>	1	QL(360 per 30 days)
PREZISTA 150 MG TABLET <b>DL</b>	1	QL(240 per 30 days)
PREZISTA 600 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
PREZISTA 75 MG TABLET <b>MO</b>	1	QL(480 per 30 days)
PREZISTA 800 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION <b>MO</b>	1	
RETROVIR 10 MG/ML SYRUP <b>MO</b>	1	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE <b>MO</b>	1	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE <b>DL</b>	1	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE <b>DL</b>	1	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET <b>MO</b>	1	
ribavirin 200 mg CAPSULE <b>MO</b>	1	
ribavirin 200 mg TABLET <b>MO</b>	1	
rimantadine 100 mg TABLET <b>MO</b>	1	
ritonavir 100 mg TABLET <b>MO</b>	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. <b>DL</b>	1	QL(60 per 30 days)
SELZENTRY 150 MG TABLET <b>DL</b>	1	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION <b>DL</b>	1	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET <b>MO</b>	1	QL(240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <b>DL</b>	1	QL(120 per 30 days)
SOVALDI 150 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
stavudine 15 mg, 20 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
stavudine 30 mg, 40 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
SUNLENCA 300 MG TABLET <b>DL</b>	1	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	1	QL(9 per 365 days)
SYMFY 600-300-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
SYMFY LO 400-300-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE <b>MO</b>	1	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <b>MO</b>	1	PA,QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	PA,QL(1440 per 365 days)
tenofovir disoproxil fumarate 300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION <b>DL</b>	1	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION <b>MO</b>	1	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION <b>DL</b>	1	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
TYBOST 150 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET <b>MO</b>	1	
VALCYTE 450 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION <b>DL</b>	1	PA,QL(1056 per 30 days)
valganciclovir 450 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION <b>DL</b>	1	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET <b>MO</b>	1	PA
VEMLIDY 25 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
VIRACEPT 250 MG TABLET <b>DL</b>	1	QL(300 per 30 days)
VIRACEPT 625 MG TABLET <b>DL</b>	1	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER <b>DL</b>	1	QL(240 per 30 days)
VOCABRIA 30 MG TABLET <b>DL</b>	1	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM <b>DL</b>	1	QL(5 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XOFLUZA 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	1	
ZEPATIER 50-100 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION <b>MO</b>	1	QL(960 per 30 days)
ZIAGEN 300 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
zidovudine 10 mg/ml SYRUP <b>MO</b>	1	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE <b>MO</b>	1	QL(180 per 30 days)
zidovudine 300 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL <b>MO</b>	1	QL(5 per 30 days)
ZOVIRAX 200 MG/5 ML SUSPENSION <b>MO</b>	1	PA
ZOVIRAX 5 % CREAM <b>MO</b>	1	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT <b>MO</b>	1	PA,QL(30 per 30 days)
<b>ANXIOLYTICS</b>		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING <b>DL</b>	1	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. <b>DL</b>	1	QL(60 per 30 days)
alprazolam 2 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE <b>DL</b>	1	
ATIVAN 0.5 MG, 1 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET <b>DL</b>	1	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION <b>DL</b>	1	PA
BUCAPSOL 10 MG, 15 MG, 7.5 MG CAPSULE <b>DL</b>	1	
buspirone 10 mg, 5 mg TABLET <b>MO</b>	1	
buspirone 15 mg, 30 mg, 7.5 mg TABLET <b>MO</b>	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE <b>DL</b>	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING <b>DL</b>	1	
clonazepam 0.5 mg, 1 mg TABLET <b>DL</b>	1	
clonazepam 2 mg TABLET <b>DL</b>	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET <b>DL</b>	1	
diazepam 10 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
diazepam 2 mg TABLET <b>DL</b>	1	QL(90 per 30 days)
diazepam 5 mg TABLET <b>DL</b>	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION <b>DL</b>	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE <b>DL</b>	1	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 5 mg/ml SOLUTION <b>DL</b>	1	
diazepam 5 mg/ml SYRINGE <b>DL</b>	1	
diazepam intensol 5 mg/ml CONCENTRATE <b>DL</b>	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	
doxepin 10 mg/ml CONCENTRATE <b>MO</b>	1	
hydroxyzine hcl 10 mg, 50 mg TABLET <b>MO</b>	1	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION <b>MO</b>	1	
hydroxyzine hcl 25 mg TABLET <b>MO</b>	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET <b>DL</b>	1	PA
lorazepam 0.5 mg, 1 mg TABLET <b>DL</b>	1	QL(90 per 30 days)
lorazepam 2 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE <b>DL</b>	1	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE <b>DL</b>	1	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION <b>DL</b>	1	
lorazepam intensol 2 mg/ml CONCENTRATE <b>DL</b>	1	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. <b>DL</b>	1	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET <b>MO</b>	1	
oxazepam 10 mg, 15 mg, 30 mg CAPSULE <b>DL</b>	1	
VALIUM 10 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
VALIUM 2 MG, 5 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
XANAX 2 MG TABLET <b>DL</b>	1	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
<b>BIPOLAR AGENTS</b>		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE <b>MO</b>	1	
lithium carbonate 300 mg TABLET <b>MO</b>	1	
lithium carbonate 300 mg, 450 mg TABLET ER <b>MO</b>	1	
lithium citrate 8 meq/5 ml SOLUTION <b>MO</b>	1	
LITHOBID 300 MG TABLET ER <b>MO</b>	1	
<b>BLOOD GLUCOSE REGULATORS</b>		
acarbose 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
ACTOPLUS MET 15-850 MG TABLET <b>MO</b>	1	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTOS 15 MG, 30 MG, 45 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN <b>CI,MO</b>	1	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION <b>CI,MO</b>	1	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER <b>CI,DL</b>	1	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER <b>CI,DL</b>	1	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER <b>CI,MO</b>	1	PA,QL(90 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN <b>CI,MO</b>	1	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION <b>CI,MO</b>	1	ST
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	1	
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR <b>CI,MO</b>	1	PA
BRYNOVIN 25 MG/ML SOLUTION <b>MO</b>	1	PA,QL(120 per 30 days)
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML PEN INJECTOR <b>MO</b>	1	PA,QL(2.4 per 30 days)
CYCLOSET 0.8 MG TABLET <b>MO</b>	1	ST,QL(180 per 30 days)
diazoxide 50 mg/ml SUSPENSION <b>DL</b>	1	
DUETACT 30-2 MG, 30-4 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
exenatide 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml PEN INJECTOR <b>MO</b>	1	PA,QL(2.4 per 30 days)
FARXIGA 10 MG, 5 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE <b>CI,MO</b>	1	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION <b>CI,MO</b>	1	
glimepiride 1 mg, 3 mg TABLET <b>MO</b>	1	
glimepiride 2 mg, 4 mg TABLET <b>MO</b>	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. <b>MO</b>	1	
glipizide 10 mg, 5 mg TABLET <b>MO</b>	1	
glipizide 2.5 mg TABLET <b>MO</b>	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET <b>MO</b>	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION <b>MO</b>	1	ST
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION <b>MO</b>	1	ST

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION <b>CI,MO</b>	1	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION <b>CI,MO</b>	1	
NOVOLOG MIX 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN <b>CI,MO</b>	1	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE <b>CI,MO</b>	1	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION <b>CI,MO</b>	1	
OSENI 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
OZEMPIK 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR <b>MO</b>	1	PA,QL(3 per 28 days)
pioglitazone 15 mg, 45 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	1	
PROGLYCEM 50 MG/ML SUSPENSION <b>DL</b>	1	PA
QTERN 10-5 MG, 5-5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET <b>MO</b>	1	
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	PA
RIOMET 500 MG/5 ML SOLUTION <b>MO</b>	1	QL(750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	QL(30 per 30 days)
SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	PA
SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION <b>CI,MO</b>	1	PA
sitagliptin 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
sitagliptin-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	PA,QL(30 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL - Dispensing Limit • LA - Limited Access • MO - Mail Order • PA - Prior Authorization • PDS - BD/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 <b>MO</b>	1	PA,QL(60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN <b>CI,MO</b>	1	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
STEGLUJAN 15-100 MG, 5-100 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR <b>DL</b>	1	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR <b>DL</b>	1	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN <b>CI,MO</b>	1	
TRADJENTA 5 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION <b>CI,MO</b>	1	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR <b>MO</b>	1	PA,QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR <b>MO</b>	1	PA,QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR <b>MO</b>	1	PA,QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	QL(60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN <b>CI,MO</b>	1	PA,QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR <b>MO</b>	1	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE <b>MO</b>	1	
ZITUVIMET 50-1,000 MG, 50-500 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	PA,QL(60 per 30 days)
ZITUvio 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT <b>DL</b>	1	PA
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE <b>MO</b>	1	
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION <b>MO</b>	1	
AGRYLIN 0.5 MG CAPSULE <b>MO</b>	1	PA
ALVAIZ 18 MG, 9 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ALVAIZ 36 MG, 54 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
aminocaproic acid 1,000 mg TABLET <b>DL</b>	1	
aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION <b>MO</b>	1	
aminocaproic acid 500 mg TABLET <b>MO</b>	1	
anagrelide 0.5 mg, 1 mg CAPSULE <b>MO</b>	1	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE <b>MO</b>	1	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION <b>DL</b>	1	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE <b>MO</b>	1	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION <b>MO</b>	1	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE <b>DL</b>	1	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE <b>MO</b>	1	PA,QL(1.2 per 30 days)
ARIIXTRA 10 MG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(24 per 30 days)
ARIIXTRA 2.5 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(15 per 30 days)
ARIIXTRA 5 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(12 per 30 days)
ARIIXTRA 7.5 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(18 per 30 days)
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. <b>MO</b>	1	ST,QL(60 per 30 days)
bivalirudin 250 mg/50 ml (5 mg/ml) SOLUTION <b>MO</b>	1	
BRILINTA 60 MG, 90 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
CABLIVI 11 MG KIT <b>DL</b>	1	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clopidogrel 300 mg TABLET <b>MO</b>	1	
clopidogrel 75 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION <b>DL</b>	1	PA
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
DOPTELET (10 TAB PACK) 20 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
ELIQUIS 5 MG TABLET <b>MO</b>	1	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK <b>MO</b>	1	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE <b>MO</b>	1	
enoxaparin 300 mg/3 ml SOLUTION <b>MO</b>	1	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION <b>MO</b>	1	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION <b>MO</b>	1	PA,QL(28 per 30 days)
eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION <b>MO</b>	1	
fondaparinux 10 mg/0.8 ml SYRINGE <b>DL</b>	1	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml SYRINGE <b>DL</b>	1	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml SYRINGE <b>DL</b>	1	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml SYRINGE <b>DL</b>	1	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE <b>DL</b>	1	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE <b>DL</b>	1	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE <b>DL</b>	1	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE <b>DL</b>	1	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE <b>DL</b>	1	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION <b>DL</b>	1	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION <b>DL</b>	1	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE <b>DL</b>	1	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(7 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GRANIX 300 MCG/ML SOLUTION <b>DL</b>	1	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SOLUTION <b>DL</b>	1	PA,QL(22.4 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION <b>MO</b>	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE <b>MO</b>	1	
heparin (porcine) 5,000 unit/ml SYRINGE <b>MO</b>	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION <b>MO</b>	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE <b>MO</b>	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET <b>MO</b>	1	
KENGREAL 50 MG RECON SOLUTION <b>DL</b>	1	
LEUKINE 250 MCG RECON SOLUTION <b>DL</b>	1	PA
LOVENOX 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML SYRINGE <b>DL</b>	1	PA
LOVENOX 300 MG/3 ML SOLUTION <b>DL</b>	1	PA
MIRCERA 100 MCG/0.3 ML SYRINGE	1	PA,QL(1.2 per 28 days)
MIRCERA 120 MCG/0.3 ML SYRINGE <b>DL</b>	1	PA,QL(0.9 per 28 days)
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML SYRINGE	1	PA,QL(0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML SYRINGE	1	PA,QL(0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET <b>DL</b>	1	PA
NEULASTA 6 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR <b>DL</b>	1	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML SOLUTION <b>DL</b>	1	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML SOLUTION <b>DL</b>	1	PA,QL(22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION <b>DL</b>	1	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION <b>DL</b>	1	PA,QL(22.4 per 30 days)
NYVEPRIA 6 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
PLAVIX 75 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION <b>DL</b>	1	PA,QL(9.6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	1	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET <b>DL</b>	1	PA,QL(60 per 30 days)
prasugrel hcl 10 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
PROCERIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION <b>MO</b>	1	PA,QL(14 per 30 days)
PROCERIT 20,000 UNIT/2 ML SOLUTION <b>MO</b>	1	PA,QL(28 per 30 days)
PROCERIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION <b>DL</b>	1	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET <b>DL</b>	1	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION <b>DL</b>	1	PA
RELEUKO 300 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(7 per 30 days)
RELEUKO 300 MCG/ML SOLUTION <b>DL</b>	1	PA,QL(14 per 30 days)
RELEUKO 480 MCG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(11.2 per 30 days)
RELEUKO 480 MCG/1.6 ML SOLUTION <b>DL</b>	1	PA,QL(22.4 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION <b>MO</b>	1	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION <b>DL</b>	1	PA,QL(14 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION <b>MO</b>	1	
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	ST,QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
ROLVEDON 13.2 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
RYZNEUTA 20 MG/ML SYRINGE <b>DL</b>	1	PA,QL(2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION <b>MO</b>	1	
tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION <b>MO</b>	1	PA
tranexamic acid 650 mg TABLET <b>MO</b>	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPANED 1 MG/ML SOLUTION <b>DL</b>	1	
epineph bitart in 0.9% sod chl 16 mg/250 ml (64 mcg/ml) SOLUTION <b>MO</b>	1	
eplerenone 25 mg, 50 mg TABLET <b>MO</b>	1	PA
eprosartan 600 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION <b>MO</b>	1	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	1	
PARENTERAL SOLUTION <b>MO</b>		
ethacrynat sodium 50 mg RECON SOLUTION <b>MO</b>	1	
ethacrynic acid 25 mg TABLET <b>MO</b>	1	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION <b>DL</b>	1	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE <b>MO</b>	1	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ezetimibe-rosuvastatin 10-5 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 120 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 40 mg, 54 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
fenofibrate 50 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE <b>MO</b>	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fenofibrate micronized 90 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC <b>MO</b>	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET <b>MO</b>	1	QL(30 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISORDIL TITRADOSE 5 MG TABLET <b>DL</b>	1	PA
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET <b>MO</b>	1	
isosorbide mononitrate 10 mg, 20 mg TABLET <b>MO</b>	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. <b>MO</b>	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. <b>MO</b>	1	
isosorbide-hydralazine 20-37.5 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE <b>MO</b>	1	
ISUPREL 0.2 MG/ML SOLUTION <b>MO</b>	1	
ivabradine 5 mg, 7.5 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
JUXTAPID 10 MG, 30 MG, 5 MG CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE <b>DL</b>	1	PA,QL(84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	1	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION <b>MO</b>	1	ST,QL(300 per 30 days)
KERENDIA 10 MG, 20 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET <b>MO</b>	1	
labetalol 5 mg/ml SOLUTION <b>MO</b>	1	
LABETALOL IN DEXTROSE,ISO-OSM 1 MG/ML SOLUTION <b>MO</b>	1	
LABETALOL IN NAACL (ISO-OSMOT) 1 MG/ ML SOLUTION <b>MO</b>	1	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET <b>MO</b>	1	QL(30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION <b>MO</b>	1	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION <b>MO</b>	1	
LASIX 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	1	
LEQVIO 284 MG/1.5 ML SYRINGE	1	PA,QL(4.5 per 365 days)
LESCOL XL 80 MG TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION <b>MO</b>	1	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION <b>MO</b>	1	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION <b>MO</b>	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	1	PA
LIPOFEN 150 MG CAPSULE <b>MO</b>	1	QL(30 per 30 days)

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PACERONE 100 MG, 400 MG TABLET <b>MO</b>	1	
pacerone 200 mg TABLET <b>MO</b>	1	
pentoxifylline 400 mg TABLET ER <b>MO</b>	1	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	
phenoxybenzamine 10 mg CAPSULE <b>DL</b>	1	
phenylephrine hcl 10 mg/ml SOLUTION <b>MO</b>	1	
pindolol 10 mg, 5 mg TABLET <b>MO</b>	1	
pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR <b>MO</b>	1	PA,QL(2 per 28 days)
pravastatin 10 mg, 80 mg TABLET <b>MO</b>	1	
pravastatin 20 mg, 40 mg TABLET <b>MO</b>	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE <b>MO</b>	1	
prevalite 4 gram POWDER <b>MO</b>	1	
prevalite 4 gram POWDER IN PACKET <b>MO</b>	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION <b>MO</b>	1	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
propafenone 150 mg, 225 mg, 300 mg TABLET <b>MO</b>	1	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. <b>MO</b>	1	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION <b>MO</b>	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET <b>MO</b>	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. <b>MO</b>	1	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET <b>MO</b>	1	
QBRELIS 1 MG/ML SOLUTION <b>DL</b>	1	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER <b>MO</b>	1	
QUESTRAN 4 GRAM POWDER IN PACKET <b>MO</b>	1	
QUESTRAN LIGHT 4 GRAM POWDER <b>MO</b>	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET <b>MO</b>	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET <b>MO</b>	1	
quinidine gluconate 324 mg TABLET ER <b>MO</b>	1	
quinidine sulfate 200 mg, 300 mg TABLET <b>MO</b>	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE <b>MO</b>	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. <b>MO</b>	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR <b>MO</b>	1	PA,QL(3.5 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REPATHA SURECLICK 140 MG/ML PEN INJECTOR <b>MO</b>	1	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE <b>MO</b>	1	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET <b>MO</b>	1	
RYTHMOL SR 225 MG, 325 MG, 425 MG CAPSULE, ER 12 HR. <b>MO</b>	1	PA
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET <b>MO</b>	1	
simvastatin 5 mg, 80 mg TABLET <b>MO</b>	1	
SOAANZ 20 MG, 40 MG, 60 MG TABLET <b>MO</b>	1	ST
SODIUM EDECRIN 50 MG RECON SOLUTION <b>MO</b>	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET <b>MO</b>	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET <b>MO</b>	1	
SOTYLIZE 5 MG/ML SOLUTION <b>MO</b>	1	
spironolacton-hydrochlorothiaz 25-25 mg TABLET <b>MO</b>	1	
spironolactone 100 mg TABLET <b>MO</b>	1	
spironolactone 25 mg, 50 mg TABLET <b>MO</b>	1	
spironolactone 25 mg/5 ml SUSPENSION <b>MO</b>	1	PA,QL(450 per 30 days)
SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
TEKTURNA HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
telmisartan 80 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
TENORETIC 100 100-25 MG TABLET <b>MO</b>	1	
TENORETIC 50 50-25 MG TABLET <b>MO</b>	1	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	1	PA
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE <b>MO</b>	1	
TEZRULY 1 MG/ML SOLUTION <b>DL</b>	1	PA,QL(600 per 30 days)
THALITONE 15 MG TABLET <b>MO</b>	1	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE <b>MO</b>	1	PA
timolol maleate 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. <b>MO</b>	1	
torsemide 10 mg, 100 mg, 5 mg TABLET <b>MO</b>	1	
torsemide 20 mg TABLET <b>MO</b>	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET <b>MO</b>	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	
triamterene 100 mg, 50 mg CAPSULE <b>MO</b>	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE <b>MO</b>	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET <b>MO</b>	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET <b>MO</b>	1	
TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
TRICOR 145 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC <b>MO</b>	1	PA,QL(30 per 30 days)
TRYNGOLZA 80 MG/0.8 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(0.8 per 28 days)
TRYVIO 12.5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
valsartan 160 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
VALSARTAN 4 MG/ML SOLUTION <b>DL</b>	1	ST,QL(2400 per 30 days)
valsartan 4 mg/ml SOLUTION <b>DL</b>	1	ST,QL(2400 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <b>MO</b>	1	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE <b>MO</b>	1	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET <b>MO</b>	1	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET <b>DL</b>	1	PA
vecamyl 2.5 mg TABLET <b>DL</b>	1	QL(300 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil 120 mg, 180 mg, 240 mg TABLET ER <b>MO</b>	1	
verapamil 120 mg, 40 mg, 80 mg TABLET <b>MO</b>	1	
verapamil 2.5 mg/ml SOLUTION <b>MO</b>	1	
verapamil 2.5 mg/ml SYRINGE <b>MO</b>	1	
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. <b>MO</b>	1	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET <b>MO</b>	1	QL(30 per 30 days)
WELCHOL 625 MG TABLET <b>MO</b>	1	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET <b>MO</b>	1	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET <b>MO</b>	1	PA
ZETIA 10 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
ZIAC 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG TABLET <b>MO</b>	1	PA
ZOCOR 10 MG, 20 MG, 40 MG TABLET <b>MO</b>	1	PA
ZYPITAMAG 2 MG, 4 MG TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH <b>MO</b>	1	QL(30 per 30 days)
amphetamine sulfate 10 mg, 5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK <b>DL</b>	1	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK <b>DL</b>	1	PA,QL(42 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT <b>DL</b>	1	PA,QL(1 per 28 days)
AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE <b>MO</b>	1	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC <b>DL</b>	1	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT <b>DL</b>	1	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	1	PA
clonidine hcl 0.1 mg TABLET, ER 12 HR. <b>MO</b>	1	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE <b>DL</b>	1	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE <b>DL</b>	1	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH <b>MO</b>	1	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH <b>MO</b>	1	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC <b>MO</b>	1	PA,QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC <b>MO</b>	1	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC <b>MO</b>	1	PA,QL(60 per 30 days)
dalfampridine 10 mg TABLET, ER 12 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. <b>MO</b>	1	QL(30 per 30 days)
DESOXYN 5 MG TABLET <b>DL</b>	1	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER <b>DL</b>	1	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER <b>DL</b>	1	PA,QL(120 per 30 days)
dexamethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
dexamethylphenidate 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg CAPSULE, ER <b>MO</b>	1	QL(180 per 30 days)
dextroamphetamine sulfate 10 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg CAPSULE, ER <b>MO</b>	1	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine sulfate 15 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg CAPSULE, ER <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET <b>MO</b>	1	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION <b>MO</b>	1	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. <b>MO</b>	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC <b>MO</b>	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC <b>MO</b>	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE <b>MO</b>	1	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC <b>MO</b>	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC <b>MO</b>	1	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC <b>MO</b>	1	QL(240 per 30 days)
edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION <b>DL</b>	1	PA
EVEKEO 10 MG, 5 MG TABLET <b>MO</b>	1	QL(90 per 30 days)
EVEKEO ODT 10 MG, 5 MG TABLET, DISINTEGRATING <b>MO</b>	1	QL(90 per 30 days)
EVEKEO ODT 15 MG, 20 MG TABLET, DISINTEGRATING <b>MO</b>	1	QL(60 per 30 days)
EXSERVAN 50 MG FILM <b>DL</b>	1	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG KIT <b>DL</b>	1	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG RECON SOLUTION <b>DL</b>	1	PA,QL(15 per 30 days)
fingolimod 0.5 mg CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
<i>gabapentin 300 mg TABLET, ER 24 HR. <b>MO</b></i>	1	ST,QL(30 per 30 days)
<i>gabapentin 600 mg TABLET, ER 24 HR. <b>MO</b></i>	1	ST,QL(90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
<i>glatiramer 20 mg/ml SYRINGE <b>DL</b></i>	1	PA,QL(30 per 30 days)
<i>glatiramer 40 mg/ml SYRINGE <b>DL</b></i>	1	PA,QL(12 per 28 days)
<i>glatopa 20 mg/ml SYRINGE <b>DL</b></i>	1	PA,QL(30 per 30 days)
<i>glatopa 40 mg/ml SYRINGE <b>DL</b></i>	1	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(60 per 30 days)
<i>guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. <b>MO</b></i>	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER <b>MO</b>	1	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK <b>DL</b>	1	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE <b>DL</b>	1	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE <b>MO</b>	1	QL(30 per 30 days)
KAPVAY 0.1 MG TABLET, ER 12 HR. <b>MO</b>	1	QL(120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR <b>DL</b>	1	PA,QL(1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML SOLUTION <b>DL</b>	1	PA,QL(6 per 365 days)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET <b>MO</b></i>	1	PA,QL(30 per 30 days)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE <b>MO</b></i>	1	PA,QL(30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	1	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION <b>MO</b>	1	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <b>MO</b>	1	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET <b>DL</b>	1	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAVENCLAD (5 TABLET PACK) 10 MG TABLET <b>DL</b>	1	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET <b>DL</b>	1	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET <b>DL</b>	1	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET <b>DL</b>	1	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET <b>DL</b>	1	PA
MAYZENT 0.25 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(60 per 30 days)
metadate er 20 mg TABLET ER <b>MO</b>	1	QL(90 per 30 days)
methamphetamine 5 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION <b>MO</b>	1	PA,QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION <b>MO</b>	1	PA,QL(1800 per 30 days)
methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR. <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 10 mg CHEWABLE TABLET <b>MO</b>	1	QL(180 per 30 days)
methylphenidate hcl 10 mg TABLET ER <b>MO</b>	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION <b>MO</b>	1	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET <b>MO</b>	1	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER <b>MO</b>	1	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION <b>MO</b>	1	QL(1800 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. <b>MO</b>	1	QL(30 per 30 days)
NUEDEXTA 20-10 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OCREVUS 30 MG/ML SOLUTION	1	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	1	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. <b>DL</b>	1	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR <b>DL</b>	1	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION <b>MO</b>	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE <b>MO</b>	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
pregabalin 330 mg TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
procenutra 5 mg/5 ml SOLUTION <b>DL</b>	1	QL(1800 per 30 days)
QALSDODY 100 MG/15 ML (6.7 MG/ML) SOLUTION <b>DL</b>	1	PA
QELBREE 100 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
QELBREE 150 MG, 200 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE <b>MO</b>	1	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE <b>MO</b>	1	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON <b>MO</b>	1	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION <b>DL</b>	1	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION <b>DL</b>	1	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION <b>DL</b>	1	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR <b>DL</b>	1	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR <b>DL</b>	1	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE <b>DL</b>	1	PA,QL(4.2 per 28 days)
RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
RILUTEK 50 MG TABLET <b>DL</b>	1	
riluzole 50 mg TABLET <b>MO</b>	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC <b>MO</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC <b>MO</b>	1	PA,QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK <b>MO</b>	1	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MO</b>	1	PA,QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
TASCENO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING <b>DL</b>	1	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC <b>DL</b>	1	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC <b>DL</b>	1	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION <b>DL</b>	1	PA,QL(600 per 30 days)
teriflunomide 14 mg, 7 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET <b>MO</b>	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET <b>MO</b>	1	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION <b>DL</b>	1	PA,QL(600 per 30 days)
TYSABRI 300 MG/15 ML SOLUTION <b>DL</b>	1	PA,QL(15 per 28 days)
VEOZAH 45 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
VUMERTY 231 MG CAPSULE, DR/EC <b>DL</b>	1	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. <b>MO</b>	1	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
zenzedi 10 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
ZENZEDI 15 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET <b>MO</b>	1	QL(90 per 30 days)
ZENZEDI 30 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
zenzedi 5 mg TABLET <b>MO</b>	1	QL(150 per 30 days)
ZEPOSIA 0.92 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK <b>DL</b>	1	PA,QL(28 per 28 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK <b>DL</b>	1	PA,QL(7 per 7 days)
<b>DENTAL &amp; ORAL AGENTS</b>		
cevimeline 30 mg CAPSULE <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorhexidine gluconate 0.12 % MOUTHWASH <b>MO</b>	1	
EVOXAC 30 MG CAPSULE <b>MO</b>	1	PA
KEPIVANCE 5.16 MG, 6.25 MG RECON SOLUTION <b>DL</b>	1	
kourzeq 0.1 % PASTE <b>MO</b>	1	
oralone 0.1 % PASTE <b>MO</b>	1	
periogard 0.12 % MOUTHWASH <b>MO</b>	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET <b>MO</b>	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET <b>MO</b>	1	
triamcinolone acetonide 0.1 % PASTE <b>MO</b>	1	
<b>DERMATOLOGICAL AGENTS</b>		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE <b>DL</b>	1	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE <b>DL</b>	1	ST
ACANYA 1.2-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE <b>MO</b>	1	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE <b>MO</b>	1	PA
ACZONE 5 % GEL <b>MO</b>	1	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP <b>MO</b>	1	QL(90 per 30 days)
adapalene 0.1 % CREAM <b>MO</b>	1	QL(45 per 30 days)
adapalene 0.1 % SOLUTION <b>DL</b>	1	QL(60 per 30 days)
adapalene 0.1 % SWAB <b>MO</b>	1	QL(30 per 30 days)
adapalene 0.3 % GEL <b>MO</b>	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP <b>MO</b>	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE <b>DL</b>	1	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(6 per 28 days)
AKLIEF 0.005 % CREAM <b>MO</b>	1	PA,QL(90 per 30 days)
ALA-CORT 1 % CREAM <b>MO</b>	1	QL(240 per 30 days)
ALA-SCALP 2 % LOTION <b>MO</b>	1	QL(236.8 per 30 days)
alclometasone 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
alclometasone 0.05 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
ALTABAX 1 % OINTMENT <b>MO</b>	1	
ALTRENO 0.05 % LOTION <b>MO</b>	1	PA,QL(90 per 30 days)
amcinonide 0.1 % CREAM <b>MO</b>	1	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amcinonide 0.1 % OINTMENT <b>DL</b>	1	ST,QL(120 per 30 days)
ammonium lactate 12 % CREAM <b>MO</b>	1	
ammonium lactate 12 % LOTION <b>MO</b>	1	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE <b>MO</b>	1	
AMZEEQ 4 % FOAM <b>MO</b>	1	PA,QL(30 per 30 days)
anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(60 per 30 days)
ANZUPGO 2 % CREAM <b>DL</b>	1	PA,QL(60 per 28 days)
apexicon e 0.05 % CREAM <b>MO</b>	1	QL(60 per 30 days)
ARAZLO 0.045 % LOTION <b>MO</b>	1	PA
ATRALIN 0.05 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
AVITA 0.025 % CREAM <b>MO</b>	1	PA,QL(45 per 30 days)
AVITA 0.025 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
azelaic acid 15 % GEL <b>MO</b>	1	ST,QL(50 per 30 days)
AZELEX 20 % CREAM <b>MO</b>	1	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL <b>MO</b>	1	QL(46.6 per 30 days)
beser 0.05 % LOTION <b>MO</b>	1	QL(240 per 30 days)
betamethasone dipropionate 0.05 % CREAM <b>MO</b>	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT <b>MO</b>	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM <b>MO</b>	1	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT <b>MO</b>	1	QL(180 per 30 days)
betamethasone valerate 0.12 % FOAM <b>MO</b>	1	QL(200 per 30 days)
betamethasone, augmented 0.05 % CREAM <b>MO</b>	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL <b>MO</b>	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT <b>MO</b>	1	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP <b>MO</b>	1	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION <b>MO</b>	1	ST,QL(200 per 30 days)
CABTREO 0.15-3.1-1.2 % GEL <b>MO</b>	1	QL(50 per 30 days)
calcipotriene 0.005 % CREAM <b>MO</b>	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % FOAM <b>MO</b>	1	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION <b>MO</b>	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcipotriene-betamethasone 0.005-0.064 % OINTMENT <b>MO</b>	1	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION <b>MO</b>	1	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT <b>MO</b>	1	ST,QL(800 per 28 days)
CAPEX 0.01 % SHAMPOO <b>MO</b>	1	QL(840 per 30 days)
CARAC 0.5 % CREAM <b>DL</b>	1	PA,QL(60 per 30 days)
CENTANY 2 % OINTMENT <b>MO</b>	1	
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE <b>MO</b>	1	
CLEOCIN T 1 % LOTION <b>MO</b>	1	QL(60 per 30 days)
clindacin 1 % FOAM <b>MO</b>	1	QL(100 per 30 days)
clindacin etz 1 % SWAB <b>MO</b>	1	
clindacin p 1 % SWAB <b>MO</b>	1	
CLINDAGEL 1 % GEL, ONCE DAILY <b>DL</b>	1	PA,QL(75 per 30 days)
clindamycin phosphate 1 % FOAM <b>MO</b>	1	QL(100 per 30 days)
clindamycin phosphate 1 % GEL <b>MO</b>	1	QL(60 per 30 days)
clindamycin phosphate 1 % GEL, ONCE DAILY <b>MO</b>	1	PA,QL(75 per 30 days)
clindamycin phosphate 1 % LOTION <b>MO</b>	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION <b>MO</b>	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB <b>MO</b>	1	
clindamycin-benzoyl peroxide 1-5 % GEL <b>MO</b>	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL <b>MO</b>	1	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL <b>MO</b>	1	QL(60 per 30 days)
clobetasol 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
clobetasol 0.05 % FOAM <b>MO</b>	1	QL(100 per 28 days)
clobetasol 0.05 % GEL <b>MO</b>	1	QL(120 per 28 days)
clobetasol 0.05 % LOTION <b>MO</b>	1	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT <b>MO</b>	1	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO <b>MO</b>	1	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION <b>MO</b>	1	QL(100 per 30 days)
clobetasol 0.05 % SPRAY, NON-AEROSOL <b>MO</b>	1	QL(240 per 30 days)
clobetasol-emollient 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
clobetasol-emollient 0.05 % FOAM <b>MO</b>	1	QL(100 per 30 days)
CLOBEX 0.05 % LOTION <b>MO</b>	1	ST,QL(240 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLOBEX 0.05 % SHAMPOO <b>MO</b>	1	ST,QL(240 per 30 days)
CLOBEX 0.05 % SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(240 per 30 days)
clocortolone pivalate 0.1 % CREAM <b>MO</b>	1	QL(180 per 30 days)
clodan 0.05 % SHAMPOO <b>MO</b>	1	QL(240 per 30 days)
CONDYLOX 0.5 % GEL <b>MO</b>	1	
CORDRAN 0.025 % CREAM <b>MO</b>	1	ST,QL(240 per 30 days)
CORDRAN 0.05 % CREAM <b>DL</b>	1	ST,QL(240 per 30 days)
CORDRAN 0.05 % LOTION <b>DL</b>	1	ST,QL(240 per 30 days)
CORDRAN 0.05 % OINTMENT <b>MO</b>	1	ST,QL(240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE <b>MO</b>	1	QL(2 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	1	
crotan 10 % LOTION <b>DL</b>	1	PA,QL(454 per 30 days)
dapsone 5 %, 7.5 % GEL <b>MO</b>	1	QL(90 per 30 days)
dapsone 7.5 % GEL WITH PUMP <b>MO</b>	1	QL(90 per 30 days)
DERMA-SMOOTH/FS BODY OIL 0.01 % OIL <b>MO</b>	1	QL(118.28 per 30 days)
DERMA-SMOOTH/FS SCALP OIL 0.01 % OIL <b>MO</b>	1	QL(118.28 per 30 days)
desonide 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
desonide 0.05 % GEL <b>MO</b>	1	QL(240 per 30 days)
desonide 0.05 % LOTION <b>MO</b>	1	QL(240 per 30 days)
desonide 0.05 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
DESOWEN 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
desoximetasone 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
desoximetasone 0.05 % GEL <b>MO</b>	1	QL(240 per 30 days)
desoximetasone 0.05 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
desoximetasone 0.25 % CREAM <b>MO</b>	1	QL(120 per 30 days)
desoximetasone 0.25 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
desoximetasone 0.25 % SPRAY, NON-AEROSOL <b>MO</b>	1	QL(100 per 30 days)
diclofenac sodium 3 % GEL <b>MO</b>	1	PA
DIFFERIN 0.1 % CREAM <b>MO</b>	1	PA,QL(45 per 30 days)
DIFFERIN 0.1 % LOTION <b>MO</b>	1	QL(59 per 30 days)
DIFFERIN 0.3 % GEL WITH PUMP <b>MO</b>	1	QL(45 per 30 days)
diflorasone 0.05 % CREAM <b>DL</b>	1	QL(120 per 30 days)
diflurasone 0.05 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT <b>MO</b>	1	QL(100 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxepin 5 % CREAM <b>DL</b>	1	PA,QL(45 per 30 days)
DUOBRII 0.01-0.045 % LOTION <b>MO</b>	1	PA,QL(200 per 28 days)
EBGLYSS PEN 250 MG/2 ML PEN INJECTOR <b>DL</b>	1	PA,QL(8 per 28 days)
EBGLYSS SYRINGE 250 MG/2 ML SYRINGE <b>DL</b>	1	PA,QL(8 per 28 days)
EFUDEX 5 % CREAM <b>MO</b>	1	PA
ELIDEL 1 % CREAM <b>MO</b>	1	PA,QL(100 per 30 days)
ELIMITE 5 % CREAM <b>MO</b>	1	
ENSTILAR 0.005-0.064 % FOAM <b>MO</b>	1	QL(120 per 30 days)
EPIDUO 0.1-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(45 per 30 days)
EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(60 per 30 days)
EPIFOAM 1-1 % FOAM <b>MO</b>	1	
EPSOLAY 5 % CREAM <b>MO</b>	1	ST,QL(30 per 30 days)
ery pads 2 % SWAB <b>MO</b>	1	QL(60 per 30 days)
ERYGEL 2 % GEL <b>MO</b>	1	QL(60 per 30 days)
erythromycin with ethanol 2 % GEL <b>MO</b>	1	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION <b>MO</b>	1	QL(120 per 30 days)
erythromycin-benzoyl peroxide 3-5 % GEL <b>MO</b>	1	QL(46.6 per 30 days)
EUCRISA 2 % OINTMENT <b>MO</b>	1	PA,QL(100 per 30 days)
EURAX 10 % CREAM <b>MO</b>	1	PA
EURAX 10 % LOTION <b>MO</b>	1	PA,QL(454 per 30 days)
EVOCLIN 1 % FOAM <b>MO</b>	1	PA,QL(100 per 30 days)
FABIOR 0.1 % FOAM <b>MO</b>	1	PA,QL(100 per 30 days)
FINACEA 15 % FOAM <b>MO</b>	1	ST,QL(50 per 30 days)
FINACEA 15 % GEL <b>MO</b>	1	ST,QL(50 per 30 days)
fluocinolone 0.01 % OIL <b>MO</b>	1	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION <b>MO</b>	1	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM <b>MO</b>	1	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL <b>MO</b>	1	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.05 % GEL <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.1 % CREAM <b>MO</b>	1	QL(120 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone valerate 0.2 % CREAM <b>MO</b>	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
HYFTOR 0.2 % GEL <b>DL</b>	1	PA
imiquimod 3.75 % CREAM IN PACKET <b>MO</b>	1	ST,QL(28 per 28 days)
imiquimod 3.75 % CREAM, METERED DOSE PUMP <b>DL</b>	1	ST,QL(15 per 30 days)
imiquimod 5 % CREAM IN PACKET <b>MO</b>	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE <b>MO</b>	1	
isotretinoin 25 mg, 35 mg CAPSULE <b>DL</b>	1	
ivermectin 1 % CREAM <b>MO</b>	1	ST,QL(45 per 30 days)
KLISYRI (250 MG) 1 % OINTMENT IN PACKET <b>DL</b>	1	PA,QL(5 per 30 days)
KLISYRI (350 MG) 1 % OINTMENT IN PACKET <b>DL</b>	1	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM <b>MO</b>	1	PA,QL(100 per 30 days)
lindane 1 % SHAMPOO <b>MO</b>	1	QL(60 per 30 days)
LOCOID 0.1 % LOTION <b>MO</b>	1	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM <b>MO</b>	1	QL(240 per 30 days)
LUXIQ 0.12 % FOAM <b>MO</b>	1	ST,QL(200 per 30 days)
mafenide acetate 50 gram PACKET <b>MO</b>	1	
malathion 0.5 % LOTION <b>MO</b>	1	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL <b>MO</b>	1	
MIRVASO 0.33 % GEL WITH PUMP <b>MO</b>	1	ST,QL(30 per 30 days)
mometasone 0.1 % CREAM <b>MO</b>	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT <b>MO</b>	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION <b>MO</b>	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT <b>MO</b>	1	
mupirocin calcium 2 % CREAM <b>MO</b>	1	ST
NATROBA 0.9 % SUSPENSION <b>MO</b>	1	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM <b>MO</b>	1	
neuac 1.2 %(1 % base) -5 % GEL <b>MO</b>	1	QL(45 per 30 days)
OLUX 0.05 % FOAM <b>MO</b>	1	PA,QL(100 per 28 days)
OLUX-E 0.05 % FOAM <b>MO</b>	1	PA,QL(100 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL <b>MO</b>	1	
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP <b>MO</b>	1	QL(50 per 30 days)
OPZELURA 1.5 % CREAM <b>DL</b>	1	PA,QL(240 per 28 days)
OTEZLA 20 MG, 30 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)

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

AV - ACIP Covered Part D vaccines • BvsD - Part B vs Part D • CI - Covered Insulin Products • DL - Dispensing Limit • LA - Limited Access • MO - Mail Order • PA - Prior Authorization • PDS - BD/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 <b>DL</b>	1	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(27 per 30 days)
OVIDE 0.5 % LOTION <b>MO</b>	1	PA
PANDEL 0.1 % CREAM <b>DL</b>	1	QL(160 per 30 days)
permethrin 5 % CREAM <b>MO</b>	1	
pimecrolimus 1 % CREAM <b>MO</b>	1	PA,QL(100 per 30 days)
podofilox 0.5 % GEL <b>MO</b>	1	
podofilox 0.5 % SOLUTION <b>MO</b>	1	QL(7 per 30 days)
prednicarbate 0.1 % CREAM <b>MO</b>	1	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(60 per 30 days)
PRUDOXIN 5 % CREAM <b>DL</b>	1	PA,QL(45 per 30 days)
pruradik 10 % LOTION <b>DL</b>	1	PA,QL(454 per 30 days)
QBREXZA 2.4 % TOWELETTE <b>MO</b>	1	PA,QL(30 per 30 days)
REGRANEX 0.01 % GEL <b>DL</b>	1	PA
RETIN-A 0.01 %, 0.025 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM <b>MO</b>	1	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL <b>DL</b>	1	PA,QL(45 per 30 days)
RETIN-A MICRO 0.1 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP <b>DL</b>	1	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP <b>MO</b>	1	PA,QL(50 per 30 days)
RHOFADE 1 % CREAM <b>MO</b>	1	ST,QL(30 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT <b>MO</b>	1	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION <b>MO</b>	1	QL(120 per 30 days)
SILVADENE 1 % CREAM <b>MO</b>	1	
silver sulfadiazine 1 % CREAM <b>MO</b>	1	
SOOLANTRA 1 % CREAM <b>MO</b>	1	ST,QL(45 per 30 days)
SORILUX 0.005 % FOAM <b>DL</b>	1	ST,QL(120 per 28 days)
spinosad 0.9 % SUSPENSION <b>MO</b>	1	QL(240 per 30 days)
SSD 1 % CREAM <b>MO</b>	1	
SULFAMYLYON 50 GRAM PACKET <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SULFAMYLON 85 MG/G CREAM <b>MO</b>	1	
SYNALAR 0.01 % SOLUTION <b>MO</b>	1	QL(180 per 30 days)
TACLONEX 0.005-0.064 % OINTMENT <b>DL</b>	1	PA,QL(60 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION <b>DL</b>	1	PA,QL(420 per 30 days)
tacrolimus 0.03 %, 0.1 % OINTMENT <b>MO</b>	1	QL(200 per 30 days)
tazarotene 0.05 % CREAM <b>MO</b>	1	PA,QL(120 per 30 days)
tazarotene 0.05 %, 0.1 % GEL <b>MO</b>	1	PA,QL(200 per 30 days)
tazarotene 0.1 % CREAM <b>MO</b>	1	QL(120 per 30 days)
tazarotene 0.1 % FOAM <b>DL</b>	1	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM <b>MO</b>	1	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL <b>MO</b>	1	PA,QL(200 per 30 days)
TEMOVATE 0.05 % OINTMENT <b>MO</b>	1	PA,QL(120 per 28 days)
TEXACORT 2.5 % SOLUTION <b>MO</b>	1	QL(240 per 30 days)
TOPICORT 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
TOPICORT 0.05 % GEL <b>MO</b>	1	QL(240 per 30 days)
TOPICORT 0.05 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
TOPICORT 0.25 % CREAM <b>MO</b>	1	QL(120 per 30 days)
TOPICORT 0.25 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
TOPICORT 0.25 % SPRAY, NON-AEROSOL <b>MO</b>	1	QL(100 per 30 days)
tovet emollient 0.05 % FOAM <b>MO</b>	1	QL(100 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM <b>MO</b>	1	PA,QL(45 per 30 days)
tretinoin microspheres 0.04 %, 0.08 %, 0.1 % GEL WITH PUMP <b>MO</b>	1	PA,QL(50 per 30 days)
tretinoin microspheres 0.04 %, 0.1 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
TWYNEO 0.1-3 % CREAM <b>MO</b>	1	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION <b>MO</b>	1	QL(120 per 30 days)
VANOS 0.1 % CREAM <b>MO</b>	1	QL(120 per 28 days)
VECTICAL 3 MCG/GRAM OINTMENT <b>DL</b>	1	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL <b>MO</b>	1	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM <b>DL</b>	1	QL(200 per 30 days)
VEREGEN 15 % OINTMENT <b>DL</b>	1	QL(30 per 30 days)
VTAMA 1 % CREAM <b>DL</b>	1	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM <b>MO</b>	1	PA
ZELSUVMI 10.3 % GEL <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE <b>MO</b>	1	
ZIANA 1.2-0.025 % GEL <b>MO</b>	1	PA,QL(60 per 30 days)
ZILXI 1.5 % FOAM <b>MO</b>	1	PA,QL(30 per 30 days)
ZONALON 5 % CREAM <b>MO</b>	1	PA,QL(45 per 30 days)
ZORYVE 0.15 %, 0.3 % CREAM <b>DL</b>	1	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM <b>DL</b>	1	PA,QL(120 per 30 days)
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP <b>DL</b>	1	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET <b>MO</b>	1	ST,QL(28 per 28 days)
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP <b>MO</b>	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE <b>MO</b>	1	
calcium chloride 100 mg/ml (10 %) SOLUTION <b>MO</b>	1	
calcium chloride 100 mg/ml (10 %) SYRINGE <b>MO</b>	1	
calcium gluconate 100 mg/ml (10%) SOLUTION <b>MO</b>	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE <b>DL</b>	1	PA
carglumic acid 200 mg TABLET, DISPERSIBLE <b>DL</b>	1	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION <b>MO</b>	1	
CARNITOR 330 MG TABLET <b>MO</b>	1	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION <b>MO</b>	1	
CHEMET 100 MG CAPSULE <b>DL</b>	1	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL <b>MO</b>	1	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINOLIPID 20 % EMULSION <b>MO</b>	1	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK <b>MO</b>	1	
CUPRIMINE 250 MG CAPSULE <b>DL</b>	1	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET <b>DL</b>	1	PA,QL(300 per 30 days)
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
d5 % (d-glucose)-0.9 % sodchlrr PARENTERAL SOLUTION <b>MO</b>	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE <b>DL</b>	1	PA
deferasirox 180 mg, 360 mg, 90 mg GRANULES IN PACKET <b>DL</b>	1	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET <b>MO</b>	1	PA
deferiprone 1,000 mg TABLET <b>DL</b>	1	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET <b>DL</b>	1	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION <b>MO</b>	1	BvsD
DEPEN TITRATABS 250 MG TABLET <b>DL</b>	1	PA
DESFERAL 500 MG RECON SOLUTION <b>MO</b>	1	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 25 % in water (d25w) SYRINGE <b>MO</b>	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK <b>MO</b>	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 50 % in water (d50w) SYRINGE <b>MO</b>	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION <b>MO</b>	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG -400 MG COMBO PACK <b>MO</b>	1	
electrolyte-148 PARENTERAL SOLUTION <b>MO</b>	1	

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SMOFLIPID 20 % EMULSION <b>MO</b>	1	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE <b>MO</b>	1	
sodium chloride 2.5 meq/ml SOLUTION <b>MO</b>	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium chloride 0.9 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium chloride 0.9 % PIGGYBACK <b>MO</b>	1	
sodium chloride 0.9 % SOLUTION <b>MO</b>	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium phosphate 3 mmol/ml SOLUTION <b>MO</b>	1	
sodium polystyrene sulfonate 15 gram POWDER <b>MO</b>	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION <b>MO</b>	1	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA <b>MO</b>	1	
SYPRINE 250 MG CAPSULE <b>DL</b>	1	PA,QL(240 per 30 days)
THAM 36 MG/ML (0.3 M) SOLUTION <b>MO</b>	1	
tolvaptan 15 mg, 30 mg TABLET <b>DL</b>	1	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 <b>DL</b>	1	PA,QL(56 per 28 days)
tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION <b>MO</b>	1	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
TRICARE 27 MG IRON- 1 MG TABLET <b>MO</b>	1	
trientine 250 mg CAPSULE <b>DL</b>	1	QL(240 per 30 days)
trientine 500 mg CAPSULE <b>DL</b>	1	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET <b>MO</b>	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	1	
tromethamine 36 mg/ml (0.3 m) SOLUTION <b>MO</b>	1	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER <b>MO</b>	1	
UROCIT-K 15 15 MEQ TABLET ER <b>MO</b>	1	
UROCIT-K 5 5 MEQ (540 MG) TABLET ER <b>MO</b>	1	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION <b>MO</b>	1	
VELTASSA 1 GRAM POWDER IN PACKET <b>MO</b>	1	PA,QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET <b>MO</b>	1	PA,QL(30 per 30 days)
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	1	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET <b>MO</b>	1	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	1	
VITAFOL-OB 65-1 MG TABLET <b>MO</b>	1	
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK <b>MO</b>	1	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	1	
VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE <b>MO</b>	1	
wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE <b>MO</b>	1	
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK <b>MO</b>	1	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE <b>MO</b>	1	
westab plus 27 mg iron- 1 mg TABLET <b>MO</b>	1	
westgel dha 31 mg iron- 1 mg-200 mg CAPSULE <b>MO</b>	1	
zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE <b>MO</b>	1	
zatean-pn plus 28-1-300 mg CAPSULE <b>MO</b>	1	
<b>GASTROINTESTINAL AGENTS</b>		
ACIPHEX 20 MG TABLET, DR/EC <b>MO</b>	1	PA,QL(60 per 30 days)
AEMCOLO 194 MG TABLET, DR/EC <b>MO</b>	1	PA,QL(12 per 30 days)
alosetron 0.5 mg, 1 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE <b>MO</b>	1	PA,QL(60 per 30 days)
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK <b>MO</b>	1	ST
atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE <b>MO</b>	1	
BENTYL 10 MG/ML SOLUTION <b>MO</b>	1	
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE <b>MO</b>	1	ST,QL(120 per 30 days)
CARAFATE 1 GRAM TABLET <b>MO</b>	1	
CARAFATE 100 MG/ML SUSPENSION <b>MO</b>	1	
chenodal 250 mg TABLET <b>DL</b>	1	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET <b>MO</b>	1	
cimetidine hcl 300 mg/5 ml SOLUTION <b>MO</b>	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION <b>MO</b>	1	ST
constulose 10 gram/15 ml SOLUTION <b>MO</b>	1	
CTEXLI 250 MG TABLET <b>DL</b>	1	PA
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYTOTEC 100 MCG, 200 MCG TABLET <b>DL</b>	1	
DARTISLA 1.7 MG TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC <b>MO</b>	1	PA,QL(30 per 30 days)
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE <b>MO</b>	1	
dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION <b>MO</b>	1	
dicyclomine 20 mg TABLET <b>MO</b>	1	
dicyclomine 40 mg TABLET <b>DL</b>	1	
diphenoxylate-atropine 2.5-0.025 mg TABLET <b>MO</b>	1	
diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID <b>MO</b>	1	
ENDARI 5 GRAM POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)
enulose 10 gram/15 ml SOLUTION <b>MO</b>	1	
esomeprazole magnesium 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg DR GRANULES IN PACKET <b>MO</b>	1	QL(30 per 30 days)
esomeprazole magnesium 20 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
esomeprazole sodium 20 mg, 40 mg RECON SOLUTION <b>MO</b>	1	
famotidine 10 mg/ml SOLUTION <b>MO</b>	1	
famotidine 20 mg, 40 mg TABLET <b>MO</b>	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
famotidine (pf) 20 mg/2 ml SOLUTION <b>MO</b>	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK <b>MO</b>	1	
GATTEX 30-VIAL 5 MG KIT <b>DL</b>	1	PA
GATTEX ONE-VIAL 5 MG KIT <b>DL</b>	1	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION <b>MO</b>	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION <b>MO</b>	1	
gavilyte-n 420 gram RECON SOLUTION <b>MO</b>	1	
generlac 10 gram/15 ml SOLUTION <b>MO</b>	1	
glutamine (sickle cell) 5 gram POWDER IN PACKET <b>DL</b>	1	PA,QL(180 per 30 days)
GLYCATE 1.5 MG TABLET <b>MO</b>	1	
glycopyrrolate 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION <b>MO</b>	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg TABLET <b>MO</b>	1	
glycopyrrolate (pf) 0.4 mg/2 ml (0.2 mg/ml) SYRINGE <b>MO</b>	1	
glycopyrrolate (pf) 0.6 mg/3 ml (0.2 mg/ml) SYRINGE <b>MO</b>	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK <b>MO</b>	1	ST
omeprazole 10 mg CAPSULE, DR/EC <b>MO</b>	1	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC <b>MO</b>	1	
omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET <b>DL</b>	1	ST,QL(30 per 30 days)
omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE <b>MO</b>	1	QL(30 per 30 days)
opium tincture 10 mg/ml (morphine) TINCTURE <b>MO</b>	1	QL(180 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC <b>MO</b>	1	QL(60 per 30 days)
pantoprazole 40 mg DR GRANULES IN PACKET <b>MO</b>	1	QL(30 per 30 days)
pantoprazole 40 mg RECON SOLUTION <b>MO</b>	1	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK <b>MO</b>	1	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK <b>MO</b>	1	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION <b>MO</b>	1	
peg-electrolyte soln 420 gram RECON SOLUTION <b>MO</b>	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET <b>MO</b>	1	ST
pepcid 20 mg, 40 mg TABLET <b>MO</b>	1	PA
PLENU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL <b>MO</b>	1	ST
PREVACID 30 MG CAPSULE, DR/EC <b>MO</b>	1	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR <b>MO</b>	1	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON <b>MO</b>	1	
PROTONIX 20 MG, 40 MG TABLET, DR/EC <b>MO</b>	1	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET <b>MO</b>	1	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION <b>MO</b>	1	PA
prucalopride 1 mg, 2 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
PYLERA 140-125-125 MG CAPSULE <b>MO</b>	1	ST,QL(120 per 30 days)
rabeprazole 20 mg TABLET, DR/EC <b>MO</b>	1	QL(60 per 30 days)
REBYOTA 150 ML ENEMA <b>DL</b>	1	PA
RELISTOR 12 MG/0.6 ML SOLUTION <b>DL</b>	1	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE <b>DL</b>	1	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE <b>DL</b>	1	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROBINUL 1 MG TABLET <b>MO</b>	1	PA
ROBINUL FORTE 2 MG TABLET <b>MO</b>	1	PA
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION <b>MO</b>	1	
sucralfate 1 gram TABLET <b>MO</b>	1	
sucralfate 100 mg/ml SUSPENSION <b>MO</b>	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION <b>MO</b>	1	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION <b>MO</b>	1	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET <b>MO</b>	1	
SYMPROIC 0.2 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC <b>MO</b>	1	
TRULANCE 3 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
URSO 250 250 MG TABLET <b>MO</b>	1	PA
URSO FORTE 500 MG TABLET <b>MO</b>	1	PA
ursodiol 200 mg CAPSULE <b>DL</b>	1	PA,QL(150 per 30 days)
ursodiol 250 mg, 500 mg TABLET <b>MO</b>	1	
ursodiol 300 mg CAPSULE <b>MO</b>	1	
ursodiol 400 mg CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
VIBERZI 100 MG, 75 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
VOQUEZNA 10 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
VOQUEZNA 20 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK <b>MO</b>	1	ST,QL(112 per 30 days)
VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK <b>MO</b>	1	ST,QL(112 per 30 days)
VOWST CAPSULE <b>DL</b>	1	PA
XERMELO 250 MG TABLET <b>DL</b>	1	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET <b>MO</b>	1	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET <b>DL</b>	1	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET <b>DL</b>	1	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
ZINPLAVA 25 MG/ML SOLUTION <b>DL</b>	1	
<b>GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
ALDURAZYME 2.9 MG/5 ML SOLUTION <b>DL</b>	1	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(0.5 per 90 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION <b>DL</b>	1	PA
ATTRUBY 356 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betaine 1 gram/scoop POWDER <b>DL</b>	1	
BUPHENYL 0.94 GRAM/GRAM POWDER <b>DL</b>	1	PA
BUPHENYL 500 MG TABLET <b>DL</b>	1	PA
CERDELGA 84 MG CAPSULE <b>DL</b>	1	PA
CEREZYME 400 UNIT RECON SOLUTION <b>DL</b>	1	PA
CHOLBAM 250 MG, 50 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC <b>MO</b>	1	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION <b>DL</b>	1	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION <b>DL</b>	1	PA,QL(6 per 28 days)
CYSTADANE 1 GRAM/SCOOP POWDER <b>DL</b>	1	PA
CYSTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	1	
DAYBUE 200 MG/ML SOLUTION <b>DL</b>	1	PA,QL(3600 per 30 days)
dichlorphenamide 50 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID <b>DL</b>	1	PA
DUVYZAT 8.86 MG/ML SUSPENSION <b>DL</b>	1	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION <b>DL</b>	1	PA
ELELYSO 200 UNIT RECON SOLUTION <b>DL</b>	1	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION <b>DL</b>	1	PA
ELFABRIO 2 MG/ML SOLUTION <b>DL</b>	1	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION <b>DL</b>	1	PA,QL(240 per 30 days)
EVRYSDI 5 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
FABRAZyme 35 MG, 5 MG RECON SOLUTION <b>DL</b>	1	PA
GALAFOLD 123 MG CAPSULE <b>DL</b>	1	PA,QL(14 per 28 days)
GLASSIA 20 MG/ML (2 %) SOLUTION <b>DL</b>	1	PA
HARLIKU 2 MG TABLET <b>DL</b>	1	PA
javvygtor 100 mg TABLET, SOLUBLE <b>DL</b>	1	PA
javvygtor 100 mg, 500 mg POWDER IN PACKET <b>DL</b>	1	PA
JOENJA 70 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION <b>DL</b>	1	PA
KEVEYIS 50 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE <b>DL</b>	1	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMZEDE 10 MG RECON SOLUTION <b>DL</b>	1	PA
LUMIZYME 50 MG RECON SOLUTION <b>DL</b>	1	PA
MEPSEVII 2 MG/ML SOLUTION <b>DL</b>	1	PA
<i>miglustat</i> 100 mg CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION <b>DL</b>	1	PA
NEXVIAZYME 100 MG RECON SOLUTION <b>DL</b>	1	PA
<i>nitisinone</i> 10 mg, 2 mg, 20 mg, 5 mg CAPSULE <b>DL</b>	1	
NITYR 10 MG, 2 MG, 5 MG TABLET <b>DL</b>	1	
NULIBRY 9.5 MG RECON SOLUTION <b>DL</b>	1	PA
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET <b>DL</b>	1	PA
ONPATRO 2 MG/ML SOLUTION <b>DL</b>	1	PA
OPFOLDA 65 MG CAPSULE <b>MO</b>	1	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE <b>DL</b>	1	
ORFADIN 4 MG/ML SUSPENSION <b>DL</b>	1	
<i>ormalvi</i> 50 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE <b>DL</b>	1	PA,QL(90 per 30 days)
PANCREAZE 10,500-35,500- 61,500 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC <b>MO</b>	1	ST
PANCREAZE 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC <b>DL</b>	1	ST
PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC <b>DL</b>	1	ST
PHEBURANE 483 MG/GRAM GRANULES <b>DL</b>	1	PA
POMBILITI 105 MG RECON SOLUTION <b>DL</b>	1	PA
PROSYSBI 25 MG CAPSULE, DR SPRINKLE <b>DL</b>	1	PA,QL(120 per 30 days)
PROSYSBI 300 MG DR GRANULES IN PACKET <b>DL</b>	1	PA,QL(210 per 30 days)
PROSYSBI 75 MG CAPSULE, DR SPRINKLE <b>DL</b>	1	PA,QL(780 per 30 days)
PROSYSBI 75 MG DR GRANULES IN PACKET <b>DL</b>	1	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID <b>DL</b>	1	PA,QL(525 per 30 days)
REVCORI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION <b>DL</b>	1	
sapropterin 100 mg TABLET, SOLUBLE <b>DL</b>	1	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET <b>DL</b>	1	PA
SEPHIENCE 1,000 MG, 250 MG POWDER IN PACKET <b>DL</b>	1	PA
sodium phenylbutyrate 0.94 gram/gram POWDER <b>DL</b>	1	
sodium phenylbutyrate 500 mg TABLET <b>DL</b>	1	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION <b>DL</b>	1	PA
STRENSIQ 40 MG/ML SOLUTION <b>DL</b>	1	PA
SUCRAID 8,500 UNIT/ML SOLUTION <b>DL</b>	1	PA
TEGSEDI 284 MG/1.5 ML SYRINGE <b>DL</b>	1	PA,QL(6 per 28 days)
VIJOICE 125 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET <b>DL</b>	1	PA,QL(56 per 28 days)
VIJOICE 50 MG GRANULES IN PACKET <b>DL</b>	1	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET <b>DL</b>	1	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION <b>DL</b>	1	PA,QL(30 per 30 days)
VPRIV 400 UNIT RECON SOLUTION <b>DL</b>	1	PA
VYNDAMAX 61 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION <b>DL</b>	1	PA
yargesa 100 mg CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
ZAVESCA 100 MG CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION <b>DL</b>	1	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION <b>DL</b>	1	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC <b>MO</b>	1	
<b>GENITOURINARY AGENTS</b>		
alfuzosin 10 mg TABLET, ER 24 HR. <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVODART 0.5 MG CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET <b>MO</b>	1	
CIALIS 2.5 MG, 5 MG TABLET <b>MO</b>	1	PA
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
dutasteride 0.5 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. <b>MO</b>	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE <b>MO</b>	1	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
finasteride 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
flavoxate 100 mg TABLET <b>MO</b>	1	
FLOMAX 0.4 MG CAPSULE <b>MO</b>	1	
GELNIQUE 10 % (100 MG/GRAM) GEL IN PACKET <b>MO</b>	1	ST,QL(30 per 30 days)
GEMTESA 75 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON <b>MO</b>	1	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET <b>MO</b>	1	
oxybutynin chloride 5 mg/5 ml SYRUP <b>MO</b>	1	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	1	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
silodosin 4 mg, 8 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
solifenacain 10 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
tadalafil 2.5 mg, 5 mg TABLET <b>MO</b>	1	PA
tamsulosin 0.4 mg CAPSULE <b>MO</b>	1	
THIOLA 100 MG TABLET <b>DL</b>	1	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC <b>DL</b>	1	
tiopronin 100 mg TABLET <b>DL</b>	1	
tiopronin 100 mg, 300 mg TABLET, DR/EC <b>DL</b>	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMFLAZA 22.75 MG/ML SUSPENSION <b>DL</b>	1	PA
fludrocortisone 0.1 mg TABLET <b>MO</b>	1	
HEMADY 20 MG TABLET <b>MO</b>	1	PA,QL(24 per 28 days)
hydrocortisone acetate 2.5 % CREAM W/PERINEAL APPLICATOR <b>DL</b>	1	
hydrocortisone sod succinate 100 mg RECON SOLUTION <b>MO</b>	1	
jaythari 18 mg, 30 mg, 36 mg, 6 mg TABLET <b>DL</b>	1	PA
KENALOG 0.147 MG/GRAM AEROSOL <b>MO</b>	1	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION <b>MO</b>	1	
KENALOG-80 80 MG/ML SUSPENSION <b>MO</b>	1	
KHINDIVI 1 MG/ML SOLUTION <b>DL</b>	1	PA
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET <b>MO</b>	1	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK <b>MO</b>	1	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK <b>MO</b>	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION <b>MO</b>	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
micort-hc 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	
millipred 5 mg TABLET <b>MO</b>	1	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK <b>MO</b>	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING <b>MO</b>	1	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION <b>MO</b>	1	
prednisolone 15 mg/5 ml SOLUTION <b>MO</b>	1	
prednisolone 5 mg TABLET <b>MO</b>	1	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING <b>MO</b>	1	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION <b>MO</b>	1	
prednisone 1 mg, 2.5 mg, 50 mg TABLET <b>MO</b>	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK <b>MO</b>	1	
prednisone 5 mg/5 ml SOLUTION <b>MO</b>	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE <b>MO</b>	1	BvsD
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLU-CORTEF 100 MG RECON SOLUTION <b>MO</b>	1	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION <b>MO</b>	1	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION <b>MO</b>	1	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION <b>MO</b>	1	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM <b>MO</b>	1	
triamcinolone acetonide 0.1 % CREAM <b>MO</b>	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL <b>MO</b>	1	QL(200 per 30 days)
triamcinolone acetonide 10 mg/ml, 40 mg/ml SUSPENSION <b>MO</b>	1	
trianex 0.05 % OINTMENT <b>MO</b>	1	
triderm 0.1 %, 0.5 % CREAM <b>MO</b>	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION <b>MO</b>	1	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK <b>MO</b>	1	
ZILRETTA 32 MG SUSPENSION, ER, RECON <b>MO</b>	1	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION <b>MO</b>	1	PA
DDAVP 0.1 MG TABLET <b>MO</b>	1	PA
DDAVP 0.2 MG TABLET <b>DL</b>	1	PA
DDAVP 4 MCG/ML SOLUTION <b>MO</b>	1	PA
desmopressin 0.1 mg, 0.2 mg TABLET <b>MO</b>	1	
desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP <b>MO</b>	1	PA,QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL <b>MO</b>	1	PA,QL(25 per 30 days)
desmopressin 4 mcg/ml SOLUTION <b>DL</b>	1	
EGRIFTA SV 2 MG RECON SOLUTION <b>DL</b>	1	PA,QL(30 per 30 days)
EGRIFTA WR 11.6 MG KIT <b>DL</b>	1	PA,QL(1 per 28 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE <b>DL</b>	1	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 <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE <b>DL</b>	1	PA
HUMATROPE 5 (15 UNIT) MG RECON SOLUTION <b>DL</b>	1	PA
INCRELEX 10 MG/ML SOLUTION <b>DL</b>	1	PA
ISTURISA 1 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
ISTURISA 5 MG TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR <b>DL</b>	1	PA
NOCDURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING <b>MO</b>	1	PA,QL(30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING <b>MO</b>	1	PA,QL(30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR <b>DL</b>	1	PA
NOVAREL 5,000 UNIT RECON SOLUTION <b>MO</b>	1	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR <b>DL</b>	1	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE <b>DL</b>	1	PA
OMNITROPE 5.8 MG RECON SOLUTION <b>DL</b>	1	PA
PREGNYL 10,000 UNIT RECON SOLUTION <b>MO</b>	1	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) CARTRIDGE <b>DL</b>	1	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION <b>DL</b>	1	PA,QL(28 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE <b>DL</b>	1	PA,QL(8 per 28 days)
SKYTROFA 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE <b>DL</b>	1	PA,QL(4 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR <b>DL</b>	1	PA,QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION <b>DL</b>	1	PA
ZOMACTON 5 MG RECON SOLUTION <b>DL</b>	1	PA,QL(28 per 28 days)
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>		
carboprost tromethamine 250 mcg/ml SOLUTION <b>MO</b>	1	
carboprost tromethamine 250 mcg/ml SYRINGE <b>MO</b>	1	
HEMABATE 250 MCG/ML SOLUTION <b>MO</b>	1	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
abigale 1-0.5 mg TABLET <b>MO</b>	1	
abigale lo 0.5-0.1 mg TABLET <b>MO</b>	1	
ACTIVELLA 1-0.5 MG TABLET <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
afirmelle 0.1-20 mg-mcg TABLET <b>MO</b>	1	
altavera (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b>	1	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET <b>MO</b>	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET <b>MO</b>	1	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) GEL IN PACKET <b>DL</b>	1	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) GEL IN PACKET <b>DL</b>	1	PA,QL(150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP <b>DL</b>	1	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET <b>MO</b>	1	
ANNOVERA 0.15-0.013 MG/24 HOUR RING <b>MO</b>	1	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET <b>MO</b>	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET <b>MO</b>	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET <b>MO</b>	1	
aubra eq 0.1-20 mg-mcg TABLET <b>MO</b>	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET <b>MO</b>	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET <b>MO</b>	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION <b>DL</b>	1	PA
AVERI 0.15 MG-0.03 MG (21)/36.5 MG(7) TABLET <b>MO</b>	1	
aviane 0.1-20 mg-mcg TABLET <b>MO</b>	1	
AYGESTIN 5 MG TABLET <b>MO</b>	1	
ayuna 0.15-0.03 mg TABLET <b>MO</b>	1	
AZMIRO 200 MG/ML SYRINGE <b>MO</b>	1	PA
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET <b>MO</b>	1	
balziva (28) 0.4-35 mg-mcg TABLET <b>MO</b>	1	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET <b>MO</b>	1	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE <b>MO</b>	1	QL(30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
briellyn 0.4-35 mg-mcg TABLET <b>MO</b>	1	
camila 0.35 mg TABLET <b>MO</b>	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
chateal eq (28) 0.15-0.03 mg TABLET <b>MO</b>	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 <b>MO</b>	1	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY <b>MO</b>	1	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	1	QL(8 per 28 days)
CRENESSITY 100 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
CRENESSITY 25 MG, 50 MG CAPSULE <b>DL</b>	1	PA,QL(90 per 30 days)
CRENESSITY 50 MG/ML SOLUTION <b>DL</b>	1	PA,QL(240 per 30 days)
CRINONE 4 %, 8 % GEL <b>MO</b>	1	
cryselle (28) 0.3-30 mg-mcg TABLET <b>MO</b>	1	
cyred 0.15-0.03 mg TABLET <b>MO</b>	1	
cyred eq 0.15-0.03 mg TABLET <b>MO</b>	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE <b>MO</b>	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b>	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET <b>MO</b>	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL <b>MO</b>	1	
DEPO-ESTRADIOL 5 MG/ML OIL <b>MO</b>	1	QL(5 per 30 days)
DEPO-PROVERA 150 MG/ML SUSPENSION <b>MO</b>	1	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE <b>MO</b>	1	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE <b>MO</b>	1	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL <b>MO</b>	1	PA
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dolishale 90-20 mcg (28) TABLET <b>MO</b>	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 <b>MO</b>	1	QL(8 per 28 days)
drospirenone-e.estriadiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET <b>MO</b>	1	
drospirenone-ethinylestradiol 3-0.02 mg, 3-0.03 mg TABLET <b>MO</b>	1	
DUAVEE 0.45-20 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP <b>MO</b>	1	QL(52 per 30 days)
elinest 0.3-30 mg-mcg TABLET <b>MO</b>	1	
eluryng 0.12-0.015 mg/24 hr RING <b>MO</b>	1	QL(1 per 28 days)
emzahh 0.35 mg TABLET <b>MO</b>	1	
ENDOMETRIN 100 MG INSERT <b>MO</b>	1	
enilloring 0.12-0.015 mg/24 hr RING <b>MO</b>	1	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET <b>MO</b>	1	
enskyce 0.15-0.03 mg TABLET <b>MO</b>	1	
errin 0.35 mg TABLET <b>MO</b>	1	
estarylla 0.25-0.035 mg TABLET <b>MO</b>	1	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM <b>MO</b>	1	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	1	
estradiol 0.01 % (0.1 mg/gram) CREAM <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	QL(8 per 28 days)
estradiol 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET <b>MO</b>	1	
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET <b>MO</b>	1	
estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP <b>MO</b>	1	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL <b>MO</b>	1	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET <b>MO</b>	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING <b>MO</b>	1	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET <b>MO</b>	1	
etonogestrel-ethinylestradiol 0.12-0.015 mg/24 hr RING <b>MO</b>	1	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL <b>MO</b>	1	
EVISTA 60 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
falmina (28) 0.1-20 mg-mcg TABLET <b>MO</b>	1	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING <b>MO</b>	1	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING <b>MO</b>	1	QL(1 per 90 days)
finzala 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
FORTESTA 10 MG/0.5 GRAM /ACTUATION GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(120 per 30 days)
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET <b>MO</b>	1	
galbriela 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
gallifrey 5 mg TABLET <b>MO</b>	1	
gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b>	1	
hailey 1.5-30 mg-mcg TABLET <b>MO</b>	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
haloette 0.12-0.015 mg/24 hr RING <b>MO</b>	1	QL(1 per 28 days)
heather 0.35 mg TABLET <b>MO</b>	1	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT <b>MO</b>	1	PA,QL(8 per 28 days)
IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK <b>MO</b>	1	PA,QL(18 per 28 days)
incassia 0.35 mg TABLET <b>MO</b>	1	
INTRAROSA 6.5 MG INSERT <b>MO</b>	1	PA
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET <b>MO</b>	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET <b>MO</b>	1	
JATENZO 158 MG, 198 MG CAPSULE <b>MO</b>	1	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE <b>MO</b>	1	PA,QL(60 per 30 days)
jencycla 0.35 mg TABLET <b>MO</b>	1	
jinteli 1-5 mg-mcg TABLET <b>MO</b>	1	
jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET <b>MO</b>	1	
juleber 0.15-0.03 mg TABLET <b>MO</b>	1	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET <b>MO</b>	1	
junel 1/20 (21) 1-20 mg-mcg TABLET <b>MO</b>	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
loryna (28) 3-0.02 mg TABLET <b>MO</b>	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET <b>MO</b>	1	
lutera (28) 0.1-20 mg-mcg TABLET <b>MO</b>	1	
lyleq 0.35 mg TABLET <b>MO</b>	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY <b>MO</b>	1	QL(8 per 28 days)
lyza 0.35 mg TABLET <b>MO</b>	1	
marlissa (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	
medroxyprogesterone 150 mg/ml SUSPENSION <b>MO</b>	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE <b>MO</b>	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET <b>MO</b>	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION <b>MO</b>	1	
meleya 0.35 mg TABLET <b>MO</b>	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <b>MO</b>	1	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY <b>MO</b>	1	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b>	1	
METHITEST 10 MG TABLET <b>DL</b>	1	
methyltestosterone 10 mg CAPSULE <b>DL</b>	1	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET <b>MO</b>	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET <b>MO</b>	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
mili 0.25-0.035 mg TABLET <b>MO</b>	1	
mimvey 1-0.5 mg TABLET <b>MO</b>	1	
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET <b>MO</b>	1	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	1	QL(8 per 28 days)
minzoya 0.1 mg-0.02 mg (21)/iron (7) TABLET <b>MO</b>	1	
mono-linyah 0.25-0.035 mg TABLET <b>MO</b>	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET <b>MO</b>	1	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET <b>MO</b>	1	
NEXPLANON 68 MG IMPLANT <b>DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET <b>MO</b>	1	
nikki (28) 3-0.02 mg TABLET <b>MO</b>	1	
NORA-BE 0.35 MG TABLET <b>MO</b>	1	
nora-be 0.35 mg TABLET <b>MO</b>	1	
norelgestromin-ethinodiol 150-35 mcg/24 hr PATCH, WEEKLY <b>MO</b>	1	QL(3 per 28 days)
noreth-ethinodiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
norethindrone (contraceptive) 0.35 mg TABLET <b>MO</b>	1	
norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET <b>MO</b>	1	
norethindrone acetate 5 mg TABLET <b>MO</b>	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b>	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
norgestimate-ethinodiol 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 <b>MO</b>	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET <b>MO</b>	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET <b>MO</b>	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b>	1	
NUVARING 0.12-0.015 MG/24 HR RING <b>MO</b>	1	QL(1 per 28 days)
nylia 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b>	1	
nymyo 0.25-35 mg-mcg TABLET <b>MO</b>	1	
ocella 3-0.03 mg TABLET <b>MO</b>	1	
orquidea 0.35 mg TABLET <b>MO</b>	1	
OSPHENA 60 MG TABLET <b>MO</b>	1	PA
philith 0.4-35 mg-mcg TABLET <b>MO</b>	1	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
portia 28 0.15-0.03 mg TABLET <b>MO</b>	1	
PREFEST 1 MG (15)/1 MG- 0.09 MG (15) TABLET <b>MO</b>	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET <b>MO</b>	1	
PREMARIN 0.625 MG/GRAM CREAM <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREMARIN 25 MG RECON SOLUTION <b>MO</b>	1	
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET <b>MO</b>	1	
PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET <b>MO</b>	1	
progesterone 50 mg/ml OIL <b>MO</b>	1	
progesterone micronized 100 mg, 200 mg CAPSULE <b>MO</b>	1	
PROMETRIUM 100 MG, 200 MG CAPSULE <b>MO</b>	1	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	1	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
raloxifene 60 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
rosyrah 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET <b>MO</b>	1	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET <b>MO</b>	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET <b>MO</b>	1	
sronyx 0.1-20 mg-mcg TABLET <b>MO</b>	1	
syeda 3-0.03 mg TABLET <b>MO</b>	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <b>MO</b>	1	
TESTIM 50 MG/5 GRAM (1 %) GEL <b>MO</b>	1	PA,QL(300 per 30 days)
testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET <b>MO</b>	1	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET <b>MO</b>	1	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET <b>MO</b>	1	PA,QL(150 per 30 days)
testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(120 per 30 days)
testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) GEL <b>MO</b>	1	PA,QL(300 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL <b>MO</b>	1	PA
testosterone enanthate 200 mg/ml OIL <b>MO</b>	1	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET <b>MO</b>	1	
TLANDO 112.5 MG CAPSULE <b>MO</b>	1	PA,QL(120 per 30 days)
tri-estarrylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET <b>MO</b>	1	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET <b>MO</b>	1	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET <b>MO</b>	1	
tri-lo-estarrylla 0.18/0.215/0.25 mg-0.025 mg TABLET <b>MO</b>	1	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET <b>MO</b>	1	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET <b>MO</b>	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET <b>MO</b>	1	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET <b>MO</b>	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET <b>MO</b>	1	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET <b>MO</b>	1	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET <b>MO</b>	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET <b>MO</b>	1	
tulana 0.35 mg TABLET <b>MO</b>	1	
turqoz (28) 0.3-30 mg-mcg TABLET <b>MO</b>	1	
tydemy 3-0.03-0.451 mg (21) (7) TABLET <b>MO</b>	1	
UNDECATREX 200 MG CAPSULE <b>DL</b>	1	PA,QL(120 per 30 days)
VAGIFEM 10 MCG TABLET <b>MO</b>	1	PA
valtya 1-50 mg-mcg TABLET <b>MO</b>	1	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET <b>MO</b>	1	
vestura (28) 3-0.02 mg TABLET <b>MO</b>	1	
vienna 0.1-20 mg-mcg TABLET <b>MO</b>	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	1	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET <b>MO</b>	1	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOGELXO 50 MG/5 GRAM (1 %) GEL <b>MO</b>	1	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
vyfemla (28) 0.4-35 mg-mcg TABLET <b>MO</b>	1	
vylibra 0.25-0.035 mg TABLET <b>MO</b>	1	
wera (28) 0.5-35 mg-mcg TABLET <b>MO</b>	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET <b>MO</b>	1	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET <b>MO</b>	1	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET <b>MO</b>	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY <b>MO</b>	1	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET <b>MO</b>	1	
YAZ (28) 3-0.02 MG TABLET <b>MO</b>	1	
yuvafem 10 mcg TABLET <b>MO</b>	1	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY <b>MO</b>	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET <b>MO</b>	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
zumandimine (28) 3-0.03 mq TABLET <b>MO</b>	1	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET <b>MO</b>	1	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET <b>MO</b>	1	
ERMEZA 30 MCG/ML SOLUTION <b>MO</b>	1	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 <b>MO</b>	1	
levothyroxine 100 mcg RECON SOLUTION <b>MO</b>	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE <b>MO</b>	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET <b>MO</b>	1	
levothyroxine 100 mcg/ml, 20 mcg/ml, 40 mcg/ml SOLUTION <b>MO</b>	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET <b>MO</b>	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION <b>DL</b>	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	1	
liothyronine 10 mcg/ml SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET <b>MO</b>	1	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET <b>MO</b>	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 <b>MO</b>	1	
THYQUIDITY 20 MCG/ML SOLUTION <b>MO</b>	1	PA
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE <b>MO</b>	1	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION <b>MO</b>	1	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	1	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>		
cabergoline 0.5 mg TABLET <b>MO</b>	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE <b>MO</b>	1	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE <b>MO</b>	1	PA
ELIGARD (4 MONTH) 30 MG SYRINGE <b>MO</b>	1	PA
ELIGARD (6 MONTH) 45 MG SYRINGE <b>MO</b>	1	PA
FENSOLVI 45 MG SYRINGE	1	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION <b>DL</b>	1	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION <b>DL</b>	1	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION <b>MO</b>	1	PA
lanreotide 120 mg/0.5 ml SYRINGE <b>DL</b>	1	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE <b>DL</b>	1	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE <b>DL</b>	1	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT <b>MO</b>	1	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT <b>MO</b>	1	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT <b>DL</b>	1	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT <b>MO</b>	1	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT <b>MO</b>	1	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT <b>DL</b>	1	PA,QL(1 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT-PED 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	1	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC <b>DL</b>	1	PA,QL(112 per 28 days)
MYFEMBREE 40-1-0.5 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION <b>MO</b>	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE <b>MO</b>	1	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON <b>DL</b>	1	PA
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL <b>DL</b>	1	PA,QL(56 per 28 days)
ORILISSA 150 MG TABLET <b>DL</b>	1	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET <b>DL</b>	1	PA,QL(56 per 28 days)
RECORLEV 150 MG TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION <b>DL</b>	1	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON <b>DL</b>	1	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION <b>DL</b>	1	PA,QL(60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA,QL(1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE <b>DL</b>	1	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE <b>DL</b>	1	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION <b>PL</b>	1	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION <b>DL</b>	1	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL <b>DL</b>	1	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	PA
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	1	PA,QL(1 per 168 days)
ZOLADEX 10.8 MG IMPLANT <b>MO</b>	1	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT <b>MO</b>	1	PA,QL(1 per 28 days)
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
methimazole 10 mg, 5 mg TABLET <b>MO</b>	1	
propylthiouracil 50 mg TABLET <b>MO</b>	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-RYVK 40 MG/0.4 ML AUTO-INJECTOR, KIT <b>DL</b>	1	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION <b>DL</b>	1	PA
AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(2.4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(4.8 per 28 days)
ANDEMBRY AUTOINJECTOR 200 MG/1.2 ML AUTO-INJECTOR <b>DL</b>	1	PA
ARAVA 10 MG, 20 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION <b>DL</b>	1	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION <b>AV,DL</b>	1	
ASCENIV 10 % SOLUTION <b>DL</b>	1	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. <b>MO</b>	1	BvsD
ATGAM 50 MG/ML SOLUTION <b>DL</b>	1	PA
auranofin 3 mg CAPSULE <b>DL</b>	1	PA
AVSOLA 100 MG RECON SOLUTION <b>DL</b>	1	PA
AZASAN 100 MG, 75 MG TABLET <b>MO</b>	1	BvsD
azathioprine 100 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	BvsD
azathioprine sodium 100 mg RECON SOLUTION <b>MO</b>	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION <b>AV,DL</b>	1	
BENLYSTA 120 MG RECON SOLUTION <b>DL</b>	1	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE <b>DL</b>	1	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION <b>DL</b>	1	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT <b>DL</b>	1	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION <b>DL</b>	1	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE <b>DL</b>	1	PA,QL(2 per 28 days)
BEXZERO 50-50-50-25 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	
BIMZELX 160 MG/ML, 320 MG/2 ML SYRINGE <b>DL</b>	1	PA,QL(4 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML, 320 MG/2 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(4 per 28 days)
BIVIGAM 10 % SOLUTION <b>DL</b>	1	PA
BKEMV 300 MG/30 ML SOLUTION <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION <b>AV,DL</b>	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE <b>AV,DL</b>	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	BvsD
CELLCEPT 250 MG CAPSULE <b>DL</b>	1	BvsD
CELLCEPT 500 MG TABLET <b>DL</b>	1	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION <b>MO</b>	1	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT <b>DL</b>	1	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT <b>DL</b>	1	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT <b>DL</b>	1	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION <b>DL</b>	1	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE <b>DL</b>	1	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION <b>DL</b>	1	PA
COSENTYX 75 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE <b>DL</b>	1	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR <b>DL</b>	1	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR <b>DL</b>	1	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR <b>DL</b>	1	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION <b>DL</b>	1	PA
cyclosporine 100 mg, 25 mg CAPSULE <b>MO</b>	1	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	BvsD
cyclosporine modified 100 mg/ml SOLUTION <b>MO</b>	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	1	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION <b>DL</b>	1	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION <b>DL</b>	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR <b>DL</b>	1	PA,QL(3.42 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR <b>DL</b>	1	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE <b>DL</b>	1	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE <b>DL</b>	1	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE <b>DL</b>	1	PA,QL(8 per 28 days)
EKTERLY 300 MG TABLET <b>DL</b>	1	PA,QL(12 per 30 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE <b>DL</b>	1	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION <b>DL</b>	1	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE <b>DL</b>	1	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR <b>DL</b>	1	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION <b>AV,DL</b>	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE <b>AV,DL</b>	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	BvsD
ENJAYMO 50 MG/ML SOLUTION <b>DL</b>	1	PA
ENTYVIO 300 MG RECON SOLUTION	1	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR <b>DL</b>	1	PA,QL(1.36 per 28 days)
ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. <b>MO</b>	1	PA
ENVARSUS XR 4 MG TABLET, ER 24 HR. <b>DL</b>	1	PA
EPYSQLI 300 MG/30 ML SOLUTION <b>DL</b>	1	PA
everolimus (immunosuppressive) 0.25 mg TABLET <b>MO</b>	1	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET <b>DL</b>	1	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET <b>DL</b>	1	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE <b>DL</b>	1	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION <b>DL</b>	1	PA
GAMASTAN 15-18 % RANGE SOLUTION <b>MO</b>	1	PA
GAMIFANT 5 MG/ML SOLUTION <b>DL</b>	1	PA
GAMMAGARD LIQUID 10 % SOLUTION <b>DL</b>	1	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION <b>DL</b>	1	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION <b>DL</b>	1	PA
GAMMAPLEX 10 % SOLUTION <b>DL</b>	1	PA
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION <b>DL</b>	1	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION <b>DL</b>	1	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION <b>AV,DL</b>	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE <b>AV,DL</b>	1	
gengraf 100 mg, 25 mg CAPSULE <b>MO</b>	1	BvsD
gengraf 100 mg/ml SOLUTION <b>MO</b>	1	BvsD
HADLIMA 40 MG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(4.8 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION <b>DL</b>	1	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE <b>AV,DL</b>	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE <b>DL</b>	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION <b>DL</b>	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION <b>DL</b>	1	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE <b>DL</b>	1	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	1	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT <b>DL</b>	1	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML SOLUTION <b>DL</b>	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYPERTET (PF) 250 UNIT/ML SYRINGE <b>DL</b>	1	BvsD
HYRIMOZ 40 MG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(4.8 per 28 days)
HYRIMOZ PEN 40 MG/0.8 ML PEN INJECTOR <b>DL</b>	1	PA,QL(4.8 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR <b>DL</b>	1	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR <b>DL</b>	1	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE <b>DL</b>	1	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE <b>DL</b>	1	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE <b>DL</b>	1	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML- 40 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR <b>DL</b>	1	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR <b>DL</b>	1	PA,QL(4.8 per 28 days)
icatibant 30 mg/3 ml SYRINGE <b>DL</b>	1	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	1	PA,QL(6 per 365 days)
IMAAVY 185 MG/ML SOLUTION <b>DL</b>	1	PA
IMOGRAB RABIES-HT (PF) 150 UNIT/ML SOLUTION <b>DL</b>	1	BvsD
IMOVAZ RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION <b>AV,DL</b>	1	BvsD
IMURAN 50 MG TABLET <b>MO</b>	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE <b>DL</b>	1	
INFLECTRA 100 MG RECON SOLUTION <b>DL</b>	1	PA
INFLIXIMAB 100 MG RECON SOLUTION <b>DL</b>	1	PA
IPOP 40-8-32 UNIT/0.5 ML SUSPENSION <b>AV,DL</b>	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	
JYLAMVO 2 MG/ML SOLUTION <b>DL</b>	1	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION <b>AV,DL</b>	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION <b>DL</b>	1	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR <b>DL</b>	1	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE <b>DL</b>	1	PA,QL(2.28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KINERET 100 MG/0.67 ML SYRINGE <b>DL</b>	1	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE <b>DL</b>	1	
leflunomide 10 mg, 20 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
LEQSELVI 8 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
LITFULO 50 MG CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
LUPKYNIS 7.9 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION <b>AV,DL</b>	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION <b>AV,DL</b>	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION <b>AV,DL</b>	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT <b>AV,DL</b>	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION <b>AV,DL</b>	1	
methotrexate sodium 2.5 mg TABLET <b>MO</b>	1	BvsD
methotrexate sodium 25 mg/ml SOLUTION <b>MO</b>	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION <b>MO</b>	1	
methotrexate sodium (pf) 25 mg/ml SOLUTION <b>MO</b>	1	
MONJUVI 200 MG RECON SOLUTION <b>DL</b>	1	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	BvsD
mycophenolate mofetil 250 mg CAPSULE <b>MO</b>	1	BvsD
mycophenolate mofetil 500 mg TABLET <b>MO</b>	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION <b>MO</b>	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC <b>MO</b>	1	BvsD
MYFORTIC 180 MG TABLET, DR/EC <b>MO</b>	1	BvsD
MYFORTIC 360 MG TABLET, DR/EC <b>DL</b>	1	BvsD
MYHIBBIN 200 MG/ML SUSPENSION <b>DL</b>	1	BvsD
NEMLUVIO 30 MG PEN INJECTOR <b>DL</b>	1	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE <b>MO</b>	1	BvsD
NEORAL 100 MG/ML SOLUTION <b>MO</b>	1	BvsD
NIKTIMVO 50 MG/ML SOLUTION <b>DL</b>	1	PA
OCTAGAM 10 %, 5 % SOLUTION <b>DL</b>	1	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
OMVOH 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) SYRINGE <b>DL</b>	1	PA,QL(3 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMVOH PEN 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) PEN INJECTOR <b>DL</b>	1	PA,QL(3 per 28 days)
ORENCIA 125 MG/ML SYRINGE <b>DL</b>	1	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE <b>DL</b>	1	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(4 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE <b>DL</b>	1	PA,QL(28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1.6 per 28 days)
OTULFI 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
OTULFI 45 MG/0.5 ML SYRINGE <b>MO</b>	1	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
PANZYGA 10 % SOLUTION <b>DL</b>	1	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE <b>DL</b>	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION <b>DL</b>	1	
PEGASYS 180 MCG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION <b>DL</b>	1	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT <b>AV,DL</b>	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT <b>AV,DL</b>	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT <b>DL</b>	1	
PIASKY 340 MG/2 ML SOLUTION <b>DL</b>	1	PA
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION <b>AV,DL</b>	1	
PRIVIGEN 10 % SOLUTION <b>DL</b>	1	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET <b>MO</b>	1	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE <b>MO</b>	1	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
PYZCHIVA 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
PYZCHIVA 45 MG/0.5 ML SOLUTION <b>DL</b>	1	PA,QL(1.5 per 84 days)
PYZCHIVA 45 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1.5 per 84 days)
PYZCHIVA 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
PYZCHIVA AUTOINJECTOR 45 MG/0.5 ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(1.5 per 84 days)
PYZCHIVA AUTOINJECTOR 90 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(3 per 84 days)
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION <b>DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE <b>DL</b>	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION <b>AV,DL</b>	1	BvsD
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET <b>DL</b>	1	BvsD
RAPAMUNE 1 MG/ML SOLUTION <b>DL</b>	1	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION <b>AV,DL</b>	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE <b>MO</b>	1	PA,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SYRINGE <b>MO</b>	1	PA,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SYRINGE <b>MO</b>	1	PA,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SYRINGE <b>MO</b>	1	PA,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SYRINGE <b>MO</b>	1	PA,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SYRINGE <b>MO</b>	1	PA,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SYRINGE <b>MO</b>	1	PA,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SYRINGE <b>MO</b>	1	PA,QL(1.2 per 28 days)
REMICADE 100 MG RECON SOLUTION <b>DL</b>	1	PA
RENFLEXIS 100 MG RECON SOLUTION <b>DL</b>	1	PA
REZUROCK 200 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE <b>MO</b>	1	
RIDAURA 3 MG CAPSULE <b>DL</b>	1	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION <b>DL</b>	1	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION <b>DL</b>	1	
ROTATEQ VACCINE 2 ML SOLUTION <b>DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUCONEST 2,100 UNIT RECON SOLUTION <b>DL</b>	1	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION <b>DL</b>	1	PA
sajazir 30 mg/3 ml SYRINGE <b>DL</b>	1	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE <b>MO</b>	1	BvsD
SANDIMMUNE 100 MG/ML SOLUTION <b>MO</b>	1	BvsD
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(2 per 28 days)
SELARSDI 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
SELARSDI 45 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1.5 per 84 days)
SELARSDI 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION <b>AV,DL</b>	1	
SILIQ 210 MG/1.5 ML SYRINGE <b>DL</b>	1	PA,QL(6 per 28 days)
SIMLANDI(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT <b>DL</b>	1	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR <b>DL</b>	1	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR <b>DL</b>	1	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION <b>DL</b>	1	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION <b>DL</b>	1	BvsD
sirolimus 0.5 mg, 1 mg, 2 mg TABLET <b>MO</b>	1	BvsD
sirolimus 1 mg/ml SOLUTION <b>MO</b>	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	1	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	1	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR <b>DL</b>	1	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR <b>DL</b>	1	PA,QL(16.8 per 365 days)
SKYRIZI 60 MG/ML SOLUTION <b>DL</b>	1	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION <b>DL</b>	1	PA
SOTYKTU 6 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
SPEVIGO 150 MG/ML, 300 MG/2 ML SYRINGE <b>DL</b>	1	PA,QL(4 per 28 days)
SPEVIGO 60 MG/ML SOLUTION <b>DL</b>	1	PA,QL(30 per 84 days)
STELARA 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION <b>DL</b>	1	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE <b>DL</b>	1	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/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STELARA 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
STEQEYMA 45 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1.5 per 84 days)
STEQEYMA 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
STEQEYMA I.V. 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION <b>DL</b>	1	PA
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE <b>MO</b>	1	BvsD
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR. <b>MO</b>	1	BvsD
TAKHZYRO 150 MG/ML SYRINGE <b>DL</b>	1	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE <b>DL</b>	1	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE <b>DL</b>	1	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE <b>DL</b>	1	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE <b>DL</b>	1	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION <b>AV,DL</b>	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION <b>AV,DL</b>	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE <b>AV,DL</b>	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR <b>DL</b>	1	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE <b>DL</b>	1	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION <b>MO</b>	1	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	1	PA,QL(3 per 84 days)
TREMFYA 100 MG/ML SYRINGE	1	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE <b>DL</b>	1	PA,QL(4 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(120 per 365 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	1	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR <b>DL</b>	1	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN 200 MG/2 ML PEN INJECTOR <b>DL</b>	1	PA,QL(4 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	BvsD
TRUMENBA 120 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE <b>AV,DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYENNE 162 MG/0.9 ML SYRINGE <b>DL</b>	1	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR <b>DL</b>	1	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION <b>AV,DL</b>	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE <b>AV,DL</b>	1	
ULTOMIRIS 100 MG/ML SOLUTION	1	PA
UPLIZNA 10 MG/ML SOLUTION <b>DL</b>	1	PA,QL(120 per 365 days)
USTEKINUMAB 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
USTEKINUMAB 45 MG/0.5 ML SOLUTION <b>DL</b>	1	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
USTEKINUMAB-AEKN 45 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1.5 per 84 days)
USTEKINUMAB-AEKN 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
USTEKINUMAB-TTWE 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1.5 per 84 days)
USTEKINUMAB-TTWE 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION <b>DL</b>	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE <b>DL</b>	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION <b>AV,DL</b>	1	
VAQTA (PF) 50 UNIT/ML SYRINGE <b>AV,DL</b>	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION <b>AV,DL</b>	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION <b>DL</b>	1	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION <b>AV,MO</b>	1	
VELSIPITY 2 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION <b>DL</b>	1	PA
VIMKUNYA 40 MCG/0.8 ML SYRINGE <b>AV,DL</b>	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC <b>AV,MO</b>	1	
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET <b>DL</b>	1	PA,QL(180 per 30 days)
WEZLANA 45 MG/0.5 ML SOLUTION <b>DL</b>	1	PA,QL(1.5 per 84 days)
WEZLANA 45 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(1.5 per 84 days)
WEZLANA 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
WEZLANA I.V. 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
XATMEP 2.5 MG/ML SOLUTION <b>MO</b>	1	PA
XELJANZ 1 MG/ML SOLUTION <b>DL</b>	1	PA,QL(300 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XELJANZ 10 MG, 5 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. <b>DL</b>	1	PA,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION <b>DL</b>	1	PA
XOLAIR 150 MG RECON SOLUTION <b>DL</b>	1	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR <b>DL,LA</b>	1	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE <b>DL,LA</b>	1	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR <b>DL,LA</b>	1	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE <b>DL,LA</b>	1	PA,QL(4 per 28 days)
YESINTEK 130 MG/26 ML SOLUTION <b>DL</b>	1	PA,QL(104 per 30 days)
YESINTEK 45 MG/0.5 ML SOLUTION <b>MO</b>	1	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE <b>MO</b>	1	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION <b>AV,DL</b>	1	
YUFLYMA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT <b>DL</b>	1	PA,QL(6 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT <b>DL</b>	1	PA,QL(6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT <b>DL</b>	1	PA,QL(6 per 28 days)
YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR <b>DL</b>	1	PA,QL(4.8 per 28 days)
ZILBRYSQ 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML SYRINGE <b>DL</b>	1	PA
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET <b>DL</b>	1	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>DL</b>	1	BvsD,QL(120 per 30 days)
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT <b>DL</b>	1	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT <b>DL</b>	1	PA,QL(2 per 28 days)
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. <b>MO</b>	1	ST,QL(120 per 30 days)
AZULFIDINE 500 MG TABLET <b>MO</b>	1	
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC <b>MO</b>	1	
balsalazide 750 mg CAPSULE <b>MO</b>	1	
budesonide 2 mg/actuation FOAM <b>MO</b>	1	PA
budesonide 3 mg CAPSULE, DR/EC <b>MO</b>	1	
budesonide 9 mg TABLET, DR/ER <b>DL</b>	1	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY <b>DL</b>	1	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTENEMA 100 MG/60 ML ENEMA <b>MO</b>	1	
CORTIFOAM 10 % (80 MG) FOAM <b>MO</b>	1	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) <b>MO</b>	1	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE <b>DL</b>	1	ST,QL(120 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA <b>MO</b>	1	
LIALDA 1.2 GRAM TABLET, DR/EC <b>MO</b>	1	ST,QL(120 per 30 days)
mesalamine 0.375 gram CAPSULE, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY <b>MO</b>	1	QL(30 per 30 days)
mesalamine 1.2 gram TABLET, DR/EC <b>MO</b>	1	ST,QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA <b>MO</b>	1	QL(1800 per 30 days)
mesalamine 400 mg CAPSULE (WITH DR TABLETS) <b>MO</b>	1	ST,QL(180 per 30 days)
mesalamine 500 mg CAPSULE, ER <b>MO</b>	1	ST,QL(300 per 30 days)
mesalamine 800 mg TABLET, DR/EC <b>MO</b>	1	ST,QL(180 per 30 days)
ORTIKOS 6 MG, 9 MG CAPSULE, ER <b>DL</b>	1	PA,QL(30 per 30 days)
PENTASA 250 MG CAPSULE, ER <b>MO</b>	1	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER <b>DL</b>	1	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM <b>MO</b>	1	
ROWASA 4 GRAM/60 ML ENEMA <b>MO</b>	1	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA <b>MO</b>	1	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET <b>MO</b>	1	
sulfasalazine 500 mg TABLET, DR/EC <b>MO</b>	1	
TARPEYO 4 MG CAPSULE, DR/EC <b>DL</b>	1	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM <b>MO</b>	1	PA
UCERIS 9 MG TABLET, DR/ER <b>MO</b>	1	PA,QL(30 per 30 days)
<b>METABOLIC BONE DISEASE AGENTS</b>		
ACTONEL 150 MG TABLET <b>MO</b>	1	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET <b>MO</b>	1	PA,QL(4 per 28 days)
alendronate 10 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
alendronate 35 mg TABLET <b>MO</b>	1	QL(4 per 28 days)
alendronate 70 mg TABLET <b>MO</b>	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION <b>MO</b>	1	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC <b>MO</b>	1	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT <b>MO</b>	1	ST,QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL <b>MO</b>	1	QL(3.7 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcitonin (salmon) 200 unit/ml SOLUTION <b>DL</b>	1	
calcitriol 0.25 mcg, 0.5 mcg CAPSULE <b>MO</b>	1	
calcitriol 1 mcg/ml SOLUTION <b>MO</b>	1	
cinacalcet 30 mg, 60 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE <b>MO</b>	1	
doxercalciferol 4 mcg/2 ml SOLUTION <b>MO</b>	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) SYRINGE <b>DL</b>	1	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR <b>DL</b>	1	PA,QL(2.4 per 28 days)
FOSAMAX 70 MG TABLET <b>MO</b>	1	PA,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET <b>MO</b>	1	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION <b>MO</b>	1	
ibandronate 150 mg TABLET <b>MO</b>	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION <b>MO</b>	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE <b>MO</b>	1	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION <b>DL</b>	1	
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION <b>MO</b>	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION <b>MO</b>	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE <b>MO</b>	1	
paricalcitol 2 mcg/ml SOLUTION <b>MO</b>	1	QL(24 per 30 days)
paricalcitol 5 mcg/ml SOLUTION <b>MO</b>	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE <b>MO</b>	1	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. <b>DL</b>	1	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK <b>MO</b>	1	PA,QL(100 per 365 days)
risedronate 150 mg TABLET <b>MO</b>	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
risedronate 35 mg TABLET <b>MO</b>	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC <b>MO</b>	1	QL(4 per 28 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE <b>MO</b>	1	
ROCALTROL 1 MCG/ML SOLUTION <b>MO</b>	1	
SENSIPAR 30 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
SENSIPAR 60 MG TABLET <b>DL</b>	1	QL(60 per 30 days)
SENSIPAR 90 MG TABLET <b>DL</b>	1	QL(120 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR <b>DL</b>	1	PA,QL(1.56 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION <b>DL</b>	1	PA,QL(1.7 per 28 days)
YORVIPATH 168 MCG/0.56 ML PEN INJECTOR <b>DL</b>	1	PA,QL(1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN INJECTOR <b>DL</b>	1	PA,QL(1.96 per 28 days)
YORVIPATH 420 MCG/1.4 ML PEN INJECTOR <b>DL</b>	1	PA,QL(2.8 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE <b>MO</b>	1	
ZEMPLAR 2 MCG/ML SOLUTION <b>DL</b>	1	QL(24 per 30 days)
ZEMPLAR 5 MCG/ML SOLUTION <b>DL</b>	1	QL(48 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK <b>MO</b>	1	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION <b>MO</b>	1	
zoledronic acid 4 mg/5 ml SOLUTION <b>MO</b>	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK <b>MO</b>	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK <b>MO</b>	1	PA,QL(100 per 365 days)
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ACETADOTE 200 MG/ML (20 %) SOLUTION <b>MO</b>	1	
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION <b>MO</b>	1	
acetic acid 0.25 % SOLUTION <b>MO</b>	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION <b>MO</b>	1	
ADAKVEO 10 MG/ML SOLUTION <b>DL</b>	1	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	1	PA
ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
ALCOHOL SWABS PADS, MEDICATED <b>MO</b>	1	
ALCOHOL WIPES PADS, MEDICATED <b>MO</b>	1	
AMMONUL 10-10 % SOLUTION <b>DL</b>	1	
AQNEURSA 1 GRAM GRANULES IN PACKET <b>DL</b>	1	PA,QL(112 per 28 days)
AUTOJECT 2 INJECTION DEVICE INSULIN PEN <b>MO</b>	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN <b>MO</b>	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN <b>MO</b>	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE <b>PDS,MO</b>	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE <b>MO</b>	1	
BD ALCOHOL SWABS PADS, MEDICATED <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE <b>PDS,MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>PDS,MO</b>	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE <b>MO</b>	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE <b>DL</b>	1	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLET <b>DL</b>	1	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE <b>DL</b>	1	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLET <b>DL</b>	1	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION <b>MO</b>	1	
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION <b>MO</b>	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED <b>MO</b>	1	
CEQUR SIMPLICITY 2 UNIT DEVICE <b>MO</b>	1	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS <b>MO</b>	1	
CERVIDIL 10 MG INSERT, ER <b>MO</b>	1	
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE <b>MO</b>	1	ST,QL(60 per 30 days)
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE <b>DL</b>	1	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK <b>DL</b>	1	PA,QL(56 per 28 days)
COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION <b>MO</b>	1	
CURITY ALCOHOL SWABS PADS, MEDICATED <b>MO</b>	1	
CURITY GAUZE 2 X 2 " BANDAGE <b>MO</b>	1	
DEFITELIO 80 MG/ML SOLUTION <b>DL</b>	1	PA
DERMACEA 2 X 2 " BANDAGE <b>MO</b>	1	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 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 <b>PDS,MO</b>	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 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 5/16", 1 ML 31 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE <b>PDS,MO</b>	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 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE <b>PDS,MO</b>	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE <b>PDS,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>PDS,MO</b>	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE <b>PDS,MO</b>	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	1	
dyclopro 0.5 % SOLUTION <b>MO</b>	1	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED <b>MO</b>	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
edetate calcium disodium 200 mg/ml SOLUTION <b>DL</b>	1	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION <b>DL</b>	1	ST,QL(43.2 per 30 days)
EMPAVELI 1,080 MG/20 ML SOLUTION <b>DL</b>	1	PA,QL(160 per 28 days)
ENFLONSIA 105 MG/0.7 ML SYRINGE <b>MO</b>	1	
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET <b>DL</b>	1	PA
ESGIC 50-325-40 MG CAPSULE <b>MO</b>	1	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET <b>MO</b>	1	QL(180 per 30 days)
FILSPARI 200 MG, 400 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
FILSUVEZ 10 % GEL <b>DL</b>	1	PA
fioricet 50-300-40 mg CAPSULE <b>MO</b>	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE <b>DL</b>	1	QL(180 per 30 days)
flumazenil 0.1 mg/ml SOLUTION <b>MO</b>	1	
fomepizole 1 gram/ml SOLUTION <b>MO</b>	1	
GAUZE BANDAGE 2 X 2 " BANDAGE <b>MO</b>	1	
GAUZE PAD 2 X 2 " BANDAGE <b>MO</b>	1	
GIVLAARI 189 MG/ML SOLUTION <b>DL</b>	1	PA
IGALMI 120 MCG, 180 MCG FILM <b>MO</b>	1	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE <b>PDS,MO</b>	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>PDS,MO</b>	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>PDS,MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE <b>PDS,MO</b>	1	
IV PREP WIPES PADS, MEDICATED <b>MO</b>	1	
JOURNAVX 50 MG TABLET <b>MO</b>	1	PA,QL(30 per 180 days)
KORLYM 300 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
lactated ringers SOLUTION <b>MO</b>	1	
LITHOSTAT 250 MG TABLET <b>MO</b>	1	
methylergonovine 0.2 mg TABLET <b>DL</b>	1	
methylergonovine 0.2 mg/ml (1 ml) SOLUTION <b>MO</b>	1	
mifepristone 300 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD <b>MO</b>	1	
MODD1 PATIENT WELCOME KIT KIT <b>MO</b>	1	PA
MODD1 SUPPLY KIT COMBO PACK <b>MO</b>	1	PA
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE <b>PDS,MO</b>	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE <b>PDS,MO</b>	1	
neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION <b>MO</b>	1	
nitroglycerin 0.4 % (w/w) OINTMENT <b>MO</b>	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN <b>MO</b>	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE <b>MO</b>	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE <b>MO</b>	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE <b>MO</b>	1	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE <b>MO</b>	1	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE <b>MO</b>	1	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE <b>MO</b>	1	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE <b>MO</b>	1	
OMNIPOD GO PODS CARTRIDGE <b>MO</b>	1	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE <b>MO</b>	1	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE <b>MO</b>	1	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE <b>MO</b>	1	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE <b>MO</b>	1	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE <b>MO</b>	1	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE <b>MO</b>	1	
OXLUMO 94.5 MG/0.5 ML SOLUTION	1	PA
oxytocin 10 unit/ml SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET <b>MO</b>	1	PA
PALFORZIA INITIAL (4-17 YRS) 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE <b>MO</b>	1	PA
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET <b>MO</b>	1	PA
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>PDS,MO</b>	1	
phenazopyridine 100 mg, 200 mg TABLET <b>MO</b>	1	
PHEXXI 1.8-1-0.4 % GEL <b>MO</b>	1	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION <b>MO</b>	1	
PITOCIN 10 UNIT/ML SOLUTION <b>MO</b>	1	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE <b>MO</b>	1	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION <b>DL</b>	1	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
promethazine vc 6.25-5 mg/5 ml SYRUP <b>MO</b>	1	
promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP <b>MO</b>	1	
protamine 10 mg/ml SOLUTION <b>MO</b>	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
PYRIDIUM 100 MG, 200 MG TABLET <b>MO</b>	1	
QUTENZA 8 % KIT <b>DL</b>	1	PA
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	1	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION <b>DL</b>	1	BvsD
RIMSO-50 50 % SOLUTION <b>DL</b>	1	
ringer's SOLUTION <b>MO</b>	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE <b>DL</b>	1	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION <b>DL</b>	1	PA
SIKLOS 1,000 MG, 100 MG TABLET <b>MO</b>	1	PA
sodium benzoate-sod phenylacet 10-10 % SOLUTION <b>DL</b>	1	
sodium chloride 0.9 % SOLUTION <b>MO</b>	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE <b>DL</b>	1	PA
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION <b>DL</b>	1	PA
tencon 50-325 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION <b>DL</b>	1	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED <b>MO</b>	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE <b>PDS,MO</b>	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" SYRINGE <b>PDS,MO</b>	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE <b>PDS,MO</b>	1	
V-GO 20 DEVICE <b>MO</b>	1	PA
V-GO 30 DEVICE <b>MO</b>	1	PA
V-GO 40 DEVICE <b>MO</b>	1	PA
VANRAFIA 0.75 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
VIRAZOLE 6 GRAM RECON SOLUTION <b>DL</b>	1	BvsD
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL <b>DL</b>	1	PA,QL(10 per 28 days)
VYKAT XR 150 MG, 25 MG, 75 MG TABLET, ER 24 HR. <b>DL</b>	1	PA
water for irrigation, sterile SOLUTION <b>MO</b>	1	
WEBCOL PADS, MEDICATED <b>MO</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR <b>DL</b>	1	PA
XDEMVY 0.25 % DROPS <b>MO</b>	1	PA,QL(10 per 42 days)
XROMI 100 MG/ML SOLUTION <b>DL</b>	1	PA
YCANTH 0.7 % SOLUTION W/APPLICATOR <b>DL</b>	1	PA
ZEBUTAL 50-325-40 MG CAPSULE <b>MO</b>	1	QL(180 per 30 days)
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR <b>MO</b>	1	PA
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML SOLUTION <b>MO</b>	1	PA
ZEVALIN (Y-90) 3.2 MG/2 ML KIT <b>DL</b>	1	PA
zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET <b>MO</b>	1	
ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION <b>MO</b>	1	
<b>OPHTHALMIC AGENTS</b>		
ACULAR 0.5 % DROPS <b>MO</b>	1	ST,QL(10 per 30 days)
ACULAR LS 0.4 % DROPS <b>MO</b>	1	ST,QL(10 per 30 days)
ACUVAIL (PF) 0.45 % DROPPERETTE <b>MO</b>	1	ST
ALCAINE 0.5 % DROPS <b>MO</b>	1	
ALOMIDE 0.1 % DROPS <b>MO</b>	1	
ALPHAGAN P 0.1 %, 0.15 % DROPS <b>MO</b>	1	ST
ALREX 0.2 % DROPS, SUSPENSION <b>MO</b>	1	ST
apraclonidine 0.5 % DROPS <b>MO</b>	1	
atropine 1 % DROPS <b>MO</b>	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE <b>MO</b>	1	
AZASITE 1 % DROPS <b>MO</b>	1	ST,QL(2.5 per 25 days)
azelastine 0.05 % DROPS <b>MO</b>	1	
AZOPT 1 % DROPS, SUSPENSION <b>MO</b>	1	ST,QL(10 per 28 days)
bacitracin 500 unit/gram OINTMENT <b>MO</b>	1	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT <b>MO</b>	1	
balanced salt SOLUTION <b>MO</b>	1	
bepotastine besilate 1.5 % DROPS <b>MO</b>	1	ST,QL(5 per 25 days)
BEPREVE 1.5 % DROPS <b>MO</b>	1	ST,QL(5 per 25 days)
BESIVANCE 0.6 % DROPS, SUSPENSION <b>MO</b>	1	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	1	
betaxolol 0.5 % DROPS <b>MO</b>	1	

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATACYN 5 % DROPS, SUSPENSION <b>MO</b>	1	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT <b>MO</b>	1	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT <b>MO</b>	1	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT <b>MO</b>	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT <b>MO</b>	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT <b>MO</b>	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION <b>MO</b>	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS <b>MO</b>	1	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION <b>MO</b>	1	
NEVANAC 0.1 % DROPS, SUSPENSION <b>MO</b>	1	ST
OCUFLOX 0.3 % DROPS <b>MO</b>	1	
ofloxacin 0.3 % DROPS <b>MO</b>	1	
olopatadine 0.1 %, 0.2 % DROPS <b>MO</b>	1	
OXERVATE 0.002 % DROPS <b>DL</b>	1	PA,QL(112 per 365 days)
PHOSPHOLINE IODIDE 0.125 % DROPS <b>MO</b>	1	
pilocarpine hcl 1 %, 1.25 %, 2 %, 4 % DROPS <b>MO</b>	1	
polycin 500-10,000 unit/gram OINTMENT <b>MO</b>	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS <b>MO</b>	1	
PRED FORTE 1 % DROPS, SUSPENSION <b>MO</b>	1	ST
PRED MILD 0.12 % DROPS, SUSPENSION <b>MO</b>	1	ST
prednisolone acetate 1 % DROPS, SUSPENSION <b>MO</b>	1	
prednisolone sodium phosphate 1 % DROPS <b>MO</b>	1	
PROLENSA 0.07 % DROPS <b>MO</b>	1	ST,QL(3 per 30 days)
proparacaine 0.5 % DROPS <b>MO</b>	1	
RESTASIS 0.05 % DROPPERETTE <b>MO</b>	1	PA,QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS <b>MO</b>	1	PA,QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS <b>MO</b>	1	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS <b>MO</b>	1	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION <b>MO</b>	1	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS <b>MO</b>	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS <b>MO</b>	1	
tafluprost (pf) 0.0015 % DROPPERETTE <b>MO</b>	1	ST,QL(30 per 30 days)
timolol 0.5 % DROPS <b>MO</b>	1	ST

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DERMOTIC OIL 0.01 % DROPS <b>MO</b>	1	
flac otic oil 0.01 % DROPS <b>MO</b>	1	
fluocinolone acetonide oil 0.01 % DROPS <b>MO</b>	1	
hydrocortisone-acetic acid 1-2 % DROPS <b>MO</b>	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION <b>MO</b>	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION <b>MO</b>	1	
ofloxacin 0.3 % DROPS <b>MO</b>	1	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
ACCOLATE 10 MG, 20 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION <b>MO</b>	1	BvsD
ADCIRCA 20 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <b>DL,LA</b>	1	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION <b>MO</b>	1	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	1	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	QL(12 per 30 days)
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET <b>MO</b>	1	
albuterol sulfate 2 mg/5 ml SYRUP <b>MO</b>	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. <b>MO</b>	1	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER <b>MO</b>	1	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(18.3 per 28 days)
ALYFTREK 10-50-125 MG TABLET <b>DL</b>	1	PA,QL(56 per 28 days)
ALYFTREK 4-20-50 MG TABLET <b>DL</b>	1	PA,QL(84 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alyq 20 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION <b>MO</b>	1	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	1	PA,QL(60 per 30 days)
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	1	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	1	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER <b>MO</b>	1	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
bosentan 32 mg TABLET FOR SUSPENSION <b>DL</b>	1	PA,QL(120 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE <b>DL</b>	1	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION <b>MO</b>	1	BvsD
carbinoxamine maleate 4 mg TABLET <b>MO</b>	1	
carbinoxamine maleate 4 mg/5 ml LIQUID <b>MO</b>	1	
carbinoxamine maleate 6 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
carbzah 4 mg/5 ml LIQUID <b>DL</b>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION <b>MO</b>	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION <b>DL</b>	1	PA
CLARINEX 5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP <b>DL</b>	1	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET <b>MO</b>	1	
clemasz 2.68 mg TABLET <b>MO</b>	1	
clemsza 2.68 mg TABLET <b>DL</b>	1	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST <b>MO</b>	1	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE <b>MO</b>	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD
cyproheptadine 2 mg/5 ml SYRUP <b>MO</b>	1	
cyproheptadine 4 mg TABLET <b>MO</b>	1	
DALIRESP 250 MCG TABLET <b>MO</b>	1	PA,QL(28 per 365 days)
DALIRESP 500 MCG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(30 per 30 days)
desloratadine 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION <b>MO</b>	1	PA
DIPHEN 12.5 MG/5 ML ELIXIR <b>MO</b>	1	
diphen 12.5 mg/5 ml ELIXIR <b>MO</b>	1	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR <b>MO</b>	1	
diphenhydramine hcl 50 mg/ml SOLUTION <b>MO</b>	1	
diphenhydramine hcl 50 mg/ml SYRINGE <b>MO</b>	1	
DOPRAM 20 MG/ML SOLUTION <b>MO</b>	1	
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	PA,QL(1 per 30 days)
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR <b>MO</b>	1	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR <b>MO</b>	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(4 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	1	PA,QL(4 per 30 days)
epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION <b>DL</b>	1	PA
ESBRIET 267 MG CAPSULE <b>DL</b>	1	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET <b>DL</b>	1	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
FASENRA 10 MG/0.5 ML SYRINGE <b>DL</b>	1	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE <b>DL</b>	1	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	QL(1 per 30 days)
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE <b>MO</b>	1	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION <b>MO</b>	1	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD,QL(120 per 30 days)
GASTROCROM 100 MG/5 ML CONCENTRATE <b>MO</b>	1	
GRASTEK 2,800 BAU SUBLINGUAL TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	1	PA,QL(30 per 30 days)
ipratropium bromide 0.02 % SOLUTION <b>MO</b>	1	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET <b>DL</b>	1	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
LETAIRIS 10 MG, 5 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
levalbuterol hcl 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocetirizine 2.5 mg/5 ml SOLUTION <b>MO</b>	1	QL(300 per 30 days)
levocetirizine 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION <b>DL</b>	1	PA,QL(180 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL <b>MO</b>	1	QL(34 per 30 days)
montelukast 10 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET <b>MO</b>	1	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET <b>MO</b>	1	QL(30 per 30 days)
NEFFY 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL <b>DL</b>	1	PA,QL(4 per 30 days)
NUCALA 100 MG RECON SOLUTION <b>DL</b>	1	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR <b>DL</b>	1	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE <b>DL</b>	1	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE <b>DL</b>	1	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE <b>DL,LA</b>	1	PA,QL(60 per 30 days)
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION <b>DL</b>	1	PA,QL(150 per 30 days)
olopatadine 0.6 % SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER <b>DL</b>	1	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER <b>DL</b>	1	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER <b>DL</b>	1	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER <b>DL</b>	1	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER <b>DL</b>	1	PA,QL(150 per 30 days)
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK <b>DL</b>	1	PA,QL(168 per 28 days)
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK <b>DL</b>	1	PA,QL(336 per 28 days)
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK <b>DL</b>	1	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET <b>DL</b>	1	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET <b>DL</b>	1	PA,QL(112 per 28 days)
PATANASE 0.6 % SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	BvsD,QL(120 per 30 days)
pirfenidone 267 mg CAPSULE <b>DL</b>	1	PA,QL(270 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pirfenidone 267 mg TABLET <b>DL</b>	1	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(2 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION <b>MO</b>	1	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION <b>DL</b>	1	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(10.6 per 30 days)
QUZYTIR 10 MG/ML SOLUTION <b>MO</b>	1	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED <b>MO</b>	1	ST,QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED <b>MO</b>	1	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <b>MO</b>	1	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 <b>DL</b>	1	PA
REVATIO 10 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
roflumilast 250 mcg TABLET <b>MO</b>	1	QL(28 per 365 days)
roflumilast 500 mcg TABLET <b>MO</b>	1	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION <b>MO</b>	1	
RYVENT 6 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	1	PA,QL(60 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
SINGULAIR 10 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET <b>MO</b>	1	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST <b>MO</b>	1	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE <b>MO</b>	1	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST <b>MO</b>	1	QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST <b>MO</b>	1	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL <b>DL</b>	1	PA,QL(56 per 28 days)
tadalafil (pulm. hypertension) 20 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION <b>DL</b>	1	PA,QL(300 per 30 days)
terbutaline 1 mg/ml SOLUTION <b>MO</b>	1	
terbutaline 2.5 mg, 5 mg TABLET <b>MO</b>	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. <b>MO</b>	1	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. <b>MO</b>	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. <b>MO</b>	1	
theophylline 80 mg/15 ml ELIXIR <b>MO</b>	1	
theophylline 80 mg/15 ml SOLUTION <b>MO</b>	1	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE <b>DL</b>	1	PA,QL(224 per 28 days)
TRACLEAR 125 MG, 62.5 MG TABLET <b>DL</b>	1	PA,QL(60 per 30 days)
TRACLEAR 32 MG TABLET FOR SUSPENSION <b>DL</b>	1	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 30 days)
treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION <b>DL</b>	1	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL <b>DL</b>	1	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL <b>DL</b>	1	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	1	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA
TYVASO DPI 16 MCG (112)- 32 MCG (84) CARTRIDGE WITH INHALER <b>DL</b>	1	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER <b>DL</b>	1	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER <b>DL</b>	1	PA,QL(252 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE <b>MO</b>	1	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 <b>DL</b>	1	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION <b>DL</b>	1	PA
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK <b>DL</b>	1	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION <b>DL</b>	1	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	QL(36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE <b>MO</b>	1	
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT <b>DL</b>	1	PA
wixela inhale 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED <b>MO</b>	1	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION <b>DL</b>	1	PA,QL(90 per 30 days)
YUTREPPIA 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG CAPSULE, W/INHALATION DEVICE <b>DL</b>	1	PA
zaflirlukast 10 mg, 20 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	1	ST,QL(6.1 per 28 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE <b>DL</b>	1	ST,QL(120 per 30 days)
ZYFLO 600 MG TABLET <b>DL</b>	1	ST,QL(120 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. <b>DL</b>	1	ST,QL(21 per 30 days)
carisoprodol 250 mg TABLET <b>MO</b>	1	ST,QL(120 per 30 days)
carisoprodol 350 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
chlorzoxazone 250 mg TABLET <b>DL</b>	1	ST,QL(360 per 30 days)
chlorzoxazone 375 mg, 750 mg TABLET <b>MO</b>	1	ST,QL(120 per 30 days)
chlorzoxazone 500 mg TABLET <b>MO</b>	1	ST
cyclobenzaprine 10 mg, 5 mg TABLET <b>MO</b>	1	
cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR. <b>MO</b>	1	ST,QL(21 per 30 days)
cyclobenzaprine 7.5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
FEXMID 7.5 MG TABLET <b>MO</b>	1	ST,QL(90 per 30 days)
LORZONE 375 MG TABLET <b>MO</b>	1	ST,QL(120 per 30 days)
LORZONE 750 MG TABLET <b>DL</b>	1	ST,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metaxalone 400 mg, 800 mg TABLET <b>MO</b>	1	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET <b>DL</b>	1	PA
methocarbamol 100 mg/ml SOLUTION <b>MO</b>	1	
methocarbamol 500 mg, 750 mg TABLET <b>MO</b>	1	
norgesic 25-385-30 mg TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER <b>MO</b>	1	
orphenadrine citrate 30 mg/ml SOLUTION <b>MO</b>	1	ST
orphenadrine-asa-caffeine 25-385-30 mg TABLET <b>DL</b>	1	PA,QL(240 per 30 days)
orphenadrine-asa-caffeine 50-770-60 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
orphengesic forte 50-770-60 mg TABLET <b>DL</b>	1	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION <b>DL</b>	1	
SOMA 250 MG, 350 MG TABLET <b>DL</b>	1	ST,QL(120 per 30 days)
tanlor 1,000 mg TABLET <b>DL</b>	1	PA
<b>SLEEP DISORDER AGENTS</b>		
AMBIEN 10 MG, 5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE <b>MO</b>	1	PA,QL(30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
armodafinil 50 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
BELSOMRA 10 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET <b>MO</b>	1	QL(30 per 30 days)
BELSOMRA 5 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
doxepin 3 mg, 6 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET <b>MO</b>	1	
EDLUAR 5 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(30 per 30 days)
estazolam 1 mg, 2 mg TABLET <b>DL</b>	1	QL(30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
flurazepam 15 mg CAPSULE <b>DL</b>	1	QL(60 per 30 days)
flurazepam 30 mg CAPSULE <b>DL</b>	1	QL(30 per 30 days)
HALCION 0.25 MG TABLET <b>DL</b>	1	PA,QL(30 per 30 days)
HETLIOZ 20 MG CAPSULE <b>DL</b>	1	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION <b>DL</b>	1	PA,QL(158 per 30 days)
LUMRYZ 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM ER GRANULES, PACKET <b>DL</b>	1	PA,QL(30 per 30 days)

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

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

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

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

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

# Index

## A

- abacavir-lamivudine... 71  
abacavir... 71  
ABELCET... 43  
abigale lo... 137  
abigale... 137  
ABILIFY ASIMTUFII... 66  
ABILIFY MAINTENA... 66  
ABILIFY MYCITE MAINTENANCE KIT... 67  
ABILIFY MYCITE STARTER KIT... 67  
ABILIFY... 66  
abiraterone... 49  
abirtega... 49  
ABRAXANE... 49  
ABRILADA(CF) PEN... 150  
ABRILADA(CF)... 150  
ABRYSVO (PF)... 150  
ABSORICA LD... 110  
ABSORICA... 110  
acamprosate... 20  
ACANYA... 110  
acarbose... 78  
ACCOLATE... 177  
ACCUPRIL... 89  
ACCURETIC... 89  
accutane... 110  
acebutolol... 89  
ACETADOTE... 165  
acetaminophen-caff-dihydrocod... 11  
acetaminophen-codeine... 11  
acetaminophen... 165  
acetazolamide sodium... 89  
acetazolamide... 89  
acetic acid... 21, 165  
acetylcysteine... 165, 177  
ACIPHEX... 125  
acitretin... 110  
ACTEMRA ACTPEN... 150  
ACTEMRA... 150  
ACTHAR SELFJECT... 134  
ACTHAR... 134  
ACTHIB (PF)... 150  
ACTICLATE... 21  
ACTIMMUNE... 150  
ACTIVELLA... 137  
ACTONEL... 163  
ACTOPLUS MET... 78  
ACTOS... 79  
ACULAR LS... 172  
ACULAR... 172  
ACUVAIL (PF)... 172  
acyclovir sodium... 72  
acyclovir... 71, 72  
ACZONE... 110  
ADACEL(TDAP  
ADOLESN/ADULT)(PF)... 150  
ADAKVEO... 165  
ADALIMUMAB-AACF(CF) PEN  
CROHNS... 150  
ADALIMUMAB-AACF(CF) PEN  
PS-UV... 150  
ADALIMUMAB-AACF... 150  
ADALIMUMAB-AATY(CF) AI  
CROHNS... 150  
ADALIMUMAB-AATY... 150  
ADALIMUMAB-ADAZ... 150  
ADALIMUMAB-ADBM(CF) PEN  
CROHNS... 150  
ADALIMUMAB-ADBM(CF) PEN  
PS-UV... 150  
ADALIMUMAB-ADBM... 150  
ADALIMUMAB-FKJP... 150  
ADALIMUMAB-RYVK... 151  
adapalene-benzoyl peroxide... 110  
adapalene... 110  
ADBRY... 110  
ADCETRIS... 49  
ADCIRCA... 177  
ADDERALL XR... 103  
ADDERALL... 103  
adefovir... 72  
ADEMPAS... 177  
adenosine... 89  
ADLARITY... 37  
ADMELOG SOLOSTAR U-100  
INSULIN... 79  
ADMELOG U-100 INSULIN LISPRO... 79  
ADRENALIN IN 0.9 % SOD CHLOR... 89  
ADRENALIN... 177  
ADRIAMYCIN... 49  
adrucil... 49  
ADSTILADRIN... 165  
ADVAIR DISKUS... 177  
ADVAIR HFA... 177  
ADZENYS XR-ODT... 103

ADZYNMA... 85	alfuzosin... 132	ambrisentan... 178
AEMCOLO... 125	ALIMTA... 49	amcinonide... 110, 111
AFINITOR DISPERZ... 49	ALIQOPA... 49	methia... 138
AFINITOR... 49	aliskiren... 89	amethyst (28)... 138
afirmelle... 138	ALKINDI SPRINKLE... 134	amikacin... 22
AFREZZA... 79	allopurinol sodium... 46	amiloride-hydrochlorothiazide... 89
AGAMREE... 134	allopurinol... 46	amiloride... 89
AGGRASTAT CONCENTRATE... 85	almotriptan malate... 46	aminocaproic acid... 85
AGGRASTAT IN SODIUM CHLORIDE... 85	ALOMIDE... 172	aminophylline... 178
AGRYLIN... 85	ALOPRIM... 46	AMINOSYN II 10 %... 119
AIMOVIG AUTOINJECTOR... 46	alosetron... 125	amiodarone... 89
AIRDUO DIGIHALER... 177	ALPHAGAN P... 172	AMITIZA... 125
AIRDUO RESPICLICK... 177	alprazolam intensol... 77	amitriptyline-chlordiazepoxide... 38
AIRSUPRA... 177	alprazolam... 77	amitriptyline... 38
AJOVY AUTOINJECTOR... 46	ALREX... 172	AMJEVITA(CF) AUTOINJECTOR... 151
AJOVY SYRINGE... 46	ALTABAX... 110	AMJEVITA(CF)... 151
AKEEGA... 49	ALTACE... 89	amlodipine-atorvastatin... 90
AKLIEF... 110	altavera (28)... 138	amlodipine-benazepril... 90
AKYNZEO (FOSNETUPITANT)... 41	ALTOPREV... 89	amlodipine-olmesartan... 90
AKYNZEO (NETUPITANT)... 41	ALTRENO... 110	amlodipine-valsartan-hcthiazid... 90
ALA-CORT... 110	ALUNBRIG... 49	amlodipine-valsartan... 90
ALA-SCALP... 110	ALVAIZ... 85	amlodipine... 90
albendazole... 63	ALVESCO... 177	ammonium lactate... 111
albuterol sulfate... 177	alyacen 1/35 (28)... 138	AMMONUL... 165
ALCAINE... 172	alyacen 7/7/7 (28)... 138	amnesteem... 111
alclometasone... 110	ALYFTREK... 177	amoxapine... 38
ALCOHOL PADS... 165	ALYGLO... 151	amoxicil-clarithromy-lansopraz... 125
ALCOHOL PREP PADS... 165	ALYMSYS... 49	amoxicillin-pot clavulanate... 22
ALCOHOL SWABS... 165	alyq... 178	amoxicillin... 22
ALCOHOL WIPES... 165	amabelz... 138	amphetamine sulfate... 103
ALDACTONE... 89	amantadine hcl... 64	amphotericin b liposome... 43
ALDURAZYME... 129	AMBIEN CR... 185	amphotericin b... 43
ALECENSA... 49	AMBIEN... 185	ampicillin sodium... 22
alendronate... 163	AMBISOME... 43	

ampicillin-sulbactam... 22	APTIVUS... 72	aspirin-dipyridamole... 85
ampicillin... 22	AQNEURSA... 165	ASPRUZY SPRINKLE... 90
AMPYRA... 103	ARALAST NP... 129	ASTAGRAF XL... 151
AMRIX... 184	aranelle (28)... 138	ATACAND HCT... 90
AMVUTTRA... 129	ARANESP (IN POLYSORBATE)... 85	ATACAND... 90
AMZEEQ... 111	ARAVA... 151	atazanavir... 72
ANAFRANIL... 38	ARAZLO... 111	ATELVIA... 163
anagrelide... 85	ARBLI... 90	atenolol-chlorthalidone... 90
anastrozole... 49	ARCALYST... 151	atenolol... 90
ANCOBON... 43	AREXVV (PF)... 151	ATGAM... 151
ANDEMBRY AUTOINJECTOR... 151	arformoterol... 178	ATIVAN... 77
ANDROGEL... 138	ARICEPT... 37	atomoxetine... 103
ANGELIQ... 138	ARIKAYCE... 22	ATORVALIQ... 90
ANKTIVA... 49	ARIMIDEX... 49	atorvastatin... 90
ANNOVERA... 138	ariPIPrazole... 67	atovaquone-proguanil... 63
ANORO ELLIPTA... 178	ARISTADA INITIO... 67	atovaquone... 63
ANTIVERT... 41	ARISTADA... 67	ATRALIN... 111
anusol-hc... 111	ARIXTA... 85	ATRIPLA... 72
ANZEMET... 41	armodafinil... 185	ATROPINE SULFATE (PF)... 172
ANZUPGO... 111	ARMONAIR DIGITALER... 178	atropine... 125, 172
APADAZ... 11	ARMOUR THYROID... 147	ATROVENT HFA... 178
apexicon e... 111	ARNUITY ELLIPTA... 178	ATTRUBY... 129
APIDRA SOLOSTAR U-100	AROMASIN... 49	AUBAGIO... 103
INSULIN... 79	ARRANON... 49	aubra eq... 138
APIDRA U-100 INSULIN... 79	arsenic trioxide... 49	aubra... 138
APLENZIN... 38	ARTHROTEC 50... 11	AUGMENTIN ES-600... 22
APOKYN... 64	ARTHROTEC 75... 11	AUGMENTIN XR... 22
apomorphine... 64	ASCENIV... 151	AUGMENTIN... 22
APONVIE... 41	ascomp with codeine... 11	AUGTYRO... 49, 50
apraclonidine... 172	asenapine maleate... 67	auranofin... 151
aprepitant... 41	ashlyna... 138	aurovela 1.5/30 (21)... 138
api... 138	ASMANEX HFA... 178	aurovela 1/20 (21)... 138
APRISO... 162	ASMANEX TWISTHALER... 178	aurovela 24 fe... 138
APTENSIO XR... 103	ASPARLAS... 49	aurovela fe 1-20 (28)... 138
APTIOM... 31		

aurovela fe 1.5/30 (28)...	138	AZASAN...	151	BASAGLAR KWIKPEN U-100	
AUSTEDO XR TITRATION		AZASITE...	172	INSULIN... 79	
KT(WK1-4)... 104		azathioprine sodium...	151	BASAGLAR TEMPO	
AUSTEDO XR... 104		azathioprine...	151	PEN(U-100)INSLN... 79	
AUSTEDO... 103		azelaic acid...	111	BAVENCIO... 50	
AUTOJECT 2 INJECTION DEVICE...		azelastine-fluticasone...	178	BAXDELA... 23	
165		azelastine...	172, 178	BCG VACCINE, LIVE (PF)... 151	
AUTOPEN 1 TO 21 UNITS...	165	AZELEX...	111	BD ALCOHOL SWABS... 165	
AUTOPEN 2 TO 42 UNITS...	165	AZILECT...	65	BD AUTOSHIELD DUO PEN NEEDLE...	
AUTOSHIELD DUO PEN NEEDLE...		azithromycin...	22	165	
165		AZMIRO...	138	BD ECLIPSE LUER-LOK... 165	
AUVELITY... 38		AZOPT...	172	BD INSULIN SYRINGE (HALF UNIT)...	
AUVI-Q... 178		AZOR...	90	166	
AVALIDE... 90		AZSTARYS...	104	BD INSULIN SYRINGE MICRO-FINE...	
AVAPRO... 90		aztreonam...	23	166	
AVASTIN... 50		AZULFIDINE EN-TABS...	162	BD INSULIN SYRINGE U-500... 166	
AVEED... 138		AZULFIDINE...	162	BD INSULIN SYRINGE ULTRA-FINE...	
AVELOX IN NACL (ISO-OSMOTIC)...		azurette (28)... 138		166	
22		<b>B</b>			
AVERI... 138		bacitracin-polymyxin b...	172	BD INSULIN SYRINGE... 166	
AVGEMSI... 50		bacitracin...	23, 172	BD LO-DOSE MICRO-FINE IV... 166	
aviane...	138	baclofen...	71	BD NANO 2ND GEN PEN NEEDLE...	
avidoxy...	22	BACTRIM DS...	23	166	
AVITA...	111	BACTRIM...	23	BD SAFETYGLIDE INSULIN	
AVMAPKI-FAKZYNJA...	50	BAFIERTAM...	104	SYRINGE... 166	
AVODART...	133	bal-care dha...	119	BD SAFETYGLIDE SYRINGE... 166	
AVONEX...	104	balanced salt...	172	BD ULTRA-FINE MICRO PEN	
AVSOLA...	151	BALCOLTRA...	138	NEEDLE... 166	
AVYCAZ...	22	balsalazide...	162	BD ULTRA-FINE MINI PEN NEEDLE...	
AXTLE...	50	BALVERSA...	50	166	
AYGESTIN...	138	balziva (28)... 138		BD ULTRA-FINE NANO PEN	
ayuna...	138	BAND-AID GAUZE PADS...	165	NEEDLE... 166	
AYVAKIT...	50	BANZEL...	31	BD ULTRA-FINE ORIG PEN NEEDLE...	
azacitidine...	50	BAQSIMI...	79	166	
AZACTAM...	22	BARACLUDE...	72	BD ULTRA-FINE SHORT PEN	
				NEEDLE... 166	

BD VEO INSULIN SYR (HALF UNIT)...	BETASERON... 104	blisovi fe 1/20 (28)... 139
166	betaxolol... 90, 172	BONJESTA... 41
BD VEO INSULIN SYRINGE UF... 166	bethanechol chloride... 133	BOOSTRIX TDAP... 152
BECONASE AQ... 178	BETHKIS... 23	BORDERED GAUZE... 166
BELBUCA... 11	BETIMOL... 173	BORTEZOMIB... 50
BELEODAQ... 50	BETOPTIC S... 173	BORUZU... 50
BELSOMRA... 185	BEVESPI AEROSPHERE... 178	bosentan... 178
benazepril-hydrochlorothiazide... 90	bexarotene... 50	BOSULIF... 50
benazepril... 90	BEXSERO... 151	BRAFTOVI... 50
bendamustine... 50	BEYAZ... 138	BREO ELLIPTA... 178
BENDEKA... 50	BEYFORTUS... 166	BREVIBLOC IN NACL (ISO-OSM)... 91
BENICAR HCT... 90	bicalutamide... 50	BREVIBLOC... 91
BENICAR... 90	BICILLIN C-R... 23	BREZTRI AEROSPHERE... 178
BENLYSTA... 151	BICILLIN L-A... 23	brielllyn... 139
BENTYL... 125	BICNU... 50	BRILINTA... 85
BENZAMYCIN... 111	BIDIL... 90	brimonidine... 111, 173
benzhydrocodone-acetaminophen... 11	BIJUVA... 138	BRINSUPRI... 166
benztropine... 65	BIKTARVY... 72	brinzolamide... 173
bepotastine besilate... 172	BILTRICIDE... 64	BRIUMVI... 104
BEPREVE... 172	bimatoprost... 173	BRIVIACT... 31
BERINERT... 151	BIMZELX AUTOINJECTOR... 151	bromfenac... 173
beser... 111	BIMZELX... 151	bromocriptine... 65
BESIVANCE... 172	BINOSTO... 163	BROMSITE... 173
BESPONSA... 50	BIORPHEN... 90	BRONCHITOL... 178
BESREMI... 151	bismuth subcit k-metronidz-tcn... 125	BROVANA... 178
BETADINE OPHTHALMIC PREP... 172	bisoprolol fumarate... 90	BRUKINSA... 50
betaine... 130	bisoprolol-hydrochlorothiazide... 91	BRYHALI... 111
betamethasone acet,sod phos... 134	bivalirudin... 85	BRYNOVIN... 79
betamethasone dipropionate... 111	BIVIGAM... 151	BSS PLUS... 173
betamethasone valerate... 111	BIZENGRI... 50	BSS... 173
betamethasone, augmented... 111	BKEMV... 151	BUCAPSOL... 77
BETAPACE AF... 90	bleomycin... 50	budesonide... 162, 178
BETAPACE... 90	blisovi 24 fe... 138	bumetanide... 91
	blisovi fe 1.5/30 (28)... 139	bupap... 166

BUPHENYL... 130	CABTREO... 111	carbidopa-levodopa-entacapone...
bupivacaine (pf)... 19	CADUET... 91	65
bupivacaine hcl... 19	CAFCIT... 167	carbidopa-levodopa... 65
bupivacaine liposome (pf)... 19	caffeine citrate... 167	carbidopa... 65
bupivacaine-dextrose-water(pf)... 19	calcipotriene-betamethasone... 112	carbinoxamine maleate... 178
bupivacaine-epinephrine (pf)... 19	calcipotriene... 111	CARBOCAINE WITH
bupivacaine-epinephrine... 19	calcitonin (salmon)... 163, 164	NEO-COBEFRIN... 19
BUPRENEX... 11	calcitriol... 112, 164	carboplatin... 51
buprenorphine hcl... 11, 20	calcium chloride... 119	carboprost tromethamine... 137
buprenorphine-naloxone... 20, 21	calcium gluconate... 119	carbzah... 178
buprenorphine... 11	CALDOLOR... 11	CARDIZEM CD... 91
bupropion hcl (smoking deter)... 21	CALQUENCE (ACALABRUTINIB MAL)... 51	CARDIZEM LA... 91
bupropion hcl... 38	CAMBIA... 11	CARDIZEM... 91
buspirone... 77	camila... 139	CARDURA XL... 91
busulfan... 50	CAMPTOSAR... 51	CARDURA... 91
BUSULFEX... 51	camrese lo... 139	CARETOUCH ALCOHOL PREP PAD...
butalbital-acetaminop-caf-cod... 166	camrese... 139	167
butalbital-acetaminophen-caff... 166	CAMZYOS... 91	carglumic acid... 119
butalbital-acetaminophen... 166	CANASA... 162	carisoprodol... 184
butalbital-aspirin-caffeine... 167	CANCIDAS... 43	carmustine... 51
butorphanol... 11	candesartan-hydrochlorothiazid... 91	CARNITOR (SUGAR-FREE)... 119
BUTTRANS... 11	candesartan... 91	CARNITOR... 119
BYDUREON BCISE... 79	CAPEX... 112	CAROSPIR... 91
BYETTA... 79	CAPLYTA... 67	carteolol... 173
BYLVAY... 167	CAPRELSA... 51	cartia xt... 91
BYSTOLIC... 91	captopril-hydrochlorothiazide... 91	carvedilol phosphate... 91
<b>C</b>	captopril... 91	carvedilol... 91
c-nate dha... 119	CARAC... 112	CASODEX... 51
CABENUVA... 72	CARAFATE... 125	caspofungin... 43
cabergoline... 148	CARBAGLU... 119	CAYSTON... 179
CABLIVI... 85	carbamazepine... 31	cefaclor... 23
CABOMETYX... 51	CARBATROL... 31	cefadroxil... 23
		cefazolin in dextrose (iso-os)... 23
		cefazolin... 23
		cefdinir... 23

cefepime in dextrose 5 %... 23	CHANTIX STARTING MONTH BOX... 21	cinacalcet... 164
cefepime in dextrose,iso-osm... 23	CHANTIX... 21	CINQAIR... 179
cefepime... 23	charlotte 24 fe... 139	CINRYZE... 152
cefixime... 23	chateal eq (28)... 139	CINVANTI... 41
cefotetan... 23	CHEMET... 119	CIPRO HC... 176
cefoxitin in dextrose, iso-osm... 23	chenodal... 125	CIPRO... 24
cefoxitin... 23	chloramphenicol sod succinate... 24	CIPRODEX... 176
cefpodoxime... 23	chlordiazepoxide hcl... 77	ciprofloxacin hcl... 24, 173, 176
cefprozil... 24	chlorhexidine gluconate... 110	ciprofloxacin in 5 % dextrose... 24
ceftazidime... 24	chlorprocaine (pf)... 19	ciprofloxacin-dexamethasone... 176
ceftriaxone in dextrose,iso-os... 24	chloroquine phosphate... 64	ciprofloxacin... 24
ceftriaxone... 24	chlorothiazide sodium... 91	cisplatin... 51
cefuroxime axetil... 24	chlorpromazine... 67	citalopram... 38
cefuroxime sodium... 24	chlorthalidone... 91	CITRANATAL B-CALM (FE GLUC)... 119
CELEBREX... 11	chlorzoxazone... 184	cladribine... 51
celecoxib... 11	CHOLBAM... 130	CLAFORAN... 24
CELESTONE SOLUSPAN... 134	cholestyramine (with sugar)... 92	claravis... 112
CELEXA... 38	cholestyramine light... 92	CLARINEX-D 12 HOUR... 167
CELLCEPT INTRAVENOUS... 152	CHORIONIC GONADOTROPIN, HUMAN... 136	CLARINEX... 179
CELLCEPT... 152	CIALIS... 133	clarithromycin... 24
CELONTIN... 31	CIBINQO... 152	clemastine... 179
CENTANY... 112	cyclodan... 43	clemasz... 179
cephalexin... 24	ciclopirox... 43	clemsza... 179
CEQUA... 173	cidofovir... 72	CLENPIQ... 125
CEQUR SIMPLICITY INSERTER... 167	cilostazol... 85	CLEOCIN HCL... 24
CEQUR SIMPLICITY... 167	CILOXAN... 173	CLEOCIN PEDIATRIC... 24
CERDELGA... 130	CIMDUO... 72	CLEOCIN T... 112
CEREBYX... 31	cimetidine hcl... 125	CLEOCIN... 24
CEREZYME... 130	cimetidine... 125	CLEVIPREX... 92
CERVIDIL... 167	CIMZIA POWDER FOR RECONST... 152	CLIMARA PRO... 139
cetirizine... 179	CIMZIA STARTER KIT... 152	CLIMARA... 139
cevimeline... 109	CIMZIA... 152	clindacin etz... 112
CHANTIX CONTINUING MONTH BOX... 21		clindacin p... 112

clindacin... 112	CLINIMIX E 8%-D10W	COLESTID... 92
CLINDAGEL... 112	SULFITEFREE... 120	colestipol... 92
clindamycin hcl... 24	CLINIMIX E 8%-D14W	colistin (colistimethate na)... 25
clindamycin in 0.9 % sod chlor... 24	SULFITEFREE... 120	COLUMVI... 51
clindamycin in 5 % dextrose... 24	CLINISOL SF 15 %... 120	COLY-MYCIN M PARENTERAL... 25
clindamycin palmitate hcl... 25	CLINOLIPID... 120	COMBIGAN... 173
clindamycin pediatric... 25	clobazam... 31	COMBIPATCH... 139
clindamycin phosphate... 25, 112	clobetasol-emollient... 112	COMBIVENT RESPIMAT... 179
clindamycin-benzoyl peroxide... 112	clobetasol... 112	COMBIVIR... 72
clindamycin-tretinoin... 112	CLOBEX... 112, 113	COMBOGESIC IV... 167
CLINDESSE... 25	clocortolone pivalate... 113	COMETRIQ... 51
CLINIMIX 4.25%/D10W SULF FREE... 119	clodan... 113	COMPAZINE... 41
CLINIMIX 4.25%/D5W SULFIT FREE... 119	clofarabine... 51	COMPLERA... 72
CLINIMIX 5%-D20W(SULFITE-FREE)... 119	CLOALAR... 51	complete natal dha... 120
CLINIMIX 5%/D15W SULFITE FREE... 119	clomipramine... 38	compro... 41
CLINIMIX 6%-D5W (SULFITE-FREE)... 119	clonazepam... 77	COMTAN... 65
CLINIMIX 8%-D10W(SULFITE-FREE)... 119	clonidine hcl... 92, 104	CONCERTA... 104
CLINIMIX 8%-D14W(SULFITE-FREE)... 119	clonidine... 92	CONDYLOX... 113
CLINIMIX E 2.75%/D5W SULF FREE... 119	clopidogrel... 86	constulose... 125
CLINIMIX E 4.25%/D10W SULF FREE... 119	clorazepate dipotassium... 77	CONZIP... 11
CLINIMIX E 4.25%/D5W SULF FREE... 119	CLOROTEKAL (PF)... 19	COPAXONE... 104
CLINIMIX E 5%/D15W SULFIT FREE... 119	clotrimazole-betamethasone... 43	COPIKTRA... 51
CLINIMIX E 5%/D20W SULFIT FREE... 120	clotrimazole... 43	CORDRAN TAPE LARGE ROLL... 113
	clozapine... 67	CORDRAN... 113
	CLOZARIL... 67	COREG CR... 92
	COARTEM... 64	COREG... 92
	COBENFY STARTER PACK... 167	CORGARD... 92
	COBENFY... 167	CORLANOR... 92
	codeine sulfate... 11	CORLOPAM... 92
	codeine-butalbital-asa-caff... 11	CORTEF... 113
	COLAZAL... 162	CORTENEMA... 163
	colchicine... 46	CORTIFOAM... 163
	COLCRYS... 46	CORTISPORIN-TC... 176
	colesevelam... 92	CORTROPHIN GEL... 134
	COLESTID FLAVORED... 92	

CORVERT...	92	cyclosporine...	152, 173	dalfampridine...	104
COSENTYX (2 SYRINGES)...	152	CYKLOKAPRON...	86	DALIRESP...	179
COSENTYX PEN (2 PENS)...	152	CYLTEZO(CF) PEN CROHN'S-UC-HS...		DALVANCE...	25
COSENTYX PEN...	152	152		danazol...	139
COSENTYX UNOREADY PEN...	152	CYLTEZO(CF) PEN PSORIASIS-UV...		DANTRIUM...	71
COSENTYX...	152	152		dantrolene...	71
COSMEGEN...	51	CYLTEZO(CF) PEN...	152	DANYELZA...	51
COSOPT (PF)...	173	CYLTEZO(CF)...	152	DANZITEN...	51
COSOPT...	173	CYMBALTA...	104	dapsone...	48, 113
COTELLIC...	51	cyproheptadine...	179	DAPTACEL (DTAP PEDIATRIC) (PF)...	
COTEMPLA XR-ODT...	104	CYRAMZA...	51	152	
COZAAR...	92	cyred eq...	139	daptomycin in 0.9 % sod chlor...	25
CRENESSITY...	139	cyred...	139	daptomycin...	25
CREON...	130	CYSTADANE...	130	DARAPRIM...	64
CRESEMBA...	43	CYSTADROPS...	173	darifenacin...	133
CRESTOR...	92	CYSTAGON...	130	DARTISLA...	126
CREXONT...	65	CYSTARAN...	173	darunavir...	72
CRINONE...	139	cytarabine (pf)...	51	DARZALEX FASPRO...	52
cromolyn...	173, 179	cytarabine...	51	DARZALEX...	52
crotan...	113	CYTOGAM...	152	dasatinib...	52
cryselle (28)...	139	CYTOMEL...	147	dasetta 1/35 (28)...	139
CRYSVITA...	130	CYTOTEC...	126	dasetta 7/7/7 (28)...	139
CTEXLI...	125	<b>D</b>			
CUBICIN RF...	25	d10 %-0.45 % sodium chloride...		DATROWAY...	52
CUPRIMINE...	120	120		daunorubicin...	52
CURITY ALCOHOL SWABS...	167	d2.5 %-0.45 % sodium chloride...		DAURISMO...	52
CURITY GAUZE...	167	120		DAYBUE...	130
CUTAQUIG...	152	d5 % (d-glucose)-0.9 % sodchl...		DAYPRO...	11
CUVPOSA...	125	120		daysee...	139
CUVRIOR...	120	d5 % and 0.9 % sodium chloride...		DAYTRANA...	104
cyclobenzaprine...	184	120		DAYVIGO...	185
cyclophosphamide...	51	d5 %-0.45 % sodium chloride...	120	DDAVP...	136
cycloserine...	48	dabigatran etexilate...	86	deblitane...	139
CYCLOSET...	79	dacarbazine...	51	decitabine...	52
cyclosporine modified...	152	dactinomycin...	51	deferasirox...	120
				deferiprone...	120

deferoxamine...	120	DESOWEN...	113	dextrose 5%-0.3 % sod.chloride...
DEFITELIO...	167	desoximetasone...	113	120
deflazacort...	134	DESOXYN...	104	dextrose 50 % in water (d50w)...
DELESTROGEN...	139	desvenlafaxine succinate...	38	120
DELSTRIGO...	72	desvenlafaxine...	38	dextrose 70 % in water (d70w)...
DELZICOL...	163	DETROL LA...	133	120
demeclacycline...	25	DETROL...	133	DHIVY...
DEMEROL (PF)...	12	dexabliss...	134	65
DEMEROL...	12	dexamethasone intensol...	134	DIACOMIT...
DEMSEER...	92	dexamethasone sodium phos (pf)...	134	31
DENAVIR...	72	dexamethasone sodium		DIASTAT ACUDIAL...
DENGVAXIA (PF)...	152	phosphate...	134, 173	32
DEPAKOTE ER...	31	dexamethasone...	134	DIASSTAT...
DEPAKOTE SPRINKLES...	31	dexchlorpheniramine maleate...		32
DEPAKOTE...	31	179		diazepam intensol...
DEPEN TITRATABS...	120	DEXEDRINE SPANSULE...	104	78
DEPO-ESTRADIOL...	139	DEXILANT...	126	diazepam...
DEPO-MEDROL...	134	dexlansoprazole...	126	32, 77, 78
DEPO-PROVERA...	139	dexmethylphenidate...	104	diazoxide...
DEPO-SUBQ PROVERA 104...	139	dexrazoxane hcl...	52	79
DEPO-TESTOSTERONE...	139	DEXTENZA...	173	DIBENZYLINE...
DERMA-SMOOTH/FS BODY OIL...		dextroamphetamine sulfate...	104,	92
113	105			dichlorphenamide...
DERMA-SMOOTH/FS SCALP OIL...		dextroamphetamine-amphetamine...		130
113	105	105		DICLEGIS...
DERMACEA...	167	dextrose 10 % and 0.2 % nacl...	120	41
dermacinrx lidocan...	19	dextrose 10 % in water (d10w)...		diclofenac epolamine...
DERMOTIC OIL...	177	120		12
DESCOVI...	72	dextrose 25 % in water (d25w)...		diclofenac sodium...
DESFERAL...	120	120		12, 113, 173
desipramine...	38	dextrose 5 % in water (d5w)...	120	diclofenac-misoprostol...
desloratadine...	179	dextrose 5 %-lactated ringers...	120	12
desmopressin...	136	dextrose 5%-0.2 % sod chloride...		dicloxacillin...
desog-e.estradiol/e.estradiol...	139	120		25
desonide...	113			dicyclomine...

DILANTIN... 32	DORYX... 25	DUET DHA WITH OMEGA-3... 120
DILAUDID... 12	dorzolamide-timolol (pf)... 173	DUETACT... 79
dilt-xr... 92	dorzolamide-timolol... 173	DUEXIS... 12
diltiazem hcl... 93	dorzolamide... 173	DULER... 179
dimenhydrinate... 41	dotti... 140	duloxetine... 105
dimethyl fumarate... 105	DOVATO... 72	DUOBRII... 114
DIOVAN HCT... 93	doxazosin... 93	DUOPA... 65
DIOVAN... 93	doxepin... 78, 114, 185	DUPIXENT PEN... 152, 153
DIPENTUM... 163	doxercalciferol... 164	DUPIXENT SYRINGE... 153
DIPHEN... 179	DOXIL... 52	DURAMORPH (PF)... 12
diphenhydramine hcl... 179	doxorubicin, peg-liposomal... 52	DUREZOL... 173
diphenoxylate-atropine... 126	doxorubicin... 52	DURYSTA... 173
DIPROLENE (AUGMENTED)... 113	doxy-100... 25	dutasteride-tamsulosin... 133
dipyridamole... 86	doxycycline hyclate... 25, 26	dutasteride... 133
disopyramide phosphate... 93	doxycycline monohydrate... 26	DUVYZAT... 130
disulfiram... 21	doxylamine-pyridoxine (vit b6)... 41	DUZALLO... 46
DIURIL... 93	DRIZALMA SPRINKLE... 105	DYANAVEL XR... 105
divalproex... 32	dronabinol... 41	dyclopro... 168
DIVIGEL... 139	droperidol... 67	DYMISTA... 179
dobutamine in d5w... 93	DROPLET INSULIN SYR(HALF UNIT)... 167	DYRENIUM... 93
dobutamine... 93	DROPLET INSULIN SYRINGE... 167	<b>E</b>
docetaxel... 52	DROPLET MICRON PEN NEEDLE... 167	E.E.S. 400... 26
DOCIVYX... 52	DROPLET PEN NEEDLE... 168	E.E.S. GRANULES... 26
dofetilide... 93	DROPSAFE ALCOHOL PREP PADS... 168	EASY COMFORT ALCOHOL PAD... 168
DOJOLVI... 130	DROPSAFE PEN NEEDLE... 168	EASY TOUCH ALCOHOL PREP PADS... 168
dolishale... 140	drospirenone-e.estradiol-lm.fa... 140	EBGLYSS PEN... 114
dolobid... 12	drospirenone-ethynodiol estradiol... 140	EBGLYSS SYRINGE... 114
donepezil... 37	droxidopa... 93	ec-naproxen... 12
dopamine in 5 % dextrose... 93	DUAKLIR PRESSAIR... 179	econazole nitrate... 43
dopamine... 93	DUAVEE... 140	edaravone... 105
DOPRAM... 179		EDARBI... 93
DOPTELET (10 TAB PACK)... 86		EDARBYCLOR... 93
DOPTELET (15 TAB PACK)... 86		EDECRIN... 93
DOPTELET (30 TAB PACK)... 86		edetate calcium disodium... 168
DORYX MPC... 25		

EDLUAR... 185	ELITEK... 52	ENDOMETRIN... 140
EDURANT PED... 72	ELIXOPHYLLIN... 179	ENFLONSIA... 168
EDURANT... 72	ELLENCE... 52	ENGERIX-B (PF)... 153
efavirenz-emtricitabin-tenofov... 72	ELMIRON... 133	ENGERIX-B PEDIATRIC (PF)... 153
efavirenz-lamivu-tenofov disop... 72	ELREXFIO... 52	ENHERTU... 52
efavirenz... 72	eluryng... 140	enilloring... 140
EFFEXOR XR... 38	ELYXYB... 168	ENJAYMO... 153
EFFIENT... 86	ELZONRIS... 52	enoxaparin... 86
EFUDEX... 114	EMBLAVEO... 26	enpresse... 140
EGATEN... 64	EMCYT... 52	enskyce... 140
EGRIFTA SV... 136	EMEND (FOSAPREPITANT)... 42	ENSPRYNG... 173
EGRIFTA WR... 136	EMEND... 41, 42	ENSTILAR... 114
EKTERLY... 153	EMFLAZA... 134, 135	entacapone... 65
ELAHERE... 52	EMGALITY PEN... 47	entecavir... 73
ELAPRASE... 130	EMGALITY SYRINGE... 47	ENTRESTO SPRINKLE... 93
electrolyte-148... 120	EMPAVELI... 168	ENTRESTO... 93
electrolyte-48 in d5w... 121	EMPLICITI... 52	ENTYVIO PEN... 153
electrolyte-a... 121	EMRELIS... 52	ENTYVIO... 153
ELELYSO... 130	EMROSI... 26	enulose... 126
ELEPSIA XR... 32	EMSAM... 38	ENVARCUS XR... 153
ELESTRIN... 140	emtricita-rilpivirine-tenof df... 72	EOHILIA... 168
eletiptan... 46	emtricitabine-tenofov (tdf)... 73	EPANED... 94
ELEVIDYS... 130	emtricitabine... 72	EPCLUS... 73
ELFABRIO... 130	EMTRIVA... 73	EPIDIOLEX... 32
ELIDE... 114	emverm... 64	EPIDUO FORTE... 114
ELIGARD (3 MONTH)... 148	emzahh... 140	EPIDUO... 114
ELIGARD (4 MONTH)... 148	enalapril maleate... 93	EPIFOAM... 114
ELIGARD (6 MONTH)... 148	enalapril-hydrochlorothiazide... 93	epinastine... 173
ELIGARD... 148	enalaprilat... 93	epineph bitart in 0.9% sod chl... 94
ELIMITE... 114	ENBREL MINI... 153	epinephrine... 179
elinest... 140	ENBREL SURECLICK... 153	EPIPEN 2-PAK... 179
ELIQUIS DVT-PE TREAT 30D START... 86	ENDARI... 126	EPIPEN JR 2-PAK... 180
ELIQUIS... 86	endocet... 12	EPIPEN JR... 179
		EPIPEN... 179

epirubicin... 52	erythromycin lactobionate... 26	EVEKEO ODT... 105
epitol... 32	erythromycin with ethanol... 114	EVEKEO... 105
EPIVIR... 73	erythromycin-benzoyl peroxide... 114	EVENITY... 164
EPKINLY... 52	erythromycin... 26, 174	everolimus (antineoplastic)... 53
eplerenone... 94	ESBRIET... 180	everolimus (immunosuppressive)... 153
EPOGEN... 86	escitalopram oxalate... 39	EVISTA... 140
epoprostenol... 180	ESGIC... 168	EVKEEZA... 94
EPRONTIA... 32	eslicarbazepine... 32	EVOCLIN... 114
eprosartan... 94	esmolol in nacl (iso-osm)... 94	EVOMELA... 53
EPSOLAY... 114	esmolol... 94	EVOTAZ... 73
eptifibatide... 86	esomeprazole magnesium... 126	EVOXAC... 110
EPYSQLI... 153	esomeprazole sodium... 126	EVRYSDI... 130
EPZICOM... 73	estarrylla... 140	EXELDERM... 44
EQUETRO... 32	estazolam... 185	EXELON PATCH... 37
ERAXIS(WATER DILUENT)... 43	ESTRACE... 140	exemestane... 53
ERBITUX... 52	estradiol valerate... 140	exenatide... 79
ergoloid... 37	estradiol-norethindrone acet... 140	EXFORGE HCT... 94
ERGOMAR... 47	estradiol... 140	EXFORGE... 94
ergotamine-caffeine... 47	ESTRING... 140	EXJADE... 121
eribulin... 52	eszopiclone... 185	EXKIVITY... 53
ERIVEDGE... 52	ethacrynat e sodium... 94	EXPAREL (PF)... 19
ERLEADA... 52, 53	ethacrynic acid... 94	EXSERVAN... 105
erlotinib... 53	ethambutol... 48	EXTAVIA... 105
ERMEZA... 147	ethosuximide... 32	EXTINA... 44
errin... 140	ethynodiol diac-eth estradiol... 140	EYSUVIS... 174
ERTACZO... 44	etodolac... 12	EZALLOR SPRINKLE... 94
ertapenem... 26	etonogestrel-ethinyl estradiol... 140	ezetimibe-rosuvastatin... 94
ery pads... 114	etoposide... 53	ezetimibe-simvastatin... 94
ERY-TAB... 26	etravirine... 73	ezetimibe... 94
ERYGEL... 114	EUCRISA... 114	F
ERYPED 200... 26	EULEXIN... 53	FABHALTA... 153
ERYPED 400... 26	EURAX... 114	FABIOR... 114
ERYTHROCIN (AS STEARATE)... 26	EVAMIST... 140	FABRAZYME... 130
ERYTHROCIN... 26		falmina (28)... 141
erythromycin ethylsuccinate... 26		

famciclovir... 73	FERRIPROX (2 TIMES A DAY)... 121	FLOLIPID... 95
famotidine (pf)-nacl (iso-os)... 126	FERRIPROX... 121	FLOMAX... 133
famotidine (pf)... 126	fesoterodine... 133	fluxuridine... 53
famotidine... 126	FETROJA... 26	fluconazole in nacl (iso-osm)... 44
FANAPT TITRATION PACK A... 68	FETZIMA... 39	fluconazole... 44
FANAPT TITRATION PACK B... 68	FEXMID... 184	flucytosine... 44
FANAPT TITRATION PACK C... 68	FIASP FLEXTOUCH U-100 INSULIN...	fludarabine... 53
FANAPT... 68	79	fludrocortisone... 135
FARESTON... 53	FIASP PENFILL U-100 INSULIN... 79	FLUMADINE... 73
FARXIGA... 79	FIASP U-100 INSULIN... 79	flumazenil... 168
FASENRA PEN... 180	FIBRICOR... 94	flunisolide... 180
FASENRA... 180	fidaxomicin... 26	fluocinolone acetonide oil... 177
FASLODEX... 53	FILSPARI... 168	fluocinolone and shower cap... 114
febuxostat... 46	FILSUVEZ... 168	fluocinolone... 114
feirza... 141	FINACEA... 114	fluocinonide-e... 115
felbamate... 32	finasteride... 133	fluocinonide-emollient... 115
FELBATOL... 32	fingolimod... 105	fluocinonide... 114
FELDENE... 12	FINTEPLA... 32	fluorometholone... 174
felodipine... 94	finzala... 141	FLUOROPLEX... 115
FEMARA... 53	FIORICET WITH CODEINE... 168	fluorouracil... 53, 115
FEMLYV... 141	fioricet... 168	fluoxetine... 39
FEMRING... 141	FIRAZYR... 153	fluphenazine decanoate... 68
fenofibrate micronized... 94	FIRDAPSE... 105	fluphenazine hcl... 68
fenofibrate nanocrystallized... 94	FIRMAGON KIT W DILUENT	flurandrenolide... 115
fenofibrate... 94	SYRINGE... 148	flurazepam... 185
fenofibric acid (choline)... 94	FIRMAGON... 148	flurbiprofen sodium... 174
fenofibric acid... 94	FIRVANQ... 26	flurbiprofen... 13
FENOGLIDE... 94	flac otic oil... 177	fluticasone propion-salmeterol...
fenoprofen... 13	FLAGYL... 26	180
fenopron... 13	FLAREX... 174	fluticasone propionate... 115, 180
FENSOLVI... 148	flavoxate... 133	fluvastatin... 95
fentanyl citrate (pf)... 13	FLEBOGAMMA DIF... 153	fluvoxamine... 39
fentanyl citrate... 13	flecainide... 95	FML FORTE... 174
fentanyl... 13	FLECTOR... 13	FML LIQUIFILM... 174
FENTORA... 13	FLEQSUVY... 71	FOCALIN XR... 106

FOCALIN...	105	FYLNETRA...	86	gemmily...	141
FOCINVEZ...	42	<b>G</b>		GEMTESA...	133
FOLOTYN...	53	gabapentin...	32, 106	generlac...	126
fomepizole...	168	GABARONE...	32	gengraf...	154
fondaparinux...	86	GALAFOLD...	130	GENOTROPIN MINIQUICK...	136
FORFIVO XL...	39	galantamine...	37	GENOTROPIN...	136
formoterol fumarate...	180	galbriela...	141	gentamicin in nacl (iso-osm)...	27
FORTEO...	164	gallifrey...	141	gentamicin sulfate (ped) (pf)...	27
FORTESTA...	141	GAMASTAN...	153	gentamicin...	26, 174
FOSAMAX PLUS D...	164	GAMIFANT...	153	GENVOYA...	73
FOSAMAX...	164	GAMMAGARD LIQUID...	153	GEODON...	68
fosamprenavir...	73	GAMMAGARD S-D (IGA < 1		GILENYA...	106
fosaprepitant...	42	MCG/ML)...	153	GILOTRIF...	53
foscarnet...	73	GAMMAKED...	153	GIMOTI...	42
fosfomycin tromethamine...	26	GAMMAPLEX (WITH SORBITOL)...		GIVLAARI...	168
fosinopril-hydrochlorothiazide...	95	153		GLASSIA...	130
fosinopril...	95	GAMMAPLEX...	153	glatiramer...	106
fosphenytoin...	32	GAMUNEX-C...	153, 154	glatopa...	106
FOTIVDA...	53	ganciclovir sodium...	73	GLEEVEC...	54
FRAGMIN...	86	GARDASIL 9 (PF)...	154	GLEOSTINE...	54
FRINDOVYX...	53	GASTROCROM...	180	glimepiride...	79
FROVA...	47	gatifloxacin...	174	glipizide-metformin...	79
frovatriptan...	47	GATTEX 30-VIAL...	126	glipizide...	79
FRUZAQLA...	53	GATTEX ONE-VIAL...	126	GLOPERBA...	46
FULPHILA...	86	GAUZE BANDAGE...	168	GLUCAGEN HYPOKIT...	79
fulvestrant...	53	GAUZE PAD...	168	GLUCAGON (HCL) EMERGENCY KIT...	
FULVICIN P/G...	44	gavilyte-c...	126	79	
FURADANTIN...	26	gavilyte-g...	126	glucagon emergency kit (human)...	
FUROSCIX...	95	gavilyte-n...	126	80	
furosemide...	95	GAVRETO...	53	GLUCOTROL XL...	80
FUSILEV...	53	GAZYVA...	53	GLUMETZA...	80
FUZEON...	73	gefitinib...	53	glutamine (sickle cell)...	126
FYARRO...	53	GELNIQUE...	133	glyburide micronized...	80
fyavolv...	141	gemcitabine...	53	glyburide-metformin...	80
FYCOMPA...	32	gemfibrozil...	95	glyburide...	80

GLYCATE... 126	hailey fe 1/20 (28)... 141	HORIZANT... 106
GLYCOPHOS... 121	hailey... 141	HULIO(CF) PEN... 154
glycopyrrolate (pf) in water... 127	HALAVEN... 54	HULIO(CF)... 154
glycopyrrolate (pf)... 126	halcinonide... 115	HUMALOG JUNIOR KWIKPEN
glycopyrrolate... 126	HALCION... 185	U-100... 80
glydo... 19	HALDOL DECANOATE... 68	HUMALOG KWIKPEN INSULIN... 80
GLYNASE... 80	halobetasol propionate... 115	HUMALOG MIX 50-50 INSULN
GLYXAMBI... 80	haloette... 141	U-100... 80
GOCOVRI... 65	HALOG... 115	HUMALOG MIX 50-50 KWIKPEN... 80
GOLYTELY... 127	haloperidol decanoate... 68	HUMALOG MIX 75-25 KWIKPEN... 80
GOMEKLI... 54	haloperidol lactate... 68	HUMALOG MIX
GONITRO... 95	haloperidol... 68	75-25(U-100)INSULN... 80
GRAFAPEX... 54	HARLIKU... 130	HUMALOG TEMPO
GRALISE... 106	HARVONI... 73	PEN(U-100)INSULN... 80
granisetron (pf)... 42	HAVRIX (PF)... 154	HUMALOG U-100 INSULIN... 80
granisetron hcl... 42	heather... 141	HUMATIN... 27
GRANIX... 86, 87	HECTOROL... 164	HUMATROPE... 137
GRASTEK... 180	HEMABATE... 137	HUMIRA PEN... 154
griseofulvin microsize... 44	HEMADY... 135	HUMIRA(CF) PEDI CROHNS
griseofulvin ultramicrosize... 44	HEMANGEOL... 95	STARTER... 154
guanfacine... 95, 106	HEMICLOR... 95	HUMIRA(CF) PEN CROHNS-UC-HS...
GVOKE HYPOPEN 1-PACK... 80	heparin (porcine)... 87	154
GVOKE HYPOPEN 2-PACK... 80	heparin, porcine (pf)... 87	HUMIRA(CF) PEN PEDIATRIC UC...
GVOKE PFS 1-PACK SYRINGE... 80	HEPLISAV-B (PF)... 154	154
GVOKE PFS 2-PACK SYRINGE... 80	HEPSERA... 73	HUMIRA(CF) PEN PSOR-UV-ADOL
GVOKE... 80	HERCEPTIN HYLECTA... 54	HS... 154
gynazole-1... 44	HERCEPTIN... 54	HUMIRA(CF) PEN... 154
<b>H</b>		
HADLIMA PUSHTOUCH... 154	HERNEXEOS... 54	HUMIRA(CF)... 154
HADLIMA(CF) PUSHTOUCH... 154	HERZUMA... 54	HUMIRA... 154
HADLIMA(CF)... 154	HETLIOZ LQ... 185	HUMULIN 70/30 U-100 INSULIN...
HADLIMA... 154	HETLIOZ... 185	80
HAEGARDA... 154	HIBERIX (PF)... 154	HUMULIN 70/30 U-100 KWIKPEN...
hailey 24 fe... 141	HIPREX... 27	80
hailey fe 1.5/30 (28)... 141	HIZENTRA... 154	HUMULIN N NPH INSULIN
		KWIKPEN... 80

HUMULIN N NPH U-100 INSULIN... 80	HYRIMOZ PEN PSORIASIS STARTER... 155	ILUMYA... 155 IMAAVY... 155
HUMULIN R REGULAR U-100 INSULN... 80	HYRIMOZ PEN... 155	imatinib... 54
HUMULIN R U-500 (CONC) INSULIN... 80	HYRIMOZ(CF) PEDI CROHN STARTER... 155	IMBRUVICA... 54
HUMULIN R U-500 (CONC) KWIKPEN... 81	HYRIMOZ(CF) PEN... 155	IMDELLTRA... 54
HYCAMTIN... 54	HYRIMOZ(CF)... 155	IMFINZI... 55
hydralazine... 95	HYRIMOZ... 155	imipenem-cilastatin... 27
HYDREA... 54	HYSINGLA ER... 14	imipramine hcl... 39
hydrochlorothiazide... 95	HYZAAR... 95	imipramine pamoate... 39
hydrocodone bitartrate... 13	I	imiquimod... 116
hydrocodone-acetaminophen... 13	ibandronate... 164	IMITREX STATDOSE PEN... 47
hydrocodone-ibuprofen... 13	IBRANCE... 54	IMITREX STATDOSE REFILL... 47
hydrocortisone acetate... 135	IBSRELA... 127	IMITREX... 47
hydrocortisone butyr-emollient... 115	IBTROZI... 54	IMJUDO... 55
hydrocortisone butyrate... 115	ibu... 14	IMKELDI... 55
hydrocortisone sod succinate... 135	ibuprofen-famotidine... 14	IMLYGIC... 55
hydrocortisone valerate... 116	ibuprofen... 14	IMMPHENITIV... 95
hydrocortisone-acetic acid... 177	ibutilide fumarate... 95	IMOGRAM RABIES-HT (PF)... 155
hydrocortisone... 115, 163	icatibant... 155	IMOVA RABIES VACCINE (PF)... 155
hydromorphone (pf)... 14	iclevia... 141	IMPAVIDO... 64
HYDROMORPHONE... 13, 14	ICLUSIG... 54	IMURAN... 155
hydroxychloroquine... 64	IDACIO(CF) PEN CROHN-UC STARTR... 155	IMVEXXY MAINTENANCE PACK... 141
hydroxyurea... 54	IDACIO(CF) PEN PSORIASIS START... 155	IMVEXXY STARTER PACK... 141
hydroxyzine hcl... 78	IDACIO(CF) PEN... 155	INBRIJA... 65
hydroxyzine pamoate... 180	IDAMYCIN PFS... 54	incassia... 141
HYFTOR... 116	idarubicin... 54	INCONTROL ALCOHOL PADS... 168
HYPERRAB (PF)... 154	IDHIFA... 54	INCRELEX... 137
HYPERTET (PF)... 155	IFEX... 54	INCINUE ELLIPTA... 180
HYRIMOZ PEN CROHN'S-UC STARTER... 155	ifosfamide... 54	indapamide... 95
	IGALMI... 168	INDERAL LA... 95
	ILEVRO... 174	INDOCIN... 14
		indomethacin sodium... 14
		indomethacin... 14
		INFANRIX (DTAP) (PF)... 155

INFLECTRA... 155	INTUNIVER... 106	ISTALOL... 174
INFliximab... 155	INVEGA HAFYERA... 68	ISTODAX... 55
INFUGEM... 55	INVEGA SUSTENNA... 68	ISTURISA... 137
INFUMORPH P/F... 14	INVEGA TRINZA... 68	ISUPREL... 96
INGREZZA INITIATION	INVEGA... 68	ITOVEBI... 55
PK(TARDIV)... 106	INVELTYS... 174	itraconazole... 44
INGREZZA SPRINKLE... 106	INVOKAMET XR... 81	IV PREP WIPES... 169
INGREZZA... 106	INVOKAMET... 81	ivabradine... 96
INLYTA... 55	INVOKANA... 81	ivermectin... 64, 116
INNOPRAN XL... 95	INZIRQO... 95	IVRA... 55
INPEFA... 95	IONOSOL-MB IN D5W... 121	IWILFIN... 55
INQOVI... 55	IOPIDINE... 174	IXEMPRA... 55
INREBIC... 55	IPOL... 155	IXIARO (PF)... 155
INSPRA... 95	ipratropium bromide... 180	IFYUZEH (PF)... 174
INSULIN ASP PRT-INSULIN ASPART... 81	ipratropium-albuterol... 180	<b>J</b>
INSULIN ASPART U-100... 81	IQIRVO... 127	JADENU SPRINKLE... 121
INSULIN DEGLUDEC... 81	irbesartan-hydrochlorothiazide... 95	JADENU... 121
INSULIN GLARGINE U-300 CONC... 81	irbesartan... 95	jaimiess... 141
INSULIN GLARGINE-YFGN... 81	IRESSA... 55	JAKAFI... 55
INSULIN GLARGINE... 81	irinotecan... 55	JALYN... 133
INSULIN LISPRO	ISENTRESS HD... 74	jantoven... 87
PROTAMIN-LISPRO... 81	ISENTRESS... 73	JANUMET XR... 81
INSULIN LISPRO... 81	isibloom... 141	JANUMET... 81
INSULIN SYRINGE MICROFINE... 168	ISOLYTE S PH 7.4... 121	JANUVIA... 81
INSULIN SYRINGE-NEEDLE U-100... 168	ISOLYTE-P IN 5 % DEXTROSE... 121	JARDIANCE... 81
INSULIN SYRINGE... 168	ISOLYTE-S... 121	jasmiel (28)... 141
INSULIN U-500 SYRINGE-NEEDLE... 169	isoniazid... 48	JATENZO... 141
INTELENCE... 73	ISORDIL TITRADOSE... 96	javvytor... 130
INTRALIPID... 121	ISORDIL... 95	JAYPIRCA... 55
INTRAROSA... 141	isosorbide dinitrate... 96	jaythari... 135
introvale... 141	isosorbide mononitrate... 96	JEMPERLI... 55
	isosorbide-hydralazine... 96	jencycla... 141
	isotretinoin... 116	JENTADUETO XR... 81
	isradipine... 96	JENTADUETO... 81
		JEVTANA... 55

jintel... 141	kelnor 1/50 (28)... 142	KLOR-CON 10... 121
JOBEVNE... 55	KENALOG-80... 135	KLOR-CON 8... 121
JOENJA... 130	KENALOG... 135	klor-con m10... 121
jolessa... 141	KENGREAL... 87	KLOR-CON M15... 121
JORNAY PM... 106	KEPIVANCE... 110	klor-con m20... 121
JOURNAVX... 169	KEPPRA XR... 33	klor-con... 121
joyeaux... 141	KEPPRA... 32, 33	KLOXXADO... 21
JUBLIA... 44	KERENDIA... 96	KONVOMEП... 127
juleber... 141	KESIMPTA PEN... 106	KORLYM... 169
JULUCA... 74	ketoconazole... 44	KOSELUGO... 56
junel 1.5/30 (21)... 141	ketodan... 44	KOSHER PRENATAL PLUS IRON...
junel 1/20 (21)... 141	ketoprofen... 14	121
junel fe 1.5/30 (28)... 142	ketorolac... 14, 174	kourzeq... 110
junel fe 1/20 (28)... 142	KEVEYIS... 130	KRAZATI... 56
junel fe 24... 142	KEVZARA... 155	KRINTAFEL... 64
JUXTAPIД... 96	KEYTRUDA... 55	KRISTALOSE... 127
JYLAMVO... 155	KHAPZORY... 55	kurvelo (28)... 142
JYNARQUE... 121	KHINDIVI... 135	KUVAN... 130
JYNNEOS (PF)... 155	KIMMTRAK... 55	KYPROLIS... 56
<b>K</b>		
KABIVEN... 121	KIMYRSA... 27	<b>L</b>
KADCYLA... 55	KINERET... 156	l norgest/e.estradiol-e.estrad... 142
kaitlib fe... 142	KINRIX (PF)... 156	LABETALOL IN
KALETRA... 74	kionex (with sorbitol)... 121	DEXTROSE,ISO-OSM... 96
kalliga... 142	kiprofen... 14	LABETALOL IN NACL (ISO-OSMOT)... 96
KALYDECO... 180	KIRSTY PEN... 82	labetalol... 96
KANJINTI... 55	KIRSTY... 82	lacosamide... 33
KANUMA... 130	KISQALI FEMARA CO-PACK... 56	LACRISERT... 174
KAPSPARGO SPRINKLE... 96	KISQALI... 55, 56	lactated ringers... 121, 169
KAPVAY... 106	KITABIS PAK... 27	lactulose... 127
kariva (28)... 142	KLARON... 27	LAMICTAL ODT STARTER (BLUE)... 33
KATERZIA... 96	klayesta... 44	LAMICTAL ODT STARTER (GREEN)... 33
KAZANO... 81	KLISYRI (250 MG)... 116	LAMICTAL ODT STARTER (ORANGE)... 33
KEDRAB (PF)... 155	KLISYRI (350 MG)... 116	
kelnor 1/35 (28)... 142	KLONOPIN... 78	

LAMICTAL ODT... 33	ledipasvir-sofosbuvir... 74	levonorgestrel-ethinyl estrad... 142
LAMICTAL STARTER (BLUE) KIT... 33	leena 28... 142	LEVOPHED (BITARTRATE)... 96
LAMICTAL STARTER (GREEN) KIT... 33	leflunomide... 156	levora-28... 142
LAMICTAL STARTER (ORANGE) KIT... 33	LEMTRADA... 106	levorphanol tartrate... 15
LAMICTAL XR STARTER (BLUE)... 33	lenalidomide... 56	levothyroxine... 147
LAMICTAL XR STARTER (GREEN)... 33	LENVIMA... 56	LEVOXYL... 147
LAMICTAL XR STARTER (ORANGE)... 33	LEQSELVI... 156	LEVULAN... 56
LAMICTAL XR... 33	LEQVIO... 96	LEXAPRO... 39
LAMICTAL... 33	LESCOL XL... 96	LEXETTE... 116
lamivudine-zidovudine... 74	lessina... 142	LEXIVA... 74
lamivudine... 74	LETAIRIS... 180	LIALDA... 163
lamotrigine... 33, 34	letrozole... 56	LIBERVANT... 34
LAMPIT... 64	leucovorin calcium... 56	LIBTAYO... 56
LAMZEDE... 131	LEUKERAN... 56	LICART... 15
LANOXIN PEDIATRIC... 96	LEUKINE... 87	lidocaine (pf)... 19, 96
LANOXIN... 96	leuprolide (3 month)... 148	lidocaine hcl... 19
lanreotide... 148	leuprolide... 148	lidocaine in 5 % dextrose (pf)... 96
lansoprazole... 127	levalbuterol hcl... 180	lidocaine viscous... 19
LANTUS SOLOSTAR U-100 INSULIN... 82	levalbuterol tartrate... 180	lidocaine-epinephrine bit... 19
LANTUS U-100 INSULIN... 82	LEVEMIR FLEXPEN... 82	lidocaine-epinephrine... 19
lapatinib... 56	LEVEMIR U-100 INSULIN... 82	lidocaine-prilocaine... 19
larin 1.5/30 (21)... 142	levetiracetam in nacl (iso-os)... 34	lidocaine... 19
larin 1/20 (21)... 142	levetiracetam... 34	lidocan iii... 19
larin 24 fe... 142	LEVO-T... 147	lidocan iv... 19
larin fe 1.5/30 (28)... 142	levobunolol... 174	lidocan v... 19
larin fe 1/20 (28)... 142	levocarnitine (with sugar)... 121	LIDODERM... 19
LASIX... 96	levocarnitine... 121	lignospan standard... 20
latanoprost... 174	levocetirizine... 181	LINCOCIN... 27
LATUDA... 68	levofloxacin in d5w... 27	lincomycin... 27
LAYOLIS FE... 142	levofloxacin... 27, 174	lindane... 116
LAZCLUZE... 56	levoleucovorin calcium... 56	linezolid in dextrose 5%... 27
	levonest (28)... 142	linezolid-0.9% sodium chloride... 27
	levonorg-eth estrad triphasic... 142	linezolid... 27
	levonorgest-eth.estradiol-iron... 142	LINZESS... 127

liothyronine... 147, 148	LOPID... 97	LUNSUMIO... 57
LIPITOR... 96	lopinavir-ritonavir... 74	LUPKYNIS... 156
LIPOFEN... 96, 97	LOPRESSOR... 97	LUPRON DEPOT (3 MONTH)... 148
LIQREV... 181	LOPROX (AS OLAMINE)... 44	LUPRON DEPOT (4 MONTH)... 148
liraglutide... 82	LOQTORZI... 56	LUPRON DEPOT (6 MONTH)... 148
lisdexamfetamine... 106	lorazepam intensol... 78	LUPRON DEPOT-PED (3 MONTH)... 149
lisinopril-hydrochlorothiazide... 97	lorazepam... 78	LUPRON DEPOT-PED... 148, 149
lisinopril... 97	LORBRENA... 56	LUPRON DEPOT... 148
LITFULO... 156	LOREEV XR... 78	lurasidone... 69
lithium carbonate... 78	loryna (28)... 143	lurbipr... 15
lithium citrate... 78	LORZONE... 184	lurbiro... 15
LITHOBID... 78	losartan-hydrochlorothiazide... 97	lutera (28)... 143
LITHOSTAT... 169	losartan... 97	LUTRATE DEPOT (3 MONTH)... 149
LIVALO... 97	LOTEMAX SM... 174	LUXIQ... 116
LIVDELZI... 127	LOTEMAX... 174	LUZU... 44
LIVMARLI... 127	LOTENSIN HCT... 97	LYBALVI... 69
LIVTENCITY... 74	LOTENSIN... 97	lyleq... 143
LO LOESTRIN FE... 142	loteprednol etabonate... 174	lyllana... 143
lo-zumandimine (28)... 142	LOTREL... 97	LYNOZYFIC... 57
LOCOID LIPOCREAM... 116	LOTRONEX... 127	LYNPARZA... 57
LOCOID... 116	lovastatin... 97	LYRICA CR... 106
LODINE... 15	LOVAZA... 97	LYRICA... 106
LODOCOC... 97	LOVENOX... 87	LYSODREN... 57
LODOSYN... 65	low-ogestrel (28)... 143	LYTGEOBI... 57
LOESTRIN 1.5/30 (21)... 142	loxapine succinate... 68	LYUMJEV KWIKPEN U-100
LOESTRIN 1/20 (21)... 142	lubiprostone... 127	INSULIN... 82
LOESTRIN FE 1.5/30 (28-DAY)... 142	LUCEMYRA... 21	LYUMJEV KWIKPEN U-200
LOESTRIN FE 1/20 (28-DAY)... 142	luliconazole... 44	INSULIN... 82
lofena... 15	LUMAKRAS... 56, 57	LYUMJEV TEMPO
lofexidine... 21	LUMIGAN... 174	PEN(U-100)INSULN... 82
lojaimiess... 142	LUMIZYME... 131	LYUMJEV U-100 INSULIN... 82
LOKELMA... 121	LUMRYZ STARTER PACK... 186	LYVISPAH... 71
LOMOTIL... 127	LUMRYZ... 185	lyza... 143
LONSURF... 56	LUNESTA... 186	
loperamide... 127		

M

M-M-R II (PF)... 156	MAXALT... 47	MEPRON... 64
m-natal plus... 122	MAXIDEX... 174	MEPSEVII... 131
MACROBID... 27	MAXITROL... 174	mercaptopurine... 57
MACRODANTIN... 27	MAXZIDE-25MG... 97	MERILOG SOLOSTAR... 82
mafенide acetate... 116	MAXZIDE... 97	MERILOG... 82
magnesium sulfate in d5w... 122	MAYZENT STARTER(FOR 1MG	meropenem-0.9% sodium
magnesium sulfate in water... 122	MAINT)... 107	chloride... 27
magnesium sulfate... 122	MAYZENT STARTER(FOR 2MG	meropenem... 27
MALARONE PEDIATRIC... 64	MAINT)... 107	merzee... 143
MALARONE... 64	MAYZENT... 107	mesalamine... 163
malathion... 116	meclizine... 42	mesna... 57
mannitol 20 %... 97	meclofenamate... 15	MESNEX... 57
mannitol 25 %... 97	MEDROL (PAK)... 135	MESTINON TIMESSPAN... 48
maraviroc... 74	MEDROL... 135	MESTINON... 48
MARCAINE (PF)... 20	medroxyprogesterone... 143	METADATE CD... 107
MARCAINE SPINAL (PF)... 20	mefenamic acid... 15	metadate er... 107
MARCAINE-EPINEPHRINE (PF)... 20	mefloquine... 64	metaxalone... 185
MARCAINE-EPINEPHRINE... 20	megestrol... 143	metformin... 82
MARCAINE... 20	MEKINIST... 57	methadone intensol... 15
MARGENZA... 57	MEKTOVI... 57	methadone... 15
MARINOL... 42	meleya... 143	METHADOSE... 15
marlissa (28)... 143	meloxicam submicronized... 15	methamphetamine... 107
MARPLAN... 39	meloxicam... 15	methazolamide... 174
MATULANE... 57	melphalan hcl... 57	methenamine hippurate... 27
matzim la... 97	melphalan... 57	methimazole... 149
MAVENCLAD (10 TABLET PACK)... 106	memantine... 37	METHITEST... 143
MAVENCLAD (4 TABLET PACK)... 106	MENACTRA (PF)... 156	methocarbamol... 185
MAVENCLAD (5 TABLET PACK)... 107	MENEST... 143	methotrexate sodium (pf)... 156
MAVENCLAD (6 TABLET PACK)... 107	MENOSTAR... 143	methotrexate sodium... 156
MAVENCLAD (7 TABLET PACK)... 107	MENQUADFI (PF)... 156	methoxsalen... 116
MAVENCLAD (8 TABLET PACK)... 107	MENVEO A-C-Y-W-135-DIP (PF)... 156	methscopolamine... 127
MAVENCLAD (9 TABLET PACK)... 107	meperidine (pf)... 15	methylsuximide... 34
Mavyret... 74	meperidine... 15	methyldopa-hydrochlorothiazide... 97
MAXALT-MLT... 47	meprobamate... 78	methyldopa... 97

methyldopate... 97	microgestin 1/20 (21)... 143	modafinil... 186
methylergonovine... 169	microgestin fe 1.5/30 (28)... 143	MODD1 PATIENT WELCOME KIT...
METHYLIN... 107	microgestin fe 1/20 (28)... 143	169
methylphenidate hcl... 107	midodrine... 98	MODD1 SUPPLY KIT... 169
methylphenidate... 107	MIEBO (PF)... 174	MODEYSO... 57
methylprednisolone acetate... 135	mifepristone... 169	moexipril... 98
methylprednisolone sodium succ...	migergot... 47	molindone... 69
135	miglitol... 82	mometasone... 116, 181
methylprednisolone... 135	miglustat... 131	monodoxine nl... 28
methyltestosterone... 143	MIGRANAL... 47	MONJUVI... 156
metoclopramide hcl... 42	mili... 143	mono-linyah... 143
metolazone... 97	millipred dp... 135	montelukast... 181
metoprolol succinate... 97	millipred... 135	morgidox... 28
metoprolol ta-hydrochlorothiaz...	milrinone in 5 % dextrose... 98	morphine (pf)... 16
97	milrinone... 98	morphine concentrate... 16
metoprolol tartrate... 97	mimvey... 143	morphine... 15, 16
METRO I.V.... 27	MINASTRIN 24 FE... 143	MTEGRITY... 127
METROCREAM... 27	MINIVELLE... 143	MOTOFEN... 127
METROGEL... 27	MINOCIN... 28	MOTPOLY XR... 34
METROLOTION... 27	minocycline... 28	MOUNJARO... 82
metronidazole in nacl (iso-os)... 28	minoxidil... 98	MOVANTIK... 127
metronidazole... 27, 28	minzoya... 143	MOVIPREP... 127
metyrosine... 98	MIOSTAT... 174	moxifloxacin-sod.ace,sul-water...
mexiletine... 98	MIPLYFFA... 131	28
MIACALCIN... 164	MIRAPEX ER... 65	moxifloxacin-sod.chloride(iso)... 28
mibelas 24 fe... 143	MIRCERA... 87	moxifloxacin... 28, 174
MICAFUNGIN IN 0.9 % SODIUM	MIRENA... 169	MOZOBIL... 87
CHL... 44	mirtazapine... 39	MRESVIA (PF)... 156
micafungin... 44	MIRVASO... 116	MS CONTIN... 16
MICARDIS HCT... 98	misoprostol... 127	MULPLETA... 87
MICARDIS... 98	MITIGARE... 46	MULTAQ... 98
miconazole nitrate-zinc ox-pet... 44	mitigo (pf)... 15	mupirocin calcium... 116
miconazole-3... 45	mitomycin... 57	mupirocin... 116
micort-hc... 135	mitoxantrone... 57	MUTAMYCIN... 57
microgestin 1.5/30 (21)... 143		MVASI... 57

MYALEPT...	127	NANO PEN NEEDLE...	169	neomycin-polymyxin-gramicidin...
MYAMBUTOL...	48	NAPRELAN CR...	16	175
MYCAMINE...	45	NAPROSYN...	16	neomycin-polymyxin-hc...
MYCAPSSA...	149	naproxen sodium...	16, 17	175, 177
MYCOBUTIN...	48	naproxen-esomeprazole...	17	neomycin...
mycophenolate mofetil (hcl)...	156	naproxen...	16	28
mycophenolate mofetil...	156	naratriptan...	47	NEONATAL COMPLETE...
mycophenolate sodium...	156	NARCAN...	21	122
MYDAYIS...	107	NARDIL...	39	NEONATAL PLUS VITAMIN...
MYFEMBREE...	149	NAROPIN (PF)...	20	122
MYFORTIC...	156	NATACHEW (FE BIS-GLYCINATE)...		NEORAL...
MYHIBBIN...	156	122		156
MYLOTARG...	57	NATACYN...	175	NERLYNX...
MYRBETRIQ...	133	NATAZIA...	143	57
MYSOLINE...	34	nateglinide...	82	NESACAINE-MPF...
MYTESI...	127	NATROBA...	116	20
<b>N</b>				
nabumetone...	16	NAYZILAM...	34	NESACAINE...
nadolol...	98	nebivolol...	98	20
nafcillin in dextrose iso-osm...	28	NEBUPENT...	64	NESINA...
nafcillin...	28	necon 0.5/35 (28)...	143	82
naftifine...	45	nefazodone...	39	neuac...
NAFTIN...	45	NEFFY...	181	116
NAGLAZYME...	131	nelarabine...	57	NEULASTA ONPRO...
nalbuphine...	16	NEMLUVIO...	156	87
NALFON...	16	neo-polycin hc...	175	NEULASTA...
nalmefene...	21	neo-polycin...	175	87
nalocet...	16	NEO-SYNALAR...	116	NEUPOGEN...
naloxone...	21	neo-vital rx...	122	87
naltrexone...	21	neomycin-bacitracin-poly-hc...	175	NEUPRO...
NAMENDA TITRATION PAK...	37	neomycin-bacitracin-polymyxin...		65
NAMENDA XR...	37	175		NEURONTIN...
NAMENDA...	37	neomycin-polymyxin b gu...	169	34
NAMZARIC...	38	neomycin-polymyxin b-dexameth...		NEVANAC...
175				
NANO 2ND GEN PEN NEEDLE...				
169				

NICOTROL NS... 21	noreth-ethinyl estradiol-iron... 144	NOVOLIN R FLEXPEN... 83
NICOTROL... 21	norethindrone (contraceptive)... 144	NOVOLIN R REGULAR U100
nifedipine... 98	norethindrone ac-eth estradiol... 144	INSULIN... 83
nikki (28)... 144	norethindrone acetate... 144	NOVOLOG FLEXPEN U-100
NIKTIMVO... 156	norethindrone-e.estriadiol-iron... 144	INSULIN... 83
NILANDRON... 57	NORGESIC FORTE... 185	NOVOLOG MIX 70-30 U-100
nilotinib hcl... 57	norgesic... 185	INSULN... 83
nilotinib tartrate... 57	norgestimate-ethinyl estradiol... 144	NOVOLOG MIX 70-30FLEXPEN U-100... 83
nilutamide... 58	NORITATE... 28	NOVOLOG PENFILL U-100
nimodipine... 98	NORLIQVA... 99	INSULIN... 83
NINLARO... 58	NORMOSOL-M IN 5 % DEXTROSE... 122	NOVOPEN ECHO... 169
NIPENT... 58	NORPACE CR... 99	NOXAFIL... 45
nisoldipine... 98	NORPACE... 99	np thyroid... 148
nitazoxanide... 64	NORPRAMIN... 39	NUBEQA... 58
nitisinone... 131	NORTHERA... 99	NUCALA... 181
NITRO-BID... 99	nortrel 0.5/35 (28)... 144	NUCYNTA ER... 17
NITRO-DUR... 99	nortrel 1/35 (21)... 144	NUCYNTA... 17
nitrofurantoin macrocrystal... 28	nortrel 1/35 (28)... 144	NUEDEXTA... 107
nitrofurantoin monohyd/m-cryst... 28	nortrel 7/7/7 (28)... 144	NULIBRY... 131
nitrofurantoin... 28	nortriptyline... 39	NUPLAZID... 69
nitroglycerin in 5 % dextrose... 99	NORVASC... 99	NURTEC ODT... 47
nitroglycerin... 99, 169	NORVIR... 74	NUTRILIPID... 122
NITROLINGUAL... 99	NOURIANZ... 65	NUTROPIN AQ NUSPIN... 137
NITROSTAT... 99	NOVAREL... 137	NUVARING... 144
NITYR... 131	NOVOLIN 70-30 FLEXPEN U-100... 82	NUVIGIL... 186
NIVESTYM... 87	NOVOLIN 70/30 U-100 INSULIN... 82	NUZYRA... 28
nizatidine... 127	NOVOLIN N FLEXPEN... 82	nyamyc... 45
NOCDURNA (MEN)... 137	NOVOLIN N NPH U-100 INSULIN... 82	nylia 1/35 (28)... 144
NOCDURNA (WOMEN)... 137	norelgestromin-ethin.estriadiol... 144	nylia 7/7/7 (28)... 144
NORA-BE... 144	norepinephrine bitartrate... 99	NYMALIZE... 99
NORDITROPIN FLEXPRO... 137		nymyo... 144
norelgestromin-ethin.estriadiol... 144		nystatin-triamcinolone... 45

nystatin... 45	OLUMIANT... 156	OMNITROPE... 137
nystop... 45	OLUX-E... 116	OMVOH PEN... 157
NYVEPRIA... 87	OLUX... 116	OMVOH... 156
<b>O</b>		
OB COMPLETE ONE... 122	OMECLAMOX-PAK... 128	ONAPGO... 65
OB COMPLETE PETITE... 122	omega-3 acid ethyl esters... 99	ONCASPAR... 58
OB COMPLETE PREMIER... 122	OMEGAVEN... 122	ondansetron hcl (pf)... 42
OCALIVA... 127	omeprazole-sodium bicarbonate...	ondansetron hcl... 42
ocella... 144	128	ondansetron... 42
OCREVUS ZUNOVO... 108	omeprazole... 128	ONEXTON... 116
OCREVUS... 108	OMNARIS... 181	ONFI... 34
OCTAGAM... 156	OMNIPOD 5 (G6/LIBRE 2 PLUS)...	ONGENTYS... 65
octreotide acetate... 149	169	ONIVYDE... 58
octreotide,microspheres... 149	OMNIPOD 5 G6-G7 INTRO	ONPATTRO... 131
OCUFLOX... 175	KT(GEN5)... 169	ONTRUZANT... 58
ODACTRA... 181	OMNIPOD 5 G6-G7 PODS (GEN 5)...	ONUREG... 58
ODEFSEY... 74	169	ONYDA XR... 108
ODOMZO... 58	OMNIPOD 5	ONZETRA XSAIL... 47
OFEV... 181	INTRO(G6/LIBRE2PLUS)... 169	OPDIVO QVANTIG... 58
ofloxacin... 28, 175, 177	OMNIPOD CLASSIC PODS (GEN 3)...	OPDIVO... 58
OGIVRI... 58	169	OPDUALAG... 58
OGSIVEO... 58	OMNIPOD DASH INTRO KIT (GEN	OPFOLDA... 131
OHTUVAYRE... 181	4)... 169	OPIPZA... 69
OJEMDA... 58	OMNIPOD DASH PODS (GEN 4)... 169	opium tincture... 128
OJJAARA... 58	OMNIPOD GO PODS 10 UNITS/DAY...	OPSUMIT... 181
olanzapine-fluoxetine... 39	169	OPSYNVI... 181
olanzapine... 69	OMNIPOD GO PODS 15 UNITS/DAY...	OPVEE... 21
OLINVYK... 17	169	OPZELURA... 116
olmesartan-amlodipin-hcthiazid... 99	OMNIPOD GO PODS 20 UNITS/DAY...	ORACEA... 28
olmesartan-hydrochlorothiazide... 99	169	oralone... 110
olmesartan... 99	OMNIPOD GO PODS 25 UNITS/DAY...	ORAPRED ODT... 135
olopatadine... 175, 181	169	ORBACTIV... 28
OLPRUVA... 131	OMNIPOD GO PODS 30 UNITS/DAY...	ORENCIA CLICKJECT... 157
	169	ORENCIA... 157
	OMNIPOD GO PODS 40 UNITS/DAY...	ORENITRAM MONTH 1 TITRATION
	169	KT... 181

ORENITRAM MONTH 2 TITRATION KT... 181	oxaprozin... 17 OXAYDO... 17	PALFORZIA (LEVEL 9)... 170 PALFORZIA INITIAL (4-17 YRS)... 170
ORENITRAM MONTH 3 TITRATION KT... 181	oxazepam... 78 oxcarbazepine... 34	PALFORZIA LEVEL 11 MAINTENANCE... 170
ORENITRAM... 181	OXERVATE... 175	paliperidone... 69
ORFADIN... 131	oxiconazole... 45	PALYNZIQ... 131
ORGOVYX... 58	OXISTAT... 45	PAMELOR... 39
ORIAHNN... 149	OXLUMO... 169	pamidronate... 164
ORLISSA... 149	OXTELLAR XR... 34	PANCREAZE... 131
ORKAMBI... 181	oxybutynin chloride... 133	PANDEL... 117
ORLADEYO... 157	oxycodone-acetaminophen... 17	PANRETIN... 58
ORLYNVAH... 28	oxycodone... 17	pantoprazole in 0.9% sod chlor... 128
ormalvi... 131	OXYCONTIN... 17	pantoprazole... 128
orphenadrine citrate... 185	oxymorphone... 17	PANZYGA... 157
orphenadrine-asa-caffeine... 185	oxytocin... 169	paraplatin... 58
orphengesic forte... 185	OXYTROL... 133	paricalcitol... 164
orquidea... 144	OZEMPIC... 83	PARLODEL... 66
ORSERDU... 58	OZOBAX DS... 71	PARNATE... 39
ORTIKOS... 163	OZOBAX... 71	paroxetine hcl... 39, 40
oseltamivir... 74	<b>P</b>	paroxetine mesylate(menop.sym)... 40
OSENI... 83	PACERONE... 100	PATANASE... 181
OSMITROL 10 %... 99	paclitaxel protein-bound... 58	PAXIL CR... 40
OSMITROL 15 %... 99	paclitaxel... 58	PAXIL... 40
OSMITROL 20 %... 99	PADCEV... 58	PAXLOVID... 74, 75
OSMITROL 5 %... 99	PALFORZIA (LEVEL 1)... 170	pazopanib... 58
OSMOLEX ER... 65	PALFORZIA (LEVEL 10)... 170	PEDIAPRED... 135
OSPHENA... 144	PALFORZIA (LEVEL 11 UP-DOSE)... 170	PEDIARIX (PF)... 157
OTEZLA STARTER... 117	PALFORZIA (LEVEL 2)... 170	PEDMARK... 59
OTEZLA... 116	PALFORZIA (LEVEL 3)... 170	PEDVAX HIB (PF)... 157
OTREXUP (PF)... 157	PALFORZIA (LEVEL 4)... 170	peg 3350-electrolytes... 128
OTULFI... 157	PALFORZIA (LEVEL 5)... 170	peg-electrolyte soln... 128
OVIDE... 117	PALFORZIA (LEVEL 6)... 170	
oxacillin in dextrose(iso-osm)... 28	PALFORZIA (LEVEL 7)... 170	
oxacillin... 28	PALFORZIA (LEVEL 8)... 170	
oxaliplatin... 58		

peg3350-sod sul-nacl-kcl-asb-c...	perphenazine... 69	pirfenidone... 181, 182
128	PERSERIS... 69	piroxicam... 18
PEGASYS... 157	PERTZYE... 131	pitavastatin calcium... 100
PEMAZYRE... 59	pfizerpen-g... 29	PITOCIN... 170
pemetrexed disodium... 59	PHEBURANE... 131	PLAQUENIL... 64
pemetrexed... 59	phenazopyridine... 170	PLASMA-LYTE 148... 122
PEMRYDI RTU... 59	phenelzine... 40	PLASMA-LYTE A... 122
PEN NEEDLE, DIABETIC... 170	PHENERGAN... 42	PLAVIX... 87
PENBRAYA (PF)... 157	phenobarbital sodium... 35	PLEGRIDY... 108
penciclovir... 75	phenobarbital... 34	PLENAMINE... 122
penicillamine... 122	phenoxybenzamine... 100	PLENU... 128
penicillin g pot in dextrose... 28	phenylephrine hcl... 100	plerixafor... 87
penicillin g potassium... 28	PHENYTEK... 35	PLIAGLIS... 20
penicillin g sodium... 28	phenytoin sodium extended... 35	pnv-dha... 122
penicillin v potassium... 28, 29	phenytoin sodium... 35	pnv-omega... 122
PENMENVY MEN A-B-C-W-Y (PF)...	phenytoin... 35	podofilox... 117
157	PHESGO... 59	POKONZA... 122
PENNSAID... 17, 18	PHEXXI... 170	POLIVY... 59
PENTACEL (PF)... 157	philith... 144	polocaine-mpf... 20
PENTAM... 64	PHOSPHOLINE IODIDE... 175	polocaine... 20
pentamidine... 64	PHYSIOLYTE... 170	polycin... 175
PENTASA... 163	PHYSIOSOL IRRIGATION... 170	polymyxin b sulf-trimethoprim...
pentazocine-naloxone... 18	PIASKY... 157	175
pentobarbital sodium... 34	PIFELTRO... 75	polymyxin b sulfate... 29
pentoxifylline... 100	pilocarpine hcl... 110, 175	POMALYST... 59
pepcid... 128	pimecrolimus... 117	POMBILITI... 131
perampanel... 34	pimozide... 69	PONVORY 14-DAY STARTER PACK...
PERCOCET... 18	pimtrea (28)... 144	108
PERFOROMIST... 181	pindolol... 100	PONVORY... 108
PERIKABIVEN... 122	pioglitazone-glimepiride... 83	portia 28... 144
perindopril erbumine... 100	pioglitazone-metformin... 83	PORTRAZZA... 59
periogard... 110	pioglitazone... 83	posaconazole... 45
PERJETA... 59	piperacillin-tazobactam... 29	potassium acetate... 122
permethrin... 117	PIQRAY... 59	potassium chlorid-d5-0.45%nacl...
perphenazine-amitriptyline... 40		122

potassium chloride in 0.9%nacl... 123	prednisone... 135	PRIVIGEN... 157
potassium chloride in 5 % dex... 123	PREFEST... 144	PRO COMFORT ALCOHOL PADS... 170
potassium chloride in lr-d5... 123	pregabalin... 108	PROAIR DIGIHALER... 182
potassium chloride in water... 123	PREGNYL... 137	PROAIR RESPICLICK... 182
potassium chloride-0.45 % nacl... 123	PREMARIN... 144, 145	probencid-colchicine... 46
potassium chloride-d5-0.2%nacl... 123	PREMASOL 10 %... 123	probencid... 46
potassium chloride-d5-0.9%nacl... 123	PREMPHASE... 145	procainamide... 100
potassium chloride... 122, 123	PREMPRO... 145	PROCARDIA XL... 100
potassium citrate... 123	PRENATA... 123	procentra... 108
POTELIGEO... 59	PRENATABS FA... 123	prochlorperazine edisylate... 42
pr natal 400 ec... 123	prenatal plus (calcium carb)... 123	prochlorperazine maleate... 42
pr natal 400... 123	prenatal plus dha... 123	prochlorperazine... 42
pr natal 430 ec... 123	prenatal plus vitamin-mineral... 123	PROCIT... 88
pr natal 430... 123	prenatal vitamin plus low iron... 123	procto-med hc... 117
PRADAXA... 88	prenatal-u... 123	PROCTOFOAM HC... 163
pralatrexate... 59	PRENATE ELITE... 123	proctosol hc... 117
PRALUENT PEN... 100	PRETOMANID... 48	proctozone-hc... 117
pramipexole... 66	PREVACID SOLUTAB... 128	PROCYSB... 131
prasugrel hcl... 88	PREVACID... 128	progesterone micronized... 145
pravastatin... 100	prevalite... 100	progesterone... 145
praziquantel... 64	PREVDUO... 170	PROGLYCEM... 83
prazosin... 100	PREVYMIS... 75	PROGRAF... 157
PRECOSE... 83	PREZCOBIX... 75	PROLASTIN-C... 131
PRED FORTE... 175	PREZISTA... 75	prolate... 18
PRED MILD... 175	PRIALT... 170	PROLENSA... 175
prednicarbate... 117	PRIFTIN... 49	PROLIA... 164
prednisolone acetate... 175	PRILOSEC... 128	PROMACTA... 88
prednisolone sodium phosphate... 135, 175	primaquine... 64	promethazine vc... 170
prednisolone... 135	PRIMAXIN IV... 29	promethazine-phenylephrine... 170
prednisolone intensol... 135	primidone... 35	promethazine... 42, 43
	primlev... 18	promethegan... 43
	PRIMSOL... 29	PROMETRIUM... 145
	PRIORIX (PF)... 157	propafenone... 100
	PRISTIQ... 40	proparacaine... 175

propranolol-hydrochlorothiazide... 100	QELBREE... 108 QINLOCK... 59	RAPAFLO... 133 RAPAMUNE... 158
propranolol... 100	QNDSL... 182	rasagiline... 66
propylthiouracil... 149	QTERN... 83	RASUVO (PF)... 158
PROQUAD (PF)... 157	QUADRACEL (PF)... 157, 158	RAVICTI... 132
PROSCAR... 133	QUARTETTE... 145	RAYALDEE... 164
PROSOL 20 %... 123	QUDEXY XR... 35	RAYOS... 135
protamine... 170	QUESTRAN LIGHT... 100	REBIF (WITH ALBUMIN)... 108
PROTONIX... 128	QUESTRAN... 100	REBIF REBIDOSE... 108
protriptyline... 40	quetiapine... 69	REBIF TITRATION PACK... 108
PROVERA... 145	QUILLICHEW ER... 108	REBLOZYL... 88
PROVIGIL... 186	QUILLIVANT XR... 108	REBYOTA... 128
PROZAC... 40	quinapril-hydrochlorothiazide... 100	RECARBRI... 29
prucalopride... 128	quinapril... 100	RECLAST... 164
PRUDOXIN... 117	quinidine gluconate... 100	reclipsen (28)... 145
pruradik... 117	quinidine sulfate... 100	RECOMBIVAX HB (PF)... 158
PULMICORT FLEXHALER... 182	quinine sulfate... 64	RECORLEV... 149
PULMICORT... 182	QULIPTA... 47	RECTIV... 170
PULMOZYME... 182	QUTENZA... 170	REDITREX (PF)... 158
PURE COMFORT ALCOHOL PADS... 170	QUVIVIQ... 186	REGLAN... 43
PURIXAN... 59	QUZYTIR... 182	REGONOL... 48
PYLERA... 128	QVAR REDIHALER... 182	REGRANEX... 117
pyrazinamide... 49	<b>R</b>	RELAFEN DS... 18
PYRIDIUM... 170	RABAVERT (PF)... 158	RELENZA DISKHALER... 75
pyridostigmine bromide... 48	rabeprazole... 128	RELEUKO... 88
pyrimethamine... 64	RADICAVA ORS STARTER KIT SUSP... 108	RELEXXII... 108
PYRUKYND... 132	RADICAVA ORS... 108	RELISTOR... 128
PYZCHIVA AUTOINJECTOR... 157	RADICAVA... 108	RELPAX... 47
PYZCHIVA... 157	RAGWITEK... 182	RELTONE... 128
<b>Q</b>	RALDESY... 40	REMERON SOLTAB... 40
QALSODY... 108	raloxifene... 145	REMERON... 40
QBRELIS... 100	ramelteon... 186	REMICADE... 158
QBREXA... 117	ramipril... 100	REMODULIN... 182
QDOLO... 18	ranolazine... 100	RENACIDIN... 170

RENFLEXIS... 158	rifampin... 49	ropivacaine (pf)... 20
repaglinide... 83	RILUTEK... 108	rosadan... 29
REPATHA PUSHTRONEX... 100	riluzole... 108	rosuvastatin... 101
REPATHA SURECLICK... 101	rimantadine... 75	rosyrah... 145
REPATHA SYRINGE... 101	RIMSO-50... 171	ROTARIX... 158
RESTASIS MULTIDOSE... 175	ringer's... 123, 171	ROTATEQ VACCINE... 158
RESTASIS... 175	RINVOQ LQ... 158	ROWASA... 163
RESTORIL... 186	RINVOQ... 158	roweepra xr... 35
RETACRIT... 88	RIOMET... 83	roweepra... 35
RETEVMO... 59	risedronate... 164	ROXICODONE... 18
RETIN-A MICRO PUMP... 117	RISPERDAL CONSTA... 70	ROXYBOND... 18
RETIN-A MICRO... 117	RISPERDAL... 69	ROZEREM... 186
RETIN-A... 117	risperidone... 70	ROZLYTREK... 60
RETROVIR... 75	RITALIN LA... 108, 109	RUBRACA... 60
REVATIO... 182	RITALIN... 108	RUCONEST... 159
REVCovi... 132	ritonavir... 75	rufinamide... 35
revonto... 71	RITUXAN HYCELA... 59	RUKOBIA... 75
REVUFORJ... 59	RITUXAN... 59	RUXIENCE... 60
REXULTI... 69	rivaroxaban... 88	RYALTRIS... 182
REYATAZ... 75	rivastigmine tartrate... 38	RYBELSUS... 83
REYVOW... 47	rivastigmine... 38	RYBREVANT... 60
REZDIFFRA... 171	rivelsa... 145	RYCLORA... 182
REZLIDHIA... 59	RIVFLOZA... 171	RYDAPT... 60
REZUROCK... 158	rizatriptan... 47	RYLAZE... 60
REZVOGLAR KWIKPEN... 83	ROBAXIN... 185	RYSTIGGO... 159
REZZAYO... 45	ROBINUL FORTE... 129	RYTARY... 66
RHOFADE... 117	ROBINUL... 129	RYTELO... 60
RHOPHYLAC... 158	ROCALTROL... 164	RYTHMOL SR... 101
RHOPRESSA... 175	ROCKLATAN... 175	RYVENT... 182
RIABNI... 59	roflumilast... 182	RYZNEUTA... 88
RIASTAP... 88	ROLVEDON... 88	<b>S</b>
ribavirin... 75, 171	romidepsin... 59	SABRIL... 35
RIDAURA... 158	ROMVIMZA... 60	sacubitril-valsartan... 101
rifabutin... 49	ropinirole... 66	SAFYRAL... 145
RIFADIN... 49		SAIZEN SAIZENPREP... 137

sajazir...	159	sensorcaine-epinephrine...	20	simvastatin...	101
SALAGEN (PILOCARPINE)...	110	sensorcaine-mpf spinal...	20	SINEMET...	66
SAMSCA...	123	SENSORCAINE-MPF...	20	SINGULAIR...	182
SANCUSO...	43	sensorcaine-mpf/epinephrine...	20	sirolimus...	159
SANDIMMUNE...	159	SENSORCAINE...	20	SIRTURO...	49
SANDOSTATIN LAR DEPOT...	149	SEPHIENCE...	132	sitagliptin-metformin...	83, 84
SANDOSTATIN...	149	SEREVENT DISKUS...	182	sitagliptin...	83
SANTYL...	117	SEROQUEL XR...	70	SIVEXTRO...	29
SAPHNELO...	159	SEROQUEL...	70	SKYCLARYS...	109
SAPHRIS...	70	SEROSTIM...	137	SKYRIZI...	159
sapropterin...	132	sertraline...	40	SKYTROFA...	137
SARCLISA...	60	setlakin...	145	SMOFLIPID...	124
SAVAYSA...	88	SEYSARA...	29	SOAANZ...	101
SAVELLA...	109	SEZABY...	35	sodium benzoate-sod phenylacet...	
saxagliptin-metformin...	83	SFROWASA...	163	171	
saxagliptin...	83	sharobel...	145	sodium bicarbonate...	124
SCEMBLIX...	60	SHINGRIX (PF)...	159	sodium chloride 0.45 %...	124
scopolamine base...	43	SIGNIFOR LAR...	149	sodium chloride 0.9 %...	124
se-natal 19 chewable...	123	SIGNIFOR...	149	sodium chloride 3 % hypertonic...	
SEASONIQUE...	145	SIKLOS...	171	124	
SECUADO...	70	sildenafil (pulm.hypertension)...	182	sodium chloride 5 % hypertonic...	
SEGLENTIS...	18	SILENOR...	186	124	
SEGLUROMET...	83	SILIQ...	159	sodium chloride...	124, 171
SELARSDI...	159	silodosin...	133	SODIUM EDECRIN...	101
SELECT-OB (FOLIC ACID)...	123	SILVADENE...	117	sodium oxybate...	186
SELECT-OB + DHA...	123	silver sulfadiazine...	117	sodium phenylbutyrate...	132
SELECT-OB...	123	SIMBRINZA...	175	sodium phosphate...	124
selegiline hcl...	66	SIMLANDI(CF) AUTOINJECTOR...		sodium polystyrene sulfonate...	124
selenium sulfide...	117	159		sodium,potassium,mag sulfates...	
SELZENTRY...	75	SIMLANDI(CF)...	159	129	
SEMGLEE(INSULIN		simliya (28)...	145	SOGROYA...	137
GLARG-YFGN)PEN...	83	simpesse...	145	SOHONOS...	171
SEMGLEE(INSULIN		SIMPONI ARIA...	159	solifenacin...	133
GLARGINE-YFGN)...	83	SIMPONI...	159	SOLIQUA 100/33...	84
SENSIPAR...	164	SIMULECT...	159	SOLIRIS...	159

SOLODYN...	29	STALEVO 100...	66	sulfamethoxazole-trimethoprim...
SOLOSEC...	29	STALEVO 125...	66	29
SOLTAMOX...	60	STALEVO 150...	66	SULFAMYLON...
SOLU-CORTEF ACT-O-VIAL (PF)...		STALEVO 200...	66	117, 118
136		STALEVO 50...	66	sulfasalazine...
SOLU-CORTEF...	136	STALEVO 75...	66	163
SOLU-MEDROL (PF)...	136	stavudine...	75, 76	sulindac...
SOLU-MEDROL...	136	STEGLATRO...	84	18
SOMA...	185	STEGLUJAN...	84	sumatriptan succinate...
SOMATULINE DEPOT...	149	STELARA...	159, 160	47
SOMAVERT...	149	STEQEYMA I.V....	160	sumatriptan-naproxen...
SOOLANTRA...	117	STEQEYMA...	160	47
sorafenib...	60	STIMUFEND...	88	sumatriptan...
SORILUX...	117	STIOLTO RESPIMAT...	182	47
sotalol af...	101	STIVARGA...	60	sunitinib malate...
sotalol...	101	STRATTERA...	109	60
SOTYKTU...	159	STRENSIQ...	132	SUNLENCA...
SOTYLIZE...	101	streptomycin...	29	76
SOVALDI...	75	STRIBILD...	76	SUNOSI...
SOVUNA...	64	STRIVERDI RESPIMAT...	183	186
SPEVIGO...	159	STROMECTOL...	64	SUPREP BOWEL PREP KIT...
spinosad...	117	SUBOXONE...	21	129
SPIRIVA RESPIMAT...	182	subvenite starter (blue) kit...	35	SURE COMFORT ALCOHOL PREP
SPIRIVA WITH HANDIHALER...	182	subvenite starter (green) kit...	35	PADS...
spironolacton-hydrochlorothiaz...		subvenite starter (orange) kit...	35	171
101		subvenite...	35	SURE-PREP ALCOHOL PREP PADS...
spironolactone...	101	SUCRAID...	132	171
SPORANOX...	45	sucralfate...	129	SUTAB...
sprintec (28)...	145	SUFLAVE...	129	129
SPRITAM...	35	SULAR...	101	SUTENT...
SPRIX...	18	sulfacetamide sodium (acne)...	29	syeda...
SPRYCEL...	60	sulfacetamide sodium...	29, 175	145
SPS (WITH SORBITOL)...	124	sulfacetamide-prednisolone...	175	SYLVANT...
sronyx...	145	sulfadiazine...	29	SYMBICORT...
SSD...	117			183
				SYMBRAVO...
				47
				SYMBYAX...
				40
				SYMDEKO...
				183
				SYMFILLO...
				76
				SYMFIL...
				76
				SYMLINPEN 120...
				84
				SYMLINPEN 60...
				84
				SYMPAZAN...
				35
				SYMPROIC...
				129
				SYMTUZA...
				76
				SYNAGIS...
				171
				SYNALAR...
				118
				SYNAREL...
				149
				SYNJARDY XR...
				84

SYNJARDY... 84	tarina fe 1/20 (28)... 145	temsirolimus... 61
SYNRIBO... 60	TARPEYO... 163	tencon... 171
SYNTHROID... 148	TASCENO ODT... 109	TENIVAC (PF)... 160
SYPRINE... 124	TASIGNA... 61	tenofovir disoproxil fumarate... 76
<b>T</b>	tasimelteon... 186	TENORETIC 100... 101
TABLOID... 60	TASMAR... 66	TENORETIC 50... 101
TABRECTA... 60	tavaborole... 45	TENORMIN... 101
TACLONEX... 118	TAVALISSE... 88	TEPADINA... 61
tacrolimus... 118, 160	TAVNEOS... 160	TEPEZZA... 171
tadalafil (pulm. hypertension)... 183	taysofy... 145	TEPMETKO... 61
tadalafil... 133	TAYTULLA... 145	TEPYLUTE... 61
TADLIQ... 183	tazarotene... 118	terazosin... 101
TAFINLAR... 60	tazicef... 29	terbinafine hcl... 45
tafluprost (pf)... 175	TAZORAC... 118	terbutaline... 183
TAGRISSO... 60	taztia xt... 101	terconazole... 45
TAKHZYRO... 160	TAZVERIK... 61	teriflunomide... 109
TALICIA... 129	TDVAX... 160	TESTIM... 145
TALTZ AUTOINJECTOR (2 PACK)... 160	TECENTRIQ HYBREZA... 61	testosterone cypionate... 146
TALTZ AUTOINJECTOR (3 PACK)... 160	TECENTRIQ... 61	testosterone enanthate... 146
TALTZ AUTOINJECTOR... 160	TECFIDERA... 109	testosterone... 145, 146
TALTZ SYRINGE... 160	TECVAYLI... 61	tetrabenazine... 109
TALVEY... 60	TEFLARO... 29	tetracycline... 29
TALZENNA... 60	TEGLUTIK... 109	TEVIMBRA... 61
TAMIFLU... 76	TEGRETOL XR... 35	TEXACORT... 118
tamoxifen... 60	TEGRETOL... 35	TEZRULY... 101
tamsulosin... 133	TEGSEDI... 132	TEZSPIRE... 160
tanlor... 185	TEKTURNA HCT... 101	THALITONE... 101
taperdex... 136	TEKTURNA... 101	THALOMID... 61
TARCEVA... 60, 61	telmisartan-amlodipine... 101	THAM... 124
TARGADOX... 29	telmisartan-hydrochlorothiazid... 101	THEO-24... 183
TARGETIN... 61	telmisartan... 101	theophylline... 183
tarina 24 fe... 145	temazepam... 186	THIOLA EC... 133
tarina fe 1-20 eq (28)... 145	TEMODAR... 61	THIOLA... 133
	TEMOVATE... 118	thioridazine... 70

thiotepa... 61	tobramycin-dexamethasone... 176	TRAVASOL 10 %... 124
thiothixene... 70	tobramycin... 29, 176	TRAVATAN Z... 176
THYMOGLOBULIN... 160	TOBREX... 176	travoprost... 176
THYQUIDITY... 148	tolcapone... 66	TRAZIMERA... 61
tiadylt er... 101, 102	tolectin 600... 18	trazodone... 40
tiagabine... 35	tolmetin... 18	TREANDA... 61
TIAZAC... 102	TOLSURA... 45	TRECATOR... 49
TIBSOVO... 61	tolterodine... 134	TRELEGY ELLIPTA... 183
ticagrelor... 88	tolvaptan (polycys kidney dis)... 124	TRELSTAR... 149
TICOVAC... 160	tolvaptan... 124	TREMFYA PEN INDUCTION
TIGAN... 43	TOPAMAX... 35, 36	PK-CROHN... 160
tigecycline... 29	TOPICORT... 118	TREMFYA PEN... 160
TIGLUTIK... 109	topiramate... 36	TREMFYA... 160
TIKOSYN... 102	topotecan... 61	treprostинil sodium... 183
tilia fe... 146	TOPROL XL... 102	TRESIBA FLEXTOUCH U-100... 84
timolol maleate (pf)... 176	toremifene... 61	TRESIBA FLEXTOUCH U-200... 84
timolol maleate... 102, 176	TORISEL... 61	TRESIBA U-100 INSULIN... 84
timolol... 175	torpenz... 61	tretinoин (antineoplastic)... 61
TIMOPTIC OCUDOSE (PF)... 176	torsemide... 102	tretinoин microspheres... 118
tinidazole... 29	TOSYMRA... 47	tretinoин... 118
tiopronin... 133	TOUJEO MAX U-300 SOLOSTAR... 84	TREXALL... 160
tirofiban-0.9% sodium chloride... 88	TOUJEO SOLOSTAR U-300	TREXIMET... 48
TIROSINT-SOL... 148	INSULIN... 84	TREZIX... 18
TIROSINT... 148	tovet emollient... 118	tri-estarylла... 146
TIVDAK... 61	TOVIAZ... 134	tri-legest fe... 146
TIVICAY PD... 76	TPN ELECTROLYTES... 124	tri-linyah... 146
TIVICAY... 76	TRACLEER... 183	tri-lo-estarylла... 146
tizanidine... 71	TRADJENTA... 84	tri-lo-marzia... 146
TLANDO... 146	tramadol-acetaminophen... 18	tri-lo-mili... 146
TOBI PODHALER... 183	tramadol... 18	tri-lo-sprintec... 146
TOBI... 29	trandolapril-verapamil... 102	tri-mili... 146
TOBRADEX ST... 176	trandolapril... 102	tri-nymyo... 146
TOBRADEX... 176	tranexamic acid... 88	tri-sprintec (28)... 146
tobramycin in 0.225 % nacl... 29	TRANSDERM-SCOP... 43	tri-vylibra lo... 146
tobramycin sulfate... 29, 30	tranylcypromine... 40	tri-vylibra... 146

triamcinolone acetonide...	110, 136	trospium...	134	TYVASO REFILL KIT...	183
triamterene-hydrochlorothiazid...		TRUDHESA...	48	TYVASO STARTER KIT...	183
102		TRUE COMFORT ALCOHOL PADS...		TYVASO...	183
triamterene...	102	171			<b>U</b>
trianex...	136	TRUE COMFORT PRO ALCOHOL		UBRELVY...	48
triazolam...	186	PADS...	171	UCERIS...	163
TRIBENZOR...	102	TRULANCE...	129	UDENYCA AUTOINJECTOR...	89
TRICARE...	124	TRULICITY...	84	UDENYCA ONBODY...	89
TRICOR...	102	TRUMENBA...	160	UDENYCA...	88
triderm...	136	TRUQAP...	61	ULORIC...	46
trientine...	124	TRUVADA...	76	ULTILET ALCOHOL SWAB...	171
trifluoperazine...	70	TRUXIMA...	62	ULTOMIRIS...	161
trifluridine...	176	TRYNGOLZA...	102	ULTRA-FINE INS SYR (HALF UNIT)...	
trihexyphenidyl...	66	TRYPTYR...	176	171	
TRIJARDY XR...	84	TRYVIO...	102	ULTRA-FINE INSULIN SYRINGE...	
TRIKAFTA...	183	TUDORZA PRESSAIR...	183	171	
TRILEPTAL...	36	TUKYSA...	62	ULTRA-FINE PEN NEEDLE...	171
TRILIPIX...	102	tulana...	146	ULTRAVATE...	118
trimethobenzamide...	43	TURALIO...	62	umeclidinium-vilanterol...	184
trimethoprim...	30	turqoz (28)...	146	UNASYN...	30
trimipramine...	40	TWINRIX (PF)...	160	UNDECATREX...	146
trinatal rx 1...	124	TWYNEO...	118	UNITHYROID...	148
TRINTELLIX...	40	TYBOST...	76	UNITUXIN...	62
TRIPTODUR...	149	tydemy...	146	UPLIZNA...	161
TRISENOX...	61	TYENNE AUTOINJECTOR...	161	UPTRAVI...	184
TRISTART DHA...	124	TYENNE...	161	UROCIT-K 10...	124
TRIUMEQ PD...	76	TYGACIL...	30	UROCIT-K 15...	124
TRIUMEQ...	76	TYKERB...	62	UROCIT-K 5...	124
trivora (28)...	146	TYMLOS...	164	UROXATRAL...	134
TRIZIVIR...	76	TYPHIM VI...	161	URSO 250...	129
TRODELVY...	61	TYRVAYA...	176	URSO FORTE...	129
TROGARZO...	76	TYSABRI...	109	ursodiol...	129
TROKENDI XR...	36	TYVASO DPI...	183	USTEKINUMAB-AEKN...	161
tromethamine...	124	TYVASO INSTITUTIONAL START		USTEKINUMAB-TTWE...	161
TROPHAMINE 10 %...	124	KIT...	183	USTEKINUMAB...	161

UZEDY... 70	VAQTA (PF)... 161	VERKAZIA... 176
V	varenicline tartrate... 21	VERQUVO... 103
V-GO 20... 171	VARIVAX (PF)... 161	VERSACLOZ... 70
V-GO 30... 171	VARIZIG... 161	VERZENIO... 62
V-GO 40... 171	VARUBI... 43	VESICARE LS... 134
VABOMERE... 30	VASCEPA... 102	VESICARE... 134
VAGIFEM... 146	VASERETIC... 102	vestura (28)... 146
valacyclovir... 76	VASOTEC... 102	VEVYE... 176
VALCHLOR... 62	VAXCHORA VACCINE... 161	VFEND IV... 46
VALCYTE... 76	vecamyl... 102	VFEND... 45, 46
valganciclovir... 76	VECTIBIX... 62	VIBATIV... 30
VALIUM... 78	VECTICAL... 118	VIBERZI... 129
valproate sodium... 36	VEGZELMA... 62	VIBRAMYCIN... 30
valproic acid (as sodium salt)... 36	VELCADE... 62	VICTOZA 2-PAK... 84
valproic acid... 36	VELETRI... 184	VICTOZA 3-PAK... 84
valrubicin... 62	velivet triphasic regimen (28)... 146	VIDAZA... 62
valsartan-hydrochlorothiazide... 102	VELSIPITY... 161	vienna... 146
valsartan... 102	VELTASSA... 124, 125	vigabatrin... 36
VALSTAR... 62	VELTIN... 118	vigadrone... 36
VALTOCO... 36	VEMLIDY... 76	VIGAFYDE... 36
VALTREX... 76	VENCLEXTA STARTING PACK... 62	VIGAMOX... 176
valtya... 146	VENCLEXTA... 62	vigpoder... 36
VANCOCIN... 30	VENLAFAXINE BESYLATE... 40	VIIBRYD... 41
vancomycin in 0.9 % sodium chl... 30	venlafaxine... 40	VIJOICE... 132
vancomycin in dextrose 5 %... 30	VENTAVIS... 184	vilazodone... 41
vancomycin-diluent combo no.1... 30	VENTOLIN HFA... 184	VIMKUNYA... 161
vancomycin... 30	venxxiva... 134	VIMOVO... 18
VANDAZOLE... 30	VEOPOZ... 161	VIMPAT... 36
VANFLYTA... 62	VEOZAH... 109	vinblastine... 62
VANOS... 118	verapamil... 102, 103	vincasar pfs... 62
VANRAFIA... 171	VERDESO... 118	vincristine... 62
VAPRISOL IN 5 % DEXTROSE... 124	VEREGEN... 118	vinorelbine... 62
	VERELAN PM... 103	VIOKACE... 132
	VERIPRED 20... 136	viorele (28)... 146

VIRACEPT... 76	VRAYLAR... 70	wescap-pn dha... 125
VIRAZOLE... 171	VTAMA... 118	wesnatal dha complete... 125
VIREAD... 76	VUITY... 176	wesnate dha... 125
VISTARIL... 184	VUMERITY... 109	westab plus... 125
VITAFOL FE PLUS... 125	VUSION... 46	westgel dha... 125
VITAFOL GUMMIES... 125	VYALEV... 66	WEZLANA I.V.... 161
VITAFOL ULTRA... 125	VYEPTI... 48	WEZLANA... 161
VITAFOL-OB+DHA... 125	vyfemla (28)... 147	WINLEVI... 118
VITAFOL-OB... 125	VYJUVEK... 171	WINREVAIR... 184
VITAFOL-ONE... 125	VYKAT XR... 171	wixela inhub... 184
VITAMEDMD ONE RX... 125	vylibra... 147	wymzya fe... 147
VITRAKVI... 62	VYLOY... 62	<b>X</b>
vivacaine... 20	VYNDAMAX... 132	XACDURO... 30
VIVELLE-DOT... 146	VYNDAQEL... 132	XACIATO... 30
VIVITROL... 21	VYTORIN 10-10... 103	XADAGO... 66
VIVJOA... 46	VYTORIN 10-20... 103	XALATAN... 176
VIVLODEX... 18	VYTORIN 10-40... 103	XALKORI... 62, 63
VIVOTIF... 161	VYTORIN 10-80... 103	XANAX XR... 78
VIZIMPRO... 62	VYVANSE... 109	XANAX... 78
VOCABRIA... 76	VYVGART HYTRULO... 48	xarah fe... 147
VOGELXO... 146, 147	VYVGART... 48	XARELTO DVT-PE TREAT 30D
volnea (28)... 147	VYXEOS... 62	START... 89
VONJO... 62	VYZULTA... 176	XARELTO... 89
VOQUEZNA DUAL PAK... 129	<b>W</b>	XATMEP... 161
VOQUEZNA TRIPLE PAK... 129	WAINUA... 132	XCOPRI MAINTENANCE PACK... 37
VOQUEZNA... 129	WAKIX... 186	XCOPRI TITRATION PACK... 37
VORANIGO... 62	warfarin... 89	XCOPRI... 37
voriconazole-hpbc... 46	water for irrigation, sterile... 171	XDEMVY... 172
voriconazole... 46	WEBCOL... 171	XELJANZ XR... 162
VOSEVI... 76	WEGOVY... 172	XELJANZ... 161, 162
VOTRIENT... 62	WELCHOL... 103	XELPROS... 176
VOWST... 129	WELIREG... 132	xelia fe... 147
VOXZOGO... 132	WELLBUTRIN SR... 41	XELSTRYM... 109
VOYDEYA... 161	WELLBUTRIN XL... 41	XEMBIFY... 162
VPRIV... 132	wera (28)... 147	XENAZINE... 109

XENPOZYME...	132	YONSA...	63	ZEMDRI...	30
XERAVA...	30	YORVIPATH...	165	ZEMPLAR...	165
XERESE...	76	YUFLYMA(CF) AI CROHN'S-UC-HS...		zenatane...	119
XERMELO...	129	162		ZENPEP...	132
XGEVA...	165	YUFLYMA(CF) AUTOINJECTOR...	162	zenzedi...	109
XHANCE...	184	YUFLYMA(CF)...	162	ZEPATIER...	77
XIFAXAN...	129	YUPELRI...	184	ZEPBOUND...	172
XIFYRM...	18	YUSIMRY(CF) PEN...	162	ZEPOSIA STARTER KIT (28-DAY)...	
XIGDUO XR...	84	YUTREPIA...	184	109	
XXIIDRA...	176	yuvafem...	147	ZEPOSIA STARTER PACK (7-DAY)...	
XIMINO...	30	<b>Z</b>		109	
XOFLUZA...	77	zafemy...	147	ZEPOSIA...	109
XOLAIR...	162	zafirlukast...	184	ZEPZELCA...	63
XOLEGEL...	46	zaleplon...	186	ZERBAXA...	30
XOLREMDI...	89	ZALTRAP...	63	ZERVIADE...	176
XOPENEX HFA...	184	ZANAFLEX...	71	ZESTORETIC...	103
XOSPATA...	63	ZANOSAR...	63	ZESTRIL...	103
XPOVIO...	63	zarah...	147	ZETIA...	103
XROMI...	172	ZARONTIN...	37	ZETONNA...	184
XTAMPZA ER...	19	ZARXIO...	89	ZEVALIN (Y-90)...	172
XTANDI...	63	zatean-pn dha...	125	ZEVTERA...	30
xulane...	147	zatean-pn plus...	125	ZIAC...	103
XULTOPHY 100/3.6...	84	ZAVESCA...	132	ZIAGEN...	77
XYOSTED...	147	ZAVZPRET...	48	ZIANA...	119
XYREM...	186	ZCORT...	136	zidovudine...	77
XYWAV...	186	ZEBUTAL...	172	ZIEXTENZO...	89
<b>Y</b>		ZEGALOGUE AUTOINJECTOR...	84	ZIIHERA...	63
yargesa...	132	ZEGALOGUE SYRINGE...	84	ZILBYSQ...	162
YASMIN (28)...	147	ZEGERID...	129	zileuton...	184
YAZ (28)...	147	ZEJULA...	63	ZILRETTA...	136
YCANTH...	172	ZELAPAR...	66	ZILXI...	119
YERVOY...	63	ZELBORAF...	63	ZIMHI...	21
YESINTEK...	162	ZELSUVMI...	118	zingiber...	172
YF-VAX (PF)...	162	ZEMAIRA...	132	ZINPLAVA...	129
YONDELIS...	63	ZEMBRACE SYMTOUCH...	48	ZIOPTAN (PF)...	176

ziprasidone hcl... 70  
ziprasidone mesylate... 70  
ZIPSOR... 19  
ZIRABEV... 63  
ZIRGAN... 77  
ZITHROMAX TRI-PAK... 31  
ZITHROMAX Z-PAK... 31  
ZITHROMAX... 30, 31  
ZITUVIMET XR... 84, 85  
ZITUVIMET... 84  
ZITUvio... 85  
ZOCOR... 103  
ZOLADEX... 149  
zoledronic ac-mannitol-0.9nacl...  
165  
zoledronic acid-mannitol-water...  
165  
zoledronic acid... 165  
ZOLINZA... 63  
zolmitriptan... 48  
ZOLOFT... 41  
zolpidem... 186  
ZOMACTON... 137  
zomig... 48  
ZONALON... 119  
ZONEGRAN... 37  
ZONISADE... 37  
zonisamide... 37  
ZORTRESS... 162  
ZORVOLEX... 19  
ZORYVE... 119  
ZOSYN IN DEXTROSE (ISO-OSM)... 31  
zovia 1-35 (28)... 147  
ZOVIRAX... 77  
ZTALMY... 37  
ZTLIDO... 20  
ZUBSOLV... 21  
ZULRESSO... 41  
zumandimine (28)... 147  
ZUNVEYL... 38  
ZURZUVAE... 41  
ZYCLARA... 119  
ZYDELIG... 63  
ZYFLO... 184  
ZYKADIA... 63  
ZYLET... 176  
ZYLOPRIM... 46  
ZYMFENTRA... 162  
ZYNLONTA... 63  
ZYNREF... 172  
ZYNYZ... 63  
ZYPITAMAG... 103  
ZYPREXA RELPREVV... 71  
ZYPREXA ZYDIS... 71  
ZYPREXA... 70, 71  
ZYTIGA... 63  
ZYVOX... 31

## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Notes

## Notes





This formulary was updated on 09/02/2025. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. 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**.